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A Descriptive Study to Assess the Knowledge Regarding Legal and Ethical Issues in Nursing among Staff Nurses with a View to Develop an Informational Booklet at SGT Hospital, Guru-gram, (Haryana), India

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ABSTRACT
An evaluation of staff nurses' knowledge of legal and ethical concerns in nursing with a view to creating an educational booklet at SGT Hospital, Guru-gram. At the SGT Hospital in Guru-gram, a descriptive study utilizing structured knowledge surveys was conducted. The institutional ethics committee gave its ethical blessing, and institutional authorities granted formal sanction. A questionnaire was developed following a review of the literature, and it was then approved by specialists in the field. Utilizing a non-probability convenient sampling technique, pretesting was carried out and demonstrated to be trustworthy. A target of 60 samples was established based on sample availability. Sampling was a method for learning more about a full population by examining a small sample of it. Data was gathered for the current inquiry using a straightforward random sampling strategy. The majority of nurses have an average understanding of legal and ethical issues in nursing, the research's findings show 47 (78%) of the nurses had substantial expertise, as opposed to 13 (22 per cent had low knowledge). Since nurses frequently face a variety of moral dilemmas, it is imperative that healthcare workers, especially nurses, are aware of the ethical problems connected with clinical treatment and research. To address the moral issues associated with patient care, periodic specialized bioethics training is urgently required.
Keywords: Legal and Ethical issues, Staff nurses, Nursing.

INTRODUCTION

Nursing professionals face a number of moral and ethical dilemmas when providing care for patients. Understanding the law and how it affects nursing practice is essential since nurses are responsible for their professional judgment and legal restrictions. The main objectives of this study are to determine the elements of health care delivery that are most likely to affect patients' satisfaction with care and their propensity to recommend hospital services to others, as well as to assess the degree to which satisfaction is a useful indicator of patients' experiences with health care services. The principles or rules that govern correct behavior and are intended to safeguard human rights are known as ethics. Nursingpractice must incorporate both practical efficacy and ethical [1].

In order to safeguard the rights of both clients and nurses, nurses must possess a thorough awareness of fundamental legal ideas and problems that are crucial to the nursing profession. This is because legal and ethical issues pertaining to client care are always developing. Advocacy, responsibility, accountability, and secrecy are all required under the INC Code of Nursing Ethics. Nurses should be aware of ethical issues and do their best to respect their moral obligations. In addition to emphasizing the value of informed consent, it addresses significant ethical issues in everyday practice, such as respecting patients' and clients' privacy and confidentiality, relationships with coworkers, effectively carrying out professional obligations, and protecting research participants. Education, license, and standards serve as the foundation for nurses' practice [2-5]. Nursing practice has legal ramifications linked to licensure, federal and state laws, the area of practice, and the public's expectation that nurses uphold a high professional standard. Education, license, and standards serve as the foundation for nurses' practice [6-10]. Legal action may be taken against a nurse whose practice does not meet acknowledged standards of competence and care. A nurse's license may be suspended or revoked as a result of litigation or a professional license review.

MATERIAL AND METHODS

At the SGT Hospital in Guru-gram, a descriptive study utilizing structured knowledge surveys was conducted. The institutional ethics committee gave its ethical blessing, and institutional authorities granted formal sanction. A questionnaire was developed following a review of the literature, and it was then approved by specialists in the field. Utilizing a non-probability convenient sampling technique, pretesting was carried out and demonstrated to be trustworthy. A target of 60 samples was established based on sample availability. Sampling was a method for learning more about a full population by examining a small sample of it. Data was gathered for the current inquiry using a straightforward random sampling strategy.

Criteria for inclusion
- Nurses who were on duty and available at the time of data collection at Budhera's SGT Hospital.

Criteria for exclusion
- Staff nurses who decline to take part in data collection.
- Staff nurses who are not available.

Methodology

Each participant in this study received a thorough explanation of the goal and the investigation's nature in a language they could understand. They were only allowed to participate in the study after giving their written informed permission. Data was collected by distributing a standardized knowledge questionnaire after getting consent. There are two sections to the questionnaire.

Questionnaire on demographic factors in Section A. Age, gender, educational background, place of clinical posting, number of in-service training courses on legal and ethical problems attended, years of experience, and other representative demographic data were included. Structured knowledge assessment form (section B).25 questions were provided in this section to test the staff nurses' knowledge of ethical and legal issues. Each question had four possible answers, with one being the most accurate. The correct response received one point, whereas the incorrect response received 0 points for each item. Thus, given a set of 25 items, the highest possible score was 25, and the lowest score was 0.Every right response earned a score of 1, while every untrue one earned a score of 0.

SCORE CATEGORY

1. Good knowledge   25-20 marks
2. Average knowledge   19-10 marks
3. Poor knowledge   Below 10 marks

RESULTS
SECTION-1
DEMOGRAPHIC CHARACTERSTICS

Table 1: Frequency and percentage distribution of demographic variables among staff nurses

Demographic variables	Frequency	Percentage (%)
Age:		
a. 20-25year	34	56.6%
b. 26-30year	21	35%
c. 31-35year	5	8.33%
Sex:		
a. Male	14	23.3%
b. Female	46	76.6%
Education qualification:		
a. ANM	6	10%
b. GNM	33	55%
c. B.SC	13	21.6%
d. Post B.SC	8	13.3%
Area of clinical posting:		
a. General ward	38	63.3%
b. Critical ward	22	36.6%
No of in-service educational programmes related to legal and ethical issues attended:		
a. Nil	45	75%
b. 1	14	23.2%
c. Above 2	1	1.6%
Year of experience:		
a. 1-2 years	27	45%
b. 2-4 years	19	31.6%
c. 4-6 years	12	20%
d. 6-8 years	2	3.3%

According to the data in Table No. 1, 34 of the respondents, or 56.6%, were between the ages of 20 and 25, while 5 subjects, or 8.33 percent, were between the ages of 31 and 35.The participants were divided into 46 (76.6%) females and 14 (23.3%) males. 33 (55%) of the subjects were GNM qualified, 13 (21.6%) were B.Sc., 8 (13.3%) were Post B.Sc., and the remaining 6 (10%) were ANM. 38 (63.3%) were sent to the General ward, while 22 (36.6%) were assigned to the Critical ward. 45 respondents (75 percent) had not attended any in-service educational programmes, whereas 15 (24.8 percent) had. 27 (45%) of the participants had 1-2 years of experience, 19 (31.6%) had 2-4 years, 12 (20%) had 4-6 years, and the remaining 2 (3.3%) had more than 6 years of experience.

According to the findings of the present research, the majority of nurses have average awareness of legal and ethical concerns in nursing. 47 (78%) of nurses had strong knowledge, whereas 13 (22% had low knowledge).

SECTION-2

Table2. Frequency and percentage distribution of level of knowledge

Level of knowledge	Frequency	Frequency percentage
Poor knowledge	13	22%
Average knowledge	47	78%
Good knowledge	0	0

Table3. Association of Age with level of knowledge

Age	20-25 years	26-30 years	31-35 years
Poor knowledge	8	5	0
Average knowledge	26	16	5
Good knowledge	0	0	0

Table4. Association of Sex with level of knowledge

Level of knowledge	Male	Female
Poor knowledge	4	9
Average knowledge	10	37
Good knowledge	0	0

Table5. Association of Educational qualification with level of knowledge

Level of knowledge	ANM	GNM	B.SC	Post B.SC
Poor knowledge	2	6	4	1
Average knowledge	4	27	9	7
Good knowledge	0	0	0	0

Table6. Association of Area of clinical posting with level of knowledge

S.No	Level of knowledge	General ward	Critical ward
1	Poor knowledge	9	4
2	Average knowledge	29	18
3	Good knowledge	0	0

Table7. Association of in-service educational programmes attended with level of knowledge

Level of knowledge	Nil	1	Above 2
Poor knowledge	10	3	0
Average knowledge	35	11	1
Good knowledge	0	0	0

Table8. Association of years of experience with level of knowledge

Level of knowledge	1-2 years	2-4 years	4-6 years	6-8 years
Poor knowledge	5	5	3	0
Average knowledge	22	14	9	2
Good knowledge	0	0	0	0

TABLE 9. Chi square for finding the association between the knowledge and socio-demographic variables:
N=60

Demographic variable	Chi square(x2) $X^2_{cal} < X^2_{tab}$	Df (degree of freedom)	Table no.	Validity
Age	0.1812<5.991	2	3	Significant relation
Sex	0.0203<3.841	1	4	Significant relation
Educational qualification	2.770 <7.815	3	5	Significant relation
Area of clinical posting	1.993 <3.814	1	6	Significant relation
No of in-service educational programmes attended	0.0286<5.991	2	7	Significant relation
Years of experience	0.2451<7.815	3	8	Significant relation

DISCUSSION

The majority of nurses have an average understanding of legal and ethical issues in nursing, the research's findings show.47 (78%) of the nurses had substantial expertise, as opposed to 13 (22 percent had low knowledge).According to sociodemographic data, the majority of the participants, 34 (56.6%), were between the ages of 20 and 25, while 5 (8.33%) were between the ages of 31 and 35. The participants were divided into 46 (76.6%) females and 14 (23.3%) males.33 (55%) of the subjects were qualified GNMs, followed by 13 (21.6%) B.Sc., 8 (13.3%) Post B.Sc.,and the remaining 6 (10%) ANMs.22 (36.6%) were allocated to the Critical ward, while 38 (63.3%) were moved to the General ward. 15 respondents (24.8%) had attended in-service education, compared to 45 respondents (75%) who had not.Of the participants, 27 (or 45%) had experience of less than two years, 19 (31.6%) had experience of between two and four years, 12 (20%) had experience of between four and six years, and the final two (or 3.3%) had experience of more than six years. Hemant, Kalpana, and Mathur (2013) investigated how the nursing staff at Trust Hospital managed the care of 443 patients [7].

(134 ANM, 304 GNM, 17 nurses specializing in other fields)The results demonstrated that nursing personnel lacked awareness of patients' legal rights and duties. The research's findings indicate that most nurses have an average awareness of the legal and ethical challenges that face the nursing profession. 47 (78%) of the nurses had a high level of training, as opposed to 13 (22 percent had low knowledge) [7].

Rajesh and Santos [8] performed a descriptive research with 30 staff nurses at a designated psychiatric facility in Jaipur, Rajasthan, to determine the degree of awareness of legal and ethical duties in the field of mental nursing.. There were three categories for the score: high (46–60), moderate (31-45), and low (31-45).(0-30).According to the data, 90% of nurses have a medium level of understanding. Age, gender, marital status, nursing specialization, overall clinical experience, or in-service education were not shown to significantly correlate with nurses' knowledge levels, but professional qualification and psychiatric experience were. That and the present research are comparable. Age, professional training, and professional experience did not significantly correlate with knowledge level. The majority (89.3%) of responding nurses were between the ages of 21 and 30, according to Khongshei et al. [9] 118 (78.7%) of the responders were graduates and single (46.7 percent).127 (84.7%) of the participants were staff nurses, and 115 (76.7%) of them had fewer than three years of work experience. By 9, these results concur with those of our research. These characteristics align with the demographics of the nursing profession, where females make up the majority of nurses. The majority of India's workforce is young, according to both estimations.

Conclusion

Since nurses frequently face a variety of moral dilemmas, it is imperative that healthcare workers, especially nurses, are aware of the ethical problems connected with clinical treatment and research. To address the moral issues associated with patient care, periodic specialized bioethics training is urgently required. The results of the study were used to produce a manual for a staff nurse training course.

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