

A survey of registered nurses' perceptions of the code of professional conduct in Hong Kong

ABSTRACT

Aim. To examine the perceptions of the code of professional conduct among practising registered nurses in Hong Kong.

Background. A code of professional conduct is intended to guide nurses in their practice and to ensure congruence with nursing goals and objectives. Such a code for nurses in Hong Kong has been in effect for two decades but, to date, no study has examined the perceptions of it among practising nurses.

Design. A survey of 320 practising registered nurses working in a hospital cluster in Hong Kong (mean post-registration experience = 11.8 years).

Methods. A questionnaire developed to assess nurses' perceptions of the Code of Professional Conduct devised by the Nursing Council of Hong Kong.

Results. Providing safe and competent care, practising in accordance with the law and maintaining agreed standards were ranked in order as the three most important aspects. Safeguarding informed decision making for patients who were mentally incapacitated or unable to speak for themselves, participating in continuing nursing education and raising objections to practices that compromise safe and appropriate care were considered the most challenging aspects to achieve in professional nursing practice.

Conclusions. To educate nurses to become more assertive in safeguarding patients' rights and to encourage and support life-long learning remains a major challenge in professional nursing practice.

The profession and statutory bodies need to consider how best to enable practising nurses to address these issues.

Relevance to clinical practice. Examining the perceptions of practising nurses about the professional code is necessary to ensure that the profession is prepared to meet the ever-changing demands and expectations of the public whom it claims to serve.

Key words: nursing practice; professional development; clinical, nurses, regulation.

INTRODUCTION

The values of statutory bodies governing nursing are often enshrined in a code of professional conduct. Such a code is intended to guide nurses in their everyday practice and to ensure that it is congruent with the goals and objectives of the profession, particularly with regards to ensuring the provision of high quality care that is safe and ethical. Aiming to ensure the provision of high quality and safe care, the code has served several functions such as defining nurses' responsibility and morally sound decision-making and behaviour related to patients, practice, professionals and co-workers (Fry & Johnstone 2008). Therefore, the code has expressed the desired personal values of nurses in their practice.

Although a Code of Professional Conduct for nurses in Hong Kong (Nursing Council Hong Kong, 2002) has been in effect for two decades, no study has examined practising nurses' perceptions of it, in particular its importance and potential difficulties in complying with it. Examining such perceptions is important in determining professional core values and identifying any personal or organisational challenges that nurses' face in their routine daily practice. Such information emanating from the profession could prove helpful to statutory bodies when they periodically review and revise the code. It could also indicate educational needs of practising nurses necessary for them to keep abreast of developments in a rapidly changing world.

BACKGROUND

Nurses are personally accountable for actions and omissions in their practice and must always be able to justify their decisions. The code of professional conduct serves as the foundation for providing a high standard of practice and care and is a key tool for safeguarding the health and well being of the public (Nursing and Midwifery Council, UK 2008). The code should be considered as a framework for professional practice and operate in line with the standards of best practice and advice emanating from the national nursing board and individual health care organisation. A code of professional conduct has been formulated by the Nursing Council of Hong Kong (the sole licensing and regulatory organisation for nurses in Hong Kong) which has sought extensive open consultations from health workers, patients and their families, lawyers, employers and the general public, as well as healthcare professionals and experts from overseas (Nursing Council Hong Kong 2007). Even though recently there have been a few small-size cross-sectional surveys in the United States and Europe (Numminen *et al.* 2008), there is no research in Hong Kong to gain an understanding of nurses' perspectives on the practicality and feasibility of the code in practice. As nurses are the key users of this code, it is important to understand their perceptions of the usefulness of the code in guiding their professional practice, including any perceived difficulties they may encounter.

Moreover, despite the fact that members of society are supposedly assured and protected by the operation of a code of professional conduct in guiding clinical decision-making, some studies show that nurses have little knowledge of such codes or of their professional responsibility as outlined by statutory authorities (Esterhuizen 1996, Block & Justham 2004). A study carried out in six European

countries that explored nurses' opinions of the content and function of codes and their use in nursing practice found that, with the exception of most Italian participants, the majority of nurses were largely unaware of the content of their respective codes even though most were aware of their existence (Tadd *et al.* 2006). This possibly reflects the fact that nurses do not consider them important or find them difficult to implement (Manojlovich 2005, Izumi 2006). Nowadays, nurses are facing ever more pressing challenges, including cost containment initiatives. Not only are they required to have a caring attitude, they are expected to be 'analytical, assertive, creative, competent, confident, computer literate, decisive, reflective, embracers of change and the critical doers and consumers of research' (McKenna *et al.* 2006, p. 135).

Nurses are increasingly managing clients with complex health needs and growing expectations. To provide quality care, they need to practice in accordance with research evidence. Prompt judgement and decisions will need to be made constantly to ensure the provision of best possible care, but this cannot be implemented in isolation from the norms and culture in the community and without acknowledging the immense difficulties many nurses encounter in their everyday practice. The aim of this study was to examine the perceptions of practising registered nurses of the code of professional conduct stipulated by the Nursing Council of Hong Kong (2002).

METHODS

Design and sample

A cross-sectional survey of registered nurses working in a hospital cluster (three acute and four

convalescent/rehabilitation hospitals) was conducted. To ensure representativeness of the population, a stratified sample by hospitals was assembled. The total population of registered nurses in the selected region is 3,233, thus a sample size of 858 was required to accommodate a permissible error of 0.03 at a 95% level of confidence (Wang *et al.* 1995) and also allows a 30% attrition rate. To achieve stratified random sampling, 26.5 % of nurses were randomly selected from each hospital in the region using a table of random numbers.

Instrument

A questionnaire based on the code of professional conduct was developed (Lui *et al.* 2008). It consisted of four parts and required participants to 1) prioritise the eight aspects of the code; 2) rate their perception of the importance of each item (n=39) included in the eight aspects (using a 6-point Likert scale: 0='not important' to 5='very important'); 3) rate the difficulty in achieving these (using a six-point Likert scale: 0 = 'low degree of difficulty' to 5 = 'high degree of difficulty'); and 4) provide demographic information. Cronbach's alphas for the items on importance of professional values and for the level of difficulty were both 0.97.

Data collection

Approval from the local university and hospital research ethics committee was obtained prior to data collection. An information sheet was provided to the nurses explaining the purpose and nature of the study, informing them of their right to withdraw at any time and assuring them that all data collected would be kept confidential and used for the study purpose only. A consent form, questionnaire and

envelope were sent to each participant who was asked to return the completed questionnaire in a box placed near their nurses' station. A reminder was sent to all potential participants one month after the first questionnaire was sent.

Methods of data analysis

Descriptive and inferential statistics were used to analyse the data using the SPSS-PC Version 15.0. Perceived importance and difficulty scores were summarised using descriptive statistics. Independent sample t-tests were used to determine significant differences in scores between male and female nurses and those working in acute and convalescent/rehabilitation hospitals. Pearson's product moment correlation tests were used to determine significant correlations between the importance and difficulty scores of the eight aspects of the code of professional conduct. The level of significance in all analyses was set at 0.05.

RESULTS

The final sample comprised 320 registered nurses, a response rate of 37%. The mean duration of work experience was 11.8 (SD 7.2; range 1-33) years. Three quarters (76%) worked in acute hospitals (Table 1).

Most important aspects of the code of professional conduct

Providing safe and competent care was ranked by half of the participants as the most important aspect. Practicing in accordance with the laws and maintaining agreed standards were ranked second and third respectively (Table 2).

Under each of the eight major aspects of the code of professional conduct, there are several items elaborating the essence of that particular aspect. Table 3 shows the five items ranked most important and the five ranked least important by practising registered nurses based on the code of professional conduct questionnaire developed for this study (Lui *et al.* 2008). The mean scores ranged from 3.92-4.70, indicating that participants perceived most items listed in the code to be important and relevant.

Most difficult aspects to be achieved in professional practice

Safeguarding informed decision making for patients who were mentally incapacitated patients or unable to speak for themselves, participating in continuing nursing education and objecting to practices that compromise safe and appropriate care were ranked the most difficult aspects to achieve in professional nursing practice (Table 4). Participants did not see any problems adhering to the code (mean score <3.0) and reported no difficulty (mean score <1.0) with regards to not abusing patients' property, upholding the image of nurses and the profession by refusing advantages and declining any gift, favor, or hospitality offered for the purpose of obtaining preferential treatment.

Correlation analyses

Pearson's product moment correlation tests show that all eight aspects of the code were significantly inter-correlated, with coefficients ranging from 0.18-0.45 ($p < 0.01$) for the importance scores and 0.21-0.62 ($p < 0.001$) for the difficulty scores. The participants' years of working experience were significantly and positively correlated with their rating on the importance of having safe and

competent practice ($r=0.18$, $p=0.002$). With regards to the perception of difficulty in adhering to the code in the workplace, years of working experience were negatively correlated with the items 'Respecting the dignity, uniqueness, values, culture and beliefs of patients and their families' ($r=-0.21$, $p=0.0001$) and 'Maintaining the agreed standard of practice' ($r=-0.20$, $p=0.001$).

Comparisons between subgroups

No significant differences on the ranking of importance and the degree of difficulty in maintaining the code were found between male and female nurses and between those working in acute and convalescence/rehabilitation hospitals.

DISCUSSION

Professional values held by practising nurses

The findings from this study show that Hong Kong registered nurses appear to value most highly providing safe and competent care, such as being accountable for individual nursing judgments and actions, as well as practicing in accordance with the code and maintaining agreed standards, such as adopting evidence-based practice and ensuring occupational health and safety. These findings might reflect an ethos and environment where evidence-based practice has been given kudos by the Hong Kong Hospital Authority (Chau *et al.* 2008). The enactment of the Occupational Safety Health Council Ordinance to promote safety and health at work in Hong Kong (Occupational Safety Health Council 1988) has also increased healthcare workers' awareness of precautionary measures to minimise occupational health hazards. The ability to demonstrate a sense of responsibility in relation

to their career and being accountable for their own actions are major attributes of a profession. The findings from this study show that nurses have a strong commitment to maintaining professional standards. Weis and Schank (2000), examining professional values among practising nurses in the United States also found care-giving attributes accounted for most of the variance in professional values.

Difficulties encountered in complying with the code of professional conduct

Although nurses in Hong Kong are aware of the importance of participating in continuing nursing education, some found this difficult to achieve. Another Hong Kong survey showed that nurses participate actively in continuing education out of a sense of professional responsibility and personal interest, though some found it difficult to do so due to time constraints and other life commitments (Lee *et al.* 2005). Statutory authorities and employers, as well as employees, should recognise and acknowledge the importance of professional accountability and implement measures to encourage and support life-long learning. Computer-based instruction media could offer a viable means of providing in-service training and continuing nursing education (Walker *et al.* 2006). Creating learning situations that encourage nurses to engage in and reflect on their practice and to recognise gaps in their competence is important (Xiao 2006). Studies should also try to evaluate the effectiveness of strategies that could help to encourage and support life-long learning such as sponsoring external programmes and encouraging staff to attend conferences.

Raising objections to practices deemed to compromise safe and appropriate patient care was

considered a difficult aspect to achieve in routine practice. This might be a reflection of the feeling of subordination of registered nurses to authoritarian figures and the fact that in Chinese culture, respect for authority is imbedded in their value system (Thompson *et al.* 2006). The findings are consistent with previous studies in indicating that to behave in an assertive manner to health care team members may be difficult for clinical registered nurses (Manojlovich 2005, Timmins & McCabe 2005). Timmins and McCabe (2005) found that among the 391 nurses/midwives registered with the National Nursing Board of Ireland, the most frequently cited assertive behaviour was allowing others to express their opinions (94.4%). Over half of the sample reported making requests either usually or always (55.5%), but less than half reported that they always or usually expressing disagreement with the opinions of others (43.5%) (Timmins & McCabe 2005). Although educators are advised to incorporate assertiveness training for nurses to equip them to be better skilled in communication skills, other aspects, such as conflict resolution techniques might be helpful. A nursing curriculum that emphasises professional nurse autonomy, with responsibility, authority and accountability, could help to encourage proactive advocacy for patients (Wade 1999).

Safeguarding informed decision making for patients who are mentally incapacitated or unable to speak for themselves remains a major challenge among nurses. A study of 120 physicians in the United Kingdom found that a misunderstanding of the law on consent for mentally incapacitated people was common (Turner *et al.* 1999). In Hong Kong, the Mental Health Ordinance, Laws of Hong Kong (Cap. 136) sets out necessary legal guidance to safeguard the care and treatment for mentally

incapacitated persons (Scully 2001, Hospital Authority 2002, Guardianship Board 2007). However, nurses are not always well-prepared to understand this Ordinance, which outlines the law relating to mental incapacity; the care, supervision, detention and treatment of mentally incapacitated persons; how to provide for the guardianship of such patients; and how to make provision for the giving of consent for treatment or special treatment (Bilingual Law Information System 2009). To enable nurses to understand these regulation and issues, nursing schools and hospitals play important roles in the dissemination of knowledge. Continuing education of nurses in legal aspects of care for such patients should be enforced. Lawyers or hospital legal advisors could be invited to participate in educational courses and explain the ordinance with the use of health care scenarios to stimulate critical thinking and help nurses examine the ethical pros and cons of various practices, recognising that with such disadvantaged groups it is essential to protect their rights and dignity.

Younger and less experienced nurses in this study found it more difficult to maintain agreed standards of practice and to respect the dignity, uniqueness, values, culture and beliefs of patients and their families. This may be a reflection of their lack of experience or an indication that they are more eager to maintain high standards. Boswell *et al.* (2004) reported similar findings and it appeared that new nurses were susceptible to feelings of inadequacy in providing quality care. Further research should try to identify the sources of constraints in setting and maintaining such professional standards of practice. As suggested by Numminen *et al.* (2008) in their recent literature review on nurses' code of ethics in practice and education, nurses' opinions of the positive and negative elements in the code

should be studied in detail to further develop the code to be more relevant to nurses and their daily practice. In the code of conduct, it is also important to extend beyond the nurse-patient relationship to cover other relationships such as those with colleagues and other healthcare professionals, organisations and members of the public.

Future development of the code of professional conduct

It is disappointing to note that participation in health policy making is not included in the code, but this may be due to the fact that nursing in Hong Kong has been largely based on a traditional British model which emphasised the practical bedside role (Bradshaw 2000). Even though nursing education in Hong Kong shifted from hospitals to universities in the 1990s, nurses' participation in health policy decision making, which is largely dominated by medical staff, is virtually non-existent. It has been argued that professional codes do not merely function as promoters of ethical practice; they also contribute to the development of professional status and image building (Meulenbergs *et al.* 2004). To contribute to and to influence health policy regarding nursing practice should be emphasised in both national and local standards for professional practice. To assist professional colleagues, including other nurses and nursing students, to develop their professional competence (Codes and declarations 2002) should also be included in the code to delineate the relationships between colleagues and subordinates.

Limitations

The generalisability of the data needs to take into consideration the low response rate. Although

measures were employed to increase the response rate, including the use of a covering letter and reminder, the response rate was disappointing and relatively low. Future studies should try to overcome this by providing a second copy of the questionnaire along with the reminder and possibly including an incentive. A qualitative approach to explore the difficulties among nurses in adhering to the code or upholding it might be fruitful.

RELEVANCE TO CLINICAL PRACTICE

An understanding of how practicing nurses perceive the importance of professional core values and any difficulties in maintaining them could be useful in assisting statutory authorities to review practice frameworks or codes of conduct. Findings from this study show that registered nurses have a strong commitment to upholding and maintaining the values and standards espoused in the code of professional conduct, but there are some aspects that nurses found challenging. Educating nurses to become more informed, confident and assertive in safeguarding patients' rights and supporting life-long learning warrants urgent attention.

Contributions:

Study Design: JPCC, LWL, MHLL, WYI, IFKL, WTC

Data Collection and analysis: JPCC, MHLL, LWL, WYI, IFKL, WTC

Manuscript Preparation: JPCC, DRT, LWL, WTC, WYI

Conflict of Interest:

The authors declare that they have no conflict of interests.

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