



NURSING LEVEL III

NTQF Level III

Learning Guiding # 5

Unit of Competence: Provide compassionate, respectful and caring service

Module Title: Providing compassionate, respectful and caring service

LG Code: HLT NUR3 M01 LO5-LG-5

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LO 5: Comply with legal and ethical Framework through responsibility and accountability



Instruction Sheet

Learning Guide #5

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

5. Comply with legal and ethical framework through responsibility and accountability

- 5.1. Medical ethics and morality
- 5.2. Unethical behavior
- 5.3. Legislation and common laws related to maternal health
- 5.4. Comply with policies and procedures
- 5.5. Confidentiality
- 5.6. Privacy
- 5.7. Ethical issues and ethical dilemma
- 5.8. Handling Emergency patient

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.
- Read and interpret job specifications following working manual.
- Use OHS requirements, including dust and fume collection, breathing apparatus, eye and ear personal protection throughout the work.
- Select and prepare materials for work which are appropriate to application.
- Identify and check safety equipment and tools for safe and effective operation.

Learning Instructions:

1. Read the specific objectives of this Learning Guide.
2. Follow the instructions
3. Read the information written in the “Information Sheets”. Try to understand what are being discussed.



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.
6. Submit your accomplished Self-check. This will form part of your training portfolio.

5. Comply with legal and ethical framework through responsibility and accountability

5.1. Medical ethics and morality

Ethics is derived from the Greek word *ethos*, meaning custom or character. Ethics can be defined as the branch of philosophy dealing with standards of conduct and moral judgment. It refers to a method of inquiry that assists people to understand the morality of human behavior. (i.e. it is the study of morality). When used in this sense, ethics is an activity; it is a way of looking at or investigating certain issues about human behavior.

Ethics refers to the practices or beliefs of a certain group (i.e. Nursing ethics, Physicians' ethics). It also refers to the expected standards as described in the group's code of professional conduct. Ethics is concerned what ought to be, what is right, or wrong, good or bad. It is the base on moral reasoning and reflects set of values. It is a formal reasoning process used to determine right conduct. It is professionally and publicly stated. Inquiry

Introduction to Professional Nursing and Ethics or study of principles and values. It is process of questioning, and perhaps changing, one's morals.

Moral: is principles and rules of right conduct. It is private or personal. Commitment to principles and values are usually defended in daily life

Types of Ethics

- **Descriptive:** It is the description of the values and beliefs of various cultural, religious or social groups about health and illness.
- **Normative:** a study of human activities in a broad sense in an attempt to identify human actions that are right or wrong and good and bad qualities. In nursing normative ethics addresses: scope of practice of different categories of nurses and, level of competence expected.
- **Analytical:** analyzes the meaning of moral terms. It seeks the reasons why these action or attitudes are either wrong or right.

Common Ethical theories

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Ethical theories may be compared to lenses that help us to view an ethical problem. Different theories can be

Introduction to Professional Nursing and Ethics useful because they allow us to bring different perspectives in to our ethical discussions or deliberations.

There are four ethical theories:

- ✓ Deontology
- ✓ Teleology
- ✓ Intuitionism
- ✓ The ethic of caring

Deontology (Duty or rule-Based theory)

This theory proposes that the rightness or wrongness of an action depends on the nature of the act rather than its consequences. This theory holds that you are acting rightly when you act according to duties and rights.

Responsibility arises from these moral facts of life. The theory denotes that duties and rights are the correct measuring rods for evaluating action. One place where such factors are presented is in codes of professional

5.2. Unethical behavior

Nurses must be alert to and take appropriate action in instances of incompetent, unethical, illegal, or impaired practice or any actions that place the rights or best interests of the patient in jeopardy. To function effectively, nurses must be knowledgeable about The Code of Ethics of Ethics for Nurses, standards of practice of the profession, relevant federal, state and local laws and regulations, and the employing organization's policies and procedures.

Nurses must protect the patient, the public, and the profession from potential harm when a colleague's practice appears to be impaired. When another's practice appears to be impaired, the nurse's duty is to take action to protect patients and to ensure that the impaired individual receives assistance.

• Unethical professional conduct

It is generally accepted that, because of the potential vulnerability of their clientele, professionals have a special obligation to conform to particularly high ethical standards both in their professional and non-professional lives.



unethical actions of nurses in their personal lives risk adversely affecting both their own and the profession's good reputation and standing in the eyes of the public.

If the good standing of either individual nurses or the profession were to diminish, this might jeopardize the inherent trust between the nursing profession and the public necessary for effective therapeutic relationships and the effective delivery of nursing care.

Definitions Unprofessional conduct (from un – meaning not; opposite of; contrary to), may literally be defined as conduct that is 'contrary to the accepted standards of a profession', or conduct that is 'not belonging to a profession' (Johnstone 1998). Professional misconduct (from mis – meaning wrong, bad or erroneous; a lack of) may be defined literally as 'conduct or behaviour that is morally wrong, bad or erroneous' (Johnstone 1998). This form of conduct may pertain to behaviour that is unbefitting a professional person albeit in a non-professional context.

Taking into account the above definitions, unethical professional conduct may be defined as an umbrella term that incorporates three related although distinct notions:

- unethical conduct,
- moral incompetence, and
- moral impairment.

Unethical conduct (a form of immoralism) has been defined as 'any act involving the deliberate violation of accepted or agreed ethical standards' (Johnstone 2009, p103). Unethical conduct may encompass both 'moral turpitude' and 'moral delinquency'. Moral turpitude refers to: anything done knowingly contrary to justice, honesty, principle, or good morals [or] an act of baseness, vileness or depravity in the private or social duties which a man owes to his fellow man [sic] or to society in general. The term implies something immoral in itself (cited in Johnstone 2009, p103). Moral delinquency refers to any act involving moral negligence or a dereliction of moral duty. In professional contexts, moral delinquency entails a deliberate or careless violation of agreed standards of ethical professional conduct.

Moral incompetence (analogous to clinical incompetence) pertains to a person's lack of requisite moral knowledge, skills, 'right attitude' and soundness of moral judgments.



Moral impairment is generally distinguished from moral incompetence. Unlike moral incompetence (attributable to a lack of moral knowledge, skills etc.), moral impairment entails a disorder, e.g. psychopathy, that interferes with a person's social and moral reasoning and hence capacity to behave ethically.

More specifically, because of their impaired moral reasoning, they are unable to engage in the competent discharge of their moral duties and responsibilities toward others. Accepting the notion of moral impairment (a notion which has received little attention in the nursing literature), a nurse could be judged morally impaired when, because of their disorder, they are unable to practice nursing in an ethically just and morally accountable manner.

3.2.1. 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

- 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.
- Sponges or other small items can be left inside a client during an operation.
- Burning a client:

5.3. Legislation and common laws related to maternal health

What is the law?

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. "It is against the law" is a powerful statement, and anyone making it should be able to declare the source of the law to which reference is being made.



Legislation

Legislation can be primary or secondary. Primary legislation consists of Acts of Parliament, known as statutes, which come into force at a date set either in the initial Act of Parliament or subsequently fixed by order of a Minister (i.e. by Statutory Instrument). A statute sometimes gives power to a Minister to enact more detailed laws, and this is known as secondary legislation. Some regulations have to be laid before the Houses of Parliament and in certain circumstances have to receive express approval. Statutory Instruments are an example of this secondary legislation.

Ethical Issues in Maternal and Child Health Nursing

Maternity nursing is an exciting and dynamic area of nursing practice. With that excitement come issues related to ethical challenges, high rates of litigation in obstetrics, and the challenge of practicing safe and evidence-based nursing care that is responsive to the needs of women and families

Ethics involves determining what is good, right and fair. Ethical issues arise everyday in healthcare and everyone has a role to play in ensuring the ethical delivery of care. Health care givers, particularly midwives, perinatal and neonatal nurses, face ethical issues possibly because of their interactions with patients and clients in the reproductive age groups.

Ethical issues across the child bearing ages are multiple and complex. Nursing is a process that involves judgment and action with the aim of maintaining, promoting and restoring balance in human system. The need for judgment and action brought about the moral questions of right or wrong of duty. The end purpose of nursing is the welfare of other human beings.

Ethical issues and challenges in maternal and child health nursing

Maternal and child health issues often involve conflicts in which a woman behaves in a way that may cause harm to her fetus or is disapproved of by some or most members of society. Conflicts between a mother and fetus occur when the mother's needs, behavior, or wishes may



injure the fetus. The most obvious instances involve abortion, assisted reproduction (artificial insemination, invitro fertilization and embryo transfer, and surrogate parenthood), selective reduction in multifetal pregnancy, intrauterine treatment of fetal conditions, substance abuse, and refusal to follow the advice of caregivers. Health care workers and society may respond to such a woman with anger rather than support.

However, the rights of both mother and fetus must be examined. Several areas are of particular importance to the health care of women and children.

5.4. Comply with policies and procedures

Introduction

As we begin a new transition in the health care delivery system, a variety of economic, social and political issues will necessitate the nursing profession's involvement in policy development. As with the rich past of nursing leaders, such as Florence Nightingale who wrote letters for the improvement of environmental conditions to enhance health, to nursing's role in social reform in the 1900's, the involvement of nursing presence has been instrumental in change and advocacy. At a time of rapid change in the health care arena, the need for clear and concise policies is essential to promote communication between and within organizations to promote population health. The non-visible skill of nursing practice, such as policy development, serves as an intervention for improving health care outcomes.

Definitions

Policy, politics, and legislation are influences that determine the nursing care to individuals, families and communities. Policy is defined as a "course of action to be followed by a government, business, or institution to obtain a desired effect"

Health policy refers to "public and private policies directly related to health care services delivery and reimbursement. This understanding is important to meet the current and future challenges in health care.

Purpose

The purpose of evidence-based policy is to improve public health outcomes. This tool kit was developed to guide the nurse in identifying steps in policy development. Policy development may occur at the local, state, or national level. Implementation of policy development into nursing practice is still evolving as part of the role of the nurse. The need for policy



development “is more than that of an academic enterprise, it is vital if effective care is to be delivered and resources used efficiently.

The Role of Nursing in Policy Development

Why nursing? Nurses are trusted by the public and known for ethics and honesty. Furthermore, additional qualities such as expertise, commitment, persistence, compassion, vision. These attributes, in addition to roles in leadership, advocacy, and as change agents contribute to nurses involvement in policy development through the use of the nursing process.

Leader

The leadership role expands as a role model to students as community planners who mobilize groups to access resources and reform of health policy relates the development of nurse competency in the area of policy development as necessary for nursing leadership.

Advocate

Social justice, access to health care, concerns for vulnerable populations, and concerns for health equity have been the passion that has driven community/public health nursing practice.

Change Agent

Nurses need to take an active role in policy development so others do not speak for nursing practice. Public health nursing talents are in prevention-focused health care and it is essential for our voices to be at the policy table whether in government, workplace, or in our community.



| POLICY: | PROCEDURE: | PROTOCOL: |
|--|--|---|
| Broad statement based on normal operations to serve as a guide for decision-making | Specific action to be taken or the activity itself | Written plan specifying procedures to follow for care and/or management of particular clients |



| | | |
|--|---|--|
| <ul style="list-style-type: none"> • Broad guides to thinking • Provide structure for decision-making • Set non-negotiable parameters • Leave some discretion and initiative to meet daily problems • Standing plans that express organizational response to situation • Address the delivery of care/services, practice and governance • Derive from agency /school philosophy, goals and objectives • Can exist without procedures or may have related procedures or protocols | <ul style="list-style-type: none"> • Guides to action • „Repeat use“ plan to achieve agency objectives • Specific to a set of actions; „step-by step“ methods for common situation • Outline a chronological order for acts to be performed; recipe • Describe details of recurring activity; quick reference • Address psychomotor activities • Can exist without corresponding policy; a program plan may define decision that would eliminate need for policy | <ul style="list-style-type: none"> • Practice guidelines • Delineates type of activities permitted for various conditions • Can be limited framework for nursing action, or broader framework for interdisciplinary settings • Frequently interchanged with procedures |
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5.5. Privacy

- **Bodily privacy**



An ethical concept of bodily privacy can be derived from respect for autonomy, where autonomy includes the freedom to decide what happens to one's body. Bodily privacy is recognized in law: actions in assault, battery and false imprisonment may be available to the person who does not consent to health care.

- **Decisional privacy**

Decisional privacy is distinguished as control over the intimate decisions one makes (e.g., about contraception, abortion, and perhaps health care at the end of one's life).

- **Informational privacy**

This type of privacy underlies the notion of confidentiality.

Arguments for respecting privacy

- ✓ Privacy and property Personal information is regarded as a kind of property, something one owns.
- ✓ Privacy and social relationships

Privacy is a necessary condition for the development and maintenance of relationships, including those between HPs and patients.

- ✓ Privacy and the sense of self

The notion that one is a separate self includes the concept of one's body and experiences as one's own. Privacy is to be valued for its role in developing and maintaining our sense of individuation.

5.6. Confidentiality

Should the principles of confidentiality be honored in all instances? There are arguments that favor questioning the absolute obligation of confidentiality in certain situations. These arguments include theories related to the principles of harm and vulnerability. The harm principle can be applied when the nurse or other professional recognizes that maintaining confidentiality will result in preventable wrongful harm to innocent others.

Foresee ability is an important consideration in situations in which confidentiality conflicts with the duty to warn.

The nurse or other health care professional should be able to reasonably foresee harm or injury to an innocent other in order to violate the principle of confidentiality in favor of a duty to warn.



The harm principle is strengthened when one considers the vulnerability of the innocent. The duty to protect others from harm is stronger when the third party is dependent on others or in some way especially vulnerable. This duty is called the vulnerability principle. Vulnerability implies risk or susceptibility to harm when vulnerable individuals have a relative inability to protect themselves.

Actions that are considered ethical are not always found to be legal. Though there is an ethical basis for subsuming the principle of confidentiality in special circumstances, and there is some legal precedent for doing so, there is legal risk to disclosing sensitive information. There is dynamic tension between the patient's right to confidentiality and the duty to warn innocent others. Nurses need to recognize that careful consideration of the ethical implications of actions will not always be supported in legal systems.

Disclosure of Information

- Disclosure of information is not necessarily an actionable breach of confidence. Disclosure may be allowed, under certain circumstances, when it is requested by: the patient, and where it applies, freedom of information can be used by patients to obtain health care information;
- Other health practitioners (with the patient's consent, and where the information is relevant to the patient's care);
- Relatives in limited circumstances (e.g., parents when it is in the interests of the child);
- Researchers with ethics committee approval (and where the approved process is followed);
- The court;
- The media, if the patient has consented; and
- The police, when the HP has a duty to provide the information.

Unless there is a warrant or a serious crime has been committed, the information provided to the police is normally limited to the patient's identity, general condition and an outline of injuries. If in doubt, refer the issue to management and/or seek legal advice. When a patient has consented to the release of information to the media, management authorization is usually required.

Confidentiality is the ethical principle that requires non disclosure of private or secret information with which one is interested.



Rules

The principles of health care ethics must be upheld in all situations. Rules are guidelines for the relationship between clients and health care Providers. They are the foundations for the ethical rules veracity, fidelity and confidentiality

5.7. Ethical Dilemmas & ethical decision making in Nursing

A dilemma is a situation in which two or more choices are available; it is difficult to determine which choice is best and the needs of all these involved cannot be solved by the available alternatives. The alternatives in a dilemma may have favorable and unfavorable features.

Ethical dilemmas in health care involve issues surrounding professional actions and client care decisions. They can lead to discomfort and conflict among the members of the health care team or between the providers and the client and family,

Models for Ethical decision-making

Ethical issues are real life issues. There is no one way of resolving such situations. Each situation will be different, depending on the people involved and the context. However, ethical decision-making models provide mechanisms or structures that help you think through or clarify an ethical issue. There are a number of models from which to choose from, but there is no one best way to approach ethical decision-making. Ethical decision making models are not formulas and they do not ensure that the decision you take will be the right one.

Model I: A guide to moral decision-making

It outlines a step-by step process that considers the many aspects of ethical decision-making:

1. Recognizing the moral dimension

- Is recognizing the decision as one that has moral importance
- Important clues include conflicts between two or more values or ideals
- Consider here the levels of ethical guidance of the code of Ethics for registered nurses.

2. Who are the interested parties? What are their relationships?

- Carefully Identify who has a stake in the decision in this regard, be imaginative and sympathetic
- Often there are more parties whose interests should be taken in to consideration than is immediately obvious.



- Look at the relationships between the parties look at their relationship with yourself and with each other, and with relevant institutions

3. What values are involved?

- Think through the shared values that are at stake in making this decision.
- Is there a question of trust? Is personal autonomy a consideration? Is there a question of fairness? Is any one harmed or helped?
- Consider your own and others personal values & ethical principles

4. Weight the benefits and burdens

- Benefits might include such things as the production of goods (physical, emotional, financial, and social, etc) for various parties, the satisfaction of preferences and acting in accordance with various relevant values (such as fairness).
- Burdens might include causing physical or emotional pain to various parties imposing financial costs and ignoring relevant values.

5. Look for analogous cases

- Can you think of similar decisions? What course of action was taken? Was it a good one? How is the present case like that one? How is it different?

6. Discuss with relevant other

- The merit of discussion should not be underestimated. Time permitting discuss your decision with as many people as have a take in it.
- Gather opinions and ask for the reasons behind those opinions.

7. Does this decision according with legal and organizational rules.

- Some decisions are appropriately based on legal considerations. If an option is illegal, one should think very carefully before choosing that option •
- Discussion may also be affected by organizations of which we are members. For example, the nursing profession has a code of ethics and professional standards that are intended to guide individual decision-making. Institutions may also have policies that limit the options available.

8. Am I comfortable with this decision? Question to reflect up on include:



- If I Carry out this decision, would I be comfortable telling my family about it? My clergy? My mentors?
- Would I want my children to take my behavior as an example?
- Is this decision one that a wise, informed, virtuous person would make?
- Can I live with this decision?

9. Model 2: Clinical Ethics grid system

This grid system helps construct a summary of the facts that must be considered along with ethical principles to guide ethical decisions in a clinical setting out lined as follows.

Medical indications:

- What is the patient medical problem? History? Diagnosis?
- Is the problem acute? Chronic? Critical? Emergent? Reversible?
- What are the goals of treatment etc?

Patient preference:

- What has the patient experienced about preferences for treatment?
- Has the patient been informed of benefits and risk, understood, and given consent? etc.

Quality of life:

- What are the prospects with or with out treatment, for a return to the patient's normal life?
- Are there biases that might prejudice the provider's evaluation of a patient's quality of life etc?

Contextual factors:

- Are there family issues that might influence treatment decisions?

5.8. Handling Emergency patients

- **Ethical Considerations for Nurses in a Natural or Human-Made Disaster, Communicable Disease Outbreak or Pandemic**



Historically and currently, nurses provide care to those in need, even when providing care puts their own health and life at risk (for example, when they work in wartorn areas, places of poverty, places with poor sanitation, etc.). Nurses also encounter personal risk when providing care for those with a known or unknown communicable or infectious disease. However, disasters and communicable disease outbreaks call for extraordinary effort from all health-care personnel, including nurses.

The Code states:

During a natural or human-made disaster, including a communicable disease outbreak, nurses provide care using appropriate safety precautions in accordance with legislation, regulations and guidelines provided by government, regulatory bodies, employers, unions and professional associations

The following criteria could be useful for nurses to consider when contemplating providing care in a disaster or communicable disease outbreak:

- the significance of the risk to the person in care if the nurse does not assist;
- whether the nurse's intervention is directly relevant to preventing harm;
- whether the nurse's care will probably prevent harm; and
- whether the benefit of the nurse's intervention outweighs harms the nurse might incur and does not present more than an acceptable risk to the nurse

When demands on the health-care system are excessive, material resources may be in short supply and nurses and other health-care providers may be at risk. Nurses have a right to receive truthful and complete information so they can fulfil their duty to provide care. They have a clear understanding about the obligations and expectations around their role. They must also be supported in meeting their own health needs. Nurses' employers have a reciprocal duty to protect and support them as well as to provide necessary and sufficient protective equipment and supplies that will "maximally minimize risk" to nurses and other health-care providers. At the same time, nurses use their professional judgment to select and use the appropriate prevention measures; select, in collaboration with the health-care team, the appropriate agency, manufacturer and government guidelines concerning use and fit of personal protective



equipment; and advocate for a change when agency, manufacturer or government guidelines do not meet the infection control requirements regarding appropriate use and fit of personal protective equipment

Nurses carefully consider their professional role, their duty to provide care and other competing obligations to their own health, to family and to friends. In doing so, they understand the steps they might take both in advance of and during an emergency or pandemic situation so that they are prepared for making ethical decisions

- **In anticipation of the need for nursing care in a disaster or disease outbreak, nurses:**

- ✓ work together with nurse colleagues, unions and joint occupational health and safety committees, and others in positions of leadership to develop emergency response practice guidelines using available resources and guidelines from governments, professional associations and regulatory bodies;
- ✓ learn about and provide input into the guidelines the region, province or country has established regarding which persons are to receive priority in care (e.g., priority based on greatest need, priority based on the probability of a good outcome, etc.);
- ✓ learn how support will be provided for those providing care and carrying the physical and moral burden of care;
- ✓ request and receive regular updates about appropriate safety measures nurses might take to protect and prevent themselves from becoming the victim of a disaster or disease;
- ✓ assist in developing a fair way to settle conflicts or disputes regarding work exemptions or exemptions from the prophylaxis or vaccination of health-care providers; and
- ✓ help develop ways in which appeals or complaints can be handled within the occupational health and safety framework.

- **When in the midst of a disaster or disease outbreak, nurses:**

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- ✓ refer to regulations and guidelines provided by government, regulatory bodies, employers and professional associations;
- ✓ help make the fairest decisions possible about the allocation of resources;
- ✓ help set priorities in as transparent a manner as possible;
- ✓ provide safe, compassionate, competent and ethical care (in disasters, as much as circumstances permit);
- ✓ help determine if, when and how nurses may have to decline or withdraw from care; and
- ✓ advocate for the least restrictive measures possible when a person's individual rights must be restricted.

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**Self check****Written test**

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.

1. _____ is the ethical principles that requires non-disclosure of private or secret information with which one is interested
 - a. Privacy
 - b. Confidentiality
 - c. Procedure
 - d. Rules
2. _____ guides to action; specific to a set of actions; step by step methods for common situations ; Specific action to be taken or the activity itself
 - a. Policy
 - b. Procedure
 - c. Protocol
 - d. None
3. Ethics :-
 - a. Drived from a Greek word ethos, meaning custom or character
 - b. Is a branch of philosophy, deals with standard of conduct or moral judgement
 - c. Concerned with what ought to be, what is right or wrong, good or bad
 - d. Refers to the practice or beliefs of certain group. Eg Nursing, physician
 - e. All
4. _____ is a situation in which two or more choices are available; it is difficult to determine which choice is best..
 - a. Moral ethics
 - b. Ethical dilemmas
 - c. Rules
 - d. None
5. _____, Broad statement based on normal operations to serve as a guide for decision-making.
 - a. Policy
 - b. protocol
 - c. procedure
 - d. ethics



Score = _____

Rating: _____

Answer Sheet

Name: _____

Date: _____

Short Answer Questions

1. _____

2. _____

3. _____

4. _____

5. _____



List of Reference Materials

1. Unethical ethical professional conduct (Article in Australian nursing journal (July 1993)
2. Introduction to Professional Nursing and Ethics (LECTURE NOTES For Professional Nursing Students)
3. Code of Ethics for Registered Nurses, Canadian Nurse association (2017 Edition)

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