

PERCEIVED ADHERENCE OF HEALTH PROFESSIONALS TOWARDS
PROFESSIONAL ETHICS AND ASSOCIATED FACTORS IN BALE ZONE
PUBLIC HOSPITALS, OROMIA REGIONAL STATE, SOUTH-EAST ETHIOPIA

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INSTITUTE OF HEALTH
FACULTY OF HEALTH SCIENCES
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ETHIOPIA

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Abstract

Background: Currently, hospitals not only have to contend with the dynamics of regulation but most importantly they have to deal with the issue of professional ethics. Adherence to professional ethics by health care workers is one of the most critical aspects of quality health service delivery. Because it involves the way service providers interact with service users.

Objective: To assess perceived adherence to professional ethics and associated factors among health care professionals in hospitals found in Bale Zone, Oromia region, South East - Ethiopia.

Methods: A hospital based cross-sectional study was employed from April 1st to April 30th 2019 in public hospitals found in Bale Zone. All medical doctors, nurses and midwives who involved in patient treatment and care in the different units of the hospitals during data collection and who have worked at least for six months prior to the data collection were included in this study. The edited and cleaned data entered into a computer using SPSS version 20.0 software and a summary descriptive statistics and binary logistic regression was performed. All statistical tests were declared at p-value less than 0.05.

Results: From the total of 417 questionnaires distributed to different health care units in the hospitals, the analysis was done for 408 responses which give a response rate of 97.8%. Overall, 186(45.6%) respondents had good perceived adherence to ethical practice. Medical doctors (AOR = 3.0; 95% CI: 1.41, 6.27) , good attitude towards professional ethics (AOR= 1.6; 95% CI: 1.01, 2.44), adequate information about professional ethics in the curriculum (AOR = 2.1; 95% CI: 1.14, 3.06), working experience more than six years (AOR = 2.5; 95% CI: 1.32, 4.75) and the presence of active ethics committee in hospitals (AOR = 2.0; 95% CI: 1.07, 2.62) were associated with good perceived adherence to professional ethical practice.

Conclusions: The overall perceived adherence to professional ethics among Bale zone health professionals was poor. Types of profession, work experience, perceived adequacy of professional ethics in the curriculum, presence of active ethics committee in hospitals and attitude towards professional ethics had statistically significant association with perceived adherence to professional ethical practice. Improving staff's attitude towards professional ethics, considering the intensity of compassionate and respectful care training for different professionals differently and revising the contents of professional ethics in the respective curriculums is recommended.

Key words; Health care ethics, confidentiality, privacy, respect

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Abbreviations/ Acronyms

CRC	– Compassionate and Respectful Care
DC	– Data Collector
EHSTP	– Ethiopian health sector transformation plan
EPHI	– Ethiopian public health institute
FMOH	– Federal Ministry Of Health
FMHACA	– Food, Medicine and Health Care Administration and Control authority
HC	– Health care
HCWs	– Health Care Workers
HEP	– Health Extension Programs
HSDP	– Health Sector Development Program
JU	_ Jimma university
ME	– Medical error
PI	– Principal Investigator
PHC	– Primary health care
WHO	– World Health Organization

Chapter One

1. Introduction

1.1 Background

Ethics is defined as a set of moral principles which clarify what is morally right and what is morally wrong and also has been described as the science of morals and rules of conduct recognized in human life (1).

Health professional ethics is concerned with moral principles, values and standards of conduct related to health care services (2). It is the commitment of health professionals to treat their client without discrimination based on race, age, color, religion, ethnicity, national or social origin, sex, handicap and source of payment or other status (3).

The four basic principles of medical ethics (autonomy, justice, beneficence and non-maleficence) form the foundation for health professionals to guide and decide what practices are ethical in clinical settings. These basic ethical principles are grounded on the major documents of healthcare ethics (4).

Adherence to professional ethics is the degree to which health professionals demonstrate behavior consistent with ethical practices in health care. It is an exploration of how to act well and make morally good choices, based on beliefs and values about life, health, suffering and death (5).

Health professional ethics is a sensitive framework embedded within the professionalism of medical personnel. Non adherence to professional ethics and unsatisfactory management and solution of the cases not only threaten to impair provider-patient relationships, but may also lead to suboptimal service delivery and potentially trigger incidences of violence and abuse (6). One study in Pakistan revealed that Nurses face frequent violence in hospital setting (7)

Researches revealed that factors like lack of proper information among patients on health service provision, weak supervision and poor complaint mechanism contributes for the health professions poor adherence to ethics in developing countries(8, 9). Other ethical concerns related to health care delivery in clinical setting are professional integrity, confidentiality, respect, compassionate, equality and equity (2, 10, 11).

Health care providers need an awareness of professional ethics more than ever before. Because adherence to professional ethics by health care workers is one of the most critical aspects of quality health service delivery as it involves the way service providers interact with service users(10-12). Unethical behaviors among health professionals affects the accessibility of quality

health services as it creates conflict in the relationship between health workers and health service users(3, 13).

In other words, non-adherence to professional ethics by health workers do not only affect the quality of services citizens receive but also erodes the reputation of health professionals and all other officials in the health system. Such a negative perception may further hinder the people's access to public health services(3, 14). Health care should be safe, effective, patient-centered, timely, efficient and equitable. These requisites of quality care are not only synergistic with ethics, but ethical concepts and reasoning are the foundation behind most current definitions of healthcare quality(10, 12). A patient centered approach to healthcare means providing a respectful patient's preferences and values through a shared decision make process. Such an approach is based on the ethical principles of autonomy and self-determination and is delineated in most healthcare organizations' ethical standards of practice, an informed consent policy(3, 15).

Encouraging health professionals to behave more empathically and less formally with their patients' needs identification of potential factors affecting their behavior in the health care setting. Therefore, the primary objective of this study is to assess perceived adherence of professional ethics among health professionals and identify factors associated with health professional ethics in hospitals found in Bale zone.

1.2 Statement of Problems

Health care without respect and compassion cannot be truly patient-centered. For most clinicians, compassionate care matters because it is fundamental to the practice of health care. Ethical care has also an impact on health outcomes, costs and other essential aspects of care(3, 15). In another way, a failure to give explicit attention to professional ethics may result in various wrong results like harm and disrespect. Thus, it is critical that ethics remains central to health service quality and decision-making in health care(14, 16).

In this regard, health care professionals are expected to not only have the skills and knowledge relevant to their field but also with the ethical and legal expectations that arise out of the standard practices (2, 17). However, different studies revealed significant gaps in knowledge and practice of healthcare ethics among health professionals in different disciplines in health care setting. Especially, the misperception of health professionals about the professional ethics imposed problems on quality health care (9, 13). For instance, one study in Nigeria showed that the majority of the physicians agreed that ethical conduct is important only to avoid legal actions(17). Another study in Barbados showed that many health professionals are either unaware of professional ethics or unable to appropriately deal with these issues (9). A Cross sectional study conducted among Ugandan nurses reveals most of them exhibit low level of knowledge towards professional ethics (8). A study in Shanghai also revealed more than half of the participants had not received basic or refreshment training in medical ethics since they commenced working in their field and were not sure whether it is helpful for treatment if patients participated in treatment decision (18).

One cross sectional study on knowledge and attitudes concerning professional confidentiality among dentists in Brazil showed that significant number of the respondents reported as they talking about the clinical cases of their patients to their friends or spouses(19).Observations of physicians' adherence with ethical practices in Egypt showed that only less than half of residents overall were compliant with the principles of medical ethics in practice (20).

In the Ethiopian health system, a significant proportion of health professionals see patients as just 'cases' and do not show compassion. Lack of respect to patients and their families is also a common complaint(3).

Lack of compassionate and role models health professions in many health facilities is leading the health system into a trap of low productivity and higher cost with lower patient satisfaction rates.

For instance, a study in Jimma zone showed that only 59.0% of the physicians gave patients enough chance to talk and only 13.6% tried to keep privacy of the patients (21). A study in Addis Ababa showed that only 30.4 percent of medical doctors adhered to professional ethics(22). Another study conducted among health professional in Ambo town shows only 24% of them adhered to professional ethics (23). Complaints against healthcare professionals appear to proliferate. This may be a reflection of both an increased public awareness as well as the inappropriate practices by the healthcare professionals. Between Jan 2011 to Dec 2013 the federal health professional committee of Ethiopia reviewed 60 complaints against health professionals. One third of the complaints were filed by the patients and their families and one-third were filed by the police or court. Thirty-nine complaints were due to death of the patient and 15 complaints were due to disability (24). In many hospitals of Ethiopia, senior physicians cancel their outpatient clinics without informing their patients. Proper counseling during dispensing of drugs is also becoming a rarity. While there are a number of health system related challenges beyond the control of the frontline health providers that has to be addressed, lack of compassion, respect, and care is the common source of grievance in health facilities(3).

To best of my knowledge there is no such study done in the area so this study helps to fill the knowledge gap regarding the issue of professional ethics.

Chapter Two

2.1 Review of the Literatures

Health professional ethics plays an important role in health care facility procedures and the way health professionals care for patients(16). Several fundamental ethical principles like autonomy, beneficence, non-maleficence and justice drive the goal of providing high quality healthcare. These ethical principles are the foundation for a healthcare organization's mission, staff members' values and clinicians' professional activities (14, 25, 26). Adhering to these principles and organizational values is required to ensure quality care and patient safety. Therefore, ethics is the driver behind the goal of quality healthcare(12). However, some patients inevitably suffered from the consequences of an error made during their care or hospitalization. Many people in need of diagnostic tests or surgical procedures are forced to wait months, and perhaps even years, to receive these services. These are just some examples of the kinds of ethical challenges that patients and their families may confront in the health care setting (27).

Ethical healthcare Professionals promote the dignity of the profession and are committed to practicing the profession with honesty, integrity, accountability and respecting all laws and refusing to participate in or conceal any unethical, false, fraudulent, or deceptive activity(14, 18). Therefore, every effort should be made to provide a quality of care for patients that will not only help them recover their health but will also avoid lawsuits. Because, laws are enacted to regulate human behavior for the benefit of society(18, 28).

Adherence to professional ethics by health care workers is one of the most crucial parts of quality health service delivery as it involves the way service providers interact with service users. This interaction affects the way service users perceive and access health services(11). A cross sectional study conducted among Egyptian residents shows only 48% of them adhered to professional ethics (20). Another study among nurses that works in Mansoura university hospital shows about three quarter of them had good ethical practice (29).

All human beings deserve respect and equal treatment for health problems. These fundamental rights are privacy, confidentiality of their medical information, consent to or to refuse treatment, and to be informed about relevant risk to them of medical procedures. But the patients' rights vary in different countries and in different jurisdictions, often depending upon prevailing cultural and social norms(2, 30). However, Study conducted among Pakistani nurses revealed there was practice of patient discrimination on the basis of patient's socio demographic status(7).

The health profession -patient relationship is the cornerstone of medical practice and therefore of medical ethics. The declaration of Geneva requires of the health profession as the health of their patient will be their first consideration. That means, the health profession shall owe his/her patients complete loyalty (2, 15, 30).

Unethical relationships with patients, particularly sexual relationships, are forbidden by medical code of ethics. Such actions are considered serious misconduct and can result in expulsion from the profession and losing the license to practice. Because, such types of relationship is considered to be an abuse of power on the part of the health profession as patients are dependent and vulnerable(18).

Rather compassion is one of the core values of medicine and is an essential element of a good therapeutic relationship. Because, if patients sense the health professional's compassion, they will be more likely to trust them to act in their best interests and this trust can contribute to the healing process(14, 15).

Informed consent is another important professional ethics issue. It is one of the central concepts of present-day medical ethics. The right of patients to make decisions about their healthcare has been enshrined in legal and ethical statements throughout the world. The patient has the right to self-determination, to make free decisions and the physician will inform the patient about the consequences of his/her decisions(2, 12, 25). Despite this most health care providers don't provide informed consent for their patient. For instance, study conducted among Pakistani nurses on ethical violations in clinical setting showed that nurses don't take informed consent from non-surgical patients (7). Another study Addis Ababa showed only 34% of them took informed consent before rendering any kind of service(22). another study done among Iranian midwives shows that 87% of the pregnant mothers never received any information about the type of the childbirth, the advantages/disadvantages of different childbirth methods, their rights during pregnancy and childbirth after delivery(31).

Providing the best possible care to the patients in the most ethical manner may find it difficult to balance the right to information with the need to avoid information overload(15). One challenge is how much information is adequate and how should complex medical information be communicated to patients who may be frightened or feeling ill, and may have trouble assessing risks, benefits and alternatives. Even, not all patients want a great deal of information. Some may prefer to trust their health provider to do what is best for them(16, 26). It is also common for health care professionals to clash with the family of the patients for whom they care over treatment decisions(27).

Confidentiality is also both an ethical and a legal issue. Keeping information about a patient confidential is a way of showing respect for the person's autonomy. Because there is wide agreement that people have the right to control who has access to their information about them(15, 26, 30). In another way, the ability to provide high quality medical care depends on patients feeling free to communicate fully and truthfully with their caregivers. Furthermore, individuals could face stigmatization and discrimination if certain medical information, such as about sexually transmitted diseases or mental illness, is not carefully protected(16, 18). Therefore, all identifiable information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind, must be kept confidential, even after death(15, 32). A cross sectional study conducted among Nepalese nurses and a doctor shows that only 2.5 % doctors and 11.6 % nurses agreed that adhering to confidentiality of patients is important(33).

Just like other public servants in Ethiopia, health workers are also bound by the legal and ethical requirements. Basically, the act and codes of Ethics urge all health workers to avoid unethical practices in their working environment (34).Despite the presence of the act and codes of Ethics, incidents of failure to observe professional ethics continue and are particularly pronounced in Ethiopia calling for an end to these malpractices. The government, on its part, has been vainly promising to address the problem through imposition of tough measures against anyone found misbehaving(3, 34)

2.1.1 Factors Associated with Adherence to Professional Ethics

Health care Ethics committees are the primary mechanism for dealing with ethical issues in hospitals. For its effective function, information on the purpose of the health care ethics committees in hospitals should be communicated with all health care workers. In study conducted among nurses and physicians around 29% of physicians and 37% of nurses were unaware of the existence of an ethics committee at their hospital. Of those who answered that there was a committee, many physicians felt that the committee is not fulfilling its role(9).Similar study in Egypt revealed that around 29.9% of health professionals dissatisfied with the roles played ethics committee in their working health facility(20). The research result in Shanghai's psychiatric 87.8% respondents reported that their medical institutions had not established an Ethics Committee(18).

Adherence to professional ethics linked with the income level and age of health professional. A study conducted among Iran midwives shows the level of income has direct association with their adherence to professional ethics(31) A cross sectional study which is conducted among

Rajasthan doctors and dentist shows that better adherence to professional ethics seen among age groups from 34-43years (35).

Type of profession and work experience also tends to affect good ethical adherence. Study on Knowledge attitude and practice on professional ethics in Barbados shows that physicians had a better adherence than nurses regarding professional ethics(9). Another nationwide study carried out in Ethiopia showed midwives had a better likelihood to have good adherence than other professionals(36). According to study in Rajasthan the best ethical adherence is seen among professional from 10-20 years of experience(35).

A qualitative study which is conducted among Iranian nurses shows Hospital facilities and equipment play an important role in establishing professional ethics. Non-standard equipment can interfere with providing proper care and may even mislead medical staff judgment about patients' conditions(37).

A Score Card Report on 45 Health Facilities in Tanzania reveals factors like unavailable or non-functional hospital ethics committee, weak supervision and poor management exacerbates poor adherence to professional ethics. Health facilities shows that 1 out of 4 people in need of health services in these areas are routinely asked to give bribes(11).

The problem of substance use has been common among health professionals due to their proximity to those drugs. It highly affects the medical practice and patient's safety. A study conducted in Jimma University among medical interns shows that 48.4% of them used substance in their life time(38, 39). Another study in western Amhara region shows that Professionals who drank alcohol were more likely to be dissatisfied by their job(40).

Health professionals those are more knowledgeable and have favorable attitude tend to have good ethical adherence. A study conducted among doctors in Addis Ababa showed that knowledgeable medical doctors were more likely to have good practice of code of ethics and having good practice of code of ethics among medical doctors with favorable attitude were 7.404 times the odds of those with unfavorable attitude towards code of ethics(22).

Therefore, medical ethics must be understood as an essential branch of general ethics, offers a valuable framework in which to define the norms for medical care(41). Thus, medical ethics is concerned with promoting health and medicine and clarifying norms for improving relationships between patients and health professionals(2, 16). Because, the statements of medical ethics require the health professional to do what is best for the patient and place the patient's interests before their interests. Above all, the purpose of medical ethics is to protect and defend human dignity and patients' rights(17, 18).

For years, unethical behavior among health workers in Ethiopia has been reported and discussed by various stakeholders including the media, members of parliament, community leaders as well as institutions.

Generally Non-adherence to professional ethics among health workers, not only affect the whole process of accessibility and provision of quality health services to citizens, but also tarnishes the reputation of health professionals and all other officials in the health system. This situation must not be tolerated any further and must be eliminated at all costs.

2.2 Conceptual framework

The conceptual frame work was developed after reviewing different literatures. This conceptual frame work shows linkage on how individual factor, Organizational factor and patient-provider relation associated with adherence of professional ethics. As it is shown by figure below

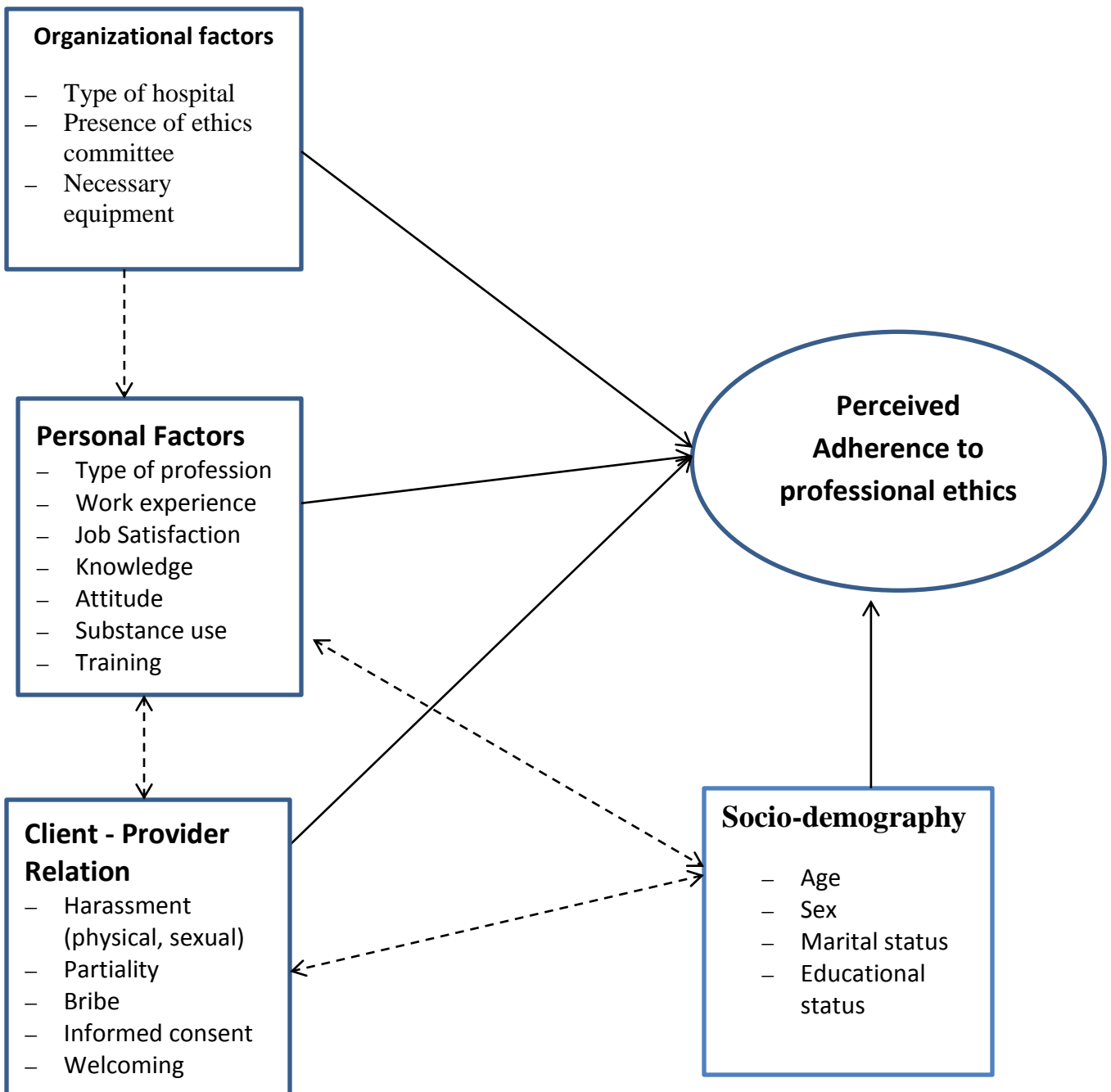


Fig1: Conceptual frame work on factors affecting adherence to professional ethics (9, 13, 20, 22, 33, 38, 40)

2.3 Significance of the Study

Providing quality and ethical health service is one of the main transformational agendas of the Ethiopian health sector in the second Growth and Transformation Plan period(3). To do so, healthcare environment should be changed constantly in response to the societal demands for compassionate and respectful healthcare. Because, the end goal of modern-day healthcare is to provide quality patient care which could be compromised with health professionals unethical practice. The most important reason to assess professional ethics as part of the health care quality is that adherence to high ethical standard is meaningful to patients. To realize this good clinical practice, factors which contribute for good ethical practice should be identified. There is also a paucity of literature on the health professional ethics, especially in relation to patient consent, confidentiality and conduct in Ethiopia. This research result provided insights regarding the level of professional ethical adherence among medical doctors, nurses and midwives in bale zone. Therefore, this study aimed at assessing the perceived adherence to professional ethics among health professionals and factors associated with it in public hospitals which are found in Bale zone. This study can be used as a baseline for further research activities in the area.

Chapter Three

3. Objectives

3.1 General Objective:

To assess perceived adherence to professional ethics and associated factors among health professionals in Bale zone public hospitals, Bale Zone, Oromia region, South -East – Ethiopia, 2019.

3.2 Specific Objectives:

- To assess the level of perceived adherence to professional ethics among health care professionals in public hospitals of Bale Zone, Oromia region, south east Ethiopia, 2019
- To identify factors associated with professional ethics among health care professionals in public hospitals of Bale Zone, Oromia region, south -east Ethiopia, 2019

Chapter Four

4. Method and Materials

4.1 Study Area and Period

A hospital based cross sectional study was conducted in Bale zone from April 1st to April 30th, 2019. Bale zone is the second largest zone in Oromia regional state located in the South-eastern part of Ethiopia. The zone administratively divided in to 17 districts and 6 town administration. Based on bale zone health office report, there are four government hospitals (Goba, Robe, Ginnir and Delomena hospitals) and 76 functional health centers, 351 functional health post, 179 private clinic, 1 NGO clinic, 95 pharmacy/ drug shop, 1 NGO drug shop and 4 medical drug store in Bale zone. Goba hospital is a referral teaching hospital while the remaining three are district hospitals. The total number of Midwives, Nurses and Doctors found in four hospitals were 459. From those 219 found in Goba referral hospital, Delomena district hospital, Giinir district hospital and Robe district hospital had 100, 67 and 73 respectively.

4.2 Study Design

A hospital based cross-sectional study was implemented in order to assess the perceived adherence to professional ethics among health care providers in four public hospitals found in Bale zone.

4.3 Population

Source Population

All medical doctors, nurses and midwives who were on duty in patient treatment and care in the different units of the respective hospitals.

Study Population

All medical doctors, nurses and midwives who fulfil the inclusion criteria in four public hospitals were employed in the study.

Inclusion criteria:

Those medical doctors, nurses and midwives who had more than 6 months work experience were be included in the study.

Exclusion criteria

Medical doctors, nurses and midwives who were on annual leave during data collection time

4.4 Sample Size Determination

Since the number of health professional found in Bale zone public hospitals were manageable, all medical doctors, nurses and midwives that fulfilled the inclusion criteria were employed in the study which is 417 in number.

4.5 Data collection tools and techniques

Survey instruments were adapted from Patient Safety Indicators (PSIs) survey tools for provider and area-level indicators, and patient safety culture survey instrument of Agency of Healthcare Research and Quality (AHRQ) [11]. Some of the questions are adapted from Center for Ethics in Health Care (NCEHC) integrated ethics staff survey and also using different literatures (9, 13, 22, 33, 42)

Data were collected using self-administered questionnaire. Structured and pretested questionnaire was given for health professionals as self-administered questionnaire. Respondents who gave their written informed consent were given the questionnaire and were asked to complete and return it. The first part of the questionnaire focuses on the respondents' socio-economic status. The second part of the questionnaire was assessing the knowledge of healthcare ethics and their perception toward it. In the third part, their experiences on health care ethics was assessed.

4.6 Variables

Dependent Variable

Perceived adherence to professional ethics

Independent variables

Educational status, attitude, knowledge on professional ethics, monthly income, service year, types of profession, type of college/university, marital status, preference during department selection, substance use, job satisfaction, type of hospital, harassment

4.7 Operational Definitions and definition of terms

Perceived Ethical adherence: The degree to which health professionals demonstrate behavior consistent with ethical practices in health care. It is an exploration of how to act well and make morally good choices, based on beliefs and values about life, health, suffering and death. It was assessed by asking fifteen questions with three alternative responses (always, sometimes and never) with 2, 1 and 0 point respectively for positive statement and the reverse was considered for negative statements with a total of 30 marks. Those who scored equal to and above the mean (17.17 ± 3.24) were considered as good having adherence

Knowledge: It is knowledge of ethical standards in health care. Knowledge was assessed by nine questions focusing on their knowledge on health professional ethics. Each response scored as 'yes' 'no' or 'I don't know'. The scoring range of the questionnaire was 9 (maximum) to 0

(minimum). Those who scored equal to and above the mean (5.7 ± 1.7) were considered as having good knowledge about professional ethics.

Attitude: Attitude towards health professional ethics was assessed by asking fifteen likert-types. Each question is labeled with strongly agree (5 points), agree (4 points), no difference (3 points), disagree (2 points), and strongly disagree (1 point). The cumulative score for each category was calculated by adding up the score for responses to each item in that category. A professional who scored equal to and above the mean (46 ± 5.8) were considered as having positive attitude while those who scored less than a mean was considered to have negative attitude.

Job satisfaction: satisfaction towards one's job was assessed by total of 7 likert type questions. Each question was labeled as very satisfied (5 points), satisfied (4 points), not sure (3 points), dissatisfied (2 points) and very dissatisfied (1 point). The cumulative score for each category was calculated by adding up the score for responses to each item in that category. Participants who scored equal to and above the mean (20.31 ± 4.8) were considered as satisfied while those who scored below mean was considered as unsatisfied.

Health professional: Physicians, nurses and midwives were considered as health professional in this context.

Compassion: It is a sensitive to and empathizes with, the individual and social needs of the patients and seeking to create mechanisms for providing comfort and support where appropriate and possible(43).

4.8 Data Quality Control

To assure the quality of the data the following activities were done. Six BSc nurses were recruited and trained for two for facilitation. Before the actual data collection, the structured questionnaire was pre-tested at Dodola hospital. The pre-test was done on 20 health professionals and the bulky questions were summarized and some questions with clarity issues have been modified. At the end of every data collection day each questionnaire was examined and pertinent feedback was given to the facilitators.

4.9 Data entry and analysis

Data entry was carried out by an experienced data entry clerk with close supervision by the principal investigator. Data cleaning and screening was conducted exclusively by the principal investigator. Before starting the analysis, the data needs to be prepared and cleaned. The edited and cleaned data was entered into a computer using SPSS version 20.0 software and a summary descriptive statistics and binary logistic regression and multivariate logistic regression were done.

Bivariate and multiple logistic regression analyses were done to identify the relationship between the dependent variables (adherence to professional ethics) and independent variables. Those variables which had significant association in bivariate logistic regression analyses was taken to multiple logistic regression models to identify variables which has independent association with the dependent variable. All statistical tests will be declared at p-value less than 0.05.

4.10 Ethical Clearance

Ethical clearance was obtained from Jimma University. Permission letter was obtained from Bale zone health department. Participation in the study was on voluntary bases and oral consent was obtained from study participants to confirm their willingness. All the information provided by the study participants were kept confidential. Data were collected in a way that makes it impossible or at least very hard to identify the respondent and question that contain information that could be used to identify the surveyed persons was removed.

4.11 Dissemination

This will be disseminated to Bale Zone health department, Jimma university and other profit or non-profit organizations/ parties in devising effective policies aimed at decreasing non-ethical practice in public hospitals. Attempts will be made to publish the article in peer reviewed journal and to make presentations in scientific conferences.

Chapter Five

5. Result

5.1 Socio Demographic Characteristics

Total of 417 survey questionnaires distributed to different units in the hospitals from which nine incomplete questionnaires were excluded. Finally, 408 (262 male and 146 female) participants completed survey questioners and considered for the analysis which gives a response rate of 97.8%. The mean age of the participants was 30.5 (\pm 5.7 years). The majority health professionals 258(63.2%) were in the 25.34 years age group and most of respondents 295(72.3%) of the participants were Oromos, whereas 211(51.7) were Orthodox Christians. Among the respondents, 254(62.3%) were single.

More than half of the respondents 234 (52.4%) had bachelor degree and most of them were graduated from public universities 320(78.4%). Majority of the respondents were nurses 259(63.5%) followed by midwives 81 (19.9%). About 144 (35.3%) Participants had >6 years of working experience in the health facilities.

Regarding respondent's salary, 196(48%) of the participants' monthly salary was 3250-5414 birr per month. In addition, 1,916 and 11,722 Birr were the minimum and the maximum monthly salary of the respondents respectively. Moreover, the minimum and maximum monthly allowances were 0 and 3500 Birr respectively.

The general characteristics of the study respondents are presented in (Table 1).

Table 1: Scio demographic characteristics of health professionals working in public hospital in Bale zone, Ethiopia, June,2019 (n=408)

Variable	Number	Percentage
Sex		
Male	262	64.2
Female	146	35.8
Religion		
Orthodox	211	51.7
Muslim	144	35.3
Protestant	49	12.0
Other	4	1.0
Ethnicity		
Amhara	99	24.3
Oromo	295	72.3
Other	14	3.4
Age in years		
<25	63	15.4
25-34	258	63.2
35-44	73	17.9
>45	14	3.4
Marital status		
Married	142	34.8
Single	254	62.3
Other *	12	2.9
Level of Education		
Diploma	104	25.5
First Degree	234	57.5
Other**	70	15.0
Graduated from		
Public college/university	320	78.4
Private college/university	84	20.6
Profession category		
Medical doctor	68	16.6
Nurse	259	63.5
Midwifery	81	19.9
Work experiences		
<3 years	151	37.0
3-6years	113	27.7
>6 years	144	35.3
Salary in Ethiopian Birr (ETB)		
<3,250	60	14.7
3,250-5414	196	48.0
>5,414	152	37.3

Other* = Widowed, divorced and separated, Other** = master, MD, MD+ specialty certificate

5.2 Professionalism and other factors

From the total respondents 94(23%) were not happy with their current profession and 120(29.4%) didn't choose their current profession when they joined the university. More than half of them 221 (54.2%) were not ready to recommend others to pursue their current profession. Ethics committees are institutional structures that provide a deliberative forum in which ethical issues can be analyzed and addressed. Majority of participants 237(58 %) did not know about the existence of the ethics committee in their hospitals. Among those who knew the existence of ethics committee in the hospital, more than half, 92 (53.8%) of them didn't know the function of the committee while around 31 (18.14%) replied correction measure as the main task of the committee. Regarding training opportunity, only 131 (32.1%) of the respondents were taken professional ethics training.

Most of the respondents 341 (83.6%) mentioned college/university as the main source of information for professional ethics. Regarding the professional ethics course in previous educational curriculum 284(69.6%) of the respondents replied that it was not adequate.

Majority of the respondents replied that they encounter ethical problems in their institutions from time to time 238(58.3%). About 143(35%) of them have been accused regarding issues related with professional ethics. Religious related issued mentioned as the most common ethical dilemma faced by health care providers 149(36.5%) followed by discharge against medical advice 137(33.6%). Workload was stated as the main reason for unethical behavior of care providers 298(73%).

More than half of hospital administrators don't communicate professional ethics as a priority issue 206(50.5%) and 222(54.4%) of the respondents said the promotion decision doesn't consider ethical practice. 92 (47.1%) of participants stated that their relationship with managers unfairly influence their ethical practice. More than quarter of the professionals 152(37.3%) reported that there is frequent conflict among colleagues.

From the total respondents 75(18.4%) of them reported that were harassed by their clients while 56(13.7%) of them stated that they received gifts from their patients. About 88(21.6%) of study participants used substances in their life and more than half of them used alcohol 54(61.4%). (Table 2)

Table 2: Professionalism and other characters of health professionals in Bale zone, June 2019

Variable	Number	Percentage
Happy with your current profession		
Yes	314	77.0
No	94	23.0
Was it your first choice		
Yes	287	70.3
No	121	29.7
Do you advise others to pursue your profession		
Yes	186	45.6
No	222	54.4
Ethics committee in the hospital		
Yes	171	41.9
No	237	58.1
Know the Function of the committee (n=171)		
I don't know	92	53.8
Correction measure	31	18.1
Punishment	13	7.6
Advice	26	15.2
Training	9	5.3
Ever taken professional ethics training		
Yes	131	32.1
No	277	67.9
Source of information for professional ethics		
Mass media	131	32.1
College/university	341	83.6
Hospital management	57	14.0
Other	39	9.6
Professional ethics course in curriculum		
Yes adequate	109	26.7
Not adequate	284	69.6
Can't remember	15	3.7
How often did you face ethical problems?		
Daily	101	24.8
Rarely	238	58.3
Not at all	69	16.9
Accused regarding ethical issues		
Yes	202	49.5
No	206	50.5
Most common ethical dilemma		
Religious issue	149	36.5
Improper discharge	137	33.6
Truth telling	56	14.5
End of life issue	46	11.2
Others*	17	4.2
Perceived reason for unethical practice		
Work load	298	73.0
Negligence	132	32.5
Religion	64	15.7
Lack of knowledge	70	17.2
Insufficient salary	38	9.3

Others **	32	8.0
Promotion decision consider ethical practice		
Yes	186	45.6
No	222	54.4
Relationship with managers negatively influence ethical practice		
Yes	192	47.1
No	216	50.9
Administrators communicate ethics as priority issue		
Yes	202	49.5
No	206	50.5
There is frequent conflict among colleagues		
Yes	152	37.3
No	256	62.7
Harassment from patients (physically/sexually/psychologically)		
Yes	152	37.3
No	256	62.7
Receive gifts from patient		
Yes	56	13.7
No	352	86.3
Have you ever used substance		
Yes	88	21.6
No	320	78.4
If yes which one(n=88)		
Alcohol	54	61.4
Khat	38	43.2
Cigarette	8	9.1
Others***	4	4.6
Currently use substance		
Yes	65	15.9
No	343	84.1
If yes which one (n=65)		
Alcohol	45	69.2
Khat	19	29.2
Cigarette	3	4.6
Others***	5	7.6

Others*= confidentiality issues Others**= clients behavior, lack of equipment, conflict Others***= opioids, shisha

5.3 Knowledge towards professional ethics

Majority of the respondents 314(77%) said that they can't define professional ethics but most of them agreed 370(90.7) that professional ethics is an important subject. Significant number of participants 305(74.8%) stated that the right of patient should always be recognized but 180(44.1%) of them replied that disclosure of medical report is important. About 354(86.8%) of professionals reported that the patient has the right to know about his/her problem in person. From the total respondents 177(43.4%) of them mentioned that they disclose medical error only if it caused a major harm. More than half of the respondents 217(53.1%) reported that being unethical to patient leads to legal action. The mean score knowledge about professional ethics was 5.65(SD=1.7). Overall, more than half of the respondents 229(56.1) had good knowledge towards professional ethics (Table 3).

Table 3: Knowledge of health professional towards professional ethics in public hospital in Bale zone, Ethiopia, June, 2019

Item	Responses					
	<u>Yes</u>		<u>No</u>		<u>I don't know</u>	
	<u>No</u>	<u>%</u>	<u>No</u>	<u>%</u>	<u>No</u>	<u>%</u>
Define professional ethics	86	21.0	314	77	8	2.0
Professional ethics is an important subject	370	90.7	34	8.3	4	1.0
Right of patient should always be recognized	305	74.8	95	23.2	8	2.0
Disclosure of medical report to 3 rd party is important	180	44.1	209	51.2	19	4.7
Friendly relationship should be established	293	71.9	114	27.9	1	0.2
Patient has the right to know about his/her problem	354	86.8	50	12.2	4	1.0
Being unethical leads to legal action	217	53.2	183	44.9	8	2.0
Patients who wants to die should be assisted	194	36.1	251	61.5	8	2.0
Disclosing medical error only if it caused major harm	177	43.4	214	52.4	17	4.2

5.4 Attitude Towards Professional Ethics

From the total respondents, 149(36.5) agreed to the view that 'ethical conduct is important only to avoid legal action' and 215(52.7%) of the respondents agreed that the patients' wishes should be adhered. About 195(47.8%) of the respondent agreed that 'patient should always be told if something is wrong' while 119(29.2%) of them disagreed that close relatives must always be told about a patient's condition. Also 152(37.3%) of the respondents agreed to the view that health professionals should do what is best irrespective of patient's opinion and 161(39.5%) of the respondents disagreed to the view that patient's only need to consent for operations but not for tests or medications while 127(31.1) of the respondents disagreed that children should never be treated without the consent of their parents or guardians. Regarding non-compliant and violent patients, 115(28.2%) disagreed that health professionals should refuse to treat patients who behave violently' and 154(37.7%) disagreed that 'if patients refuse to undergo treatment due to their beliefs, they should be instructed to find another health profession'.

Regarding social clients, 138(33.8%) of the respondents disagreed that treating social client first is correct and 173(42.4%) of them agreed that health professionals should resolve conflict with other health care providers (Table 3)

The mean score of attitudes towards professional ethics was 46.03(SD=5.8). Overall about 184(45.1%) had a positive attitude towards professional ethics.

Table 4: The attitudes of healthcare professionals towards professional ethics in public hospitals in Bale, Ethiopia ,June,2019 (n=408)

Statement	SA n(%)	A n(%)	NS n(%)	DA n(%)	SDA n(%)
Ethical conduct is important only to avoid legal action	59(14.5)	149(36.5)	48(11.8)	106(26)	46(11.2)
Patient's wishes must always be adhered	94(23)	215(52.7)	65(15.9)	27(6.6)	7(1.7)
Health professionals should do what is best irrespective of patient's option	70(17.2)	152(37.3)	53(13)	104(25.4)	29(7.1)
Patient should always be told if something is wrong	80(19.6)	195(47.8)	86(21.1)	36(8.8)	11(2.7)
Confidential information can only be disclosed if the patient gives explicit consent	81(19.9)	170(41.6)	70(17.2)	66(16.2)	21(5.1)
Confidentiality cannot be applied in modern care and should be abandoned	20(4.9)	67(16.4)	65(15.7)	181(44.4)	76(18.6)
Close relatives must always be told about the patient's condition	52(12.7)	130(31.9)	60(14.7)	119(29.2)	47(11.5)
Patients need to consent only for operations but not for tests or medication	28(6.9)	81(19.9)	63(15.4)	161(39.5)	75(18.4)
Children should never be treated without the consent of their parents/guardians	78(19.1)	127(31.2)	72(17.6)	100(24.5)	31(7.6)
Health professionals should refuse to treat patient who behave violently	69(16.8)	88(21.6)	70(17.2)	115(28.2)	66(16.2)
It is correct to treat social clients first	18(4.4)	60(14.7)	81(19.9)	138(33.8)	111(27.2)
Report colleague's misconduct is right	33(8.1)	131(32.1)	113(27.7)	100(24.5)	31(7.6)
Patients who refuse treatments due to beliefs should be instructed to find another health professionals	40(9.8)	87(21.3)	75(18.4)	154(37.7)	52(12.8)
Health professionals should resolve conflict with other health care providers	95(23.3)	173(42.4)	53(13)	44(10.8)	43(10.5)

SA=Strongly Agree; A=Agree;NS=Not Sure;DA=Disagree;SDA=Strongly Disagree

5.5 perceived adherence of health professionals towards professional ethics

The degree to which health professions demonstrate behavior consistent with professional ethics in health care was measured using 15 questions. Those whose choice is ‘always’ earned score of 2, sometimes earned 1 and never earned 0 with a total of 30 marks. Participants who score equal or above the mean are considered had good perceived adherence and below the mean had poor practice.

The mean score of perceived adherence to professional ethics was 17.18 (SD = 3.24). The range of respondents' practice scores was 9– 27. Accordingly, in this study, 258(63.2%) of health workers were taking informed consent before any treatment. However, only 148(46.3%) of the respondents always used private rooms for patient examination. Majority, 267(65.4%) of the participants always Showed respect, dignity and attention to patient’s health need but only 115(28.2%) Of them always introduce their name, professional title and their role before providing service. Over all 186(45.6%) respondents had good perceived adherence to professional ethics (Table5)

Table 5: perceived adherence to professional ethics in public hospitals in Bale, Ethiopia, June, 2019 (n=408)

Item	Responses					
	<u>Always</u>		<u>Sometimes</u>		<u>Never</u>	
	<u>No</u>	<u>%</u>	<u>No</u>	<u>%</u>	<u>No</u>	<u>%</u>
Introduce yourself, title and professional role	115	28.2	258	63.2	35	8.6
Taking informed consent from the patient	169	41.5	187	45.8	52	12.7
Order only indicated investigation	241	59.1	150	36.8	17	4.1
Showing respect, dignity and attention to patients	267	65.4	136	33.3	5	1.3
Using private rooms for patient examination	148	46.3	171	41.9	89	21.8
Accepting not to be examined by medical students	102	25	227	55.6	79	19.4
Ensuring nobody is present during the examination	124	30.4	186	45.6	98	24
Sharing the information without patient’s consent	100	24.6	134	32.8	174	42.6
Giving the patient right of refuse the treatment	160	39.2	202	49.5	46	11.3
Giving decision sharing opportunity to the patient	208	51	184	45.1	16	3.9
Fully informing the patient about cause of illness	140	34.3	229	56.1	39	9.6
Refusing services on ground of personal beliefs	66	16.2	220	53.9	122	29.9
Issuing genuine and complete sick leave(n=68)	23	33.8	41	60.3	4	5.9
Reporting unethical conduct of colleague	77	18.9	196	48	135	33.1

5.6 Job satisfaction

From the total respondents 137(33.6%) were satisfied with the availability of equipment needed for work in their department while 146(35.8%) of them stated that they were satisfied by the time given for the accomplishment of their task. Half 204(50%) of the respondents reported that they were satisfied with their interpersonal relationship with their colleagues. About 175(42.9%) of them were very dissatisfied by their salary. Regarding the issue for continuous professional education 124(30.4%) of them were satisfied (Table 5). The mean score of satisfaction towards one's job was 20.32(SD=4.81). Overall almost half of the respondents 201(49.3%) were satisfied by their job.

Table 6: Job satisfaction of healthcare professional in public hospitals in bale zone, Ethiopia, June, 2019 (n=408)

Statement	VS n(%)	S n(%)	N n(%)	DS n(%)	VDS n(%)
Adequacy of equipment's needed for work	23(5.6)	137(33.6)	82(20.1)	115(28.2)	51(12.5)
Interpersonal relations with colleagues	46(11.3)	204(50)	78(19.1)	59(14.5)	21(5.1)
Time available for accomplishment of task	35(8.6)	146(35.8)	108(26.5)	89(21.1)	30(7.4)
Salary	8(2)	50(12.3)	34(8.3)	141(34.6)	175(42.8)
Opportunities' for continuous professional education	32(7.8)	124(30.4)	84(20.6)	102(25)	66(16.2)
Clarity of instruction regarding the expectation needed to meet at hospital	24(5.9)	138(33.8)	110(27)	81(19.9)	55(13.5)
Opportunities for professional improvement in hospital	32(7.8)	115(28.2)	105(25.7)	53(25.3)	53(13)

VS=Very satisfied; S=Satisfied; N=Not neutral; DS=Dissatisfied; VDS=Very Dissatisfied

5.7 Factors associated with perceived adherence to professional ethics

To identify factors associated with good ethical practice a multivariate logistic regression model was fitted with the variables having a p-value < 0.05 in the bivariate logistic regression analysis. Accordingly, some variables were remained independently associated with good perceived ethical adherence after controlling other factors. From these factors, medical doctors were three times more likely to have good perceived adherence (AOR = 3.0; 95% CI: 1.41, 6.27) and

positive attitude towards professional ethics had statistically significant association with good perceived adherence (AOR= 1.6; 95% CI: 1.01, 2.44). In addition, those respondents who responded as the ethical information from the curriculum is adequate were more likely to be ethical (AOR = 2.1; 95% CI: 1.14, 3.06) and those who worked more than six years 2.5 times more likely to have good perceived adherence (AOR = 2.5; 95% CI: 1.32, 4.75). The presence of active ethics committee in hospitals is independent factor for perceived ethical adherence (AOR = 2.0; 95% CI: 1.07, 2.62) (Table 7).

Table 7: Factors associated with health workers perceived adherence to professional ethics, Bale zone, Ethiopia, June, 2019

Variables	Ethical Practice		COR (95%CI)	P-Value	AOR (95%CI)	P-Value
	Good	Poor				
Knowledge towards professional ethics						
Good	119	110	1.8 [1.21-2.69] *	0.004	1.3[0.82,2.06]	0.260
Poor	67	112	1		1	
Attitude towards professional ethics						
Good attitude	100	84	1.9 [1.29-2.84] *	0.001	1.6 [1.01,2.44] **	0.044
Poor attitude	86	138	1		1	
Current profession						
GP	42	26	3.4[1.74,6.72] *	<0.001	3.0 [1.41,6.27] **	0.004
Nurse	118	141	1.8[1.05,3.00] *	0.034	1.4[0.78, 2.42]	0.279
Midwife	26	55	1			
Work Experience						
<3 years	60	91	1		1	
3-6 years	49	64	1.2[0.71,1.90]	0.11	1.46[0.83, 2.54]	0.187
>6 years	77	67	1.7[1.10,2.77] *	0.018	2.5[1.32, 4.75] **	<0.001
Do you like your profession						
Yes	152	162	1.6[1.03,2.66] *	0.038	1.5[0.88, 2.49]	0.134
No	32	60	1		1	
Receive gifts from patients						
Yes	17	39	1		1	
No	169	183	2.1[1.15,3.89] *	0.015	1.6[0.84,3.07]	0.152
Salary						
<3250	18	42	1		1	
3250-5414	95	101	2.19[1.18, 4.08] *	0.013	1.4[0.21,9.59]	0.713
>5414	7	79	2.16[1.14,4.08] *	0.018	1.7[0.27,10.19]	0.588
Presence of ethics committee						
Yes	98	73	2.3[1.52,3.40] *	<0.001	2.0 [1.07,2.62] **	0.026
No	88	149	1		1	
Adequacy of professional ethics in curriculum						
Adequate	68	41	2.5[1.62,3.99] *	<0.001	2.1[1.14, 3.06] **	0.014
Not adequate	118	181	1		1	

*Significant association (p < 0.05) crude. **Significant association, (p < 0.05) adjusted.

Chapter Six

6. Discussion

Adherence to professional ethics by health care workers is the core aspects of quality health care delivery as it involves the way service providers interact with service users. But, only 45.6% of the study participants had good perceived adherence towards professional ethics which is nearly similar with study conducted among Egyptian residents which is 48% (20) and greater than other similar study conducted in Ambo town which is 24% difference might be due to the small sample size, study subjects and the implementation of CRC program all over the country by the federal ministry of health. Another study conducted in Addis Ababa city revealed 30.4% adherence level to professional ethics (22, 23). The possible explanation for the discrepancy might be due to the study was limited among medical doctors and was conducted only in Addis Ababa city. A study among Egyptian nurses revealed about 78.8% of them had good adherence towards professional ethics which is higher than this study (29). The inconsistency might be due to difference in study subjects back ground as well as difference in study area. Another study on nursing performance at Jimma University specialized hospital indicated around one third (32.2%) of the nurses rated their performance as poor performance(44).

The Another nationwide study on respectful maternity care in public facilities reported 36% of the health professionals committed at least one form of mistreatment of women (36). Though informed consent is a vital component of present-day health care ethics and a means of exercising patients right to self-determination, only 41.4% of professionals always obtain informed consent before rendering any service. This is greater than the study conducted in Addis Ababa which is 34% (22). The discrepancy might be due to the difference in study areal as well as study subjects and also study period. Breaches of patient confidentiality or right to privacy and end-of-life decision-making are common ethical problems reported by other study (6). Another qualitative study also clearly stated that absence of consent taken from patients for most non-surgical medical procedures is the major problem(7).

In this study, the socio-economic factors; respondents' salary and work experience and other independent variables; attitude towards professional ethics, perceived adequacy of professional ethics in the curriculum, current profession, presence of ethics committee, receiving gifts from patients and love for the profession were showed significant association with professional ethics in the bivariate logistic regression analysis. From these independent variables, attitude toward professional ethics, current profession, perceived adequacy of ethics information from the

curriculum and work experience and presence of ethics committee were persistently associated with professional ethics in multiple logistic regressions analysis.

As a result, medical doctors were three times more likely to have good perceived ethical practice. Similar study in Barbados showed that Physicians had a stronger adherence than nurses regarding practice of ethics such as adherence to patients' wishes, confidentiality, paternalism and consent for procedures (9). Another study in sub-Saharan Africa also indicated the presence of significant differences between the perception of physicians and non-physicians on many ethical practices(17). But in contrast to this study, higher likelihood of performing high level ethical practice is found among midwives than other professionals (36). These inconsistencies might be due to differences in study settings and sample size as well as study subjects.

Those health professionals with positive attitude towards professional ethics two times more likely to had good perceived adherence to professional ethics. Similarly, unfavorable attitude is influencing the ethical adherence in another study (22). Another study showed that only about 28.3% of the study participants reported their attitudes towards ethical practice were good(45) which is lower than this study the possible explanation for the discrepancy might be due to the difference in study period and study area.

In addition, those who worked more than six years were 2.5 times more likely to have good perceived adherence to professional ethics. It is also reported that health professionals with fewer years of experience encountered ethical issues more frequently than others (6). Similarly, practice scores of the participants varied with their work experience and the difference in the scores was highly significant (35).

Those health professionals who were working in hospitals where active ethics committee is present were two times more likely had good perceived adherence to professional ethics. In similar content, the majority respondents in another study reported that their health institutions had not established an ethics committee but they agreed that ethics committees should be set up in their institutions(18). Another systematic review identified increased workload, lack of organizational support, training workshops, patient behavior, inappropriate role modelling as influencing factors for poor ethical practice (46). Similar study revealed that facilities implementing a quality improvement approach, standard based management and recognition were associated with higher likelihood of performing high level of respectful care (36).

In this study, those respondents who responded the ethical information from the curriculum is adequate were two times more likely to had good perceived professional ethics. It is noticed in another study as Nearly, half of the respondents indicated that training on ethical issues should be taught during formal training and also on-the-job (7).

Strengths and weakness of the study

Strengths of this study

- It is primary study
- Professional ethics is burning issue right now in all professions especially in health sector
- There was no similar study done in the study area

Weakness of this study

- Providers' practices were self-reported and their responses may have been tailored according to what they believed were appropriate.
- The attitude of health professionals towards health care ethics would be better investigated with qualitative study design.

Chapter Seven

7. Conclusion and Recommendation

7.1 Conclusion

The overall ethical practice of health care workers was poor. Positive attitude toward professional ethics, perceived adequacy of professional ethics curriculum, work experience greater than six years and type of profession have statistically significant association with perceived adherence to professional ethics among health care workers in public hospitals of Bale Zone.

7.2 Recommendation

Depending on the result of this study the following recommendation were forwarded

- Government should give more emphasis and work on CRC training.
- Hospitals should avail professional code of ethics documents to enhance knowledge of the employees, facilitate and give training educational opportunities and also, they should strengthen their Ethics committees.
- Universities should revise the content of professional ethics course in the curriculum.
- Finally, other researchers are recommended to conduct further investigation particularly the qualitative one to dig out more information regarding this issue.

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9. Annexes

Self-Administered Questionnaire for Health Professionals

Information Sheet for Participants

Good morning/ afternoon, and thank you for giving your time to fill this self-administered questionnaire. We are here on the behalf of Sr Bethlehem Getachew. The main purpose of this study is to “*assess perceived adherence to health professional’s ethics among health professional who are working in government hospitals of Bale zone*”. Researcher wish to find out ways by which health professional ethics can be improved through assessing the level and factors affecting health professionals’ ethical practice. The time allotted to fill the questionnaire is less than 30 minutes. Whatever information you would provide will be kept confidential. We will not record your name on the questionnaire. We value your honest response to make this study a successful one.

Do you agree to respond the following questions?

1. If you agree, continue to the next page.
2. If you disagree return the questionnaire for the next respondent

Name of facilitator _____ Signature _____

Name of supervisor _____ Signature _____

Date / ____ / ____ / ____

Part -1 Socio Demographic Characteristics of Health Professionals (*circle your choice*)

ID	Questions	Responses
101	Sex	1. Male 2. Female
102	Age in complete years	/_____/ years
103	Religion	1. Orthodox 2. Muslim 3. Protestant 9. Other, specify /_____/
104	Ethnicity	1. Amhara 2. Oromo 3. Tigray 4. Guaragie 9. Other, specify /_____/
105	Marital status	1. Single 2. Married 3. Divorced 4. Separated 5. Widowed 6. Cohabited
106	Educational status	1. Diploma 2. BSc 3. MSc/MPH 4. MD 5. MD with special certificate 6. MD with subspecialty 9. Other, specify /_____/
107	Graduated from... <i>Select the college/university with respective level(degree)</i>	1. Private college/university [1 st , 2 nd , 3 rd degree] 2. Public college/university [1 st , 2 nd , 3 rd degree]
108	Current profession	1. Medical doctor 2. Nurse 3. Midwife
109	Do you like your profession?	1. Yes 2. No
110	Was your profession your first choice?	1. Yes 2. No
111	Work experience	/_____/years with the current educational level /_____/years [total working years]
112	Do you recommend others to pursue your career?	1. Yes 2. No
113	Monthly salary	Gross /_____/ Birr Net /_____/ Birr
114	Other Incentives	/_____/ birr /_____/ in kind [if any]
115	Do you feel that your salary is fair?	1. Yes 2. No

Part –II. Health Professionals Knowledge About Professional Ethics (*Circle Your Choice*)

201	Can you define professional ethics?	1. Yes/_____ _/ 2. No, I can't 3. I don't know
202	Professional ethics is an important subject for health professionals	1. Yes 2. No 3. I don't know
203	The right of patients should be always recognized	1. Yes 2. No 3. I don't know
204	Disclosure of the medical report to the 3 rd party is important	1. Yes 2. No 3. I don't know
205	Friendly relationship should be established between health profession and patient	1. Yes 2. No 3. I don't know
206	The patient has the right to know about his/her	1. Yes 2. No 3. I don't know

	health problem in person	
207	Being unethical practice towards the patient leads to legal action	1. Yes 2. No 3. I don't know
208	Patients who wants to die should be assisted	1. Yes 2. No 3. I don't know
209	Disclosing medical error only if it caused major harm (disability/ death	1. Yes 2. No 3. I don't know
Part-III. Health Professional's Practice Towards Professional Ethics(Circle Your Choice)		
301	How often do you introduce yourself and state your title and professional role	1. Always 2. Sometimes 3. Never
302	How often take informed consent from the patient (<i>before history taking, examination, exposing any body part</i>)?	1. Always 2. Sometimes 3. Never
303	Have you ever been ordered investigations that were indicated?	1. Always 2. Sometimes 3. Never
304	How often you accustomed of showing respect, dignity responsiveness and attention to patients' health need?	1. Always 2. Sometimes 3. Never
305	Have you ever accepted patients request not to be examined by students?	1. Always 2. Sometimes 3. Never
306	Do you use private rooms for patient examination?	1. Always 2. Sometimes 3. Never
307	How often you ensured that nobody is present other than medical team during the patient examination?	1. Always 2. Sometimes 3. Never
308	Have you ever shared the information without patient's consent for third person?	1. Always 2. Sometimes 3. Never
309	Did you always give a chance for the patient the right to refuse the treatment?	1. Always 2. Sometimes 3. Never
310	Have you ever been gave the patient an opportunity to share in decision about their treatment?	1. Always 2. Sometimes 3. Never
311	How often you did fully informed the patient cause of illness?	1. Always 2. Sometimes 3. Never
312	How often you issue genuine and complete sick leave or certificate of illness? (for doctors)	1. Always 2. Sometimes 3. Never
313	How often do you refuse on ground of your personal belief to provide services such as contraceptive, legal abortion and blood transfusion?	1. Always 2. Sometimes 3. Never
314	How often do you report any unprofessional /unethical conduct of another health professional to the Appropriate organ?	1. Always 2. Sometimes 3. Never
315	How often do you engage in conflict with your	1. Always 2. Sometimes 3. Never

	colleagues?					
Part-IV. Health Professionals Attitude Towards Professional Ethics Put (/) sign						
		Strongly Agree	Agree	Neutral	Disagree	Strongly disagree
401	Ethical conduct is important only to avoid legal action					
402	Patient's wishes must always be adhered					
403	Health professionals should do what is best irrespective of patients' option					
404	Patient should always be told if something is wrong					
405	Confidential information can only be disclosed if the patient gives explicit consent					
406	Confidentiality cannot be applied in modern care and should be abandoned					
407	Close relatives must always be told about the patient's condition					
408	Patients need to consent only for operations but not for tests or medication					
409	Children should never be treated without the consent of their parents/guardians					
410	Health professionals should refuse to treat patient who behave violently					
411	It is correct to treat social clients first					
412	Report colleague's misconduct is right					
413	Patients who refuse treatments due to beliefs should be instructed to find another health professionals					
414	Health professionals should resolve conflict with their colleagues in the hospital					
Part-V. Factors associated with health professional ethics						
501	Source of information about health professional ethics (more than one answer possible)	1. Mass media 2. University/college 3. From hospital management 4. From reading 9. Other, specify / _____ /				
502	How do you see the professional ethics course in your previous educational curriculum?	1. Adequate 2. Not adequate 3. Can't remember				
503	Is there ethics committee in your hospital	1. Yes 2. No				
504	If your answer is yes, do you know the role of the committee?	1. Yes (specify _____ _____ _____ 2. No				
505	How often did you encounter professionals' ethical problem in your hospital?	1. On daily bases 2. Rarely 3. Not at all				
506	In your career have you ever taken health	1. Yes 2. No				

	professional ethics training?	
507	What are the common ethical dilemma that you have ever faced? <i>(More than one answer is possible)</i>	1. Discharge against medical advice 2. Religious/cultural issues 3. Truth telling 4. Conflict of interest 5. End of life issue 6. Allocation of resources
508	Why do you think health professionals can behave unethically? <i>(more than one answer possible)</i>	1. Due to work overload 2. Due to unaccountability 3. Due to religion 4. Due to lack of knowledge 9. Other
509	Have you ever been accused regarding issue related with professional ethics?	1. Yes 2. No
510	Is the managers in your hospital communicate ethics as priority issue	1. Yes 2. No
511	Does the relationships with the managers unfairly influence practices of health professional's ethics	1. Yes 2. No
512	Is the promotion decision considering the ethical practice in your hospital?	1. Yes 2. No
513	Have you ever used substance in your entire life	1. Yes 2. No
514	If yes which one of the following <i>(more than one answer possible)</i>	1. Alcohol 2. Khat 3. Cigarrete 4. Others_____
515	Do you currently use any kind of substances?	1. Yes 2. No
516	If yes which one of the following <i>(more than one answer possible)</i>	1 Alcohol 2. Khat 3. Cigarrete 9. Others, specify/_____/
517	Have you ever experienced harassment from the patient(physically/sexually or psychologically)	1 Yes 2. No
518	Have you ever accepted any kind of gifts from patient?	1. Yes 2. No
519	There is often a conflict among colleagues	1. Yes 2. No

Part-VI. Satisfaction Of Health Professionals, Put (/) Sign

	To what extent are you satisfied with:	Very satisfied	Satisfied	Neutral	Dissatisfy	Very dissatisfy
601	The adequacy of the equipment needed for work in the department?					
602	Interpersonal relations with your colleagues?					
603	The time available for accomplishment of					

	your tasks?					
604	Your salary?					
605	Opportunities for continuous professional education?					
606	The clarity of the instructions you receive regarding the expectations you need to meet at your hospital?					
607	The opportunities for professional improvement at your hospital?					