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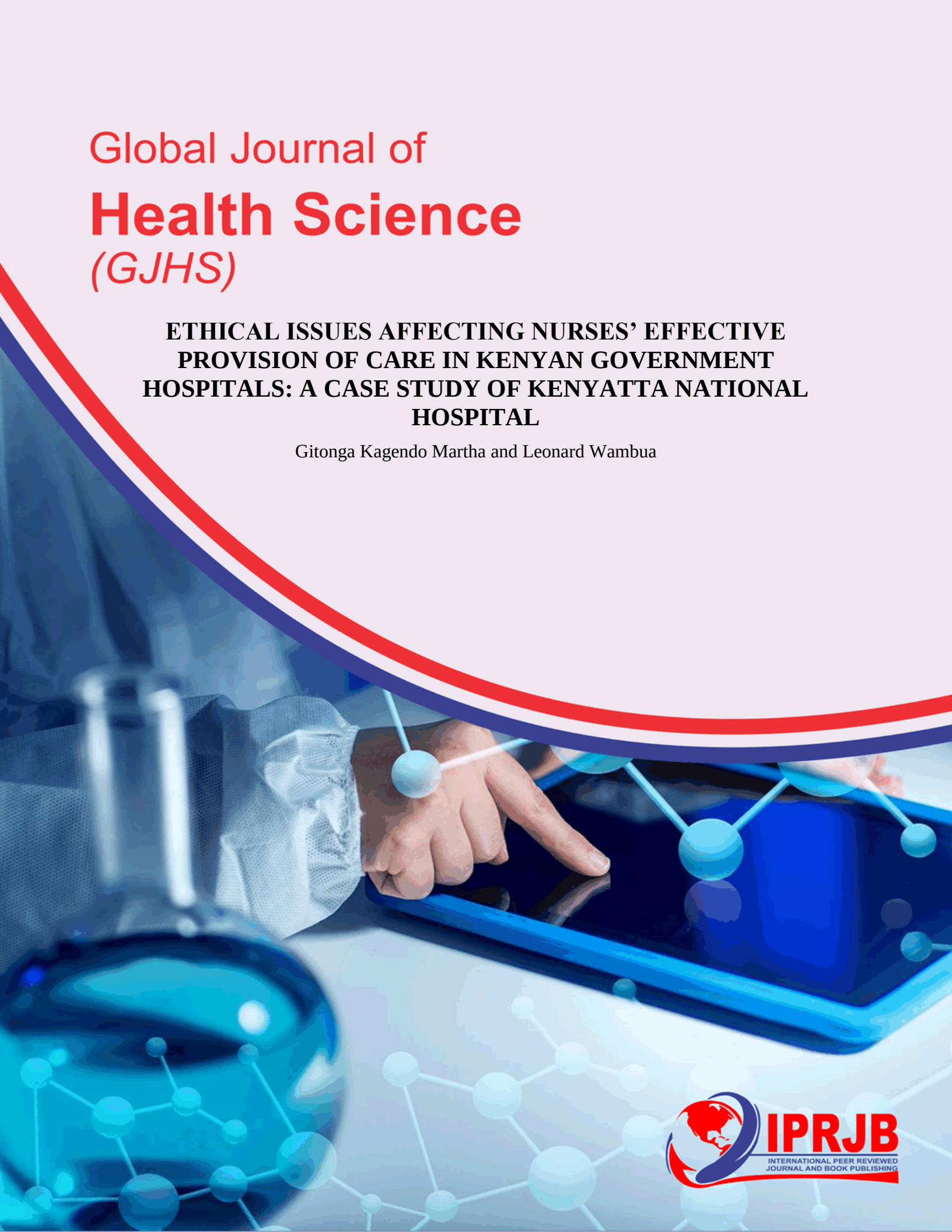

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ETHICAL ISSUES AFFECTING NURSES' EFFECTIVE PROVISION OF CARE IN KENYAN GOVERNMENT HOSPITALS: A CASE STUDY OF KENYATTA NATIONAL HOSPITAL

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Abstract

Purpose: The purpose of the study was to establish the ethical issues affecting nurses' effective provision of care in government hospitals with Kenyatta National Hospital as the case study.

Methodology: The research design was a descriptive survey. The target population comprised of all nurses in KNH. Stratified random sampling was used to group respondents per department and simple random sampling was used to select respondents per stratum. A sample of 366 respondents was used. Questionnaires were then be used to obtain primary data. The Statistical Package for Social Sciences (SPSS version 12) was used to analyse quantitative data and presented using descriptive statistics.

Results: The findings indicated that risk to health had a positive and significant effect on provision of care as indicated by (r=0.455, p=0.000).Nurse_ Physicians conflict had a positive and significant effects provision of care as supported by (r=0.310, p=0.005). Informed consent had a positive and significant association to provision of healthcare as supported (r=0.513, p=0.02). Finally, Consent to treat Information with confidentiality also had a positive and significant association with provision of health care (r=0.051, p=0.000).

Policy recommendation: The results will be used by the management of KNH to understand the ethical issues faced by nurses, so as to make policies and procedures that will broaden areas that nurses can make decisions concerning effective patients' care. Management in public hospitals and colleges can also incorporate ethical trainings into the curriculum and short training courses. They can also form ethical committees to help nurses deal with ethical issues encountered. Future researchers will find the research findings helpful as they will use them as reference points or benchmarks in their endeavour to do more research.

Key words: *possible risk to health, nurse- physician conflicts, informed consent, information confidentiality,*

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1.0 INTRODUCTION

The health care and medical sections are the key pillars that any country can ever boast of because its greatest wealth is health. The life of the citizens will depend largely on how effective and efficient the healthcare and medical fields are handled and managed. Until recently, philosophers took little interest in medical practice or physicians' codes of ethics (Donatus, 2011). Ethical conflicts are pervasive in today's healthcare settings, where organizations are trying to do more with less and medical advances and life-extending treatments often cause suffering. When unable to do what they consider the correct action, clinicians; nurses and other healthcare providers, may experience moral distress. Healthcare leaders can start by helping clinicians learn how to recognize moral distress and point them to resources to help address it (Wood, 2014).

Nurses are expected to be ethical in their daily practice. Since the period of Nightingale, social expectations about what it means to be a ''good nurse'' have changed. Currently, the role of nurses as advocates for patients and their families has been recognized as a critical practice of a ''good nurse,'' thus, nurses need not only make their own ethical decisions but also support their patients' decision making during nursing practice. Identifying and understanding ethical issues surrounding patient care is the first step in making ethical decisions in nursing practice. When nurses are frequently challenged by ethical issues in their daily nursing practice and must make decisions, they are likely to be distressed by these situations. Sometimes, such issues can result in negative impacts on nursing practice such as increasing burnout, decreasing job satisfaction, job attrition, or a threat to the quality of patient care. Thus, ethical issues are a foremost concern of nursing leadership (Park, Jeon, Hyun, & Sung, 2014).

Dehghani, Leili and Nahid (2015) argues that an inherent part of nursing is to respect human values, rights and dignity. From a clinical point of view, nursing has three basic principles; caring, ethics and clinical judgment. These points to five elements that are epistemological and fundamental to nursing: knowledge of nursing, art of nursing, individual knowledge, ethics of nursing, and sociopolitical knowledge. From moral and philosophical perspective, nursing ethics incorporates using of critical thinking and logical reasoning in clinical practice on the basis of values. They further suggest that ethical commitment to care is an integral part of nursing practice in nurse-patient relationship.

Pegueroles, Canut, Merino, Tricas, and Olmos (2015) identified three types of ethical conflict that the nurse might experience in caring for an individual or a group: moral uncertainty, moral dilemma, and moral distress. Moral uncertainty occurs when the individual intuits a conflict of an ethical nature but is unable to identify the values and ethical principles involved, which prevents decision making. The nurse perceives that something is not going as well as it might. A moral dilemma occurs when the nurse observes that two or more ethical principles are involved in the making of a decision, each of which offers up a different course of action, thereby making it difficult to choose between them. The moral dilemma is a conflict of values, so the solution implies having to sacrifice one of them, which is necessarily a complex circumstance.

Many nurses may find it difficult to carry out their ethical obligations to patients due to the insufficiency in staffing. Because of this shortage, many nurses complain that they experience

emotional distress and job dissatisfaction and end up not providing quality care to their patients. Such nurses end up in an ethical dilemma, whereby they must choose between caring for their own welfare or the needs of their patients. One ethical obligation nurses must fulfill during their daily duties involves ensuring they protect patients from any harm. However, due to staffing shortages, nurses find this challenging because the hospital where they work assigns them to care for several patients. In so doing, the hospital sets unrealistic goals, especially if these patients need specialized care due to terminal illnesses. (Lowrie, 2016).

Moral distress occurs when the nurse experiences difficulty in acting according to his or her own morality due to an external barrier. Unlike the types of conflict described above, in moral distress, the nurse is conscious of the values and an ethical principle involved in a situation and is able to identify the action best suited to the care of the patient but cannot carry it out because someone or something prevents doing so. The nurse, then, is unable to translate the moral decision or option into moral action (Pegueroles, et al, 2015).

Globally nurses are experiencing ethical issues in health and nursing due to a variety of problems which include austerity measures, cutting costs and driven by having to set targets. These measures are in most cases implemented at the cost of patient care, their fundamental basic human rights of respect and human dignity. The inquiry of the Stafford Scandal in England (McFarnon, 2013)) established that health care was driven by cost-cutting and a target-centered atmosphere which, as reported by Andrew Lansley the Health Secretary, resulted in 'a culture of fear that existed in which staff did not feel able to report concerns' and 'a culture of secrecy' (McFarnon, 2013).

Developing countries like Kenya still face critical issues in its healthcare systems. Some of these issues include brain drain to fast developing countries like South Africa, Europe America and the Middle East, causing human personnel in the healthcare sector to be outweighed by the rising population of patients. In Kenya specifically, healthcare personnel especially the doctors and nurses work long hours before taking breaks, low emoluments with no job compensation. These often causes most of its qualified young doctors and nurses not to only have low motivation and concentration in their vocational jobs but also great temptations to look for better well paying jobs in the private sector and foreign countries who have expressed either directly or indirectly their need for such doctors and nurses from many third world countries (Donatus, 2011).

The government has set laws and regulations regarding the conduct of public officers. However to be precise, sanity and success in healthcare service provision in Kenya cannot be achieved by a decree but by employing professional codes, religious principles, ethical theories and principles (Donatus, 2011).

In a study by Donatus (2011) on the ethical and moral issues in the health care systems in Kenya among physician performance, nursing care and professionalism, eight provinces of Kenya were examined due to their cultural similarity. Research questionnaires were prepared and hand delivered to top administrators, employees, students pursuing healthcare professions, religious leaders and patients as well as private cooperates, government officials in Kenya especially in research regions. A major finding was found to be the weakening influence of the healthcare institutions to instill ethical concerns on the physicians, nurses and other members of society on

healthcare management in Kenya. It was recommended that ethics should be employed to help in healthcare management and reinvent the affected parties especially the patients, nurses, physicians and healthcare institutions at large. This was to involve healthcare management aided by ethical theories and values of humane living, through establishment of ethical committees whose members live by ethical standards of honesty, integrity, commitments and accountability.

Jostine (2012) in a research carried out on ethical dilemmas experienced by nurses working in critical care units in Kenyatta National Hospital argued that the complex nature of the health problems faced by patients admitted in lCU coupled with extensive use of very sophisticated technology required rapid decision making, leading to ethical dilemmas. Nurses in the Kenyan public hospitals are not any different particularly considering KNH which is a public hospital having the biggest lCU in the country. The led admits patients from various walks of life and the nurses have diverse socio-demographic factors. However their perception and magnitude of ethical dilemmas they face while working in these areas and how they resolve them need to be studied further (Jostine, 2012).

1.1 Statement of the Problem

Ethics ought to be a major component of the Kenyan healthcare system. As technology advances, laws are developed to govern the developments; however ethics are used to shape and influence the practical application of the processes before the laws are created. Even in fields that are dictated by legal guidelines, ethics are important contributors to the behavior of the professionals within the market.

Nurses from different practice areas in KNH encounter specific types of ethical issues with different frequencies. They should be knowledgeable about the special issues encountered in their own nursing area. The legal and ethical issues frequently confronted by oncology nurses include advance directives such as ‘do not resuscitate’ (DNR) orders, informed consent to treatment, medication errors related to chemotherapy, and over- or underuse of pain management. Those in preoperative departments encounter issues related to protecting patient rights and human dignity, informed consent, or providing care with a possible risk to the nurse’s own health. Nurses in intensive care units (ICUs) often experience end-of- life issues including prolonging the dying process with inappropriate measures, whether or not to resuscitate and conflict in the nurse–physician relationship. Further, nurses from different backgrounds, including age, gender, education level, knowledge of ethics, or experience as a nurse may impact their individual ability to recognize ethical issues in their clinical areas.

From the above argument, it is notable that nurses from all departments have some very similar ethical issues and dilemmas that face them on a day to day basis. They often make decisions in an attempt to protect their own health, whereas such decisions may compromise patient care. Consequently, this may result in the infringement of a patient’s rights and human dignity and could result in litigation against a health institution. It is important that these issues be regulated and correctly assessed and addressed in order to properly meet patient needs while maintaining appropriate levels of healthcare function. The failure to equate these issues with other matters of ethical importance would be detrimental to the successful management of a healthcare

organization. It is therefore imperative that a scientific investigation be undertaken to determine the ethical issues in nursing practice which confront the nurses in government hospitals.

1.2 Objectives of the Study

i. To establish the extent to which providing patient's care with possible risk to health affects nurses' effective provision of care at KNH.
ii. To determine the effect of nurse- physician conflicts on nurses' effective provision of care at KNH.
iii. To identify the extent to which presence or absence ofpatients' informed consent to treatment affects nurses' effective provision of care at KNH.
iv. To analyze the effect ofinformation confidentiality on nurses' effective provision of care at KNH.

2.0 LITERATURE REVIEW

2.1 Empirical Review

2.1.1 Possible Risk to Health

Although health care has been practiced for years where hundreds of thousands of workers are engaged in it, little is known about ways to prevent work-related infectious illnesses in this important group. Some infections facing them include multiple-drug resistant tuberculosis, the spread of human immunodeficiency virus and other blood-borne pathogens. Furthermore, health care has moved from the traditional hospital setting into ambulatory, home, and other non institutional settings, thus increasing the complexity of worker protection measures. Steps to ensure the safety and health of health care workers must therefore include research and action that lead to identifying workers at risk; planning; education; providing necessary equipment and assuring adequate staffing; using appropriate techniques and precautions; immunizing workers; appropriately isolating patients; record-keeping; and evaluation(Clever & LeGuyader, 2005).

2.1.2 Nurse- Physician Conflicts

Hartog and Benbenishty (2014) did an analysis of various studies that had been carried out previously on the nurse- physician conflicts in various hospitals. They argued that Effective collaboration was fundamental to optimize the medical care provided to critically ill patients and improve staff outcomes. In their opinion, there is a positive relationship between collaboration, ethical climate and job satisfaction. Conflicts between nurses, physicians and other clinicians threaten to disrupt team collaboration and negatively influence patient and family well-being, job satisfaction, staff burnout, intention to quit and health expenditure. Intra-team disagreements commonly occur about goals of care and the role of life-sustaining interventions. In some of their reviews, they looked at a French multicenter survey which had concluded that conflicts in general were perceived by 72 % of staff interviewed at least once a week with nurse–physician conflicts being the most common. In another nation-wide US survey, responding surgeons reported sometimes or always experiencing conflicts with ICU nurses about the goals of post-operative care and end of life decisions on whether to stop the suffering of very sick patients

through stopping of breathing machines among others. They concluded that understanding what drives conflicts or how they may be resolved is important to achieve and sustain a satisfying, healthy and restorative work place which is effective at saving lives and supporting families (Hartog&Benbenishty, 2014).

2.1.3 Informed consent

According to the Center for Disease Control and Prevention (2012), rights to informational privacy often may be compromised in the context of an emergency. Routine systems or processes for protecting information and maintaining confidentially may have broken down. Identifiable health information regarding sensitive medical conditions may need to be shared to help those in need. In normal times, special mechanisms are in place to protect confidentiality of diagnosis and treatment, but these are subject to disruption during an emergency. Concerns about health information privacy may be heightened for those with a history of mental health disorders. Public health and emergency responders should work to protect the privacy of health data even during emergencies and operate consistent with a "need to know" basis where information should be shared to provide assistance or, in rare cases, protection.

2.1.4 Information Confidentiality

Farley (2002) argues that the right to privacy is based on two principles. The first, human dignity, is the potential grounding of all human rights; the second, respect for individual freedom, or autonomy, is an articulation of the right to make personal decisions without others' intervention. Managing the way one is viewed is commonly an important element of one's personal identity and social relations. According to Olsen(1998), privacy provides an individual with a boundary between self and others and allows limitations and controls to be placed on what is presented publicly and to a few others. Confidentiality on the other hand presumes restrictions on the ready access to a person's health care information.

2.2 Theoretical review

2.2.1 Immanuel Kant Deontological Theories

In deontological theories actions are judged as ethical or unethical based on duty or the intentions of an actor. The most important defender of deontological ethics is Immanuel Kant. Kant's ethical theory includes duty for the sake of duty without regard to human happiness. An action is morally right if it is in agreement with moral rules/norms. A man should place a moral norm upon him and obey it. This is his duty. He should then, on his own, be able to determine through reasoning what is morally correct. (Yeliz, 2011). The deontological theory states that people should adhere to their obligations and duties when analyzing an ethical dilemma. This means that a person will follow his or her obligations to another individual or society because upholding one's duty is what is considered ethically correct. For instance, a deontologist will always keep his promises to a friend and will follow the law. A person who follows this theory will produce very consistent decisions since they will be based on the individual's set duties (Rainbow, 2002). In a hospital setup, it is the duty of all medical staff to look after their patients. Whether they have conflicts within themselves such as between the nurses and physicians, their duty is to offer care to their patients. Additionally, when faced with a dilemma where there is a

possible risk to them, the duty to the patient should come first as this is their oath. Therefore when faced with an ethical dilemma that concerns care of the patients, their first duty is to that needy helpless individual.

3.0 METHODOLOGY

The research design was a descriptive survey. The target population comprised of all nurses in KNH. Stratified random sampling was used to group respondents per department and simple random sampling was used to select respondents per stratum. A sample of 366 respondents was used. Questionnaires were then be used to obtain primary data. The Statistical Package for Social Sciences (SPSS version 12) was used to analyze quantitative data and presented using descriptive statistics.

4.0 RESULTS FINDINGS

4.1 Response Rate

The number of questionnaires that were administered was 366. A total of 304 questionnaires were properly filled and returned. This represented an overall successful response rate of 93.6% as shown on Table 1. According to Mugenda and Mugenda (2003) and also Kothari (2004) a response rate of 50% is adequate for a descriptive study. Babbie (2004) also asserted that return rates of 50% are acceptable to analyze and publish, 60% is good and 70% is very good. Based on these assertions from renowned scholars 93.6% response rate is adequate for the study.

Table 1: Table showing Response Rate

Response	Frequency	Percent
Returned	304	93.6%
Unreturned	62	6.4%
Total	366	100%

4.2 Demographic Characteristics

This section consists of information that describes basic characteristics such as gender of the business owner, level of education of the business owner, age of the business owner and age of the business.

4.2.1 Gender of the Respondents

The respondents were asked to indicate their gender of the respondents. Majority of the respondents were female who represented 63% of the sample while 37% were male. This implies that most of the nurses in the Kenyatta National Hospital are female. This can also imply that nursing is a female dominated occupation.

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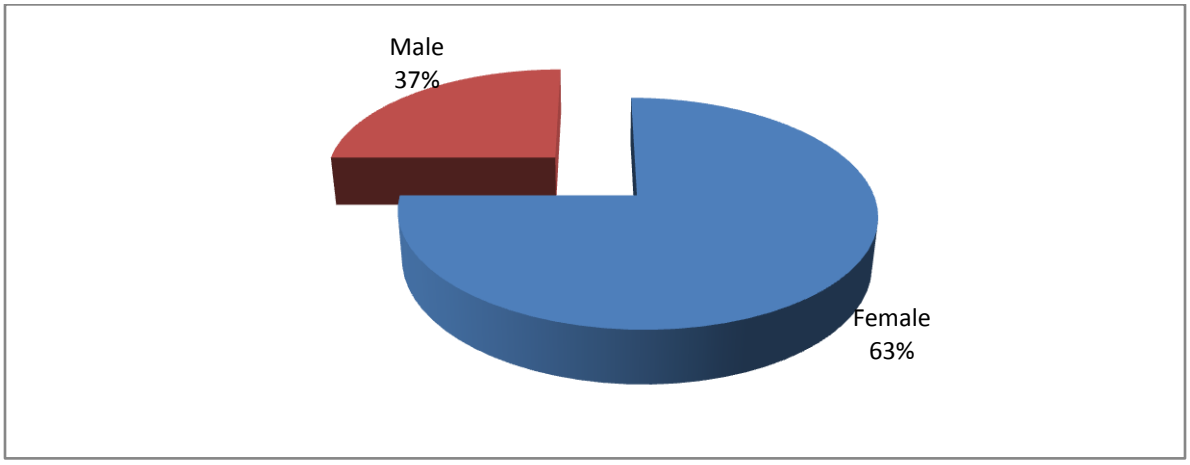

Figure 1: Figure showing Gender of Respondents

4.2.2 Age of the Respondents

The respondents were asked to indicate their Age in Years. Majority of the respondents (46.1%) indicated they were 31-40 years, 24.7% were below 30 years, 19.4% were 41-50 years and 9.9% were above 50 years. This shows that majority of the nurses in Kenyatta National Hospital were older nurses and these were expected to have a good background of the operations within the hospital. This also implies that the respondents provided informed responses that were of great relevance to this study.T his agrees with Larnsen (2012) that the age of a person is directly proportional to their input in the work coupled with experience hence the longer employees stick with their organization, the more experienced they become with the working environment.

Table 2: Table showing Age of the Respondents

	Frequency	Percent
Below 30 Years	75	24.7
31-40 Years	140	46.1
41-50 Years	59	19.4
Above 50 Years	30	9.9
Total	304	100

4.2.3 Marital Status

The respondents were asked to indicate their Marital Status. Most respondents were married representing 64.8%, 28.9% were single while 6.3 % were neither married nor single. This can also imply that most of the respondents were married

Table 3: Table showing Marital Status

	Frequency	Percent
Single	88	28.9
Married	197	64.8
Any Other	19	6.3
Total	**304**	**100**

4.2.4 Level of Education of the Respondents

The respondents were asked to state their levels of education. Results in Table 4 show that a majority 50% of the respondents had attained education up to Degree, 35.9% Diploma level, 10.2 % masters level while 3.9 % had attained a Certificate. This implies that the Nurses at Kenyatta National Hospital are educated.

Table 4: Table showing Level of Education of the Respondents

	Frequency	Percent
Certificate	12	3.9
Diploma	109	35.9
Degree	152	50
Masters	31	10.2
Total	**304**	**100**

4.2.5 Years of Work

The respondents were asked to indicate the number of years they had worked in Kenyatta Hospital. Results in Table 5 show that majority of the respondents (52.3%) had worked for 1- 10 years, 30.3% 11-20 years, 35% 21-30 years, 11.5% 21-30 years while 18% had worked for more than 30 years. The results show that most of the respondents had worked in Kenyatta Hospital

for a long period of time implying that they filled in the questionnaire from an informed position.With regard to this topic, the questionnaire targeted the right group as nurses are well equipped with the information concerning the operations of the organization.

Table 5: Table showing Years of Work

	Frequency	Percent
0-10 Years	159	52.3
11-20 Years	92	30.3
21-30 Years	35	11.5
Above 30	18	5.9
Total	304	100

4.3 Descriptive Statistics

This section presents the descriptive results of ethical issues affecting nurses' effective provision of care in Kenyan government hospitals: a case study of Kenyatta national hospital in Kenya.

4.3.1 Providing patient's care with possible risk to health

The study sought to establish whether providing patient's care with possible risk to health affects nurses' effective provision of care in Kenyan government hospitals particularly in Kenyatta National Hospital. The responses were rated on a likert scale and the results presented in Table 6 below. A majority of the respondents (62.8%) agreed that they were exposed to medical infections, conditions and patients' treatments that were harmful to their health in Kenyan government hospitals particularly in Kenyatta national hospital. Above 55.5% agreed that they were required to perform services which in their opinion were harmful to their health in Kenyan government hospitals particularly in Kenyatta national hospital. About 55.5% agreed that they occasionally faced both physical and emotional trauma when attending to patients or relatives. A further 55.9% agreed they frequently got overwhelmed by the amount of work in their department. A staggering 61.9 % agreed that they often failed to offer adequate attention and nursing care to patients due to burnout resulting from nurse shortages. A majority (62.8%) agreed that in their opinion, protecting themselves was a bigger priority than providing care to a patient in Kenyan government hospitals particularly in Kenyatta national hospital.Finally, 55.5% agreed that worrying about the risks they faced affected their performance and output.

On a five-point scale, the average mean of the responses was 3.42 which means that majority of the respondents were agreeing to the statements in the questionnaire; however, the answers were varied as shown by a standard deviation of 1.44.

The study findings were supported by The Center for Disease Control and Prevention (2012) in a report to Johns Hopkins Bloomberg School of Public Health who noted that new conditions, such as post-traumatic stress disorder, may emerge in some persons as a result of an emergency. Large-scale emergencies may affect the mental, behavior and health of first responders, public health officials, health care workers, and others involved in response efforts. Depending on the particular mental and behavioral health issues that arise, individuals may need to access mental health services during and/or after a declared emergency (Crossroads Hospice Charitable Organization, 2016).

Table 6:Table showing provision of patient's care with possible risk to health

Statements	SD	D	N	A	SA	Mean	Std. Dev
I am exposed to medical infections, conditions and patients' treatments that are harmful to my health	15.50%	16.80%	4.90%	32.20%	30.60%	3.46	1.46
I am required to perform services which in my opinion are harmful to my health.	12.20%	19.40%	13.50%	31.60%	23.40%	3.35	1.34
I occasionally face both physical and emotional trauma when attending to patients or relatives	16.40%	14.10%	11.20%	24.30%	32.20%	3.38	1.50
I often fail to offer adequate attention and nursing care to patients due to burnout resulting from nurse shortages	17.20%	15.20%	7.60%	29.00%	31.00%	3.41	1.48
In my opinion, protecting me is a bigger priority than providing care to a patient.	18.80%	11.20%	8.20%	24.70%	37.20%	3.5	1.53
Worrying about the risks I face affects my performance and output.	12.50 %	17.80 %	14.50 %	33.90 %	21.40 %	3.34	1.32
Average						**3.42**	**1.44**

4.3.2 Nurse Physician Conflicts

The respondents were also asked to indicate if nurse _physician conflicts existed in Kenyatta National Hospital. Results in figure 4.2 reveal that majority (88.2%) agreed while 11.8 % disagreed. This indicates that nurse _physician conflict exists in Kenyatta National Hospital and affects effective provision of care in Kenyan government hospitals and particularly in Kenyatta National Hospital.

The results were supported byAmsalu, Boru, Getahun, and Tulu (2014) study on the attitudes of nurses and physicians towards nurse-physician collaboration and the level of satisfaction with regard to quality of collaboration between them at Referral Hospitals of Northwest Ethiopia. Generally, this study concluded that neither nurses nor physicians were satisfied with their current collaboration. The major area of conflict was psychosocial and educational aspects of patient care, as well as the feeling by nurses that doctors tended to take totally dominant physician role thus patients' care was compromised.

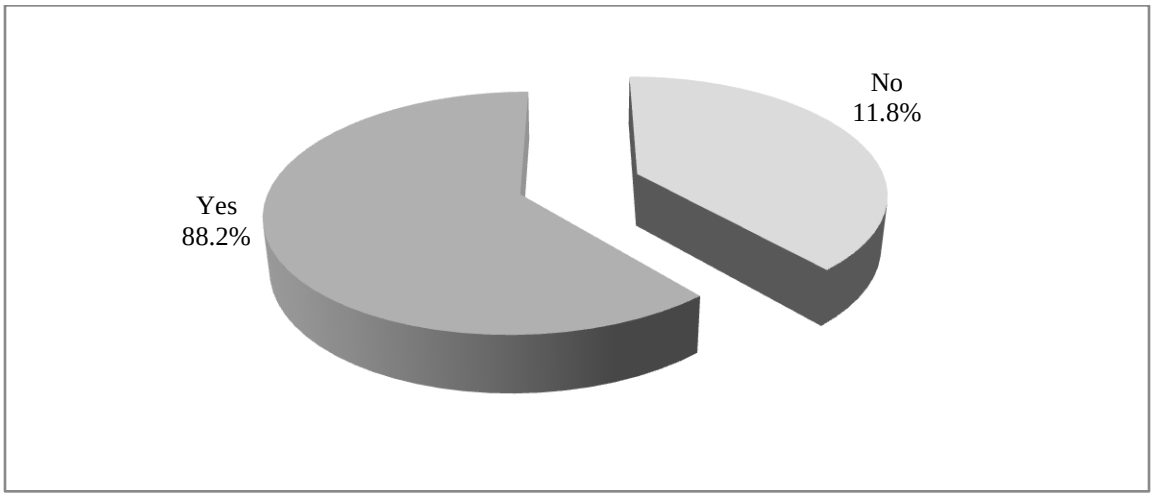

Figure 2: Figure showing presence of Nurse Physician Conflicts

The respondents were also asked to indicate if conflicts disrupted teamwork and job satisfaction in Kenyatta National Hospital. Results in figure 4.3 reveal that majority (88.2%) agreed while 11.8 % disagreed.This indicates that conflicts disrupted teamwork and job satisfaction in Kenyatta National Hospital thusaffecting effective provision of care.

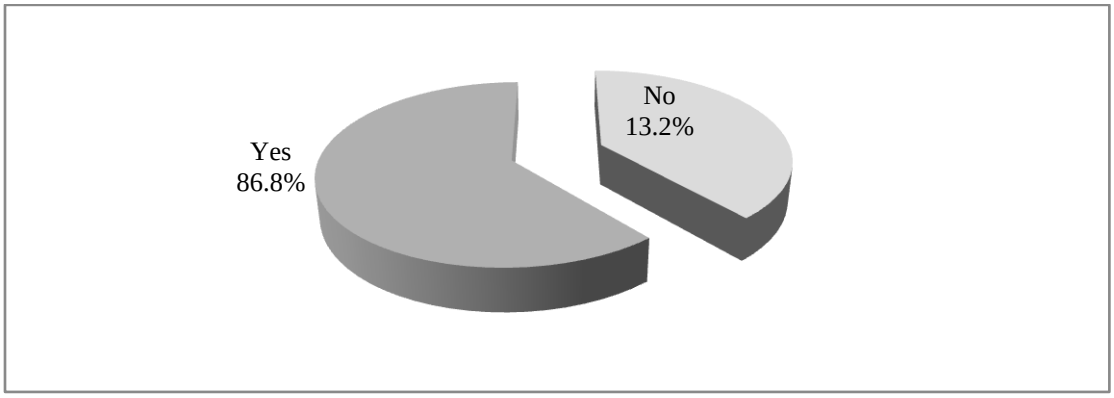

Figure 3: Figure showing Conflicts Disrupts Teamwork and Job Satisfaction

The study sought to establish whether the following statements affected health care provision in their departments. The responses were rated on a likert scale and the results presented in Table 7 below. A majority of the respondents (57.9%) agreed that perceived inequalities where physicians took a totally dominant role in patient's care caused nurse- physician conflicts in Kenyan government hospitals particularly in Kenyatta national hospital. A further 56.2% agreed that devaluing of nurses' knowledge by the physician's caused nurse- physician conflicts. About 49% agreed that expectation of nurses to obey physicians' instructions even when deemed wrong further caused nurse- physician conflicts. Above 51.7% agreed that giving the right information to patients/ relatives when it contradicts with the physiciancaused nurse- physician conflicts. Finally, 50.4 % of the respondents agreed that interpersonal relationships with physicians caused nurse- physician conflicts. On a five point scale the average mean of the responses was 3.26 which means that majority of the respondents were agreeing to the statements in the questionnaire; however, the answers were varied as shown by a standard deviation of 1.36.

Table 7: Table showing effect of Nurse Physician Conflicts on nursing care

Statements	SD	D	N	A	SA	Mean	Std. Dev
Perceived inequalities with physicians taking a totally dominant role.	16.40%	13.80%	11.80%	31.90%	26.0%	3.37	1.42
Devaluing of Nurses' knowledge by the physicians	15.10%	12.80%	15.80%	26.60%	29.6%	3.43	1.41
Expectation of nurses to obey physicians' instructions even when deemed wrong.	21.70%	19.40%	9.90%	34.20%	14.8%	3.01	1.41
Giving the right information to patients/ relatives when it contradicts with the physician.	10.20%	20.40%	17.80%	40.50%	11.2%	3.22	1.19
Interpersonal relationships	15.80%	14.10%	19.70%	30.30%	20.1%	3.25	1.35
Average						**3.26**	**1.36**

4.3.3 Patients informed consent to treatment

The study sought to establish whether presence or absence of patients' informed consent to treatment affected effective provision of care in government hospitals in Kenya. The responses were rated on a Likert scale and the results presented in Table 8 below. A staggering 66.7% agreed that there was an informed consent system in KNH. Majority (63.8%) agreed that nurses

take time to fully explain all procedures they intend to perform on patients in. A further 52.3% further agreed that every patient understands and had the capacity to freely give. About 63.2% also agreed that sometimes it was difficult to judge whether some patients had understood thus able to give consent in KNH. Above 61.2% agreed that it was right for family members to give consent on behalf of an incapacitated patient.A majority (55.6%) agreed that it was right for nurses/ doctors to give consent on behalf of an incapacitated patient. A further 61.2% agreed that health information of patients was treated with respect and sensitivity while 61.4%agreedthat individual right to give consent must be respected despite one's capacity. Finally, 61.2% agreed that when consent has not been given, care should be withheld. On a five point scale, the average mean of the responses was 3.4which means that majority of the respondents were agreeing to the statements in the questionnaire; however the answers were varied as shown by a standard deviation of 1.5.

Table 7: Table showing Patients informed consent to the treatment

Statements	SD	D	N	A	SA	Mean	Std. Dev
There is an informed consent system in KNH.	22.7%	7.6%	3.0%	14.1%	52.6%	3.7	1.7
Nurses take time to fully explain all procedures they intend to perform on patients.	15.1%	15.8%	5.30%	25.3%	38.5%	3.6	1.5
Every patient understands and has the capacity to freely give consent.	16.8%	19.1%	12.2%	28.3%	23.7%	3.2	1.4
Sometimes it is difficult to judge whether some patients have understood thus able to give consent.	10.2%	18.1%	8.6%	38.5%	24.7%	3.5	1.3
It is right for family members to give consent on behalf of an incapacitated patient	16.1%	12.2%	10.5%	32.6%	28.6%	3.5	1.4
It is right for nurses/ doctors to give consent on behalf of an incapacitated patient	17.1%	16.1%	11.2%	31.%	24.0%	3.3	1.4
Health information of patients is treated with respect and sensitivity.	19.5%	9.3%	8.3%	24.2%	38.7%	3.5	1.5
Individual right to give consent must be respected despite one's capacity.	18.8%	13.9%	5.9%	25.4%	36.0%	3.5	1.5

When consent has not been given, care should be withheld	16.4%	13.8%	19.4%	24.0%	26.3%	3.3	1.4
Average						**3.4**	**1.5**

4.3.4 Information Confidentiality

The study sought to establish the effect of information confidentiality on nurses' effective provision of care in Kenyan government hospitals.The responses were rated on a likert scale and the results presented in Table 9 below. A majority of the respondents (59%) agreed that they had access to all information concerning patients under their care. A further 55.5%) agreed that they often felt compelled to share this information with other health personnel who may or may not be directly involved in the patient's care. About 47.2% agreed that they always got the patient' consent when compelled to share their private information with relatives. Above 60 %agreed that patients had often failed to disclose their conditions to relatives even when their relatives were directly at risk.Finally, 55.5% agreed that in their opinion, it is the duty of the nurse/physician to give information to relatives when this information is for both their protection as well as the patients. On a five point scale, the average mean of the responses was 4 which means that majority of the respondents were agreeing to the statements in the questionnaire; however the answers were varied as shown by a standard deviation of 1.36.

Table 8: Table showing the effect of Information Confidentiality

Statements	SD	D	N	A	SA	Mean	Std. Dev
I have access to all information concerning patients under my care	14.2%	19.8%	6.9%	35.6%	23.4%	3.34	1.3
I often feel compelled to share this information with other health personnel who may or may not be directly involved in the patient's care	12.2%	23.1%	17.5%	29.7%	17.5%	3.17	1.3
I always get the patient' consent when compelled to share their private information with relatives.	11.2%	20.5%	12.9%	38.9%	16.5%	3.28	1.2
Patients often fail to disclose their conditions to relatives even when their relatives are directly at risk	12.9%	16.5%	13.2%	30.0%	27.4%	3.42	1.3

In my opinion, it is the duty of the nurse/physician to give information to relatives when this information is for both their protection as well as the patient's	15.1%	13.8%	6.6%	34.9%	29.6%	3.5	1.4
Average						**3.3**	**1.3**

4.4 Inferential Statistics

Inferential analysis was conducted to generate correlation results, model of fitness, and analysis of the variance and regression coefficients.

4.4.1 Correlation Analysis

The Table 10 below presents the results of the correlation analysis. It shows that ethical issues facing nurses has a positive and significant effect on provision of care in government hospitals in Kenya. The findings indicated that risk to health had a positive and significant effect on provision of care (r=0.455, p=0.000). Nurse_ Physicians conflict had a positive and significant effectprovision of care (r=0.310, p=0.005). The table further indicates that Informed consent has a positive and significant association provision of healthcare (r=0.513, p=0.02). Finally, consent to treat information with confidentiality had a positive and significant effect on provision of health care (r=0.051, p=0.000).

Table 9: Table showing Correlation Matrix

Variable		**Possible risk to health**	**Nurse_ Physicians conflict**	**Informed consent to treatment**	**Information confidentiality**	**Effective care provision**
Patients care with possible risk to health	Pearson Correlation	1				
	Sig. (2-tailed)	0.455				
Nurse_ Physicians conflict	Pearson Correlation	0.310	1			
	Sig. (2-tailed)	0.040				
Informed consent to	Pearson Correlation	0.513	0.512	1		

treatment						
	Sig. (2-tailed)	0.000	0.000			
Information confidentiality	Pearson Correlation	0.051	0.663	0.661	1	
	Sig. (2-tailed)	0.742	0.000	0.000		
	Pearson Correlation	0.52	0.31	0.44	0.25	1
Effective care provision	Sig. (2-tailed)	0.000	0.005	0.02	0.000	

The results findings are supported by (Green, et al., 2015) who argue that having to decide between truth telling and keeping secrets and deception represents a clash of principles. The nurse and parent/ relatives relationship is based on mutual respect and trust, and being secretive could have deleterious effects on their relationship. Whilst the demands on the physicians and the unpredictable nature of the hospital can make for a difficult situation for all parties, a coordinated response and discussion of the ramifications of diagnostic results is essential (Green, et al., 2015).

4.4.2 Regression Analysis

The results presented in table 11 present the fitness of model used, i.e. the regression model in explaining the study phenomena. Patients care with possible risk to health, Nurse_ Physicians conflicts,informed consent to treatment and information confidentiality were all ethical issues that influenced nurses' effective provision of care in government hospitals. These were found to be satisfactory variables in explaining the ethical issues. This is supported by coefficient of determination also known as the R square of 67.2%. This means risk to health, Nurse_ Physicians conflict, Informed consent and information confidentiality explain 67.2% of the variations in the dependent variable which is nurse's effective provision of care in government hospitals. This results further means that the model applied to link the relationship of the variables was satisfactory.

Table 10: Table showing Model Fitness

Indicator	Coefficient
R	0.819
R Square	0.672
Adjusted R Square	0.668

In statistics, significance testing of the p-value indicates the level of relation of the independent variable to the dependent variable. If the significance number found is less than the critical value also known as the probability value (p) which is statistically set at 0.05, then the conclusion would be that the model is significant in explaining the relationship; else the model would be regarded as non-significant.

Table 12 provides the results on the analysis of the variance (ANOVA). The results indicate that the overall model was statistically significant. Further, the results imply that the independent variables i.e. ethical issues indeed influenced nurse's effective provision of care in government hospitals in Kenya. This was supported by an F statistic of 12.939 and the reported p value (0.000) which was less than the conventional probability of 0.05 significance level.

Table 12: Table showing Analysis of Variance

Indicator	**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Regression	328.63	3	109.54	12.939	0.000
Residual	160.71	300	0.536		
Total	**489.35**	**304**			

Regression of coefficients results in table 4.13 shows that there is a positive and significant relationship between ethical issues and nurses' effective provision of care in government hospitals. This was played by risk to health, Nurse_ Physicians conflict, Informed consent and information confidentiality as supported by beta coefficients of 0.123, 0.240 and 0.228 respectively.

Table 11: Table showing Regression of Coefficients

Effective care provision	**B**	**Std. Error**	**t**	**Sig.**
(Constant)	-0.123	0.155	-7.95	0.427
Possible risk to health	-0.364	0.123	-6.35	0.040
Nurse Physician Conflict	-0.392	0.062	6.326	0. 000
Patients Informed Consent to Treatment	0.483	0.068	7.056	0.000
Information	0.187	0.054	3.495	0.054

Confidentiality

The multiple linear regression model is as shown below.

$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e$

Where:

Y = Effective care provision

X_1 = Patients care with possible risk to health

X_2 = Nurse Physician Conflict

X_3 = Consent to Treatment

X_4= Information Confidentiality

Thus, the optimal model for the study is;

Effective care provision = -0.123

-0.392 Patients care with possible risk to health - 0.392Nurse Physician Conflict + 0.483Consent to Treatment +0.187Information Confidentiality + *e*

5.0 SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of Findings

5.1.1 Providing patient's care with possible risk to health affects nurses' effective provision of care at KNH.

The study found out that nurses were exposed to medical infections, conditions and patients' treatments that were harmful to their health. They were also required to perform services which in their opinion were harmful to their health. Further, nurses occasionally faced both physical and emotional trauma when attending to patients or relatives.They also agreed to getting overwhelmed by the amount of work in their departments. They indicated that they often failed to offer adequate attention and nursing care to patients due to burnout resulting from nurse shortages. In their opinion, protecting themselves was a bigger priority than providing care to a patient. Finally, nurses agreed that worrying about the risks they faced affected their performance and output.

According to Occupational Safety & Health Administration (2015), health care workers face a number of serious safety and health hazards. They include blood borne pathogens and biological hazards, potential chemical and drug exposures, waste anesthetic gas exposures, respiratory hazards, ergonomic hazards from lifting and repetitive tasks, laser hazards, work place violence, hazards associated with laboratories, and radioactive material and x-ray hazards. More workers are injured in the healthcare and social assistance industry sector than any other. This industry has one of the highest rates of work related injuries and illnesses. Nursing aides, orderlies, and attendants record the highest rates of musculoskeletal disorders of all occupations in the healthcare sector.A major issue that was mentioned by Oberle and Tenove (2000) was the

physical danger that nurses faced in the process of providing patients' care. They questioned whether they were obligated to provide a service if doing so would put them at personal risk. Fraser and Powderly (2005) added that nurses were exposed to major risks such as contracting HIV and multi drug resistant TB among other infections

5.1.2 Nurse - physician conflicts on nurses' effective provision of care at KNH.

Thesecond objective was to assess nurse - physician conflicts on nurses' effective provision of care at KNH Kenya.According to the results all the respondents agreed thatnurse - physician conflicts affected nurses' effective provision of care.Respondents agreed that perceived inequalities where physicians took a totally dominant role in patient's care was a major cause of nurse-physicians conflicts. Devaluing of nurses' knowledge by the physician's further brought conflicts. The expectations by nurses to obey physicians' instructions, even when they were deemed wrong brought conflicts. Further, respondents agreed that giving the right information to patients/ relatives when it contradicted with the physician caused conflicts with them. Finally, respondents agreed that interpersonal relationships caused conflicts. All these affected nurses' effective provision of care.

This is supported by Amsalu, Boru, Getahun, and Tulu (2014) on the attitudes of nurses and physicians towards nurse-physician collaboration and the level of satisfaction with regard to quality of collaboration between them at Referral Hospitals of Northwest Ethiopia. Generally, this study concluded that neither nurses nor physicians were satisfied with their current collaboration. The major area of conflict was psychosocial and educational aspects of patient care, as well as the feeling by nurses that doctors tended to take totally dominant physician role thus patients' care was compromised.

Oberle and Tenove (2000) further argued that nurses'ethical concern revolved around how to ensure that the client had the 'best' information without undermining confidence in the physician, which they believed to be important to client well-being. Nurses often expressed concerns related to their attempts to work collaboratively, but achieving only one-way communication. They expressed considerable moral distress around the need to ensure that clients were receiving the best care possible, especially when they observed or were told of practices with which they disagreed. Some thus pondered the risks to clients of allowing suboptimal practice to continue unreported, compared with the benefits of maintaining collegial relationships. Such concerns, while having elements of a classic dilemma, clearly demonstrated the complexity and impact of relational issues within the working environment.

5.1.3 Patients' informed consent to treatment affects nurses' effective provision of care at KNH.

The third objective was to determine whether presence or absence of patients' informed consent to treatment affected nurses' effective provision of care at KNH. Majority of the respondents agreed that there was an informed consent system in KNH and that they took time to fully explain all procedures they intended to perform on patients. They further agreed that most patients understood and had the capacity to freely give. However, it was difficult to judge whether some patients had understood thus able to give consent. They agreed that it was right for family members, nurses/doctors to give consent on behalf of an incapacitated patient. Some

agreed that individual right to give consent must be respected despite one's capacity. A majority of the respondents agreed that when consent has not been given, care should be withheld.

The results are in agreement with a research conducted by Mahmud and Ahmad (2010) in Karachi Pakistan on use of patients as teaching tools, whether they were allowed to give consent. The focus was on respecting patient's choice and acquiring informed consent with its spirit rather than as mere formality. The study was conducted in the out-patient department of The Kidney Center. The said study explored the willingness of patients to allow medical students to be present during history taking and physical examination by the consultant. The researchers observed that all patients permitted history taking in the presence of medical students except one who had a history of extramarital sexual contact and signs and symptoms suggestive of sexually transmitted disease. 50% did not allow intimate examination before medical students while the rest had consented earlier but when enquired again about their true willingness, they expressed their preference not to have medical students in the room while undergoing digital rectal and external genital examinations. The study therefore concluded that physicians need to develop sensitivity to acquire informed consent in its true essence rather than just as a formality by exploring actual willingness of the patient. One should refrain from being judgmental on the basis of gender, looks, religion or norms (Mahmud & Ahmad, 2010).

5.1.4 Information confidentiality on nurses' effective provision of care at KNH.

The fourth objective was to analyze the effect of information confidentiality on nurses' effective provision of care at KNH.A majority of the respondents in the results agreed that they had access to all information concerning patients under their care. They often felt compelled to share this information with other health personnel who may or may not be directly involved in the patient's care. Some respondents agreed that they always got the patient' consent when compelled to share their private information with relatives. They further noted that patients had often failed to disclose their conditions to relatives even when their relatives were directly at risk. As a result, they felt that it was the duty of the nurse/physician to give information to relatives when this information was both for their protection as well as the patient's protection.

These results agree with a study carried out by Akyuz & Erdemir (2013) among Turkish surgical patients and nurses. The purpose of this study was to determine the opinions and expectations of patients and nurses about privacy and confidentiality during a hospital admission for surgery. The results showed that patients were mostly satisfied by the respect shown to their privacy by the nurses but were less confident of the confidentiality of their personal data. It was found that patients have expectations regarding nursing approaches and attitudes about acknowledging and respecting patient autonomy and confidentiality. It is remarkable that while nurses focused on the physical dimension of privacy, patients focused on informational and psychosocial dimensions of privacy, as well as its physical dimension.

In a South African study by Matlakala & Mokoena (2011), they argued that information about patients was shared in many ways in the healthcare setting. These included record keeping of the patients' progress, reporting and sharing the doctor's orders. They however felt that information obtained from an individual should not be disclosed to another without permission, out of

respect, loyalty and trust. The disclosure should benefit the individual, or be made if there is a direct threat to the social good.

5.2 Conclusion

Based on the findings the study concluded that the nurses fear of providing patient's care with possible risk to health affected their provision of health care. They were exposed to medical infections, conditions and patients' treatments that were harmful to their health. They were also required to perform services which in their opinion were harmful to their health. Further, nurses occasionally faced both physical and emotional trauma when attending to patients or relatives.Nurse- physicians' conflicts arising from patient's care also had an effect on health care provision with perceived inequalities where physicians took a totally dominant role in patient's care being the major cause. Devaluing of nurses' knowledge by the physician's as well as the expectations by nurses to obey physicians' instructions, even when they were deemed wrong further brought conflicts. Presence or absence of patients' informed consent to treatment and confidentiality in sharing patients' information all were ethical issues experienced by nurses. It was difficult to judge whether some patients had understood thus able to give consent. Thus, it was right for family members, nurses/doctors to give consent on behalf of an incapacitated patient. However, individual right to give consent must be respected despite one's capacity and when this is not possible, care should be withheld. Finally, patients' information should be handled with ultimate confidentiality. However, this still remains a challenge when other health workers and relatives require this information for continued care or for their own protection. In this case, consent should be obtained from the patient.

5.3 Recommendations

5.3.1 Policy and procedure on ethical issues

The government should make policies that will broaden areas that nurses can make decisions concerning effective patients' care. This will reduce conflicts that arise between physicians and nurses.

The government should additionally employ more nurses to deal with staff shortages as well as ensure adequate provision of supplies, drugs and equipment in the public hospitals. This is the major cause of ethical issues, especially with regard to risks facing nurses due to shortages and lack of adequate supplies and equipment to minimize harm facing them.

5.3.2 Training

The government through the Ministry of Health and the Nursing Council of Kenya should introduce ethical training into the nursing curriculum. This will better equip them to deal with ethical dilemmas facing the profession.

The hospital management should also incorporate ethical training into its internal training programs. These on the job trainings should be done periodically to ensure that nurses and other health workers describe their experiences, discuss them and understand appropriate ways of dealing with them.

5.3.3 Forums to discuss ethical issues

Ethical committees comprising of nurses from various departments should be formed by management to discuss ethical dilemmas that nurses face regularly in order to advice their team mates on how to deal with them. These committees should address issues of how to better protect patient's privacy, ensure information confidentiality and obtaining of informed consent by all patients despite their sanity and capacity.

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