

The Consequences Workplace of the Head Nurse's Adherence to Nursing Professional Educational Ethics and Knowledge of Moral Dilemmas at King Abdulaziz Hospital, Makkah, Saudi Arabia

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ABSTRACT

Conducting ethics deals with standards of moral judgment. Every day, professional nurses are required to make ethical decisions about patient care. They must have good adequate practice and knowledge of ethics to make ethical decisions. In addition, a head nurse's respect for the respected climate can affect job adherence by improving nurses' professional values and raising their awareness toward moral and ethical issues facing care practice through acceptance and correction of errors, which leads to improved quality of care by enforcing values of the profession and prevents negative consequences of errors hiding. The aim of this study was to examine the consequences of the head nurse's adherence to respect educational programs on nurses' professional ethics and knowledge of moral dilemmas. This study method used a Quasi-experimental research design. Setting: The study was conducted at King Abdul Aziz Hospital. The Subjects were all head nurses who worked in the inpatient and outpatient units, and all staff nurses worked in the same departments. Research Instrument four tools was used in this study: respect knowledge questionnaire, workplace respect climate Self- Assessment scale, nursing professional value Scale, and moral and ethical issue knowledge questionnaire. The results showed total knowledge score and levels of perceived workplace respect among head nurses were low before the program implementation. After the program implementation, they had higher scores with statistically significant differences; also, the staff nurse professional value scores and moral and ethical issues awareness scores increased after implementing a respect education program for head nurses. In Conclusion, the respective training program positively affected head nurses by increasing their knowledge and self-assessment about perceived workplace respect after the program implementation. Recommendations were periodical conferences and programs for head nurses must develop respect skills, behaviors, and communication to motivate the worth of their professional values towards nursing and acknowledge moral and ethical knowledge.

Keywords: educational program; respect climate; head nurses; staff nurses; professional value; ethical-moral issues



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INTRODUCTION

Recent quality reports (AHRQ, 2021) indicate that while improvement is evident in some areas, quality benchmarks are not consistently met. Many indicators remain unchanged, and some are even trending away from benchmark targets. Thus, there is an ongoing need for quality assessment and research into key drivers of quality. The nurse work environment (NWE) was identified as a key driver of quality in the landmark report Keeping Patients Safe: Transforming the Work Environment of Nurses (IOM, 2004). In the subsequent two decades researchers have generated a large body of evidence indicating that better NWEs, generally characterized by attributes such as supportive management, adequate nurse staffing and resources, and nurse involvement with hospital affairs, are associated with improved quality outcomes for nurses and patients (Lake et al., 2019; Swiger et al., 2018; Wei, Sewell, Woody, & Rose., 2018).

The workplace respect climate refers to nurses' perceptions of how management uses rules, processes, and practices that govern behaviors in a certain area of interest to maintain a respectful workplace. The health sector is a crucial success factor. A culture of institutional respect has received a lot of attention, and it should exist for the nursing

profession in the healthcare care industry (Oseremen et al., 2022). A climate that values respect should support a high error orientation and, as a result, improve care delivery in hospitals. As a result, one problem in current healthcare care research is how interpersonal behavior at work is receiving increasing recognition. A culture of polite interpersonal behavior may lay the groundwork for excellent hospital care performance. Understanding ethical and moral matters as a secondary mechanism of the error-oriented climate will clarify (Roth et al., 2022). Ethical challenges brought on by the increased risk of infection.

More healthcare workers being required to go into quarantine because of the pandemic adds to this stress. Professional nursing values are a person's internal beliefs that shape their behavior and guide their decision-making in life (Uknowledge & Wethington, 2022). They are socialized into the nursing profession through nursing experiences, professors, and coworkers, as well as through nursing codes of ethics. To ensure that the ideals of nursing are upheld, a balance must be struck between advocacy, respect for people, and reducing obstacles to care, as well as the ethical principles that direct nurses in making moral decisions (Hampton et al., 2022). These moral standards have an impact on the nurse's moral judgments, actions, and subsequent professional demeanor at work (Muse et al., 2021).

When a nurse interacts with a patient, respect can bring about a special set of ethical, moral, and professional challenges. Every day, nurses deal with challenging situations based on the assessment of right and wrong; thus, nurses need to be aware of the law, their moral obligations, and their moral restrictions (Remya & Lin, 2011). In addition, nurses may encounter moral conundrums when making decisions about how to deliver care, advocating for patients while planning and delivering safe patient care, and avoiding ethical, moral, and professional controversies by adhering to care standards, providing competent care, and maintaining open lines of communication with other healthcare professionals (Ziems et al., 2022). In order to safeguard their patients' rights, avoid liabilities, and promote the development of new technologies, they were utilizing ethical principles that can resolve moral conundrums to avert unethical situations in practice.

Significance of the study

Policies, procedures, and practices to lessen rudeness and verbal aggressiveness in the workplace should exist in workplaces with high-respect climates. An atmosphere that encourages honest communication and safer behaviors that boost self-efficacy is characterized by a good respectful climate (Bell et al., 2022). A hostile respect environment, on the other hand, is marked by mistrust and dread and leads to a refusal to accept responsibility for nurses' errors (Youssef et al., 2022). Because ethical issues occur from variances in nursing's value, changing professional roles, technology advancements, and decision-making ambiguity, adherence behavior promotes professional development and keeps therapeutic relationships positive, and maintaining correct records will help nurses stay out of trouble (Halfdansen, 2022). Building relationships is a result of workplace respect. To retain their present workforce and recruit new hires, nursing managers should assist in creating a friendly, tension-free workplace (Skaf et al., 2022). Nurses leave their occupations when they are shielded from moral or moral concerns. Correct communication and an atmosphere of high respect between head nurses and their nursing staff in a hospital setting not only enhance self-efficacy, hope, optimism, and flexibility, but they may also lessen moral and ethical issues, increase respect for their profession, and minimize occupational burnout, health concerns for nurses, and employee turnover under stressful circumstances (Liu et al., 2021). In order to educate head nurses on the moral and moral dilemmas they encounter when caring for them in isolation wards, the researcher will run an educational program. She will then assess how it affects nurses' awareness and their personal and professional values. This research will be the main roadmap for nursing ethical rules and regulations educational del dilemma.

Aim of the study

The current study examines the consequences of the head nurse's adherence to respect educational programs on nurses' professional ethics and knowledge of moral dilemmas among patients in King Abdul Aziz Hospital.

Research hypotheses

H₁: Head nurses' respect for knowledge and workings will be higher after implementing an educational program than before implementation. H₂: Nurses' professional values and awareness of moral dilemmas and ethical issues will be higher after implementing a respectful educational program for head nurses.

METHOD

The current study utilized a quasi-experimental research design to achieve its target.

Setting

This study was conducted at the King Abdul Aziz Hospital, Makkah, Saudi Arabia. King Abdul Aziz Hospital provided services for the care of general cases and isolation of positive corona cases and included an emergency department, medical, surgical, neuro, and positive isolation in the medical department. The following are the factors that led to the decision to choose King Abdulaziz Hospital: when I visited my relative an isolated patient, it was noted that several staff appeared terrified and avoided making eye contact with the patient, which had a negative impact on the patient's psychological state. While she interacted with these patients without the bloated sensation previously observed, other nurses who had been caring for isolated patients or those in her family typically worked with them while attempting to reassure and assist them.

Subjects

The current study used A convenient sample of a practical sample. All head nurses and staff nurses employed at the King Abdul Aziz Hospital during the data collection period are included. There were 127 nurses in total, divided into staff nurses (100), who worked in the inpatient and outpatient sections, and head nurses (27). Head nurses and staff nurses who withdrew from the study were excluded.

Data collection tools

Data collection by using four tools as follows:

1. Tool I: The respect knowledge questionnaire included two parts. First part: Demographic data: it is used to collect data about head nurses encompassing items such as (age, gender, marital status, educational qualification, department, years of experience, and communication (Osingada et al., 2015). Second part: Knowledge respect questionnaire: It was created by the researchers to gather information from head nurses in order to gauge their understanding of workplace respect behavior. It was based on numerous studies and a review of related works of literature. The questions were written as either true-false or multiple-choice questions. It consisted of 35 questions related to the definition of respect, respect for workplace behavior, important respect, etc. The questions were scored as one for the correct answer and zero for the incorrect answer. The scoring system is divided as follows: low respect (<60%), moderate (60% – ≤75%), and high respect knowledge (≥75%).
2. Tool II: Perceived Workplace Respect Climate (PWCC). Developed by (Ebi et al., 2019) and used to measure nurses' perception of workplace respect climate. It consists of 24 items; the items measured using a five-point Likert scale ranged as 5=strongly agree, 4=agree, 3=neutral, 2=disagree, and 1=strongly disagree, and the higher score on the PWCC measure will be indicated favorable perceptions of the workplace respect climate. The scoring system: for workplace respect, the climate ranged from 24 to 120, categorized as follows: Low workplace respect climate from 24 to 56, moderate workplace respect climate from 67 to 89, and High workplace respect climate from 90 to 120.
3. Tool III: Nursing Professional Value Scale. The Nurses Professional Values Scale (NPVS) was created in the United States by (Xu et al., 2021). the solely available tool for gauging professional nursing standards. This instrument reflects current nursing standards based on the nurses' code of ethics with interpretive statements (Code of Ethics Interpretive Statements, 2014). It has 26 items broken down into five categories, including caring (9 items: 16, 17, 18, 20, 21, 22, 23, 24, 25), activism (5 items: 4, 10, 11, 19, 26), and leadership (5 items: 4, 10, 11, 19, 26). Trust (items 1, 2, 9, 14, 15), Professionalism (4, 5, 6, 7, 8), and Justice (items 1, 2, 9, 14, 15) (3 items 3, 12, 13). A Likert scale of 1 to 5, with 5 representing highly important and 1 representing unimportant, is used to rate each assertion. Scores from 26 to 130 are possible; higher scores reflect higher degrees of nursing professional values.
4. Tool IV: A structured knowledge quiz about moral and moral matters in healthcare, created by (Martin-Rodriguez et al. (2022) and updated by the researcher to evaluate nurses' ethical and moral knowledge. There were 35 multiple-choice questions divided into three sections. First, there are 14 questions about a broad understanding of moral and ethical issues in care, followed by 10 questions about the moral aspects of inpatient care and 3 questions about the ethical aspects of inpatient care nursing. The questions were given a score of one for the right response and 0 for the wrong response. Low respect (60%), moderate (60% – ≤75%), and strong respect knowledge (≥75%) are the three categories under the rating system.

Validity and reliability

Five subject-matter specialists evaluated the validity of the tools' content. Items' sequencing, simplicity, importance, applicability, phrasing, term, form, and overall appearance were evaluated for content validity using tools based on suggestions and guidelines from professionals. The reliability of the tools was evaluated quantitatively. The internal correctness of the tool was evaluated using Cronbach's Alpha test. The nursing professional value scale had a

value of (0.89), the total respect knowledge questionnaire had a value of (0.88), the respect self-assessment questionnaire had a value of (0.91), and the moral and ethical problems knowledge questionnaire had a value of (0.95).

A Pilot study

To ensure the accuracy and applicability of the study tools and the feasibility of the research procedure, data collection was done on 10% of the study participants (three head nurses and ten nurses) prior to the real data collection. Estimating how long it would take to complete the data collection tools was also essential. The analysis was completed in accordance with the pilot study's findings. As no changes were made to the study tools, participants were included in the pilot study (Deviantony et al., 2021).

Procedure

The study was implemented through the following stages: Assessment and planning, implementation, and evaluation stage.

1. Assessment and planning stage

- Prior to beginning the study, official approval to perform it was received from the relevant personnel. It was agreed upon verbally by the head nurses and nursing personnel to participate.
- A pre-test to gauge the head nurses' attitudes toward respect at work was conducted before the program began. The knowledge test took 20 to 30 minutes to complete and close to 30 minutes to complete the self-assessment questionnaire regarding how respected you feel at work. Data were gathered in a single month, from the beginning of January to the end of January 2020.
- Before beginning the head nurse program, evaluate the nurses' professional ethics and awareness of moral and ethical concerns. The researchers administered a questionnaire to the nurses regarding their professional ideals and awareness of moral and ethical issues. Data collected in one month, from the beginning of February to the end of February 2020, showed that completing this worksheet took 30 to 40 minutes.
- The instructional program's schedule was created by researchers.
- The study's learning environment and relevant resources (seminar spaces and data display equipment) were developed by the researchers.

2. Implementation stage

- Based on the findings of the assessment and planning stages. A literature review was used to create an educational program, as well as teaching sessions and time schedules. The definition of respect was discussed on the show.
- Respect in the workplace, and the ways and aspects of respect, its significance for nursing staff, effective qualities for adherence head nurses, and their acquired skills.
- The study subjects were divided into three subgroups of (9) head nurses each, and the researchers implemented the educational different
- for each subgroup at a different time.
- Sessions were held in teaching rooms in the hospital's education building, according to the participants' work schedules.
- The researchers explained the educational program's objectives, timetable, and content to the head of nurses.
- Before each session, the learning objectives were explained and feedback was collected about the previous session, and after each session, the current session was reviewed.
- The educational program was delivered to the fever isolation hospital's head nurses. Lectures, discussions, brainstorming, assignment, case study, and small group work activities were used as teaching methods. Consider the knowledge and experience of others.
- Make a list of values, such as listening to understand people without interrupting them, and communicating critical criticism respectfully. Consider the expertise and experience of others. Don't make fun of others. Assume that everyone around you has good intentions. Pose challenging questions to elicit responses, but never in a condescending tone. Never act in a way that could be perceived as intimidating, intolerable, or discriminatory. Show a greater interest in finding the right solution than in being right. Maintain your objectivity when there is a disagreement.
- PowerPoint, video and a case study were used as teaching materials.
- The educational program was completed in two months, beginning in March 2020 and ending in April 2020.

3. Evaluation phase

- The four tools were used to collect data on the immediate effect of a respectful educational program for head nurses on nurses' professional values and awareness of moral and ethical issues. questionnaire on workplace respect, perceived workplace respect Self-evaluation - Evaluate head nurses' respect practices and behavior as if they were head nurses. Praise and empower others - teach people that what they do right is laudable when it is

done (or as soon as possible after that), think before you speak and say what you mean without being mean when challenging someone's point of view, don't attack the individual, respond to the idea., treat others as you would like to be treated, apologize when you are wrong - whether you are the leader/follower, manager, or other employees demonstrate and teach empathy and respect in you.

- In addition to respecting norms and behaviors, head nurses must understand the distinctions between judgment and comparison. When disagreeing with someone, engage in adherence discourse, intelligence, and humor; when someone's attitude or position changes your emotions, consider why; don't simply react from the emotions; don't let anger or other emotions prevent you from hearing what others have to say; don't let anger or other emotions prevent you from hearing what others have to say.
- A three-month follow-up was conducted to assess the effectiveness of the program.
- The respect educational program for head nurses on nurses' professional values and awareness of moral and ethical issues was conducted using the respect knowledge questionnaire, perceived workplace respect Self-assessment – nurses' professional values, and awareness of moral and ethical issues scale. It was completed between the beginning and end of August 2020.

Ethical considerations

The ethical study committee of King Abdul Aziz hospital Makkah provided their initial approval. The researcher met with the directors to introduce and discuss the study's aim, then met with all head nurses and staff nurses to introduce and discuss the study's aim and decide the best time to meet the study participants and collect data. Head nurses and staff nurses were told that any details gathered would be kept private and have no bearing on their professional evaluation. We obtained written consent from each participant. The researchers clarified the aim of the study to the study of the subject who participated in the study. Head nurses and nurses knew their participation was voluntary, and they could withdraw from the study at any time if they wanted. Confidentiality of data, privacy, identity, willing participation, and the right to decline to participate in the study was emphasized to subjects.

Statistical analysis

Statistical data analysis of implementation is done by using the SPSS program and an extra statistical package social science version 24. The data description is done in the form of "mean + SD" for quantitative data and frequency & proportion for qualitative data. The data was interpreted in order to determine whether or not there was a statistically significant difference between groups. The qualitative data chi-square test was used. The p-value is significant if $p \leq 0.05$ at a confidence interval of 95%. The quantitative data, a paired sample t-test, was used to compare one group at different times.

RESULT

Table 1. Frequency Distribution of Head Nurses and Staff Nurses

Demographic Characteristics	First-line Nurse Managers (27)		Staff Nurses (100)	
	n	%	n	%
Age (years old)				
> 30	7	26.0	20	14.3
30-40	18	66.6	65	72.0
< 40	2	7.4	15	13.7
Mean ± SD	32 ±3.6		37.76 ± 6.38	
Gender				
Male	4	17.4	35	35.0
Female	19	82.6	65	65.0
Marital status				
Single	3	11.1	30	30.0
Married	21	77.8	50	50.0
Divorce	2	7.4	13	13.0
Widowed	1	3.7	7	7.0
Qualifications				
Diploma	0	0.0	35	35.0
Institute	0	0.0	40	40.0
Baccalaureate	25	92.6	25	25.0
Other	2	7.4	0	00.0

Cont...

Cont...

Demographic Characteristics	First-line Nurse Managers (27)		Staff Nurses (100)	
	n	%	n	%
Years of experience				
< 5	00	37	35	35.0
5-15	15	55.6	50	50.0
> 15	2	7.4	15	15.0
Area				
General	20	74.0	60	60.0
Critical	7	26.0	40	40.0
Communication with coworkers				
Good	20	74.1	80	70.0
Moderate	7	25.9	20	20.0
Bad	0	00.0	00	10.0
Family history of isolation infection				
Yes	9	33.3	60	60.0
No	18	66.7	40	40.0
Residence area				
Urban	17	62.9	69	69.0
Rural	10	37.1	31	31.0
Previous training program				
Yes	0	00	0	0.0
No	100	100.0	100.0	100.0

Table 1 shows that most head nurses were female, married, had a baccalaureate degree, and working in a general area. Nearly two-thirds of them are in the age group 30-40, and slightly more than half of them experience 5-10 years. Also, nearly two-thirds of head nurses had good communication with their co-workers, family history with isolated patients, an urban area of residence, and no previous educational program training about respect. In the same table, slightly more than half of staff nurses are female, 30-40 years old, and work in the general area. 50% of them are married and have experience of 5-10 years. Nearly two-thirds had good communication with their supervisors and peers, lived in urban areas, and slightly more than half had a family history with isolated patients and no educational program about respect.

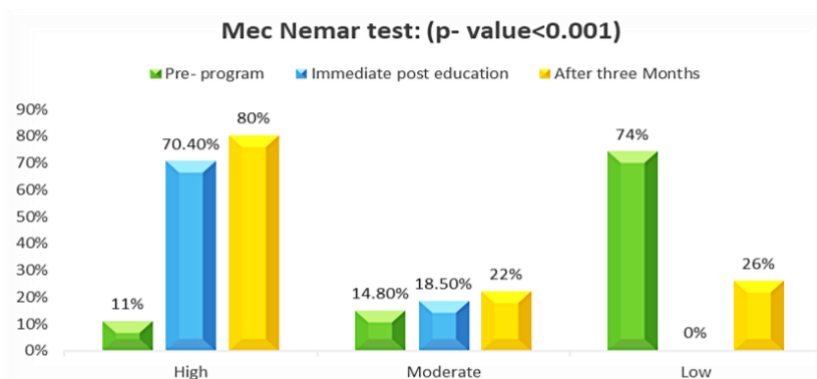


Figure 1. Total Knowledge Levels of Head Nurses about Respect During Different Times of Testing (N=27)

Figure 1 demonstrates that (74.1%) of head nurses had a low level of knowledge in the pre-test. While at the immediate post-test, it was (81.5%) of them had a high level of knowledge. After three months of program implementation, there was a change in knowledge level between head nurses (70.4) with a high level of knowledge, with statistically significant differences (p=0.001).

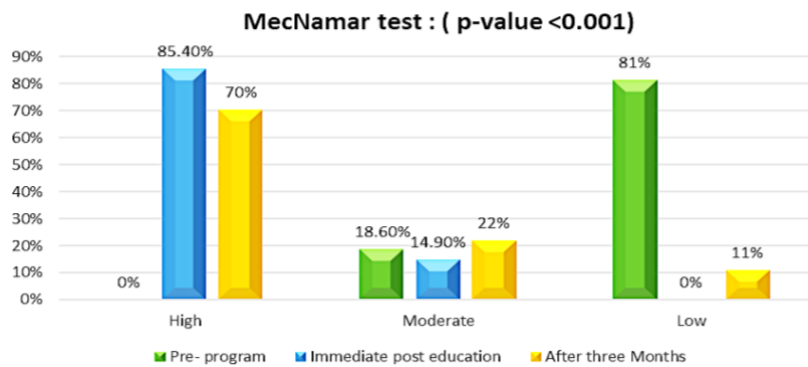


Figure 2. Frequency Distribution of Perceived Workplace Respect Climate Components among Head Nurses (N=27)

Figure 2 explains that 81.4% of head nurses had a low perceived workplace respect climate in the pre-test. While at the immediate post-test, it was (85.1%) of them had a high level of perceived workplace respect climate. After three months of program implementation, there was a change in the perceived workplace respect climate among head nurses (70.4%) of them had a high level of knowledge. with statistically significant differences (p=0.001).

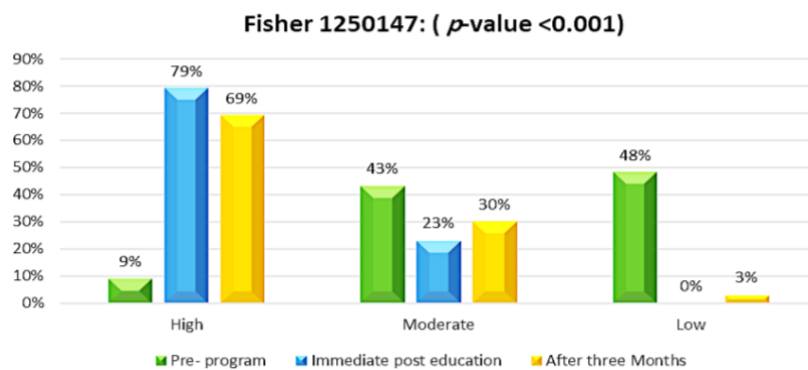


Figure 3. Distribution of Studied Staff Nurses' Nursing Professional Values Score during Different Testing Times (N=100 in pre-and immediately post-program & N=65 in follow-up)

Figure 3 illustrates that 59% of the studied nurses' have a low level of nursing professional values in pre-program implementation, which increased to high 77% of them immediately after post educational program and decline to 55.38 % after three months (follow-up).

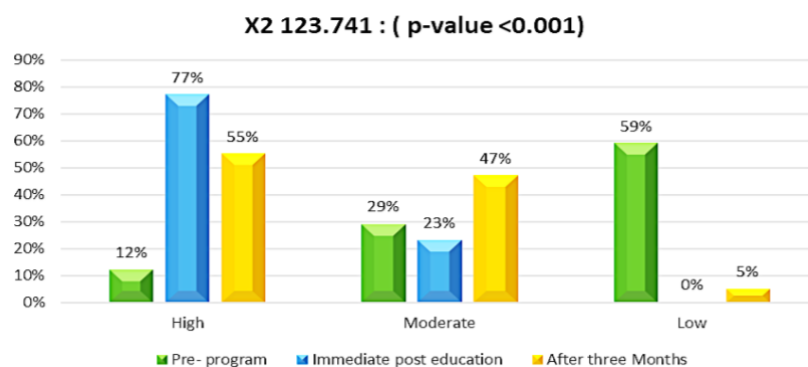


Figure 4. Distribution of Studied Staff Nurses' Awareness about Moral and Ethical Issues Score during Different Testing Times (N=100 in pre-immediate post & N=65 in follow-up)

Figure 4 shows that 48 % of the studied nurses' have a low level of nursing awareness about a moral and ethical issue in pre-program implementation, which increased to 77% of them immediately after post-educational program and declined to 69.23% after three months (follow up).

Table 2. Correlation between Head Nurses' Total Knowledge, Total Respect, Nurses' Professional Values, and Awareness about Moral and Ethical Issues during Different Times of Testing

Variable	Head nurse's total knowledge		Head nurse's total adherence		Nurses' professional value	
Pre-program implementation						
Head nurses' total workplace perceived climate adherence						
Head nurses' total self-assessment of perceived climate adherence	0.241	0.000**				
Nurses' professional values	0.325	0.000**	0.189	0.000**		
Nurses' awareness of moral and ethical issues	0.215	0.000**	0.215	0.000**	0.178	0.000**
Immediate post-test						
Head nurses' total workplace perceived climate adherence						
Head nurses' total self-assessment of perceived climate adherence	0.123	0.000**				
Nurses' professional values	0.138	0.000**	0.11	0.000**		
Nurses' awareness of moral and ethical issues	0.215	0.000**	0.215	0.000**	0.178	0.000**
Follow up after three months						
Head nurses' total workplace perceived climate adherence						
Head nurses' total self-assessment of perceived climate adherence	0.41	0.000**				
Nurses' professional values	0.115	0.000**	0.259	0.000*		
Nurses' awareness of moral and ethical issues	0.276	0.000**	0.523	0.000**	0.239	0.000**

Table 2 summarizes a positive association between the total head nurse s respect (knowledge, self-assessment), staff nurses' professional values, and awareness of moral and ethical issues during different testing times.

Table 3. Best Fitting Multiple Linear Regression Model for The Respect Knowledge Score

Model	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval	
	B	Std. Error				Lower	Upper
Constant	+0.31	0.10		+3.229	0.001	+0.51	+0.12
Family history isolation patient	0.17	0.07	0.18	2.357	0.019	0.03	0.31
Nursing professional values	0.07	0.03	0.17	2.299	0.023	0.01	0.13
Communication with co-worker	+0.15	0.07	+0.11	+1.945	0.053	+0.29	0.00

r-square=0.10 - Model ANOVA: F=9.72, p<0.001

Table 3 displayed the best fitting multiple linear regression model for the respect knowledge score as evident from the table that there were statistical significance independent predictors of staff nurses' scores of the respective knowledge, family history of Isolation patients, nursing professional value score, and communication with a co-worker in their workplace which consider as a positive predictor's respect workplace climate.

Table 4. Best Fitting Multiple Linear Regression Model for The Nursing Professional Values Score

Model	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	0.02	0.93		0.020	0.984	+1.82	1.85
Respect	+0.33	0.09	+0.21	+3.796	<0.001	+0.50	+0.16
Educational program	+0.41	0.09	+0.27	+4.529	<0.001	+0.59	+0.23
Relations with co-workers	0.79	0.12	0.39	6.784	<0.001	0.56	1.02
Experience	0.44	0.09	0.28	4.861	<0.001	0.26	0.62

r-square=0.37 Model ANOVA: F=29.97, p<0.001 Variables entered and excluded: age.

Table 4. Clarify the Best fitting multiple linear regression model for the nursing professional value score as evident from the table that there is a positive statistically significant independent predictors of staff nurse's scores of the

nursing professional values in the other hand, there were statistically significant positive independent predictors of staff nurses' scores of the nursing professional value related to respect for an educational program, relation with co-workers, and years of experience.

Table 5. Best Fitting Multiple Linear Regression Model for The Nurses' Awareness of Moral and Ethical Issue Score

Model	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	0.68	0.69		0.990	0.323	+0.68	2.04
Educational program	0.19	0.07	0.15	2.734	0.007	0.05	0.33
Experience	+0.15	0.07	+0.11	+1.945	0.053	+0.29	0.00
Nursing professional values score	0.54	0.05	0.65	10.874	<0.001	0.44	0.63
Family history of isolated patient	+0.15	0.07	+0.11	+1.945	0.053	+0.29	0.00

r-square=0.44 - Model ANOVA: F=39.39, p<0.001

Table 5 clarifies the Best fitting multiple linear regression model for the nurses' awareness of moral and ethical issue score as evident from the table that there is a positive statistically significant independent predictor of staff nurses' scores of the nurses' awareness of moral and ethical issue score, experience and family history of isolation patient in the other hand there were statistically significant positive independent predictors of staff nurses scores of nurses awareness of moral and ethical issue score and the nursing professional values and educational program.

DISCUSSION

Respect rules vary among cultures, work environments, and other ethical values and principles, which are normally required in any relationship and described as an important part of an employee's experience. They can be sources of respect, support, and validation or rude, frustrating, and stressful (Sheppard, 2022). Rules of respect vary across cultures and work environments, and other values and ethical principles are normally required in any relationship and as an important part of an employee's experience. They can be sources of respect, validation support, or rude, frustrating, and stressful care and skill, as evidenced by failing to exercise the standard of which a reasonable and prudent nurse would in the circumstances of malpractice; and professional negligence, which refers to a form of negligence committed in the nursing profession. The results of the current study revealed a very significant gain in knowledge among nurses on compliance during the pre-program implementation and the different times of measures after program implementation.

In addition, they had low knowledge of respect that on-the-job training and education are or absent at their workplace respect can be used in their work the many problems they have faced there for many years and there needs to be updating or renewing their knowledge. Moreover, after an educational program was implemented, head nurses refreshed their knowledge of respect. Also, the program provides reinforcement and relevant information for head nurses; it also improved their understanding of adherence behavior that affects the practice that encompasses the definition of respect in general, respect in the workplace, aspects of respect, the importance for them and their nurses, effective ways of respect, practices, etc.).

The head nurses have low respect perceived climate before program implementation, which increased to 85% of them immediately after post-educational program and decreased to 70 % after three months of program implementation, with statistically significant differences. This finding is congruent with G Hamed et al. (2022), who reminds us that respect is learned behavior—regardless of the culture or generational cohort. The following behaviors should be modeled when teaching and learning respect, not in any particular order. The second fact is that the management of suspected or confirmed cases of Isolation had an extremely high rate and relatively high morbidity, nursing concerns, and fear of isolation or contracting the infection from family members have been reported. Sharmil (2011) the emergence and infection of isolated patients had exacerbated the worldwide, leading to stigma in cases and causing major stress in the workplace, and negatively affecting their attitudes.

The third reason is the presence of many occupational stressors that affect nurses in health care due to shifts in work, end-of-week work, inadequate; more work hours; discrimination and safety at work; poor relationships at work; role conflict, and ambiguity. All of these stressors negatively affected nurses' attitudes supported by Smith & Ray-Barruel (2022). The one addressed by the collaborative efforts made by the Department of Higher Education for New Graduates

and the Department of Health, who are concerned to educate nurses in hospitals about the coronavirus in its waves, as well as improve the conditions of its, increase the compensation allowance for infection and improve psychological empowerment by a moral stimulation by launching the minister of health appreciate their efforts, as well as in this name on currencies in circulation such as Saudi Arabia. This matter reflects adherence behavior when dealing with infectious cases.

The current study finding is consistent with the study of Wolfes et al. (2022), who reported that respect interventions are important human resource management practices for preventing mistreatment. However, little is known about what influences the effectiveness of respect training. Pre-training attitudes suggest that the climate for respect and mistreatment experiences on motivation to learn is largely indirect. Training skepticism and training disparity have opposing effects on learning motivation. The findings give an empirical foundation for experts to use in their respective initiatives to increase employee incentives to learn. The current study result illustrated that staff nurses' professional values and awareness about moral and ethical issues increased immediately after program implementation and after three months of program implementation compared with pre-programming implementation with highly statistically significant differences during different testing times.

Osaka et al. stated that nurses must ensure the legacy of caring is reinforced by education in values for the future nurse. Respect influences important organizational outcomes pointed out that respect could have an impact not only more but monetary value. Avoid moral and ethical problems by raising awareness of respect as an essential characteristic of the workplace key areas in need of attention are nurses' compliance with professional values through following of code of ethics and ethical principles. Wolfes et al. (2022). reported that the majority of nurses score high on the professional values scale in nursing subscales and reported that all items on the professional values scale in nursing nurses are essential concluding that education in nursing plays a vital role in acquiring and maintaining values The current study found a positive correlation between staff nurses' professional values, awareness of moral and moral issues, and respect (knowledge, self-assessment) among all head nurses at different testing times. Its conformity to Harton & Skemp (2022), a mix of workgroup supervisors' and coworkers' commitment to participating in the CREW method is a significant predictor of higher post-intervention ratings of work respect and a fair more important predictor of higher post-intervention perceptions of workplace respect improvements reported a significant positive relationship was found between professional nursing values and levels of self-esteem as a predictor for adherence work setting that free from moral and ethical problems so that its useful to nursing educators to focus their effort on promoting professional, competent, ethical behaviors, practices of nursing care with nursing professional values of future nurses, and also supported

The current study is accorded to the study of Kanwal et al., (2022), who stated that the total score of the nurses' professional values was high from the nurses' perspective with improved nurses' awareness and understanding of the vast importance of professional values. Also agreed with Tham et al., who ultimately believe that nurses motivated to engage in workplace respect training, not ignore the role of workplace respect training to prevent moral and ethical issues occurring in nursing training—using it as an important tool to address many moral and ethical problems in the workplace as sexual harassment (2022). Also, there is a need to evaluate the long-term benefits of workplace respect training as a basis for acquiring professional values, indicating that professional nursing behaviors are filled with ethical principles and values. Geleta et al. (2022) supported this study by reporting that nurses had low awareness regarding moral and ethical issues in nursing practice. Nursing acknowledges the value, moral and ethical issues that face the profession in the care of isolated patients regardless of optimal outcomes Halfdansen (2022). So, nursing education provides a better understanding and increases their awareness of professional values as perceived by Saudi undergraduate nursing students as not clearly understood due to inadequate studies (VALES & Banayo, 2022).

The current study hypothesis is achieved and agreed with Sharma (2022) study of community health nurses' awareness of moral aspects of health care level of knowledge and laws on the health care sector was good with no moral and ethical issues report. While this study is agreed with Xu et al. (2021), teaching programs regarding knowledge of nurses regarding moral and ethical issues in the care of patients revealed inadequate knowledge regarding the moral and ethical issues in patient care in (pre-test) and improved the overall level of knowledge in (post-test), this is in the same line with Tsuno et al. (2022); study of moral and ethical knowledge of nurses caring for children, reported that nurses have inadequate, moderately, adequate knowledge, and nurses need to strengthen their knowledge of the moral and ethical concept inpatient care. The current study hypothesis is achieved and agreed with Sharma (2022) study of community health nurses' awareness of moral aspects of health care level of knowledge and laws on the health care sector was good with no moral and ethical issues report. While this study is agreed with Xu et al. (2021), teaching programs regarding knowledge of nurses regarding moral and ethical issues in the care of patients revealed inadequate knowledge regarding the moral and ethical issues in patient care in (pre-test) and improved the overall level of knowledge (post-test), this is in the same line with Tsuno et al. (2022); study of moral and ethical knowledge of nurses

caring for children, reported that nurses have inadequate, moderately, adequate knowledge, and nurses need to strengthen their knowledge of the moral and ethical concept inpatient care.

The current study finding is congruent with the study Stockdale (2022) reported that nurses' knowledge was improved after the educational intervention indicating the effectiveness of teaching programs and their implication for practice, and the guideline program assisted nurses in improving their understanding of nursing ethics that they encountered while working in a pediatric cancer unit, such as beneficence, consent, autonomy, honesty, justice, and secrecy. The regression model for the respect knowledge score showed the presence of statistically significant independent predictors of staff nurses' scores of the respective knowledge, family history of Isolation patients, nursing professional value score, and communication with a co-worker in their workplace, which consider as a positive predictor's respect workplace climate. In addition to nursing professional value score, as evident from the table, there are positive statistically significant independent predictors of staff nurses' scores of the nursing professional values related to respect for an educational program, relation with co-workers, and years of experience.

Moreover, the regression model for the nurses' awareness of moral and ethical issue score that a positive statistically significant independent predictor of staff nurses scores of the nurses' awareness of moral and ethical issue score, experience and family history of isolation patient in the other hand there was statistically significant positive independent predictors of staff nurses scores of nurses awareness of moral and ethical issue score and the nursing professional values and educational program.

The limitation of the study

The research project described in this paper has only been applied to one isolation hospital. To fully understand healthcare workers' views about respect, proper respect practices, and reporting procedures for health problems that may arise from moral and ethical issues, studies that include all governmental isolation hospitals and private hospitals and multispecialty clinics are suggested.

CONCLUSION

The current study examines the consequences of the head nurse's adherence to respect educational programs on nurses' professional ethics and knowledge of moral dilemmas among patients in King Abdul Aziz Hospital. The respect training program provided in this study positively affected head nurses by increasing their knowledge and self-assessment about perceived workplace respect after the program implementation during the different measurement times. As well as staff nurses' professional values and moral and ethical issue awareness scores increased after implementing respectful educational programs. As a result, nursing education program head nurses have a vital role in acquiring and maintaining adherence to workplace behavior and practices of professional values through following the code and principles of nursing ethics the matter that was going in hand with resolving any ethical or moral issue in nursing practice through increasing their awareness as a result of their head nurses' educational program.

Periodical seminars and programs for head nurses must develop respect competencies, behaviors, and communication to motivate their professional values towards nursing and acknowledge moral and ethical knowledge to avoid issues occurring in practice.

This study can be useful for nursing instructors, nursing managers, and decision-makers in nursing to develop appropriate strategies for promoting the nursing workplace's positive respect behaviors and professional values. These strategies may include reviewing the educational needs and modifying and developing the educational programs to strengthen the collaboration and interaction between the universities and hospitals because clinical situations play an important role in professionalization, preventing liabilities by increasing nurses' awareness about all aspects of moral ethical issues in their practice. All of these strategies can reduce the gap between the theoretical and practical knowledge of nurses. Nursing Practice: A nurse's understanding of moral elements of health care is essential since it will improve the quality of treatment while also providing moral protection. Nurse Educator: Some nurses have to function as both educators and healthcare providers to their patients. As a result, there are more possibilities to make the correct choice at the appropriate moment and Nurse Researcher: Continued research on respect to enhancing workplace respect in all hospitals of the health sector, future research should focus on identifying how faculty role models, clinical staff, and educational experiences might aid in the formation of professional values in nursing students.

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