

# Effect of Self Instructional Module on Knowledge Regarding Medico Legal Responsibilities among Nurses

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**Abstract:** *The patient is considered the consumer of nursing & health care, along with this fact, there is growing awareness of the law by the public, an understanding of the medico legal responsibilities is becoming more important. Objectives: To assess the knowledge on medico legal aspects related to cancer among nurses before and after introduction of self instructional and to find association between the knowledge score with selected demographic variables. Methodology: One group pretest-post test design was used, on 50 staff nurses at tertiary care hospital. Result: The majority (88 %) of the participants were female 70% of the total samples did not attend any in – service education regarding medico legal responsibilities of nurses ,& 96% of them were never involved in a medico legal case. The findings showed that staff nurses have deficit knowledge regarding medico legal responsibilities in care of cancer patient. There was a significant association between the level of knowledge of the staff nurses and their professional qualification. There was a significant difference between pretest and posttest mean knowledge scores Conclusion: The findings imply that a specialized training program intended to impart knowledge regarding medico legal responsibilities to the staff Nurses need to be organized and implemented. It will in turn help her in acquiring a better efficiency & vigil in her services.*

**Keywords:** Medico legal Responsibilities; Nurses; Self instructional Module

## 1. Introduction

Nursing is an integral part of the health care system and nurses direct their energies towards the prevention, promotion, maintenance & restoration of health. The role of nurses has expanded rapidly within the past two decades to include expertise specialization, autonomy & accountability. The patient is considered the consumer of nursing & health care [1]. With the advent of the Consumer protection Act of 1986, which has been drastically widened by the amendment of 1993 all professionals i.e. medical, architects, solicitors, chartered accountants etc have come within the purview of the Act. Nursing also being a profession has come under the Act. The nurse must also be familiar with laws as: I) IPC Sect 269- Negligent Act likely to spread infectious disease dangerous to life.II) Sect 284- Negligent conduct with respect to poisonous substances [2]. It is stated that changes have occurred over the past decade in legal responsibilities of nurses. These reforms have led to attitude changes toward nurses by the legal, medical, and public realms. To avoid legal charges of negligence, nurses must keep abreast of the rapidly changing areas of instrumentation, documentation, and patient care [3]. With regards to this it has been imperative for the nurse to safeguard herself & her client against negligence. Gardner SL & Hagedorn ME emphasize that regardless of the health care setting, professional nurses are morally, ethically, and legally accountable for their nursing judgments and actions[4].

When nurses are aware of their legal responsibilities & obligations, will be better prepared to care for clients & it will also help her in acquiring a better efficiency & vigil in her services. Studies have shown that the climate & the knowledge about legal aspects in health care have led to the improvement in practice. In a study to assess the impact of

malpractice litigation on physicians' personal and professional lives Although both sued and non sued physicians reported changes in professional behavior sued physicians reported significantly more changes than non sued physicians[5].

It has been found, however, the learning that results in increased self-awareness, changed behavior, and the acquisition of new skills must actively engage the individual in the learning process. Most adults spend a considerable time acquiring information and learning new skills. The rapidity of change, the continuous creation of new knowledge, and an ever-widening access to information make such acquisitions necessary. Much of this learning takes place at the learner's initiative, even if available through formal settings [6].

## 2. Significance of Study

Leaders in the nursing profession know that we are legally responsible for what we do but there have been very little specifically stated by the profession to serve as a guide. This was due to the fact that citizens of India were not aware of their rights of protection from harmful or careless professional practice. But with the growing awareness of the law by the public, an understanding of the legal responsibilities is becoming more important [7]. Though the legal aspects of nursing are included early in the syllabus very little emphasis is given on its use. Nurses must know the law that governs her profession to avoid lawsuits against her. 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 aware of legal rights & obligations will be better prepared to

care for clients. Knowledge of the law is essential for all nurses in the present health care market [8].

### 3. Review of Literature

Review of literature is important for having a broad understanding of the problem. "The material gathered in the literature review should be treated as an integral part of research data. Since what is found in the literature can not only have an influence which is important on the formalities of the problem and the design of research but also provides useful comparative material when the data collected in the research is analyzed"[9].

#### 3.1 Literature related to self instructional module.

Learning is the addition of new knowledge and experience interpreted in the light of past knowledge and experience. Teaching and learning is an integral part of nursing. Nurses have the responsibility to educate patients related to various aspects and keep themselves updated. Various teaching strategies are used to increase knowledge, such as lecturing, demonstration, discussion and self-education. These methods of self-education has an advantage over the others as the learner can educate himself at his own pace and it also stresses on rereading[10].

Nurses prefer to use a self instructional module for patient education [11]. Self instructional module was found to significantly increase awareness of the cultural background of patients from a minority community and this knowledge was maintained for at least one month after distribution. The self-instructional material is not only effective in increasing the patient's knowledge but has also been used by other health care professional [12].

Self-education has also been widely used in the nursing practice and in light of the current nursing shortage; registered nurses who have been away from clinical practice are a valuable resource [13]. It was concluded that genetics self-instructional module for registered nurses was effective in increasing knowledge of basic human genetic concepts and risk assessment. Self-education is being used effectively in nursing practice to improve the nursing care as well as to improve the knowledge of nurses in various aspects [14]. Another Study concluded that there was a significant increase knowledge related to all aspects of chest tube drainage and its care [15] was significant increase in the knowledge of caregivers. This provides substantial support of education its usefulness and dependability as a teaching strategy [16]. Studies have shown that information booklet is effective as a teaching method in increasing the knowledge of patients and health care professional's especially nurses [17]. A descriptive study was conducted on nurses on legal aspects, which revealed that the level of knowledge was very less, but there was significant increase in their knowledge after introducing planned teaching regarding legal aspects [18].

#### 3.2 Literature related to medico legal responsibilities in patient care

For nursing to be recognized as a profession, nurses need to be accountable for their own actions. As Nurses move towards more autonomous practice, professional responsibility is increasing and we are becoming more accountable for our clinical decision-making. As per the code of conduct, nurses are held accountable in varying degrees, the public, their employer, and their profession and most important their patient. Nurses are practicing in an increasingly litigious environment and the law of negligence cannot be ignored. If a patient dies as a result of nurse administering the wrong drug under the orders of a doctor, the nurse could be liable for civil action since he/ she failed to deliver a reasonable standard of care expected of a nurse. Such nurses could also face disciplinary proceedings before the nursing council and their line managers because they failed to use due care and skill in carrying out their contract of employment [19].

A study was conducted on some cases where the nurses were found that they did not report near miss accidents. Reasons for failure to report adverse events included fear of response from hospital administrators and personal fears of the reactions of the patient or of other staff members. These results show that both patient and staff adverse incidents are underreported. Strong quality management practices and administrative support to emphasize safety and a system response to address these adverse events may help to improve reporting [20].

Nurses are charged with four key tasks in relation to securing consent for nursing procedures: educating themselves about the risks and benefits of the procedures they propose to undertake; conveying this information to patients; assessing their understanding of the information given; and endeavoring to support the patient in his/her decision[21]. Now as the consumers are becoming better informed they are more likely to be aware of malpractice issue and to recognize insufficient or inappropriate care. Forensic pathologists are increasingly confronted with the need of expertise, which refer to neglected prevention of pressure sores in cases of suspected malpractice. In Hamburg, Germany, a monitoring system for advanced grade decubitus was established by use of routine post mortem examinations before cremation [22].

The issues cited by plaintiffs – who were either patients or family members – included complaints that they felt abandoned, that the patients discomfort had been ignored, that no explanations about their care or outcome were given, and that their opinions were discounted. It was also found that providers who showed compassion were often not named in the malpractice case. Being courteous to patients is not just a nicety. 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 [23].

The knowledge of legal rights and responsibility has shown to improve the practice of physicians [24]. 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 [25]. 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 [1]. Nurse can also keep lawsuits at bay by maintaining competency and keeping up to date with nursing policies and procedures [26]. The poor communication and conflict between these groups has been a barrier to achieving true institutional accountability for patient care [27]. A charge of negligence against a nurse can arise from almost any action or failure to act that results in patient injury—most often, an unintentional failure to adhere to a standard of clinical practice—and may lead to a malpractice lawsuit [28].

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 [29].

Indian onco-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.

## 4. Aims and Objectives

“A study to determine the effectiveness of self instructional module on knowledge regarding medico legal responsibilities in care of cancer patient among nurses employed in selected Hospitals”

### 4.1 Objectives

1. To assess the knowledge on medico legal aspects related to cancer among nurses employed in selected cancer hospitals.
2. To provide self instructional module on knowledge of nurses regarding medico-legal responsibilities in patients care
3. To evaluate the effectiveness of self instructional module on knowledge of nurses regarding legal responsibilities in patients care
4. To find the association between the knowledge score and selected demographic variables

### 4.2 Assumptions

It is assumed that:

1. The nurses have limited knowledge regarding medico legal responsibilities in patient care.
2. This self instructional module will be useful for self-learning & enhancing knowledge.

### 4.3 Hypotheses

**HO:** There will be no significant change in knowledge score among nurses employed in oncology unit after providing self instructional module.

**H1:** There will be significant change in knowledge score among nurses employed in oncology unit after providing self instructional module.

## 5. 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.

### 5.1 Research Approach

Evaluative approach was adopted in present study.

### 5.2 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.

### 5.3 Research Design

#### Pretest Treatment Posttest

Day 1 Day 1 Day 7

O1 X O2 O3

**Keys:** O1- Pre-test knowledge score

O2- Post-test knowledge score

O3- Opinionnaire

X- Treatment variable (self instructional module)

An opinion survey was also made to determine the acceptability of the self instructional module and was administered on the same day of posttest.

### 5.4 Setting of the Study

The study was conducted at, Asian Institute of Medical Sciences Hospital & Shirodkar Hospital, Dombivali.

#### I. Population

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

#### II. Sample size:

Sample size for this study was 50.

### 5.5 Sampling Technique

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

### 5.6 Sampling Criteria

#### Inclusion Criteria

- All the registered Nurses employed in cancer hospitals
- Those who are willing to participate in study

#### Exclusion criteria:

- Those who have undergone refresher course in law and legal responsibility
- Those who are freshly passed nursing & less than one year experience

- Those who are working in operation theater
- Those who are engaged in administrative responsibility
- Those who are not willing to participate in study

### 5.7 Data Collection Process

The study was conducted from **01/04/2010 to 10/05/2010**. 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 opinionnaire 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.

### 5.8 Projection of Human Subjects

- Prior permission for the study was obtained from the Professor Cum coordinator, Institute of Nursing education & Paramedical Sciences, Dombivali.
- The permission was obtained from the Medical Director, AIMS Hospital and the Shirodkar Hospital, Dombivali for conducting the research study.
- An informed consent was obtained from the respondent Staff Nurses after proper explanation about the purpose, usefulness of the study and assurance was given about the confidentiality of their responses.

## 6. Results

This section represents the pretest knowledge scores of staff nurses on “medico legal responsibilities of nurses regarding care of cancer patient” & the association between knowledge & the selected demographic variables

**Table 1:** Frequency & percentage distribution of samples Characteristics. *N* = 50

S.N	Characteristics	10-20	20-30	p' Value
1.	SEX			
	Male	2	4	
	Female	23	21	0.38
2.	AGE IN YEARS			
	20 – 25	17	20	
	25 – 30	3	3	
	30 – 35	1	0	
	35 – 40	3	1	0.33
	40 – 45	1	0	
	45 – 50	0	1	
3.	QUALIFICATIONS			
	B.Sc	9	16	0.04 *
	GNM	16	9	
4.	EXPERIENCE IN YEARS			
	0 – 2	21	10	
	2– 4	3	2	0.35
	4 – 6	4	3	
	Above 6	3	4	
5.	PRESENT AREA OF POSTING			

	Medical Oncology	11	13	0.35
	Surgical Oncology	6	1	
	Pediatric Oncology	5	7	
	Chemotherapy	1	2	
	Palliative Care	2	2	
6.	IN-SERVICE EDUCATION			0.75
	Yes	8	7	
	No	17	18	
7.	INVOLVEMENT IN LEGAL CASE			0.14
	Yes	2	0	
	No	23	25	

The analysis shows that 88 % of the participants were female, 74% of them belonged to the age group of 20 – 25, 50 % were graduates & 50% were diploma holders. It was also seen that 62% of the samples had 2 – 3 years of experience & 48% of them are currently working in the medical oncology settings. 70% of them did not attend any in – service education regarding medico legal responsibilities of nurses & 96% of them were never involved in a legal case.

There was a significant (P0.05) association between the level of knowledge of the staff nurses and their professional qualification. Since the calculated value of p (0.04) is less than 0.05 it can be concluded that there is significant association between professional qualification & knowledge scores. It was also found that 64% of graduate nurses scored in the range of 20 – 30. This also supports the finding by (Seema .B 2004), in which she also found a significant difference in the knowledge scores of graduates & diploma nurses related to medico legal responsibility. This may be due to the fact that in the graduate curriculum the medico legal & ethical aspects of nursing are more stressed upon.

During this study it was found that 70% of the subjects did not attend any in-service education related to medico legal responsibility, even though working in a litigious climate. This highlights the lack of regular in-service programme for the staff nurses on all aspects of nursing specially to keep up-to-date which the emerging necessity of knowing their legal rights & responsibilities. This also underlines the need for regular in-service programme.

**Table 2:** Comparison of pretest & posttest scores

Knowledge scores	10 – 20 Poor	20 – 30 (Good)	Mean	S.D
Pretest	25	25	19.28	3.25
Posttest	2	48	25.38	2.46

t = -13.416, p = 2.49995E-18 << 0.05 \*\*

In this table it can be observed that 25 (50%) samples scored in the range of 10 – 20 in the pretest, but in the posttest the data shows that 48 (96%) samples scored in the range of 20 – 30. Thus the self instructional module was able to improve the scores from satisfactory to good.

A paired t – test was used to calculate the effect of the self instructional module on the knowledge of nurses regarding care of cancer patient. The result shows that there is a highly significant difference between the pretest & posttest knowledge scores.

The pretest and posttest knowledge scores were compared in each area of as per the blue print. A paired ‘t’ test was used to find the difference between the knowledge scores.

**Table 3:** Response of staff nurses with regard to their opinion about the information booklet

1) Statement	Great extent		Some extent		Not at all	
	F	%	F	%	F	%
I believe that this self instructional module is a good source of learning.	43	86	7	14	0	0
I feel that the self instructional module includes all content on medico legal responsibilities of nurses regarding care of cancer patient.	46	92	4	8	0	0
I feel that the language used in the self instructional module is simple.	41	82	9	18	0	0
I find that the self instructional module is easy to understand as the content is explained in a simple form.	43	86	7	14	0	0
I feel the self instructional module has given me sufficient knowledge on medico legal responsibilities of nurses regarding care of cancer patient	38	76	12	24	0	0
I feel that the pictures used in the self instructional module have helped me to understand the content better.	45	90	5	10	0	0
I feel that, to understand the content of the self instructional module I do not need anybody’s help.	44	88	5	10	1	2
I find that the time I spent on reading the self instructional module is worth it.	41	82	8	16	1	2
I find the self instructional module interesting to read.	43	86	7	14	0	0
I believe this self instructional module should be made available to all staff nurses.	49	98	1	2	0	0

Data presented in the table indicate that 86 % of the nurses believed that the self instructional module was a good source of learning. 82% of the samples said that the language used in the self instructional module is simple to understand to some extent. 90 % said that the pictures used in the module have helped in some extent to understand the content. 86% of the samples found the module interesting to read to a great extent & 98% of the samples believed that the module should be made available to all the staff nurses. This shows that opinion of the self instructional module was accepted to a great extent. All over most of the nurses expressed acceptability “to a great extent” & some statements were expressed as ‘to some extent’.

## 7. Discussion

Effectiveness of self instructional module in terms of gain in knowledge on the medico legal responsibilities of nurses in care of cancer patient:

There was a significant difference between pretest and posttest mean knowledge scores. To find out the significance between the pre & posttest knowledge score, the paired 't' test was used. It was found that there is a highly significant ( $p=2.49995E-18$ ), difference between the pretest & posttest knowledge score. This suggests that the self instructional module has enabled the staff nurses to gain knowledge. Further analysis was made for each area to find out the difference between the means. The 'p' value was found to be highly significant in areas of medico legal terms, admission/discharge, safety/responsibility, acts/negligence, consent/MLC, & safeguarding/interpersonal relationship. The 'p' value was found to be significant in the areas of client's rights & documentation/emergency.

### Gain in knowledge following administration of the self instructional module:

After the introduction of self instructional module there was a highly significant increase in the knowledge of the subjects. Mean pretest score is 19.28 and mean posttest score is 25.38. In the pretest the subjects scored the following scores in sub areas: Medico legal Terms (mean score 1.4), Admission/Discharge (mean score 1.32), Safety/Responsibility (mean score 6.06), Acts/ negligence (mean score 1.32), Consent/ MLC (mean score 2.18), Clients rights (mean score 2.96), Documentation/ emergency (mean score 2.14) and Safeguarding/ interpersonal relationship (mean score 1.88).

After the introduction of self instructional module the knowledge score in sub areas increased considerably. The posttest scores in sub areas were: Medico legal Terms (mean score 3.68), Admission/Discharge (mean score 1.98), Safety/Responsibility (mean score 6.66), Acts/ negligence (mean score 1.74), Consent/ MLC (mean score 3.06), Clients rights (mean score 3.26), Documentation/ emergency (mean score 2.42) and Safeguarding/ interpersonal relationship (mean score 2.58). These findings highlighted that the dissemination of information through the self instructional module helped the subjects to increase their knowledge.

Based on the finding of the study that all the subjects showed an increase in the posttest scores, it could be stated that knowledge through self instructional module or any other educational material could help to enhance the knowledge of nurses.

Acceptability of the self instructional module on the medico legal responsibilities of nurses related to care of cancer patient. Any learning material is effective only when the reader finds it interesting, acceptable, and practical besides being informational. The acceptability score were found to be over 80% by, most of the nurses in the present study. Thus the findings on the acceptability indicate that the self instructional module had excellent acceptability as a method

of teaching. The findings on the opinionnaire showed that that 86 % of the nurses believed that the self instructional module was a good source of learning. 82% of the samples said that the language used in the self instructional module is simple to understand to some extent. 90 % said that the pictures used in the module have helped in some extent to understand the content. 86% of the samples found the module interesting to read to a great extent & 98% of the samples believed that the module should be made available to all the staff nurses.

This shows that opinion of the self instructional module was accepted to a great extent. All over most of the nurses expressed acceptability "to a great extent" & some statements were expressed as 'to some extent'. This confirms that a self instructional module is a highly acceptable & beneficial than traditional methods of learning because it enables the reader to learn at their own pace & is non stressful.

## 8. Conclusion

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.

## 9. Future Scope/Nursing Implications

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.

### 9.1 Nursing Practice

When professional liability is recognized, it defines the parameters of the profession & the standards of professional conduct Nurses should therefore enhance

their professional knowledge. The role of nurses has expanded rapidly within the past ten years to include expertise specialization, autonomy & accountability. The patient is considered the consumer of nursing & health care. Thus the nurses who are in the clinical area need to be aware of patient's rights & nurse's responsibility towards them. All the nursing personnel can be provided with a copy of self instructional module that may help them for independent learning to improve their knowledge and integrate it into their practice. Nurses may be able to assume responsibility & accountability for their patients & eventually help to improve their practice.. The self instructional module will also serve as a ready reference in case there is any disparity between the nurse, patient & the management.

### 9.2 Nursing Education

Education is the key to the development of excellent nursing practice. Education faces tremendous challenges in keeping pace with changes in nursing practice to maintain its high quality. Nurses must be lifelong learners and they should be given an opportunity for continuing education. Nurses with higher education deliver cost effective care. The educators need to remember that more emphasis is to be given when educating the students about the medico legal & ethical aspects of nursing. Though the legal aspects are included in the curriculum of both the graduate & diploma nurses, not much importance is given on its use. Nurse educators when equipped with proper knowledge of medico legal responsibilities will prepare students who are aware of their medico legal responsibilities & will be prepared to be accountable for their actions. This will enhance the professional standards of nursing care & education.

### 9.3 Nursing Administration

The nursing administrators may use the self instructional module to improve their knowledge in order to ensure that the nurses may assume responsibility & accountability of patients under their care. A copy of the self instructional module may be provided to staff nurses during orientation programme. This shall ensure better professional standards of nursing. Moreover nurses who are knowledgeable about their medico legal responsibilities will be able to act as a patient's advocate & also help in saving a lot of hospital management's time & money which may arise due to consumers suing the hospital due to a nurse's negligence.

### 9.4 Nursing Research

Health care environment is facing breaking changes. In order to maintain a comparative market share, health services need to maintain quality and cost effectiveness. Research plays a vital role in nursing. There is a need for extended and intensive nursing research in the areas of medico legal responsibilities of nurses related to cancer patient care. Especially in India where till now the nurses were sidelined because they

were not accepting professional responsibility of the client under their care. It is also important to know how the patients feel about the nurse's accountability towards them. Extensive research is needed in this area so that nurses can become more aware of the medico legal responsibility & be accountable to their own activities.

### 10. Limitations

The few limitations of the study are listed below:

1. A limited time available for data collection.
2. The control group could not be incorporated due to limited period of study.
3. The limited sample size.

### References

- [1] Barnabas. S, 'Study to assess knowledge of legal responsibilities in patient care among Nursing Graduates'. NJI, vol xcv, no 4, 2004 p.90-91.
- [2] Aggarwal .A, Dr.Chaudhari.A.P, 'Medical Profession & Consumer protection Act', New Delhi :Aapee Publications; 1998,p.36 – 45
- [3] Bailey-Allen AM, 'Changing liability of the nurse over the past decade'. Pubmed.com;1990.
- [4] Gardner SL, Hagedorn ME , 'Holding nurses accountable'. : Journal of Obstetrics Gynecology & Neonatal Nursing. 1999, May-Jun; 28(3): 320-30.
- [5] Charles SC & Wilbert JR et al, 'Sued and nonsued physicians' self-reported reactions to malpractice litigation'. American Journal of Psychiatry. 1985 Apr; 142(4): 439-40.
- [6] Zwemmer.J.A, , 'Professional adjustments & ethics for Nurses in India'. 4th Edition, Bt Publications, Madras, 1984; p.90-100.
- [7] www.google.com/code for nurses/legal responsibilities in the Indian subcontinent.
- [8] Paul P., 'An exploratory study to assess knowledge about legal aspects among nurses in selected hospitals of Pune'– Implications on Nursing Practice'. The Nursing journal of India, 2007 Sep; p 6-8
- [9] ShindeM ,S.Anjum. "Introduction To Nursing Research"1<sup>st</sup> edition, SNEHA PUBLICATIONS, INDIA 2007
- [10] Shinde M,S.Anjum. "Educational Methods And Media For Teaching In Practice Of Nursing"1st edition, SNEHA PUBLICATIONS, INDIA 2007
- [11] Jaffray MA; Osman L et al, 'Asthma leaflets for patients: what do asthma nurses use?' Patient Education Counsel, 2001 Feb; 42(2): 193-198.
- [12] B Ward, P de Chazal and J F Mayberry. Can an information booklet on an ethnic minority increase the knowledge base of junior doctors? Postgraduate Medical Journal 2004; 80:219-220.
- [13] Hawley JM, Foley BJ, 'Being refreshed: evaluation of a nurse refresher course'. Journal of Continuing Education of Nursing, 2007 Mar-Apr; 35(2): 84-8.
- [14] Colleen O. Swank, "Effectiveness of Genetics Self-Instructional Module for Nurses Involved in Egg Donor Screening. JOGNN, 30, 2001, 617-625.

- [15] Jacob.M, 'A study to determine the effectiveness of self-instructional module on the knowledge of staff Nurses related to the care and maintenance of chest tube drainage'. Unpublished project, Bharati Vidyapeeth Deemed University, College of nursing, Pune, India. (2004)
- [16] Anjum, S., Durgawale, P. M., & Shinde, M. (2014). Epidemiological Correlates of Use of Contraceptives Methods and Appraisal of Health Education on Status of Knowledge and Practices among Married Woman. International Journal of science and research..
- [17] Singh R; Kishore J; Mathur RG et al, 'The role of an information booklet on bio-medical waste management for nurses'. Nursing Journal of India, 2002 Dec; 93(12): 271-2.
- [18] Parkin SM, 'A descriptive study to assess knowledge among nurses and effect of PTP in selected nursing homes of Manchester"- Implications on Nursing Practice'. West Jour of Nur Res, 2000, Sep.p 6-8
- [19] Kanase B.Vijay, 'Nurses Dilemma- Ethical issues'. The Nursing Journal of India, May 2002, Vol.LXXXXIII, No. 5, pp.103-104.
- [20] Blegen MA, Vaughn T, Pepper G, et al. 'RNs May Underreport Adverse Safety Incidents Patient and staff safety: voluntary reporting'. American Journal of Medical Quality. 2004, 19:67-74.
- [21] Power KJ, 'The legal and ethical implications of consent to nursing procedures. September 30, 2001, Online Journal of Issues in Nursing. Vol. #6 No. #3
- [22] Heinemann A & Puschel K, 'Medico-legal aspects of pressure sore'. Legal Medicine (Tokyo). 2003 March, 5 Suppl 1:263-6.
- [23] Mock.D.Kathleen, 'Keeping lawsuits at bay with compassionate care'. RN, 2008, Vol.64, No.5, May, pp.83 – 86.
- [24] Charles SC & Wilbert JR et al, 'Sued and nonsued physicians' self-reported reactions to malpractice litigation'. American Journal of Psychiatry. 1985 Apr; 142(4): 437-40.
- [25] Weisman CS & Morlock LI et al, 'Practice changes in response to the malpractice litigation climate. Results of a Maryland physician survey'. www.pubmed.com.
- [26] Tingle J. 'Clinical negligence and the need to keep professionally updated.' British Journal of Nursing. 2002 Nov 14-27; 11(20): 1304-1306.
- [27] Johnson JE. 'Bridging the accountability gap'. Journal of Social Health System. 1991; 2(3): 52-8
- [28] Eileen M. Croke et al, 'Nurses, Negligence, and Malpractice'. AJN, American Journal of Nursing, September 2003, Volume 103, Number 9, P. 54
- [29] Amar Jesani, 'Laws for Health Care Providers'. www.cehat.org/publications

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