



# **Provide Compassionate, Respectful and Caring Service**

**NTQF Level III**

## **Learning Guide # 1**

**Unit of Competence: Provide Compassionate,  
Respectful And Caring Service**

**Module Title: Providing Compassionate,  
Respectful And Caring Service**

**LG Code: HLT NUR3 M01 L01-0919**

**TTLM Code: HLT NUR3 TTLM 0919v1**

## **LO 1: Apply Professionalism And Ethical Practice Principles**



## Instruction Sheet

## Learning Guide #1

This learning guide is developed to provide you the necessary information regarding the following content coverage and topics –

### **Apply professionalism and ethical practice principles**

- Definition of nursing
  - ✓ Legal definition
  - ✓ Professional definition
  - ✓ Theorist's definition
- Historical Development of Nursing
  - ✓ Nursing in ancient Civilization
  - ✓ Modern Nursing
  - ✓ Contemporary nursing
  - ✓ Future Nursing
- Role of Religion in Nursing Development
- Important persons in Nursing development
- Nursing Theories
- Profession vs Occupation
- Socialization to Nursing and Nursing Associations
  - ✓ General Concepts of socialization
  - ✓ National and International Nursing associations
- Definition of Ethical terms
- Ethical principles and issues in Nursing
  - ✓ Autonomy
  - ✓ Beneficence
  - ✓ Non-maleficence
  - ✓ Justice
- Professional values
  - ✓ Responsiveness
  - ✓ Compassion
  - ✓ Trustworthiness
  - ✓ Integrity
  - ✓ Honesty
- Nursing professional code of conducts



- ✓ Professional Development in Nursing
- ✓ Medico- legal principle
- ✓ Nursing code of conduct

This guide will also assist you to attain the learning outcome stated in the cover page. Specifically, upon completion of this Learning Guide, you will be able to –

- Use work instructions to determine job requirements, including method, material and equipment.
- Define Nursing
- Discuss the historical development of nursing
- Explain the professional growth within nursing
- Identify the critical attribution of professionalism in nursing
- Discuss the difference between occupation and profession
- Describe the nursing development in Ethiopia
- Explain ethical principles and professional value

### **Learning Instructions:**

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions described in number 3 to 16.
3. Read the information written in the “Information Sheets”. Try to understand what are being discussed. Ask your trainer for assistance if you have hard time understanding them.
4. Accomplish the “Self-check”.
5. Ask from your trainer the key to correction (key answers) or you can request your trainer to correct your work. (You are to get the key answer only after you finished answering the Self-check 1).
6. Submit your accomplished Self-check. This will form part of your training portfolio.



## **1. Apply professionalism and ethical practice principles**

### **1.1. Introduction**

Nursing today is far different from nursing as it was practiced 50 years ago, and it takes a vivid imagination to envision how the nursing profession will change as we move forward in to the 21st century. To comprehend present-day nursing and at the same time prepare for future, one must understand not only past events but also contemporary nursing practices

### **1.2. Definition of Nursing**

#### **1.2.1. Legal definition of Nursing**

Many legal issues focus on nurses' professional negligence , employment ,discrimination and licensing. Common law is derived from principles or social mores rather than from rules and regulations. It consists of broad, interpretive principles based on reason, traditional justice and common sense

The practice of nursing is defined as diagnosing and treating human response to actual or potential physical and emotional health problems through such services as case finding, health teaching, health counseling; and provision of support to or restoration of life and well-being and executing medical regimes as prescribed by licensed or otherwise legally authorized physician or dentist.

#### **1.2.2. Professional definition**

Nursing is directed towards meeting both the health and illness need & man who is viewed holistically as having physical, emotional, psychological, intellectual, social & spiritual needs.

Nursing is the art and science that involves working with individual, families, and communities to promote wellness of body, mind, and spirit. It is a dynamic, therapeutic and educational process that serves to meet the health needs of the society, including its most vulnerable members.



### 1.2.3. Theoretic nursing definition

Nursing theory is a well thought –out and systematic expression of a set of recommendation related to questions in the discipline of nursing. the purpose of the study is to help nurses to describe, explain and predict daily experiences and also serve to guide valuation ,involvement and assessment of nursing care

It is assisting the individual, sick or well in the performance of those activities contributing to health or its recovery (to peaceful death)that he will perform unaided, if he had the necessary strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible (Virginia Henderson 1960).

“It is the diagnosis and treatment of human responses to actual or potential health problems” (ANA 1980).

### 1.3. Historical development of nursing

It is difficult to trace the exact origin of the nursing profession. However, moral action is the historical basis for the creation, evolution & practice of nursing. Nursing has evolved with the development of civilization of mankind. Human beings have always faced the challenge of fostering health and caring for the ill and dependent. Those who were especially skilled in this area stood out and, in some instances, passed their skills along to others.

#### 1.3.1. Nursing in ancient civilization

The early record of ancient civilization offers little information about those who care for the sick. During this time beliefs, about the cause of disease were embedded in superstition and magic and thus treatment often involved magical cures.

- Ancient Egyptians developed community planning and strict hygienic rules to control communicable diseases. The first recorded Nurses were seen
- In the Babylonian civilization, there were references to tasks and practices traditionally provided by nurses. Nurses are mentioned occasionally in old Testament as women who provide care for infant, for the sick and dying and as midwives who assisted during pregnancy



and delivery  $\frac{3}{4}$  In ancient Rome, care of the sick and injuries was advanced in Mythology and reality. Although medicine as a science was developed there was little evidence of establishing a foundation for nursing.

- The ancient Greeks gods were believed to have special healing power. In 460 BC Hippocrates born and credited with being the Father of medicine. He proved that illness had natural cause and not to be of a religious or magical cause.

Hippocrates first proposed such concepts as physical assessment, medical Ethics, patient – centered care and observation and reporting.

The emphasized the importance of patient care that contributed a lot for the groundwork of nursing.

- In ancient India, male nurses staffed early Hospitals and women served as midwives and nursed ill family members.

### **Nursing in the middle Ages**

During this time, monasticism and other religious groups offered the only opportunities for men and women to pursue careers in nursing. It was the Christian value of “love thy neighbor as the self” that had a significant impact on the development of western nursing. The principle of caring was established with Christ’s parable of Good Samaritan providing care for a tired and injured stranger. In the third and fourth centuries several wealthy matrons of Roman empire, including Marcella, Fabiola and Paula, converted to Christianity and used their wealth to provide house of care and healing (the fore runner of hospital) for the poor, the sick and homeless. Women were not the sole providers of nursing service in the third century in Rome. There was an organization of men called the parabloani Brotherhood. This group of men provided care to the sick and dying from the great plague in Alexandria.

### **Dark Age of Nursing**

In this period Monasteries were closed and the work of women in religious order was nearly ended. The few women who cared for the sick during this time were prisoners or prostitutes who had little or no training innursing. Because of this, nursing was considered as themost minimal of all tasks, and had little acceptance and prestige

### **1.3. 2. The development of modern Nursing**



Three images influenced the development of modern nursing. Ursuline Sisters of Quebec organized the first training for nurses. Theodore Flender revived the deaconess movement and opened a School in Kaiserwerth, Germany, which was training nurses. Elizabeth Fry established the institute of Nursing Sisters.

But in the latter half of eighteenth century Florence Nightingale the founder of modern nursing changed the form and direction of nursing and succeeded in establishing it as a respected profession. She was born to wealthy and intellectual family in 1820. In spite of opposition from her family and restrictive societal code for affluent young English woman to be a nurse Nightingale believed she was "called" by God to help others and to improve the wellbeing of mankind. In 1847 she received three month's training at Kaiserwerth. In 1853 she studied in Paris with sister of charity, after which she returned to

England to assume the position of super intendent of a charity hospital. Nightingale worked to free nursing from the bonds of the church. She saw nursing as a separate profession from the church, yet she began her career as the result of the mystic experience. During the Crimean war, Florence Nightingale was asked to recruit a contingent of female nurses. The Jamaican nurse Mary Grant was the first nurse recruited

to provide care to the sick and injured in the Crimean war. The achievements of Florence Nightingale in the war were so outstanding that she was recognized by the queen of England who awarded her the Order of Merit. When she returned to England she established the Nightingale school of nursing, which was opened in 1860. The school served as a model for other training schools. Its graduates traveled to other countries to manage hospitals and nursing training programs.

### **1.3.3. Contemporary Nursing**

Trends and issues in Contemporary Nursing education

Knowledge Expansion and Use of Technology and the Internet with ever-expanding developments in electronic information and communication technology, the volume of information is growing exponentially on a global level. Informatics has become a major part of education and practice. This ability to create, access, and disseminate unlimited information rapidly has enormous benefits. From e-mails to complex research



### Trends And Issues That Influence Nursing Education

MAJOR CONTEMPORARY TRENDS	RELATED ISSUES FOR STUDENTS
<b>Rapid knowledge expansion; increasing use of technology and informatics in education and practice</b>	<ol style="list-style-type: none"> <li>1. Choosing the most effective electronic and technology options</li> <li>2. Information overload; virtually unlimited global resources, global research opportunities, issues</li> <li>3. Identifying current and accurate information; material rapidly outdated</li> <li>4. Expanded expectations, limited time, rapid response expected; little time for reflection</li> <li>5. Expansion of nursing informatics, content and skill development</li> </ol>
<b>Practice-based competency: outcomes and evidence-based content</b>	<ol style="list-style-type: none"> <li>1. Learning focused on core practice competency outcomes, professional skills beyond technical psychomotor skills; core practice competencies; multiple conflicting versions; which to use?</li> <li>2. Integration of evidence-based standards, research finding into practice; emphasis on critical thinking, problem solving</li> </ol> <p>Changes in standards; ensure patient safety</p>
<b>Performance-based competency: learning and objective assessment method</b>	<ol style="list-style-type: none"> <li>1. Multiple teaching-learning methods: interactive collaborative, in-class and out-of-class projects; problem-based learning; increasing self-responsibility; accountability for learning and competence; interprofessional learning; using electronic devices, media to access resources</li> <li>2. Competency assessment based on performance examinations, specified portfolio documentation; standards-based assessment</li> </ol>





	methods; emphasis on patient safety
<b>Sociodemographics, cultural, diversity, economic, and political changes, and global issues</b>	<ol style="list-style-type: none"> <li>1. Increased aging population; increasing multicultural, ethnic diversity requires increased learning, respect for differences, preferences, customs; generational issues</li> <li>2. Immigration conflicts, protests; consequences for access and health care</li> <li>3. Community, faith-based projects, service-learning projects</li> <li>4. Global community, globalization health issues; global nursing networks</li> <li>5. Social, economic, and political changes influence health care delivery and access to clinical experiences; influence disrespect, conflict, abuse, violence; increased poverty and need</li> <li>6. Multidimensional content, client care, clinical learning sites</li> </ol>
<b>Community-focused interdisciplinary approaches</b>	<ol style="list-style-type: none"> <li>1. Interprofessional collaborative learning</li> <li>2. Diverse alternative health practices, influence of cultures</li> <li>3. Broad scope of nursing; clinical approach; increasing use of diverse experiences throughout community; continuum from acute care to health promotion; from hospitals to home to rural to global settings</li> <li>4. Requires more planning, travel time, expenses, arrangements; different skills, communications; critical thinking, problem-solving strategies</li> <li>5. Multiple teachers, preceptors, staff instructors, part-time, with varying abilities; time constraints</li> </ol>
<b>Patient-centered care: engagement, safety, and privacy</b>	<ol style="list-style-type: none"> <li>1. All expect value, quality, individual respect, consideration, attention; privacy issues</li> <li>2. Patient initiatives for involvement and protection; balance standards and preferences</li> <li>3. Increased litigation, medical-nursing errors; focus on safe, competent patient care</li> <li>4. Increased individual responsibility, accountability for learning and practice</li> </ol>
<b>Ethics and bioethical</b>	<ol style="list-style-type: none"> <li>1. Alternative solutions to ethical dilemmas; issues regarding diverse</li> </ol>



<b>concerns</b>	<p>beliefs; disputes regarding biotechnology and bioengineering in health care</p> <p>2. Many gray zones instead of black-and-white absolutes; separate professional practice responsibilities from personal opinions, consequences for competence, and patient safety</p> <p>3. Integrate into professional practice acceptance of the individual's right of choice regarding life and death issues, health care methods; respect, tolerance for patient's decisions, ethical competencies for students</p> <p>4. Standards of quality care, patient's rights issues</p>
<b>Increasing shortage of nurses and faculty</b>	<p>1. Shortage of staff results in limitations in clinical learning; heavy workload; using preceptors, part-time instructors; less one-to-one help for students; consequences for learning and patient safety</p> <p>2. Shortage of qualified faculty; aging, retiring; increased part-time instructors, clinical staff, national and global problems, influence quality education and future nursing staff; need for increased educational funding</p> <p>3. Students need more clinical learning; more responsibility for self-directed learning, seek assistance from others</p> <p>4. Increased use of simulation; required to validate initial and continuing competence</p>
<b>Disasters, violence, and terrorism</b>	<p>1. New learning skills required for major natural disaster events; new program options, new courses, and new skills needed for emergency responders</p> <p>2. Violence in society, homes, workplace, schools; abuse against women and children</p> <p>3. Preparedness for terrorism; skills, programs for first responders; increased anxiety, uncertainty</p>
<b>Increasing professional and personal responsibility</b>	<p>1. Lifelong learning to meet professional expectations; certification requirements</p> <p>2. Increasing competency assessment in workplace</p> <p>3. Changes in standards for quality care practice</p>



	4. High stress from competing demands of school, home, meeting competency requirements
--	--

#### 1.3.4. Nursing In Future

- ✓ Nursing education programs and nursing associations should provide entrepreneurial professional development that will enable nurses to initiate programs and businesses that will contribute to improved health and health care.
- ✓ Faculty should partner with health care organizations to develop and prioritize competencies so curricula can be updated regularly to ensure that graduates at all levels are prepared to meet the current and future health needs of the population.
- ✓ The Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission should require that all nursing students demonstrate a comprehensive set of clinical performance competencies that encompass the knowledge and skills needed to provide care across settings and the lifespan.
- ✓ Academic administrators should require all faculty to participate in continuing professional development and to perform with cutting-edge competence in practice, teaching, and research.
- ✓ All health care organizations and schools of nursing should foster a culture of lifelong learning and provide resources for interprofessional continuing competency programs.
- ✓ Health care organizations and other organizations that offer continuing competency programs should
- ✓ regularly evaluate their programs for adaptability, flexibility, accessibility, and impact on clinical outcomes and update the programs accordingly.

#### 1.4. Role of religion in Nursing Development

##### 1.4.1 The Nurse as God's Worker



In the Bible, a woman named Phoebe is identified as the first deaconess, a word meaning servant or helper. Deaconess cared for widows, orphans, and the sick. Olympias, a woman of Constantinople, set up a hospital to care for the sick. In Rome, Marcella established a monastery for those in need of care. Fabiola, who was converted to Christianity by Marcella, established hospitals for the sick poor. In the middle Ages, the traditional role of the religious groups in caring for the ill was continued by various orders of monks and nuns. When the crusade attempted to regain Jerusalem from Muslim control, the Knights Hospitalers, and order of religious workers who cared for the injured and fought to protect them, marched with the armies. During this time, unfortunately, the knowledge of hygiene and sanitation gained by Greek, Roman, Egyptian, and other ancient civilizations was forgotten.

There was no growth or development in knowledge regarding care of the sick. Throughout the Middle Ages and into the Reformation, religious orders ran almost all of the hospitals and provided most of the nursing care in Europe. With the advent of the Reformation and the presence of Protestant religious groups, the nature of these orders changed. Women might join for a limited period of time, rather than devoting the entire lifetime to service. They were again referred to as deaconess, the term used in the early church. For example, a church order of deaconesses was organized by Pastor Theodor Fleidner in Kaiserswerth, Germany called the Sisters of Mercy of the Church of England. Another order established St. John's House, an Anglican Hospital in London. The Protestant Nursing groups were comprised totally of women, and only one nursing order made up of men, the Brothers Hospitalers of St. John, remained in the

Catholic Church. The Muslim religion has a similar tradition of service to others in the name of God. Rofiada al Islamiah, one of the wives of Mohammad who cared for the sick and injured, is considered the mother of nursing in the Mideastern Muslim countries (Meleis, 1985).

### **1.5 History of Nursing Ethiopia**

In ancient Ethiopia illness was considered to be punishment from sins or magic. Most tribes and people had a medicine man or women called "Hakims" or "wegasha" who performed rituals, using various plants and herbs to heal the sick. The religious people were also providing care for the sick or injured in the monks' hospital in Debre Libanos. In late 19th century before nurses training started, foreign nurses were practicing in the health care delivery system of Ethiopia.



In 1917 Sister Karin Holmer came as a trained nurse to Ethiopia. In 1908, Emperor Menelik II established the 1st Governmental public health services, now known as the Ministry of Public Health, which is established in 1948. In 1909, the first hospital Menelik II was built in Ethiopia. Later on his Imperial Majesty Haile Selassie established different hospitals in different regions including Addis Ababa. The first clinic was established at the hot spring at Eilet near Messwa in which sick people used to come for bathing. The Dejasmatch Balcha Hospital was established in 1948 under the agreement with the Soviet Red Cross. The Ethiopian government provided the building. The Princess Tsehai Memorial Hospital was opened in 1951, as a tribute initially from the British people as friendships with Ethiopia and with strong Ethiopian participation as a memorial to late Princess Tsehai now known as Army Hospital.

### 1.5.1. Ethiopian Nurses

Princess Tsehai, the emperor's youngest daughter, was the first graduated national nurse from Ormand Street Hospital, London. In 1948 the Ethiopian Red Cross nursing school was established by his Imperial Majesty in the private Hospital Bet-Saida, which later changed to Haile Selassie I Hospital. Then during the Derg regime, this hospital is changed its name to Yekatit 12 Hospital, which still exists. In 1950, the school of nursing was established at Empress Zewditu Memorial Hospital for male and female nurses. In March 1953, the first eight nurses from Ethiopian Red Cross of nursing and nine from Empress Zewditu Memorial Hospital were graduated. In 1951, two schools of Nursing were established: one at the Princess Tsehai Memorial Hospital only for female nurses and the other one was in Nekemt at the Teferie Mekonnen Hospital. In 1959 the post basic training started at Princess Tsehai Memorial Hospital for midwifery nursing and four nurses graduated in 1960. In 1954 the Gonder Health College and training center opened and gave training to community nurses. In 1958 fifteen (15) community nurses graduated from this center.

### 1.6. Overview of Nursing Theory.

Nursing theory attempts to describe or explain the phenomenon of nursing. Nursing theory differentiates nursing from other disciplines and activities. *Theories are general concepts used to explain, predict, control, and understand commonly occurring events. Theories provide a method of classifying and organizing data in a logical, meaningful manner. A theory is a set of*



*systematically interrelated **concepts or hypothesis** that seeks to explain, predict and Understand phenomena or commonly occurring events.* Nursing theory differentiates nursing from other disciplines and activities. **What Is a Concept?**

A concept is the basic building block of a theory.

A **concept** is a vehicle of thought.

According to Chinn and Kramer (1995, p. 78), the term *concept* refers to a “**complex** mental formulation of . . . [our] perceptions of the world.”

Theories are formulated by linking concepts together.

### **What Is a Proposition?**

A proposition is a statement that proposes a relationship between concepts.

An example of a non-nursing proposition might be the statement “people seem to be happier in the springtime.”

This proposition establishes a r/p b/n the concept of happiness and the time of the year.

Nursing proposition, “multiple and rapid losses predispose one to feelings of helplessness

There have been three reasons for the interest in theory:

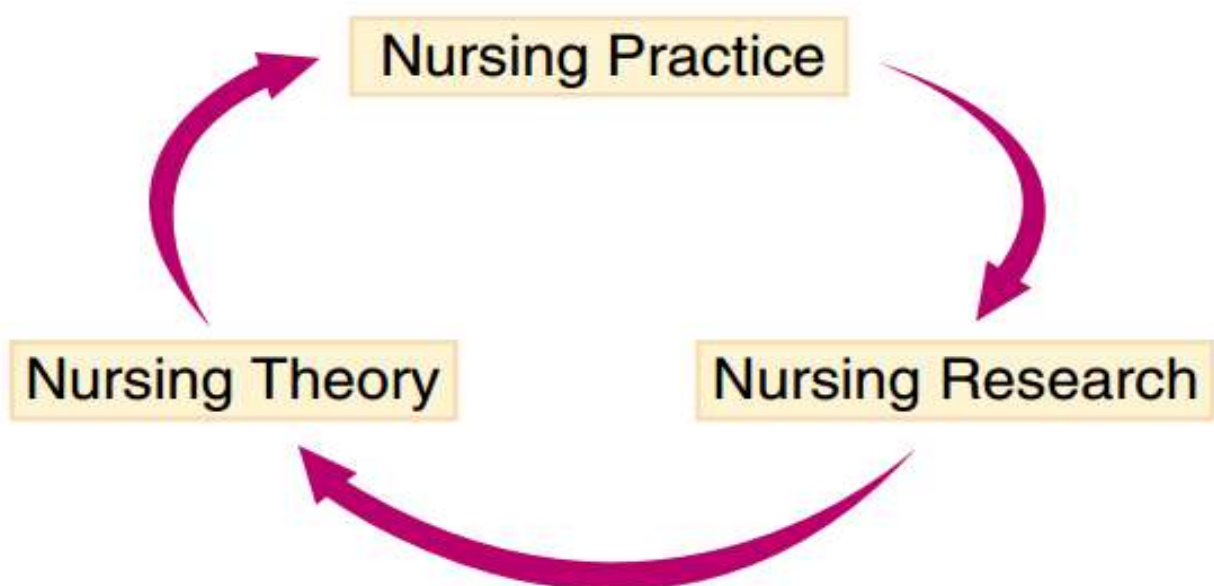
- ✓ Theory development contributes to knowledge building and is seen as a means of establishing nursing as a profession
- ✓ The growth and enrichment of theory in and of itself is an important goal of nursing, as a scholarly discipline, to pursue
- ✓ Theory helps practicing nurses categorize and understand what is going on in nursing practice; it helps them to predict client's response to nursing services and is helpful in clinical decision making.

#### **1.6.1 Relationship of theory to practice and research**



Professional nursing practice is grounded in a theoretical foundation. Theoretical concepts are developed as nursing practice evolves and is examined with respect to existing knowledge. When these concepts are scientifically validated in a multitude of practice situations, they provide guidelines for practice by way of conceptual models. Conceptual models attempt to explain the nursing paradigm, or overall scheme, which relates the nursing client to the context of environment of care, to the health or illness situation, and to the practice of nursing.

Following are some of the commonly used theories in nursing.



### Scope Of Theories





“Although theories address relatively specific and concrete phenomena, they vary in scope. Scope refers to the relative level of substantive specificity of a theory and the concreteness of its concepts and propositions”.

Essentially, three different categories relate to the scope of theories:

- ✓ Grand Theories,
- ✓ Middle-Range Theories, and
- ✓ Micro-Range Theories

### **Grand theories**

A **grand theory** is composed of concepts representing global and extremely complex phenomena.

It is the broadest in scope, represents the most abstract level of development, and addresses the broad phenomena of concern within the discipline. Grand theory is not intended to provide guidance for the formation of specific nursing interventions, but rather provides an overall framework for structuring broad, abstract ideas. An example of a grand theory is **Orem's Self-Care Deficit** theory of Nursing.

### **Middle-Range Theories**

Middle-Range Theory is a theory that addresses more concrete and more narrowly defined phenomena than a grand theory. They do not cover the full range of phenomena of concern to the discipline.

Provides a perspective from which to view complex situations and a direction for interventions (Fawcett, 1993). An example of a middle-range theory is **Peplau's Theory of Interpersonal Relations**.

### **Micro-Range Theories**

A micro-range theory is the most concrete and narrow in scope. It explains a specific phenomenon of concern to the discipline (Fawcett, 1993), such as the effect of social supports on grieving (feels very sad) and would establish nursing care guidelines to address the problem.

## **1.6.2. Types of nursing theories**

### **General systems theory**





A system is a set of interacting elements, all serving the common purpose of contributing to the overall goal of the system. The whole system is always greater than the sum of its parts. Systems are hierarchical in nature and are composed of interrelated subsystems that work together in such a way that a change in one element could affect other subsystems as well as the whole. Boundaries separate systems both from each other and from their environment. A system communicates with and reacts to its environment through process that enters the system (input) or is transferred to the environment (output). An open system allows energy, matter and information to move freely between systems and boundaries. Open systems maintain balance through feedback. *Understanding systems theory helps nurses assess interaction among the input, throughput and output process. The system theory helps nurses to view the individual client, the family as well as the community holistically.* Also The purpose of a theory in scientific disciplines is to guide research to enhance the science by supporting existing knowledge or generating new knowledge. Nursing theories provide a structure for communicating with other nurses and with other members of the health care team. For process of knowledge development. Nursing practice, theory, and research are interdependent. Nursing theory development and nursing research activities are directed toward developing nursing practice standards

## Neumann's Health care systems

Neuman Health care systems theory is derived from the systems theory. It is an open systems model of two key components: stress and reaction to it. Both noxious and beneficial stressors operate on the system, which attempts to maintain balance or homeostasis. Nursing is an interdependent part of the health care system and its surrounding social system.

Nursing's reciprocal relationship with system subparts contributes to optimal functioning and the evolutionary survival of the whole system. *The nurse assesses the two of entropy and negentropy to guide her/his interventions, which aim to counteract entropy with a form of evolutionary adaptation, restoring and maintaining equilibrium between forces or stressors.* The nurse assesses the factors, which influence a person's perceptual field; the meaning a stressor



has top the client and the factors in his/her own perceptual field, which influences assessment and giving care.

### **Roy Adaptation Theory**

According to this theory nursing is the practice of facilitating the adaptation of an individuals four subsystems (physiologic, self concept, role function, interdependence). The nurse attempts to modify or maintain stimuli affecting adaptation within the nursing process. Nursing assessment focuses on two units of analysis:

- The person's system and environmental interaction, while intervention is concerned with manipulation of parts of the system or environment.

### **Orem's self care nursing Theory**

The model revolves around the concept of *self-care*. Orem describes nursing as a creative effort of one human being to help *another human being*. Nursing is a helping system which can be wholly compensatory; that is, the client is unable to achieve *self-care*, therefore has health deviation self-care requisites; partly compensatory where both nurse and client work to achieve self -care; or supportive, educative, where the Introduction to Professional Nursing and Ethics 48 client is able to perform, or can and should perform *self care* but does not do so without assistance.

### **Rogers Model of the science of Unitary Man**

Martha Rogers developed a model based on systems theory. She developed her model around four components, which she called

- ✓ Universe of open systems
- ✓ Energy fields
- ✓ Pattern and organization and
- ✓ Four dimensionality.



Using this model one can focus on client environment interaction and see the client as functioning interdependently with others and the environment. The nurse's goal is to promote holistic health and environment interaction in order to maximize client health potential.

### **Johnson Behavioral Systems**

Model Johnson believes that nursing care is directed toward caring for the whole patient to facilitate effective and efficient behaviors necessary to prevent illness. Johnson views nursing as being separate from medicine. She sees nursing's role as being complementary to the medical role. This model emphasizes that both the internal and external environments of the system need to be orderly and predictable to maintain homeostasis. If the subsystems are out of balance, tension and disequilibrium result. Nursing, as part of the external environment can help the patient return to a state of balance.

### **1.7. Comparison between Profession and occupation**

Occupation	Profession
Training may occur on job	Education takes place in College and university



Length of training varies	Education is definite and prolonged
Value, beliefs and Ethics are not Prominent features of preparation	Value beliefs, and Ethics are integral part of preparation
Commitment & personal identification are strong	Commitment & personal Identification vary
Works are autonomous	Works are supervised
People unlikely to change jobs	Peoples often change Jobs
Accountability rests with individual	Accountability rests with employees

#### 1.7.1. Criteria of a profession

- Professional status is achieved when an occupation involves practice
- A profession carries great individual responsibility and based up on theoretical Knowledge.
- The privilege to practice is granted only after the individual was completed a standardized program of highly specialized education and has demonstrated an ability to meet the standards for practice.
- The body of specialized knowledge is continually developed and Evaluated through research.
- The members are self organized and collectively assume the responsibility of establishing standards for education and practice.

### Professional and Professionalism



Profession and professionalism Nursing is a profession. A profession is a calling that requires special knowledge and skilled preparation. A profession is generally distinguished from other kinds of occupation by:

- a) Its requirement of prolonged specialized training acquiring a body of knowledge pertinent to the role to be performed and
- b) An orientation of the individual to ward service, either to community or organization.

### Role of the professional nurse

- **Care provider:** caring /comforting involve knowledge and sensitivity to what matter and what is important to the client.
- **Communicator / Helper:** Effective communication is an essential element of all helping profession, including nursing. It helps the client to explain the internal feeling.
- **Teacher/educator:** teacher refers to activities by which the teacher helps the student to learn. The client also need education based on the case.
- **Counselor:** counseling is a process of helping a client to recognized and cope with stressful psychological or social problem, to develop improved interpersonal relation ships and promote personal growth.
- **Client advocate:** An advocate pleads the cause of others or argues or pleads for a cause or proposal
- **Change agent:** a change agent is a person or group who initiates changes or who assists others in making modification in them selves or in the system.
- **Leader:** leader ship is defined as mutual process of inter personal influence through which the nurse helps a client make decision in establishing and achieving goals to improve the client well being.
- **Manager:** management defines manager as who plans, gives direction, developing staff, monitoring operations, giving rewards fairly and representing both staff member and administration as needed.
- **Researcher:** majority of researchers in nursing are prepared at doctoral and post doctoral level. Although an increasing number of clinicians and nurses with masters degree are beginning to practice it.



### 1.7.2. Professional Development in Nursing

Professional development in Nursing can be viewed in relation to specialized education, Knowledge base, Ethics, and autonomy

- **Practical Nurse Education:** Practical nursing has been in existence for many years. In the past the practical nurse was the family, friends or community members who was called to the home during emergencies. These were lay people who gained the experience through self taught. The first formal education in practical nursing was started in 1892. The duration of training was 3 months and students were called attendants. The curricula of practical nursing includes child and elderly care, cooking and care of the sick at home
- **Licensed practical nursing:** This program provided by high school, community colleges, vocational schools, hospitals, and a variety of health agents. These programs usually last one year and provide both classroom and clinical experiences. At the end, the graduate takes national council licensing examination to obtain a license as a practical or vocational nurse. In Ethiopia the international licensed examination was given up to 1977. Later on national was given and stopped 1997.
- **Registered nursing:** In the United States, most basic education for registered nurses is provided in three types of programs, Diploma, Associate degree, and baccalaureate programs in Canada, the 2-years, 3- years or more diploma and baccalaureate programs prepare registered nurses
- **Diploma:** today's diploma nursing program have changed markedly from the original nightingale model, becoming hospital-based programs that provide a rich clinical experience for nursing students these programs programs may last two or more years and are often associated with colleges or universities. -In Ethiopia the diploma Programme required 8th grade and stayed for 4 years, then the requirement was changed to 10th-12th grade and staying 2-3 years.
- **Associate degree:** In 1980 as a solution to the acute shortage of nurses that came about because of World War II. Associated degree programs are offered in united state in junior colleges as well as in college and universities.



- **Baccalaureate degree:** Although baccalaureate nursing education programs were established in universities in both United States and Canada in the early 1900s. In 1960s the number of the students enrolled in these programs increased markedly. In Ethiopia this Programme was started in Jimma university in 1993. Later on the Programme continued in Dilla, Alemaya and Gondar.
- **Masters programs:** - master's programs generally take from 1 1/2 to 2 years to complete. In 1995 the numbers of nurses obtaining master's degree Introduction to Professional Nursing and Ethics 18 increased. The master's Programme has been proposed in September, 2005 in Ethiopia.
- **Doctoral programs:** Doctoral programs in nursing, which award the degree of doctor of nursing science (DNS). The program, began in the 1960s in United States.
- **Continuing education:** - to formalize experiences designed to enlarge the knowledge or skills of practitioners.
- **In service education;** - Program is administered by an employer; it is designed to update the knowledge or skills of employees.

## 1.8. Socialization to Nursing and Nursing Associations

### 1.8.1. General Concepts of socialization

Professional socialization is the process of internalization and development of an occupation identity.

It is a process by which a person learns the way of a group or society in order to become a functioning participant. It is a reciprocal learning process that occurs through interaction with other people.

The Nurse students internalize, or take in, the knowledge, skills, attitudes, beliefs, norms, culture, values and ethical standards of nursing and make them a part of their own self-image and behavior. Professional socialization in nursing is believed to occur largely, but not entirely, during the periods students are in basic nursing programs. It continues after graduation when they enter nursing practice. Learning any new role is derived from a mixture of formal and informal socialization. E.g. Little boys learn how to assume the father role by what their own fathers purposely teach them (formal socialization) and how they observe their own and other fathers behaving (informal socialization).



In Nursing, formal socialization includes lessons the faculty intends to teach- such as how to plan nursing care, how to perform a physical examination on healthy child, or how to communicate with psychiatric patient.

Informal socialization includes lessons that occur incidentally such as over hearing a nurse teach a young mother how to care for her premature infant, participating in the students nurse association or sitting in on nursing ethics committee meeting part of professional socialization in simply absorbing the culture of nursing that is the rites, rituals, and valued behavior of the profession. This requires that students spend enough time with nurses in working setting for adequate exposure to the nursing culture to occur. Most nurses agree that informal socialization is often more power full and memorable than formal socialization. Learning any new role creates some degree of anxiety. Disappointment and frustration sometimes occurs when student's learning expectations come in to conflict with educational realities. Students' ideas of what they need to learn, when they need to learn may differ from what actually occurs. They sometimes become disillusioned when they observe nurses behaving in ways that differ from their ideas about how nurses should behave. Knowing in Advance that these things may happen can help students accurately assess the sources of their anxiety and manage it more effectively. Socialization is much more than the transmission of knowledge and skills. It serves to develop a common nursing consciousness and is the key to keeping the profession vital and dynamic. It is not surprising there for that a good deal of attention has been paid to this important process.

**During socialization the nurse should:**

- ✓ Value her/his own beliefs and practice while respecting the belief and practice of others.
- ✓ Respect the culture and religious beliefs of individuals.
- ✓ Become aware of the client's culture as described by the client and know client's cultural values, beliefs, and behavior.
- ✓ Know what is right or wrong

The socialization process therefore involves changes in perception, knowledge, skill, attitudes, and values. There are five levels of proficiency the nurse passes as the nurse progress and acquires the knowledge, skill, attitudes, and values of nursing. These levels of proficiency are novice, advanced beginner, competent, proficient and expert.

**Stage 1 Novice:** A novice may be a nursing student/ any nurse entering a clinical setting where that person has no experience and governed by structured rules and protocols.





**Stage 2 Advanced beginner:** can demonstrate marginally accepted performance. The beginner has had experience with enough real situations to be aware of meaningful aspect of situation.

**Stage 3 Competent:** the nurse who has been on the job in similar situation for 2 or 3 years manifests Competence. Competence develops when the nurse consciously and deliberately plans nursing care and coordinates multiple complex care demands. Nursing competence provides a broad specification of nursing to cover the physical, psychological and spiritual carefields and serves as a basis for considering the objectives of training. The major components of competency include observation, interpretation, planning, action and evaluation.

**Stage 4 proficient:** The proficient nurse perceives a situation as a whole rather than just its individual aspects. The nurse focuses on long-term goals and is oriented to ward managing the nursing care of a client rather than performing specific task.

**Stage 5 Expert:** The expert nurse not only relies on rules, guidelines, or maxims but also uses her/his understanding of situation to an appropriate action.

#### **2.8.1. International and national nursing association**

Associations are organizations of persons with common interests.

#### **Definition of Association**

A **professional Association** is an association of practitioners who judge one another as professionally competent and who banded together to perform social functions which they can not perform in their separate capacities as individual. As the number of nurses increased the activities and problem in connection with work also increased.

#### **Nursing Association**

The nursing association must perform the following five functions for the preservation and development of its profession.

- Defining and regulating the profession through setting and enforcing standard of education and of education and practice for generalist and specialist.
- Developing the knowledge base for practice in its broadest and narrowest components.



- Transmitting values norms, knowledge, and skill to nursing students, new graduates and members of the profession for application in practice.
- Communicating and advocating the value and contribution of field to several publics and Constituencies.
- Attending to social and general welfare of their member. Professional associations give their member social and moral support to perform their roles as professionals and cope with professional problems.

### **INTERNATIONAL COUNCIL OF NURSES (ICN)**

- ✓ The international council of Nurses (ICN) was established in 1899.
- ✓ Nurses from Great Britain, the United States, and Canada were among the founding members.
- ✓ The Council is a federation of national Nurses 'association, Such as the American Nursing Association (ANA) and Canadian Association for Nurses (CAN).
- ✓ In 1993, 111 national Nurses Associations representing 1.4 Million Nurses worldwide were affiliated with the ICN.
- ✓ The ICN provides an organization through which member of national Nursing Association can work together to promote the health of people and the care of the sick.

#### **The Objectives of ICN are:**

- To improve the standards and states of Nursing
- To promote the development of strong National Nurses' Association
- To serve as the authoritative voice for Nurses and the nursing profession worldwide.

**The Ethiopian Nurses Association (ENA)** was established 6th may, 1952, in Addis Ababa by the Ethiopian government. Her Royal excellence princess Tenagnework Hailesilassie was the patron of the association.

- ✓ There were 15 (fifteen) member when 1<sup>st</sup> constituted.
- ✓ Then the members increased to 80, including some international nurses at 1965.



### **The aim of the Ethiopian Nurses Association was:**

1. Discuss and solve problems affecting nurses.
2. Setting higher standards in nursing

The Ethiopian Nurses Association becomes a member of ICN in May 1957. In 1958, the first ENA publication was started, in the form of pamphlet. Signed an agreement with CAN in March 11, 1990 EC. The association has 18(eighteen) branches in different region and schools. Publish ``voice of nursing” magazine every 6(six) months.

## **1.9. Ethical Principles and Issue in Nursing**

### **1.9.1. Definition of Ethical terms**

#### **a. Values**

- Values are ideas or concepts that give meaning to individual's life.
- Values are most commonly derived from:
  - ✓ societal norms,
  - ✓ religions, and
  - ✓ family orientation

They serve as the framework for making decisions and taking certain actions in everyday life.

### **Common modes of value transmission**

**Modeling:** a child learns values by observing parents, peers, and significant others.

**Moralizing:** The child is taught a complete value system by parents or an institution (church, school) that allows little opportunity for the child to weight different values.

**Laissez faire:** The child is left to explore values (accompanied by little or no guidance, and can lead to confusion and conflict) to develop a personal value system

**Rewarding and punishing:** The child is rewarded when demonstrating values by parents and punished when demonstrating unacceptable values

**Responsible choice:** The child is encouraged to explore different values and to weight their consequences. Support and guidance are offered as the child develops a personal value system.



## Essential Values, Attitudes and Personal Qualities of Professional Nurse

- a. **Aesthetics:** Qualities of objects, events and persons that provide satisfaction.  
E.g., nurses create a pleasant work environment for self and others
- b. **Altruism:** Concerns for the welfare of others. E.g., a nurse assists other personnel in providing care when they are unable to do so.
- c. **Equality:** Having the same rights, privileges, or status e.g., a nurse interacts with clients in a non- discriminatory manner.
- d. **Freedom:** Capacity to exercise choice. E.g., nurses honor individual rights to refuse treatment
- e. **Human Dignity:** Inherent worth and uniqueness of an individual. E.g., nurses maintain confidentiality of patients/ clients and staff.
- f. **Justice:** Upholding moral and legal principles. E.g., nurses allocate resources fairly.
- g. **Truth:** Faithfulness to act or reality .e.g., nurses document nursing care accurately and honestly.
- h. **Behavior:** The way somebody act /perform
- i. **Moral-**from the Latin moralitas "manner, character, proper behavior" In its descriptive use, morals are arbitrarily and subjectively created by society, philosophy, religion, and/or individual conscience. Although similar in meaning to ethics usually refers to personal standards.
- j. **Ethics:** is a subject (system) dealing with professional standards of behavior related to what is right and wrong.

**Ethical conduct:** is behavior conforming to accepted professional standards of conduct

### Ethic Vs Moral

Often use “ethics” and “morality” interchangeably.

**Ethics** - "The science of morals"; the philosophical study of morality or the study of HOW the choices are made, i.e “ethics is the study of morality”

**Moral-** habits of life in regard to right and wrong or making choices with reasons



### 1.9.2. Ethical Principles

Principles are basic ideas that are starting points for understanding and working through a problem. Ethical principles presuppose that nurses should respect the value and uniqueness of persons and consider others to be worthy of high regard. These principles are tents that are important to uphold in all situations. The major principles of nursing ethics are:

#### a. Autonomy

Autonomy is the promotion of independent choice, self-determination and freedom of action. Autonomy means independence and ability to be self-directed in health care. Autonomy is the basis for the client's right to self-determination. It means clients are entitled to make decision about what will happen to their body.

The term autonomy implies for basic elements

- The autonomous person is respected
- The autonomous person must be able to determine personal goals. The goals may be explicit or may be less well defined
- The autonomous person has the capacity to decide on a plan of action. The person must be able to understand the meaning of the choice to be made and deliberate on the various options, while understanding the implications of possible outcomes.
- The autonomous person has the freedom to act upon the choices.

Competent adult clients have the right to **consent or refuse** treatment even if health care providers do not agree with clients' decisions; their wishes must be respected. However, in most instances patients are expected to be dependent upon the health care **provider**. Sometimes health care professionals are insensitive to ways by which they dehumanize and erode the autonomy of consumers. For example:

- Right after admission patients are asked about personal and private matters
- Workers who are new to patients may freely enter and leave the patients' room making privacy impossible.

Four factors for violations of patient autonomy

- Nurses may assume that patients have the same values and goals as themselves
- Failure to recognize that individuals' thought processes are different
- Assumptions about patients' knowledge base



- Focus on work rather than caring

Infants, young children, mentally handicapped or incapacitated people, or comatose patient do not have the capacity to participate in decision making about their health care. If the client becomes unable to make decisions for himself/ herself, this “surrogate decision maker” would act on the client's behalf.

Autonomy of clients is more discussed in terms of larger issues such as: informed consent, paternalism, compliance and self-determination.

**Informed consent:** is a process by which patients are informed of the possible outcomes, alternatives and risks of treatments and are required to give their consent freely. It assures the legal protection of a patient's right to personal autonomy in regard to specific treatments and procedures. Informed

**.Paternalism:** Restricting others autonomy to protect from perceived or anticipated harm. This is intentional limitation of another's autonomy justified by the needs of another. Thus, the prevention of any evil or harm is greater than any potential evils caused by the interference of the individual's autonomy or liberty.

Paternalism is appropriate when the patient is judged to be incompetent or to have diminished decision-making capacity.

**Non-compliance:** Unwillingness of the patient to participate in health care activities. Lack of participation in a regimen that has been planned by the health care professionals to be carried out by the client. Noncompliance may result from two factors:

- When plans seem unreasonable to the patient
- Patients may be unable to comply with plans for a variety of reasons including resources, lack of knowledge, psychological and cultural factors that are not consistent with the proposed plan of care

#### **b. Beneficence**

Beneficence is doing or promoting good. These principles are the basis for all health care providers. Nurses take beneficent actions when they administer pain medication, perform a dressing to promote wound healing or providing emotional support to a client who is anxious or depressed. This principle provides nursing's context and justification. It lays the groundwork for



the trust that society places in the nursing profession and the trust that individuals place in particular nurses or health care agencies.

The principle of beneficence has three components:

- Promote good
- Prevent harm
- Remove evil or harm

**c. Nonmaleficence**

Nonmaleficence is the converse of beneficence. It means to avoid doing harm. When working with clients, health care workers must not cause injury or suffering to clients.

It is to avoid causing deliberate harm, risk of harm and harm that occurs during the performance of beneficial acts. E.g. Experimental research that have negative consequences on the client.

Non maleficence also means avoiding harm as a consequence of good. In that cases the harm must be weighed against the expected benefit

**d. Justice**

Justice is fair, equitable and appropriate treatment. It is the basis for the obligation to treat all clients in an equal and fair way. Just decision is based on client need and fair distribution resources. It would be unjust to make such decision based on how much he or she likes each client.

**e. Veracity**

Veracity means telling the truth, which is essential to the integrity of the client-provider relationship

- Health care providers obliged to be honest with clients
- The right to self-determination becomes meaningless if the client does not receive accurate, unbiased, and understandable information

**f. Fidelity**

Fidelity means being faithful to one's commitments and promises.

- Nurses' commitments to clients include providing safe care and maintaining competence in nursing practice.
- In some instances, a promise is made to a client in an over way
- Nurse must use good judgment when making promises to client. Fidelity means not only keeping commitment but also keeping or maintaining our obligation.



## g. Confidentiality

Confidentiality comes from Latin *fide*: trust

- *confide* as to “show trust by imparting secrets”; “tell in assurance of secrecy”; “entrust; commit to the charge, knowledge or good faith of another”; while
- *confidential* or *in confidence* is “a secret or private matter not to be divulged to others”

Confidentiality in the health care context is the requirement of health professionals (HPs) to keep information obtained in the course of their work private. Professional codes of ethics (and conduct) will often have statements about professions maintaining confidentiality, but confidentiality is often qualified. Confidentiality is non-disclosure of private or secret information with which one is entrusted.

Legally, this requirement applies to HPs and others, who have access to information about patients, and continues after the patient's death.

Nurses hold in confidence any information obtained in a professional capacity, and use professional judgment in sharing such information. Each nurse will treat as confidential personal information obtained in a professional capacity. The nurse uses professional judgment regarding the necessity to disclose particular details, giving due consideration to the interests, wellbeing and safety of the patient and recognizing that the nurse is required by law to disclose certain information.

Hence, breach of confidentiality breaks a promise. The notion of confidentiality draws upon the *principle of privacy*, which may derive from the concept of autonomy or be conceptually separate. Personal information is regarded as a kind of property, something one owns.

### 1.10. Professional values

**Responsiveness** – Responsiveness is about showing positive response for client /patient's actual and potential problems; Reacting quickly, strongly or favorably to something, specially suggestion Responding To problems or treatment. Eg :- Reacting positively to medical treatment.

**Compassion:** - Is a feeling of deep sympathy and sorrow for the suffering of others accompanied by a strong desire to alleviate the suffering? Therefore, we can say it is being





sensitive to the pain or suffering of others and a deep desire to alleviate the suffering

**Trustworthiness**;- Trustworthiness is about values of reliance quality service; -Confidence in and reliance on good qualities ,especially fairness, truth, honor or ability

**Integrity** –Is possession of firm principles;- the quality of possessing and steadfastly adhering to high moral principles or professional standards

**Honesty**- moral uprightness; the quality, condition, or characteristic of being fair, truthful, and morally upright

**Care**;-Care is the “action and activities directed towards assisting, supporting or enabling another individual or group with evident or anticipated needs to improve a human condition or life way or to face death”.

## **Nursing professional code of conducts**

### **Legal Concepts in Nursing**

#### **General Legal Concepts**

Law can be defined as those rules made by humans who regulated social conduct in a formally prescribed and legally binding manner. Laws are based upon concerns for fairness and justice.

#### **Functions of Law in Nursing**

The law serves a number of functions in nursing:

- It provides a framework for establishing which nursing actions in the care of client are legal.
- It differentiates the nurse's responsibilities from those of other health professional.
- It helps establish the boundaries of independent nursing action.
- It assists in maintaining a standard of nursing practice by making nurses accountable under the law.

#### **Types of law**

Law governs the relationship of private individuals with government and with each other

**1. Public Law:** refers to the body of law that deals with relationships between individuals and governmental agencies. An important segment of public law is criminal law which deals with actions against the safety and welfare of public. Example, theft, homicide.



**2. Private Law or Criminal:** is the body of law that deals with relationships, between individuals. It is categorized as contract law and tort law.

**3. Contract Law:** involves the enforcement of agreements among private individuals or the payment of compensation for failure to fulfill the agreements.

**4. Tort Law:** the word tort means 'wrong " or "bad" in Latin. It defines and enforces duties and rights among private individuals that are not based on contractual agreements. Example of Tort law applicable to nursing

1. Negligence and malpractice
2. Invasion of privacy and assault.

#### Kinds of Legal Actions

There are two kinds of legal actions:

1. Civil or private action.
2. Criminal action

**1. Civil actions:** Deals with the relationships between individuals in a society. Example, a man may file a suit against a person who he believes cheated him.

**2. Criminal actions:** Deals with disputes between an individual and the society as a whole. Example if a man shoots a person, society brings him to trial.

**Legal issues in Nursing Practice Act:** Nursing practice act or act for professional Nursing practice regulate the practice of nursing. Legally define and describe the scope of nursing practice, which the law seeks to regulate, there by protecting the public as well. It protects the use's professional capacity. Each country may have different acts but they all have common purpose: to protect the public. It grants the public a mechanism to ensure minimum standards for entry in to the profession and to distinguish the unqualified.

**Standard of Practice:** A standard of practice is a means which attempts to ensure that its practitioners are competent and safe to practice through the establishment of standard practice. Establishing and implementing standards of practice are major functions of a professional organization. The profession's responsibilities inherent in establishing and implementing standards of practice include:

1. To establish, maintain, and improve standards



2. . To hold members accountable for using standards.
3. To educate the public to appreciate the standard
4. To protect the public from individual who have not attended the standards or will fully do not follow them and
5. To safeguard individual members of the profession.

Standard of nursing practice requires:

- ✓ The helping relationship be the nature of client nurse interaction
- ✓ Nurse to fulfill professional responsibilities
- ✓ Effective use of nursing process

Standards of nursing practice are to describe the responsibilities for which nurses are accountable. The standards:

- ✓ Reflect the values and practices of the nursing profession
- ✓ Provide direction for professional nursing practice.
- ✓ Provide a frame work for the evaluation of nursing practice
- ✓ Defines the profession's accountability to the public and the client outcomes for which nurses are responsible.

Nursing standard clearly reflect the specific functions and activities that nurses provide, as opposed to the functions of other health workers.

When standards of professional practice are implemented, they serve as yardsticks for the measurements used in licensure, certification, accreditations, quality assurance, peer review, and public policy. The profession maintains standards in practice in part through appropriate entry.

**Credentialing:** Credentialing is the process of determining and maintaining competence-nursing practice. Credentials includes:

- a. Licensure
- b. Registration
- c. Certification
- d. Accreditation



**Licensure:** It is legal permit a government agency grants to individuals to engage in the practice of a profession and to use particular title. It generally meets three criteria:

- ✓ There is a need to protect the public's safety or welfare.
- ✓ The occupation is clearly delineated with a separate, distinct area of work
- ✓ There is a proper authority to assume the obligation of the licensing process.

**Registration:** Is listing of an individual's name and other information on the official roster of a governmental agency. Nurses who are registered are permitted to use the title "Registered Nurses"

**Certification:** is the voluntary practice of validating that an individual nurses met minimum standards of nursing competence in specialty areas such as pediatrics, mental health, gerontology and school health Nursing.

**Accreditation:** is a process by which a voluntary organization or governmental agency appraises and grants accredited status to institutions and/or programs. The purpose of accreditation of programs in nursing is:

- ✓ To foster the continuous development and improvement in quality of education in nursing
- ✓ To evaluate nursing programs in relation to the stated physiology and outcomes and to the established criteria for accreditation.
- ✓ To bring together practitioners, administrators, faculty, and students in an activity directed towards improving educational preparation for nursing practice. To provide an external peer review process.

### **Nursing Code of Ethics.**

Code of ethics is formal statement of a group's ideas and values that serve as standards and guidelines for the groups' professional actions and informs the public of its commitment.

Codes of ethics are usually higher than legal standards, and they can never be less than legal standards of the profession.

Code of ethics defines the moral principles that govern how you practice nursing and is the foundation on which nursing is built.



Legal definition: “the minimum standards of appropriate conduct within legal and regulatory parameters involving the duty owed to your patient and other members of your profession.”

### **Purposes of code of ethics**

Nursing code of ethics has the following purposes:

- ✓ To inform the public about the minimum standards of profession and to help them understand professional nursing conduct.
- ✓ To provide a sign of the profession’s commitments to the public it serves.
- ✓ To outline the major ethical considerations of the profession.
- ✓ To provide general guidelines for professional behavior.
- ✓ To guide the profession in self regulation.
- ✓ To remind nurses of the special responsibility they assume when caring for the sick.

### **ICN CODE OF ETHICS**

The need for nursing is Universal. Inherent in nursing is respect for life, dignity, and rights of man. It is unrestricted by considerations of nationality, race, creed, color, age, sex, politics or social status.

Nurses render health services to the individual, the family, and the community and coordinate their services with those of related groups.

Responsibility & accountability:

- ✓ The fundamental responsibility of the nurse is fourfold: to promote health, prevent illness, restore health and to alleviate suffering
- ✓ Nurses act in a manner consistent with their professional responsibilities and standards of practice
- ✓ Nurses advocate practice environment conducive to safe, Competent and ethical care
- ✓ Nurses work in accordance with dependent, interdependent and collaborative functions of nursing
- ✓ Nurses carefully handle nursing practice on specific ethical issue and resolve the ethical problems systematically.
- ✓ Nurses are accountable for their professional judgment and action

### **Nurses and people**



The nurse's primary responsibility is to those people who require nursing care

The nurse, in producing care, promotes an environment in which the values, customs and spiritual beliefs of the individual are respected.

The nurse holds in confidence personal information and uses judgment in sharing this information.

### **Nurses and Practice**

The nurse carries responsibility for nursing practice and for maintaining competence by continual learning. The nurse maintains the highest standards of nursing care possible within the reality of a specific situation.

The nurse uses judgment in relation to individual competence when accepting and delegating responsibilities. The nurses when acting in a professional capacity should at all times maintain standards of personal conduct which reflect credit upon the profession.

### **Nurse and Society**

The nurse shares with other citizens the responsibility for initiating and supporting actions to meet the health and social needs of the public.

### **Nurse and Co-workers**

The nurse sustains a cooperative relationship with coworkers in nursing and other fields. The nurse takes appropriate action to safeguard the individual when his care is endangered by a co-worker or any other health personnel.

### **Nurse and the Profession**

The nurse plays the major role in determining and implementing desirable standards of nursing practice and nursing education.

The nurse is active and developing a core of professional knowledge. The nurse, acting through the professional organization, participates in establishing and maintaining equitable social and economic working condition in nursing.

Nursing code of ethics in Ethiopia

The Ethiopian nurses association (ENA) code of ethics for registered nurses comprises key elements of the code. It includes values, responsibility statements, and levels of guidance or actions.

#### **1. Accountability and responsibility**

- ✓ The fundamental responsibility of the nurse is fourfold: to promote health, prevent illness, restore health and to alleviate suffering



- ✓ Nurses act in a manner consistent with their professional responsibilities and standards of practice
- ✓ Nurses advocate practice environment conducive to safe, Competent and ethical care
- ✓ Nurses work in accordance with dependent, interdependent and collaborative functions of nursing
- ✓ Nurses carefully handle nursing practice on specific ethical issue and resolve the ethical problems systematically.
- ✓ Nurses are accountable for their professional judgment and action

## **2. Respect right and dignity •**

- ✓ The nurse in providing care, unrestricted by consideration of nationality, race, creed, color, age, sex, politics, religion or social statues.
- ✓ The nurse respects the value, customs and spiritual beliefs of individual.
- ✓ The nurse identifies health needs of the client, helps them to express their concern and obtains appropriate information and service.
- ✓ Nurses apply and promote principles of equity and fairness to assist clients in receiving an unbiased treatment and share of health services and resources proportional to their needs

## **3. Confidentiality**

- ✓ Nurses safeguard the trust of the clients that information and health records in the context of professional relationship is shared outside the health care team only with the clients permission or as legally required
- ✓ Nurses maintain privacy during therapeutic and diagnostic procedures

## **4. Advocacy:**

- ✓ Nurses sustain a cooperative relation ship with other health workers in the team work.



- ✓ Nurses value health and well being and assist persons to achieve their optimum level of health in situation of normal health, illness, injury or in the process of dying.
- ✓ Nurses promote safety prevent intentional or unintentional harm and take appropriate action to safeguard the individuals when his care is endangered by a coworker or any other person.
- ✓ The Nurse respects acceptance or refusal right of the patient during therapeutic and diagnostic procedures or research and learning situation up on clients.

## **5. Professional development**

- ✓ The nurse plays the major role in determining and implementing desirable Standards of nursing practice and nursing education.
- ✓ The nurse should develop professionally through formal and non- formal continuing education
- ✓ The nurse should participate in professional organizations and advocates equitable social and economic working conditions

## **Responsibilities of nurses for specific ethical issues**

### **Patient's bill of rights**

Statement on a patient's bill of rights was approved by the House of Delegates in February 6, 1973. The American Hospital association presents a patient's bill of rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patients, and the hospital organization

The traditional physician- patient relationship takes a new dimension when care is rendered within an organizational structure. Legal precedent has established that the institution itself also has responsibility to the patient. It is in recognition of these factors that these rights are affirmed. The patient's rights are as follows

- ✓ The patient has a right to considerate and respect full care.
- ✓ The patient has a right to obtain from his physician complete current information concerning his diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate





person on his behalf. He has the right to know by name the physician responsible for coordinating his care.

- ✓ The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and / or treatment. Except in emergencies, such information for informed consent should include but not necessary are limited to the specific procedure and/ or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and /or treatment.
  - ✓ The patient has the right to refuse treatment to the extent permitted by Law and to be informed of the medical consequences of his action.
  
  - ✓ The patient has the right to every consideration of his privacy concerning his own medical care program. Case dissociation, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have the permission of the patient to be present.
  - ✓ The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential,
  - ✓ The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for their services.
- The hospital must provide evaluation, service, and/ or referral as indicated by the urgency of the case. When medically permissible a patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives to such a transfer.
- ✓ The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient has a right to obtain information as to any relationship of his hospital to other health care and educational institutions as far as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who is treating him.



- ✓ The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.
- ✓ The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism where by he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.
- ✓ The patient has the right to examine and receive an explanation of his bill regardless of the source of payment.
- ✓ The patient has the right to know what hospital rules and regulations apply to his conduct as a patient

## **Ethical issues related to patients rights.**

### **1. Right to truth**

The right of patients to know the truth about their condition, prognosis, and treatment is an issue between the physician and the patient. The current trend is toward more frankness on the part of physicians. In the past, the moral obligation to disclose the truth- because the patient has the right to know and adjust to was often overcome by the professional need to protect the patient from potential physical or emotional harm that could be caused by knowledge of a critical or terminal condition. Because of there extended contacts with patients, nurses often find it difficult to accept a physician's decision not to tell a patient the truth about his or her condition.

Because of the conflict between physicians' decisions and nurses' personal feelings, it may be advisable for the health care team to meet in order to resolve the problem and to devise a consistent approach to the patient.

### **2. Right to refuse treatment**

For reasons that are sometimes known only to themselves patient may refuse treatment even though lack of treatment may result in their death. The question of refusal of



treatment may have to be decided in court. Many times, the courts rule that patents cannot be forced to accept treatment. In the case of minor child, however, the courts are likely to rule that parents cannot withhold treatment from a child for any reason. The child is usually made a temporary ward of the court and treatment is allowed to begin.

A patient's decision to die rather than to accept treatment may be difficult for a nurse to understand. Nurses must recognize a patients' right to individual and personal attitudes and beliefs, however, and must not allow personal feelings to interfere with patient care. If nurses cannot reconcile their ethical values with those of patients, they should ask to be taken off the case in the interest of the patient.

### **3. Informed consent**

The issue of informed consent applies to many health care institutions in both legal and ethical ways. Patients have the right to be given accurate and sufficient information about procedures, both major and minor, so that their consent to undergo those procedures is based on realistic expectations.

The responsibility for imparting information about major surgery or complicated medical procedures lies with medical professionals.

Nurses should inform their patients; in terms the patients can understand, about even simple nursing procedures before the procedures are started. This includes answering questions that patients may have. Failure to obtain informed, written consent to perform a procedure could involve nurses and other health care professional in legal action or subject to disciplinary action by state regulatory agencies.

Because nurses spend considerable periods of time with patients, they are likely to be most aware of their patients' questions and concerns. Many times, these concerns should be brought to the attention of attending physicians who, because they see the patients' less frequently, may be unaware of the problems.

### **4. Human experimentation**

Research and human experimentation are primarily concerns of the scientific and medical professionals. However, if nursing care is required for the subjects involved for such experimental projects, then nurses became involved. In these cases, nurses' responsibilities and ethical decisions are related to making sure that informed consent is given for participation in the research experiments and that the safety of their patients is protected.



The nurses' role, along considered to be that of patient advocate, may, in these situations, place them in direct conflict with research staffs and sponsoring agencies as well as human subjects research committees.

## **5. Behavior control**

The issue of informed consent is critical question in any form of behavioral control; the use of drugs or psychosurgery further complicates a highly complex topic.

Controversy persists over the rights of society to decide what is or is not desirable or acceptable behavior.

The issue involves both personal and public behavior. Moreover, it also concerns whether individuals have the right to decide for themselves what suitable personal behavior is, or whether others can decide for them based on some other concept of suitable personal behavior.

In this regard, one of the ethical questions that may be confronted by nurses involves informed consent for treatments that are intended to control behavior. Nurses may question whether involves who are candidates for drug therapy or psychotherapy are able and competent to give informed consent, and whether these patients, too, have the right to refuse treatment

### **Health related Legal issues in Ethiopia:**

Along with the patients' bill of rights, below are certain health related issues commonly seen in Ethiopia.

#### **1. Abortion:**

- ✓ The nurse shall assist the physician if she/he is sure that an abortion is performed for the purpose of saving the endangered life or health of women.
- ✓ The nurse shall not attempt or carry out abortion



- ✓ It is mandatory for the nurse to treat a patient who is suffering from the effect of a criminal abortion induced by another provided there is no physician in the health institution.
- ✓ The nurse shall report to the concerned authorities of criminal abortion in the absence of physician.
- ✓ The nurse has all the right not to participate in all procedures of criminal abortion

## **2. Euthanasia**

- ✓ The nurse shall never assist; collaborate in taking life as an act of mercy even at the direct request of the patient or patient's relatives.

## **3. Death**

- ✓ The nurse shall note the exact cessation of vital signs and notify the attending physician to pronounce death.
- ✓ The nurse shall give due respect to the deceased taking in to consideration religion and cultural aspects.
- ✓ A nurse shall participate in or assist a medical team in taking out organ from a cadaver provided there is written consent of a patient or relatives

## **4. Suicide**

- ✓ A nurse who is taking care of a patient with a suicidal tendency shall remove all items that facilitate suicide such as sharp instruments, ropes, belts, drugs and make sure that the outlets are graded.
- ✓ The nurse should not leave a suicidal patient alone

## **5. Organ Transplantation:**

- ✓ The nurse shall involve in any organ transplantation procedure provided that the donor and recipient have clear written agreement, the donor gives informed consent and he/she is not mentally ill at the time of consent.
- ✓ The nurse shall advocate the declaration of human rights in the organ transplantation procedure.
- ✓ The nurse shall have moral and professional rights to make ethical decisions to resolve the dilemma that arises from the procedure.



## 6. Fertility Matter:

- ✓ The nurse shall respect autonomy of the client for contraception and other fertility matter including artificial fertilization decision in a situation of dilemma for the same.
- ✓ The nurse shall have responsibility to give information about the case.
- ✓ The nurse shall have moral and professional right to make ethical

## Areas of potential liabilities in nursing

**Crimes and torts** A crime is an act committed in violation of public (criminal) law and punishable by a fine and/ or imprisonment. A crime does not have to be intended in order to be a crime. For example, a nurse may accidentally give a client an additional and lethal dose of narcotic to relieve discomfort.

Crimes could be felonies and / or misdemeanors.

1. **Felonies:** a crime of a serious nature such as murder, armed robbery, second degree murder. A crime is punished through criminal action by the state.
2. **A misdemeanor:** is an offense of a less serious nature and is usually punished a fine or short term jail sentence or both. For example, a nurse who slaps a client's face could be charged with a misdemeanor

## A TORT

Is a civil wrong committed against a person or a person's property. Torts are usually litigated in court by civil action between individuals.

Tort may be classified as intentional or unintentional:

1. **Intentional tort** includes fraud, invasion of privacy, libel and slander assault and battery and false imprisonment.

**Fraud:** false presentation of some fact with the intention that it will be acted up on by another person. Example, it is fraud for a nurse applying to a hospital for employment to fail to list two past employers for deceptive reasons when asked for five previous employers.



**False imprisonment:** is “unlawful restraint or detention of another person against his or her wishes”

### **Potential Malpractice Situation in Nursing.**

To avoid charges of malpractice, nurses need to recognize those nursing situation in which negligent actions are most likely to occur and to take measures to prevent them

The most common malpractice situations are

1. Medication error: Which resulted from:

- ✓ Failing to read the medication label.
- ✓ Misunderstanding or incorrectly calculating the dose.
- ✓ Failing to identify the client correctly.
- ✓ Preparing the wrong concentration or
- ✓ Administration by wrong route (e.g. Intravenously instead of intramuscularly)

Some errors are serious and can result in death. For example, administration of Decumarol to a client recently returned from surgery could cause the client to have hemorrhage.

2. Sponges or other small items can be left inside a client during an operation.
3. Burning a client: May be caused by hot water bottle, heating pads, and solutions that are too hot for applications.
4. Clients often fall accidentally: As a result that a nurse leaves the rails down or leaves a baby unattended on a bath table.
5. Ignoring a clients complaints
6. Incorrectly identifying clients
7. Loss of client's property: jewelry, money, eye glasses and dentures.

### **MEASURES TO PREVENT THE ABOVE MALPRACTICE SITUATIONS.**

- ✓ A nurse always needs to check and recheck medications very carefully before administering a drug.
- ✓ The surgical team should count correctly before the surgeon closes the incision

### **Reporting crimes, torts and unsafe practice**



A nurse may need to report nursing colleagues or other health professionals for practices that endanger the health and safety of a client. For example, Alcohol and drug use theft from a client or agency, and unsafe nursing practice.

Guidelines for reporting a crime, tort or unsafe practices are:

- ✓ Write a clear description of a situation you believe you should report.
- ✓ Make sure that your statements are accurate
- ✓ Make sure you are credible
- ✓ Obtain support from at least one trust worth person before filing the report
- ✓ Report the matter starting at the lowest possible level in the agency hierarchy
- ✓ Assume responsibility for reporting the individual by being open about it, sign your name to the letter.
- ✓ See the problem through once you have reported it.

### **Record Keeping Reporting and Documenting**

**Reporting:** oral or written account of patient status; between members of health care team. Report should be clear, concise, and comprehensive.

**Documenting:** patient record/chart provides written documentation of patient's status and treatment

**Purpose:** continuity of care, legal document, research, statistics, education, audits

What to document: assessment, plan of care, nursing interventions (care, teaching, safety measures), outcome of care, change in status, health care team communication,

**Characteristics of documentation:** brief, concise, comprehensive, factual, descriptive, objective, relevant/appropriate, legally prudent

#### **Record keeping**

- ✓ Health records are the means by which information is communicated about clients and means of ensuring continuity of care.
- ✓ The clients medical record is legal document and can be produced in a court as evidence.
- ✓ Records are used as risk management tools and for research purpose.
- ✓ Often the record is used to remind a witness of events surrounding a lawsuit, because several months or years usually elapse before the suit goes to trial.
- ✓ The effectiveness of record depends up on accuracy and completeness of the record.





- ✓ Nurses need to keep accurate and complete records of nursing care provided to clients.

#### **Insufficient or inaccurate documentation:**

- ✓ Can constitute negligence and be the basis for tort liability.
- ✓ Hinder proper diagnosis and treatment and result injury to the client.

#### **Accurate Record keeping**

- ✓ Routine nursing assessment and intervention should be documented properly.
- ✓ Use pen rather than pencil during documentation.
- ✓ When making correction do not raise the previous draw one line on an old and add correction so the previous remained legible because correction is not for changing.
- ✓ Write legibly.
- ✓ Document all information.
- ✓ Add time, date, name and other important information.
- ✓ Document all medically related conditions.
- ✓ Use specific terms.
- ✓ Statements should not be biased

### **THE INCIDENT REPORT**

An incident report is an agency record of an accident or incident. Whenever a patient is injured or has a potential injury there exist a possibility of a lawsuit, such a report must be recorded.

An incidental report may be written for situations involving a patient, visitors, or employee.

The incident report used to:

- ✓ To make all the facts about an accident available to personnel
- ✓ To contribute to statistical data about accidents or incidents.
- ✓ To help health personnel to prevent future accidents.

N.B. the reports should be completed as soon as possible i.e., Within 24 hours of the incident and filed according to agencies policy.

Information to include in incident report

- ✓ Identify the client by name and hospitals
- ✓ Give date and time of the incident. Avoid any conclusions or blame.



Describe the incident as you saw it even if your impressions differ from those of others

- ✓ Identify all witnesses to incident
- ✓ Identify any equipment by number and any medication by name and number.
- ✓ Document any circumstance surrounding the incident. For example, that another client is experiencing cardiac arrest.

## **WILLS**

A will is a declaration by a person about how the person's property or cash is to be disposed/ distributed after death.

In order for a will to be valid the following conditions must be met:

- ✓ The person making the will should be mentally conscious
- ✓ The person should not be unduly influenced by any one else.

A nurse may be required to witness a will. A will must be signed in the presence of two witnesses.

When witnessing a will, the nurse

- ✓ Attests that the client signed a document that is stated to be the client's last will.
- ✓ Attests that the client appears to be mentally sound and appreciates the significance of their action

If a nurse witnesses a will, the nurse should record on clients card that the will was made and patients physical and mental condition.

### **Use of recording:**

- ✓ Provides accurate information for later use.
- ✓ May be use full if the will is contested

N.B. if a nurse does not wish to act as a witness. For example, if a nurse's opinion undue influence has been brought on the client- then it is nurse's right to refuse to act in this capacity.

## **EUTHANASIA**



It is the act of pennilessly putting to death persons suffering from incurable or distressing diseases. It is commonly referred as “mercy killing”

### **Types of euthanasia**

1. **Active euthanasia:** Is a deliberate attempt to end life. e.g., deprivation of oxygen supply, administering an agent that would result in death.
2. **Passive euthanasia:** allowing death by withdrawing or withholding treatment. No special attempt will be made to revive the patient

All forms of euthanasia are illegal except in states where right to die status and living will exist.







## Self check

**Instructions:** Answer all the questions listed below. Illustrations may be necessary to aid some explanations/answers. Write your answers in the sheet provided in the next page.

Review questions

Part I;- choose the best answer for the following question

1. which one is not true about Nursing
  - A, The process of diagnosis and treatment of human responses to actual or potential health problems
  - B, Nursing is directed towards meeting only illness need of man
  - C, Discipline provide an essential service to people
  - D, Man is viewed holistically as who has actual or potential health problems
2. Who can focus on long-term goals and is oriented toward managing the nursing care of a client
3. rather than performing specific task?
  - A, Novice nurse
  - B, advanced beginner nurse
  - C, Competent Nurse
  - D, Proficient Nurse
4. Which one is a social principle, ideals, or standards held by an individual, class, or group that give
5. meaning and direction to life?
  - A, Value
  - B, Norm
  - C, a belief
  - D, Religion
6. Not true about Nursing Theory
  - A, It attempts to describe or explain the phenomenon of nursing.
  - B, It differentiates nursing from other disciplines and activities.
  - C, It guides research, By supporting existing knowledge or generating new knowledge
  - D, None
7. The theory most concrete and narrow in scope
  - A, Grand Theories
  - B, Middle-Range Theories,
  - C, Micro-Range Theories
  - D, None
8. Which one is a negative bodily occurrence as determined by society or its institutions ?
  - A, Disease
  - B, sickness
  - C, Illness
  - D, wellness
9. The goals of a helping relationship between a nurse and a client are determined cooperatively and
10. are defined interims of the client's needs.
  - A, True
  - B, False
11. Implementation approach which choose the Alternatives with consequence that predicts the
12. highest positive value :
  - A, Utilitarian approach
  - B, Deontological approach
  - C, Intuitionism
  - D, The ethic of caring

Part II writes short answer

1. Write Advocacy or concepts of Nightingale also that were unique in her time and are still used today.
2. Explain five levels of proficiency orderly



3. List Role of the professional nurse.

3. Discuss why value clarification is important both personally and professionally
5. What is the importance of theory development in nursing?
6. Discuss some of the commonly used theories in nursing.

Score = \_\_\_\_\_

Rating: \_\_\_\_\_

### Answer Sheet

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Short Answer Questions

Part one 1. \_\_\_\_ 2. \_\_\_\_ 3. \_\_\_\_ 4. \_\_\_\_ 5. \_\_\_\_ 6. \_\_\_\_ .7. \_\_\_\_ 8. \_\_\_\_

Nursing Level III	Vision :01 Sep. 2019:	Page 55 of 58
	Copyright Info/Author: Federal TVET Agency	



1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

**Note:**                      **Satisfactory rating**    **Unsatisfactory**

**You can ask you teacher for the copy of the correct answers.**

#### Reference

1. Introduction to Professional Nursing and Ethics (LECTURE NOTES For Professional Nursing Students, 2005)

Basic Clinical Nursing Skills (LECTURE NOTES For Professional Nursing Students, 2005)

Nursing Level III	Vision :01 Sep. 2019:	Page 56 of 58
	Copyright Info/Author: Federal TVET Agency	





## List of Reference Materials

Prepared By

No	Name	Educational Back grund	LEVEL	Region	College	Email	Phaone Number
1	Middega Jbril	Nursing	B	oromia	Nagelle HSC	<a href="mailto:midhagadhangago@gmail.com">midhagadhangago@gmail.com</a>	0091318425
2	Biratu Ebessa	Nursing	A	BGRS	Pawi HSC	<a href="mailto:biratuebs004@gmail.com">biratuebs004@gmail.com</a>	0915926607
3	Ali Adan Mohamed	Nursing	A	Somali	Jigjiga HSC	<a href="mailto:alishide120@gmail.com">alishide120@gmail.com</a>	0912866022
4	Tariku Abebe	Nursing	A	oromia	Mettu HSC	<a href="mailto:gessestetarik@gmail.com">gessestetarik@gmail.com</a>	0917831032
5	Birhanu Tessisa	Nursing	B	oromia	Nekemte HSC	<a href="mailto:birhanutessisa3@gmail.com">birhanutessisa3@gmail.com</a>	0913327601
6	Eskender Birhanu	Nursing	B	Harari	Harar HSC	<a href="mailto:amenaesender@gmail.com">amenaesender@gmail.com</a>	0933259187
7	Ferhan Abubeker	Nursing	A	Harari	Harar HSC	<a href="mailto:Feru_ab@yahoo.com">Feru_ab@yahoo.com</a>	0915742083

