

Assessing patients' response to professional conduct of Nurses in a hospital: a survey in Port Harcourt, South-South, Nigeria

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Abstract

The code of conduct for nurses requires that they must provide care in such a manner as to enhance the integrity of the profession, safeguard the health of the individual client/patient and protect the interest of the society. A cross-sectional study was organised on how patients see nurses professionally in hospital setting. SPSS was used in producing the descriptive statistics. The patients' responses revealed that consent was sort before nursing procedure

which was significant at Z-value of 5.965 > 1.96 (Zcritical value at 5% level of significance) and the $p < 0.05$. They equally agreed 109 (85.8%) and moderately agreed 18 (14.2%) that nurses responded specifically to their needs which was significant at Z-value of 5.809 > 1.96 (Zcritical value at 5% level of significance) and the $p < 0.05$. The patients also agreed that the nurses were able to work as a team with colleagues, able to deliver unrestricted service to them without regard to the nature of their disease or illness with an overall mean score of $1.99 + 0.91$ and $t\text{-value} = 4.379$ at $p < 0.05$. The patients also noted that they were not discriminated against and these results are significant as the overall mean response score is $1.99 + 1.06$ and the Z-value is $9.276 > 1.96$ (5% level of significance) at $p < 0.05$. Nurses were reminded of the changing nature of their job in regards to patient care and should update their knowledge in this regard through conferences to serve them better.

Key words: Professional conduct of nurses, patients' response, hospital, Port Harcourt, Nigeria

INTRODUCTION

Background

The nurse in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems (Nursing World /Code of Ethics, 2010). The Nursing Code outlines the nursing profession's commitment to respect, promote, protect and uphold the fundamental rights of people who are both the recipients and providers of nursing and health care (Code of ethics for Nurses in Australia, 2002). The nursing profession recognises the universal human rights of people and the moral responsibility to safeguard the inherent dignity and equal worth of everyone (Code of ethics for Nurses in Australia, 2002), (Australian Council for Safety and Quality in Health Care and Standards Australia, 2003). This includes recognising, respecting and, where possible, protecting the wide range of civil, cultural, economic, political and social rights that apply to all human beings. The nursing profession acknowledges and accepts the critical relationship between health and human rights and 'the powerful contribution that human rights can make in improving health outcomes (Code of ethics for Nurses in Australia, 2002), (Coady and Bloch, 1996). Accordingly, the profession recognises that accepting the principles and standards of human rights in health care domains involves recognising, respecting, actively promoting and safeguarding the right of all people to the highest attainable standard of health as a fundamental human right, and that 'violations or lack of attention to human rights can have serious health consequences' (Eckermann et al;2006).

According to the (Nursing and Midwifery Council of Nigeria) a Nurse is a person who has received authorized education, acquired specialized knowledge, skills and attitudes, and is registered and licensed with the Nursing and Midwifery Council to provide promotive, preventive, supportive and restorative care to individuals, families and communities, independently, and in collaboration with other members of the health team. The Nurse must provide care in such a manner as to enhance the integrity of the profession, safeguard the health of the individual client/patient and protect the interest of the society. According to the document, the Nurse must: Provide care to all members of the public without prejudice to their age, religion, ethnicity, race, nationality, gender, political inclination, health or social economic status, uphold the health consumer's human rights as provided in the constitution, ensure that the client/patient of legal age of 18 years and above gives informed consent for Nursing intervention. In case the health consumer is under aged, the next of kin or the parents can give the informed consent on his behalf, keep information and records of the client

confidential except in consultation with other members of the health team to come up with suitable intervention strategies or in compliance with a court ruling or for protecting the consumer and the public from danger and avoid negligence, malpractice and assault while providing care to the client/patient; among others (Nursing and Midwifery of Nigeria).

Until this time, little is known about the perception of patients on how professionally nurses have been in regards to patient care in the hospital. Basically, our study was organised to examine the professional conduct of Nurses in the hospital and this was based on four principles: Consent seeking among nurses before treatment of patients, Nurses response to the specific needs of the patients during encounter, Nurses' team working attitude and if patients were discriminated upon during their encounter with the Nurses in the hospital. Search of the literature on the subject revealed the followings:

There exists a duty to obtain prior consent (with respect to living patients) for the purpose of diagnosis, treatment, organ transplant, research purposes, disclosure of medical records, and teaching and medico-legal purposes. With respect to the dead in regard to pathological post mortem, medico-legal post mortem, organ transplant (for legal heirs), and for disclosure of medical record, it is important that informed consent of the patient is obtained (Pandit and Pandit, 2009). Consent can be given in the following ways: Express Consent: It may be oral or in writing. Though both these categories of consents are of equal value, written consent can be considered as superior because of its evidential value. Implied Consent: Implied consent may be implied by patient's conduct. Tacit Consent: Tacit consent means implied consent understood without being stated. Surrogate consent: This consent is given by family members (Pandit and Pandit, 2009). Generally, courts have held that consent of family members with the written approval of physicians sufficiently protects a patient's interest. Advance consent, proxy consent, and presumed consent are also used. While the term advance consent is the consent given by patient in advance, proxy consent indicates consent given by an authorized person. As mentioned earlier, informed consent obtained after explaining all possible risks and side effects is superior to all other forms of consent (Pandit and Pandit, 2009). Consent to treatment is the principle that a person must give their permission before they receive any type of medical treatment or examination. This must be done on the basis of a preliminary explanation by a clinician. Consent is required from a patient regardless of the intervention – from a physical condition to organ donation. For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision (Gov.UK, 2016). Consent to investigations and treatment is considered a cornerstone in the doctor-patient relationship (Selinger, 2009), (Habiba, 2000). For consent to be informed, patients rely on the information provided by their doctor/provider. Honesty and truthfulness are required to make the process of consent valid (Selinger, 2009), (Habiba, 2000).

In considering the professional conduct of nurses, it is also only appropriate to look at the teamwork attitude among nurses and with other professional colleagues in relation to patient care. How do nurses fare in this regard becomes the big question mark. Collaboration or teamwork is a complex process that requires intentional knowledge sharing and joint responsibility for patient care. Sometimes it occurs within long-term relationships between health professionals. The rapid, relentless evolution of the health care system brings with it the need to periodically revisit important concepts (Lindeke and Sieckert, 2005). Nurse-physician collaboration is one such concept. In a climate constantly demanding efficiency, cost-effectiveness, and quality improvement, inter-professional collaboration warrants re-examination because maximizing nurse-physician collaboration holds promise for improving patient care and creating satisfying work roles (Lindeke and Sieckert, 2005). Each health care

profession has information the other needs to possess in order to practice successfully. In the interest of safe patient care, neither profession can stand alone, making good collaboration skills essential (Lindeke and Sieckert, 2005), (LeTourneau, 2004). Collaboration is multidimensional. It can occur in both face-to-face encounters and electronically via fast-paced interactions such as voice mail and e-mail. In whatever place or form, collaboration involves an exchange of views and ideas that considers the perspectives of all the collaborators, whether or not agreement is reached in the interaction (Lindeke and Sieckert, 2005), (Coeling and Cukr, 1997). In a study on nurse-physician collaboration in Egypt, the nurse's mean total score was shown to be significantly higher than the physician's mean total score, indicating that the nurse's attitudes toward nurse-physician collaboration were more positive than the physician's. When mean scores were compared between the nurse and physician groups in relation to four collaboration factors the nurse's mean scores were significantly higher than the mean scores of physicians. In the "nurses autonomy" factor (i.e., a higher factor score indicates more agreement with nurse's involvement in decisions pertaining to patient care and policy), the nurse's mean score was significantly higher than the physician's mean score (Karima et al, 2011).

Patients must take the centre stage in the ever evolving system of care in the hospital in the sense that providers including nurses have to factor in the specific needs of the patients in providing care that includes not necessarily what they (providers) want but what patients equally desire too. Patients, in all settings, deserve care that is centered on their unique needs and not what is most convenient for the health professionals involved in their care. A transformed health care system is required to achieve this goal. Transforming the health care system will in turn require a fundamental rethinking of the roles of many health professionals, including nurses. The changing landscape of the health care system and the changing profile of the population require that the system undergo a fundamental shift to provide patient-centered care (Institute of Medicine (US), 2011). Generalist nurses are expanding their practices across all settings to meet the needs of patients. Expansions include procedure-based skills (involving, for example, IVs and cardiac outputs), as well as clinical judgment skills (e.g., taking health histories and performing physical examinations to develop a plan of nursing care) (Institute of Medicine (US), 2011). A transformed nursing education system that is able to respond to changes in science and contextual factors, such as population demographics, will be able to incorporate needed new skills and support full scopes of practice for non-advanced practice registered nurses (APRNs) to meet the needs of patients (Institute of Medicine (US), 2011).

Also, according to the professional nursing code of conduct, patients are not to be discriminated upon in the process of health care provision, but they are often found discriminated upon based on gender, economic status, race and the kind of disease the patient may be suffering from (Reis et al; 2005). Some patients receive preferential treatment from providers at the expense of the others. In a study on the treatment of HIV/AIDS patients in Nigeria, it was found that while most health-care professionals (nurses inclusive) surveyed reported being in compliance with their ethical obligations despite the lack of resources, discriminatory behaviour and attitudes toward patients with HIV/AIDS exist among a significant proportion of health-care professionals in the surveyed states. Inadequate education about HIV/AIDS and a lack of protective and treatment materials appear to contribute to these practices and attitudes (Reis et al; 2005). Discriminatory or unethical behaviour by health-care professionals against PLWA, as documented in other countries (Tirelli et al; 1991), (Devroey et al; 2003), (Richter, 2001) may create an atmosphere that interferes with effective prevention and treatment by discouraging individuals from being

tested or seeking information on how to protect themselves and others from HIV/AIDS (Mann, 1994), (Integrated Regional Information Networks, 2002) and (Parker et al; 2002). Furthermore, discriminatory practices and violations of international principles of medical ethics may serve to legitimize other forms of discrimination against people living with HIV/AIDS (Tirelli et al; 1991), (Devroey et al; 2003).

Knowledge of and response of patients to health professionals' delivery attitude of health care has remained an important measure to strengthen the health system and hospital services in particular. This is even more important especially in nursing where most patients receive their care in the hospital. The search of the literature found limited evidence on the characterised response of patients especially here in Nigeria, on how they (the patients) see and respond to the professional attitude of nurses in the process of health care delivery. This work was in essence organised to probe into this, the results of which will enable policy recommendations on the way forward for improving nurses' professional conduct in the hospital towards patients in order to improve on their welfare.

Subjects and Methods

Study Area:

The study was conducted in Braithwaite Memorial Specialist Hospital which is located in the city of Port Harcourt, capital of Rivers state and port town in southern Nigeria. It lies along the Bonny River (an eastern tributary of the River Niger), 41 miles (66 km) upstream from the Gulf of Guinea. Founded in 1912 in an area traditionally inhabited by the Ijaw people, it serves as a port, named for Lewis Harcourt – the British colonial secretary. Port Harcourt has long been an important merchant port and is today the centre of Nigeria's oil industry. Its exports include petroleum, coal, tin, palm products, cocoa, and groundnuts. Among the industries of the area are timber processing, car manufacturing, food and tobacco processing, and the manufacture of rubber, glass, metal, and paper products, cement, petroleum products, paint, enamelware, bicycles, furniture, and soap [<http://www.portharcourt.com/>].

Braithwaite Memorial Specialist Hospital is a 375-bed health facility that has been consistent in the provision of quality, safe and compassionate healthcare services to the people of Rivers State, since 1925 [<http://www.bmsh.org.ng/>] and it is located in the centre city of Port Harcourt.

Scope of the Study

The study was instituted to examine the perception of patients towards nurses' professional attitude to patient care at Braithwaite Memorial Specialist hospital, Port Harcourt, Rivers State, Nigeria. The attitude to patient care was basically examined by considering the conduct of nurses in four specific areas of health care delivery in the hospital--Consent seeking among nurses before treatment of patients, response to the specific needs of the patients during encounter, nurses' team working attitude and if patients were discriminated upon during their experience with nurses in the hospital.

Study Population

The population studied was the out-patients and in-patients who were first time and return/routine visitors to the hospital during the stated period of study. The information collection lasted for two weeks in the month of [February, 2015] in which one hundred and twenty seven (127) respondents were interviewed on their perception about nurses' professional conduct in the hospital when they the patients had encounter with them.

Sample / Sampling technique

Random sampling technique was used to determine those to be interviewed. We were reliably informed by the Matron that on the average about twenty [20] patients present as out-patients either as new patients or as return/routine out-patients for check-ups or medication/prescription in a day. Every one (1) in two (2) patients who presented as outpatient was interviewed randomly in a day and a total of about twelve to thirteen (12-13) candidates got to be interviewed in a day and about sixty to sixty four (60-64) in a five-day week [Monday through Friday]. The whole exercise took about two weeks. The span of two weeks was chosen to avoid the inclusion of return/routine out-patients who may revisit for checkups or for drug collection within the two-week study period. This is because it normally takes about two to three weeks for patients to return for check-up or refill of medication. A total of about one hundred and eighty eight (188) out-patients presented in the two-week period of the interview. The patient sample interviewed was calculated based on this sample size calculation for known population.

Sample size determination

Sample size calculation for cross-sectional studies/surveys as follows was used:

The appropriate sample size for this work was achieved using the formula:
$$\frac{Z_{1-\alpha/2}^2 P (1-P)}{d^2}$$

One hundred and twenty seven (127) patients was the number calculated as the sample size.

Validity and Reliability

The questionnaire for data collection was pre-tested to make sure the respondents understood and made meaning of it. Corrections were made on the questions that were not well understood by the respondents and tested again before being used within a six week period.

Data collection Methods

The pre-tested questionnaire was used in the data collection through the interview of the calculated sampled respondents.

Methods of data Analysis

SPSS was used in producing the descriptive statistics of frequency, percentages, mean and standard deviation. It was also used in calculating the Z-value, t- value and the p-value.

Ethical Consideration

Ethical clearance was obtained from Braithwaite Memorial Specialist hospital ethical clearance committee before the questionnaire administration. Individual consent was also sought from the randomly selected respondents before the interview.

Results

Table 1: showing the socio-demographics of the responding patients

Frequenciesn = 127

		Frequency	Percent
Age	20 and under	11	8.7
	21 – 30	39	30.7
	31 – 40	30	23.6
	41 – 50	28	22.0

	over 50	19	15.0
Patient category	In-patient	14	11.0
	Out-patient	113	89.0
Gender	Male	60	47.2
	Female	67	52.8
Highest educational qualification	No school	5	3.9
	Elementary	17	13.4
	High school	42	33.1
	College/university	42	33.1
	Higher education (professional/post-graduate)	20	15.7
	Literate classes only	1	.8
Marital status	Married	24	18.9
	Separated	1	.8
	Married with children	55	43.3
	Married without children	7	5.5
	Single	40	31.5
Duration of receiving nursing services as a patient in this hospital	1 month	24	18.9
	2 months	24	18.9
	3 to 6 months	31	24.4
	7 months to 2yrs	24	18.9
	3yrs to 5yrs	9	7.1
	5yrs and above	15	11.8
Occupation	Student	25	19.7
	Government employee	30	23.6
	Private employee	42	33.1
	Unemployed	30	23.6
Average monthly income	No income	48	37.8
	N5000 - N20000	14	11.0
	N21000 - N50000	28	22.0
	N51000 - N100000	21	16.5
	N101000 - N200000	10	7.9
	N201000 - N400000	5	3.9
	N401000 - N600000	1	.8
Main source of payment	Insurance	3	2.4
	Self pay	71	55.9
	Free medical care	53	41.7
First	Yes	19	15.0

experience in this hospital	No	108	85.0
First experience with nursing care in hospital	Yes	29	22.8
	No	98	77.2

Table 1: shows the number and socio-demographics of the patients and responses to the questionnaire. The patients were one hundred and twenty seven [127] in number with majority of them 30 [23.6%] between the ages of 31 and 40 years of age. There were 14 [11.0%] in-patients and 113 [89.0%] out-patients who responded to the questionnaire. Females were in the majority 67 [52.8%] and the males totalled 60 [47.2%]. When asked about their highest educational attainment, those that identified themselves as having attended no school at all were 5[3.9%] and those that had high school or college/university education stood at equal at 42[33.1%]. Those married with children were 55[43.3%] and the singles were 40[31.5%] in number. The majority of the respondents were privately employed 42[33.1%], the unemployed stood at 30[23.6%] and those that identified themselves as students numbered 23[19.7%]. Those without monthly income were 48[37.8%], 28[22.0%] made between N21, 000--N50, 000 as average monthly income and only 1[0.8%] said they made between N401, 000-N600, 000] as average monthly income. Majority of the patients 71[55.9%] were self paying [out-of-pocket payment] for the health services received at the hospital. Only 3[2.4%] of the patients were covered with insurance and 53[41.7%] identified themselves as having received free medical care at the hospital. Those that have first experience as patients in the hospital were 19[15.0%] and those that were repeat patients were 108[85.0%]. 29[22.8%] identified themselves as having first nursing care experience in the hospital while 98[77.2%] said they are repeat patients in nursing care in the hospital.

Table 2: showing nurses' consent seeking from patients before nursing procedure

Response	Frequency	Percent	Z-value	p-value
Yes	114	89.8	5.965	0.000
No	13	10.2		
Total	127	100.0		

The respondents' responses presented in table 2 above reveals that consent was sort for and obtained from the patients by nurses before nursing procedure in the hospital. This is indicated in the response of majority (89.8%) of the respondents who said 'Yes'. This result is significant as Z-value of 5.965 > 1.96 ($Z_{critical}$ value at 5% level of significance) and the $p < 0.05$.

Table 3: Showing the professional conduct of nurses in regards to responding specifically to patients' needs during encounter.

Response	Frequency	Percent	Mean	Std. Dev.	Z-value	p-value
Agree	109	85.8	1.14	0.35	5.809	0.000
Moderately agree	18	14.2				
Disagree	0	0.0				

Response	Frequency	Percent	Mean	Std. Dev.	Z-value	p-value
Agree	109	85.8	1.14	0.35	5.809	0.000
Moderately agree	18	14.2				
Strongly disagree	0	0.0				
Total	127	100.0				

All the sampled patients agreed that nurses conducted themselves in a professional manner in regards to responding to their specific needs during their encounter. This is revealed in their responses (Table 3) where 109 (85.8%) respondents and 18 (14.2%) respondents agreed and moderately agreed respectively that nurses conducted themselves in a professional manner by responding specifically to their needs during the encounter with them. This result is significant as Z-value of 5.809 > 1.96 ($Z_{critical}$ value at 5% level of significance) and the $p < 0.05$.

Table 4: Showing Nurses' 'Team Work' attitude and Service Provision

Question	Agree (%)	Moderately agree (%)	Disagree (%)	Strongly disagree (%)	Mean	Std. Dev.
In your observation, was he/she able to work as a team with colleagues in providing quality care to you and members of your family as the case may be during the nursing experience?	104 (81.9)	21 (16.5)	2 (1.6)	0 (0.0)	1.20	0.44
Was the nurse able to deliver unrestricted service to you without regard to the nature of your disease or illness?	107 (84.3)	13 (10.2)	7 (5.5)	0 (0.0)	1.21	0.53
Was her/his nursing procedure questioned by a superior?	9 (7.1)	5 (3.9)	113 (89.0)	0 (0.0)	2.82	0.54
Were you explained to why the nursing procedure was questioned?	14 (11.0)	5 (3.9)	108 (85.0)	0 (0.0)	2.74	0.65
Overall					1.99	0.91
t-value					4.379	
p-value					0.022	

Also, according to the responses of the patients, the nurses were able to work as a team with colleagues in providing quality care to them and members of their family during the nursing experience. This is reflected in their frequency responses as well as their mean response score of 1.20 ± 0.44 . The frequency responses captured in the table also indicates that the respondents agreed that nurses were able to deliver unrestricted service to them without regard to the nature of their disease or illness. The mean response score of 1.21 ± 0.53 confirms this. The nursing procedures utilised by the nurses were not questioned by their superiors. This view was reflected in the frequency responses of the respondents and the mean response score of 2.82 ± 0.54 . Also, being that the nursing procedure were not questioned, no explanation was sought for or given to the patients on why it was questioned. This is reflected in the patients' responses as presented in Table 4 (d) and as well as the mean

response score of 2.74 ± 0.65 . From the above results, as well as the overall mean of 1.99 ± 0.91 and $t\text{-value} = 4.379$ at $p < 0.05$, it is the assessment of the patients that nurses team worked with their colleagues in providing service to the patients in the hospital.

Table 5: Showing Nurses' Discriminating Attitude and Manner of Attention in Service Provision

Question	Agree (%)	Moderately agree (%)	Disagree (%)	Strongly disagree (%)	Mean	Std. Dev.
Were you discriminated against on the basis of your sex, creed, religion or socio-economic status in the process of your nursing experience in the hospital?	11 (8.7)	11 (8.7)	105 (82.7)	0 (0.0)	2.74	0.61
Was he/she able to listen to you attentively enough to understand your health problems?	106 (83.5)	12 (9.4)	9 (7.1)	0 (0.0)	1.24	0.57
Overall					1.99	1.06
Z-value					9.276	
p-value					0.000	

From the patient's responses presented in Table 5, the patients noted that they were not discriminated against on the basis of their sex, creed, religion or socio-economic status in the process of their nursing experience. This is vividly captured in the frequency responses and mean response score (2.74 ± 0.61) of the sampled respondents. In further buttressing their point, the sampled respondents indicated that the nurses were able to listen attentively enough to them to understand their health problem (as also revealed in the frequency responses and mean response of 1.24 ± 0.57). These results are significant as the overall mean response score is 1.99 ± 1.06 while the Z-value is $9.276 > 1.96$ (5% level of significance) at $p < 0.05$.

Discussion

The result shows that majority of the respondents 30 [23.6%] were between the ages of 31 and 40 years of age. There were 14 [11.0%] in-patients and 113 [89.0%] out-patients who responded to the questionnaire. Females were in the majority 67 [52.8%] and the males totalled 60 [47.2%]. Those married with children were 55 [43.3%] and the singles were 40 [31.5%] in number. The majority of the respondents were privately employed 42 [33.1%], the unemployed stood at 30 [23.6%]. Those without monthly income were 48 [37.8%], while 28 [22.0%] made between N21, 000--N50, 000 as average monthly income. Majority of the patients 71 [55.9%] were self paying [out-of-pocket payment] for the health services received at the hospital. Only 3 [2.4%] of the patients were covered with insurance and 53 [41.7%] identified themselves as having received free medical care at the hospital. Those that have first experience as patients in the hospital were 19 [15.0%] and those that were repeat patients were 108 [85.0%]. 29 [22.8%] identified themselves as having first nursing care experience in the hospital while 98 [77.2%] said they are repeat patients in nursing care in the hospital.

Majority 114 (89.8%) of the respondents indicated that their consent was sought by the nurses before treatment. This result is significant as Z-value of $5.965 > 1.96$ (Z_{critical} value at 5%

level of significance) and the $p < 0.05$. Patient's consent before treatment is a basic nursing professional requirement and expected of the nurses in the process of patient care. Patients need to agree before being treated and also it's onus on the nurses to explain the level and likely consequences of a treatment type to enable patients decide whether to accept or reject such treatment which is a fundamental patient's right. This finding supports the work of (Pandit and Pandit, 2009) where they simply stated that consent to treatment is the principle that a person must give their permission before they receive any type of medical treatment or examination. This must be done on the basis of a preliminary explanation by a clinician. Consent is required from a patient regardless of the intervention – from a physical condition to organ donation. This result also is in tandem with (Nursing and Midwifery Council of Nigeria) professional standard for nurses as it specifically states that nurses must ensure that the client/patient of legal age of 18 years and above gives informed consent for nursing intervention.

Also, all the sampled patients agreed that the nurses conducted themselves in a professional manner in regards to responding to their specific needs during their nursing encounter. This is shown as 109 (85.8%) respondents and 18 (14.2%) respondents agreed and moderately agreed respectively in their responses and the result was significant as Z-value of $5.809 > 1.96$ ($Z_{critical}$ value at 5% level of significance) and the $p < 0.05$. Responding to the specific needs of the patients by the nurses during nursing encounter is a requirement highly desirous of patients in that it improves their satisfaction and increases their chances of being repeat patients in the future for the particular hospital. Today's patients are more highly educated than their predecessors and also more likely to demand for specific treatment that satisfies their needs. Nurses must be schooled if they have not yet to respond to the specific needs of patients to improve their satisfaction with health care delivery. This finding supports the standard set out for nurses in the (Institute of Medicine (US), 2011) that states thus: the changing landscape of the health care system and the changing profile of the population require that the system undergo a fundamental shift to provide patient-centered care.

According to the responses of the patients as well, the nurses were able to work as a team with colleagues in providing quality care to them and members of their family during the nursing experience as reflected in the frequency responses of the patients as well as their mean response score of 1.20 ± 0.44 . The frequency responses also indicates that the respondents agreed that nurses were able to deliver unrestricted service to them without regard to the nature of their disease or illness as shown in the mean response score of 1.21 ± 0.53 . The result equally shows that the nursing procedures utilised by the nurses were not questioned by their superiors as was captured in the frequency responses of the respondents and the mean response score of 2.82 ± 0.54 . From the above results, as well as the overall mean of 1.99 ± 0.91 and $t\text{-value} = 4.379$ at $p < 0.05$, it is the assessment of the patients that nurses team worked with their colleagues in providing services to the patients in the hospital. Teamwork is demanded of all professions and most particularly the nursing profession in order to save, improve and manage patients' health. Teamwork promotes the sharing of experiences amongst professionals that goes to the benefit of the patients. Teamwork also goes beyond within a profession's sharing of experiences by extending into sharing of experiences amongst professions like doctors/nurses sharing of experiences for the total benefit of patient care. This experience was shared by the (Nursings and Midwifery council of Nigeria) that specifically states that nurses are to provide promotive, preventive, supportive and restorative care to individuals, families and communities, independently, and in collaboration with other members of the health team. Our finding is equally shared by (Lindeke and Sieckert, 2005), (LeTourneau, 2004) and (Coeling and Cukr, 1997) that states in effect that each health care

profession has information the other needs to possess in order to practice successfully. In the interest of safe patient care, neither profession can stand alone, making good collaboration skills essential (Lindeke and Sieckert, 2005), (LeTourneau, 2004) and (Coeling and Cukr, 1997).

Also in our result, the patients noted that they were not discriminated against on the basis of their sex, creed, religion or socio-economic status during their nursing experience as this is vividly captured in the frequency responses and mean response score (2.74 ± 0.61) of the sampled respondents. In further buttressing their point, the sampled respondents indicated that the nurses were able to listen attentively enough to them to understand their health problem (as also revealed in the frequency responses and mean response of 1.24 ± 0.57). These results are significant as the overall mean response score is 1.99 ± 1.06 while the Z-value is $9.276 > 1.96$ (5% level of significance) at $p < 0.05$. It is a good practice in providing nursing care that patients are not discriminated upon on whatever basis but rather be assured that their health problems would be attended to regardless of their medical condition and economic and social status. This position is equally shared by (Nursing world/code of ethics, 2010), (Code of ethics for Nurses in Australia, 2002), (Nursing and Midwifery Council of Nigeria) which in effect states that barring discrimination in the treatment of patients includes recognising, respecting and, where possible, protecting the wide range of civil, cultural, economic, political and social rights that apply to all human beings. But contrary views were provided in the research findings by (Reis et al; 2005), (Tirelli et al; 1991), (Devroey et al; 2003), (Richter, 2001) which in essence state in effect that some patients receive preferential treatment from providers at the expense of the others. In a study on the treatment of HIV/AIDS patients in Nigeria, it was found that while most health-care professionals (nurses inclusive) surveyed reported being in compliance with their ethical obligations despite the lack of resources, discriminatory behaviour and attitudes toward patients with HIV/AIDS exist among a significant proportion of health-care professionals in the surveyed states.

Conclusion/Recommendations

The nurses were in good part found to be in compliance with the nursing code of professional conduct. But that notwithstanding, there remain the ever increasing need that nurses are kept abreast of the changing nature of their job in taking care of patients, new configuration of disease mutations, and the changing socio-economic status of patients which affect the professional conduct of nurses in providing health care services to patients. Seminars, workshops and conferences would be the recommended media to keep nurses abreast of this ever evolving nature of patient care.

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