Effectiveness of Educational Program Regarding Professional Nursing Ethics on Workplace Civility

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Abstract: Background: Success in an organization is the result of applying professional ethics that constitutes legitimate norms or standards that govern professional behavior. Professional ethics is an important part of nursing practice and it provides the standards of professional behavior for nurses. Indeed, nurses have an ethical obligation to contribute to a culture of civility and respect in the work setting.

Purpose: The aim of this study was to examine the effectiveness of education program regarding professional nursing ethics on workplace civility.

Methods: Quasi experimental design was utilized. Study Setting: the study was conducted in critical care units at Benha University Hospital. The study sample was: All the available staff nurses (176) working in the above mentioned setting. Tools of data collection: Three tools were used: (1) Professional nursing ethics knowledge questionnaire, (2) Observational checklist for professional nursing ethics, and (3) Clark Workplace Civility Index (WCI).

Results: There was a highly statistical significant improvement in staff nurses' knowledge and practice regarding professional nursing ethics after implementation of program. There was a highly statistical significant improvement in staff nurses' level of workplace civility after implementation of program.

Conclusion: The study concluded that there was highly statistically significant correlation between professional nursing ethics practice and workplace civility among staff nurses immediate post program (P<0.001).

Recommendation: the study recommended that hospital must conduct on-job training and continuous education to address basic concepts in nursing ethics and their application in clinical practice for enhancing nurses' knowledge and practices about professional nursing ethics and replication of the same study on other categories of nursing staff is highly recommended to achieve generalizable results.

Key words: professional ethics, WCI, and workplace civility.

INTRODUCTION

Nowadays, health care settings are changing rapidly. Thus, nurses are facing ethical challenges in healthcare that put them at risk of ethical conflict. So, international and national associations have set up goals for healthcare organizations in ensuring ethical competence (ICHRN, 2010).The Global Competency Model of the World Health Organization (WHO) emphasizes professional behavior in accordance with healthcare ethics and values (WHO, 2012). The nursing profession is guided by ethics as it is a tool for professional discipline which gives the nurse a broad idea of what is expected of her during implementation of nursing duties and responsibilities (Jane, 2010). Accordingly, nursing profession requires knowledge of ethics to guide performance (Chitty and Black, 2013).

Professional nursing ethics are necessary for nursing because nursing is concerned with providing services that impact on human life and health and some of the situations the nurse encounters in practice pose a dilemma that if not well handled, may impact negatively on the client and all who are concerned (Ellis, 2014). Therefore, it is important for nurses to have a basic understanding of the ethical guidelines that affect their practice and can be used to resolve dilemmas (Solminen et al., 2011).

Professional ethics is an intellectual process which is aimed at actualizing what values should be developed and when

they should be maintained. Also, it addresses obligations of a profession towards people who are served (Burkhardt and Nathaniel, 2013). The code of professional ethics for nurses specified the nurses' professional responsibilities toward patients, the nursing profession, coworkers, other professional healthcare team members, and the society (Hassan et al., 2015).

The first code of ethics for nursing practice dates back to the Florence Nightingale as contributed immensely in the advancement of nursing as an honest and ethical profession that is enjoyed today (Laabs, 2012). Nursing ethical codes are principles and value systems in a profession based on which the ethical behavior of its members is evaluated. Also, it provides nurses with guidelines that will help them when they are faced with moral challenges. These codes act as standards in the nursing profession (Ellis, 2014; Fowler, 2010).

The principles of ethics included autonomy, beneficence, non-maleficence, fairness, veracity, fidelity and confidentiality (Osingada et al., 2015; Suasan and Cherry, 2014). Autonomy; this principle dictates that the individual is able to make decisions about his or her health according to his or her values, beliefs and expectations without been exposed to any outside pressure. It is based on self-determination and aims to protect human dignity. Nurses

must respect the clients' wishes, even if they don't agree with them. Another principle is non-maleficence based on providing benefit to the patient. It provides guidance to nurses in prioritizing patient beneficence, doing well and avoiding maleficence. Nurses must maintain a competent practice level to avoid causing injury or suffering to clients. On the other hand, veracity is the principle of truth telling. While, the principle of fidelity broadly requires that we act in ways that are loyal. Finally, justice is the principle that requires treating people equitably and fairly (Beauchamp and Childress, 2015; Turkmen and Savaser, 2015; Chitty and Black, 2013).

Nurses must understand, respect, and apply ethic codes to improve all dimensions of nursing practice. Furthermore, American Nurses Association's (ANA) code of ethics for nurses with interpretive statements states that nurses are required to create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, and others with dignity and respect (ANA, 2015). According to Luparell (2011), it is important in nursing to emphasize professional behaviors such as conflict resolution, critical communication and civil behaviors for creating a healthy environment (Clark and Springer, 2010).

The concept of "civility" comes from the ideas of citizenship, civilization and the city. The civilized people are those who are fit to live in cities. The idea of civility is essential because it helps people to live in close relations with one another and gives an underlying basis for cooperation, collectivism and community (Patterson 2016). Civility assumes an awareness that extends beyond the self and entails conveying respect and concern for the well-being of others (Sarat, 2014).

Moreover, civility is a shared responsibility; we are equal partners. Characteristic of civility requires that one speaks in ways that are responsible, respectful, restrained and principled and avoid that which is offensive, rude, demeaning and threatening (Walsh et al., 2012). At workplace, the interpersonal relationships are described as an important part of an employee's experience. A basic level of respect and civility are required in any type of relationship. Workplace civility is defined as behaviors that are fundamental to positively connecting with another and preserve the norms for mutual respect at work (Osatuke et al., 2013).
There are eight strategies for promoting a culture of civility as following; reflecting/self-evaluation and identifying personal strengths and areas for improvement, modeling positive behavior of the professional nurse, educating about personality types and diversity in thinking to help better understanding of self and others, setting guidelines for nurses about mutual respect, creating a safe, inclusive and judgment-free environment. Also, providing training in communication, teamwork, and leadership, advocating for institution-wide cultural humility training and finally, driving research, policy development, and enforcement regarding incivility considering ethical and legal (Milesky et al., 2015).

SIGNIFICANCE OF THE STUDY

It seems that learning and applying ethics is more necessary in nursing than other professions because it is a fundamental part of the work of nurses and practices it on a daily basis. As a result, they need professional ethics competence and a framework provided by code of ethics to make correct judgments during work (Benner et al., 2010). Especially at critical care areas as, these units provide patient care of a more intensive nature the usual medical and surgical care. These units are staffed with specially trained nursing personnel who, need to learn more about professional nursing ethics to able to deal adequately with critical patients.

Workplace civility is rising with the changing nature of work in the new thousand years. It has been recognized as behaviors that encourage employees to treat coworkers ethically in a respectful manner, and to avoid verbal forms of aggression in their relationship (Doshy and Wang, 2014). Although this topic is important, less attention has been paid to how the professional ethics affect upon workplace civility.

AIM OF THE STUDY

This study was aimed to examine the effectiveness of education program regarding professional nursing ethics on workplace civility.

Research hypotheses:

There will be significant difference in the knowledge and practices regarding professional nursing ethics, and level of workplace civility before and after the implementation of professional nursing ethics program for staff nurses.

SUBJECTS AND METHODS

Research Design:

This study demonstrated quasi experimental design to achieve the aim of the present study

Setting:

The study was conducted in critical care units; (General intensive care unit (ICU), cardiac care unit (CCU) and cardiothoracic ICU, chest ICU, hepatic ICU, emergency ICU, pediatric ICU, pediatric dialysis unit and general dialysis unit at Benha University Hospital.

Subject Size:

All the available staff nurses (196) working in the critical care units with at least one year of job experience and agree to participate after clarification purpose of the study. (20) staff nurses were excluded from total number after doing pilot study and the final sample was (176) staff nurses distributed as following; (62) of them working at (ICU), (20) at (CCU), (8) at cardiothoracic ICU, (11) at chest ICU, (7) at hepatic ICU, (20) at emergency ICU, (18) at pediatric ICU, (20) at pediatric dialysis unit, and (10) staff nurses working at general dialysis unit.

Tools of Data Collection:

Data for the present study was collected using the following three tools:

Self-administer Knowledge Questionnaire:

This questionnaire was developed by the researchers based on the review of the related literature (Osingada et al., 2015; Beauchamp and Childress, 2015; Ellis, 2014; Fowler, 2010) to assess nurses' knowledge level regarding professional ethics thorough program. It is divided into two parts.

Part one; include personal characteristics of staff nurses as; age, sex, level of education and experience years.

Part two; professional nursing ethics knowledge questionnaire. It consists of 30 close-ended questions (true and false "15" questions and multiple choice "15" questions).

Scoring system:

Subjects responses were measured by giving a score of (1) for the correct answer and (zero) for the wrong answer. For each area of knowledge, the scores of the items were summed-up and the total was divided by the number of the items, giving a mean score for each part. These scores were converted into a percentage score. Knowledge was considered satisfactory if the percent score was 60% or more and unsatisfactory if less than 60%.

Observational Checklist for Professional Nursing Ethics:

It was developed by Ibrahim (2015) and modified by the researchers to evaluate nurses' practice regarding the professional nursing ethics thorough program. It consisted of (48) items that were categorized under 10 clusters, namely; Autonomy (7 items), Justice (4 items), Patient's rights (7 items), Veracity (4 items), Fidelity (4items), Double effect (3items), Beneficence (4items), Documentation (4items), Accountability (6 items), and Confidentiality (5 items).

Scoring system:

The items observed to be done were scored "1" and the items not done were scored "0". For each area, the scores of the items were summed-up and the total was divided by the number of the items, giving a mean score for each part. These scores were converted into a percentage score. The practice was considered adequate if the percentage score was 60% or more and inadequate if less than 60%.

Clark Workplace Civility Index (WCI):

It was adopted by Clark (2013) to assess staff nurses' level of civility. It consisted of (20) items.

Scoring system:

Using a five point Likert scale as follow: never (1point), rarely (2point), sometimes (3 point), usually (4 point) and always (5 point) and total score (100). The score of each dimension summed up and converted to percent score. Level of civility is considered high if the percent ($\geq$ 80%), moderate (60%- < 80%) and low < (60%).

METHODS

Operational Design:

The operational design of the current study included the preparatory phase, content validity and reliability, pilot study and field work.

Tools validity:

Study tools contents were developed and tested for its validity by jury of 4 academic staff in nursing administration at different faculties of nursing. The validity of the tools aimed to judge its clarity, comprehensiveness, relevance, simplicity, and accuracy. All of their comments were taken into consideration; some items were re-phrased.

Tools reliability:

The Cronbach's Alpha test was done for study tools. The calculated reliability were (r=94%, 90% & 86.4%) for professional ethics knowledge questionnaire, observational checklist for professional ethics, and Clark workplace civility index (WCI) respectively and that within the accepted limit.

Approval:

An official permission was obtained from the hospital authorities in the identified setting to collect the necessary data and implement the program after explaining its purpose.

Pilot study:

A pilot study was carried out on 10% (20 staff nurses) from the current study sample before starting the actual data collection to ascertain the clarity and applicability of the study tools. It also, needed to estimate the time necessary to fill in these tools. Based on the pilot study analysis, modification was done accordingly. As well the pilot was excluded from the study sample to avoid sample bias and contamination.

Ethical consideration:

The agreements for participation of the subjects were taken after the aim of the study was explained to them. Before data collection, the nurses were informed about the aim of the study and what would be done with the results. They were given the opportunity to refuse to participate and they could withdraw at any stage of the research. Also, they were assured that the information would remain confidential and used for the research purpose only.

Field work:

The study was carried out for (nine months) from at the beginning of February to the end of October 2018 as the following:

- **Pre implementation phase (Initial assessment):** Preparation of data collection tools and the training program about professional ethics based on a review of recent national and international related literature using journals, periodicals, textbooks, internet and theoretical knowledge of the various aspects concerning the topic(from the beginning of February to the half of March 2018). Contents of the program included: introduction, concepts, and values of professional nursing ethics and professional nursing staff roles. The most important qualities necessary for professional nursing ethics, and factors that led to the evolution of nursing ethics. Principles of professional nursing ethics, duties and responsibilities of professional nursing ethics" responsibilities of the nurse towards the patients, themselves, her / his colleagues at work, the institution in which you work, nursing profession, and responsibilities of the nurse towards society. Legal

aspects of nursing practice, wrong and negligence in the nursing profession. Obstacles of applying professional ethics and ways to establish professional ethics.

- ***Implementation phase (intervention):*** was carried out from the half of March 2018 to end of May2018. At the beginning; studied nurses divided into 12 groups (14/15 nurses in each group) then the preprogram tests were fulfilled by the staff nurses` before beginning of the training program. Professional ethics Knowledge questionnaire took from 30–35 minutes to be completed, while the researcher took about 50 – 60 minutes to observe the staff nurses practice " each staff nurse observed three times in each phases and then calculated the mean", and about 20-25 minute for completing Clark workplace civility index. This pre study test was designed to allow the researchers collect a baseline assessment of staff nurses' knowledge and skills in order to compare it with immediate post and follow-up program. The data collected four days/week in the morning and afternoon from the half of March to the half of April 2018.

- After the questionnaires were completed, the training program was implemented by the researchers according to the accessible time for staff nurses. The time plan of the program implemented over the period from the half of April 2018 to end of May 2018. The training program has taken 12hours for each group distributed as the following; 6 sessions, 2hour/session, 3 days/week in the morning and afternoon shift, at the beginning of the program sessions, an orientation to the program and its purpose took place and the staff nurses were informed about the time and place of sessions which were carried out at the training department lecture room. Each session was started by setting objectives and overview of the new topic, at the end of each session the staff nurses questions were discussed. Each group perceived the program content using the same teaching strategies and handout, methods of teaching were used as the following; lecture, group discussion, role play and brain storming. Teaching and instructional media included the following; hand out, and power point presentation. Each researcher implements the program with two groups in the day by using the same available resources, relevant contents and instructional strategies for each session.

- ***Evaluation phase:*** - during this phase, the effect of educational program was evaluated; it was carried out immediately after the program implementation and follow up after 3 months of intervention by using the same format of tools which used before the program implementation. The time of the data collection lasted for five months from the beginning of June 2018 to end of October 2018.

Statistical Design:

The collected data organized, tabulated and statistically analyzed using statistical package for social science (SPSS) version 21 for windows, running on IBM compatible computer. Descriptive statistics were applied (e.g. frequency, percentages, mean and standard deviation). Test of significance, Chi-square "X2" and correlation coefficient (r) were used. A significant level value was considered when $p < 0.05$ and a highly significant level value was considered when $p < 0.001$. No statistical significance difference was considered when $p > 0.5$.

RESULTS

Table 1: Distribution of the studied staff nurses according to their personal characteristics (n=176)

Personal Characteristics	No	%
Age (years)		
< 25	11	6.3
25<35	95	54.0
35 <45	43	24.4
≥ 45	27	15.3
X̄±SD	34.48±8.00	
Sex		
Male	15	8.5
Female	161	91.5
Level of education		
Nursing diploma	86	48.9
Technical institute	67	38.1
B.Sc. Nursing	23	13.0
Post graduate nursing education	0	0.00
Years of experience		
1<5	22	12.5
5 < 15	81	46.0
15<25	55	31.3
≥ 25	18	10.2
X̄±SD	13.82±7.71	

Table (1) showed the personal characteristics of the studied nurses, where more than half of them (54.0%) were aged from 25 to less than 35 years with mean age of 34.48±8.00, the majority of them (91.5 %) were females, 48.9 % of them had nursing diploma and 46.0 % of them had from 5 to less than 15 years of experience with a mean of (13.82±7.71).

Table 2: Distribution of the studied staff nurses according to their knowledge regarding the professional nursing ethics thorough program (n= 176)

Knowledge of professional nursing ethics	Pre program		Post program		Follow up program		X²	P-Value
	No	%	No	%	No	%		
1- Concept, values, staff roles, qualities and factors that led to the evolution of professional nursing ethics:								
Correct	30	17.0	129	73.3	122	69.3	139.32	<**0.001****
Incorrect	146	83.0	47	26.7	54	30.7		
2- Principles, duties and responsibilities of professional nursing ethics:								
Correct	23	13.1	142	80.7	127	72.2	193.01	<**0.001****
Incorrect	153	86.9	34	19.3	49	27.8		
3- Legal aspects , negligence , Obstacles of applying professional ethics and ways to establish professional nursing ethics:								
Correct	39	22.2	148	84.1	132	75.0	164.61	<**0.001****
Incorrect	137	77.8	28	15.9	44	25.0		
Total knowledge:								
*Satisfactory	31	17.6	140	79.5	127	72.2	163.82	<**0.001****
**Unsatisfactory	145	82.4	36	20.5	49	27.8		

* Satisfactory knowledge (more than 60%)* * Unsatisfactory knowledge (less than 60%)
**A high statistical significant difference (P ≤ 0.001)

Table (2) clarified that there were a highly significant differences in knowledge level of staff nurses during three phases of the program; pre, immediate post program, and follow up after three months. Where their knowledge was unsatisfactory among more than four fifths of them (82.4%) and improved to be satisfactory among 79.5 % of them at immediate post and still satisfactory among 72.2 % of them at follow up after three months.

Table 3: Mean and standard deviation of professional nursing ethics practice among staff nurses thorough program as reported by researchers (n= 176)

professional nursing ethics	Max score	Pre program Mean ± SD	Post program Mean ± SD	Follow up program Mean ± SD	Paired t-test 1	P Value	Paired t-test 2	P Value
Autonomy	7	1.77 ± 1.27	6.67±0.55	6.00±0.76	122.99	0.000**	87.09	0.000**
Justice	4	1.15 ± 0.72	3.85±0.35	3.50±0.60				
Patient Rights	7	0.41 ± 0.75	6.38±0.48	4.78±1.64				
Veracity	4	0.88 ± 0.78	3.49±0.50	2.95±0.38				
Fidelity	4	0.76 ± 0.67	3.63±0.48	3.04±0.48				
Double effect	3	0.30 ± 0.46	2.89±0.30	2.60±0.48				
Beneficence	4	0.68 ± 0.56	3.80±0.40	3.07±0.84				
Documentation	4	0.96 ± 0.57	3.94±0.23	3.19±0.74				
Accountability	6	0.72 ± 0.44	5.03±0.51	3.81±0.80				
Confidentiality	5	0.79 ± 0.40	4.22±0.87	3.78±0.90				
Total	**48**	**8.47± 3.44**	**43.94±1.85**	**36.77±3.33**				

**A high statistical significant difference (P ≤ 0.001)   Paired t-test 1: pre & post   Paired t-test 2: pre & follow up

Table (3) demonstrated that there was highly statistical significant difference in professional nursing ethics practice among staff nurses after the implementation of program. The total mean scores of professional nursing ethics practice preprogram were (8.47± 3.44) and immediately post and three months post program were (43.94±1.85, 36.77±3.33) respectively. In immediate post program phase, the highest mean score was related to autonomy and patient rights (6.67±0.55, 6.38±0.48) respectively while the lowest mean was related to double effect (2.89±0.30).
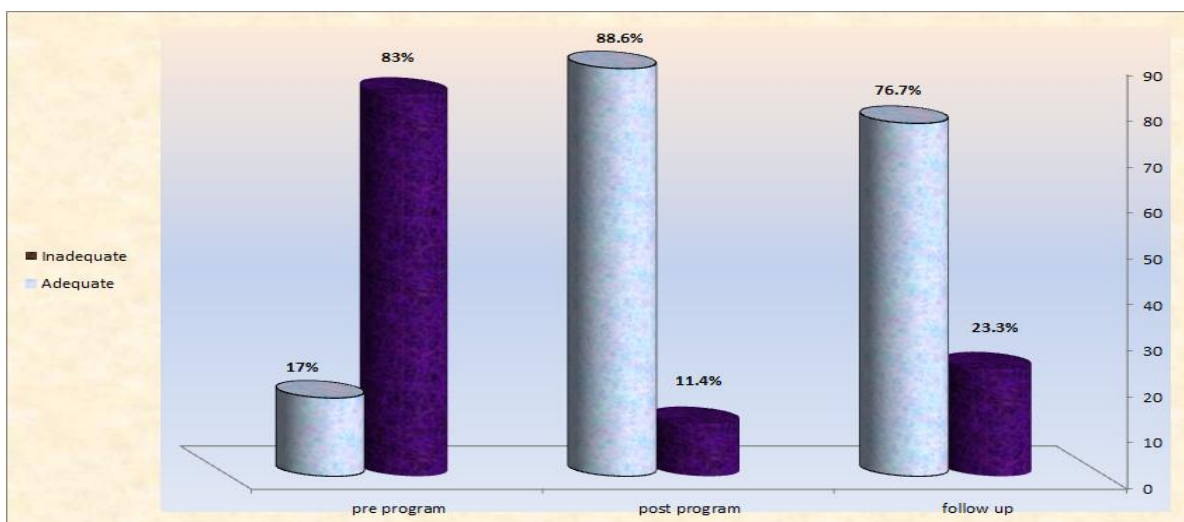

Figure (1): Total level of professional nursing ethics practice among staff nurses thorough program

Figure (1) Illustrated that there was highly statistically significant improvement in level of professional nursing ethics practice among staff nurses where 88.6% , 64.7% of them had an adequate practice immediate post and three months follow up the program respectively compared to preprogram scores (17%).
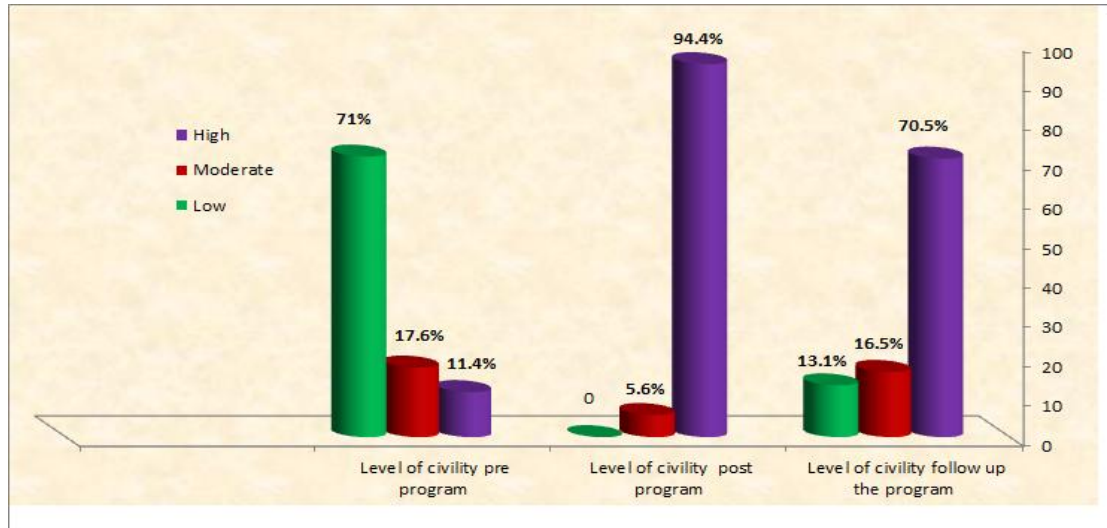

Figure 2: Total level of workplace civility among staff nurses thorough program

Figure (2) showed that there was highly statistically significant improvement in level of staff nurses' workplace civility where 94.4% , 70.5% of them had high civility level immediate post and three months follow up the program respectively compared to preprogram scores (11.4%).

Table 4: Mean scores of workplace civility among staff nurses thorough program (n= 176)

Items	Max score	Pre program Mean ± SD	Post program Mean ± SD	Follow up program Mean ± SD	Paired t-test 1	P Value	Paired t-test 2	P Value
Workplace Civility	100	28.85 ± 4.01	94.43±4.71	87.15± 12.01	162.09	0.001**	133.45	0.001**

**A high statistical significant difference (P ≤ 0.001)   Paired t-test 1: pre & post   Paired t-test 2: pre & follow up

Table (4) portrayed that there was highly statistical significant improvement in staff nurses' workplace civility after the implementation of program. The total mean scores of workplace civility pre -program were (28.85 ± 4.01) and immediately post and three months post program were (94.43±4.71, 87.15± 12.01) respectively.

Table 5: Correlation between total knowledge and total practice of professional nursing ethics among the staff nurses immediate post program (n=176)

Variable	Total practice of professional nursing ethics	
	R	p-value
Total knowledge of professional nursing ethics	0.620**	<0.001**

**A high statistical significant difference (P ≤ 0.001)

Table (5) indicated that there was highly statistical significant correlation between staff nurses' total knowledge and total practice regarding professional nursing ethics immediate post program (P<0.001).

Table 6: Correlation between personal characteristics, professional nursing ethics practice and workplace civility among studied staff nurses

Variable	Personal characteristics for staff nurses (n=176)			
	Level of education		Experience	
	r	P- value	R	P- value
Professional nursing ethics practice	0.505**	0.001**	0.498**	0.001**
Workplace Civility	0.505**	0.001**	0.436**	0.001**

**A high statistical significant difference (P ≤ 0.001)

Table (6) portrayed that there was highly statistical significant correlation between staff nurses' professional nursing ethics practice and their level of education and experience. Also, that there was highly statistical significant correlation between staff nurses' workplace civility and their level of education and experience (P<0.001).

Table 7: Correlation between overall score of professional nursing ethics practice and workplace civility during immediate post program phase

Parameters	Overall score for Workplace Civility	
	Pearson's correlation coefficient (r)	p-value
Overall score of Professional nursing ethics practice	0.515**	<0.001**

*A high statistical significant difference (P ≤ 0.001)

Table (7) demonstrated that there was highly statistical significant correlation between professional nursing ethics

DISCUSSION

Nurses are one of the largest groups of professionals working in the health care system and are responsible 24 hours of the day in the ward. All nurses regardless of their specialty encounter ethical challenges during providing care for patients. So, ethics are very important to nursing because nurses practice ethics on a daily basis work and they need assistance in ethical decision making as they practice in both traditional and expanded nursing roles. By learning ethics, the nurse learns the moral duties and rules expected and could be relied up on to engage in certain ethical behaviors (Hafez et al., 2016). In addition, Encouraging civility in the workplace is becoming one of the fundamental corporate goals in our diverse, hurried, stressed, and litigation prone society. A civil workplace is good for nurses, since the nurses' quality of life is improved in such environment and also good for the patients, since the quality of the service they receive happier and more relaxed service providers is improved (Hosny, 2015). Nurse responsible to act in a manner that is consistent with maintaining patient, coworker and personal safety, civility and respect (Clark, 2017).

The result of present study indicated that more than half of them (54.0%) were aged from 25 to less than 35 years with mean age of (34.48±8.00), the majority of them (91.5 %) were females, 48.9 % of them had nursing diploma and 46.0 % of them had from 5 to less than 15 years of experience with a mean of years of experience (13.82±7.71).

Concerning staff nurses' knowledge regarding the professional nursing ethics, the result of present study revealed that there were a highly significant differences in knowledge level of staff nurses and the three phases of the program; pre, immediate post program, and follow up after three months. Where their knowledge was unsatisfactory among more than four fifths of them (82.4%) and improved to be satisfactory among 79.5 % of them at immediate post and still satisfactory among 72.2 % of them at follow up after three months. This might be due staff nurses were excited to know about nursing ethics and they were able to acquire knowledge easily. Moreover, the program was effective as it influenced and increased their knowledge in professional nursing ethics that confront nurses in work place related to ethical principles such as autonomy, beneficence, veracity, justice, fidelity and confidentiality.

This result was supported by Zakaria et al. (2016) who conducted a study about "Effectiveness of ethical issues teaching program on knowledge, ethical behavior and ethical stress among nurses" and found that overall level of Nurses' knowledge improved with the program immediately and after three months of program. Also, Oyetunde and Ofi (2013) who studied nurses knowledge of legal aspects of nursing practice in Ibadan Nigeria found that 77.6% of nurses in Nigeria had a knowledge deficit in legal aspects of nursing practice In the same respect Kumar et al. (2011) who conducted a study about " Knowledge of staff nurses regarding legal and ethical responsibilities in the field of psychiatric nursing" stated that nurses must acquire

practice and workplace civility among staff nurses immediate post program (P<0.001).
necessary knowledge about the legal and ethical issues while involving in providing quality health care services.

In similar study done by Belal et al.,(2017) , it was noticed that implementation of the integrated ethics program had an efficient improving nurses' knowledge, and practice regarding integrated ethics in the rural areas, with highly statically significant differences in all the tested items between pre/post program implementation. While, Aliyu et al., (2014) conducted a study about "Knowledge, attitude and practice of nursing ethics and law among nurses at Federal Medical Centre, Bida" and indicated that the participating nurses possess considerably good knowledge, attitude and practice of nursing ethics and law.

Regarding professional nursing ethics practice among staff nurses, the result of present study revealed that there was highly statistically significant improvement in level of professional nursing ethics practice among staff nurses where 88.6% , 64.7% of them had an adequate practice immediate post and three months follow up the program respectively compared to preprogram scores (17%). This improvement could have resulted from utilizing creative teaching approaches that facilitated the interactions and collaboration in the learning process so professional nursing ethics program was successful, and staff nurses learned about principles and values of professional nursing ethics and guidelines that helped them to adequately apply these ethics in dealing with patient, family and other health care team and to face moral challenges.

In the same line, Osingada et al. (2015) confirmed that, nurses should be adequately prepared to deal with the ethical challenges amidst the high workload and resource-constrained settings. Whereas nurses ethics is critical to the quality of nursing care, few has been documented about nurses' knowledge about ethics, their formal and in-service ethics training in developing countries.

This result was supported by Zakaria et al. (2016) who found that there was highly statistical significant in improvement of nurses ethical behaviors before and after the teaching program immediately & three months of teaching. Also, Asfour et al. (2016) reported that there was a significant difference between the students' knowledge, attitude and practice of ethical comportment skills before and after the training. Students may consider studying ethic is a hard issue because of many terminologies and no practical training on it but in the current study, students were educated and trained to analyze the patients' conditions and interpret the reactions and feelings of patients and their families.

On the other hand, result was in disagreement with Hassan et al. (2015) who conducted a descriptive study entitled "Assessment of Professional Ethics Practiced by Nurses Working in Primary Health Care Centers in Port Said" and reported that more than three quarters of nurses had adequate practice of professional ethics. Also, Hafez et al. (2016) carried a study about "Assessment of Nurses'

Knowledge and Practice Regarding Professional Ethics in Outpatient Clinics at Mansoura University Hospital" and reported that about three- quarters of nurses had an adequate practice regarding the professional ethics. While Subedi et al. (2018) reported that majority of participants had average level knowledge and adequate level of practice regarding.

As regard to workplace civility among staff nurses, the result of present study revealed that there was highly statistically significant improvement in level of staff nurses' workplace civility where 94.4% , 70.5% of them had high civility level immediate post and three months follow up the program respectively compared to preprogram scores (11.4%). This result might be due to professional nursing ethics program improved level of staff nurses' workplace civility where they learned expressing respect for others while honoring differences, discussing them robustly, and treating one another with dignity, honor, and respect .

This result was consistent with Hossny (2015) who conducted a study entitled" Effect of Workplace Civility, Structural and Psychological Empowerment on Newly Graduated Nurses' Organizational Commitment at Hospitals in Assiut City " and found that the highest percentage of nurses reported low civility level in Health insurance hospital and Assuit university hospitals (72.0 % &70.0 %) respectively. There were no statistical significant differences among the three hospitals regarding work place civility climate. Also, Leiter et al. (2010) reported that novice nurses experienced workplaces with fewer qualities of civility.

Concerning correlation between total knowledge and total practice of professional nursing ethics among the staff nurses immediate post program, the result of present study revealed that there was positive statistically significant correlation between staff nurses' total knowledge and total practice regarding professional nursing ethics immediate post program. From the researchers opinion, knowledge acquisition and having knowledge base is an essential requisite for improving performance. So, professional nursing ethics program improved staff nurses knowledge and accordingly their practice increased.

The forgoing result was consistent with Zakaria et al. (2016) who concluded that there was a strong correlation between Knowledge of Nursing ethics and Ethical behavior after the teaching program. Also, Hassan et al. (2015); Hafez et al. (2016) who found that there was statistically significant relation between nurses' knowledge and practice regarding professional ethics. while Subedi et al. (2018); Timilsina, (2017) reported that there was no significant relationship between level of knowledge and existing practice of total professional ethics.

In relation to correlation between personal characteristics, professional nursing ethics practice and workplace civility among studied staff nurses, the result of present study revealed that there was positive statistically significant correlation between staff nurses' professional nursing ethics practice and their level of education and experience. Also, that there was highly statistical significant correlation between staff nurses' workplace civility and their level of education and experience. This result parallel to Hossny

(2015) who found that new graduated nurses reported low civility level.

Hassan et al. (2015) reported that higher satisfactory knowledge was associated with older age. While there was no statistically significant associations between nurses' practice of total professional ethics and any of the examined characteristics. On the other hand, Subedi et al. (2018) found that years of experiences and education level did not affect in knowledge level and existing practice related to ethic legal aspect of nursing.

In similar study, Hafez et al. (2016) indicated that the knowledge scores have statistically significant correlation with the nurses' age, years of experience and work setting, while their practice wasn't influenced by their personal and job characteristics. While Timilsina (2017) pointed that there was significant association between nurses knowledge level and professional qualification (p<.001). The level of practice does not have significant association with socio-demographic and job related variables.

Furthermore, the result of present study revealed that there was positive statistically significant correlation between professional nursing ethics practice and workplace civility among staff nurses immediate post program. This could be inferred that civility is strongly associated with professional nursing ethics as civility assumes an awareness that extends beyond the self, and entails conveying respect and concern for the well-being of others through speaking in ways that are respectful, responsible, restrained, and principled and avoiding that which is offensive, rude, demeaning and threatening and these are essentials of professional nursing ethics.

In this respect, Clark (2013) confirmed that treating one another with civility and respect is fundamental to establishing and sustaining healthy workplaces and fostering inter-personal and intrapersonal relationships. Civility is essential to the development and ongoing success of top performing work teams and for the achievement of first-rate, highly effective organizations. Civility is defined as authentic respect for others requiring time, presence, engagement, and an intention to seek common ground.

RECOMMENDATION

The findings of the study suggest that:
1. Hospital must conduct on-job training and continuous education to address basic concepts in nursing ethics and their application in clinical practice for enhancing nurses' knowledge and practices about professional nursing ethics.
2. Rooting the meaning of self-monitoring ((Self Auditing)) in the methods and practices of medical and nursing personnel.
3. Nursing syndicate should have effective role in regular monitoring and evaluating nurses' performance regarding ethical behavior to ensure its application
4. Conducting an educational program for all nurses at all levels about the civil work climate.
5. Integrating the concepts of civility and ethical practice into nursing curricula provides several strategies to equip faculty to address this critical issue.

6. Replication of the same study on other categories of nursing staff is highly recommended to achieve generalizable results.

CONCLUSIONS

There was a highly statistical significant improvement in staff nurses' knowledge and practice regarding professional nursing ethics after implementation of program. There was a highly statistical significant improvement in staff nurses' level of workplace civility after implementation of program. In addition, there was a highly statistical significant correlation between professional nursing ethics practice and workplace civility among staff nurses immediate post program (P<0.001).

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