



GNITED MINDS
Journals

*Journal of Advances in
Science and Technology*

*Vol. 10, Issue No. 21,
February-2016, ISSN 2230-
9659*

**A STUDY ON KNOWLEDGE OF NURSES
REGARDING LEGAL RESPONSIBILITIES IN
PATIENTS CARE**

AN
INTERNATIONALLY
INDEXED PEER
REVIEWED &
REFEREED JOURNAL

A Study on Knowledge of Nurses Regarding Legal Responsibilities in Patients Care

Hemam Sangeeta Devi^{1*} Dr. Mahadeo B. Shinde²

¹Principal SEA College of Nursing, Bangalore

²KEISIE International University

Abstract – Establishing and maintaining collegial relationships requires nurses to use a wide range of communication strategies and effective interpersonal skills. Nurses have a duty to know and acknowledge each colleague's role and unique contributions to the team effort.

Nurses trust in the expertise of one another, share their expertise and knowledge with one another, and refer to each other when they do not have the necessary competence to provide a specific part of the nursing care. However, in situations in which clients' safety and well-being are compromised, nurses' primary responsibility is to their clients. Nurses, therefore, need to take action when colleagues put clients at risk or are abusive toward clients in any way.

Keywords – Nurse, Lawsuit, Client

INTRODUCTION

As people learn and grow, they develop their personal values and beliefs. Nurses need to recognize and function within their value system and be true to themselves. Nurses' values sometimes differ from those of other health care professionals, employers and clients, causing ethical conflict. Nurses must provide ethical care while at the same time remaining committed to their values.

When a client's wish conflicts with a nurse's personal values, and the nurse believes that she/he cannot provide care, the nurse needs to arrange for another caregiver and withdraw from the situation. If no other caregiver can be arranged, the nurse must provide the immediate care required. In the long term, the nurse may have to leave a particular place of employment to adhere to her/his personal values.

Nurses have a commitment to each other. Nursing is one profession with two categories of registration: Registered Practical Nurses (RPNs) and Registered Nurses (RNs), which includes Nurse Practitioners (NPs). Ethical nurses are concerned about the well-being of nursing colleagues and therefore are respectful toward each other. Respectful behaviour among nurses contributes to the best possible outcomes for clients (Hansen, 2005).

Reorganization and job uncertainty can have a negative impact on the way nurses work together and

relate to each other. More than ever, nurses need to work collaboratively and promote an environment of collegiality. This means that nurses show consideration and respect for each other.

Maintaining commitments to the nursing profession
Nurses have a commitment to the nursing profession. Being a member of the profession brings with it the respect and trust of the public. To continue to deserve this respect, nurses have a duty to uphold the standards of the profession, conduct themselves in a manner that reflects well on the profession, and to participate in and promote the growth of the profession.

As members of a self-regulating profession, nurses also have a commitment to help regulate nursing to protect the public's right to quality nursing services. It is in the public's interest that the profession continue to regulate itself by developing and changing the methods of self-regulation to meet the changes in health care and society. Nurses have an obligation to participate in the effective evolution of self-regulation. Self-regulation is a privilege, and each nurse is accountable for the responsibilities that accompany this privilege.

Much of what has been expressed in the above paragraphs about commitment to nursing colleagues applies equally to other members of the health care team. Nurses need to respect all health care

professionals and their roles, and are expected to collaborate and coordinate care with team members.

When there are overlapping scopes of practice between professions, the nurse needs to determine the appropriate care provider and what is in the client's best interest. Establishing and maintaining collegial relationships requires nurses to use a wide range of effective communication strategies and interpersonal skills. Team cohesiveness is necessary to promote the best possible outcomes for clients. In situations in which client safety and well-being are compromised, however, nurses' primary responsibility is to their clients.

Because of the nature of ethics, it is sometimes difficult to identify precisely the issues causing the ethical situation. Complex, moral and value-laden situations are not easily understood and dealt with. Working through ethical situations begins with understanding the values of all concerned.

Because nearly every ethical situation involves other members of the health care team, these people need to be part of the discussion to resolve the issues and develop an acceptable plan of care. An ethics resource person in the agency, such as an ethicist, clergy member or ethics committee, can also be of assistance. Other resources are literature, CNO Practice Consultants and the Centre for Bioethics at the University of Toronto.

There are many ways of working through and understanding ethical situations. One example of how to do this is included in this section. Due to its familiarity to nurses, the nursing process provides a viable approach for examining situations involving ethical values. These situations may involve ethical uncertainty, ethical distress or ethical conflicts.

REVIEW OF RELATED LITERATURE

Research suggests that showing compassion and demonstrating that you care may help reduce your risk of a lawsuit down the road. Nurses can keep lawsuits at bay by maintaining open honest respectful relationship and communication with patients and family members.

The practice changes that physicians reported reflect both risk-reduction (e.g., increased use of tests) and risk-avoidance (e.g., cutting back high-risk patients) strategies, although risk-reduction actions were reported more frequently.

A study revealed that B.Sc. Nursing graduates had better knowledge than diploma graduates. But the B.Sc. Nursing graduates also exhibited low scores on specific aspects. Nurse can also keep lawsuits at bay by maintaining competency and keeping up to date with nursing policies and procedures.

The poor communication and conflict between these groups has been a barrier to achieving true institutional accountability for patient care. A charge of negligence against a nurse can arise from almost any action or failure to act that result in patient injury most often, an unintentional failure to adhere to a standard of clinical practice and may lead to a malpractice lawsuit.

Six major categories of negligence that result in malpractice lawsuits are:

- A) Failure to follow standards of care:
- B) Failure to use equipment in a responsible manner:
- C) Failure to communicate:
- D) Failure to document:
- E) Failure to assess and monitor:
- F) Failure to act as a patient advocate:

Results indicated that whistleblowers supported the beliefs inherent in patient advocacy, while no whistleblowers retained a belief in the traditional role of nursing. Participants who reported misconduct (whistle blowers) supported the belief that nurses were primarily responsible to the patient and should protect a patient from incompetent or unethical people.

Participants who did not report misconduct (non-whistleblowers) supported the belief that nurses are obligated to follow a physician's order at all times and that nurses are equally responsible to the patient, the physician and the employer.

Nursing in India is being trying to find a medico legal foothold as a study reviewed reports of most of the committees since independence. It shows that some of these committees, while lamenting on the government's lack of political will to properly implement good health policies, have themselves been lacking in providing plan for operationalizing their own recommendations through suitable legislation(s), thereby giving adequate rights to people for demanding services.

The analysis of the medical council and the laws governing them show that they have failed to use the laws to establish their monopoly for regulation of medical care. The medical professionals too have shown indifference to self-regulation.

The nurses, on the other hand, are clamoring for self-controlled regulations and they are denied this facility. In fact the nursing councils are under strong control of medical professionals and bureaucrats who have kept under the lid nurses' demands to increase their

number and to stop exploitation of the unregistered nurses in the hospitals and nursing homes.

Indian on co-nurses are not much exposed to legal issues, though the medico legal aspects are included early in the syllabus very little time is given on teaching it and emphasizing on its use. But the review of literature shows that malpractice and negligence suits against nurse are on the rise nurses must know the law that governs her profession to avoid lawsuits against her.

Medico legal issues confronting nurses today are many but the nurse should view the law not with apprehension but as a helpful adjunct to define nursing practice. Nurses who are employed in cancer hospitals or units if they are aware of legal rights and obligations will be better prepared to care for cancer clients. Knowledge of the law is essential for all nurses in the present health care market. Literature also gives substantial support that a self-instructional module is effective in increasing the knowledge of nurses. Thus the investigator was prompted to develop a self-instructional module on medico legal responsibilities of nurses and test its effectiveness.

Today nurses in all roles engage in ethical decision making and behaviors arising from morality, relationships, and conduct issues surrounding patient care and in relationships with each other and other healthcare professionals. Some experts support the view of nursing ethics as distinctive from bioethics in other disciplines (Fry, Veatch, & Taylor, 2011; Holm, 2006; Volker, 2003; Wright & Brajtman, 2011).

Additional views indicate everyday ethical practice in nursing as being situated within an interdisciplinary team. Johnstone's definition of nursing ethics (2008) is consistent with the perception of a strong connection between nursing ethics and nursing theory, which distinguishes nursing ethics from other areas of healthcare ethics.

Johnstone (2008) defined nursing ethics as "the examination of all kinds of ethical and bioethical issues from the perspective of nursing theory and practice, which, in turn, rest on the agreed core concepts of nursing, namely: person, culture, care, health, healing, environment and nursing itself"

RESEARCH METHODOLOGY

Research methods refer to steps, procedures and strategies for gathering and analyzing data in research involved. Research methodology is a way to systematically solve the research problem. It is a science of studying how research is done scientifically.

The study was conducted in two phases:

Phase I: Includes assessing the existing knowledge of staff nurses regarding "medico legal responsibilities of nurses regarding care of cancer patient".

Phase II: Of the study, a self-instructional module on, "medico legal responsibilities of nurses regarding care of cancer patient", was developed and its effectiveness determined.

RESEARCH APPROACH

Evaluative approach was adopted in present study.

Variables

1. Independent variable:

In this study, the independent variable is the self-instructional module on "medico legal responsibilities of nurses regarding care of cancer patient".

2. Dependent variable:

The dependent variable in the study is knowledge score and acceptability scores for the self-instructional module.

SETTING OF THE STUDY

I. Population

The study population consisted of the staff nurses caring cancer patients & working in Asian Institute of Medical Sciences Hospital.

II. Sample size:

Sample size for this study was 50.

Sampling Technique

In view of the objectives of the study purposive sampling technique was used.

SAMPLING CRITERIA

Inclusion Criteria

1. All the registered Nurses employed in cancer hospitals
2. Those who are willing to participate in study

Exclusion criteria:

1. Those that have undergone refresher course in law and legal responsibility

2. Those that are freshly passed nursing & less than one year experience
3. Those who are working in Operation Theater
4. Those who are engaged in administrative responsibility
5. Those are not willing to participate in study

DATA COLLECTION PROCESS

The investigator personally contacted each selected subject and his/her informed written consent was obtained after explaining the purpose of the study. After pretest each study subject was provided with a copy of self-instructional module. They were instructed to read the self-instructional module carefully at their convenience and they were required to take retest after 7 days.

Re-administrating the knowledge assessment questionnaire to each subject after 7 days of the pretest carried out posttest. After the posttest the opinionative was given to ascertain the opinion on acceptability of the self-instructional module. Following which the data collection process was terminated after thanking the participants for their participation and co-operation.

SIGNIFICANCE OF THE STUDY

That staff nurses did not have 100% knowledge about the medico legal responsibilities of nurses related to care of cancer patient. They require further education & information because all of them need to enhance their knowledge about the medico legal responsibilities of nurses related to care of cancer patient. There was a highly significant increase in the knowledge of the subjects after the introduction of self-instructional module.

The paired 't' test computed between mean posttest knowledge score and mean posttest knowledge score, which indicated a highly significant difference in the knowledge scores in all the areas. Thus it is concluded that the self-instructional module on the medico legal responsibilities of nurses related to care of cancer patient is effective as a teaching strategy.

Continuing education staff nurses should emphasis on the subject matter related to medico legal responsibilities regarding patient care as it is today's demand. The nursing curriculum does not cover many specific legal issues nurses face in the care of persons. It should be upgraded as much as possible. Regular in service/ refresher course / Specialized Diploma courses related to nurse and medico legal responsibilities should be implemented in hospitals.

Nursing is a service oriented profession and it must advance and keep pace with the advancing

technology, newer problems, and growing demands of consumers. The findings of this study have implications for nursing practice, nursing education, nursing administration and nursing research.

The goal of this research was to identify the knowledge, positions and attitudes of nurses in relation to healthcare ethics and nursing legal regulations among a sample of Spanish nurses, to evaluate the impact of an educational program, and to determine any differences considering socio-demographic variables as a gender, age, etc. In this study, nurses were described according to social, personal, and labor characteristics.

This study shows that most nurses recognize that ethical and legal problems arise daily or weekly and understand that these problems are very important for their clinical practice. However, they also feel that they are not sufficiently trained in these areas. In particular, nurses who work in nursing homes more frequently report having a lack of knowledge about legal regulations.

REFERENCES

- Fry S. (2009). Teaching ethics in nursing curricula. *Nurs Clin North Am*; 24(2): pp. 485-497.
- Gastmans C. A. (2002). Fundamental Ethical Approach to Nursing: some proposals for ethics education. *Nurs Ethics*; 9(5): pp. 494-507.
- Gasull M., Esteve J., Casanovas I., et al. (2003). Teaching ethics. Basic Curriculum. Paper presented at the XX International Congress of Nursing. Madrid, Ginebra: Internacional Council of Nurses; 2004.
- Kanne M. (2004). Professional nurses should have their own ethics: the current status of nursing ethics in the Dutch curriculum. *Nurs Ethics*; 1(1): pp. 25-33.
- Oddi L. F., Cassidy V.R., Fisher C. (2005). Nurses' sensitivity to the ethical aspects of clinical practice. *Nurs Ethics*; 2(3): pp. 200-209.
- Roberts D. (2004). The legal side of nursing. *MEDSURG Nursing*; 13(4): pp. 210-225.
- Scott P. A. (2006). Ethics education and nursing practice. *Nurs Ethics*; 3(1): pp. 53-63.
- Vanlaere L., Gastmans C. (2007). Ethics in nursing education: learning to reflect on care practices. *Nurs Ethics*; 14(6): pp. 758-766.

Corresponding Author

Hemam Sangeeta Devi*

Principal SEA College of Nursing, Bangalore

E-Mail – asia@ima.edu.in