

Original Paper

Nursing Ethics Education and Practice in the Niger Delta Region of Nigeria

Kalada Godson McFubara, PhD^{1*} & Augustina Chikaodili Isabu, PhD²

¹ Department of Community Medicine, Faculty of Clinical Sciences, Niger Delta University, Wilberforce Island, Bayelsa State, Nigeria

² Department of Community Health Nursing, Faculty of Nursing Sciences, Niger Delta University, Wilberforce Island, Bayelsa State, Nigeria

* Kalada Godson McFubara, PhD, Department of Community Medicine, Faculty of Clinical Sciences, Niger Delta University, P.O.BOX 071 Yenagoa, Wilberforce Island, Bayelsa State, Nigeria

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Abstract

Whereas nursing profession helps the well and the sick regain independence as rapidly as possible, nursing ethics education provides the basis for effective professional practice.

Objectives: *This study sought to identify factors affecting nursing ethics education and to describe impact of nursing ethics education on nursing practice.*

Method: *A descriptive cross sectional study was conducted, and two sets of questionnaires were developed and administered, one to 80 final year nursing students, the other to 60 nursing teachers in four universities. The questionnaires had 18 and 21 question items respectively covering demography of the respondents, knowledge from ethics education, factors affecting ethics education and impact of ethics education on nursing practice. Nominal scale data were collected and analyzed on a Microsoft Excel spread sheet. Frequencies and percentages of responses were calculated and tabulated under question categories.*

Results: *Response rate was 86.3% for students and 51.7% for teachers. Although nursing ethics education is provided as a whole semester course, 51% of students and 80% of the teachers erroneously understand ethics as adherence to professional code of conduct. Even so 70% of both respondent groups were prepared to practice effective nursing. Meanwhile 82% of the students and 53% of teachers were of the view that professional negligence is a major ethical issue in practice.*

Conclusion: *The nursing profession is committed to providing ethical practice, but the practitioners and their trainees lack the correct knowledge of what ethics really means. Due to this incorrect*

knowledge undue attention is being given to professional negligence. It is a challenge and may be giving rise to a protectionist practice. The inclusion of specialists in ethics or moral philosophy to teach nursing ethics as well as the adoption of dialogic and case study methods of teaching will avoid these challenges and enhance the proper understanding and application of principles and theories of ethics in nursing practice.

Keywords

Nursing ethics, nursing practice, nursing education, professional code, reflective thinking

1. Introduction

Nursing duties and responsibilities involve decision-making that are guided by professional ethics. However Dinc and Gorgulus (2007) observed that formal knowledge of the theories of ethics, ethical principles and concepts is also required. Thus for nurses appropriate nursing ethics education should be the basis for effective professional practice. Gaul also suggested that without formal preparation the process of ethical decision making may just be intuitive, or based on personal sense of what is ethically correct (Gaul, 1989). Moreover, Clarke (1996) indicated that ethics is a reflection upon morality, morality having to do with right and wrong or good and bad conduct. Thus a society may have its rules of conduct which may not be ethical in the sense that they did not develop from reflective considerations, but they may still be fulfilling the prime functions of ethics, which is the ordering of society and maintenance of its continuity (Clarke, 1996).

Since the time of Florence Nightingale nursing has ascribed to the ideals of treating persons rather than diseases and the history of nursing is a history of nurses' struggle to adhere to ideals (Hull, 1980). However, it is not clear if formal nursing ethics education is achieving these ideals. For instance after examining the health care climate in the early part of this century Woods (2005) observed that nurses may not be fully prepared to "deliver the goods" for their patients. This according to the author is because evaluated research projects in nursing ethics show that expected practice-based improvements were still elusive. This may be buttressed by a study at the Federal Medical Centre Bida, in northern Nigeria where it was found that only 31% of nurses acquire knowledge of ethics from their schools of training (Aliyu, Adeleke, Omoniyi, Samaila, Adamu, & Abubakar, 2015). In other words impact of nursing ethics education on practice may be minimal. Although the study observed good knowledge of nursing ethics among the participants, authors still reported results that suggest that nurses still need to understand the relationship and limitations between ethics, hospital policy and legal issues relating to nursing practice. This is despite that the nursing profession has developed its own principles and theories of practice. It therefore means that even the content of what the few have, who have this "good knowledge of ethics", is still inadequate.

Meanwhile although Handerson (1969) cited by Berman and Snyder (2012) indicated that nursing has become the science and art of assisting an individual, sick or well in the performance of those activities contributing to health or its recovery (or to a peaceful death), these are activities the authors explained,

that would have been done by the individual if he or she had the necessary skill, strength and knowledge. But the nurse performs these services in such a way as to help the individual to regain independence as rapidly as possible. Hence it is clear that through formal education the nurse has developed multiple roles in the life of individuals, families, communities and the society at large. This function of the nurse is not static but dynamic, and keeps varying with the changing concepts of disease causation, science, technology and changing moral attitudes. In performing their functions therefore nurses have to demonstrate values that reflect in their commitment to respect, promote, protect and uphold the fundamental rights of the people who are either recipients or providers of nursing and health care. This study sought to identify factors limiting nursing ethics education from impacting more effectively on nursing practice as well as describe nursing ethics education and practice from the opinion of multi-institutional participants.

2. Method

The study took place in the three core oil producing states of Rivers, Bayelsa and Delta in the Niger Delta region of Nigeria. Four universities, with nursing departments and a faculty of nursing were conveniently selected. In Nigeria universities are owned by three groups of authorities, Federal and State Governments and private entrepreneurs. These are reflected in the four chosen institutions. For the human participants and taking an institution to have a carrying capacity of 70 students, a random sample of 20 students and 15 teachers from each institution giving a total sample size of 80 students and 60 teachers was arrived at.

A cross sectional descriptive study was designed with two questionnaires each of which was administered to the teachers and the students. In each institution a Research Assistant was recruited, whose duty after training was to administer the questionnaires, retrieve them and assist in the presentation and analysis of the data. Due to strike by the Academic Staff Union of Universities (ASUU) the exercise lasted from June 2016 to August 2017. The questionnaires had 18 and 21 sets of questions respectively, covering demography of the respondents, their knowledge from ethics education, factors affecting ethics education and impact of ethics education on nursing practice. Data collected were analyzed on a Microsoft Excel spread sheet. Frequencies and percentages of the response options were calculated and presented in tabular forms. Case reports were examined on the basis of ethical principles of professional conduct and the theory of justice. Ethical permit was received from ethics committees of each of the institutions.

3. Results and Analysis

Response rates were 86.3% and 51.7% for students and teachers respectively.

Table 1. Demography of Respondents

Institutional respondents/ Characteristics	MADONA Students/ Teachers	UPH Students/ Teachers	DELSU Students/ Teachers	NDU Students/ Teachers	TOTAL Students/ Teachers
Gender					
Male	--/2	--/3	3/3	4/6	7/14 (10.1%/45.2%)
Female	19/5	12/4	17/5	14/3	62/17 (89.9%/54.8%)
Total	19/7	12/7	20/8	18/9	69/31
Age range in years					
21-30	16/--	12/--	19/--	13/--	60/-- (92.3%/--)
31-40	1/1	---/3	--/2	4/8	5/14 (7.7%/53.8%)
41-50	--/1	--/1	--/2	--/1	--/5 (--/19.2%)
51-60	--/3	--/--	--/2	--/--	--/5 (--/19.2%)
>60	--/--	--/--	--/2	--/--	--/2 (--/7.7%)
Total	17/5	12/4	19/8	17/9	65/26

Table 1 shows that females dominate the nursing profession. This is irrespective of whether it is on admission to study nursing or at graduation into nursing practice. Meanwhile most of the graduating nursing students fall into the age range of 21-30 years, while over 50% of their teachers fall within 31-40 years age range. The youth dominate the nursing profession.

Table 2. Knowledge and Practice Preparedness from Knowledge in Medical Ethics

Institutional respondents/Characteristic	MADONA Students/ Teachers	UPH Students/ Teachers	DELSU Students/ Teachers	NDU Students/ Teachers	TOTAL Students/ Teachers
Meaning of nursing ethics					
Right thing	2/--	1/1	6/--	4/--	13/1(18.8%/3.2%)
Right and Wrong thing	9/1	5/1	4/--	3/1	21/3 (30.4%/9.7%)
Adherence to Code of professional practice	8/6	6/5	10/8	11/7	35/26(50.7%/83.9%)
Don't know	--/--	--/--	--/--	--/1	--/1 (--/3.2%)
Total	19/7	12/7	20/8	18/9	69/31
Preparedness to practice knowledge					
Yes	17/6	12/3	18/6	10/8	57/23 (83.8%/74.2%)
No	1/1	--/4	½	4/1	6/8 (8.8%/25.8%)
Don't know	1/--	--/--	--/--	4/--	5/-- (7.4%/--)
Total	19/7	12/7	19/8	18/9	68/31

In Table 2 majority of the respondents were of the opinion that ethics is about adherence to professional code of conduct. This is not correct and shows that students are not getting the right knowledge of ethics they require. Even so, over 70% of the respondents feel prepared from knowledge acquired for ethical practice. Considering that this knowledge is based on professional code it is insufficient to practice ethically.

Table 3. Scope of Knowledge in Nursing Ethics and Duration of Course Delivery

Institutional respondents/ Scope and duration of course	MADONA Students/ Teachers	UPH Students Teachers	DELSU Students/ Teachers	NDU Students/ Teachers	TOTAL Students/ Teachers
Scope of the course					
Topic	2/4	--/3	10/5	1/3	13/15 (18.8%/48.4%)
Course	17/3	12/4	10/3	16/6	55/16 (79.7%/51.6%)
Don't Know	--/--	--/--	--/--	1/--	1/-- (1.4%/--)
Total	19/7	12/7	20/8	18/9	69/31
Duration of Course					
Hours	2/1	-/1	7/6	1/1	10/9 (15.2%/29%)
Part Semester	--/2	2/1	5/1	6/1	13/5 (19.7%/16.1%)
Whole Semester	17/4	9/5	8/1	9/7	43/17 (65.2%/56.7%)
Part posting	-/-	-/-	-/-	-/-	--/--
Whole posting	-/-	-/-	-/-	-/-	--/--
No response	-/-	-/-	-/-	-/-	--/--
Total	19/7	11/7	20/8	16/9	66/31

Table 3 shows that over 50% of student respondents identify ethics as a course in their school curriculum but the teachers identified it as a topic. Meanwhile over 50% of both respondent groups identify nursing ethics as a whole semester course in the curriculum. Although perspectives differ change is going on in nursing ethics education.

Table 4. Department of Course Delivery and Class/Level of Instruction in Nursing Ethics

Institution/ Characteristic	MADONA Students/ Teachers	UPH Students/ Teachers	DELSU Students/ Teachers	NDU Students/ Teachers	TOTAL Students/Teachers
Department					
Medicine	4/1	1/--	--/--	7/--	12/1 (19.1%/4.8%)
Surgery	--/--	--/--	--/--	--/--	--/--
Public Health	2/--	2/6	½	6/--	11/8 (17.5%/38.1%)
Family Medicine	--/--	--/--	5/--	--/--	5/-- (7.9%)
Others	12/1	9/--	11/1	3/7	35/12(55.6%/57.1%)

Total	18/5	12/6	17/3	16/7	63/21
Class/level					
100L	--/2	--/--	--/--	--/--	--/2 (--/6.5%)
200/300L	19/3	12/7	18/5	15/9	64/24 (92.8%/77.4%)
400L	--/1	--/--	--/--	--/--	--/--
500L	1/--	--/--	2/1	2/--	5/1 (7.2%/3.2%)
600L	--/--	--/--	--/--	--/--	--/--
PG	--/1	--/--	--/2	--/-	--/3(--/9.7%)
Total	20/7	12/7	20/8	17/9	69/31

In Table 4 whereas both respondent groups identified Nursing Ethics as taught at the 200/300 class levels, no specific nursing department or unit was responsible for the teaching. Departments outside nursing may be contributing very little. Surgery for instance does not appear to make any input at all.

Table 5. Importance of Ethics Course and Satisfaction with Ethics Knowledge

Institutional respondents/ Characteristic	MADONA Students/ Teachers	UPH Students/ Teachers	DELSU Students/ Teachers	NDU Students/ Teachers	TOTAL Students/ Teachers
Importance of course					
V Important	13/5	9/--	14/7	12/9	48/21 (69.6%/67.7%)
Important	5/2	2/7	5/1	5/--	17/10 (24.6%/32.3%)
Unimportant	--/--	--/--	--/--	--/--	--/--
Very Unimportant	1/--	1/--	--/--	--/--	2/-- (2.9%/--)
Don't know	--/--	--/--	1/--	1/--	2/-- (2.9%/--)
Total	19/7	12/7	20/8	18/9	69/31
Satisfaction with knowledge of ethics					
Very satisfied	6/2	6/1	7/4	--/2	19/9 (27.5%/30%)
Satisfied	10/4	6/2	11/2	13/4	40/12 (58%/40%)
Unsatisfied	1/1	--/3	2/--	4/--	7/4 (10.1%/13.3%)
Very unsatisfied	--/--	--/1	--/1	--/--	--/2 (--/6.7%)
Don't know	2/--	--/--	--/1	½	3/3 (4.3%/10%)
Total	19/7	12/7	20/8	18/8	69/30

In Table 5 though over 90% of both respondent groups identified Nursing Ethics as an important subject the degree of importance varies from important to very important. Similarly the degree of satisfaction with ethics knowledge varies but overall 85% and 70% of students and teachers respectively feel satisfied with knowledge of ethics learned at school.

Table 6. Major Factors Affecting Nursing Ethics Education

Institutional respondents/ Characteristic	MADONA Students/ Teachers	UPH Students/ Teachers	DELSU Students/ Teachers	NDU Students/ Teachers	TOTAL Students/ Teachers
Teaching Method	10/1	3/5	12/1	7/4	32/11 (48.5%/36.7%)
Appropriateness of topic	3/3	2/--	5/3	2/4	12/10 (18.2%/ 33.3%)
Duration of class	2/--	1/1	--/--	3/--	6/1 (9.1%/3.3%)
Content of subject	2/3	6/1	¾	5/--	16/8 24.2%/26.7%)
Total	17/7	12/7	20/8	17/8	66/30

Results in Table 5 notwithstanding Table 6 shows that both respondent groups feel limited in what they learnt because of the method of teaching as well as the content of what was taught.

Table 7. Ethics in Practice

Institution/Characteristic	MADONA Students/ Teachers	UPH Students/ Teachers	DELSU Students/ Teachers	NDU Students/ Teachers	TOTAL Students/ Teachers
Ethical Issues					
Life matters	--/1	--/2	½	1/--	2/5 (3%/16.7%)
Culture	1/--	--/1	--/--	--/--	1/1 (1.5%/3.3%)
Prof Negligence	16/6	12/3	16/5	10/2	54/16(81.8%/53.3%)
Conflict Interest	2/--	--/1	2/1	5/6	9/8 (13.6%/26.7%)
Total	19/7	12/7	19/8	16/8	66/30
Regulation Satisfaction					
Very satisfied	8/2	2/1	3/--	2/1	15/4 (21.7%/13.8%)
Satisfied	10/2	7/5	9/4	9/--	35/11 (50.7%/37.9%)
Unsatisfied	--/3	--/1	4/2	4/6	8/11 (11.6%/41.4%)
Very unsatisfied	--/--	2/--	--/2	--/--	2/2(2.9%/6.9%)
Don't know	--/--	--/--	4/--	3/2	7/2 (10.1%/6.9%)
Total	19/7	12/7	20/8	18/7	69/29
Know unethical practice					
Yes	18/7	10/6	16/8	13/9	57/30 (90.5%/100%)
No	1/--	1/--	2/--	2/--	6/--(9.5%/--)
Total	19/7	11/6	18/8	15/9	63/30
Experienced unethical practice					
Yes	5/3	5/4	¾	8/3	21/14 (30.4%/45.2%)
No	14/4	6/3	15/3	8/5	43/15 (62.3%/48.4%)
Don't Know	--/--	1/--	2/1	2/1	5/2(7.2%/6.5%)

Total	19/7	12/7	20/8	18/9	69/31
Know one involved					
Yes	5/5	3/5	10/6	5/3	23/19 (33.3%/61.3%)
NO	13/2	6/1	9/2	5/4	33/9 (47.8%/29.0%)
Don't Know	1/--	3/1	1/--	8/2	13/3 (18.8%/9.7%)
Total	19/7	12/7	20/8	18/9	69/31

In Table 7 whereas about 90% of the students claimed to know what unethical practice is, 100% of their teachers did. This may be re-examined considering their insufficient knowledge of what ethics means. Nevertheless the students indicated a reasonable degree of satisfaction with professional regulation, even though their teachers are not so satisfied. Professional negligence and conflict of interest are of major ethical concern to the teachers while for the students it is just professional negligence. Also among the students half as many of those who have not experienced unethical practice have experienced it while among the teachers the number of those who have not experienced unethical practice is the same number that have experienced it. Finally whereas about a third of the students know someone involved in unethical practice, among the teachers almost two thirds know someone involved in unethical practice.

4. Discussion

The concept of care is the core of nursing and has become critical in nursing ethics as it requires intellectuals capable of critical and reflective analysis of issues in nursing practice. Hence the Nursing and Midwifery Council of Nigeria (2016) describes the objectives of its code of ethics to include producing “highly trained, ethical individuals to carry the lamp”. Henry posits that the moral/value features of care link it with respect for persons (Henry, 1991). This is because nursing ethics is the ethics of caring (Wikipedia Ethics of Care from Wikipedia, the Free encyclopedia, accessed August, 2019). Thus when ethics is taught in nursing education it is believed that the subject provides a fertile ground for higher moral and intellectual reasoning. In fact it makes for better understanding that between nursing education and effective nursing practice is nursing ethics. Therefore Vanlaere and colleague concluded that the training of nurses must focus on the development and promotion of acts by which and attitude from which care is provided (Vanlaere & Gastmans, 2007). Ethical codes may offer formal moral principles but good nursing care can only be provided when acts of the nurse stem from and correspond to a reflective moral inner attitudes.

One aspect of the concept of care is that which gives emphasis to the caring relationships, especially partnership over paternalism. The International Council of Nurses (ICN) describes this relationship as a co-operative one whereby the nurse shares with society the responsibility for initiating and supporting action to meet the health and social needs of the public. Likewise the Nursing and Midwifery Council of Nigeria (2016) and the ICN (2000) make it clear that inherent in nursing is the respect for human

rights including the right to life, to dignity and to be treated with respect. Teaching nursing ethics should emphasize these values because in health care practice, if there is no respect for one of the partners in the patient care provider relationship, confrontation rather than collaboration becomes the rule as it is in the Nigeria's health care system.

Some authors have expressed the opinion that in nursing ethics education the focus should be on how to teach, what to teach, when to teach, and where to teach. For instance, it has been observed that providing good care requires nurses to reflect critically on their nursing practice, but in doing so they must be provided with the tools to accomplish such critical reflection (Vanlaere & Gastmans, 2007). These tools must be given through pedagogical learning (given by the teachers in educational settings), experiential learning (role modeling by mentors in their practice environment) and learning by practice (in the cultivation of good habits by the students themselves).

Meanwhile within national health systems nursing care is a legal duty but in 1893 the English Lord Chief Justice Coleridge also declared that "every legal duty is founded on a moral obligation" (Mason & McCall Smith, 1991). That means that in health care practice a legal duty of care with moral obligation exists once a health worker has accepted to render care to an injured, sick or well person. For the nursing profession to achieve this depends on the nurses' understanding of their calling, and the latter depends on the knowledge they acquire during training. In this study with only 30.4% and 9.7% of the students and their teachers respectively correctly identifying ethics as being about rightness and wrongness of actions and inactions in nursing practice and majority, 51% and 84% students and teachers respectively, identifying nursing ethics as being about adherence to professional code of conduct, it means that trainees' knowledge of nursing ethics is still low and limited to professional code of conduct. Whereas professional code of ethics is professional etiquette, professional ethics is about morals, the rightness or wrongness of actions and inactions. Thus since at the induction ceremony a legal duty of care is established, to fulfill it also has a moral obligation attached to it. Therefore ethical practice has to be approached from the perspective of what is morally right or wrong within the ambit of a minimum global standard defined by the principles of health care ethics. That is why in medicine Uzodike (1998) defines medical ethics as the obligations of a moral nature which governs the practice of medicine. Had this knowledge been there the Medical and Dental Practitioners Disciplinary Tribunal (MDPDT) would have had no problem in the Supreme Court case between it and Dr. Okonkwo (Federation Week Law Report 2 April, 2001).

Within the Department or Faculty of Nursing the unit that is responsible for public health nursing should be the appropriate unit that takes responsibility for the teaching of nursing ethics. This is because in the field of health care nursing ethics like medical ethics falls within the domain of the discipline or department of public health, and since the duty of nursing care is both legal and moral, nursing ethics which is also about morality in care can as well be provided from that department and other appropriate departments like philosophy or public policy and law. For instance, at Keele University in the United Kingdom, medical ethics, a diploma as well as higher degree course, and one

of the longest established in that field as well as one that is open to both medical doctors and nurses, is run by the Centre for Professional Ethics in the School of Law. Thus if a department or a faculty of nursing in any Nigerian university lacks appropriate teaching staff for this specialized discipline there are other units or departments within the university that can be depended on for support in teaching and training in nursing ethics. This is necessary in order for the students to derive maximum benefit from knowledge of the subject. Teaching nursing ethics should not be expected to require the teacher to be a qualified nurse. What should be required is a teacher who is specialized in nursing ethics and who understands the role of the nurse in the health care system. Teaching skills and knowledge in nursing ethics should be the major requirements for effective implementation of the nursing ethics curriculum. It must be emphasized here that teaching is the activity that helps the learner to learn while learning is a progressive series of behavioral change (Achuonye & Ajoku, 2003). Therefore it should be emphasized that teaching is not indoctrination in which blind adherence to professional code is expected.

Whereas medical ethics is taught as a topic and in few hours (McFubara, 2019), this study shows that nursing ethics is taught as a course and this runs through the whole of a semester and appropriately at the 200/300 level classes. It shows how more seriously ethics is taken by the nurses. However poor foundation which is shown in the incorrect meaning given to nursing ethics shows that the superstructure, in this case knowledge or understanding gained from the teaching experience cannot be sustainable. In addition is the fact that majority opinion shows the method of teaching the subject to be a big issue of concern. All these with the limitations posed by the content of what is taught as well as the worry over the appropriateness of topics covered means that if nursing ethics has an important role to play in the development of health care practice, which it does, these factors must be given serious consideration in nursing ethics curriculum implementation. For instance the dialogic method of teaching will elicit critical, reflective and a moral reasoning approach to the practice of nursing. Hull (1980) highlighted the importance of critical reflection in ethical decision making by calling for the involvement of a philosopher or an ethicist in professional ethics education. This according to the author is because the philosopher brings systematic, sympathetic and forceful viewpoints of others in a dispute. Similarly real time case study approach to nursing ethics education will bring onboard the principles of ethics for discussing contemporary issues among practitioners and learners.

Majority of the respondents in this study (85% students and 70% teachers) are satisfied with knowledge gained from nursing ethics education, and so are prepared to provide effective care to their patients. To derive satisfaction from incorrect knowledge of ethics, calls for caution by practitioners, which may explain why 41% of the teachers are not satisfied with how their council handled unethical issues. This may have given room for professional negligence to be identified as the major issue of concern by the professionals. There is thus a tendency for the practitioners to feel that they are not being or will not be protected by their Council. Hence they may be involved in protectionist practice whereby they are more concerned about their own safety and security while fulfilling their legal and moral obligations. In nursing care such practice negates the Nightingale Pledge whereby the nurse pledges to *devote*

him/herself to the welfare of the patient. Thus attention that is focused on professional negligence as the major ethical concern does not place the nurse in a devoted position to the patient's welfare. Rather it is the interest of the profession and the practitioner that is more focused on.

Meanwhile despite both teachers and students identifying nursing ethics as being a very important subject only 16.5% of the students have knowledge of what unethical practice is whereas 64% of their teachers have that knowledge. This may imply that the students are not being adequately or appropriately informed of the real things happening in practice by their teachers. Or it could mean that the teachers are not being good role models to their students. Similarly whereas only 30% of the students have experienced unethical practice, and 45% of their teachers have that experience, it also suggests that the students are not being adequately introduced or exposed to the current or true issues being experienced in practice. In fact there is a combination of factors responsible for these deficiencies including as mentioned earlier method of subject delivery and content of subject matter. These factors may be limiting the impact of nursing ethics education on ethical practice of nursing.

5. Conclusion

As nursing care is a legal duty it is also based on a moral foundation. The time given for nursing ethics curriculum implementation suggests that the Nursing profession is dedicated to ethical practice, but the approach to laying the foundation for ethical practice is weak because in the teaching of nursing ethics it does not appear that appropriate manpower are employed. This is highlighted by the fact that there is a misunderstanding of what ethics means or stands for in nursing practice. However since unlike medicine nursing gives recognition to the patient's active role (partnership) in treatment and prevention, this should also be applied in nursing ethics education with active students' participation. Any university that runs nursing science program should also have a department of public health nursing or a related field whereby there will be a ready interaction between the social sciences, humanities and clinical sciences. It would be a great public benefit if the department is also vested with the responsibility to provide teaching and learning opportunities or coordinate the teaching and learning of such disciplines as nursing ethics or health care ethics in general. Similarly more emphasis should be laid on the dialogic method of subject delivery as it affords more opportunity for interactive and reflective learning and critical moral reasoning.

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