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Study to assess the knowledge of registered nurses regarding bioethics in selected setting, Mangaluru

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Abstract

Introduction: Ethics is the application of values and moral rules to human activities. The term can also be used to deal with the life-related ethical issues, especially when there is an unavailability of medical resources. **Objective:** The study was conducted to assess the level of knowledge on bioethics among registered nurses and to find the association between the knowledge score and selected baseline variables. **Materials and Methods:** A descriptive survey design was adopted for this study, using a convenient sampling of 150 registered nurses. A validated structured knowledge questionnaire was used to assess the knowledge of the registered nurses regarding bioethics. **Results:** The knowledge score obtained by the participants is – excellent 10 (6.7%), very good 66 (44%), good 59 (39.3%) and poor 15 (10%). This study shows that there is an adequate knowledge regarding bioethics among the registered nurses.

Key words: Bioethics, knowledge, registered nurses, biomedical sciences

Introduction

Fritz Jahr, in 1926, coined the term “bioethics” which is a Greek word, where “bios” means life and “ethos” means behaviour. He explains bioethics as futuristic arguments and discussions, which will be involved while doing experiments and research on animals. In 1970, the American biochemist Van Rensselaer Potter generated a concept of global ethics by creating a bond between biology, ecosystem, medical profession and human values, which are very much necessary for the survival of humans and animals and forms a union with the biosphere (Wikipedia, 2015). When there is an application of values and moral rules to the human

activities, the concept of bioethics will be fulfilled. It is not sufficient for a healthcare provider to have knowledge and skills in the clinical area, but they should also follow the standard practices related to bioethics in their workplace. Bioethics has been founded on the framework of four moral principles of autonomy, beneficence, non-maleficence and justice (Monsudi, Oladele, Nasir, Ayanniyi, 2015). Ethical issues are not only observed in the nursing field but are seen among all the health professionals. The main important issues addressed in medical ethics are: doctor–patient relationship, patient’s confidentiality and the need to obtain informed consent, whereas bioethics deals with all the moral issues in medicine and biomedical sciences (Gupta, Bhat, Asawa Bapat, Chaturvedi, 2015). Today, nurses with all levels of educational backgrounds, come across with ethical challenges in every setting. These challenges may be small, but some seem to be overwhelming. “Ethics is sometimes framed as the sensational cases,” said Cynda Rushton. Ethics is part of everyday nursing practice. It is a part of every decision that nurses make in the clinicals (Bedrosian, 2015).

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Materials and Methods

A descriptive survey was conducted in a teaching hospital at Mangaluru. Eligibility criteria for inclusion included registered nurses, who are working in the teaching hospital and belong to the age group of 21-70 (INC norm). The total population of registered nurses comprised of 400 and 150 subjects was selected using lottery method. Data was collected from the subjects by administering a structured knowledge questionnaire. Content validity of the knowledge questionnaire was established by nine experts from nursing and related field. There were 30 questions, in which six were deleted based on the experts' suggestions. The final knowledge questionnaire comprised of 24 questions. The knowledge questionnaire was administered to 15 registered nurses to assess the internal consistency of the tool and it was found to be reliable ($\alpha=.8$). The final tool had Part I: Baseline proforma that contained seven items, and Part 2: Structured knowledge questionnaire on bioethics. Each question carried one mark for the correct response and zero for the incorrect one. Maximum score was 24 and minimum score was zero. The items were divided into four main content areas: Meaning and history of bioethics, Principles of bioethics and its application, Different areas of bioethics: 1. Reproduction, birth, life and death, 2. Health and biomedical innovations, 3. Clinical evaluation of drugs/vaccines devices and 4. Ethical review procedures and issues related to bioethics.

A formal written permission was obtained from the concerned authority. Prior to the data collection, the investigator familiarized themselves with the subjects and explained to them the purpose of the study. They requested the participants' full cooperation and assured them the confidentiality of their response. An informed consent was obtained from all the subjects. The subjects were made to sit in the classroom comfortably and the tool was administered. The investigator stood in front of them. A time period of 30 minutes was given to the participants to fill the questionnaire and a sufficient gap was maintained between the subjects' seats. The subjects were very cooperative and showed much interest in answering the questions.

Results

The collected data was coded and entered in a master data sheet and SPSS was used to analyze the collected data. Frequencies and percentages of baseline variables

were analyzed. Chi-Square test was used to find the association.

The results from the study were organized as follows:

Section 1: Baseline proforma

Purposive sampling method was used. 150 registered staff nurses from a selected hospital were the subjects for the study. Baseline proforma includes variables such as age, marital status, qualification, year of experience, designation, previous knowledge about bioethics (presented in table 1)

Table 1
Frequency and Percentage Distribution of Subjects According to Their Baseline Variables

<i>N=150</i>		
Variables	Frequency (f)	Percentage (%)
Age in years		
21-30	134	89.3
31-40	16	10.7
Marital status		
Married	32	21.3
Unmarried	118	78.7
Qualification		
Diploma	63	42
Graduate	70	46.7
Post graduate	17	11.3
Designation		
Teaching staff	14	9.3
Ward in charge	9	6
Staff nurse	127	84.7
Work experience (in years)		
0-3	115	76.7
4-7	26	17.3
8-11	7	4.7
12-15	1	0.6
16-19	1	0.6
Attended training on bioethics		
Yes	50	33.3
No	100	66.7
Previous knowledge regarding bioethics		
Yes	87	58
No	63	42

Table 1 reveals that the majority of the subjects belonged to the age group of 21-30 years (89.30%). Among the respondents, 118 (78.70%) of them were unmarried and a maximum of 70 (46.70%) of the subjects were graduates. The highest number of subjects, that is 127 (84.70%) of them, were the staff nurses and 115 (76.70%) of them had below three years of work experience. About 100 (67.70%) did not attend any training program on bioethics, whereas 87 (58%) had previous knowledge about bioethics.

Section 2: Distribution of subjects according to knowledge level

The arbitrary grading of the level of knowledge of the subjects were graded based on the scores obtained and are as follows – Poor <6, Good 7- 12, Very good 13-18 and Excellent 19-24 and is presented in Table 2

Table 2
Frequency and Percentage Distribution of Registered Nurse Based on Their Knowledge Score

N= 150			
Grade	Knowledge score	Frequency (f)	Percentage (%)
Poor	<6	15	10 %
Good	7-12	59	39.3 %
Very good	13-18	66	44 %
Excellent	19-24	10	6.7 %

Maximum score =24

From Table 2, it is evident that 10 (7%) pf them had excellent knowledge, 66 (44%) very good knowledge, 59 (39%) of the subjects had good knowledge and 15 (10%) of the subjects' poor knowledge on bioethics.

Table 3
Area wise Mean, Mean Percentage and Standard Deviation of Subjects on Bioethics

Areas	Max score	Mean	Mean %	S.D
Meaning and history of bioethics	3	0.43	14.3	0.83
Principles of bioethics and its application	5	0.501	10.02	1.43
Reproduction, birth, life and death	5	0.574	11.49	1.35
Health and biomedical innovations	3	0.535	17.85	0.84
Clinical evaluation of drugs/vaccines devices	3	0.546	18.22	0.91

Areas	Max score	Mean	Mean %	S.D
Ethical review procedures and issues related to bioethics	5	0.54	10.8	1.27

SD = Standard Deviation

The table 3 shows that the maximum mean percentage is in the area of clinical evaluation of drugs/vaccines devices (18.22%) and the minimum mean percentage is in the area of principles of bioethics (10.02%).

Table 4
Association of Knowledge Score and Selected Baseline Variables
N=150

Variables	<Median	>Median	χ ²	p value
Age in years				
21-30	72	62	9.721	0.002*
31-40	2	14		
Marital status				
Married	11	21	3.641	0.056
Unmarried	63	55		
Qualification				
Diploma	27	36	6.943	0.031*
Graduate	42	28		
Post graduate	05	12		
Designation				
Teaching staff	02	12	7.641	0.022*
Ward in charge	02	04		
Staff nurse	67	60		
Work experience (in years)				
0-3	62	53	6.668	0.155
4-7	08	18		
8-11	04	03		
12-15	00	01		
16-19	00	01		
Attending training on bioethics				
Yes	24	26	0.53	0.817
No	50	50		
Previous knowledge regarding bioethics				
Yes	37	51	4.524	0.033*
No	37	25		

p value <0.05

* significant

The Table 4 shows that there is an association of knowledge regarding bioethics with selected baseline variables, such as age ($p=.002$), qualification ($p=.031$), designation ($p=.022$) and previous knowledge regarding bioethics ($p=.033$). Therefore, the null hypothesis is rejected and the research hypothesis is accepted.

Discussion

Maximum (89.3%) subjects belong to the age group of 21-30 years. Most of the subjects (66.7%) did not attend any training program on bioethics. 42% of the subjects had previous knowledge regarding bioethics. Majority of the subjects attained their knowledge from textbooks (48%), periodicals (12%), media (11.3%), friends (9.3%), family members (0.6%) and others (6.7%).

Comparing the findings of the present study conducted among the registered nurses, it showed that the knowledge score was excellent 10 (6.7%), very good 66 (44%), good 59 (39.3%) and poor 15 (10%). This revealed that the registered nurses had adequate knowledge regarding bioethics. Chi-square test was used to identify the association of knowledge on bioethics and its selected baseline variables. The present study also revealed that there was significant association in the areas such as age ($p=.002$), designation ($p=.022$), qualification ($p=.031$) and previous knowledge on bioethics ($p=.033$).

A descriptive cross-sectional study on assessment of the knowledge of nurses regarding bioethics was conducted in North India among MSc nursing students. The sample was selected by purposive sampling consisted of 100 students. A self-administered structured knowledge questionnaire was given. The result revealed that the maximum number of students obtained below average (92%) score followed by average (8%), respectively, regarding bioethics. Thus, it is ascertained that the maximum number of masters nursing students had below average knowledge regarding bioethics (Monsudi, Oladele, Nasir, Ayanniyi, 2015).

The major aim of the applied ethics is to provide guidelines for assuring quality in healthcare through its assessment. Healthcare quality includes variety of issues, each with ethical implications (Chattopadhyay, 2013). Deficiency of nursing faculty is found nationwide

and only a minimum percentage of instructors received some education about ethics. Many of the instructors who conduct ethics courses were not at all aware of the basic concepts that were involved in it. In most of the places, ethics is merged with the syllabus. The problem is arising because there is a lack of continuity of educational opportunities focused on ethics. Looking at the present health care industry, client demands and needs, it is better that each staff nurse undergoes ethics related short courses with the help of continuing nursing education (Bedrosian, 2015). It is high time to strengthen ethics in the nursing profession, which is a strong base to improve quality of care provided to the patients and their families, which helps to sustain the quality of the health care system (Executive summary 2014).

Many of the subjects responded to add bioethics in their syllabus, which helps them to have an idea when the clinical situations arise to find a better choice in dealing with the ethical and legal issues. Participants also suggested to having small sessions periodically, as they do not have any knowledge with regard to this. Hence, the study concludes that if there is a provision to provide knowledge related to bioethics in terms of training programs/periodicals/workshops/seminars, it may affect the decision-making capacity of the registered nurses in the clinical area, which help to make sound judgment during emergency situations.

Conclusion

The present study could identify that the registered nurses have a good knowledge on bioethics. The study was limited to their assessment of knowledge. There are very limited studies done in this area, hence, more studies need to be conducted to assess registered nurses' level of awareness regarding ethical issues in nursing, so that proper intervention can be implemented.

Limitations of the study:

1. Limited to only knowledge and not for practice.
2. Generalization cannot be done as the sample size is less.

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