



ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCE

SCHOOL OF PUBLIC HEALTH

TITLE: IMPROVING ETHICAL PRACTICE AT NEONATAL INTENSIVE CARE UNIT IN BUEE PRIMARY HOSPITAL.

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A CAPESTONE PROJECT SUBMITTED TO SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCES, SCHOOL OF PUBLIC HEALTH IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF HOSPITAL AND HEALTH CARE ADMINISTRATION.

ADDIS ABABA, ETHIOPIA

Declaration

The undersigned, declare that this capstone project is my original work and has not been presented for a degree in this or other Universities and all sources of materials have been fully acknowledged.

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Acronyms

ALOS	Average Length of Stay
ANA	America Nurses Association
BOR	Bed Occupancy Rate
BPH	Buee Primary Hospital
CCO	Chief Clinical Officer
CEO	Chief Executive Officer
CPD	Continuous Professional Development
CRC	Compassionate Respectful and Caring
EHSTP	Ethiopian Hospital Service Transformation
EPS	Ethiopian Pediatrics Society
HECs	Hospital Ethics Committee
HMIS	Health Management Information System
M & E	Monitoring and Evaluation
MHA	Master of Hospital and Health care Administration
NICU	Neonatal Intensive Care Unit
SMT	Senior Management
QI	Quality Improvement
UN	United Nation
WHO	World Health Organization

Abstract

Introduction: Ethics is defined as a moral philosophy or code of morals practiced by a person or group of people. There agreed ethical principles are autonomy, beneficence, non-maleficence, and justice, which are widely accepted in the neonatal practice. However, within the context of diverse values, beliefs and interests' fundamental variations exist and they hugely influence the plans of new born management. There is limited information in Ethiopia regarding the practice of these ethical principles.

The ethical principles of new born care are not clearly stated and not applied well by NICU staffs, in Buee Primary Hospital (BPH). The parents are not part of decision making and treatment of choice.

Objectives: The objective of the project is to improve the practice of ethical principles at NICU in Buee Primary Hospital.

Methods: Pre-post interventional study and descriptive qualitative approach was conducted to explore the practice of ethical principles at NICU in Buee Primary Hospital. The study populations are all health professionals working in the hospital. Key informant interview guide was conducted face to face by the investigator. The recorded audio note interviews were transcribed, and analyzed thematically using open code software version 4.2.

Result: In the pre-intervention we conducted observation, document review and discussion to verify the root cause of the problem. In the- post intervention we developed implementation plan and the health professionals started to implement the plan. During this period, we evaluated the problem whether it has improved or not.

Qualitative finding: The key informant interviews indicated gaps in the practice of ethical principles in NICU.

The results of the selected strategies showed a significant improvement on the practice of low ethical principles in the unit. This was objectively measured using the observational checklist from 27% to 80% during the evaluation period of pre and post intervention.

Conclusion and Recommendation: The results of this project suggested that a simple set of intervention was effective on improving the practice of ethical principles. The finding also proved

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the effectiveness of selected strategies, but it will be better to implement in a large scale in the hospital.

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1. Background

1.1 Organizational Description

Buee primary hospital is established in 2007 E.C with the collaboration effort of the public government, it is found in Buee town, sodo wereda, guragae zone, South Nation Nationalities People Region. The hospital is located 105 km far from Addis Ababa, 198 km far from regional city of Hawassa, 126 km far from zonal town Welkita. Buee primary hospital bounded by Meskan woreda in South and Oromia in the rest North, East and West.

The hospital gives curative and preventive health services for about 400,000 the woreda and other neighboring people like Meskan, Lemene, Haro and Becho. The hospital automates its health information system through the implementation of an integrated electronic medical records system/IEMRS/. Total patient flow/OPD per capita/ is 48,738 per year and 4062 per month. Total admission is 766 per year,192 per quarter and 64 per month including NICU, total beds of 22 with bed occupancy rate /BOR/ 86% ,average length of stay/ALOS/ is 4.2 days and inpatient mortality rate/IPD MR/ 0.053 %. There are 160 staffs in the hospital. 72 of them are clinical and 88 are non-clinical. Among the clinical staffs there are 25nurses, 7 doctors, 4 druggists & 1 clinical pharmacist (source: Buee primary hospital).

1.1.1 Mission vision and values of the hospital

The mission of Buee primary hospital is to provide all patients quality, assessable and cost effective health care, and to reduce mortality, morbidity, disability, and improve the health status of the surrounding people through providing comprehensive, curative, preventive and rehabilitative health service.

The vision of Buee primary hospital is to see healthy, productive and prosperous catchment area population and be the primary hospital in Ethiopia recognized nationwide for the quality and affordable or efficient health care service to the population.

The core values of Buee primary hospital: Community first, Collaboration, respect and dignity, Commitment to quality of care, Compassion and Improving lives.

1.2 Introduction

Ethical principles in the Neonatal Intensive Care Unit can have a profound effect on neonates, family, physicians, nurses and, society(1).

The involvement of parents is necessary issue in the decision-making process concerning their baby. According to the EURONIC study, there are differences among physicians in different countries in willingness to proceed in ethical ground and in appropriate way for achieving the ethical practice. Also there are limitations in the role of parents in the ethical decision making process (2).

A study conducted in South Africa and Nigeria shows, there is a need to practical solution for the implementation of ethical principles in Africa; in order to minimize ethical dilemmas/conflicts at NICU(3).

In Sub Saharan Africa (SSA), there is a gap in knowledge and practice of health care ethics among neonatologists and health care providers. There is a need for periodic education on ethical principles and Hospital Ethics Committees (HECs) in hospitals (4).

Ethiopia is a country in SSA with limited information regarding the practice of ethical principles among care providers in neonatal intensive care.

The four ethical principles are autonomy, beneficence, no maleficence, and justice; which are described below in detail.

Autonomy

The ethical principle of autonomy refers to self-determination and encompasses veracity, disclosure, informed consent, confidentiality, and promise keeping (5). Applying autonomy to ethics in the NICU creates a challenge. First, neonates cannot make autonomous decisions; therefore, parents make autonomous decisions on behalf of their babies. Next, conflicts arise from the varying perspectives from which to present medical information to parents.

Considering the principles of autonomy, experts agree share of evidence-based information and consideration of family values is a reasonable approach (6).By providing the most current evidence-based information, about the condition and prognosis of their neonate to the parents, health care providers apply respect for autonomy. Conflicts arise when providers and parents disagree about the best interest of the neonate. The share of information about a culturally sensitive manner allows the parents to engage as equal partners in the decision-making process.

Beneficence

Beneficence refers to acting of compassion and kindness to benefit others (7). Nurses and physicians must view beneficence from the perspectives of the neonate and family. Beneficence guides providers to consider and respect the viewpoints of the parents, even when those viewpoints are odds to provider value (8).

Non- maleficence

Non- maleficence means non-harming or inflicting the least harm possible to reach a beneficial outcome (9). Harm and its effects are part of the ethical decision-making process in the NICU. It may short-term or long-term harm. Providers must question the potential harm and benefits of technology in case of extremely premature and critically ill neonate whose progress is poor.

The principle of non-maleficence in combination with the principle of beneficence guides clinicians in suggesting a palliative plan of care for the neonate. It is also important to respect and support the plan of the family who requests continuation of interventions.

Justice

Justice refers to acting out of fairness for individuals, groups, organizations, and communities. It also refers to fair allocation of services and resources.(10).

The limits of resources create ethical conflicts of justice in Neonatal Intensive Care Unit(NICU)(11, 12).

Unlike the developed world, in developing countries, including Ethiopia, NICU continues to expand and increase sophisticated technological advances to treat the most critically ill neonate and contribute to ethical conflicts in the NICU. It is important for clinicians to develop and adopt a frame work for ethical decision-making in the NICU. Providers must comply with professional ethical guidelines as well as government and legal mandates. Adopting ethical principles for neonatal care increase a more holistic approach to care in the highly ethical environment of the NICU.

1.3 statement of the problem

Low practice of ethical principles in NICU

Applying ethical principles plays a key role in the process of health care. To ensure better neonatal care, an ethical decision making is very essential. Regardless of who the decision makers are, ethical decisions in the NICU can have a profound effect on neonates, families, clinicians, and society (13).Advances in the treatment and technology capacities, accelerated with the ability to care for younger, smaller, and sick

neonates contributed to ethical conflicts in the Neonatal Intensive Care Unit /NICU. / The perspectives on ethical issues in the NICU vary and no agreement on a consistent approach to resolving these conflicts. The main issue that compliance ethical decision-making is, neonates are dependent patient. The inability of the neonate to exercise autonomy, may give a chance to arise ethical conflicts between the following interested parties: ethically and socially babies have recognized rights to health care; parents have ethically, legally, and socially recognized rights and responsibilities for decision –making; physicians have ethical responsibilities and legal constraints for making decisions; the state has an interest in protecting the right and well-being of its new born citizens through the court system. Also there are different issues that complex ethical decisions in NICU, like uncertain outcome, potential trauma, prolonged support, and increasing cost (14).

Currently, unethical medical practice is a serious issue in the world. The effects of unethical medical practice are very increasing and harming clients and patients from intrauterine up to death of life. The most vulnerable groups of the society/neonates are affecting more (15, 16).

There are four agreed ethical principles that are widely accepted in the neonatal practice. However, within the context of diverse values, beliefs and interests fundamental variations exist and they hugely influence the plans of new born management(17). Health care organizations need to provide health services in ethical way in NICU, but it is a practical gap, especially in low-income countries, including Ethiopia.

Care providers engage in making decisions on allocation of health care resources on a daily basis. But, they may not aware of the ethical principles underlying those decisions and how to apply those principles in the process of allocating health care resources (2).

Buee primary hospital as a public clinical service providing hospital, it must have its own ethical principles management system. . But, while undergoing a need assessment, it is found that, the ethical principles of new born care are not clearly stated and which cause conflicts in NICU, no hospital ethics committee to support decisions of care providers to be ethical, the parents are not part of decision making and treatment of choice, there is no any ethics related document or code of ethics and no professional conduct in the hospital.

Hence, this project tries to focus on the root causes for low practice of ethical principles and design a specific intervention going to be implemented to address the real root cause of the problem.

1.4 Significance of the project

This project will improve the root cause of low implementation of ethical principles at NICU in BPH and intervene for the priority problem identified during the root cause analysis. The produced intervention package will be shared with the health facilities of same setting, BPH, EPS, AAU (researchers), and MoH, policy makers, which will be benefited from the project and used as a reference for the next investigators of this area.

2. Objectives

General objective

- To improve the practice of ethical principles from 27% to 81% at NICU in BPH, Buee, May, 2021.

Specific objectives

- To increase ethical awareness and concerning values about 80% at NICU, Buee, May, 2021.
- To improve family involvement in neonatal treatment decision making to 81% at NICU, Buee, May, 2021.

3. Root Cause Analysis

Low practice of ethical principles is caused due to different factors that can be generally classified in four thematic elements: people, policy/process, equipment and environment with fish bone diagram.

3.1 Methods used to identify the root causes

To identify the root cause discussion were held with different concerned bodies like, SMT, NICU staffs (doctors, neonatal nurses, nurses, midwives, cleaners, runners, porter), parents. Then root causes were listed and verified by reviewing national and international guidelines, and observation using ethical review form.

3.2 Possible root causes

- Work over load (shortage of nurses)

- Lack of awareness
- Poor multidisciplinary ethics discussion (poor communication)
- Focuses on routine care
- Staff need training (CPD)
- No computer
- Drug shortage
- Narrow working space
- No hospital ethics committee
- No any ethics related guidelines (professional code of conduct, informed consent in NICU to inform parents and limited information)

3.3 Verification

1. Work over load (shortage of nurses), through observation and document review with nurse to bed ration we verified that there is a staff shortage. The hospital NICU nurse requirement is nine but, there are four nurses in the ward and the number of beds is 16. So, the nurse to bed ratio is 1 nurse to 8 neonates, 1:8/the standard is 1 nurse to 1 neonate. But also the hospital has no eight hours shift program. The four NICU nurses work 7 days a week and 24 hours a day interchangeably. Even if, this shows that, over workload of the nurses, it is not taken as real root cause of the problem.

2. Lack of awareness (staffs need training,) it is proved to be a real root cause because, training related to ethical principles has never been given to the hospital staffs at all in the last years.

3. Poor multidisciplinary discussion (poor communication): Handover of clinical care is more than just the transfer of information-it is also to provide accurate information about patients care, treatment choice, decisions , current condition and, any recent or, anticipated changes and transfer of professional responsibilities. Good communication allowing an opportunity for discussion between the giver and the receiver of patient information and encourage family involvement in ethical decision- making process to obtain better outcome. During our observation we have found, it is approved as a real root cause of the above problem.

4. Focuses on routine care: Providers must comply with professional ethical guidelines as well as government and legal mandates. During our base line assessment, the staffs were concentrated on their routine practice which is not met the ethical principles/ ethical decision-making process. This was suggested as a root cause but not real root cause of the problem.

5. No computer: according to HSTP of Ethiopia, the nurse station must be full fill different equipments and materials including, computer with printer, to update about nursing care. But no any computer during our observation in NICU and it is a root cause of the problem but not real root cause.

6. Drug shortage and narrow working space: these are among health care resources which can arise conflict with resource allocation decision in NICU. The KMC room is very narrow and has only two beds, cause breach privacy. But not proved as real root cause.

7. No hospital ethics committee and No any ethics related guidelines: Hospital Ethics Committees (HECs) are establishing to solve the ethical dilemmas experienced by health care providers in hospital. However, HECs also provide training on ethics, and develop ethics guidelines and institutional policies. But in BPH there are no HECs and no any ethics related guidelines, professional code of conduct, to practice the principles of ethics in neonatal care. Hence: It is approved as the real root cause of the problem; low practice of ethical principles.

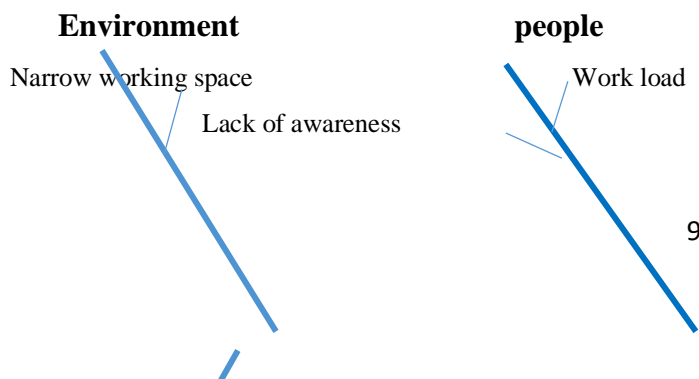
Table 1:- Summary real root cause

S.No	Suggested root cause for low practice of ethical principles at NICU	Methods of verification	Accept/reject
1	Work over load (shortage of nurses	Interview, observation and standard review	Rejected
2	Lack of awareness and Staffs need training	Document review, interview, observation	Accepted
3	Poor multidisciplinary discussion (poor communication	Interview, document review, observation	Rejected

4	Focuses on routine care	Observation, interview	Rejected
5	No computer	Interview and observation	Rejected
6	Drug shortage and narrow working space	Interview, observation	Rejected
7	No hospital ethics committee and No any ethics related guidelines	Interview and observation, document review	Accepted

3.4 Identified real root causes

- ✓ Lack of awareness (staffs need training,)
- ✓ Poor multidisciplinary discussion (poor communication)
- ✓ No hospital ethics committee and No any ethics related guidelines



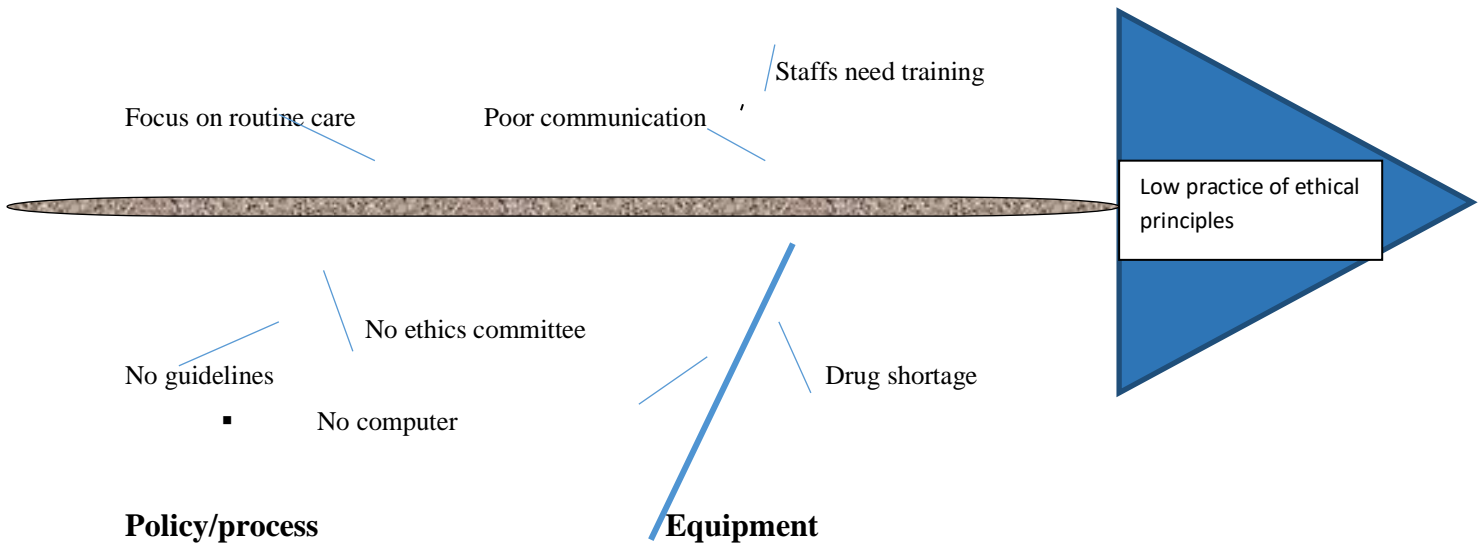


Figure 1 fish bone diagram (low practice of ethical principles at NICU) in BPH hospital, Guragea Zone SNNPR, May 2020.

4. Literature Review

Historically, the Hippocratic Oath, written in 400 BC, could be understood from a modern perspective to signal the beginning of the patient right movement (Leiko, Kilpi and Kurtitu, 1995). The Oath consists of moral instruction directed entirely at doctors, and contains some human right, like treating all patients to the best of physicians' abilities, maintaining confidentiality, and doing no harm.

International Council of Nurses sets out 4 ethical standards that relates to people requiring care, clinical practice, professionalism and coworker (18). The America Nurses Association (ANA) has code of ethics with 9 statements to the commitment of nurses to patient relation (19).

WHO and World Medical Association have, in western countries, encouraged the implementation of patient right and ethical principles, both in government and non-governmental organizations(20).

The UNs and WHO are making great efforts to improve and implement ethical principles of patient right (21).

A study conducted in Cancer-Center in New York states that the codes of ethics both professional and organizations function is sensitive to set a standard for ethical practice for clients and patients in deciding on actions in a particular situations (22).

Most developing countries still lack awareness of the importance of implementing, ethical principles and patient rights and monitoring how health staffs manage these principles in practice, rather than theoretical knowledge (23).

Physicians (25% participation ratio) who participated in the research of Focus Group Discussion (FGD) as part of qualitative analysis conducted in one of big medical center in Turkey confirmed, the need for training on ethics, to prepare ethics guidelines and to solve ethical dilemmas. And the model for HECs was proposed, with reference to the needs and suggestions of the physicians who work in Intensive Care Unit in the center (24).

The implementation of the ethical decision-making was examined several times in South Africa from varies viewpoints, the findings of these studies revealed that failure of implementation process (25).

Un ethical practice and not implementing code of ethics not only affect to weaken patient-provider relationship, but also lead to low quality service provision and increase incidence of violence and abuse (26).

A study conducted through self-administered structured questionnaire in Nigeria indicated gaps in the practice of code of ethics among providers (27).

To assure health professionals ethics in Ethiopia, health professionals' code of ethics has been developed and endorsed through No. 229/2013 by the council of ministers in 2013. Health regulatory bodies expect all health professions to respect all articles/statements including in the code of ethics(28). Even though a regulation has been developed and the Federal Health Professions Ethics Committee has been established in Ethiopia, clients and patients have complaints on health professionals' ethics. From January 2014 to December 2016 a total of 65 complaints related to unethical health professional practice were reported to the Federal Health Professionals Ethics Committee (29).

Health care organizations need to provide health services in ethical way in NICU, but it is a practical gap, especially in low-income countries including Ethiopia (4).

Health care providers and parents must consider several major ethical issues when they make decisions concerning medical care in NICU (30).

In Ethiopia, institution based cross-sectional study conducted among 500 medical doctors working in governmental and private hospitals in Addis Ababa, noted that only 30.4% of medical doctors had good practice of code of ethics which is poor. In this study factors associated with practice of code of ethics were, age, type of hospital, knowledge, attitude, lack of motivation, unfavorable working condition, and medical ethics course (31).

5. Methods and Materials

Project area and period

The project was conducted in Buee Primary Hospital, North Sodo Woreda, Guragea Zone, South, Nation, Nationality, Ethiopia, the hospital serves 84,789 population and providing promotive, preventive and curative services on top of antenatal and neonatal care.

The study was conducted from December 2020-June 2021.

Project design

Facility based pre-post interventional design and Descriptive qualitative study was employed.

Study population

The study populations were all health professionals working in Neonatal Intensive Care Unit.

Sample size and sampling procedure

The sample size was determined in advances to select key informants from the facility/stake holders: Administrators, Health professionals, and parents.

One key informant from each group was selected. Expert sampling used to select a key informant from each group and they have selected based on their experience, responsibility and who have first-hand information about ethical decision making principles of neonatal care in NICU.

Data collection tools

The key informant interviews were conducted face to face by the investigator using key informant interview guide with probing questions. The interviews were tape recording and notes be taken properly by the investigator.

Data quality assurance

Two experienced reviewers were red the transcript and were given comments for the thematic analysis before synthesis and report writing. One day training was given for the data collectors.

Data analysis

The tape record audio note interviews transcribed using verbatim transcription technique. The transcribed scripts will intensively read to identify key themes and the data synthesized thematically and analyzed using open code version 4.02.

Inclusion and Exclusion criteria

Inclusion criteria

Health professions working in NICU with a minimum of six month work experience.

Exclusion criteria

Health professions in NICU less than six months work experience and all non-clinical staffs working in the unit.

Definition of terms

Ethics: is the moral principle to verify what is morally right and what is morally wrong in human action.

Ethical principles: an ethical principle is a rule of ethics which directly leads to an ethical standard. There are four ethical principles namely: autonomy, beneficence, non-maleficence and justice.

Health care provider: means a physician or health care practitioner licensed, accredited or certified to perform specified health services consistent with state law, or a health care Facility.

Neonate: new born baby, specially a baby in the first 4 weeks after birth.

Neonatal Intensive Care Unit (NICU) a hospital ward or department equipped and staffed to provide intensive care to dangerously ill or premature new born babies.

Ethical considerations

Approval and support letter obtained from research ethics review board of Addis Ababa University and it was submit to Buee Primary Hospital and permission to conduct the project obtained from the hospital. Consent was taking from the key informants after briefing them about the objective/purpose of the project, the benefit of the project, the risk, and was clarifying about their right to with draw from participation at any time. Personal identifiers were not record and the collected data kept and locked to assure confidentiality.

Dissemination plan

The findings of this project will be submitted to School of Public Health, Addis Ababa University, as partial fulfillment for the degree of Master of Science in Hospital and Health care Administration. Also the result of the project will be submitted to BPH, Woreda Health Office, EPS, and capstone project.

6. Alternative Interventions

As it was identified by the root cause analysis and displayed in the fish bone diagram, there were many possible root causes that were directly or indirectly affecting the practice of ethical principles in NICU. Among the identified root causes, four of them were entered into the decision matrix to be evaluated by using the available criteria's i.e. impact, expense, feasibility and time. Considering the scope of this project, the first two alternatives were selected. The explanation here is below.

- ✓ Create awareness and provide training **_selected**
- ✓ Establish hospital ethics committee and Availing any ethics related guidelines **_selected**

- ✓ Increase number of staffs_ **not selected**, even if this can be an umbrella, and has greater impact to improve the problem; it has high expense and need a long time. So that it is not feasible.
- ✓ Expand rooms _ **not selected**, it is above the scope of the project.

Table 2: - Comparative analysis decision matrix

S.no	Strategic Alternatives	Impact	Expense	Feasibility	Time	Total
1	Awareness creation and provide basic training for the professions	5	4	4	5	18
2	Establishing HECs, provision of guidelines,	5	4	4	3	16
3	Increase staffing	4	2	2	3	11
4	Expand rooms	4	1	2	2	9

Key- Quantitative evaluation criteria (5= very high; 4= high; 3=moderate; 2=low; 1= very low) sum= 20

Selected strategic interventions

- **Awareness creation and provision of basic training**

This can be considered as an entry point for other steps in low practice of ethical principles. It includes clearing misunderstandings linked to ethical principles, and making this practice routine in activity in NICU and in clinical service providing units of the hospital. Health care providers will be trained on the principles of ethics, how these principles are practiced, ethical dilemma resolutions, ethical decision making, in NICU. According to EHSTG all employees need onsite training in every year he/she will do all activities required in all case teams to meet the standards.

The overall result will be the users how involve family in decision making for their neonate's treatment of choice, good practice of ethical principles, and leading the professionals to fill the knowledge gap and it will has a long lasting impact to improve the problem.

- **provision of ethics related guidelines, establish Hospital Ethics Committees**

While providing training for health care providers, simultaneously, necessary steps on how to practice ethical principles, how to resolve ethical dilemmas, how to make the parents in part of decision making will address these ethical guidelines, code of conduct.

Hospital Ethics Committees are must be established in one hospital to minimize dilemmas, ethical issues. Then this intervention will introduce good communication in multidisciplinary units to make the working environment smooth.

7. Implementation plan

The project accomplished the above interventions.

1. Provision of training:

1.1 Detailed lists of tasks/ activities

- ✓ Invite trainers
- ✓ print handouts
- ✓ pre test
- ✓ prepare training materials
- ✓ book conference room
- ✓ close the program

- ✓ invite participants
- ✓ acquire training materials
- ✓ carry out the training
- ✓ post test

1.2 Sequence the tasks/ activities

- ✓ acquire training materials
- ✓ prepare training materials
- ✓ print hand outs
- ✓ invite participants
- ✓ book conference room
- ✓ invite trainers
- ✓ pre test
- ✓ carry out the training
- ✓ post test
- ✓ program closing

One day training was organized to train the health professionals and runners, cleaners who are working in NICU, head nurses of each department, CEO, CCO, and QI head of the hospital a total of 30 participants were trained on the basics of low ethical practice in NICU.

2. Printing and distribution of guide lines, established HECs

Code of conduct, ethical principles guides, and evaluation checklist together with the implementation package were distributed for the trainee and the other departments and the implementation was closely followed.

8. Results

Pre-intervention

In the pre-intervention we conducted observation to verify the root cause of the low ethical practice. While undergoing a need assessment, using NICU ethical practice review form that contains 11 yes/no questions, which yields (3/11=27.2%) only. In our observation we also obtained those different challenges that impact the practice of ethical principles in NICU. Which are knowledge deficit, the parents are not part of treatment of choice, no any consent form for the NICU and it was zero/0% in our chart review , no ethics related guidelines to revise ,we observed some complaints of unethical practice, unethical practices are reported to CEO, because no Hospital Ethics Committee in the hospital.

Post-intervention:

In the post-intervention we developed implementation plan and the health professions started to implement the plan. They have good motivation after training, HECs is established and communicated with different units about its purpose, and responsibilities. We provided ethics related guidelines in the NICU and different units. Prepared consent form specifically for NICU, and has improved the parent's participation from 0% to 53%. We have prepared performance monitoring checklist, the health care providers are started to discuss with parents about neonates' treatment of choice.

During this period, we evaluated the problem whether it has improved or not, using NICU ethical practice review form. It was only 27.2% in the pre- intervention period and 81% in the post- intervention time which is a significant improvement.

Table: -3 pre-post intervention comparison for some ethical issues

Ethical issues	Practiced status(yes/no)	
	Pre-intervention	Post-intervention
List of Ethical dilemmas currently faced	yes	No
Standard set of ethics principles	No	yes
Hospital ethics committee	No	yes

Consent obtained by family	No	yes
Unethical reports	Yes	yes
Clear ethical escalation process	No	yes
Total=6	Average practices in %=33.3	Average practices in %=83.3

Table: - 4 Summary table on qualitative results

No.	Theme	Category
1	Source of information	information from health professional
		Discussion
2	Practice of Ethical principles	Lack of close follow-up
		Informing after care
		Not taking consent
		Uninvolving parent on decision making
		Not following ethical principles
		Not presenting treatment
3	Dilemma	Lack of medical equipment
		Neonate autonomy
		Participating parents
		Priority for sick neonate (urgent care)
		Unnecessary referral
4	Challenges	Ethical Dilemma
		Neonate autonomy
		Shortage of NIC trained professionals
		Resource shortage
		Staff shortage
		Referral system
5	solutions	Briefing the parents about care
		Continuous follow-up
		Establishing hospital ethics committee
		Experience sharing
		Training
		Parental and staff motivations
		Team work
		Reporting unethical practices
		Setting standards of ethical principles (guidelines)
		Respecting the rights of parents (family)

Qualitative Results

Them 1:- Source of information

Information only from health professionals

Two parents were asked from whom they get information about their neonates' treatment, and answered from health care providers only.

"I get information from the health professionals about my neonate's treatment." (FP 1, 32 years old)

The second participant also replies the same answer.

"I get information from the health professionals only." (FP 2, 36 years old)

Discussion

The key informant interviews indicated there is a gap to communicate with the parents before the care of a neonate started. One of the key informants said that:

"I had no any communication with the health professionals before the care of my baby. No discussion between us" (FP 1, 32 years old)

She elaborated it as follows.

"I think my baby was sick, and they completely forget to ask, to tell me information, and start to care. Finally they back to me and explain what the problem was, the care they gave and what was going on my baby."

The other key informant stated that:

"If they tries to communicate with us, we can communicate through discussion, giving enough information about the care of our baby to help each other, but I have no any information about my baby before the doctors starting to care, the midwives told me that, 'Your neonate is sick and it's in the NICU to gate a better care.' I was so sick and I think that is why they could not tell me early." (FP 2, 36 years old)

Them 2:- Practice of Ethical principles

Lack of close follow up

As the key informant stated, some health professionals has poor follow up to the neonates in NICU.

"The health professions should follow the neonates closely, sometimes the IV cannula is blocked and this makes swelling on the hand of the baby. Not all, some health professionals delay the time of medication." (FP 2, 36 years old)

Not taking consent before care

The health professional participants asked about informed consent they obtained from the family and their interview indicated a gap to receive consent by the health professionals before they are starting to care a

sick neonate. The Care providers not consider getting consent from parents and they start to treat the neonate without the permission of family. The following answers justify the problem.

“Most of the time we receive internal referral in the delivery, and start to treat the neonate as quick as possible. As you know, there are very few health professionals in the NICU. We do not ask any consent from the parents and just start to care and safe the life of the baby. Then we tell them about the neonate after the treatment and we advise the parents what care they should take as I have said earlier.” (MP 3, 40 years old)

No involvement of parents in decision making

Parents are not part of decision making in the neonates treatment of choice in NICU. The care providers give attention to care the sick baby in all condition. The key informant interviews stated this problem as follows;

Female parent, 36 years old said that: “I never been involved in decision making, but the health professionals told me, about our neonate’s condition, treatment of choice, about the time of medication, root of medication, how I feed breast milk, and to care my neonate after they are completed their work. This condition made my husband angry. He was stressed and I tried to calm him.”

Not Following Ethical principles

The key informant interviews indicated gaps in the practice of ethical principles in NICU. One of the key informants said that:

“...There is of course problem in the practice of ethical principles in other countries developed or developing countries; there are health professions who are unethical too.

I have two and half years work experience in this hospital. As QI head, I experience some unethical reports from different departments in the hospital. I was observing some unethical practices; parents of the neonates are complaining many issues, and the health professionals themselves have many complains and report unethical practices in NICU. This indicates that there is a gap in the NICU to practice the principles of ethics all the time. As you remember we identify lots of causes to solve the low practice of ethical principles in NICU and other case teams....MP4, 33 years old”

Respectful caring

Since the parents are staying in the NICU they noticed the health professionals respecting their neonates.

“Yes, I am sure that all health professionals respect my baby. My baby may be a leader tomorrow laughing.”(FP 1, 32 years old)

We are asked the participants to elaborate this idea and they said that:

“When I enter in to the NICU, my baby was wore clean cloth, the professionals are around and give care, they give glucose, medication, and show me how I take care of my baby.” (FP 1, 32 years old)

“... They respect my baby. I saw the health professionals give a good care to my baby all 21 days of our hospital stay; they give to me a lot of advice how to care my baby.” (FP 2, 36 years old)

Them 3:- Dilemma

Lack of medical equipment

Medical equipment is a resource that has great impact in the care of neonates. On the other hand lack of these medical equipment cause dilemma in the treatment choice of decision making. The key informants' interview indicated that they faced different Issus of dilemma.

“... We have faced different issues of ethical dilemmas in the NICU in our day to day experience. There are a lot of issues, like; Lack of medical equipment, staff shortage, the neonate's autonomy, the treatment of choice by itself is a dilemma. ” (MP 3, 40 years old)

Priority for sick neonate

The key informant MP 3, 40 years old stated that:

“.....ummmm as we know, neonates are not autonomous to decide their treatment of choice, so we have to communicate to the parents of the neonate about the care. But this does not work always because of different obstacles. For example if the neonate is very sick and need urgent care, we focus on the care to safe the baby's life than to consult the parents and we tell them about the condition later. It is not easy to do everything as it is in the health sector and need to prioritize.”

Them 4:- Challenges

Resource Allocation/ Shortage of resource

In order to address the problem of limited resource, allocation decision is the first solution. Health care providers are faced variety of Ethical or unethical resource allocation decisions in a daily practice. The key informant interviews indicated these challenges.

“Oh! Decisions of resource allocation are very challenging in NICU. As you know, sometimes we lack butterfly cannula even and tries to secure Pedi size cannula to the neonate. This causes vein rapture and harm on the baby, stress on the care provider, and angry on the parents. Then we refer the neonate to other hospital. Finally these all conditions make the service poor and costly to parents.” (MP 3, 40 years old)

Shortage of NIC trained professionals/ staff shortage

MP 3, 40 years old said that:

“There are different challenges in our NICU like shortage of NIC trained professionals, shortage of resource, no ethics committee in the hospital. These all causes the ethical principles in our NICU low. So it needs a solution to solve the problem.”

Them 5:- Solutions

Briefing the parents about the care

To Increase the parental involvement it is necessary to briefing them about all activities to be done on their baby. According to MP 3, 40 years old;

“...This is a good question. To increase the parent’s involvement, discussion is the key. Receive consent form before starting the care of the baby. To clear the parents about their neonate’s treatment of choice. And help them to be a part of the decision.”

Another key informant stated as:

“Silent for a while, it is better to know about my baby health condition early. If you didn’t have any information about your baby, you would have more stress. It is very dangerous. When the doctors told me my baby is a live and in good condition, I cry.” (FP 1, 32years old)

Establishing Hospital Ethics Committee

Hospital Ethics Committee has a vital role to solve ethical dilemmas, to correct unethical practices, to train staffs about ethics principles, and to make the working environment smooth.

“As you know, we are starting to establish hospital ethics committee. Once the hospital ethics committee established, it solves many challenges that hinder the practice of ethics principles not only in NICU but also the whole hospital.” (MP 4, 33 years old)

Continuous follow up

The key informants stated that it is better to follow the health professionals to neonates closely and continuously to save them from any harm during the hospital stay.

“The health care providers should care the neonates smoothly. They have to follow closely. If it is more than the hospital, I am happy to refer the next better hospital.” (FP 1, 32 years old)

“Most of the time the health professionals work without rest; they are working all the night and lose sleep, to care our babies. But to do better, they have to work closely with family. Parents should involve in the decisions about their neonates treatment of choice. Finally, I want to thank all the health professions working in NICU and Delivery ward.” (FP 2, 36 years old)

Parental and staff motivation

The key informants raised different ideas to solve the problem low practice of ethical principles in NICU.

One of the key informants said that:

“First we all health professionals must know the rights of the parents to involve in the decision making about their neonates treatment of choice. All health professionals in the hospital specially, neonatal nurses, doctors, IESOs, and other staffs working in NICU have to get training, experience sharing, more information about principles of ethics and then we have to motivate the parents to participate, involve, decide, ask and know in their neonates treatment of choice and to be part of the care.” (MP 4, 33 years old)

9. Discussion

The main purpose of this capstone project was to find out the root cause of the low ethical practices and to intervene the real root cause in NICU in BPH.

In this project found that, the intervened strategies have brought improvements on low practice of ethical principles. Providing basic training and distribution of ethics related guidelines were contributed for the improvement of the problem. This is evidenced by our observation check list developed from WHO Ethics Culture Assessment Checklist and Ethics-Self Assessment Checklist.

This project has achieved its objective which goes in parallel with principles of ethics in NICU. With the provision of ethics related guidelines, HECs, for the NICU and the other departments were used to improve the reference gap and reporting obstacles through the process of good ethical practice. Making sure those health professions will have adequate understanding of the principles of ethics practiced in NICU.

Integrating ethical principles and family involvement in decision making process will help to identify problems early and to respond unethical practices. This will increase communication between family and health professions.

10. Conclusion

The finding of our project showed that lack of awareness, lack of ethics guidelines, lack of HECs, lack of unethical practice reporting, and compliant handling system, lack of family involvement and lack of smooth communication system at a hospital level as determinants of practice of ethical principles.

Based on these pre and post intervention project findings, the practice of ethical principles in NICU in BPH was found to be improved. Also the selected strategies were proven to be effective on improving practice of ethical principles in NICU. Still there is a gap on basic training in public awareness in the community to make them part of ethical decision making process.

11. Strength, Limitation and Challenges of the project

Strength

- ✓ The project is new in type, and trying to investigate real root causes and intervene on the prioritized problems
- ✓ The project managed through two armed evaluation (pre and post) and qualitatively to evaluate the change of the health professional's behavior towards the accomplishment of ethical practice.
- ✓ The project used observational data to minimize bias

Limitation

- The project didn't show attitude of the health professions towards ethical principles

Challenges

- COVID-19 Pandemic
- lack of similar studies on the topic

12. Recommendation

Ministry of Health

- ❖ Ratify policies that guide practice of ethical principles
- ❖ Develop ethical principles evaluation checklist
- ❖ Regular supervision on ethical principles
- ❖ Enforcement of code ethics and establish a system to integrate medical ethics course

Addis Ababa University, School of Public Health

- ❖ Need further researches to be conducted

Buee Primary Hospital

- ❖ Organize training to aware of health professions about principles of ethics
- ❖ Increase public awareness about patient/client right
- ❖ Strength the established HECs
- ❖ Strengthen collaboration among stakeholders

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ANEXESS

Information sheet and consent form

Part one: Information about this project

Introduction

This cape stone project is led by Addis Ababa University, college of health science, school of public health, department of master of hospital and health care administration in collaboration with EPS and Buee primary hospital. We are caring out this project to improve ethical practices in neonatal intensive care unit to increase practical ways of ethics helping both the health professionals and parents to make ethical decisions to decrease ethical dilemmas and to minimize risks for better health outcome of the sick neonates in NICU.

We have received permission to conduct this project from your hospital administration and the ethics committees of Addis Ababa University.

Purpose

The purpose of this project is to help us to design an ethical practice intervention that will provide ethical awareness and training for health professionals in your hospital in NICU. We then hope to get funding to evaluate the effectiveness of these interventions in the hospital.

Particularly, we seek your opinion, experiences, strengths, gaps, challenges and opportunities of the policies, guidelines, and programs related to ethical practices.

Risks and Discomforts

As some points in this project we shall discuss with you sensitive information (e.g. ethical mal practices, ethical conflicts in neonatal ICU, the ethical principles of autonomy: self-determination and encompasses with veracity, disclosure, informed consent, confidentiality, and promise keeping), you may be uncomfortable talking about some of these topics. You may not have to give us any reason for not responding to some questions, or for refusing to take part in these themes.

Benefits

Your participation is likely to help us, the hospital, health facilities, parents, and the authorities in the sector of health find out more evidence about the ethical practices of health professionals and the key gaps for enhancing the impact of proposed interventions. We hope that the acquired evidence will help the relevant parties which mentioned above to meet those ethical practices needed in neonatal ICU.

Sharing of project finding

During and at the end of this project, we will be sharing what we have learnt with ethical practices in NICU, with health professions, parents, authorities in the sector of health, AAU, SPH, EPS, and with national and international community through meetings and conferences. No information especially identifiable to you will ever be shared with anybody outside the project team. Verbal and/ or written reports will also be shared with the participants of this project which they can share with other stakeholders. We shall also publish the results in order that other interested people may learn from our experiences and evidence shared.

Who to contact

If you have any question you may ask them now or later, even after the project has started. You may contact any of the following:

Name of investigator: Hoot Alemayehu

Email: hiwotalemayehu0909@gmail.com

Advisors:

A. Dr. Mesfin Adise (assistant professor, AAU, SPH)

Email: shewit91@yahoo.com

B. Ms. Adiam Nega (Bsc, MPH)

Email: adiamnega123@gmail.com

Part two: Consent Form

I have been asked to give consent to participate in this project by my involvement in these interviews. I have been explained to the forgoing information, or it has been read to me. I have had the opportunity to ask questions the investigator about it and any questions that I have asked have been answered to my satisfaction.

I consent voluntarily to participate in this project.

Name:

Signature:

Date:

To be completed by the investigator

I confirm that the individual has given consent freely.

Name of investigator:

Signature:

Date:

1. Parents

Socio demographic characteristics

Variables	Response	Skip
Age	18-22	
	23-27	
	28-32	
	>32	
Sex	Male	
	Female	
Religion	Orthodox Tewahido	
	Muslim	
	Catholic	
	Protestant	
	Others	
Level of Education	10 completed	
	12 completed	
	Diploma	
	Some University Degree	
	Other	
Marital status	Single	
	Married	
	Divorced	
	Widowed	

1.1 In your opinion please tell me on how you get information about your neonate's treatment?

1.2 Have you ever involved in decisions for your neonate’s treatment of choice? If yes, please tell me how you were part of the decisions for your neonate’s treatment of choice?

1.3 In your opinion how should you give informed consent to the staffs before starting to care the neonate?

1.4 Do you believe that the health professionals should respect your neonate? If yes, please tell me how the health professionals respect your neonate?

1.5 In your opinion what should be done during neonatal care to involve you in the decision?

1.6 In your opinion what should be done during neonatal care to prevent the neonate from any harm?

2. Health professions

Socio demographic characteristics

Variables	Response	Skip
Age	25-30	
	31-36	
	37-41	
	>42	
Sex	Male	
	Female	
Religion	Orthodox Tewahido	
	Muslim	
	Catholic	
	Protestant	

	Other	
Level of education	Diploma	
	First Degree	
	Medical Doctor	
	Second Degree	
	Specialist	
Work experience	<2 years	
	2-4 years	
	4-7 years	
	>7 years	

2.1 What is your opinion to respect the neonate’s autonomy for treatment of choice?

2.2 What is your opinion about informed consent you obtain from the parents before starting the service?

2.3 What is your opinion about the issues of ethical dilemmas that impact ethical practice in NICU?

2.4 Do you know about unethical practice? If yes, please tell me to whom you will report if any unethical practice occurs?

2.5 What is your opinion about decisions regarding resource allocation in NICU?

2.6 What is your opinion how to maximize your knowledge about ethical principles?

2.7 What is your opinion to increase the parents’ involvement in decision making?

2.8 What is your opinion to solve the low practice of ethical principles in NICU?

3. Administrators

Socio demographic characteristics

Variables	Response	Skip
Age	25-30	
	31-36	
	37-42	
	>42	
Sex	Male	
	Female	
Religion	Orthodox	
	Muslim	
	Catholic	
	Protestant	
	Other	
Level of education	First Degree	
	General practitioner	
	Second Degree	
	IESO	
	Specialist	
Work experience	<2 years	
	2-4 years	
	4-7 years	
	>7 years	
Current position	Case team head	
	QI head	
	CCO	
	CEO	
	Other	

- 3.1 What are your thoughts about the practice of ethics in NICU?
 - 3.2 What are your thoughts about standard sets of ethics principles?
 - 3.3 Please tell me your thoughts about professional code of conduct?
 - 3.4 Please tell me your thoughts to obtain reports from the parents if unethical practice occurs?
 - 3.5 Is there ethics committee in the hospital? If yes, please tell me the ethics committee of the hospital? Would you please tell me more about the challenges the ethics committee faced?
 - 3.6 Please tell me your thoughts to increase parents' participation in decision making about their neonates treatment of choice?
4. If you have any idea you want to discuss please welcome?
- 5.2 We have reached the end of our interview, thank you for your participation.

NICU Ethical practice Review form

Statement	Yes	No
Standard set of code of ethics		
Standard set of ethics principles		
Hospital Ethics Committee		
Clear ethical escalation process		
Staffs access ethical principles to practice		
List of ethical dilemmas currently faced		
Unethical reports		
Consent form prepared		
Consents obtained by the family		
Organizational members share a common set of ethical practices		
Monitoring and rewards		
Punishment of related ethical practices		
Total number of “Yes” and “No” checks		

Curriculum Vitae (CV)

Personal profile statement

A motivated, adaptable, energetic and responsible health care professional with experience as both professional and technical skills developed through past work experience in nursing position. I have a methodical, patient-centered approach in managing multiple cases, optimizing patient care, and supervising new assistants, expertise in caring, assessment and documentation and a strong drive to see things through to completion. I have managed health center and primary hospital in my position.

Achievements

- implementing major systems in the health sector
- establishing preterm and sick babies treatment center (NICU)

Education

2018 - Present MPH student in AAU, SPH

2010 - 2013 Bsc nursing in AMU (Arba Minch University)

1998 - 2005 preparatory in BPS (Buee Preparatory School)

Employment

Jan.2014 – July 2014 Professional Nurse in (WWWHC) WulaWulaWodesha Health Center

Sept. 2015 – Jun 2015 CEO in WHC (Wacho Health Center)

July 2015- Oct. 2018 Nursing Director in BPH (Buee Primary Hospital)

License

Certified senior nurse profession, SNP, Ethiopia, 2018

Trainings with certificate

- Medium Level leadership skills in Meles Zenawi leadership Academy
- GTP 2 Health Sector reform
- CRC
- HMIS
- NIC management

- Nursing care
- mhGAP (mental health GAP) and others

Skills

Excellent knowledge of nursing care

Strong trouble – shooting skill with preterm, low birth weight and very ill neonatal care, IV secure, KMC, and follow up

Expert in conflict resolution

Uploading the rights of patients

Hobbies and Interests

Reading fiction and non – fiction books

Socializing with friends and family and being with elderly

Listening music

Building team work

Solving puzzles

References:

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