

EFFECTIVENESS OF AN INSTRUCTIONAL PROGRAM ON NURSES' PERFORMANCE TOWARD APPLICATION OF THE ETHICAL CONSIDERATIONS

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Abstract

“ethical Consideration” to refer to ethically rule, principle related to ethical code and ethical issues which is the basic and important when child care and management to protect child rights. Nurses as one of the health service providers and members in the health system who are responsible for giving care to the patients based on ethical issues. [1, 32]. Aims of this study to assess nurses performance about ethical consideration and to determine the effectiveness of an instructional program about ethical consideration on nurses performance. Also to examining the relationship between nurse performance and their demographic characteristics. Design: quasi- experimental design two groups (one-group study pretest–posttest and one group control design). Methods: Non-experimental sample consisted of 50 nurse who worked during the data collection phase in the units of hospital. Data collection process started January 2023 - June 2024. The data collection tool checklist observation that reflect the main components of the Iraqi Code of Ethics.Results: The study showed improvement after the ethical intervention program in the nurse's performance

Keywords: Ethical consideration, ethic code, performance, nurse, instruction program

I. Introduction

As part of delivering management within the therapeutic nurse-client interaction, it is vital to consider ethical problems. Daily, nurses deal with ethical dilemmas, ambiguity, and emotional pain. Ethical challenges such these arise because the healthcare system is always evolving, particularly regarding technological advancements and societal norms. Nurses may better avoid and resolve ethical issues if they take the time to understand and articulate their own personal ideas and values. Numerous approaches exist for comprehending and resolving moral dilemmas. [10].

While settling on a universally accepted definition of "right" might be difficult, this is not the case when discussing ethics. Providing competent professional care requires an awareness of ethical principles. Nurses must understand the significance of ethics in their profession. The ethical considerations of nurses are pervasive in their work and have an impact on every facet of clinical practice. A nurse's ability to apply ethics depends on her capacity for thinking and her grasp of the ideas and principles that support ethical analysis. [9]. In order to fulfill their role in managing circumstances and providing safe, appropriate, legal, and ethical care in today's dynamic environment, pediatric nurse practitioners need ethical understanding. [2] When it comes to providing treatment in a practical sense, they are always asking complicated questions, when they should be asking themselves what is most important to do for patients in light of ethical considerations. [3]

Nurses need to have a clear understanding of which ethical theories and principles to prioritize and which values are necessary for a comprehensive ethical consideration. Respect for autonomy, beneficence, non-maleficence, and justice are

recognized as main ethical principles in healthcare. [1]Nurses at now are experiencing many personal, interpersonal, professional, institutional and socio cultural problems in their professional performance. solving these problems isn't always easy. Uncertainty about how to handle certain situations might create moral quandaries. In order to address these intricate challenges, nurses must have extensive knowledge and abilities in making ethical decisions. despite the fact that instructional materials play a critical role in assisting nurses with this task. [11]A well-reasoned evaluation of the tasks performed by nurses, together with an understanding of the reasoning behind those tasks, is necessary to identify excellent performance. The ability to critically assess nursing choices and behaviors is made possible by ethics. The fundamental goals of nursing are to do good and, to the best of our ability, to prevent or minimize damage. This makes nursing an ethical profession. [9]

Pediatric nurses need ethical knowledge to conduct their appropriate function to manage situations and to give safe and proper legal and ethical care in today's changing world. [2]With regard to practical care, they always try to answer the complex question and whereas they should try to answer what is essential to be done for the patients in the context of ethical principles. [3]Ethics seek the best way of taking care of the patients as well as the best nursing function. [4]

Pediatric ethics is a branch of bioethics that analyzes moral aspects of decisions made relating to the health care of children. In general terms, the autonomy driven framework of adult medical ethics is replaced by a beneficent paternalism (or parentalism) in pediatrics,. This is because children are not legally competent to make their own medical decisions, and

therefore parents or guardians are responsible for making medical decisions on behalf of their children [5]

II. Background

Pediatric nurse ethics is vital for providing high quality, compassionate care to pediatric patients and their families. It ensures that ethical principles are upheld throughout the care process, focusing on the well-being, rights, and dignity of the child, Ethical considerations continue to evolve as healthcare advances, and nurses must stay informed and committed to ethical standards.

Decisions concerning children's health care are the focus of pediatric ethics, a subfield of bioethics. In pediatrics, a benign paternalism—also known as parentalism—replaces the autonomy-driven paradigm of adult medical ethics. The reason for this is because parents or guardians are obligated to make medical choices for their children as youngsters lack the mental capacity to do so on their own [29]

When it comes to providing patients with the high-quality clinical care they need to achieve their targeted results, nurse performance evaluation is crucial. Finding an accurate and trustworthy way to evaluate nurses' clinical performance is an ongoing and long-standing issue. Choosing items that provide the most accurate and illustrative description of effective nursing performance is one of the biggest obstacles to developing an appropriate technique. [30]

Nurse performance ethic, values and principles efficiently and with integrity, today's nurses must have several essential elements that guide the profession, such as an accreditation process for education, a rigorous certification and licensing system, and a relevant code of ethics. The Iraqi Ministry of Health has issued several publications regarding professional ethics for medical and nursing cadres, including the Code of Ethics for the Midwifery and Nursing Profession of 2009 (CENMI, 2009) to guide and support nursing practice by developing policies and work for the nursing profession; defining the scope and standards of nursing practice; And the implementation of the provisions of accepted ethics rules for male and female nurses. Emphasizing the application of the paragraphs of the handbook is considered necessary for the nursing profession and nurses, and the Ministry of Health annually follows up on this issue and confirms.

III. Methods

Study design, sample and setting: A quasi experimental design that implemented at Pediatric hospitals in Kirkuk city to ascertain the effectiveness of the instructional program on

nurse's competency (performance) regarding Ethical consideration.

Data collection and tool: The tools were employed in this study are questionnaire that compose of parts: Part (1): demographic information of pediatric nurses, Include demographic variables characteristics of the staff nurses as: age, department, educational qualification, experience.Part (2): Ethical performance checklist of pediatric nurses, this tool was developed by the researchers based on scientific literature, aimed to assess performance related to ethical issues and questionnaire sheet: presents the ethical issues that confront nurses during their work settings related to ethical principles. It consisted of (15) observation items covering ethical principles. The scoring system for the check list consisted of The nurses performance chick list has been scored and rated on three levels Likert scale, (2) points for always, (1) points for sometimes answer and (0) point for the never which assessed by cutoff point (0.66) due to scores (0, 1 and 2) respectively. Scores of responses are categorized according to the following level of nurses' practice:(0-0.66) = poor level of performance, (0.67-1.33) = fair level of performance and (1.34-2.00) = good level of performance

Ethical consideration :Official approvals obtained from the Council of the College of Nursing at the University of Baghdad.ethical approval obtained from the Research Ethics Committee of the College of Nursing at the University of Baghdad, and permission was granted to conduct the study research.approval was obtained from the Ministry of Planning regarding the research questionnaire tools.approval of the Kirkuk Health Department to facilitation of the mission of a researcher for the purpose of starting to study and collect research samples. The researcher take approval from nurses before data collection in need assessment, pilot study and test and retest of nurse's performance .the names of the nurses were not collected. Also, the researcher explains the research and its goals for all. Therefore, fully informed about their mission was obtained. The researcher told all participants that the results of the questionnaire would be utilized specifically for research purposes. Also told those that all participants are autonomous individuals have the right to refuse involvement

Statistical analysis: Data collected was encoded and analyzed using Microsoft office excel 2013and SPSS version 20 then the data was subjected to descriptive analysis in the form of frequencies and percentages. Quantitative data were expressed by calculating the mean and standard deviation. also used to find out the significance of the statistical differences between the variables of the current study

IV. Results

Table (1) Distribution of the study sample by their demographic characteristics

No.	Variables		Study		Control		Total Sample	
			f	%	f	%	f	%
1	Age (years)	20 -29	10	40.0	17	68.0	27	54
		30-39	4	16.0	1	4.0	5	10
		40-49	8	32.0	4	16.0	12	24
		50-59	3	12.0	3	12.0	6	12
		Total	25	100	25	100	50	100
2	Gender	Male	8	32.0	5	20.0	13	26
		Female	17	68.0	20	80.0	37	74
		Total	25	100	25	100	50	100

3	Education	Elementary nurse	8	32.0	6	24.0	14	28
		Institute nurse	11	44.0	14	56.0	25	50
		College nurse	6	24.0	5	20.0	11	22
		Total	25	100	25	100	50	100
4	Marital status	Married	17	68.0	14	56	31	62
		Single	5	20.0	9	36	14	28
		Widow	2	8.0	2	8.0	4	8
		Divorced	1	4.0	0	0	1	2
		Total	25	100	25	100	50	100
5	Years of experience	1-5	9	36.0	15	60	24	48
		6-10	3	12.0	3	12	6	12
		11-15	2	8.0	2	8.0	4	8
		16-20	3	12.0	0	0	3	6
		21 and more	8	32.0	5	20.0	13	26
		Total	25	100	25	100	50	100
6	Current place of work	Wards	14	56	16	64	30	60
		Consultant	2	8	0	0	2	4
		Emergency	3	12	4	16	7	14
		NICU	6	24	5	20	11	22
		Total	25	100	25	100	50	100
7	Shift working	Morning	15	60	19	76	34	68
		Evening	10	40	6	24	16	32
		Total	25	100	25	100	50	100

f=frequency %=percentage

The finding in this table shows that (40%) of nurses in the study group at age (20-29) years and in the control group (68%) of them at age (20-29). Regarding to gender (68%) of study group were females and (80%) of control group are females. According to educational level (44%) of study group had nursing institute graduated and (56%) of control group had nursing institute graduated. (68%) of the study group and (56%) of control group were married. (36%) on the study group and (60%) of control group had (1-5) years of service. (56%) of study group and (64%) of control group working in the medical wards. (60%) of nurses in the study group and (76%) of the control group working in the morning shift.

Table (3) Statistical ethical performance Results (pretest, posttest I) for Study Group Nurse's

No.	Performance items	Study				Control			
		Pretest		Posttest I		Pretest		Posttest I	
		MS	Ass	MS	Ass	MS	Ass	MS	Ass
1	nurse answers child's family's questions honestly and clearly	0.56	P	1.44	G	0.40	P	0.52	P
2	nurse distinguishes children (name - medical condition) when providing nursing care	0.64	P	1.44	G	0.68	F	0.56	P
3	nurse introduces himself by name and duties he performs for the sick child	0.68	F	1.28	F	0.72	F	0.60	P
4	talks about patient's personal information, including the sick child's health condition, with other colleagues	0.66	P	1.36	G	0.72	F	0.60	P
5	The nurse uses the child's file information for therapeutic purposes only and without any other personal purposes	0.84	F	1.56	G	1.04	F	0.68	F
6	nurse tries to trust by child and their families by giving them a good reception	0.68	F	1.16	F	0.72	F	0.72	F
7	nurse does his best to keep child from getting scared or crying	0.56	P	1.36	G	0.60	P	0.68	F
8	nurse educates the family of the sick child to adapt health condition	0.66	P	1.24	F	0.64	P	0.56	P
9	Monitoring the child during his shift , especially the sides of the bed to prevent physical harm	0.80	F	1.48	G	0.92	F	0.92	F
10	Before each intervention explain procedure and reason for doing in simple language to child and parents	0.72	F	1.28	F	0.64	P	0.64	P
11	He asks permission or knocks on the hallway door every time he goes to the child's bed	0.66	P	1.08	F	0.68	F	0.52	P

12	speaks calm and understandable manner with the child's family	0.68	F	1.30	F	0.52	P	0.56	P
13	Support children and their parents emotionally and psychologically in cases of discomfort for the child	0.66	P	1.36	G	0.56	P	0.76	F
14	encourages families to make decisions about complex related to child health state	0.84	F	1.44	G	0.48	P	0.60	P
15	family is provided information about the right to refuse or accept any procedure, when consent is obtained	0.72	F	1.30	F	0.56	P	0.80	F
Overall performance items		.69	F	1.34	G	.656	P	.648	p

MS= mean score, Ass. = assessment, P=Poor (0-0.66), F=Fair (0.67-1.33), G=Good (1.34-2)

presents the assessment of nurses' performance about ethical items (1,2,4,5,7,9,13 and 14) The nurses in the control group consideration the findings among the study group reveal that show poor level of performance in pretest in items nurses are showing in pretest poor level of performance in (1,7,8,10,11,12,13,14,15) but in post-test 1 poor level in items (1,2,4,7,8,11 and 13) and fair level in other items, while they (1,2,3,4,8,11,12,14) show good level of performance in during the post-test 1 in

Table (4): Statistical Total Nurses Performance Results for Study and Control groups

Performance	Study				Control			
	Pretest		Posttest I		Pretest		Posttest I	
	f	%	f	%	f	%	f	%
Poor (0-0.66)	16	64.0	1	4.0	18	72.0	15	60.0
Fair (0.67-1.33)	7	28.0	11	44.0	5	20.0	9	36.0
Good (1.34-2)	2	8.0	13	52.0	2	8.0	1	4.0
Total	25	100.0	25	100.0	25	100.0	25	100.0
Mean (SD)	.690(.419)		1.336(.292)		.656 (.387)		.648 (.376)	

f: Frequency, %: Percentage, M: Mean of total score, SD Standard deviation of total score

The finding of this table shows that (64%) of nurses in the study group had poor level of ethical performance at the pretest then (52%) had good practice at the posttest I While, the nurse in control group are showing (72%) poor level in performance in pretest, (60%) poor level in performance in posttest I.

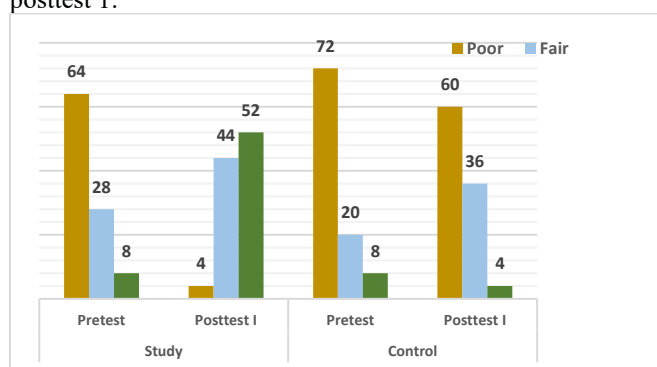


Figure (1) Total nurse's ethical performance Results for Study and Control groups

This Figure reveals the significant change in level of nurses' performance over the three times of test: pre, post 1, and post 2 among study group While no clear change has been seen in nurses' practices among control groups.

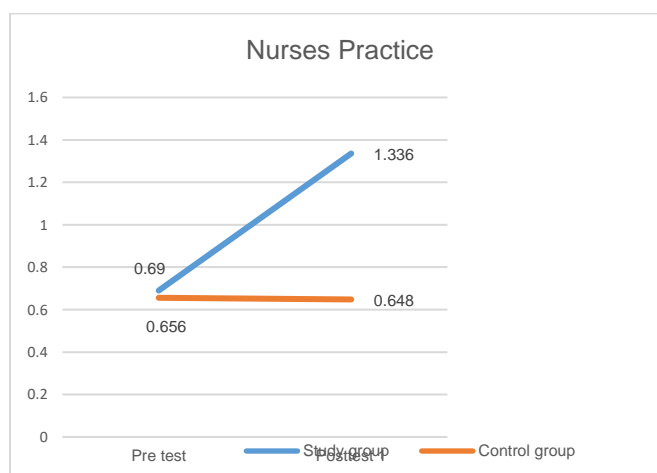


Figure (2) Estimated Marginal Mean for Nurses' performance between Study and Control Groups

This figure exhibits the noticeable increasing of nurses' performance over the three time among the study group while among the control group there is no clear change over the three times.

Table (5): Relationships among Nurses' performance with their Sociodemographic Characteristic among the Study Group (Post-test)

Variables	Relationship		
	Chi	p-value	Sig.
Age (Years)	10.61	0.101	N.S
Sex	5.975	0.050	S
Education	6.055	0.195	N.S
Marital status	5.343	0.501	N.S
Years of experience	13.636	0.92	N.S
Current place of work	13.28	0.038	S
Shift working in the hospital	0.932	0.627	N.S

Chi=chi-square, P= Probability, Sig= Significance, N.S= Not significant, S= Significant, H.S= High significant

This table indicates that there is significant relationship among nurses' practice with their sex and current place of work at p-value= .050 and .038 respectively. No significant relationship has been seen with remaining variables.

Table (6) Relationships among Nurses' Performance with their Sociodemographic Characteristics among the Control Group (Post-test)

Variables	Relationship		
	Chi	p-value	Sig.
Age (Years)	1.678	0.947	N.S
Sex	1.111	0.574	N.S
Education	2.391	0.664	N.S
Marital status	6.587	0.159	N.S
Years of experience	10.29	0.113	N.S
Current place of work	8	0.091	N.S
Shift working in the hospital	0.390	0.823	N.S

Chi=chi-square, P= Probability, Sig= Significance, N.S= Not significant, S= Significant, H.S= High significant

This table indicates that there no significant relationship among nurses' practice with sociodemographic characteristic

V. Discussion

Table (1) show With regard to the age variable results of the study showed that (27) out of (50) nurses were in the age group (20-29) years represented percentage (54%). same age group was higher in the both groups study an control, as the percentage of the group the study included (40%) nurses and the control group was (68%).

According to the researcher's point of view it could be that the study group and control group same in any of factors that are associated with age, such as education level or work experience, similarity can result from the same permanence groups

Which could affect the age distribution of nurses in each group. It is also possible that the similarity in age distribution between the two groups is due to chance.

These results are concordant with a study conducted by Yasaman et. at the Shahid Ganji Hospital in Borazjan, Bushehr, Iran, which revealed that discovery that most participants was (25-30) years and (45%) from all nurses [4]

Regarding to gender (68%) of study group were females and (80%) of control group are females in total (26%) male and (74%) female in both study and control groups' nurses, the vast majority of nurses are female.

According to the researcher's opinion, there are several factors that may contribute to the predominance of women in nursing, especially in pediatric hospitals or children's departments. Among them is the historical association between women and nursing in caregiving roles that have traditionally been reserved for women. Another factor is female and male socialization, which may encourage females to pursue caring and nurturing careers such as nursing while discouraging males from doing so. Yasaman mention in thier study (Investigating the relationship between resilience and professional ethics in nurses: a cross-sectional study in southern Iran) that most of gender was female (65%), male (35%) which participants in study [4]

In educational level (44%) of nurses' study group had nursing institute and (24%) of nurses had college nursing and in control group (56%) had nursing institute graduated and in total of sample of both group (50%) graduate in nursing institute.

This can be explained by the fact that the similarity in educational attainment between the two groups could be related to the same location, units and work halls in the hospital or facilities in which the nurses work. Addition that most health education institutions are health institutes at the country level, and graduates of nursing elementary schools are given academic leave for the purpose of obtaining the nursing institute certificate.

In marital status result show that (68%) of the study group and (56%) of control group were married in total of both groups (62%) was married.

This can be explained married nurses show commitment in emotionally, continuity of care, and organization of care for sick child, especially female nurses.

According to years experiences the result show (36%) on the study group and (60%) of control group had (1-5) years of service and in totals both groups of nurses show (48%) have same years' experience mention above

Yasaman mention in their study on work experience that (45%) most of nurses have less than 5 years' experience working in hospital (4)

The Affordable Care Act's expansion of care, anticipated physician shortages, and an aging population are all factors that Auerbach notes might lead to a sustained increase in the need for nurses. Given the ever-evolving sociodemographic and daily ethical issues in patient care delivery, it is crucial to adequately prepare aspiring nurses for the reality of clinical practice, especially as the number of people interested in this field continues to rise.. [5]

Heidi A. mention that According to a study published in the Journal of Clinical Nursing, nurses with more than 10 years of experience had the highest scores in professional nursing values [6]

According to units or place working nurses result show (56%) of study group and (64%) of control group working in the medical wards (divided in two section and each section have two to three wards) in totals both groups (60%) working in wards and (18%) in (NICU).

Researcher point are most of nurses are working in medical wards that contain at least three room in each wards that contain six to eight beds , most of nurses are working in this places.

Finally (60%) of nurses in the study group and (76%) of the control group working in the morning shift in totals both groups most of nurses working in morning shift.

Researcher point are most of nurses agree to participate are working in morning shift and most of all nurses in hospital are found in morning shift in pediatric hospital.

In his descriptive research by Alireza Mohajjel mentions six teaching hospitals in Tabriz examined the knowledge and performance of 345 nurses and 500 inpatients. The findings showed that the majority of the nurses were married women with a BS degree who worked in medical wards and rotated shifts. Additionally, 53.6 percent of nurses have completed continuing education while on the job, and 79% of those nurses had taken an ethics course while in nursing school. While 68.1% were happy in their jobs and 40.5% said they were given ethical guidelines to follow, 91.3% said they had never had a complaint about their ethical performance[7]

According to the results, even though most participants have worked as obstetricians for at least three years, their understanding of professional ethics is lacking. This is supported by the fact that the pre-test results reveal a knowledge gap in this area. Using a comparison of pre- and post-test scores, the results demonstrated that the program significantly improved the knowledge of nurses and midwives, who had previously demonstrated a low level of knowledge. [31]

Table (3) Nurse Performance main items toward ethical consideration in study and control group found that nurses showed a poor level of performance during the pre-test phase for both groups. However, the results of posttest 1 indicated improvement in the level of performance among nurses after implementing the program in the study group. The results of the study indicate that nurses in the control group demonstrated a suboptimal level of performance during the pre-test phase. However, they demonstrated a low level of performance during Posttest 1 , indicating no statistically significant change in nurses' performance over time ,these results are shown in Figure (1).

It is clear that the implementation of the program provided the nurses with additional performance to perform their duties more effectively. The program may have included educational sessions, feedback information, which have helped the nurses to identify and address areas of weakness in their performance.

It is important to note that the control group exhibited suboptimal levels of performance during the pre-test phase, suggesting that there is room for improvement in nursing performance even in the absence of a specific intervention.

Nursing education and training should remain a top priority for hospitals to encourage nurses have the skills they need to offer excellent care to their patients.

There are many factors related to nurses' ethical principles of behavior, such as individual character, responsibility, communication challenges, organizational preconditions, support systems, and educational and cultural development. Awareness of professional ethics helps nurses and healthcare professionals provide better services to patients. [15]

Naomi discuss in their research on the influence of Intervention Programs on Social Practices in (25) Pediatric Nurses who has

(0-5) years' experience. enhancing fundamental ethical nursing practices is crucial. Meeting and welcoming patients and their parents is an important part of patient care. Through the nurse's demeanor toward patients, these actions may infuse vitality while also alleviating stress. Patients and parents may feel less anxious after such introductions. Also, a relationship based on trust must begin with a hello. So, proper behaviors like welcomes and self-introduction may go a long way in easing the anxiety of patients and their families, which in turn can influence how they react later on. Consistent with respect for autonomy and faithfulness, information on outcome indicators increased two months after start, nurses described provisions using simple, plain vocabulary, and they offered supportive involvement to boost patients' self-esteem. In this setting, kids are seen as autonomous beings capable of dealing with reality on their own. Being aware of the importance of self-presentations and information provision allows nurses to quickly raise the frequency of their implementation. The pediatric nursing care model program employed comprises of familiar and practical aspects acquired from participant observations during fundamental everyday ethical nursing activities. Accordingly, the results of the pediatric nursing care model curriculum are reflected in these modifications. Basic and very doable ethical nursing practices seem to have been enhanced by the intervention program[16]

Alireza show in their study (68.7%) of nurses act ethically related to this code: "I avoid accepting any gift or privilege of patient or relatives" and 21.7% of nurses act ethically related to this code: "In emergency situations outside the workplace I care for sick or injured".[9]

The ineffectiveness of nursing ethical codes in everyday clinical practice, the discrepancy between ethic code and reality of clinical, and the fact that some nurses are unaware of the content of these codes are the three main issues highlighted by a study by Gastmans and Verpeet. [17]

Analysis of ethic codes in several U.S., European and Asian countries shows, respect for patient is the highest priority in professional nursing practice. According to these codes, patient's right to receive information regarding medical treatments and privacy is an important priority in nurses' ethical practice [18]

The nursing profession is highly esteemed and relied upon globally [19]Surprisingly, there is a widespread problem with unethical conduct among healthcare professionals all across the world right now. One American research found that all 27 participating nurses had seen unethical activity on the part of other nurses, and that the majority of the nurses either engaged in or were unclear whether they had engaged in unethical behavior themselves[20]

Table (4) The instructional program was highly effective on nurses' Performance among the study group evidenced by increasing of mean score on nurses' practices during post-test 1 that indicate the effectiveness of instructional program, as shown in figure (2). The descriptive shows no clear differences in mean score of nurses' practices in the control group during pre-test, post-test 1. The finding of this table shows that (64%) of nurses in the study group had poor level of ethical performance at the pretest then (52%) had good practice at the posttest I ,While, the nurse in control group are showing (72%)

poor level in performance in pretest, (60%) poor level in performance in posttest 1.

Concerning the current state of childcare ethics and nurses' nursing practices in relation to children's rights, Takahashi and Hamanaka (2014) conducted an investigation. The study included 165 pediatric nurses from universities or children's hospitals. Even with all the talking and debate, the research only found modest gains in performance and behaviors, particularly among nurses with fewer than five years of experience[20]

This can be explained as it is possible that the lack of significant change in the control group's practices is due to a variety of factors, such as differences in the nurses and cases dealing with it, or their access to other educational resources. Additionally, it is possible that the control group may have received some informal that was not captured in the study, which could have influenced their practices. Overall, further research is needed to understand the factors that contribute to differences in nurses' performance and to determine the most effective strategies for improving their performance in the context of child care.

Nursing codes across the world agree that nurses have an ethical and legal obligation to put their patients' needs first and to foster an atmosphere that recognizes, respects, and cherishes each person's unique set of ideas, values, and dignity. Respecting ethical principles is essential if we want to enhance nursing in all its facets (18). Additionally, in all areas of nursing practice, nurses are expected to understand and adhere to ethical codes[19]

In Table (5) This table indicates that there is significant relationship among nurses' practice with their sex and current place of work at p-value= .050 and .038 respectively. No significant relationship has been seen with remaining variables. In order for advanced practice nurses to be "well-prepared and capable of not only managing ethical challenges confidently, but also handling them knowledgeably and appropriately," "clear curriculum guidelines are needed," according to Laabs . [21] Bioethics provides an outside perspective and methodical reasoning about patient rights and provider responsibilities, according to another research by Benner and colleagues who argued that bioethics is an essential component of nursing practice. Since decontextualized norms and principles do not provide a strong positive framework for "everyday ethical comportment," the writers contended that principlism is inadequate on its own as a foundation for the nursing profession. The writers placed a premium on identifying guiding concepts and acquiring best practices specific to the field. Some examples of such behaviors include nurses' efforts to ease patients' pain, guide them in making informed decisions, divide up available resources equitably, and serve as strong advocates for their patients and their families. [12,22]

Another study reported that nurses' demographic variables did not have a significant effect on their ethical reasoning ability [23] There are many factors related to ethical principles behaviour in nurses, such as, individual character, responsibility, communication challenges, organizational preconditions, support systems, educational, and cultural development. Awareness of professional ethics, help nurses and health care professionals in providing better services for patients. [15]

Table,(6) This table indicates that there no significant relationship among nurses' practice with sociodemographic characteristics, This explains the importance of instruction

programs and organizational support to ensure the provision of highly ethical care to hospitalized children, regardless of the socio-demographic characteristics of nurses.

This study agree with other study on (Relationship between nurses' performance and their demographic characteristics) that mention There is a non-significant relationship between the overall assessment of Performance and nurses' demographic data, and there is not a statistically significant relationship between nurses' socio-demographic data and their performance. [24]

Numerous case studies demonstrated that nurses' care does not adhere to accepted ethical standards. When the expectation that nurses act professionally is not met, it leads to a breach of long-standing ethical standards. The inability of nurses to address fundamental human needs is a major contributor to medical mistakes that occur within the scope of nursing practice[25]

Mr. Sorrell mention that Nurses in the East Java area often engage in unethical behavior, such as taking selfies while operating, sexually abusing patients, abandoning infants, etc. Students' comments on clinical rotations also show that many nurses are rude, uncaring, and often perform nursing procedures without patients' knowledge or permission. According to the study's findings, nurses struggle with decision-making and incorporating ethical values into their nursing practice[26]

with the goal of fostering ethical nursing practices among pediatric nurses via the creation of educational programs We have been developing and testing educational intervention programs to promote ethical nursing practices in pediatric nursing and researching original "care models" since the year 2000. Pediatric nurses provide examinations and treatments to children and their families in accordance with the care model, which is a compilation of common ethical norms. We anticipated long-term positive effects after having clinical nurses use this model, which led to a progressive increase in knowledge of ethical nursing behaviors [28], Researcher point are nurses are doing their best to be able to attain the height of a functional position

Conclusion

In light of the results, the study concluded that the nurses working in Children Hospital have fair performance of ethical consideration, both the groups' study and control nurses, the vast majority of nurses are female. Among the graduate of nurses both groups (44%) in study and (56%) in control group are graduate in institute nurse. most of both groups have (1-5) years' experience, (36%) in study group and (60%) in control group. (56%) in study group working in wards and (64%) in control group working in wards also in pediatric hospital (48%) of study group nurses no have information in ethical consideration will (88%) in control group have information toward ethical consideration Nurses' performance toward ethical consideration demonstrated a low level of performance during the pre-test phase. Post-test results indicated an improvement in the level of performance from poor to fair level among the nurses after the implementation of the program in study group The instructional program was effective on nurses' performance in the study group. The descriptive shows no clear differences in the mean score of nurses' performance in the control group. There are significant relationships reported in the study group between nurses' performance with their (sex and current place of work)

in sociodemographic characteristics. There is no significant relationship reported in the ethical consideration of nurses' performance with their sociodemographic in the control group.

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