



FACTORS INFLUENCING ATTITUDE AND ADHERENCE TOWARD PRINCIPLES OF MEDICAL ETHICS AMONG MIDWIVES AND MIDWIFERY STUDENTS IN UNIVERSITY OF PORT HARCOURT TEACHING HOSPITAL

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Cite this article:

Allagoa B. I., Amininiye M. M., Gbobo P. I. (2024), Factors Influencing Attitude and Adherence toward Principles of Medical Ethics among Midwives and Midwifery Students in University of Port Harcourt Teaching Hospital. African Journal of Health, Nursing and Midwifery 7(2), 235-248. DOI: 10.52589/AJHNM-LYN659B7

Manuscript History

Received: 14 Mar 2024

Accepted: 18 May 2024

Published: 19 Jun 2024

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ABSTRACT: Introduction: *The professional ethics of midwives at the University of Port Harcourt Teaching Hospital (UPTH) in Rivers State, Nigeria, represent a crucial aspect of healthcare delivery, influencing both patient care and educational frameworks within midwifery. This study investigated factors influencing attitudes and adherence to principles of medical ethics among practising midwives and midwifery students.* **Methodology:** *A cross-sectional quantitative design was adopted to survey 124 participants drawn using purposive sampling. The participants were predominantly aged between 18 and 45 years, with a minor segment over 46. The majority, 89.5%, were female, reflecting a significant gender imbalance, while males constituted only 10.5%. Data collection was carried out using a questionnaire, which included items on demographic data and various ethical considerations in midwifery practice. Mean and standard deviation were employed for data analysis.* **Results:** *Findings from the study revealed a positive attitude (3.41 ± 0.773) and a strong adherence to medical ethics principle (3.39 ± 0.642). The most challenging factors to adherence were balancing conflicting ethical principles in complex cases (3.12 ± 0.694) and workplace culture and policies (3.01 ± 0.716) while regular training and updates on medical ethics (3.64 ± 0.483) and recognition and appreciation for ethical behaviour (3.45 ± 0.603) as the most effective ways to overcome the challenges.* **Conclusion:** *Despite the positive attitude and high level of adherence to medical, challenges remain. As such, continuous education and reinforcement of ethical principles are imperative to ensure that these standards are not only understood theoretically but are also consistently applied in clinical practice.*

KEYWORDS: Principles of Medical Ethics, Attitude, Adherence, Influencing Factors, Midwifery Students, Midwives.



INTRODUCTION

Midwives play a crucial role in ensuring safe and ethical healthcare practices for women and newborns. They provide comprehensive care throughout pregnancy, childbirth, and the postpartum period, prioritising the physical, emotional, and mental well-being of the mother and baby. By advocating for women's rights and autonomy in decision-making, midwives empower women to actively participate in their own care, leading to positive birthing experiences and better health outcomes for both mother and child (Vermeulen et al., 2021). Meanwhile, Midwifery education and practice in Nigeria like in every other part of the world are guided by a code of ethics.

Medical ethics refers to a system of moral principles that apply values and judgments to the practice of medicine (Cowlins et al., 2019). As a scholarly discipline, it encompasses not only practical aspects of patient care but also theoretical and philosophical considerations (Snelling, 2018). The core elements of ethical practice in midwifery and nursing include beneficence, non-maleficence, autonomy, justice, and confidentiality (Nursing and Midwifery Council – NMC, 2021). These principles serve as a moral compass for midwives and midwifery students, helping them navigate complex clinical situations and make ethically sound decisions (Tadesse et al., 2020).

The extent to which midwives at the University of Port Harcourt Teaching Hospital adhere to ethical standards in their practice is an important and under-explored area of research. The professionalism of midwifery in different countries, such as Belgium, Uganda, and Pakistan, has been studied to understand the state of the profession and identify areas for improvement (Vermeulen et al., 2021; Kumakech et al., 2020; Salman & Al-Fayyadh, 2022). These studies have highlighted the need for unified education programs, recognition of midwives' roles and competencies, and the development of advanced roles in maternity care practice. For example, Vermeulen et al. (2021) found that the achievement of patient-centred care is positively correlated with the extent of adherence to medical ethics among midwives and nurses. Also, Kumakech et al. (2020) study which focused on the evaluation of midwifery programs in Uganda showed positive outcomes, with graduates reporting the ability to practice advanced obstetrics and newborn care skills. The development of higher education programs, such as bachelor's and master's degrees in midwifery, has been implemented in different regions to equip midwives with the necessary skills and knowledge for full-scope practice and leadership roles.

Understanding the attitudes and adherence of midwives regarding medical ethics is essential for several reasons. Midwifery students rely on clinical preceptors for learning ethical content and ethical behaviour, and there is a need for intentional inclusion of midwifery-specific ethical content in their education programs (Fumagalli et al., 2023). Midwives face a range of ethical challenges in clinical practice, but their education programs often do not provide the skills to identify and resolve these challenges (Megregian et al., 2021). Additionally, midwives play a crucial role in providing healthcare for pregnant patients, including vaccination recommendations, but their knowledge and perceptions about maternal vaccination can vary. Furthermore, the attitudes of nursing and midwifery students towards professional ethics are generally positive, which is important for the quality of care and patient satisfaction (Arreciado et al., 2022).



Ethical principles ensure that pregnant women's rights and autonomy are respected during childbirth. Research has shown a shift from a model of medical paternalism to one of autonomy and shared decision-making in maternity care (Predeina et al., 2023). Pregnant women actively seek information and desire to participate in healthcare decisions, including during labour and childbirth. However, making informed choices during this time can be complex and multilayered, requiring the provision of evidence-based information and consideration of individual needs, values, beliefs, and preferences (Kon et al., 2021). It is important for healthcare providers to provide comprehensive explanations, be patient, and allow women to discuss decision-making with their families as part of the consent process. The process of informed decision-making and consent should start earlier, during the antenatal care period, to better prepare women and provide them with the necessary information (Ranasinghe et al., 2020).

Exploring the attitudes and adherence of midwives as regards medical ethics can contribute to the ongoing professional development of midwifery in Nigeria. A study conducted in Nigerian universities found that student counsellors studying Guidance and Counselling perceived counselling codes highly, regardless of their gender and religious beliefs. It was recommended that the Counselling Association of Nigeria should develop ethical codes for professional counselling practice in Nigeria without considering any bias for gender and religion (Sun et al., 2022). Another study conducted in Sanandaj, Iran, found that midwives employed in hospitals and health centres had proper knowledge of professional ethics. The study also identified significant associations between marital status, workplace, and interest and motivation with the general knowledge of professional ethics among midwives (Moulton and Dickerson, 2022). These findings highlight the importance of promoting ethical standards and knowledge of professional ethics among midwives to ensure the integrity of the midwifery profession.

Although the knowledge of these ethical principles is taught during initial training in Nursing and Midwifery School, the attitude towards these principles and adherence in daily practice by midwives have been reported to be poor in many studies in other countries and regions of the world. This study will address the unique socio-cultural and institutional factors influencing the attitudes and adherence to ethical principles among midwives in this specific region. This will guide targeted interventions, educational enhancements, and institutional improvements tailored to the local healthcare landscape in Rivers State, Nigeria.

Exploring the attitude and the adherence to ethics among midwives will help identify areas where improvement is needed, and contribute to the professional development and the achievement of patient-centred care. This study therefore assessed the attitude and adherence to medical ethics among midwives and identified influencing factors, challenges and strategies to enhance attitude and adherence to medical ethics.



THEORETICAL UNDERPINNING

Albert Bandura's Social Cognitive Theory (SCT) and Lawrence Kohlberg's Moral Development Theory provide significant frameworks for understanding ethical behaviours and decision-making within healthcare settings. Both theories offer insights into how personal factors, environmental influences, and ethical principles shape professionals' actions in complex clinical environments. This discussion explores these theories by delving into their developmental history, key concepts, and their application to a study concerning midwives and midwifery students at the University of Port Harcourt.

Developed in the 1960s, Bandura's SCT revolutionised the understanding of how people learn and adopt behaviours through observational learning, self-regulation, and reciprocal determinism. Observational learning, or modelling, suggests that individuals can adopt new behaviours by observing others, particularly when these models are seen as competent and the behaviour results in desirable outcomes (Zhou & Fan, 2019). Self-regulation involves individuals controlling their behavior through self-assessment, which is crucial for ethical practice. Reciprocal determinism highlights the dynamic interaction between an individual, their behaviour, and the environment, suggesting that changes in one can affect others (Govindaraju, 2021).

In healthcare, SCT can be particularly useful in studying how midwives and students develop their professional behaviours and ethical standards. For instance, role modelling by experienced practitioners can profoundly influence students' ethical practices and attitudes. Observational learning could also be seen where peer influence shapes professional behaviour, as noted in studies by Reisi et al. (2021).

Kohlberg's theory, proposed in the late 1950s, offers a framework for understanding the progression of moral reasoning through six defined stages, grouped into three levels: pre-conventional, conventional, and post-conventional (Kohlberg, 1981). The theory posits that individuals evolve from a self-centred view of morality (pre-conventional) to a societal rule-based approach (conventional), and ultimately to a higher principle-based ethical reasoning (post-conventional). This hierarchical model is considered universal, emphasising that individuals progress through these stages sequentially as they mature and face various moral dilemmas.

In the context of midwifery at the University of Port Harcourt, Kohlberg's theory can be applied to evaluate how midwives and students handle ethical decisions and their stages of moral development. Understanding the moral reasoning stage of these individuals can guide the tailoring of educational programs that foster higher ethical reasoning and decision-making capabilities. It is suggested that exposing learners to various moral dilemmas can enhance their ethical reasoning (Wahidah & Maemonah, 2020).

When integrating both theories in the context of midwifery education, one sees that while SCT provides a basis for understanding behavioural acquisition through social interactions and cognitive processes, Kohlberg's theory offers a structured progression of moral reasoning that can be particularly useful in forming educational curricula that advance ethical decision-making. For example, SCT's emphasis on observational learning can be leveraged to design role-playing and simulation exercises that feature ethical dilemmas, allowing students to observe and emulate ethical behaviours in a controlled setting. Concurrently, using Kohlberg's



stages, educators can assess the effectiveness of these interventions in promoting advanced stages of moral reasoning, particularly moving students from conventional to post-conventional levels, where ethical decisions are made based on universal principles rather than adherence to rules or approval-seeking.

Both Bandura's SCT and Kohlberg's Moral Development Theory are instrumental in framing ethical education and practices in healthcare. By applying these theories, educators at the University of Port Harcourt can develop targeted interventions that not only teach ethical practices but also cultivate a deeper, principled understanding of ethics that transcends cultural and societal norms. This integrated approach ensures that midwifery students are not just competent in their clinical skills but are also equipped to handle the ethical complexities of their profession. Thus, fostering a holistic development that aligns with the demanding nature of healthcare services.

METHODOLOGY

Design: The study design adopted was a cross-sectional descriptive study.

Study Area: The study was conducted at the University of Port Harcourt Teaching Hospital

Population: The population for the study was 140 practising Midwives and Midwifery students in UPTH

Sample and Sampling Technique: The sample for the study was 124 respondents. The sample was drawn using a purposive sampling technique. However, it was determined using Taro Yamane sampling formulae which was used to determine the sample and purposive sampling technique. According to Palinkas et al. (2015), a purposive sampling technique is a type of non-probability sampling in which a researcher selects his or her participant based on a set of characteristics that are mapped out as criteria. The presence of criteria inspired Kothari and Garg (2014) and Patten (2016) to term purposive sampling a criteria sampling technique. Sample Size determination, using Taro Yamane formulae,

$$n = N/1+N(e)^2$$

Where:

n = sample size

N= population under study

e= margin of error (0.01, 0.02, 0.03, 0.04, 0.05) however, the researcher used 0.03 which implies 97% sampling accuracy

However;

n = sample size (?)

N = population (140)

e = standard sampling error (0.03)



$$n = 140 / (1 + 140(0.03))^2$$

$$n = 140 / (1 + 140(0.0009))$$

$$n = 140 / (1 + 0.126)$$

$$n = 140 / 1.126$$

$$n = 124.33$$

$$n = \pm 124$$

Method of Data Collection: The instrument for data collection was an adapted questionnaire from the studies conducted by Al-Shehri et al. (2020) and Ranasinghe et al. (2020). The questionnaire was titled “Principles of Medical Ethics Attitudes and Practices Questionnaire (PMEAP)”. The instrument consisted of two sections. Section A collected the respondents' demographic data. Section B assessed the attitudes, practices, influencing factors, and strategies towards principles of medical ethics using a 4-point Likert scale of Strongly Agreed (SA), Agreed (A), Disagreed (D), and Strongly Disagreed (SD) for attitudes and adherence, while a Likert scale of Very High Extent (VHE), High Extent (HE), Low Extent (LE), and Very Low Extent (VLE) was used for factors and strategies. The researcher obtained a letter of introduction from the Head of Department for identification and permission to conduct the study. This was presented to the head of the health facility, who approved the visit, cooperation, and assistance of the health facility staff. The consent of the respondents was sought through the help of the head of the health facilities before the researcher, along with two research assistants, administered the questionnaire to the respondents. These research assistants, selected from the health facilities' staff, were informed and briefed by the researcher about the research work and the process for filling out the instruments before distributing them. This ensured the smooth conduct of the exercise during the distribution and filling of the questionnaire. The instruments were retrieved immediately after completion to ensure a high return rate.

Psychometric Properties of Instrument: The instrument was subjected to face content validity by three experts. Three copies of the Instrument were given to the researcher's supervisor and 2 other experts from the Department who validated the instrument. The reliability of the instrument was determined using a split half approach through a pilot study of 30 participants. The result yielded a reliability coefficient of 0.87 after the initial Pearson coefficient was adjusted using Spearman-Brown prophesy formulae. This approach is in line with the observations of Adams and McGuire (2022), who wrote that when a researcher adopts a split-half approach for a reliability test, the researcher must enhance the reliability coefficients calculated using Spearman-Brown prophesy statistics.

Method of Data Analysis: The data collected by questionnaire for each participant was scored depending on the responses on the Likert scale. For attitude and adherence scoring (SA = 4; A = 3; D = 2; and SD = 1) while for influencing factors and strategies scoring (VHE = 4; HE = 3; LE = 2 and VLE = 1). The data was subsequently coded and entered into Statistical Package for Social Sciences (SPSS) version 25. The weighted mean score was computed and used to assess attitude and adherence.



Ethical Approval: Ethical approval for this research was obtained from the Ethics Committee at the University of Port Harcourt, Rivers State, Nigeria and UPTH. The participants also signed a consent form to indicate their voluntary participation.

RESULTS

Table 1: Attitude towards medical ethics among midwives in University of Port Harcourt, Teaching Hospital Rivers State.

Item	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	SD
The importance of upholding medical ethics in practice is acknowledged	66 (53.2)	52 (41.9)	6 (4.8)	0 (0.0)	3.48	0.591
Medical ethics is considered a guiding principle in decision-making	73 (58.9)	50 (40.3)	1 (0.8)	0 (0.0)	3.58	0.512
Commitment to maintaining patient confidentiality and privacy is prioritized	77 (62.1)	34 (27.4)	13 (10.5)	0 (0.0)	3.52	0.681
The belief in treating all patients with dignity and respect is recognized	71 (57.3)	43 (34.7)	10 (8.1)	0 (0.0)	3.49	0.644
Seeking informed consent from patients before procedures is a consistent practice	71 (57.3)	44 (35.5)	8 (6.5)	1 (0.8)	3.49	0.656
Engagement in continuous learning to enhance ethical practices is a regular commitment	51 (41.1)	63 (50.8)	9 (7.3)	1 (0.8)	3.32	0.645
A sense of responsibility to follow ethical guidelines is felt	43 (34.7)	63 (50.8)	18 (14.5)	0 (0.0)	3.20	0.675
The belief in the equal treatment of all patients, regardless of background, is endorsed	60 (48.4)	46 (37.1)	18 (14.5)	0 (0.0)	3.34	0.720
Patient well-being is prioritized over other considerations in practice	49 (39.5)	57 (46.0)	16 (12.9)	2 (1.6)	3.23	0.734
Involving patients in decision-making about their care is a standard practice	74 (59.7)	37 (29.8)	13 (10.5)	0 (0.0)	3.49	0.681

The weighted average score for the attitude towards medical ethics is 3.41, SD 0.773



The computed weighted average score (3.41 ± 0.773) is compared with the mean score for every item. Positive attitude is indicated by a mean score that is equal to or higher than the weighted mean, whereas poor attitude is indicated by a mean score that is lower than the weighted mean. When using medical ethics as the foundation for decision-making, the best attitude was displayed. The attitude toward being accountable for abiding by ethical standards was the worst.

Table 2: Extent of practice (adherence) of medical ethics among midwives in University of Port Harcourt, Teaching Hospital Rivers State.

Item	Very high extent (%)	High extent (%)	Low extent (%)	Very low extent (%)	Mean	SD
I follow ethical guidelines in patient diagnosis and treatment	57 (46.0)	63 (50.8)	3 (2.4)	1 (0.8)	3.42	0.586
I prioritize obtaining informed consent from patients before procedures	79 (63.7)	40 (32.3)	5 (4.0)	0 (0.0)	3.60	0.569
I maintain accurate and confidential patient records	76 (61.3)	42 (33.9)	6 (4.8)	0 (0.0)	3.56	0.588
I communicate effectively with patients to ensure understanding of their conditions	67 (54.0)	50 (40.3)	7 (5.6)	0 (0.0)	3.48	0.605
I consider cultural and social factors in providing patient care	55 (44.4)	60 (48.4)	9 (7.3)	0 (0.0)	3.37	0.618
I actively participate in ethical discussions within the healthcare team	51 (41.1)	61 (49.2)	12 (9.7)	0 (0.0)	3.31	0.642
I address conflicts of interest that may compromise ethical practices	30 (24.2)	81 (65.3)	13 (10.5)	0 (0.0)	3.14	0.575
I strive to maintain a balance between patient autonomy and beneficence	52 (41.9)	69 (55.6)	3 (2.4)	0 (0.0)	3.40	0.538
I seek feedback from patients to improve my ethical practices	49 (39.5)	56 (45.2)	19 (15.3)	0 (0.0)	3.24	0.703
I stay updated on the latest ethical guidelines in the medical field	53 (42.7)	50 (40.3)	21 (16.9)	0 (0.0)	3.26	0.731

The weighted average score for the extent of the practice of medical ethics is 3.39, SD 0.642

The computed weighted average score is compared with the mean score (3.39 ± 0.642) for every item indicating that the participants to a good extent practised medical ethics principles with



the prioritisation of getting patients' informed consent before procedures, and the worst application of medical ethics was in relation to handling conflicts of interest that could jeopardise moral standards being the greatest application of medical ethics.

Table 3: Identified factors challenging the attitude and adherence to medical ethics among midwives and midwifery students in University of Port Harcourt, Teaching Hospital Rivers State

Item	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	SD
External pressures (e.g., financial constraints) affect my adherence to medical ethics	30 (24.2)	35 (28.2)	49 (39.5)	10 (8.1)	2.69	0.932
Lack of awareness about ethical guidelines influences my practice	28 (22.6)	52 (41.9)	39 (31.5)	5 (4.0)	2.83	0.824
Time constraints in a healthcare setting challenge ethical decision-making	32 (25.8)	62 (50.0)	25 (20.2)	5 (4.0)	2.98	0.791
Workplace culture and policies impact my ability to adhere to medical ethics	30 (24.2)	67 (54.0)	25 (20.2)	2 (1.6)	3.01	0.716
Balancing conflicting ethical principles in complex cases poses a challenge	35 (28.2)	72 (58.1)	14 (11.3)	3 (2.4)	3.12	0.694

The mean score of the responses to factors challenging the attitude and practice of medical ethics is shown. The item with the highest mean score (3.12) represent the most important challenge faced which is the challenge of balancing conflicting ethical principles in complex. Other commonly identified challenges are poor workplace culture and policies affecting the ability to adhere to medical ethics (mean score = 3.01) and perceived time constraints in healthcare settings challenging ethical decision-making (mean score = 2.98)



Table 4: Identified strategies for improving the practice of medical ethics among midwives and midwifery students in University of Port Harcourt, Teaching Hospital Rivers State

Item	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree (%)	Mean	SD
Regular training and updates on medical ethics motivate me to adhere to ethical standards	79 (63.7)	45 (36.3)	0 (0.0)	0 (0.0)	3.64	0.483
Recognition and appreciation for ethical behavior encourage me in my practice	63 (50.8)	54 (43.5)	7 (5.6)	0 (0.0)	3.45	0.603
Peer support and collaboration positively influence my commitment to medical ethics	42 (33.9)	75 (60.5)	6 (4.8)	1 (0.8)	3.27	0.589
Personal values alignment with medical ethics principles serves as a strong motivation	60 (48.4)	49 (39.5)	15 (12.1)	0 (0.0)	3.36	0.691
Opportunities for professional growth through ethical practices inspire me	62 (50.0)	60 (48.4)	2 (1.6)	0 (0.0)	3.48	0.533

The mean score of the responses to strategies for improving the practice of medical ethics is shown. The item with the highest mean score (3.64) represents the most important strategy identified which is regular training and updates on medical ethics to motivate adherence to ethical standards. Other common strategies mentioned by respondents are the inspiration of ethical practice by the provision of opportunities for professional growth (mean score = 3.48) and encouraging ethical behaviour by recognition and appreciation of those who imbibe the practice (mean score = 3.45)

DISCUSSION OF FINDINGS

The study conducted at the University of Port Harcourt Teaching Hospital (UPTH) in Rivers State, Nigeria, explored attitudes and adherence to medical ethics among midwives and midwifery students. This research adopted a cross-sectional descriptive survey design, echoing the methodological choices of previous studies such as those by Al-Shehri and Siddiqui (2020) and Ranasinghe et al. (2020), which have validated the effectiveness of such approaches in similar ethical investigations across different geographic and professional contexts.

The findings revealed a complex landscape of ethical attitudes among midwives at UPTH. While there was a strong adherence to patient confidentiality, informed consent, and the dignity



of patients, there was a noticeable deficiency in attitudes toward continuous learning and equal treatment of patients irrespective of their background. These findings align with global studies, such as those by Majeed et al. (2020) and Afhami et al. (2018), which emphasise the need for ongoing education to foster a sustained ethical practice.

Moreover, the adherence to medical ethics in practical settings was commendable in areas such as maintaining patient records and securing informed consent. Nonetheless, the study uncovered significant gaps, particularly in managing conflicts of interest and incorporating cultural and social factors into care, pointing to a critical area for improvement. These observations are supported by Mathibe-Neke and Mashego (2022) and Alahmad and Althagafi (2023), who underscore the necessity of robust institutional frameworks and continual ethical training to ensure adherence to high ethical standards.

Challenges identified in the practice of medical ethics included the struggle to balance competing moral standards and the influence of negative workplace cultures and policies. These challenges are mirrored in findings from other regions, such as the studies by Ranasinghe et al. (2020) and Bazmi et al. (2021), which noted the detrimental impact of inadequate ethical training and the complex interplay of cultural and legal factors on ethical practices. The results advocate for a structured approach to ethical education and practice, as suggested by Oelhafen et al. (2019), who highlighted the need for ethical training and support systems to navigate complex moral issues effectively.

To address these challenges, the study participants recommended several strategies aimed at enhancing the practice of medical ethics. These included providing regular ethical training, recognising and rewarding ethical behaviour, and fostering an environment that encourages the discussion and debate of ethical issues, as noted by Amar-Gavrilman and Bentwich (2022). Such strategies are critical in building a robust ethical culture within healthcare settings, enabling professionals like midwives to make informed and ethical decisions in their practice.

IMPLICATION FOR PRACTICE

The findings of this study have some practical implications which include:

1. The need for the provision of comprehensive education and training programs that emphasise the importance of ethical principles, feedback management, conflict resolution, cultural competence, and continuous learning is recommended.
2. There is a need for crucial enforcement of policies and guidelines by the Nursing and Midwifery Council that promote adherence to ethical principles and prioritise patient well-being can help create a culture of ethical practice and ensure consistent, high-quality care delivery.
3. There is also a need to create supportive organisational cultures that prioritise ethical conduct, provide mechanisms for feedback and conflict resolution, and foster a culture of continuous learning and improvement to avoid complacency.



CONTRIBUTIONS TO KNOWLEDGE

The study has contributed to the body of knowledge on medical ethics principles in the following ways:

1. The study highlights the challenges midwives and students face in adhering to ethical principles, especially when dealing with conflicting ethical principles in complex cases. This contribution enhances our understanding of the practical difficulties in maintaining high ethical standards in real-world healthcare scenarios.
2. It identifies key strategies that significantly impact ethical behaviour in healthcare settings, such as the importance of regular training and updates on medical ethics, along with recognition and appreciation for ethical behaviour. These insights provide valuable guidance for healthcare organisations and educational institutions aiming to strengthen ethical practices among professionals.

CONCLUSION

Midwives and midwifery students of UPTH have a positive attitude towards Medical ethics practices. Also, midwives and midwifery students' level of adherence to medical ethics practices was high. However, ethical challenges continue to evolve, especially in diverse settings like UPTH, the establishment of ongoing training programs, ethical support systems, and a culture that actively promotes ethical consideration is paramount in ensuring that medical ethics transcend theoretical understanding and are effectively integrated into everyday clinical practice. This approach not only enhances the quality of patient care but also supports healthcare professionals in navigating the complex ethical landscapes they encounter in their professional duties.

SUGGESTIONS FOR FUTURE RESEARCH

1. Future research could focus on a longitudinal study to track changes in ethical attitudes and practices over time among midwives, exploring how continuous professional development impacts ethical decision-making.
2. Investigating how cultural differences influence ethical practices and attitudes in midwifery could provide deeper insights, comparing midwives' ethical behaviours across different healthcare systems and cultural settings.



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