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Compliance to Clinical Ethics and Associated Factors Among Health Professionals Working in Hospitals of Southwest and West Shoa Zone Oromia Region Ethiopia 2019

Hora Bekele
South Western Shoa Zonal health department, Woliso, Oromia, Ethiopia

Waju Beyene Salgedo*
Department of Health Policy and Management, Faculty of Public Health, Institute of Health, Jimma University, Jimma, Ethiopia
Email: wabyene@yahoo.com

Tesfaye Dagne Weldemarium
Millennium Medical College, Addis Abeba, Ethiopia

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Abstract

Background: Medical ethics can be applied to various professions in order to define a level of responsibility of performance of those in the field. Every patient has a right to be treated with respect as an individual. Methods: A facility based cross-sectional study design using mixed methods of data collection was used for the study done on 305 health professionals in hospitals of southwest and west shoa zone of Oromia, Ethiopia between April 03 and May 04, 2019. Pretested self-administered structured questionnaire was used for quantitative data collection and semi-structured interview guide used for qualitative study. Bivariate and multivariate logistic regression analysis was used identify variables associated with outcomes. Findings were presented descriptively by frequency tables and graphs. Ethical clearance was obtained from Health Institute of Jimma University. Result: The study indicated that only 36.4% of health professionals do have good compliance to clinical ethics. Health professionals in age group of 30-34 were 2.174 times more compliant than when compared to age group 25-29.(AOR=2.174 and 95% CI=(1.147, 4.121). Professionally, midwives were 3.195 times more compliant than general medical practitioners (AOR: 3.195, 95% CI: (1.075, 9.496).The result related to attitude indicated that health professionals having favorable attitude towards clinical ethics were 68% less likely to have good compliance to clinical ethics when compared with their counterparts (AOR: 0.322, 95% CI: (0.180, 0.573). Conclusion: Health professionals' compliance to clinical ethics was found to be poor. Age, type of profession and attitude of health professionals affected their compliance towards ethical principles. Qualitative data has also support the finding. Thus, it is recommended that responsible bodies should strive to enhance standard of the health professionals focusing on junior and older categories of health professionals.

Keywords: Compliance; Clinical ethics; Health professionals; Southwest and west hospitals; Oromia; Ethiopia.

1. Introduction

Clinical ethics refers to the field of activities that investigate what medical staff as professionals should do or how they should behave concerning a certain individual case, especially in the process of decision making [1]. Ethics can be applied to various professions in order to define a level of responsibility or a standard code of performance for those in the field [2].

Although ethical principles are systematically classified in different ways in literatures, these principles generally grouped as autonomy, non-maleficence, beneficence, and justice [3]. The patient provider relationship is built on the patient acceptance and trust in the providers' commitment to do no harm, to treat the patient with respect and dignity, and to make the patient a full participant in decisions about his or her care [4].

The challenge with ethical principles is that there is no single standard of ethical behavior to follow. Ethics is based on an individual's moral compass and what is ethical to one person is unethical to another. In order for leaders to establish and enforce ethical standards, it is best to develop a code of ethics [5].

The code of ethics provides guidance to all employees, management, physicians, and board of directors as to what is required of them when facing ethical issues. It is necessary to ensure that the medical office conducts and practices medicine in an ethical, lawful and honest manner [5].

All health professionals are required to uphold and abide by the oath undertaken on graduations that are recognized in different ethical documents [6]. Every patient has a right to be treated with respect as an individual. Just as there has been advice to patients by health professionals about the treatment they receive, likewise they should be encouraged to ask questions about their admission, discharge and treatments and to inquire about alternatives [4].

Good communication, genuine relationships and good ethical practice are defining factors in the delivery of successful healthcare. It is imperative that health professionals remain mindful of their actions and fully embraces confidentiality and autonomy, especially as the 'grey' areas of practice can be difficult to assess. Protecting patients

*Corresponding Author

or others from distress; either through confidentiality or disclosing information allows management of the situation to remain optimal for all parties involved, however it is recognized that this can be difficult [7].Health practitioners seeking to provide the best possible care to their patients in the most ethical manner may find it difficult to balance the right to information with the need to avoid information overload [8].

Respecting the patient's wishes has a practical consequence: health professionals who simply overrules the patient often ends up seeing their treatments fail, because patients will probably be fighting them the whole way. Patients who are overruled do not tell the truth. But patients who are in dialogue and negotiation with their doctors are more likely to come to a reasonable compromise [9].

Individual autonomy is not absolute in the Ethiopian context. Individual decisions are not made on an autonomous basis; consensus from the public and the community elders is unusually sought in major communityundertakings such as community-based interventions.In the medical practice, direct and frank disclosure of certain medical information such as diagnoses and prognoses of grave illness or death of a family member is considered as inappropriate and insensitive. Therefore, in these conditions, doctors would communicate little information to patients and usually tell the bad news to a family member first.Honesty is the most highly valued character trait in the Ethiopian culture and truth is socially defined. However, confidentiality is not very well maintained in medical care practice in Ethiopia [10].

Ethiopia being a country with diverse social and cultural identities, the issue of bioethics is also diverse and dictated by context-specific realities. The country has tried to address bioethics issues in different ways; however, this is yet to be strengthened. There are a number of issues related to building bioethics capacity in the country using more indigenous and local experts and resources in the area. Having a supporting infrastructure and system is vital for the development of bioethics in Ethiopia. One of the challenges is the enforcement of existing laws and legislations. Due to the lack of national standards, the governance of professional ethics is not very well defined by decree [10].

There are no bioethics committees in the hospitals, almost throughout the country. TikurAnbessa Specialized Teaching Hospital is the first one to have a bioethics committee which is functioning below its capacity. The main reasons for the retarded progress in the clinical aspect of bioethics have to do with less awareness, less expertise, and existence of few ethical dilemmas, compared with too much advanced countries [10].

According to report of the collaborative project between global health priorities research group at the university of Bergen and Addis Ababa University on raising ethical competence in Ethiopia, there is no legislation or clinical ethics committee to assist clinician in making such decision. There is a long way to go before ethics education, professional development and ethical support system are in place. The huge increase in the number of medical students and other health care professionals leads to challenges in obtaining qualified teachers, organizing training programs and securing sufficient time and resource to promote ethical competence in the clinic [11].

According to analysis of medical malpractice claims and measures proposed by the federal HP ethics committee of Ethiopia in 2015, the total number of complains presented to the committee against health professionals in three year period from 2011-2013 was 60. The committee verified that only 23.3% [12] of complain do have an ethical breach. Around 72% out of total cases presented to the committee happened in the hospital. Out of total cases verified to have an ethical breach 8 (57%) of them happened in the hospital [13].

According to reports of complaints handling committee of Tulu Bolo hospital there are around 73 complaints was presented to the committee in between January and June of 2018.Even though a number of complaints is related to ethical breach, no classification was done to identify whether the case contain ethical breach or related to legal issue. Since the hospital establishment a number of disciplinary measures have been taken against staff acting unethically, but no quantitative information kept on its type and magnitude [14].

2. Methods

A facility based cross-sectional study design with mixed method of data collection was conducted at randomly selected six public hospitals, four of them from west shoa zone and the remaining two from southwest shoa of Oromia regional state, Ethiopia. There were around 934 health care professionals working in the 11 hospitals found in the zones among which four were general and seven were primary level hospitals.

The study participants were all health professionals working in randomly selected six public hospitals two from south west shoa and four from west shoa.

Out of the eleven hospitals, six were selected randomly and by proportional allocation, four hospitals were taken from west shoa and two hospitals from southwest shoa zone. For the quantitative study the sample size health professionals was determined by using single population proportion formula with 30 health professionals compliance to clinical ethics [12], 95% confidence interval, 5% marginal error and 10% non-response rate that gave the calculated sample size of 352 health professionals. The sample size for the qualitative study was done by selecting two key informants from the each hospital (chief clinical officer (CCO) and the hospitals compliant handling committee head) making the total of 12 Key informants.

Data for quantitative study was collected by using self-administered questionnaire that is developed from different literatures [12, 15-18]. The questionnaire contains six parts: facilities detail, socio-demographic information study participants, experience of health professionals with respect to ethical practice, attitude, compliance and knowledge of health professionals related with clinical ethics. Totally the questionnaire contains 63 items, out of these there are seventeen questions each for attitude and compliance and nineteen questions for knowledge. Before the actual data collection begins pretest was done on 20 health professionals from Mojo hospitals and necessary

adjustment made especially on the knowledge part of the questionnaire. Data for qualitative study was collected by face to face interviews. The interview was recorded properly.

The collected quantitative data were entered into Epidata and exported into SPSS version 23 for analysis. Variables having a p-value of less than 0.25 in the bivariate analysis were exported to multivariate analysis for determination of association.

First, the associations between variables were assessed using contingency table analyses by bivariate and multivariate logistic regression model. Variables identified as associated with the outcome variable by bivariate regression model ($P < 0.25$) were entered into a multivariable logistic regression model to identify final association. Summary of the result was presented descriptively by frequency tables and charts. Significant independent predictors were declared at 95% confidence interval and p-value of less than 0.05 using adjusted odds ratio for interpretation.

Regarding qualitative data, note was taken, tape recorded and were transcribed carefully into themes and were triangulated with the quantitative one to clarify the result as applied.

Ethics clearance was obtained from Jimma University Institute of Health, Research Ethics clearance board. Letter of cooperation was obtained from the two zonal health offices. Study participants were informed about the objectives of the study and verbal consent was obtained on the spot during data collection.

3. Result

3.1. Socio-Demographic Characteristics

Three hundred five responded to the self-administered questionnaires out of 352 making the response rate of 89%. The main reasons for the non-responses were work load, some being on annual leave and some refusal also happened. Majority (79%) of respondents was male and 62% of respondents found within the age category of 25-30. 44% of respondents were Protestant religion followers, while Orthodox account for 34%. 60% of the study participants were nurses while general practitioners including specialists account for 18%, midwives 13% and emergency surgical officers account for 8% of the study participants. Almost 83% of these health professionals did have first degree certificate (Table 1).

Table-1. Socio-demographic characteristics study participants, south west and west Shoa zone hospitals, Oromia, Ethiopia

S/No	Variable	Frequency	Percentage
1	Sex		
	male	242	79.3
	female	63	20.7
2	Marital status		
	single	149	48.9
	married	149	48.9
	widowed	1	0.3
	divorced	3	1
	separated	3	1
3	Age		
	<25 years	27	8.9
	25-29 years	190	62.3
	30-34 years	70	23
	>34 years	18	5.9
4	Religion		
	orthodox	105	34.5
	catholic	14	4.6
	protestant	134	44.1
	Muslim	13	4.3
	wakefeta	38	12.5
5	Profession		
	general practitioner	55	18
	emergency surgical officer	25	8.2
	nurse	184	60.3
	midwifery	40	13.1
	specialist	1	0.3
6	Work experience		
	<4 years	168	55.1
	4-8 years	88	28.9
	>8 years	49	16.1
7	Monthly Income		
	<5000 birr	101	33.1
	>5000 birr	204	66.9
8	Level of education		
	diploma	32	10.5
	degree	253	83
	masters and above	20	6.6

3.2. Health Professionals' Dilemma and Training Related to Ethical Service Provision

Among the 305 study participants 93 (31%) of respondents said they never experienced ethical dilemma. While around 40% of them said they experienced ethical dilemma rarely. The remaining 29% experienced ethical dilemma frequently and occasionally. In relation to clinical ethics training 17% of respondents never took any training related to ethics. But around 70% of respondents have got training experience related to ethics in educational center. The remaining respondents got ethical training from workshop, seminars and orientation during employment. (Table 2).

Table-2. Exposure to ethical dilemma and training related to ethical services among health professionals, south west and west Shoa hospitals, Oromia, Ethiopia, June 2019

S/No	Varibles of measurement	Frequency	Percentage
1	Frequency of facing ethical dilemma		
	Never	93	30.5
	Once a year	71	23.3
	Once a month	56	18.4
	Once a week	41	13.4
	Every day	44	14.4
2	Experience in relation to attending ethics training		
	Never	51	16.7
	Workshop	9	3
	Weminars	21	6.9
	Wducation	212	69.5
	Orientation	12	3.9

3.3. Compliance of Health Professionals to Clinical Ethics

Among 305 of total respondents, 36.4% of did show good compliance to clinical ethics. The remaining 63.6% of study participants had poor compliance to clinical ethical principles (Table 3).

Table-3. Compliance to clinical ethics among health professionals, south west and west Shoa hospitals, Oromia, Ethiopia, June 2019

Ser. No.	Variable of measurement	Always	Mostly	Sometimes	Rarely	Never
1	How often do you obtain informed consent from a patient before rendering a service?	104	79	91	15	16
2	How often do you provide health service for your benefit that does not serve the needs of your patient?	134	62	67	17	25
3	How often do you work with or give any professional support to other health professional not licensed by appropriate organ?	100	65	83	47	10
4	How often do you render the same level of care to your clients in over-time and regular practice?	92	79	84	36	14
5	How often do you provide any preferential treatment to a client/patient by considering the relationship established with you in other health institution where you works?	60	67	99	45	34
6	How often do you use an apparatus or health technology or intervention which is proved up on investigation to be capable of fulfilling the claims made in regard to it?	93	85	82	31	14
7	How often do you refuse on ground of your personal belief to provide services such as contraceptive,legal abortion and blood transfusion?	101	58	79	40	27
8	How often do you sign and write your name on official documents relating to patient care such as laboratory and other diagnostic requests and results, prescriptions, certificates, patient records and other Reports?	171	66	37	13	18
9	How often do you administer or prescribe medicine or formulations about which you do not know about its composition and pharmacological action?	158	52	42	27	26
10	How often do you administer or prescribe	129	66	70	19	21

	medicine not registered in the National Medicine List without compelling reason?					
11	How often do you report impairment in other health professional to the appropriate organ if you are aware of it?	56	91	87	42	29
12	How often do you report your own impairment to the appropriate organ if you are aware of it?	53	91	89	44	28
13	How often do you report any unprofessional/unethical conduct of another health professional to the appropriate organ?	60	78	97	46	24
14	How often do you assure your patient and respect the confidentiality of the information patient provided to you and the diagnosis?	154	101	24	21	5
15	How often do you preserve the privacy of the patient?	155	95	39	10	6
16	How often do you accept and respect patient choices?	111	110	61	14	9
17	How often do you inform a Patient of any wrong doing?	95	94	62	36	18

3.4. Knowledge and Attitude of Health Professionals on Clinical Ethics

Among the total respondents 81 (27%) did have favorable attitude towards clinical ethics and remaining 73% have unfavorable attitude. Out of 305 health professionals only 50 (16%) of health professionals had knowledge about clinical ethics (Table 4).

Table-4. Attitude towards clinical ethics among health professionals, south west and west Shoa hospitals, Oromia, Ethiopia, June 2019

Ser. No.	Name of variables and classifications	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Patient wishes must always be adhered to	80	137	41	29	18
2	Patient should always be informed of wrong doing	76	104	48	50	27
3	Confidentiality cannot be kept in modern care and should be abandoned	121	96	23	53	12
4	Health professionals should do irrespective of patient's opinion	99	100	38	53	15
5	Close relative should always be told about patient's opinion	55	78	52	88	32
6	Children should never be treated without the consent of their parents	69	95	35	69	37
7	If law allows abortion, health professionals cannot refuse to do abortion	65	86	38	75	41
8	If there is disagreement between patients/families and health care professionals about treatment decisions, health professionals decision should be final	68	101	46	55	35
9	Ethical conduct is only important to avoid legal action	87	122	26	52	18
10	Ethics as part of a syllabus should be taught in every Health care teaching institution	138	109	30	12	16
11	Health professionals are receiving income from referring patients for medical tests	89	88	34	38	56
12	Consent is only required for surgeries, not for tests and medicines	110	107	32	32	24
13	If a patient wishes to die, health professional should be assisted in doing so	113	83	47	42	20
14	It is ethical to refuse a patient given a situation, a male health professional needs to examine a female patient and female attendant is not available	49	62	49	89	56
15	If patient refuse treatment due to belief, they should be instructed to find another doctor	57	90	55	73	30
16	Hospital staff can use patient pictures in public forum without the consent of the patient	141	80	40	27	17
17	Health professionals should refuse to treat patient who behave violently	100	93	43	55	14

3.5. Factors Associated with Compliance to Clinical Ethics

According to the bivariate analysis of each and every independent variable age, type of profession, attitude and knowledge are considered for the multivariate analysis. Accordingly only age, type of profession and attitude found to have significant association with compliance to clinical ethics. As a result, the age groups of 30-34 were 2.174 times than the odds of having good compliance to clinical ethics in the age group 25-29.(Adjusted odd ratio (AOR)=2.174 and 95% CI=**(**1.147, 4.121**).** Professionally, midwives were 3.195 times than the odds with general practitioner.(AOR: 3.195, 95% CI: (1.075, 9.496). And health professionals having favorable attitude towards

clinical ethics were 68% less likely to have good compliance to clinical ethics when compared with health professionals that have unfavorable attitude (AOR: 0.322, 95% CI: (0.180, 0.573) (Table 5).

Table-5. Bivariate and multivariate analysis of association of variables among health professionals, south west and west Shoa hospitals, Oromia, Ethiopia, June 2019

Ser. No.	Name of variables and its category	Compliance		COR(95% CI)	AOR (95% CI)	p-value
		Good	Poor			
1	Sex					
	Male	94	148	0.582(0.315, 1.075)		0.084
	Female	17	46	1.00	1.00	
2	Marital status					
	Single	59	91	1.00	1.00	
	Married	52	97	0.784(0.70, 8.848)		0.844
	Widowed	0	1	0.933(0.83, 10.531)		0.955
	Divorced	0	3			
	Separated	1	2			
3	Age					
	<25 years	6	21	0.401(0.155, 0.940)	1.636(0.600, 4.462)	0.336
	25-29 years	79	111	1.00	1.00	
	30-34 years	20	50	0.741(0.251, 2.031)	2.174(1.147, 4.121)	0.017
	>34 years	6	12	0.571(0.150, 2.172)	1.458(0.448, 4.742)	0.531
4	Religion					
	Orthodox	43	62	0.705(0.415, 1.198)		0.196
	Catholic	3	11	1.793(0.476, 6.754)		0.388
	Protestant	44	90	1.00	1.00	
	Muslim	7	6	0.419(0.133, 1.321)		0.138
	Wakefeta	14	24	0.838(0.395, 1.777)		0.645
5	Profession					
	General practitioner	23	32	1.00	1.00	
	Emergency surgical officer	9	16	0.246(0.089, 0.681)	0.966(0.315, 2.958)	0.951
	Nurse	73	111	0.314(0.95, 1.033)	0.886(0.456, 1.721)	0.721
	Midwifery	34	6	0.268(0.107, 0.671)	3.195(1.075, 9.496)	0.037
	Specialist	0	1			
6	Work experience					
	<4 years	55	113	1.357(0.795, 2.316)		0.264
	4-8 years	35	53	0.881(0.433, 1.789)		0.725
	>8 years	21	28	1.00	1.00	
7	Monthly Income					
	<5000 birr	30	71	1.559(0.935, 2.597)		0.089
	>5000 birr	81	123	1.00	1.00	
8	Level of education					
	diploma	10	22	1.467(0.457, 4.706)		0.520
	degree	93	160	1.147(0.452, 2.908)		0.773
	masters and above	8	12	1.00	1.00	
9	Frequency of facing ethical dilemma					
	Never	36	57	0.905(0.431, 1.901)		0.792
	Once a year	19	52	1.564(0.697, 3.510)		0.278
	Once a month	22	34	0.883(0.391, 1.996)		0.765
	Once a week	18	23	0.730(0.306, 1.744)		0.479
	Every day	16	28	1.00	10.00	
10	Experience in relation to attending ethics training					
	Never	15	36	1.8(0.628, 5.162)		0.274
	Workshop	6	3	0.375(0.073, 1.920)		0.239

	Seminars	9	12	1.00	1.00	
	Education	77	135	1.315(0.530, 3.262)		0.555
	Orientation	4	8	1.5(0.342, 6.583)		0.591
11	Attitude					
	Favorable attitude	45	36	0.334(0.198, 0.564)	0.322(0.180, 0.573)	<0.001*
	Unfavorable attitude	66	158	1.00	1.00	
12	Knowledge					
	Knowledgeable	25	26	0.509(0.276, 0.939)	0.780(0.389, 1.565)	0.484
	Not knowledgeable	86	169	1.00	1.00	

3.6. Qualitative Findings

In-depth interview of eleven key informants was conducted focusing on compliance, personal factors, Orientation, Patient load, experience, ad understanding of the community values and norms. Six of them were chief clinical officers (CCO) of the respective hospitals and out of the remaining five key informants, two were nurses and three were non-health professionals working as head of complaint handling committee. The heads of complaint handling committees were individuals who were in charge of collecting patient compliant whether it is orally or in written form (through suggestion box), then compile and analyses with committee members and present to the senior management team (SMT) after proper checkup and classification.

The in-depth interviewees indicated that there was problem of compliance to clinical ethics in service provision. There were some health professionals those got fined, suspended or totally dismissed with cases related to ethics. There were also lots of professionals given warning with cases related to ethical breach in clinical service delivery.

One of the key informants said "…….Even though, lots of health professionals were good and caring for the patient, there were some rude which do not care for the patient…….also there were others who came to work in abnormal state of mind ……they insulted the patient, they even go to fight with patient…"

According to the key informants, the common areas where ethical breach occurs were: not taking informed consent for services other than operation, failure to show respect to the patient and neglecting patient preference especially when the patient refuse to accept services. One key informant stated "……even if it is difficult to know exactly what was happening between health professionals and patients sometimes we saw some health professionals never speak to the patient apart from the first time they took patient complain……."

The key informants also believed that the attitude was a prior factor for compliance of clinical ethics. All of them suggested that favorable attitudes were more likely to have good compliance to clinical ethics than health professionals with unfavorable attitude. One key informant stated that "……..we as health professionals were not properly cultivated to have and share similar positive attitude to serve the community…..as the name makes us one….". But they stressed that there were lots of health professionals who have positive attitude and ready to serve the community but other factors hinder its expression.

Regarding health professionals' personal behavior, the key informants stated that, personal behaviors can be one determinant factors of compliance to clinical ethics. There were lots of health professionals who failed to adhere to the basic clinical ethical principles due to their bad personal behavior. One respondent said "……the personal behavior of health professional was one essential factor, especially when there were health professionals who were addicted to some kinds of stimulants or sedatives. It becomes difficult to expect friendly clinical ethical service from them all the time…."

Key informants also believed that facilities with low patient load were more likely to have health professionals who have good compliance to clinical ethics. Most of the key informants stressed that, health professionals who have knowledge of the surrounding community values and norms, showed better ethical behaviors.

4. Discussion

This study revealed that only around one third (36.4%) of the health professionals did have good compliance to clinical ethics principles. The qualitative study also supported this finding by stating that there was a gap in compliance to clinical ethics in the study hospitals. The finding is similar to the study done on medical doctors in Addis Ababa that showed only 30% of medical doctors do have good practice of code of ethics [12]. Our result is worse than a study done on physicians in Egypt, in which 48% of physicians did have good compliance to principles of medical ethics [18] and far worse than a study done on nurses in Iran that indicated 91% of nurses reported having good practice of ethics [19].

One of the factors that showed significant association with compliance to clinical ethics was age. Accordingly, the health professionals in the age group of 30-34 were 2.174 more likely to exercise ethically practice than those in the age group of 25-29. The possible reason for this may be maturity of the health professionals increase calmness, understanding of their responsibility and finally they may develop compassion as age increases. This is similar to a study done on ethical performance of nurses in Iran which showed older nurse did have higher ethical performance [19] and against the study done on medical doctors in Addis Ababa that indicated that doctors in the age group of 25-29 are more likely to better practice code of ethics than those in the age group of 30-34 [12].

Another factor that has an association with compliance to clinical ethics was type of profession. In this regards, midwives complied 3.195 times higher than the general medical practitioners. This may be due the fact that

midwives are mainly limited to the care of the vulnerable and more sensitive group of people i.e. mothers and children care those requires great focus and care from the very nature and given more political emphasis than others. According to a number of studies professional qualifications did have significant association with compliance to ethical principles. Studies done in Nepal, Nigeria and Pakistan indicated that there was a difference in compliance to ethical principles between physicians and other health professionals [15, 16, 20, 21].

Another factor that showed significant association with compliance to clinical ethics was the attitude of health professionals towards ethical compliance. According to this study health professionals who have favorable attitude towards ethical compliance were 68% more likely to have good compliance when compared with those having unfavorable attitude towards ethical compliance. The qualitative study also supported that health professional with favorable attitude show better compliance to ethical clinical ethics principles. This goes in agreement with the study done in in Ethiopia on medical doctors that said those medical doctors with favorable attitude were more likely to practice code of ethics than those with unfavorable attitude [12]. The result of this study (27%) far poor from the studies done in Ethiopia and Egypt that indicated more than 50% of health professionals have satisfactory level of attitude towards ethical principles [12, 18].

In addition, the qualitative study identified that individual personal behavior of the health professionals, less orientation given during employment, patient load of the facilities and less understanding of the surrounding community values and norms negatively affected the health professionals' compliance to clinical ethics.

5. Limitation of the study

Hence the compliance data of this study was collected by self-administered questionnaire, their response may be what they believe it should be rather than the actual fact. So this study may have respondent bias.

6. Conclusion

Health professionals' compliance to clinical ethics working in hospitals of southwest and west shoa was found to be poor. Age of the health professionals, type of professional and favorable attitude were associated with compliance to ethical practice where the middle age group providers and midwives showed better compliance to ethical practices. Qualitative study analysis also showed that attitude of health professionals, individual personal behavior, orientation given during employment, patient load of the hospitals and understanding of surrounding community values and norms affected the compliance of the health professionals in one or the other way.

Therefore, it was recommend that the responsible bodies should strive to enhance ethical standard of the health professionals by implementing the compassionate, respectful and caring behavior (CRC) in- service training strategy that is currently on progress nationwide. In addition, it is essential that hospitals should provide enough orientation and support to new employee to cultivate their ethical behavior.

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