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Effectiveness of an Instructional Program on Nurses-Midwifes' Knowledge about Application of Ethical Rules at the Delivery Room

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***Abstract*---**Background: Midwives in the delivery room, like other health care providers, face a number of ethical dilemmas that they must solve in an ethical and professional manner. Therefore, assessing Midwives' knowledge is an essential step to assure the optimum level of professional nursing services. Aim(s): To assess nurses – midwives' knowledge about application of ethical rules and to determine the effectiveness of an instructional program on nurses – midwives' knowledge about application of ethical rules at the delivery room. Also to examining the relationship between nurse- midwives' knowledge and their demographic characteristics. Design: Quiz experimental design (one-group pretest–posttest design). Methods: Non- probability purposive sample consisted of 50 nurse-midwives who worked during the data collection phase in the delivery room. Data collection process started May 2021 - June 2022. The data-collection tool contains 20 multiple-choice questions about nurses-midwives' knowledge of professional ethics that reflect the main components of the Iraqi Code of Ethics .Results: The study showed a clear improvement after the ethical intervention program in the information of nurses-midwives, according to the results.

***Keywords*---**delivery room, ethical rules, instructional program, nurses-midwifes, practices.

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Introduction

Ethics can be described as all of the moral principles that guide a person's actions. Turkan Karaca et al.,2018) Nurses are confronted with ethical dilemmas in the healthcare field, putting them at risk of ethical conflict. As a result, it is critical to adhere to professional ethics when caring for patients (Dehghani et al.,2015). Midwifery and nursing are health-care professions that involve a process that develops and feeds beliefs, attitudes, and personal behaviors, as well as providing care, treatment, and education to healthy and unwell people (Bayram and Dündar, 2011; Zean et al., 2012). Nursing code of ethics is the backbone of professional nursing. It includes the principles that nurses-midwives must adhere to when providing health care. During their professional activity, every health care provider, regardless of specialty, may encounter ethical dilemmas. As a result, the Nurse-Midwife Code of Ethics is the foundational official campus that nurses must use to provide them with the right direction (Mai et al, 2012).

Values are the existential principles that govern a person's work career. As a result, midwifery professional values are set by a midwife or a group of midwives who are accountable for delivering nursing care to their clients for both health and sickness. (Fontein-Kuipers et al, 2018). Professional values shape midwives' identity, beliefs, and principles that help them make clinical decisions, and consider consequences. Midwives' values derive from history, education, and tradition. These values are embedded in the Code of Professional Ethics, which aims to create a professional culture that supports best practices and attempts to draw boundaries around what is considered acceptable behavior for midwives such as respect for human dignity, independence and the relationship of trust between midwives and women, and the maintenance of professional knowledge (Australian College of Midwives,2014; Mai et al, 2012).

Pregnancy and labor are personal experiences for a woman. By learning about the requirements and intricacies of these phases, midwives play a critical role in protecting the health of the mother and fetus (Iravani et al, 2015). During patient care, nurses may be required to make ethical decisions. To make ethical decisions, they should have a thorough understanding to make an informed decisions and practice according to the code of ethics (Timilsina, & Bhagawati, 2017). By adhering to ethical principles and norms that express their professional commitment to society, midwives improve the quality of care, earn the pregnant woman's trust, communicate more effectively with their clients, and boost their clients satisfaction and cooperation. As a result, knowledge about professional code of ethics is a key component of the midwife's success in guaranteeing the mother's and newborn's optimum level health. To increase service quality and midwife satisfaction, it is necessary to assess midwives' knowledge to these standards, just as it is with other health care providers (Zare et al,2021).

Professional ethics appear to be essential to the nursing profession since ethical guidelines would be an essential component to improve nursing care in all areas (Toumová et al, 2021; Mohajjel-Aghdam et al, 2013). As a result, all healthcare providers must have appropriate nursing knowledge to respect their patients' rights (Yousefzadeh et al, 2017). Ethics education gives nurses and midwives the

tools they need to think critically about their own care methods, and it can also help them implement ethical rules in the field (Annuar et al, 2017). Several research found that nurses' awareness and use of ethical concepts in patient care and clinical judgments were not acceptable. Furthermore, the nurses had no true desire to use their ethical understanding in their profession (Dehghani et al.,2015). Mai et al., (2012) in a similar study found a significant gap in the professional ethical information practiced in Primary health care facilities. Therefore, Bah and Sey-Sawo (2018) stressed that nursing practitioners' training in nursing values and ethics is not limited to academic institutions. Nursing ethics and values must be taught at clinical practice facilities as well, in order to produce experienced nurses who are ethical. From the foregoing, and through the pre-test of the participants, it was found that the level of their professional and ethical knowledge did not reach the required level. Hence, the thought of preparing an instructional program for professional ethical rules, to fill these gap, and to prepare qualified nurses-midwives capable of managing the ethical dilemmas they face during clinical practice.

Background

Midwives are an essential component of maternity and child health care. Midwives' care during childbirth is an unforgettable experience, and they are expected to follow the norms and regulations that regulate their profession so that they can recognize difficulties and intervene appropriately (Maputle, & Hiss, 2010). Midwifery practice should be based on scientific knowledge and skills that provide the basis for ethical clinical decision making. Professional midwives and nurses are expected to provide quality and satisfactory nursing care to their beneficiaries (Mashigo, 2016). It requires midwives to make daily decisions about ethical practices, some of which lead to ethical dilemmas (Ito & Natsume, 2016). From the foregoing, assessing the level of knowledge of nurses-midwives working in the delivery room has become necessary to fill the shortage of ethical knowledge by preparing programs based on the instructions of the ethical code. This is in order to prepare trained nurse-midwives who are able to face the ethical problems they may face in the future. Based on the foregoing, it is necessary to know what is the level of knowledge of nurses-midwives regarding professional ethics? What is the impact of the educational program on their knowledge?.

Methods

Study design, sample and setting

Quiz experimental design (one-group pretest–posttest design). Was conducted a purposive sample consisted of 50 nurse-midwives who worked during the data collection phase in the delivery room from May 2021 - January 2022, the study targeted an alpha level of 0.05.

Data collection and tool

To collect data, a special questionnaire paper was used consisting of two parts, the first part contains demographic information about the participants (age, educational level, years of experience in the delivery room) and the second part

contains 20 multiple-choice questions by selecting a set of questions that attempt to test nurses-midwives' knowledge of professional ethics related to the ethical principles stipulated in the Code of Ethics inspired by the literature in this context (Vera, 2019) . This is to assess their level of knowledge and the need to improve it through an educational program based on lecturing, group discussion and role playing. Scoring system for questionnaire scores, 0 was given for the wrong answer and 1 for the correct answer for the multiple-choice questions. After that, knowledge was classified into two categories, poor knowledge (≤75%) and good knowledge (>75%). The Pearson correlation coefficient was used to measure the reliability of the tool. The results of this calculation indicate that the correlation coefficient is acceptable (0.0797). The validity of the questionnaire is tested by presenting it to 10 experts in the field of health and education. A score of 1 was given to the paragraph that is related to the observed phenomenon or closely related to the phenomenon, and 0 was given to the paragraph that is not related to the phenomenon or the paragraph is somewhat related. Also, consideration was given to modifying some elements according to the expert's recommendations. The results of this calculation indicate that the degree of knowledge is acceptable for the ten experts (Content Validity Index 0.96).

Ethical consideration

The study proposal was approved by the Research Ethics Committee of the College of Nursing, University of Baghdad. The data was kept confidential in a password-protected file containing all data obtained during the study. All participants provided their oral consent after being told that participation was optional and that they had the right to read the study protocol and to discuss the benefits and risks of participation with the researcher. The study is registered in the Iranian Register of Clinical Trials under reference IRCT20220104053627N1

Statistical analysis

The primary data collected was encoded and analyzed using SPSS version 24.0, then the data was subjected to descriptive analysis in the form of frequencies and percentages. Quantitative data were expressed by calculating the mean and standard deviation. The one-way ANOVA analysis was also used to find out the significance of the statistical differences between the variables of the current study at the significance level of 0.05.

Result

Table 1
Distribution of the study sample according to the demographic characteristics.

Age group	No	%
21-25 years	23	46
26-30 years	9	18
31-35 years	8	16
36-40 years	5	10
41-45 years	5	10
Total	50	100

Educational level	No	%
High school of midwifery	23	46
High school of nursing	6	12
Nursing Institute	4	8
Midwifery Institute	5	10
Bachelor of Science in Nursing (BSN)	12	24
Total	50	100
Experience years	**No**	**%**
<1 year	15	30
1-2 years	16	32
>3 years	19	38
Total	50	100

Note: The underlined numbers represent the highest percentages of the selected variables. Whereas the highest percentage was (46%) representing the age group 21-25 years. The same percentage of (46%) for the educational level was high school of midwifery. With regard to years of experience in the delivery room, the highest percentage was (38%) for those who had more or equal 3 years of experience.

Table 2
Assessment of knowledge about Ethical Rule in Delivery Room in pretest and posttest the program

	PRE-TEST						POST-TEST ONE					
items	Correct	wrong	Mean	SD	%	Level	Correct	wrong	mean	SD	%	Level
1	19	31	1.38	0.49	69	P	41	9	1.82	0.38	91	G
2	22	28	1.44	0.5	72	P	40	10	1.8	0.4	90	G
3	21	29	1.42	0.49	71	P	43	7	1.86	0.35	93	G
4	20	30	1.4	0.49	70	P	42	8	1.84	0.37	92	G
5	22	28	1.44	0.5	72	P	41	9	1.82	0.38	91	G
6	18	32	1.36	0.48	68	P	41	9	1.82	0.38	91	G
7	20	30	1.4	0.49	70	P	41	9	1.82	0.38	91	G
8	21	29	1.42	0.49	71	P	39	11	1.78	0.41	89	G
9	24	26	1.48	0.5	74	P	42	8	1.84	0.37	92	G
10	22	28	1.44	0.5	72	P	39	11	1.78	0.41	89	G
11	13	32	1.36	0.48	68	P	41	9	1.82	0.38	91	G
12	22	28	1.44	0.5	72	P	42	8	1.84	0.37	92	G
13	19	31	1.38	0.49	69	P	40	10	1.8	0.4	90	G
14	21	29	1.42	0.49	71	P	41	9	1.82	0.38	91	G
15	22	28	1.44	0.5	72	P	43	7	1.86	0.35	93	G
16	21	29	1.42	0.49	71	P	40	10	1.8	0.4	90	G
17	20	30	1.4	0.49	70	P	41	9	1.82	0.8	91	G
18	18	32	1.36	0.48	68	P	41	9	1.82	0.38	91	G
19	20	30	1.4	0.49	70	P	43	7	1.86	0.35	93	G
20	19	31	1.38	0.49	69	P	42	8	1.84	0.37	92	G

Note: By comparing the percentages of the number of erroneous answers versus the number of correct answers, the results in Table 2 reveal that there is a considerable improvement in the knowledge of nurses and midwives between the pre-test and the post-test. A nurse-midwife with a score of 75% or more has good knowledge, whereas those with a score of less than 75% have poor knowledge.

Table 3
Analysis of variance for the differences between nurses' knowledge and their age group relative to pre and post-test programs

Groups	Pre-test Knowledge				Post-test Knowledge			
	DF	SS	MS	F	DF	SS	MS	F
Between groups	4	0.011	0.003	0.502	4	1.780	0.445	8.9
Within groups	45	0.243	0.005	Ns	45	0.227	0.050	S
Total	49	0.253			49	2.007		
F critical= 2.22609					F critical= 2.22609			

df: degree of freedom, F= f-test, SS= sum square, MS= mean square, S= a significant, NS= not a significant.
Note: The ANOVA test in Table 3 indicates that there is a statistically significant differences between knowledge and the age group of nurses-midwives, as the calculated f value is greater than the tabulated F value after implementing the program.

Table 4
Analyzes variance for the differences between nurses' knowledge and their educational level relative to pre and post-test programs

Groups	Pre-test Knowledge				Post-test Knowledge			
	DF	SS	MS	F	DF	SS	MS	F
Between groups	4	1.180	0.295	1.8 NS	4	0.607	0.017	4.075
Within groups	45	7.207	0.160		45	0.186	0.004	S
Total	49	8.387			49	0.253		
F critical=2.22609					F critical=2.22609			

Note: The analysis of the data in Table 4 shows that there is a significant difference between the knowledge and the educational level after completing the program, where the calculated F value in the post test was greater than the tabulated F value.

Table 5
Analyzes variance for the differences between nurses' knowledge and their experience years relative to pre and post-test programs

Groups	Pre-test knowledge				Post-test Knowledge			
	DF	SS	MS	F	DF	SS	MS	F
Between groups	4	0.011	0.003		4	0.17	0.0445	
Within groups	45	0.243	0.005	0.502	45	0.06	0.00133	33.38
Total	49	0.254		NS	49			S

F critical=2.22609	F critical=2.22609

Note: The results of the table show the existence of a statistically significant difference between nurses-midwives' knowledge of professional nursing ethics after the teaching program and their years of experience by comparing the calculated F value that was higher than the tabular F.

Discussion

In midwifery care, the collaborative relationship between the woman and the midwife is highly essential. The midwife's personal and professional ideals influence the dynamics of this connection, such as communication and interaction (Fontein-Kuipers et al., 2018; Healy.,2016). Gaining understanding of and adhering to professional standards of ethics will improve the quality of treatment provided to clients as well as their satisfaction (Ulrich et al.,2014). As a result, the current study aims to assess nurses-midwives' professional ethics knowledge as well as the effectiveness of ethics staff training through scenario-based learning and group discussion in nurse-midwives' commitment to professional ethics in the delivery room. Therefore, the focus of this section will be on discussing study variables that may have contributed to improved knowledge of professional ethics among nurse-midwives. In terms of socio-demographic characteristics, the results of the study showed that 46% were of the age group 21-25.

By reviewing the results, it was found that although the majority of participants have experience of at least 3 years in the field of obstetrics, their knowledge of professional ethics is not up to the required level, as shown by the results of Table 2 of the pre-test. This indicates the existence of a knowledge gap regarding professional ethics . Therefore, the aim of the current study was to improve the knowledge of nurses-midwives about the rules of professional ethics by preparing an educational program for the principles of ethical behavior based on the Iraqi Code of Ethics issued in 2009 in an attempt to apply these values in the delivery room. Through Table 2, the results showed a significant improvement in the knowledge of nurses-midwives by comparing the answers between the pre-test and the post-test, where the program had a clear impact in moving from a poor level of knowledge to a good level. Similarly, the results of the current study agreed with Osingada et al., (2015); Su et al., (2012) where they found that continuing education for health care providers in professional ethics was necessary in improving knowledge and ethical performance.

Finally, with regard to the socio-demographic variables of the participants, the results of the statistical analysis in Tables 3,4,5 that when a one-way ANOVA test was applied showed the existence of a statistically significant difference between knowledge, age group, educational level and years of experience in the delivery room, where the value of F calculated in the mentioned tables appeared greater than the tabular F after the completion of the instructional program. This is consistent with the alternative research hypothesis (the presence of statistically significant differences between the mean score of knowledge before and after conducting the program). This can be explained by the fact that the age group

plays an important role in the knowledge of nurses-midwives about professional ethics through the degree of qualification and the accumulation of experiences.

The results of the current study are in line with Mohamed and Mohamed (2020), where the results of their study showed a statistically significant correlation between nurses' knowledge of professional ethics and their demographic variables (age, academic achievement and years of experience). In a study comparable to Hafez, Mohamed, and Sobeh. 2016, they found that knowledge score is statistically related to age and years of job experience. While Zakaria, Sleem, and Seada, (2016) discovered that nurses' knowledge of professional ethics was unrelated to the demographic factors of the study participants. In ethically difficult situations, the correct response is not obvious to a professional, and numerous judgements are reasonable. It is here that theories and ethical rules can help individuals in understanding the problem and making decisions (Monteverde, 2014). Therefore, the current study adopted the MidEthics model as a theoretical framework to improve the knowledge of nurses-midwives. According to this model, case study and group discussion are among the most effective interventions in improving knowledge and increasing efficiency (Oelhafen et al.,2017). In this context, Bilal et al., (2017) emphasized that the use of integrated educational methods in continuing medical education within health institutions is effective in bridging knowledge gaps regarding professional ethics and how to deal with patients and their families during professional practice. Momennasab et al., (2021) also indicated that the participation of groups of individuals in presenting different views on a particular problem and sharing their ideas enables the individual to better focus on acquiring knowledge.

Conclusion

In light of the results, the study concluded that the nurses-midwives working in the delivery room at the Obstetrics, Gynecology and Children Hospitalhave insufficient knowledge of professional ethics. The knowledge of nurses-midwives was influenced by age group, educational level as well as years of experience. Based on the results of the current study, the study recommends updating health care professionals' professional ethical information in all nursing specialties with the purpose of improving nursing realities and preventing unethical practices that lead to legal litigation through the implementation of training courses in this field. Also design and implement a special protocol for nurse-midwives working in the delivery room to enhance their compliance with ethical issues regarding reproductive care

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