

**UNIVERSITY OF GHANA**

**SCHOOL OF NURSING**

**NURSES' PERCEPTION OF LEGAL RESPONSIBILITIES TOWARDS  
PATIENTS: A STUDY AT ACHIMOTA HOSPITAL**

**BY**

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NURSES' LEGAL RESPONSIBILITIES TOWARDS PATIENTS

**DECLARATION**

I, Yaa Amoanimaa Yeboah, hereby declare that the work presented in this thesis is the result of my investigation under supervision and that, except for other peoples' works, which have been duly acknowledged at the reference section, this dissertation has never been presented to this university or elsewhere for any degree.

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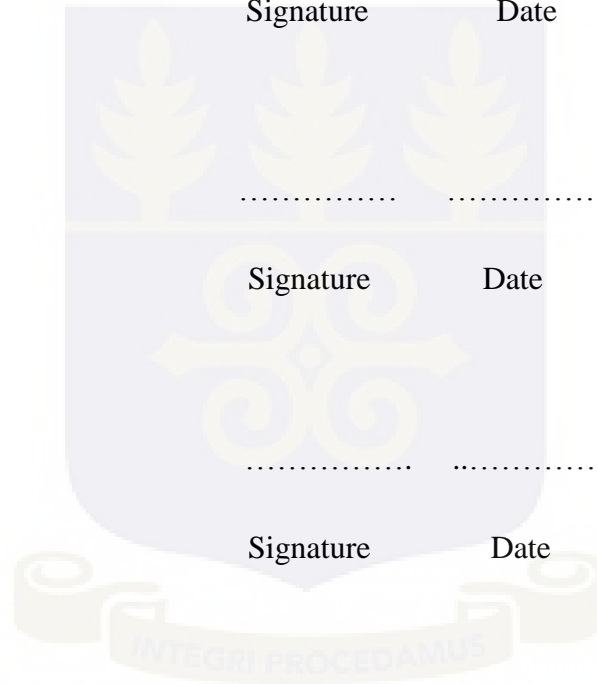
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**DEDICATION**

This research is dedicated to Almighty God for his protection and direction throughout this work. I also dedicate this work to my family, without whom I could never have accomplished this task. My husband, Mr Anthony Sakyi Gyan, who stood by my side at all times, provided continuous positive affirmation and countless support for this project. I also dedicate the work to my wonderful children Carina Sakyi Gyan, Jeffery Sakyi Gyan and Ivan Sakyi Gyan for their cooperation throughout this work. The study is also dedicated to the wonderful nurses who were at Achimota during this project.



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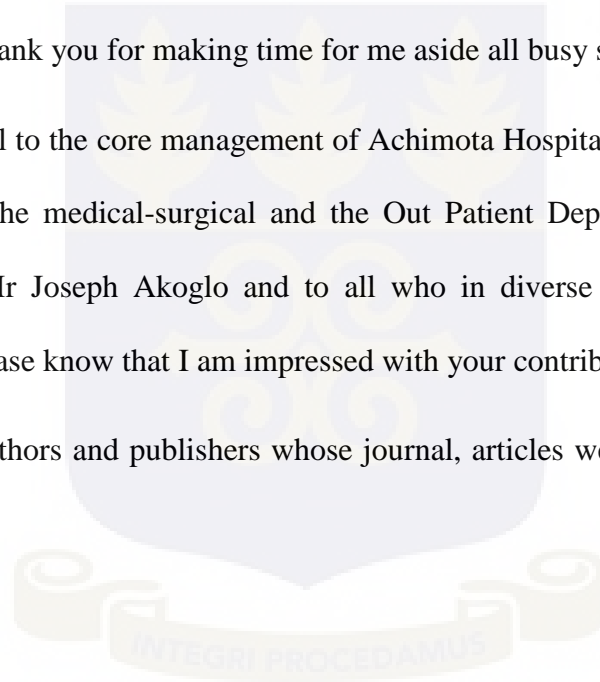
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**LIST OF ABBREVIATIONS**

OPD	Out Patients Department
MSc	Master of Nursing
NMC	Nursing and Midwifery Council
NRCD	National Redemption Council Decree
DDNS	Deputy Director of Nursing Service
PIN	Professional Identification Number



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**ABSTRACT**

Nurses have legal and professional responsibilities toward patients to promote a high standard of care. However, in the course of performing the duty of care owed to the patient, omissions and breaches may result. Nurses ought to have the requisite knowledge about the legal responsibilities to ensure adherence to professional standards. This study sought to assess the perception of nurses about their legal duties in caring for patients. The exploratory qualitative approach was employed. The in-depth face-to-face interviews involved 17 participants who were professional nurses working at Achimota Hospital, Ghana. The interviews were audio-recorded, transcribed and analysed to derive six (6) themes and twenty-eight (28) sub-themes. Findings suggest participants had inadequate knowledge about legal concepts and laws governing their practice. Participants were conscious of their professional responsibilities and noted professional competence, protecting privacy, providing physical care, documentation, communication and protecting patient's right as some of the duties owed to the patient. Participants had experiences with legal breach, identified reasons for such breaches, appreciated the consequence thereof, and measures used in dealing with breach of the duty of care. Legal suits and liabilities minimise if nurses are well trained and supervised to deliver quality care and to ensure safe practices informed by scientific evidence.

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**CHAPTER 1: INTRODUCTION AND BACKGROUND**

**1.1 BACKGROUND TO THE STUDY**

Nurses as professionals provide care that is expected to be consistent with their professional training and regulation. The nurse has a legal responsibility towards the patient and in the event of a breach of the duty of care, civil suit for negligence and malpractice could be filed by the patient (Griffith & Tengnah, 2017). The relationship between the nurse and the patient in the health setting is legally binding although there is a level of 'good will' (Lyons & Driscoll, 2013). The nurse is therefore expected to be knowledgeable about the standards of practice and the laws governing the social contract owed to the individual (client) and the employer (institution). There is however a lack of literature on the nurses' perception of their legal responsibility towards the client.

Nursing malpractice has become a significant challenge, and according to Kreidler (2016), an annual report on medical malpractices in the United States of America recorded a total of 2,860 lawsuits from 2011 to 2015. A major insurance company that insures nurses reported that nursing malpractice is on the increase. Due to this, the company spends much money in settling claims and court judgments. An amount of approximately \$164,586 was used for this purpose in 2015 alone (Kreider, 2016). In the United Kingdom (UK) an estimated billion pounds was spent on settling claims arising from legal suits from the health sector (Griffith & Tengnah, 2017).

The situation is not different from what is happening in Africa. South Africa is witnessing an increase in the number of malpractice litigations. Reports indicate that the department of health spent a total of R573 million in 2009 to 2010 on payment of health-

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related malpractice claims (Pepper, 2011). The increasing cost of legal claims resulting from malpractice is a cause for concern although health professionals in developing countries such as Ghana seem to be benefiting from the 'goodwill' of clients. There have been instances of legal suit for negligence that resulted in huge fines to the hospital involved (Norman, Aikins, Binka, Banyubala, & Edwin, 2012; Plange-Rhule, 2013). However, in other instances, complaints are often lodged with the Commission for Human Right and Administrative Justice (CHRAJ) while others are resolved by regulatory bodies and other administrative measures (Plange-Rhule, 2013). In some of these instances, some legal and professional analysis suggest excesses in the adjudication of justice (Norman et al., 2012; Plange-Rhule, 2013). No matter the argument about the verdicts, clients will continue to demand their rights and whenever there are grounds for seeking redress for breach of the duty of care, the option of legal redress is a right of the client (Griffith & Tengnah, 2017).

Nurses, as professional service providers, have the responsibility of ensuring competent and safe practice (Hughes, 2008). They serve as agents of change, patients' advocates, as well as leaders. Nurses again, have several other duties to perform. One fundamental responsibility that is frequently identified by the law court is the duty to follow positive requests by prescribers in managing patients. They also perform the role of identifying health challenges that are associated with societal conditions and help solve these problems. They provide support for human services and participate in the formulation of social and health policies (Grace & Willis, 2012).

Nurses go through formal education to acquire professional knowledge. Their services are provided in the public interest; therefore inexperience and ignorance are not accepted as an excuse for any occurrence of nursing malpractice (Olsson, Wätterbjörk, & Blomberg, 2014). In

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this regard, nurses owe a great responsibility to the society and all those in need of nursing care. Some nurses however ignore their obligations, infringe on the rights of their patients and behave unethically towards patients (Andrews, Bs, & D, 2011).

Legal responsibilities constitute implied contracts, and a breach of such agreements lead to unintentional tort (Heaton, 2014). A nurse who accepts the offer of appointment from an employer is automatically under the umbrella of the contract and must comply with the terms of the employment contract, which is the duty to care (Neuman, 2010). Breach of duty of care may result from acts of omission and commission, and liability often attracts damages relative to the legal jurisdiction within which such violations occur. The offence may arise due to ineffective communication, errors in medication and inaccurate report writing (Brown Geraldine, 2016).

According to Donabedian (1976) “There is a social contract between society and the profession. Under its terms, society grants the profession’s authority over functions vital to itself and permits nurses considerable autonomy in the conduct of their affairs. In turn, the nurses are expected to act responsibly and always be mindful of public trust. Self-regulation to assure quality and performance is at the heart of this relationship. It is the authentic hallmark of the profession.”

Nurses are likely to ignore the implied contract that exists between them and the patient, and sometimes some nurses may assume that they are doing the patients a favour by attending to their needs which in fact should not be so. In Ghana, it is presumed most nurses see their patients be ignorant about their health status.

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Nurses are expected to demonstrate professional accountability by being diligent and avoiding practices detrimental to professional standards of practice (Bondurant & Armstrong, 2016). Nurses' perception of duty of care towards patients is a relevant consideration in ensuring professional accountability.

Medical Doctors are said to be legally accountable for their actions in various circumstances while nurses are responsible to their patients and the professional body, employer and the society as a whole. Once a nurse assumes responsibility to exercise her professional skills to the patient, he or she owes a duty of care to the patient and this duty is a legal obligation (NMC, 2002). The nurse in performing such functions/duties must adhere to the professional standards (NMC, 2002).

Standards of nursing practice are derived from facility policies and procedures, job descriptions, Nurse Practice Act, and expert opinion. These standards are legal concepts about the level of performance that nurses are required to achieve in their practice. They reflect the values of the profession and clarify what the profession expects from nurses as well as representing the criteria against which nursing practice is measured by clients, employers, colleagues and themselves. In any legal suit, the court identifies the expected standard a nurse should follow with regards to the profession. The name assigned to the standard of care which governs nursing practice, however, differs from country to country.

The Nurses and Midwives Act of Ghana was enacted in 1972 (NRCD117) in sections and includes all rules and regulations governing nursing practice in Ghana. The professional lives of nurses, as well as their economic livelihood, is wholly related to this act and as such needs to be adhered to (Furlong, 2006). It spells out the establishment of the Nursing and Midwifery Council (NMC), formerly known as the Nurses and Midwives Council, and its

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responsibilities. The NMC has the mandate to secure public interest and regulate the practice of nursing and midwifery in Ghana. Section 55 of Act 857 of the Health Professions Regulating Bodies Act 2013 indicates the functions of the Council. Some of the stipulated functions include the prescription and maintenance of professional standards and conduct for practitioners exercising disciplinary powers over practitioners among other duties (NM&C, 2013). There is no published information about the knowledge of nurses on these regulations, their experience of dealing with unintentional torts and whether nurses appreciate the legal consequences of their actions.

In healthcare delivery, legal suits in most instances depend on an act of negligence and derelictions on the part of health workers. A charge of malpractices must exist on reasonable grounds. The plaintiff must prove the defendant owes a duty of reasonable care and there was a breach of duty by the defendant. The offence should have resulted in injury, loss or harm to the plaintiff directly or indirectly and the defendant's action or inaction must be linked to the injury, loss or harm caused to the plaintiff (Berman et al., 2014). Nurses find themselves involved in legal process either as part of legal action against a facility or, increasingly, as an individual culprit (Brown Geraldine, 2016)

Malpractices occur in various sections of the health sector some of which include the critical care unit, peri-natal, medical and surgical sections (Gallagher, 1999; Greenwald & Mondor, 2003). In a recent evaluation by Brescia Institute of Forensic Medicine in Italy involving 15 patients with recurrent laryngeal nerve injury, it was found that 10 out of these cases resulted because of malpractices. Personnel involved were charged with failure to document the isolation of nerve to preserve it. Irrespective of its potential risk, there was insufficient written report on surgery done (Verzeletti et al., 2016). In a retrospective study

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review of Criminal Supreme Court judgment relating to nursing malpractices, three (3) nurses were found guilty in Taiwan (Wu et al., 2016). Oyetunde and Ofi (2013), argued that nurses in health care institutions at various levels practice in Nigeria treat the patients as if there are no laws governing nursing practice. This behaviour could be attributed to the fact that there has not been any study to reveal knowledge on the legal aspect of nursing.

Legal consciousness in Ghana is increasing and media reports of incidences of malpractice will continue to stimulate the public to be aware of their rights. Nurses need to be knowledgeable and conscious of the legal consequences of their action and inaction to enable strict adherence to a professional code of conduct. This study, therefore, seeks to explore the perception of nurses, in Ghana, on their legal responsibilities towards patients in order to identify the gaps.

### **1.2 Problem statement**

According to (Thomas, 2010), malpractices become a serious problem for thousands of people across the world every year. It usually arises when the nurse fails to provide a standard of care which could possibly lead to injury, harm or death of a patient. Nursing malpractice is not peculiar to only one jurisdiction but can take place in any health facility.

Nursing malpractices have serious effects on the patients as well as nurses and many patients are gravely injured or lose their lives (Thomas, 2010). The quality of life in patients involved in malpractices is usually affected. These patients may suffer harm depending on the type of injury caused. Approximately 50% of reported harms that occurred are preventable (Kohn et al, 2000). Rogers & Smith, 2010, posit that healthcare providers need to be held accountable for the pain and suffering they cause when caring for patients.

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Reports of legal suits involving health practitioners in Ghana continue to engage media attention. One of the famous cases on the law books in Ghana (*Asantekramo v. Attorney-General, 1975*) negligence that resulted in the amputation of the arm on which intravenous infusion was set in a client after surgery for ectopic pregnancy. The court upheld the case of negligence against the hospital (Plange-Rhule, 2013). Although Plange-Rhule (2013) argues on the merit of aspects of the judgment in the case, the account of the facts in the case suggests the nurses failed in their duty of care to appropriately monitor the patient. Another case of negligence reported in the media indicated a suit was filed by a client who had his wound sutured by a security officer. The nurse was alleged to have instructed the unqualified staff to perform a procedure which led to complications. The plaintiff sued for damages worth GH¢100,000 (Peacefmonline, 2015). In most of these lawsuits, the nurse may be sued jointly with the institution because they are personal liability. There are also reports about the general attitude of nurses, medication errors, and ineffective communication among others (Mensah, 2013).

The curriculum for training nurses in Ghana includes a topic on “The nurse and the law”. More so, the regulatory body has been organising training for nurses to ensure improvement in the standard of care (N&MC, 2016). However, interacting with nurses, there seems to be lack of clarity on their legal responsibility toward their patients. Presumptions do not constitute enough grounds for drawing conclusions about the legal orientation of nurses and their inclination to the duty of care imposed on them by virtue of their employment contract. It is important to find out what nurses know about their legal responsibility as part of the efforts aimed at contributing evidence for improving the standard of nursing care in Ghana.

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### **1.3 Purpose of the Study**

The purpose of the study is to explore nurses' perceptions of their legal responsibilities towards patients and their perspective on the consequences of a breach of the duty of care. This study will contribute to documenting the problem and making recommendations that will guide nursing practice.

### **1.4 Specific Objectives**

The objectives of the study were to:

1. Assess nurses' knowledge about the law governing the practice of nursing in Ghana.
2. Assess nurses' knowledge on their legal responsibilities.
3. Determine nurses' experiences with breach of duty of care.

### **1.5 Research Question**

The following questions were explored:

1. What knowledge do nurses have on laws governing nursing practice in Ghana?
2. What are the legal responsibilities of nurses towards patients?
3. What are the experiences of nurses on breach of legal responsibilities?

### **1.6 Significance of the study**

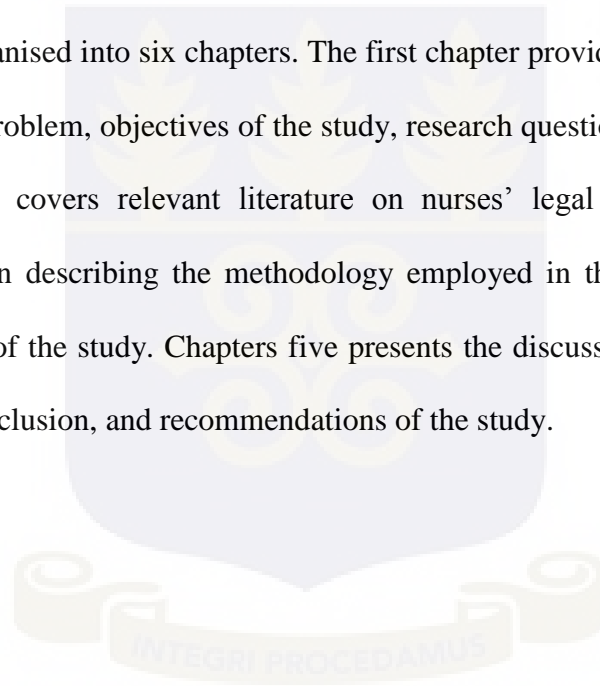
This study explored nurses' perception of their legal responsibility. This has added to existing evidence on what nurses know about their duty of care. The study brought to the fore the lack of knowledge about legal concepts and procedures. It has further identified the gap in the training of nurses and the need to introduce measures that will create legal consciousness among nurses. The outcome is relevant to nurse educators and nursing institutional heads since

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it suggests a review in the methods of teaching and evaluation of legal issues in nursing schools and colleges. The Nursing and Midwifery Council of Ghana may draw on the findings of this study to intensify and improve existing training programmes on legal issues in nursing. Findings of this study could also serve as a guide for policy formulation, monitoring, and supervision by administrators. Nurses who engage in discourse on the findings of this study will be challenged to improve the quality of care and be more accountable to their customers.

### **1.7 Organization of Work**

This study is organised into six chapters. The first chapter provides a background of the study, highlighting the problem, objectives of the study, research questions, and significance of the study. Chapter two covers relevant literature on nurses' legal responsibilities, while Chapter three focuses on describing the methodology employed in this study. Chapter four consists of the findings of the study. Chapters five presents the discussion of the findings and six covers summary, conclusion, and recommendations of the study.



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### 1.8 Operational Definitions

**Patient/Client:** Any recipient of health care services with whom the nurse has a direct or indirect contact because of an employment contract.

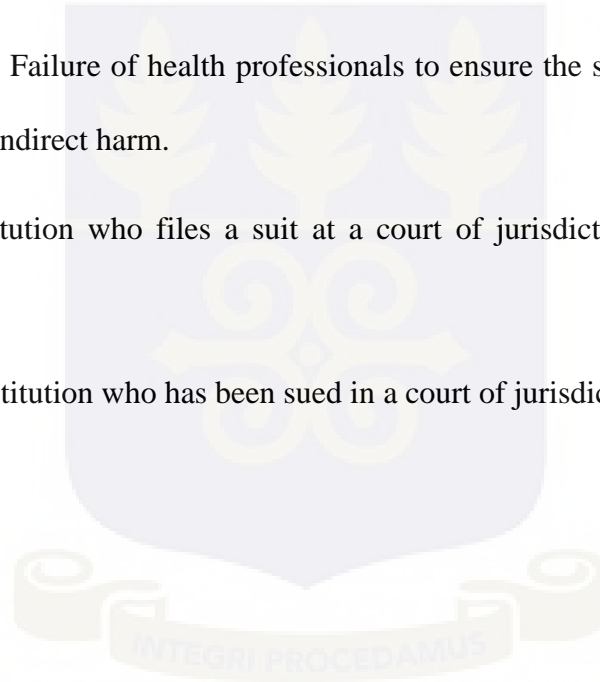
**Nurse:** Any person trained, certified and registered as a professional nurse with the Nursing and Midwifery Council of Ghana (N&MC) to practice.

**The duty of care:** The legal and moral responsibility of a healthcare provider to ensure the safety of clients in their care and make sure that no harm befalls the clients in their care.

**Breach of duty of care:** Failure of health professionals to ensure the safety of clients in their care leading to direct or indirect harm.

**Plaintiff:** A person/institution who files a suit at a court of jurisdiction seeking remedy or adjudication.

**Defendant:** A person/institution who has been sued in a court of jurisdiction.



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### CHAPTER 2: LITERATURE REVIEW

This chapter presents a review of literature relevant to the objective of the study. Articles, journals, books as well as the Internet were used to gather secondary sources. Science Direct, EBSCO, and Google Scholar were the databases used. Keywords used include - law and the nurse, nursing and malpractices, nursing and standard of care, nursing and legal responsibilities. The review was organized under the following headings:

- Knowledge on laws governing nursing practice.
- Legal Suits of Nurses.
- Nurses Practices and Patient Care
- Experiences and effect of nursing malpractice.

#### **2.1 Knowledge on laws governing nursing practice**

According to Merriam Webster's dictionary, the law is a rule of conduct or an action prescribed or formally recognized as binding or enforced by a controlling authority. Professional issues are discussed within the framework of the laws (Oyetunde & Ofi, 2013). According to (George, 2008) nurses are more likely to be sued. There is therefore the need for nurses to understand the legal concepts and malpractice laws cover nursing practice. This idea was also shared that nurses as professionals need to understand the legal concepts to avoid instances of legal breach and to provide quality care (Julie & Hudson.L. Shelda, 2016). Some of these concepts include tort which is a wrongful act that covers negligence of duty, causing personal injury as well as malpractices (W.Friedmann, 1967). Negligence of duty is a situation where a nurse fails to do something a reasonable person would do under the same or similar

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circumstances. Again, a nurse could be charged with malpractice which is a deviation from established nursing practice (Butler & Lostritto, 2015).

Due to this, nurses need to be knowledgeable in terms of legal issues concerning the profession. It is an important necessity to be aware of the legal aspects associated with caring and helping people in the health care delivery. Nurses need to understand the laws governing nursing to come out with the implications of the laws in their practices. Nurse manager must as well have basic knowledge on laws governing nursing practice in order to assist nurses in cases of any legal challenge (Buppert, 2014). According to Furlong (2006), it is very vital for nurses not only to pay much attention to the laws in nursing and its understanding alone but also to examine the effects of these laws in their decision-making. In a study conducted in India using a qualitative approach to assess the legal awareness and responsibilities of different categories of nursing staff, it was found that legal awareness among these nurses was abysmally low (Kumar, Gokhale, Jain, & Mathur, 2013). The results of the study indicated that nurses have poor knowledge on their legal responsibilities towards patients. This implies that nurses have poor knowledge on laws governing their practice. Based on that, it was predicted that avoiding laws suit would be difficult for nurses unless there is an intervention. Contrastingly, in a similar study conducted to identify the level of knowledge on legal issues, findings revealed that these nurses have moderate knowledge (Sharmil, 2011). The difference could be due to the area of practice of the nurses.

In Africa, a study was conducted to assess the knowledge of nurses on laws governing nursing practice in Nigeria, the results indicated that 77.6% had limited knowledge on these laws (Oyetunde & Ofi, 2013). The study, however, did not come out with the extent of knowledge nurses have on laws governing their practice.

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The situation is not different from what is happening in Ghana. In a study conducted to assess the knowledge of health workers on issues of liability, it was noticed that most health workers had very little knowledge or no knowledge at all. However, liability forms a key part of the laws which clearly defines who is to settle claims in case of any medical suit (Appiah-agyekum, 2013). Although the result of the study can be generalized due to the large sample size used, the researcher did not concentrate on the reasons for the limited knowledge.

### **2.2 Legal Suits of Nurses**

There are several ways of dealing with legal breach. In the United Kingdom, there are Medical Negligence Laws that punish nurses who are engaged in legal breach (Hibble, Kanka, Pencheon, & Pooles, 1998). The punishment given depends on the jurisdiction at which one practices some of which includes lawsuit. In a study to trace the origin of malpractice lawsuit, it was indicated that there are several theories concerning the reasons why people are keen to file a lawsuit and why others will not no matter the situation. Interestingly, it was shown that nurses are more likely to be sued, especially when patients believe they were not given a fair treatment (Wojcieszak, Saxton, & Finkelstein, 2007). In another study, it was identified that failure to report faulty equipment, reporting important information on patient, failure to follow orders by physicians are some of the areas that account for law suit (Julie & Hudson.L. Shelda, 2016). In such cases, the employer would be held liable for the action of the nurse (Pinyon, 2015). In any legal suit, there should be evidence that there is a breach in the standard of care which leads to an injury to a patient with a causal connection between the injury and a deviation from recognized standard of care (Butler & Lostritto, 2015).

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In a study to analyse the frequency of medical malpractice in Europe, it was noticed that there has been a steady increase and these were unit and department specific. Some departments had a higher frequency as compared to the others (Buzzacchi, Scellato, & Ughetto, 2016). Nursing malpractice and the frequency at which nurses are named as defendants in a malpractice suit is on the increase according to a report by National Practitioner Data Bank (Larson & Elliott, 2010). In a descriptive study using qualitative approach to find out the perception of nurses on their profession, especially in giving of medications, the results indicated, that it appears there is the absence of nurses' own judgment in the various actions taken as well as limited leadership involvement in overall nursing care (Olsson et al., 2014).

In a study conducted using grounded theory to identify the perception of nurses on quality nursing care, most of the nurses interviewed said they have voluminous responsibilities to perform and in order to achieve this, they sometimes compromise the patient and their care to go through their shift for the day (Flynn, 2007). Participants further added that going through their shift without any unfortunate incident was deemed a good luck instead of good management. They, however, hope that no legal issue arises if something does not get the needed attention. Again, the nurses interviewed came out that the quality of nursing care provided was not up to expectation. This was however believed to be due to additional non-clinical duties coupled with their responsibilities.

In a cross-sectional prospective study conducted in India on patient's perception of nursing care rendered, a sample of 2,600 inpatients were studied for a period of one year and it was revealed that quite a number of patients see nurses' caring attitude as poor. This contradicts what nurses perceive (Riyaz, 2008). The patient can then decide to claim for

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damages by requesting a legal action to be taken against the health worker and or the institution (Miller, 2011).

### **2.3 Nursing Practices and Patient Care**

Nursing practice involves several functions required by nurses to render quality care to patients. One of which includes effective communication which is a sure way to better patient outcome and to prevent legal suits (Untington & Uhn, 2001). Again, it is the responsibility of nurses to ensure the confidentiality of patient information and maintain good record keeping (Kumar et al., 2013). According to Thorne, (2011) documentation is one key responsibility of nursing responsibilities and it is required of nurses to document nursing care rendered to patients. It was further explained that if nursing care rendered is not documented, there is no indication that it was done.

Nurses in the performance of duty could be involved in an offense leading to a lawsuit. Several factors contribute to the occurrences of legal breach some of which include limited training received on the laws governing nursing, inadequate knowledge on rules and conduct of the profession, competencies as well as having an understanding of the profession's social contract and many others. In a study to analyse the causes of medication error among nurses, it was found that psychological stress contributed to the occurrences.

Competency is one of the factors that play an important role in the delivery of nursing care. In a quantitative study involving 74 nurses on their perception of competence in patients in acute care, the findings indicated that most nurses perceived their competence level to be good (Uri & Donilon, 2013). This study measured competency on an aspect of the interaction between nurses, patients, and other health workers. Some of these interactions included

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communicating findings, reporting important information on clients and seeking for clarification when necessary. In the same study by Uri & Donilon, (2013), nurses were rated in terms of good decision making and critical thinking. The nurses in this study perceived themselves as good based on their ability to recognize deterioration in patient's condition, assessment, prioritizing and reading meaning into outcome and request from physicians.

Nurses, as part of their social contract, operate in the interest of the public and the society in which they work. The profession works according to some regulations. These include professional, legal and self – regulation. Professional regulation controls nurses on guidelines and rules that are regarded very important to the profession. Nurses have several duties to perform in the workplace. These duties are clearly spelled out in the job description and standard provided by the county. Nurses are expected to make decisions in performing their duties and act accordingly. In decision-making, the issues of ethical concerns usually complicate the process. Nurses are obliged to input a sense of balance between evidence based practice directives and what the law says as well as what nursing ethics dictates (Furlong, 2006). This might affect the nurses' role as a patient advocate since in some instances, what will be ethically right might not be acceptable by the law.

### **2.4 Experiences and effects of nursing malpractices**

Malpractice claim arises when a health professional fails to provide quality care resulting in harm or death to a patient (Thomas, 2010). The patient can then decide to claim for damage by requesting for a legal action to be taken against the health worker and or the institution (Miller, 2011). Nursing malpractices do not affect the patient alone but can have an effect on patient's relatives as well as nurses and their profession.

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According to Larson, Elliott, & Larson, 2010, each step in the litigation process triggers the effects on both the plaintiff and the defendant. There is a feeling of shame and isolation on the part of the defendant. Again, there is the feeling of guilt, negative self-image, doubt, and the defendant's integrity is undermined. Nurses, when named as defendants, go through stress which triggers painful psychological and physical responses irrespective of the outcome, duration as well as the uncertainty of the litigation process (Ryll, 2014). The effects of these malpractices are sometimes long-term. The scars left could last forever, whether the case was settled or dismissed. Nurses have these cases indicated in their records until retirement. It is usually indicated even when they apply for a new job and license renewal and they are obliged to explain the litigation process and its outcome in such circumstances (Andrew, 2004).

In an article that examined the negative effect of malpractices, it was noted that malpractices have a serious effect on all aspect of the injured person's life. Some of these effects include loss of work, permanent disability and increased financial burden on the family members (Thomas, 2010).

### **2.5 Summary of the Review**

Most of the research studies and articles on nursing malpractices reviewed focused on the effect of malpractices and patients' perception on caregiving by nurses. In Ghana, there is no record of research done in investigating Nurses' perception of legal responsibilities towards patients. Therefore, this research will focus on the perspective of nurses. This will bring about the differences on how both nurses and patients perceive the nursing responsibilities. This study is to contribute to filling the knowledge gap and to create awareness on some laws in nursing practice. The next chapter discusses the research methods.

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### CHAPTER 3: METHODOLOGY

The focus of this chapter is to describe the how the study on exploring nurses' perception of their legal responsibilities was conducted. The research design, study setting, population, sampling technique, a tool for data gathering, procedure and analysis of data are explained. Additionally, data management, methodological rigour, and ethical consideration are also discussed.

#### **3.1 Research design**

Descriptive exploratory qualitative approach was used for this study to allow for flexibility in the collection of data from the number of respondents of this study. This method enabled in-depth information to be obtained on the nurses; knowledge on their legal responsibility towards patients. The perception of nurses about the duty of care and experiences with breach of the duty of care was also explored. The use of open ended questions and probes facilitated the capturing of data that was subjective but revealing. The data gathered which was captured with audio record was transcribed for analysis based on the contents and the themes being explored. Examination of life experiences requires the use of qualitative approach (Fischer et al., 2008). However, this approach is critique because of the subjectivity of the data, the method, criteria of selecting participant and the absence of power estimates (Creswell, 2013). The focus of this study is to generate the meaning and context of legal responsibility towards the patient in order to understand and interpret the nurses' perspective.

#### **3.2 Research setting**

The study took place at Achimota Government Hospital in the greater Accra region of Ghana. The hospital which is owned by the government is in the Accra Metropolitan and was

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formally a clinic which served the famous Achimota School which was established in 1927. The Ministry of Health, however, took over as the surrounding community kept on growing. The hospital is a primary health care facility that performs a wide range of services and serves people living in Achimota and its environs with a bed capacity of 150. It has various units such as dental, eye, ear, nose and throat, theatre and its recovery, general ward, maternity block, child health, laboratory, pharmacy, security, and laundry services.

The hospital was chosen for the study because of its staff strength of 110 nurses. The facility attends to a wide range of cases and is trying to improve on nursing care given to patients to avoid possible legal actions. To achieve this, it was important to explore how nurses perceive their legal responsibilities and the possible intervention to improve on nursing services.

### **3.3 Study population and sample size**

A population is a group of people who are the focus of a study and to which result is applied (Creswell, 2013). The target population for this study consisted of all curative nurses with different ranks who work at either medical or surgical ward as well as the Out Patient Department (OPD).

#### **3.3.1 Inclusion Criteria**

Nurses who were eligible for the study were those working at the Out Patient Department and wards and were ready to give consent. Professional and auxiliary nurses who can speak English and have worked for more than a year irrespective of their rank were eligible.

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### **3.3.2 Exclusion Criteria**

Preventive nurses including community health nurses, nurse manager as well as nurses who are schooling were exempted from the study since they were not the prime focus of the study. Nurses who have worked for less than a year were also not included because they have limited information needed for the study.

### **3.4 Sample size and Sampling Technique**

Participants were selected by seeking approval from the authorities after which the researcher went to selected units to establish rapport and won their cooperation. However, participation solely depended on nurses who met the inclusion criteria. The sample was selected from medical and surgical wards and the Out Patient Department. Purposive sampling technique was used in the selection of Seventeen (17) participants for the study. Nurses who were ready to give their consent were interviewed in the morning, afternoon and night shift. Participants were also selected based on certain characteristics appropriate for the study. For example, all participants were curative nurses who had worked for more than one year. This enabled the researcher to come out with answers needed for the study.

### **3.5 Data Collection and tool**

Data for the study was collected by interviewing participants. A semi- structured interview guide was used as a data collection tool. It was grouped in two sections, that is, section A and B. The first section covered the demographic information while the second section was the main interview that came up with the nurses' perception of legal responsibilities.

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### **3.6 Procedure for Data collection**

There was a face to face interview with participants lasting for 20 to 45 minutes at participants convenient and at a comfortable setting. The interview was conducted in English with a semi- structured interview guide. Questions asked were open-ended which allowed participants to talk freely. The researcher was able to ask specific questions from the interview guide (Polit & Beck, 2003) and did a detailed investigation of the phenomenon of interest. Interviews were recorded on audio tape. There was probing of answers for clarification.

### **3.7 Data Analysis**

Data analysis was characterized by thematic analysis. Thematic analysis is a process of labeling qualitative information to identify and interpret patterns in raw text (Creswell, 2013). The researcher carefully read and re-read the transcripts to identify recurring themes. The themes were coded to differentiate them. Codes were grouped in a hierarchy into larger and subthemes. The entire data set was developed using thematic code frame and all sentences belonging to a particular code were labelled. A separate file was created for all information belonging to a particular code and was read several times to come out with answers from participants on the subject under study.

In addition to the appropriate quote, these pieces were read and analysed to come out with participants' actual answers about the phenomenon under study. Transcripts were rechecked to ensure the accuracy of the recordings. Audio recordings were listened to at the same time. Data collection and analysis were done concurrently. Interviews recorded each day were manually transcribed verbatim by the researcher.

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### **3.8 Data management**

Information obtained from respondents was deemed as confidential by keeping it safely for half a decade. The researcher and the supervisor had access to the transcript after which data was analysed.

### **3.9 Methodological Rigour**

Generalization of qualitative research is a challenging issue and due to that the scientific regards to this particular approach as unscientific. Nurse researchers must design their studies in a manner of which threat to reliability, validity, and trustworthiness is reduced (Polit & Beck, 2003). For this reason, rigour was ensured in this research through the following means: First, the researcher's interpretation of results of transcribed notes was communicated to participants to give them the opportunity to agree or disagree with the transcription by the researcher. This was done to improve credibility.

Adequacy is enhanced when there is enough information gathered in a study. To aid this, participants in this study were given the chance to come out with all the ideas they have concerning the subject under study until they had no new information. Transferability was ensured in order to apply results to a similar setting. To achieve transferability, the study sample must be adequate in size and sufficiently varied (Creswell, 2013). Seventeen (17) participants were therefore engaged in this study in order to achieve transferability.

Internal validity deals with the believability of a study, often in the quantitative method. Internal validity was achieved by assuring participants of the confidentiality of the responses given. In doing so, participants felt comfortable and freely came out with all the information they had concerning the study. A pilot study was conducted at Nsawam Government Hospital

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since the setting is similar to that of the study area after which all necessary corrections were made. A semi- structured interview guide was used for the pre-test.

### **3.10 Ethical considerations**

Ethical clearance was sought from the Institutional Review Board of the Noguchi Memorial Institute for medical research and Achimota Hospital with an introductory letter from the School of Nursing, University of Ghana, Legon. Copies of these have been attached to the final project. A consent form was given to participants to sign indicating their willingness to participate in the study before researcher engagement. The aim of the study was well explained to participants. The interviews were done within the period of 7<sup>th</sup> July to 10<sup>th</sup> July 2017.

Approval was received from the authorities of Achimota hospital before using the setting. Respondents were assured of the confidentiality and were well informed of the purpose of the study. It was also made known to them that participation was solely optional. None of the respondents complained of the feeling of discomfort in answering any question.

### **3.11 Limitations of the study**

One limitation of the study was that the sample size was small and the use of nurses from selected units was not representative of the entire population of the hospital. In exploring the legal responsibilities of nurses, it would have been better to use both patients and nurses to verify from patients how they also perceive the legal responsibilities of nurses. Due to this, it is recommended that future studies should combine both patients and nurses.

In this chapter, the methodology was described with the sample selecting procedures explained. The data collection and its analysis, as well as the ethical consideration have been

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explained in details. The following chapter discusses the findings from the collected data and the analysis of its outcome according to the identified themes.



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### CHAPTER 4: FINDINGS OF THE STUDY

This chapter presents the major findings of the study that aimed at assessing nurses' perception of legal responsibilities toward patients. The specific objectives were to assess nurses' knowledge about the law governing the practice of nursing, examine nurses' perception of the duty of care towards patients, and to find out nurses' experiences with the breach of the duty of care. The chapter commences by highlighting the demographic characteristics of the participants followed by a presentation of the six (6) main themes that emerged from a thematic analysis of interview transcript. The themes and corresponding sub-themes generated from the data collected were described and interpreted.

#### 4.1 Participants' Profile

Participants provided information on their age, marital status, educational level, religious affiliation and number of years worked. The age ranges of participants were from twenty-six (26) to forty-two (42) years. Out of the seventeen (n=17) participants, fifteen (15) participants who formed the majority were females with the minority of two (2) being males.

With respondents' religious affiliation, only one (1) was a Muslim with the remaining sixteen (16) being Christians. With their educational level, all the respondents had been educated to the tertiary level. Four (4) of them were first degree holders (Bachelor of Science in Nursing), six (6) were having Diploma in Nursing. The remaining seven (7) were Enrolled nurses. Eight (8) out of seventeen (17) were married, nine (9) were single. In relation to the number of years worked in the nursing profession, one (1) has worked for the past thirteen (13) years, one (1) for the past eleven (11) years, one (1) for ten (10), one (1) for the past nine (9) years, two (2) for the past eight (8) years, two (2) for six (6), four (4) for five (5) years, two (2) for four (4) years and three (3) for the past three (3) years. The participants were all nurses who

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work directly on patients. Five (5) each were sampled from the medical ward and surgical ward with three (3) from the Out Patient Department (OPD).

*Table 1 Participant Profile*

<b>PARTICIPANTS</b>	<b>AGE</b>	<b>GENDER</b>	<b>EDUCATION</b>	<b>RELIGION</b>	<b>MARITAL</b>	<b>UNIT</b>	<b>SERVICE</b>
<b>ID</b>	<b>(YRS)</b>				<b>STATUS</b>		<b>DURATION</b>
							<b>(YRS)</b>
N1	29	Male	Diploma	Christian	Single	Medical	3
N2	28	Female	Diploma	Christian	Single	OPD	4
N3	30	Female	Diploma	Christian	Married	Medical	5
N4	27	Female	Degree	Christian	Single	OPD	6
N5	32	Female	Enrolled nurse	Christian	Married	OPD	8
N6	31	Female	Degree	Christian	Married	Medical	8
N7	32	Female	Degree	Christian	Single	OPD	11
N8	36	Female	Degree	Christian	Married	Surgical	9
N9	26	Female	Diploma	Christian	Single	Medical	3
N10	28	Female	Diploma	Christian	Single	Medical	3
N11	42	Female	Diploma	Muslim	Married	Surgical	13
N12	38	Female	Enrolled nurse	Christian	Single	Medical	10
N13	29	Male	Enrolled nurse	Christian	Married	OPD	5
N14	26	Female	Enrolled nurse	Christian	Single	OPD	5
N15	30	Female	Enrolled nurse	Christian	Married	Medical	6
N16	27	Female	Enrolled nurse	Christian	Single	Medical	4
N17	28	Female	Enrolled nurse	Christian	Married	Medical	5

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### 4.2 Nurses' perception of the legal responsibility towards the Patient

Nurses owe a duty of care to the patients in their care and have a responsibility to ensure safe practice. The nurse is accountable to the patient, employer, society and also enjoys the 'good will' of the patient and significant others. Participants were asked what they knew about the law, their responsibilities, and experiences. The themes that emerged as shown in table 2 reveal six (6) major themes with 28 sub-themes. The accounts of participants suggest a lack of knowledge and right and wrong ideas about legal responsibilities. Most of the participants were not directly involved in breach of duty of care but had memories of such instances.



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*Table 2 Themes and sub- themes from transcribed data*

	<b>MAIN THEME</b>	<b>SUB-THEMES</b>
1.	Nurses' knowledge on duty of care towards patients	<ul style="list-style-type: none"> <li>• Knowledge on legal concepts.</li> <li>• Knowledge on laws governing practice.</li> <li>• Knowledge on nurses' legal responsibilities.</li> </ul>
2.	Nurses' perspective about legal responsibilities	<ul style="list-style-type: none"> <li>• Professional competence</li> <li>• Protecting privacy</li> <li>• Providing physical care</li> <li>• Respects of patients' rights</li> <li>• Documentation</li> <li>• Communication</li> </ul>
3.	Nurses' experiences on legal breach	<ul style="list-style-type: none"> <li>• History of legal suit</li> <li>• Reflections on breach of duty of care</li> </ul>
4.	Reasons for breach of duty	<ul style="list-style-type: none"> <li>• Communication barrier</li> <li>• Emotional problems</li> <li>• Handwritings matter</li> <li>• Lack of professional skills</li> <li>• Workload</li> <li>• Inadequate material resources</li> </ul>
5.	Dealing with breach of duty of care	<ul style="list-style-type: none"> <li>• Institutional liability</li> <li>• Internal measures of managing legal breach.</li> <li>• Lack of professional competence.</li> <li>• Provision of Resources</li> <li>• Training of nurse on the legal aspects of care.</li> </ul>
6.	Consequences of breach of legal responsibilities	<ul style="list-style-type: none"> <li>• Emotional breakdown</li> <li>• Institutional liability</li> <li>• Job loss due to legal breach.</li> <li>• Loss of life</li> <li>• Personal liability</li> <li>• Potential cover up</li> </ul>

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Participants were aware of the consequences of not conforming to the legal standards of care but were not familiar with the procedure for dealing with incidences of negligence and malpractice. The themes and subthemes that emerged are presented in subsequent sections.

### **4.2.1 Theme 1: Nurses' knowledge on duty of care toward patients**

One of the major themes recognized was nurses' knowledge on duty of care towards patients. Three (3) sub-themes emerged from the main theme. These include knowledge on legal concepts, knowledge on laws in nursing and knowledge on nurses' legal responsibilities. Participants had different views on the laws governing nursing practice that needs to be applied in the course of their daily activities. Participants looked at these laws from different angles; some perceived these laws to indicate the requirement needed by one to practice as a nurse, thus towards the nurses while others saw these laws to be guiding the actual work done on patients, thus towards patients.

#### ***4.2.1.1 Knowledge on Legal concepts***

Participants were asked about their knowledge on legal concepts such as tort, negligence, and malpractice. The manner in which the responses were presented suggested inadequate knowledge about the meaning and application of these concepts. Participants had different meanings attached to the concepts. They also had a fair idea that the concept of negligence and malpractice refer to offenses that can easily be committed in the course of nursing practice. They however did not appreciate the differences in the context in which these offenses occurred.

*“Malpractice, in general, is a duty assigned to you and maybe you go contrary to it. Let's say, [paused] I don't know what to say em... rules governing it. Ok if maybe client has come to you, you are supposed to attend to the client, maybe a*

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*client pays an amount and you are supposed to give a receipt from the hospital. You should not pocket the money.”N15*

N15's response was right with regards to the element of doing what is contrary to standard practice but demonstrated poor application of the concept of malpractice. In pocketing the money it is considered stealing and the case of harm or injury to the patient does not arise.

N6 who has been working as a nurse for the past 8 years gave this scenario as an example of the negligence of duty:

*“Let's say you are not supposed to perform vaginal swab and you do it. It is negligence because it is not part of your duty”. N6*

N6 missed the point on account that liability for negligence exists if only there is a professional duty towards the client and that duty was breached. Another participant also described malpractice with this example:

*“Let me say you are to administer 2.5mg of a drug and you administer 5.5mg. It is a malpractice.” N5*

*“Negligence, it's like ok [paused] you are serving a medication without documenting so when the other colleague or the next shift comes he or she would not know that it has been served thereby he may repeat the same drug.” N17*

N5 was one of the respondents who had a clear understanding of the concept of negligence and gave an example that reflected possible harm and breach of duty of care. Another participant gave an example that bothers on ethics rather than the law. Participant said:

*“Some of the malpractices that we nurses commit are that sometimes we listen to phone calls whiles attending to patients. A patient is unclean we know we are supposed to cater for that but then we will neglect the patient meanwhile the patient is bedridden.” N10*

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Participants' responses suggest that there are some misconception and misapplication of the concept of negligence and malpractice. None of the respondents could describe what a tort is let alone differentiate between intentional and unintentional tort. Familiarity with concept, although relevant, does not necessarily mean that the principle guiding practice will be adhered. Nevertheless, eliciting of this information provides the basis for making judgement about what the nurses need to know and what they know.

### ***4.2.1.2 Knowledge on laws governing practice***

The daily work of nurses was found to be guided by some laws that each nurse is expected to work within. Some participants in this study knew that there are some laws guiding their practice because they believe there is no profession without any laws governing it. Participants were however asked to come out with some of these laws governing their profession. Some of the laws given were relating to client care while others were related to that of the nurses. However few participants came out that they are not aware of any laws guiding their practice as nurses and as such were not able to come out with any law in mind. Some participants also came out with some ethical issues in nursing instead of the laws governing their practice.

With respect to the understanding of the laws in nursing practice, the researcher observed these comments from the participants of the study:

*“The little that I know is [paused] the laws governing medication. When giving medication, you have to know the right patient, the right dose, if you don't know anything you will go to the doctor to verify and also you will chart. I know em... the nurses' note, documentation of anything you do on patients and any complaint the patient give and anything you observed on the patient.” N17*

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A participant indicated the little knowledge she had on laws governing nursing practice. This was manifested in the example given. She made mention of medication which falls under the legal responsibilities of the nurse.

There are some ethical issues in nursing as well as laws in nursing practice. It was found in the study that a participant made mention of some ethical issues in nursing instead of these laws governing nursing practice.

*“Ok, we have a code of ethics that we are all expected to follow.....” N7*

N7 missed to total concept of laws governing nursing but rather talked of ethical issues in nursing practice. After being silent for a while N16 said:

*“Ok what I know about the laws ....the law..... Some of the laws governing nursing, like we have the patient's rights, like when you are serving a drug, the patient has the right to refuse the drug or to tell you which staff he or she wants to be taken care of. And there should be proper documentation of procedures and there should be handing over. You have to wait and hand over to the next shift before you leave and it's a whole lot.”*

*N16*

The participant spoke more of the patient's right which an ethical issue after which she supports with an idea on documentation which is one of the legal responsibilities of nurses. The patient charter which is used by the Ghana Health Service to indicate the rights that patients have in accessing care in health facility was also made mention by some participant as laws governing nursing practice. The following were some of the comments made.

*For the laws governing nursing practice [paused] I think the patient rights should be respected. That is one law that I know.” N6*

*“As a nurse, I should not [paused] be racist let me say I should not be selective among my patients irrespective of their race, religious background or their*

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*educational background or their financial status. I am supposed to render care to them equally". N9*

*"..... The patient has a lot of rights towards the nurses. They can refuse treatment and even blood transfusion." N10*

*"The only law I know is that of the patient rights which should be respected at all times." N12*

Some participants also had the opinion that these laws are about the requirement needed to practice as a nurse at all times. Some of the laws mentioned include having a valid license which is referred to in nursing as Professional Identification Number (PIN).

*"I know some few laws, yes, and I, I think it is about our pin renewals". N2*

*"It is mandatory for every nurse to renew her PIN and one of the laws is on documentation." N11*

These participants had an idea on some of the laws governing their practice as nurses. However, their concentration was on issues concerning nurses rather than the patients. They looked at how to maintain professional registration.

In response to what participants know concerning the laws governing nursing practice in Ghana, one of them stated that:

*"In fact I don't know any laws governing my practice as a nurse" I don't think I have come across any such law." N5*

N5 verbalised her lack of knowledge on laws governing nursing practice and indicated that she had never come across any law.

*"Laws!!!! Eeeii... [Silent for a while] As in patient or what? Hmmm the law, [after being silence again said] ..... I am not too sure of what it entails but I know maybe it is in the law for you to treat each client the same and also to get the consent of patient." N15*

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N15 was not too sure of the laws governing nursing practice but was able to come out with one law concerning informed consent.

*“In terms of medico legal issues, all the patients, the patients have right so there are more instances where a patient, em....a patient can come to the facility and might behave rudely to the nurse or but then you the nurse you have to calm down because the patient is always right.” N14*

The above participant missed the point on laws governing nursing practice and rather concentrated on the patient's behaviour and how to manage such situation.

*“Mmmm I know of when there is a malpractice or negligence of duty we have GRNMA who respond when the case is taken to court, that's what I know about legal issues.” N8*

N8 talked of the response of an association in situations of laws suit instead of coming out with the law governing nursing practice.

*N4 who has worked as a nurse for the past five years responded that “What I know is that, when you come to work, you have to write your name and the time that you reported to work, then you also have to be in your prescribed attire and perform expected task”*

N4 spoke on issues that could be classified under facility policies either than laws governing nursing practice.

### **4.2.1.3 Knowledge on nurses' legal responsibilities.**

Participants considered nurses' legal responsibilities as a key component in nursing practice. In identifying the knowledge of nurses on their legal responsibilities, some participants were having a fair idea.

*“I will make sure I work within the laws of the profession. I wouldn't go overboard.” N9*

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*N7 Who has 8 years working experience said, "You have to make sure that things that you are expected to do you do them and things that are not within your jurisdiction, you don't go near them at all."*

*"I'm trying to do my job description, if is above me I consult someone who is higher than me." N5*

The above participants did not state categorically their legal responsibilities but had an idea of working within their limit.

*".....ok let's say I have come to work today and there is a patient on the bed who says I don't want to be injected or I don't want to take the medication. You try to professionally explain to the patient why she needs that medication. If she insists that I don't want to, you have to explain to her and document in the nurses note that the patient refused medication." N8*

Although the participant knew that medication is a legal responsibility of a nurse, she spoke to it in relation to the right of patients.

*"...like I talked of proper documentation when you carry out any procedure on a patient, it should be well documented". N11*

N11 demonstrated knowledge on the legal responsibilities of a nurse and went further to stress on how it should be done.

One participant made mention of how to remain registered as a professional nurse in responding to what legal responsibilities of nurses are.

*"Legal responsibilities em... ok, you should be able to register. We have something we call the PIN. You make sure you renew your PIN. If you don't renew it, you are not supposed to practice and it is one of them and I don't know if workshops are legal because it helps you to learn." N15*

N15 concentrated on maintaining professional registration instead of coming out with the legal responsibilities on patients.

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### 4.2.2 Theme 2: Nurses' perception about legal responsibilities

Nurses' perception of their legal responsibility emerged as one of the main themes with seven

(6) Subthemes. These sub- themes include: professional competence, protecting privacy, providing physical care, respect of patient rights, documentation, and communication.

During the interview, the participants came out with some of the legal responsibilities that nurses are expected to work within to provide quality care to patients.

#### 4.2.2.1 Professional Competence

Professional competence emerged as one of the sub-themes. According to some participants, being competent is one of the legal responsibilities of a nurse.

One participant in coming out with some of the legal responsibilities of nurses shared an experience which clearly indicates the need for nurses to be professionally competent.

*“The nurse has to make sure that you attend to your patients and the rights that ..... You have to know that when you are giving education to the patients, you have to give correct information..... There was a scenario we had. A nurse was educating a diabetic patient on sugar and the nurse said, don't take sugar at all..... if the wife brings food with a little sugar, he will be fighting the wife and she was like Ah why and we saw that it was due to the education somebody gave that is what is affecting the man.” N16*

The scenario is given by participant 16 talks about education which indicates that education is a legal responsibility of a nurse and it further explained how competent nurses should be in terms of discharging their responsibilities.

According to participant 12, giving nursing care and acting as patient advocate constitute the legal responsibilities.

*“I have the responsibility to give nursing care to my patients and also as a patients advocate.” N12*

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N12 was able to come out with some legal responsibilities of nurses. She shared the similar opinion with N7 as indicated below.

Another participant was of the view that ensuring quality care by seeing to the safety and protecting client is the legal responsibilities of nurses.

*“You have to make sure your clients are safe, you protect them, you are their mouth piece, you have to be their advocate at all times. The moment the patient comes to the hospital his or her well-being is your goal so you have to make sure he or she gets the quality care.”N7*

### **4.2.2.2 Protecting Privacy**

Provision of privacy by ensuring confidentiality of patients' information was indicated by some participants as the legal responsibilities of a nurse.

*“In terms of handling patient, some relatives are inquisitive, some would even go ahead to take the folder of the relative and go through so you have to keep the folders away from the bedside so that the patient information cannot be disclosed to the relative because some of the patients might not be willing to let the relative to know about his or her condition. So we have to take the patients' information away from their relations.” N2*

*“You need to keep patient information confidential and away from relatives unless otherwise, patient decides that his/her information can be showed to the relatives.” N1:*

*“You have to also keep patients information confidential and everything you are doing to your patient you have to explain procedure so that the patient will know what you are doing.”N4*

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These participants demonstrated understanding in protecting the privacy as a legal responsibility of a nurse. The explanation given however lacked the concentration on providing privacy in terms of performing procedures.

### **4.2.2.3 Providing Physical Care**

Most of the participants talked about providing physical care as their legal responsibilities. Some of the information given were as follows.

*"[Silence for a long time]. My legal responsibilities, as I said I am an enrolled nurse and I am responsible for making sure that vitals are checked and they are checked correctly and they are documented." N17*

N17 concentrated on working according to her job description with accountability in mind by making sure work done is well documented.

Two participants were of the view that serving medications and educating patients were their legal responsibilities.

*"My legal responsibilities are to serve medications, to help the patients to do what they cannot do. In the course of the day, you don't only limit yourself to let say vital signs but other things as well." N5*

*"Oh caring for the patient, sometimes feeding, serving medications at the prescribed time and sometimes you can sit beside your patients and educate them on what they are not supposed to do." N4*

### **4.2.2.4 Respect for patient's rights**

Respecting the rights of patients emerged as one of the sub- themes. According to some participants respecting the rights of patients is their legal responsibilities. The following are the comments made by these participants.

*"The patient is always right; the nurse should know when to give medication. If the patient does not want to be admitted you can't force the patient to be admitted." N8*

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N8 believes that the patient's right is respected at all times yet N9 expressed her personal opinion on the patient's right. According to her, some patients abuse it and try to dictate to nurses when seeking services. Respecting the right of the patient is ethical but not the legal responsibility of a nurse.

*“Well, personally I have a problem with the patients' rights. Because of that at times patients just take advantage of that and look down upon us the nurses. I have so many experiences especially at the wards when they come and you are telling them something, they know that as a nurse I am supposed to render service to them and so they can say whatever they want.” N9*

N9 after coming out patient's right as her legal responsibility complained that she personally has a challenge with it based on some of her experiences. This could possibly lead her to committing breach of the law.

### **4.2.2.5 Documentation**

Documentation emerged as one of the legal responsibilities of nurses. Some participants mentioned ways in which documentation is applied in their practice. Some of the comments made were;

*“So [paused] the legal responsibilities.... so it goes back to the proper documentation and proper handing over.”N17*

A participant made mention of documentation of patient care as one of the legal responsibilities of a nurse. Another participant on the other hand made mention of documentation as an evidence of her reporting to work but failed to concentrate on documenting patient care.

*“Ok, I have to document that I have come to work, take up alleviate pain and to provide a conducive environment for the patients.”N8*

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### **4.2.2.6 Communication**

Communication emerged as one of the sub – themes under this main theme. Some participants made mention of good communication among health workers concerning patients.

*“You should make sure you ..... and report any abnormalities and intervene appropriately.”N11*

The above comment made by a participant looked at communication in terms of reporting abnormalities detected for the needed intervention. N9 as indicated below also had a similar idea on the communication of information as legal responsibilities of a nurse.

*“As a nurse I know it is my responsibility ..... As a nurse too I can also draw the attention of the member of the management team in case there is any mistake or corrections to be made in patients' treatment.”N9*

### **4.2.3 Theme 3: Nurses' experience on legal breach**

Nurses' experience on legal breach was identified as one of the main themes of the study. Under this main theme, two (2) sub- themes were obtained. These include the history of law suit and reflections on breach of the duty of care. Participants shared their experiences by narrating numerous incidences of negligence regarding patients care.

#### **4.2.3.1 Reflections on breach of duty of care**

Some participants share their personal experience. Some of these occurrences were related to drug administration, blood transfusion, and delay in providing care by nurses, poor supervision by senior colleagues.

Participant 17 shared her personal experience on negligence of duty that occurred as a result of failure to communicate client care and explanation of procedure to a child's parent.

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*“The little experience I had was an issue with em.... transfusion of blood em... where a client threatened to sue the hospital because he thought we are keeping the blood even though he has purchased it, we are not giving it to his ward. So he threatened to report and then sue us, so we explained to him that, the blood will have to settle and also the child is running temperature and so we needed the doctor to review. We sat him down and explain the procedure we go through before blood transfusion, we explained to him that we don't just transfuse as soon as the blood is ready. We have to check the expiry date and everything. Though there was anger, we settled it down in the ward.” N17*

With regards to the experience shared by N17, it could be seen that the nurses in question failed to communicate needed information to patient's parent leading to the anger of the patient. However, it could not be classified as negligence of duty since failure to communicate did not cause harm or death to a patient.

One participant narrated a personal experience that led to the death of a patient due to medication error.

*“I think way back 2014, I was on duty with my junior colleague and we were administering medications. I took up from the afternoon staff. The doctor's prescription in the folder was 0.2mg of Quinine. Since I took up and at the same time there were so many admissions, I had to do the admissions. I, therefore, asked my subordinate to administer drugs and unfortunately, he rather administered 0.4mg and immediately the baby's condition began to change..... Quickly we called the PA on duty that day. And we discussed it among ourselves but then, the baby too has passed on.”N1*

N1's experience is an indication that there was a medication error that caused the life of the patient hence could be classified as negligence of duty. N15's experience beneath can also be classified as negligence of duty.

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*“Ok, I encountered one case like that. I came to work though I am a triage nurse, I am the first point of contact in cases of emergencies. So I attended to one client and for a doctor to attend to her I handed her over to the emergency unit and went back to the OPD. I came back and realized the man’s breathing was changing and I realized the nurses have just ignored the man…… I had to rush and call a doctor. He said we should manage and put the patient on oxygen and the doctor did not come on time…… and the patient died.” N15*

### **4.2.3.2 History of legal suit**

History of legal suit emerged as one of the sub themes of the study. Participants shared some incidences of the negligence of duty experienced by others. They are as follows:

*“I have witnessed one before, a patient was supposed to get a drug, and they gave the drug at a particular time in the morning. Another nurse also came and gave that same drug when the patient was not due. The patient later started reacting. So the patient was telling us that, is it because of the drug that was given to me? We said no but later we saw from the chart that, that particular drug has been served twice while the patient was not due.” N4*

*“Ok, I quite remember, when doing my clinical in a particular facility, we were supposed to give intravenous (IV) Quinine. As students, we did not know it has to be given through an infusion and our in charge told us to give it directly but it was not going through. She rather took it from us and pushed it directly and instantly the baby died.” N9*

The experiences shared by the above participants on medication error could lead to a charge of negligence of duty since it led to the harm of the patient.

### **4.2.4 Theme 4: Reasons for breach of duty of care**

Reasons for breach of the duty of care emerged as one of the main themes of the study with five (5) sub themes which include ineffective communication, emotional problems, handwriting matters, lack of professional skills, workload and inadequate material resources.

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### 4.2.4.1 *Ineffective Communication*

Some participants believed that ineffective communication among the health team on issues concerning client care is one of the reasons for breach of the duty of care.

Some participants narrated some incidences of negligence where there was infective communication.

*“There was a case that was supposed to go to the theater and there was delayed because of miscommunication and it ended up in fatal distress which could have been prevented if it was sent earlier on.”N5*

*“In an instance of blood transfusion, the doctor did not write that the patient should be transfused but the lab results indicated that the patient needs to be transfused but the nurse didn't show it to the doctor. So nothing was done till the next shift noted that the haemoglobin was low. The doctor requested for transfusion so it was delayed and the patient died during the transfusion. The delay was the cause of death.”N7*

From what participants narrated, the foetal distress and the death of the other patient were directly related to the delay in providing services as well as inadequate communication among the nurses.

*“ May be when the person comes, the person will not take the time to go through, when there is no, when, when there is no proper handing over done, it can cause it and when your other colleague did not do proper documentation and those things it can cause a malpractice.”N17*

The participant was able to identify communication as a reason for breach of the law. She also identified documentation as a form communication which when not done properly can lead to a breach of the law.

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*".....The nurse is expected to check the results and communicate appropriately, however, some nurses will keep it in the patient's folder. May be there is negative implication, may BF ++ or WBC very high. Some nurses will leave it in the folder assuming that the doctor will come the next day to see the results."N1*

N1 stated ineffective communication as the cause of the legal breach. In the scenario given, they failed to communicate important information on the patient for the needed attention.

### **4.2.4.2 Emotional problems**

Emotional problem emerged as one of the sub- themes under the main theme. The following participants were of the view that having emotional problems from the house account for some of the reasons for breach of legal responsibilities by nurses. They, however, had the idea that if nurses were able to forgo these emotional issues at home, quality of service will improve.

*"If you are single hmm... I think em... it depends, it depends on maybe you had a challenge from the house you just pour it on the client, or maybe you need money and the pay is not enough it is a form of getting money from the client. Also, they feel they are doing the people 'good' but they don't know and take it as a service. You know nursing is a service and so if you are able to serve you will always be able to give out your best." N15*

*"..... and sometimes it is our own cause. We might be having a problem in the house which we need not carry them to the work place but when we come because of the pressure it leads us to do things we are not supposed to do. Sometimes we are busily charting, playing with our phones and unnecessary things."N10*

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*“Well we at times there, there is a problem that the staff will be having at home and when he or she comes to work, instead of forgoing the problem, probably he carries the problem to work and then later on it affect the patients at work place.” N14*

### **4.2.4.3 Handwriting matters**

Some participants made mention of the eligible handwriting of some prescribers as one of the causes of the negligence of duty. The participants, however, expressed concern about the need to seek for assistance when the need arose.

*“We are not familiar with the doctor’s handwriting, however; if you can’t see, you need to consult. If you are not familiar with the handwriting, you shouldn’t take your own initiative because we are dealing with human lives.”N1*

*“Some of the prescribers have a very poor handwriting. When it happens that way, it becomes very difficult for you the nurse.” N7*

*Sometimes it is not our fault. In fact, some of the handwriting is very, very, terrible. You will need to be chasing prescribers for what has been writing can be identified.” N11*

According to the above comments made by participants, handwriting issues remains a very big challenge. Due to that, some nurses are forced to predict what has been written especially in the absence of the prescriber.

### **4.2.4.4 Lack of professional skills**

One participant after being silent for a long time said lack of professional skill a cause of the breach of legal duty after which she suggested the need to consult other staff if you are not too sure of it.

*“The causes hmmm.... .., there are, there are at times it happens and we give excuses but the, the causes are a lot, they are a lot. The one that I can say is that with the negligence part. I think if the nurses are more attentive to the patients,*

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*we can avoid some of them like checking regularly time of medication, the right dose if you don't know you ask your fellow nurse if he or she doesn't know you verify from a higher staff."N17*

The participant above narrated that, nurses having less knowledge on the job as well as paying no attention to the patients can lead to a legal breach.

Participant 9 expressed concern on how some nurses do not manage patients according to the current trend which she sees to be a reason for legal breach. N4, on the other hand, explained that aside from some nurses having inadequate knowledge, they fail to ask for assistance when the need arises.

*"I can say [paused] it is a lack of knowledge and we, we always practice what we have learned in school for a longer period which shouldn't be so because as time goes on things keep on changing."N9*

*"In some cases, it is not their fault. In others too they don't like asking questions. Oh, I am not sure of something, instead of the nurse asking she will just go ahead and do it. Some of the nurses too it is their lifestyle they feel they know everything and then it ends up in malpractice."N4*

### **4.2.4.5 Workload**

Most of the participant made mention of workload as a reason for legal breach. The nurse to patient ratio according to nurses is so alarming. Below are some of the comments made.

*"To me, it is the work load. It really contributes to some of these malpractices. If you have [paused] lot of patients to care for, you stand the chance of committing a malpractice."N3*

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The participants below were both talking about work load but to N3 concentrated on the number of patients cared for in each shift while the other concentrated on the volume of work on each patient.

*"I think the work load is too much. When I come to work, for instance, I have to attend to my patients, monitor them and I think the documentation alone is too much so if you don't take care you will leave something out."*N13

*"Ok these are some of the causes to me sometimes it is the pressure and the work load and sometimes the number of staff on duty and also sometimes the work load is more than the staff. May be a staff would be attending to 3 or more patient at a time so sometimes some of the patients are affected."*N2

N2 also concentrated on the nurse patient ratio is the reason for breach of the law.

### **4.2.4.6 Inadequate material resources**

Inadequate material resources to work with emerged as a sub- theme under the main theme. Below are some of the comments made by some participants

*"Causes, [silent for a while]..... sometimes nurses don't have the right tools to use to work so they end up improvising like to save a situation."*N16

According to N16, nurses usually lack the items to work with and due to this, they are forced to improvise.

*"Sometimes lack of logistics ..... and you may be forced to do something within your means and if you are not careful you will make a mistake".* N8

N8, on the other hand, commented that nurses are forced to perform even in the absence of logistics. This could lead possibly lead to the occurrences of mistakes if not extra careful. N7 below also share the same idea but to her, the patient will be expecting you to deliver even in the absence of logistics.

*"As for the challenges they are many. It starts from lack of logistics. You come to work and there are no logistics to work with and client and relatives are also expecting you to deliver. There is also a lack of motivation as well".* N7

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### 4.2.5 Theme 5: Dealing with breach of duty of care

It was found in the study that nurses who were involved in any case of negligence or malpractice had different ways of managing such cases as and when they arose. Some nurses considered contacting their superiors for assistance and corrections of some of these malpractices and negligence. In some cases, these cases were covered up and discussed among these health workers without patients and relatives being aware that the challenges patients' confronted were as a result of nursing malpractices. Nurses who were involved in some of these malpractices found their way out without any punishment because participants in the study could testify that, aside from all these incidences, there has not been any legal suit in the facility. However, there have been situations where patients and their relatives have made attempts and threatened to sue the facility. Under this main theme, the sub- themes emerged include; institutional liability, internal measures of managing liability, provision of resources and training of nurses on legal of care.

Some participants explained that although nursing malpractices occur in the facility, they have not witnessed or come across any incident of legal suit neither have they heard of such cases in other facilities. One of the reasons given for no law suit was as a result of the place that the negligence of duty occurred.

All the participants below indicated that they had not come across any legal suit of nurses.

*"I have not heard or witnessed any case like that." N5*

*"No, I don't know of any law suit." N12*

*"We informed our in charge and it has to get to the administration but I don't know if the relatives took it up or not." N11*

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*“Because it was in a rural setting the doctor just covered up for the situation to die up.” N9*

Contrary to what they said, a participant narrated although there has not been any legal suit against the facility, there was once an attempt made by a patient's relative to take the facility on for negligence of duty. There has also been a case of law suit in a different facility which led to the imprisonment of a nurse.

*“No, in my facility I have not heard but I have heard from other facilities. A nurse said something bad against a patient and she was sued and taken to Nsawam court, unfortunately for her, her PIN had expired and they have to jail her for that and up to now she is still in jail.” N4*

*“Ok with my facility, em... when you do something and it's like the patient does not like it, it is like they verbally say I will sue you or something but they don't take it up. They just say it verbally. I haven't heard of any law suit.” N17*

The comment made by the above participant indicates that some patients and their relatives threaten verbally to sue the facility.

### **4.2.5.1 Internal measures for managing legal breach**

According to some participants, some of these cases of malpractice and negligence which did not lead to any lawsuit were managed in the facility where staff in question were called and cautioned. In some instances of negligence, nurses discussed it among themselves, however, the patients and relatives were not aware of it.

*“As for that one, we discussed it among ourselves after the relatives have left. We told ourselves that we should be careful but we did not hear about any legal issue. I don't know whether the in-charge took it up to the DDNS but I did not hear about any legal issue.” N10*

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*“Nothing was done, nurses were reported and those on duty were called and cautioned in the unit.”N7*

According to these participants, issues of legal breach are usually discussed internally and staffs were cautioned by higher authority.

One participant reported that one case of negligence observed was managed by calling a prescriber for immediate intervention which saved the patient.

*“We called the doctor on duty and informed her on what has happened and the doctor came over and ordered us to put in some measures to save the patient.”*

*N4*

All the above remarks indicate how the incidence of negligence and malpractices in nursing were managed and whether these incidences led to a legal suit or not.

### **4.2.5.2 Provision of resources**

For effective nursing care, there is the need for the availability of all the resources needed. It was identified that when nurses work without the needed resources, they are forced to improvise for the work to be done. This usually creates a lot of inconveniences on both nurses and their patients. Participants indicated that some legal breach occurs as a result of shortage of material resources. In order to improve on nursing care to avoid breach of the law, most of the participants suggested the need to make material resources available at all times.

*“There should be the provision of equipment.....” N3*

*“.....The higher authorities should provide logistics so that we can stop the improvising.”N8*

*“We have to ..... and the hospital administration has to also provide some basic things to assist in providing quality care.”N11*

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### **4.2.5.3 Training on legal aspects of care**

Training on legal aspects of care emerged as one of the sub-themes under the main theme. Below are some of the comments by participants.

One participant commented that nurses are not having adequate knowledge on legal issues in nursing.

*“The little I want to add is that, when it comes to issues of legality and suit and the rest, most nurses do not know about it so if education will be given more into it, for us to know what to do and where to go if there is a complaint or somebody threatens to sue. I think day to day assessment for should be put in place to help provide a better health care.” N17*

Due to that, another participant suggested that training is organised regularly to enable nurses be abreast with these legal issues.

*“There should be regular training for staff as well as adequate staff on duty at all times.” N12*

### **4.2.6 Theme 6: Consequences of breach of legal responsibilities**

Consequence of breach of legal responsibilities was identified as one of the main themes of the study. Out of this emerged eight (8) sub- themes namely, emotional breakdown, institutional liability, job loss due to legal breach, loss of life, personal liability and potential cover up. These consequences were observed to be experienced by the patients, relatives or the nurse in question or the hospital or facility.

#### **4.2.6.1 Emotional breakdown**

Another sub –theme that emerged under the main theme was emotional breakdown. Some of the comments made by participants are as follows.

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*“There is going to be an emotional, [paused] like it is going to hunt you like, because of your negligence, someone has lost the life or someone has been deformed it will haunt you. And it can cause you your job.”N16*

*“You will al.....ways have it in your mind. Every day you will still be thinking about it and anytime there is an issue related to that one you still remember that at least you caused harm to someone. It will always be with you wherever you go. You can lose your job because if out of your negligence if there is an issue, you can be taken up.” N15*

*“Assuming you are a Christian, you will never have a clear conscience. [Clapping] You will not be mentally sound and in a way, it will have a negative impact..... you will not be mentally sound unless you rebuild yourself up again.”N14*

*“It will haunt me for the rest of my life and it will also help me to work carefully but whenever I meet a similar situation I will be hunted.”N9*

### **4.2.6.2 Institutional liability**

Institutional liability emerged as a sub-theme under the main theme. According to participants, issues of breach of duty have some effects on the facility that manifests itself in different ways. Below are some of the comments made.

Two participants shared the same idea of patients losing trust in the hospital or institution.

*“It can ..... The relatives will lose confidence in the hospital as well.”N12*

*“The relatives will lose confidence in us and then, the belief they have in the staff will be diminished.”N5*

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Another participant made mention of some patients preventing others from patronising the hospital.

*“Sometimes when these things happen to some of the patients if they are even coming to the hospital they feel like the last time when I was there this and this happened so why do I need to go to the hospital and they will even prevent people from seeking care from the facility.” N2*

N4 commented that there will be financial loss to the hospital in case of legal suit for which the hospital is liable.

*No, I think em.... em... I am legally sued, hmm..... I think the facilities will get a lawyer for me. Yes, they should do that.”N4*

### **4.2.6.3 Job loss due to legal breach**

Loss of employment due to breach of duty also emerged as a sub-theme. A legal breach can lead to law suit which can cause the nurse to be jailed. This can in turn cause the nurse to lose the job. Below are the comments by participants.

*“You might lose your PIN and there could be a loss of employment.”N3*

*“Your conscience will judge you and apart from that, you can lose your license.”N8*

*“.....Hmmm.... If you are being sued you can be jailed for it and you can even lose your certificate.”N4*

### **4.2.6.4 Loss of life**

Loss of life was one of the sub-themes under this main theme. Most participants made mention of death as a consequence of the legal breach. These are some of the comments made by some participants.

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*“The effects are very bad because [paused] we are dealing with the life of a person so the little error can cause a life. There are some that are reversible and there are some that are very, very fatal.”N17*

*“It brings about death; it increases cost of medical bills and pain as well.”N11*

*“There could be death; there could be a lack of confidence in the hospital by the patient.”N13*

*“Ok, it can lead to a drug overdose. Sometimes our negligence leads them to death. Even though the patient might die it leads to early death. Some of them leave the hospital and will be spreading the information.”N10*

### **4.2.6.5 Personal liability**

Personal liability emerged as a sub- theme under which some participants commented as follows. Two participants shared the same idea that in terms of liability, they believe they are going to be personally liable because they do not receive any support from their superiors in terms of any challenge.

*“If I go to work and something happens I don't know who to go to. I don't know if I am to pick a lawyer myself. I don't even know the legal body backing the nursing practice”.N5*

*“What I know is that, when there is any malpractice, the way our immediate in charges handle it makes you feel alone.”N8*

### **4.2.6.6 Potential cover up**

A participant narrated what she has observed concerning incidences of negligence and malpractices. According to her nurses are supposed to back each other and cover up offenses made in the discharge of their duties as it occurs in other professions. To her, this is a very big challenge nurses go through in situations of the legal breach.

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*"silence for a while..... ok at times we feel we are not well protected by our governing bodies. Because when you take the medical doctors, for example, I have come across a client having a misunderstanding with a doctor and they tried and covered up for the doctor. But when it comes to nursing, nursing once you have a challenge, it is you oh. They will never cover you up they will say that you caused it so go and face it. But if the body is been supportive enough I think we will have em... what do I say..... It is one of the challenges we are facing. When a client is attacking a colleague you the nurse should be able to save the situation. Instead, she will say as for this nurse that is how she is."*N15

Another participant who shared an equal idea explained that one consequence of a breach of legal duty is to face the challenge alone in such cases. Meanwhile, there is a body she believes is responsible to support and speak for nurses.

*"Ooooh, for now, what we only see is the renewal of the PIN, the given of certificate, organizing workshops. That is what we see but in times that nurses are in trouble and they need them, we don't see them like the medical association behind the doctor, the nurses we don't see anybody. So we nurses we say that as for we nurses we don't have anybody to talk for us."*N16

Conversely, some participants covered up their colleagues without concentrating on the effect on the patients.

*"Oh ok, for instance, I once encountered one in my ward, where by a patient was not on national health insurance so the patient has to pay her bills and then a colleague told the patient to pay the money into his or her mobile money account which is not right and it is a malpractice. I confronted the colleague and told him this is not right so he shouldn't do that again."*N2

*"I got angry with her but she pleaded. My in charge heard of it and cautioned her not to do that again."*N8

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In summary, this chapter described the findings from the data collected out of which six (6) main themes and twenty-eight (28) were generated. Participants had a fair idea on the concepts of legal breach but there was a deficit in differentiating these concepts. With regards to the laws governing nursing practice, it identified that there was limited knowledge. They however knew their legal responsibilities. Participants again, perceived their legal responsibilities as being professionally competent, provision of physical care and privacy as well as respecting the rights of patients. Proper documentation and effective communication among nurses and other health workers concerning patient care were also perceived as their legal responsibilities. Participants also shared their experiences concerning breach of legal duties. These included the reflection of their personal experiences as well as that of others. It could be seen that there are incidences of legal breach occurring based on the experiences shared.

Participants also identified ineffective communication, emotional problems, handwriting matters, lack of professional skills and workload as some of the reasons for legal breach. The incidences of legal breach were managed internally by cautioning staff in question but there has not been any law suit. Participants were also able to identify the consequences of legal breach on patients and relatives as well as other nurses and the institution. In the next chapter, the findings will be discussed with existing literature.

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### CHAPTER 5: DISCUSSION

This chapter discusses findings of the study which sought to explore the perception of nurses about their legal responsibilities. The specific objectives were to:

1. Assess nurses' knowledge about the law governing the practice of nursing in Ghana.
2. Assess nurses' knowledge on their legal responsibilities.
3. Determine nurses' experiences with breach of duty of care.

This discussion of findings is situated within the context of the key findings as well as their significance with respect to existing literature reviewed. These findings are expected to inform effort of improving nursing care standard. In effect, the prospects of minimising litigation on account of negligence and malpractice will be advanced.

#### **5.1 Nurses' knowledge on duty of care towards patients**

Knowledge of nurses on their duty of care, legal concepts, laws governing practice and legal responsibilities were explored. The outcome suggests lack of knowledge about legal concepts such as negligence, malpractice, and tort. Nevertheless, some of the participants were able to illustrate the meaning of negligence although none of them could explain or illustrate a tort. A similar study conducted in India found that the legal awareness of nursing staff is extremely low (Kumar et al., 2013).

In this current study, it was identified that some participants were aware of some of the legal terms and concepts but had limited knowledge on how to differentiate and apply them in practice. According to Furlong, 2006, it is very vital for nurses to pay much attention to the laws in nursing and its understanding. Some of the participants were however able to identify malpractice and negligence of duty as an offence but were not able to identify the differences

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between the two and what each means. A participant described nursing malpractice as failure to give nursing care to a patient that needs care. In a study conducted to assess the knowledge of health workers on issues of liability, it was noticed that most health workers had very little knowledge or no knowledge at all. However, liability forms a key part of the laws which clearly defines who is to settle claims in case of any medical suit (Appiah-agyekum, 2013).

The narrative of participants further suggested limited knowledge on the laws governing nursing practice. Some participants admitted that when it comes to legal issues in nursing, most nurses do not know. However, professional issues are discussed within the framework of the laws (Oyetunde & Ofi, 2013). Due to that, nurses are expected to be knowledgeable in these laws. A study conducted in Nigeria on nurses' knowledge on laws governing nursing practice indicated that nurses have limited knowledge on these laws (Oyetunde & Ofi, 2013).

Although there was lack of knowledge about the legal concepts and ability to cite specific laws governing nursing practice, most of the narratives indicated that participants were familiar with their core responsibility towards patients. Conversely, (Kumar et al., 2013) reported that nurses were not totally aware of their legal responsibilities and as such may have difficulty avoiding lawsuits. It was also identified in this study that the occurrences of the negligence of duty and nursing malpractices were not due to the fact that nurses are not aware of their legal duties. These offences occur even though nurses are fully aware of their legal obligation.

### **5.2 Nurses' knowledge on their legal responsibilities**

Participants identified responsibilities expected from nurses as required by law. These

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were issues relating to professional competence, protecting the privacy of patients, providing physical care, respect for patient's rights, documentation, communication and patient monitoring.

In this study, it was realized that nurses who have knowledge in rendering nursing care to patients are perceived as being professionally competent. It was also seen as a legal obligation required of every nurse as indicated by (Hughes, 2008) that nurses have the responsibility of ensuring competent and safe care. The verbatim reports of some participants implied incidences of negligence that were related to professional incompetence. A participant narrated an observation made on a health education given by a nurse which generated a misunderstanding. Ideally, diabetic patients take in sugar in moderation. However, according to the narrative made, a nurse educated a diabetic patient to avoid the intake of sugar. The wife of the patient upon hearing that stopped adding sugar to the patient's food which caused the anger of the patient because it has already been made known to him to take in sugar in moderation. Self-support of participant indicates their assertion of incompetence. However, reports on the performance of other colleagues suggest that incidence such as incorrect information could be blamed on professional incompetence. These findings contradict findings by Uri & Donilon, (2013) which indicated that nurses perceive their competency level to be good. The manner in which the evaluation was done may have influenced the differences in outcome.

This study also found that some participants perceive that, remaining registered as a professional nurse by renewing the professional license is a legal responsibility that makes one professionally competent. However, it is expected of every nurse to register with the professional body and remain registered throughout their practice (NM&C, 2013). This indicates that remaining registered as commented by some participants does not reflect the

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competency of nurses but rather a requirement to practice.

Protecting the privacy of patients was found in the study as one of the legal responsibilities of nurses. The participants recognised the need to protect patients by keeping their information confidential. The nurses' pledge affirms the nurses' responsibility to hold in confidence all personal information. Privacy is both an ethical and legal responsibility. In the event that a nurse divulges personal information of the client and this result in emotional or physical harm the client redress may be sort. However, there should be grounds and ample evidence for such a suit to be granted. In the absence of evidence, the case may be quashed.

The dilemma of suing for breach of privacy is the ability to adduce the required evidence and this is often a difficult task, especially if there is professional collision (Krishna & Menon, 2014). Some participants explained that patients' information should not be disclosed to patients relatives unless with the consent of the patient. Due to that, patients' folder which contains most information on client care should be kept out of sight from relatives and visitors. However, there is a ruling case that has been subjected to privacy of document to further debate (Norman et al., 2012). A patient who had undergone fertility treatment in a hospital in Ghana requested access to the personal record and was denied. The patient went to court to compel the health institution to handover copies of personal health records.

The participants also noted the provision of physical care to patients as one of their legal responsibilities. Physical care as mentioned by participants is based on the job description. Some of the care mentioned included serving of medications, checking of vital signs, feeding of patients. Apart from these, other legal responsibilities mentioned were the identification of patients based on their presenting conditions and as well as punctuality to work. However, according to Delaune C et al (2006), the legal responsibilities of nurses

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include the provision of service, acting as expert witnesses as well as education of patients. Although participants were able to identify the provision of physical care as their responsibility, they failed to concentrate on other responsibilities as patient's advocate and many others. This could possibly lead to ignoring some of these key duties or perform them with the idea of doing favour to patients.

Respecting the rights of the patient was found as one of the legal duties of nurses. The participants were able to identify the need to respect these rights. Nevertheless, a participant was of the view that the patient's rights give unnecessary power to patients for which they usually abuse and decide what the nurse should do for them. Having this idea in mind could cause the infringement of the patient's right. In the case of medical malpractice in Ghana, the medical professional failed to respect the right of the patient by failing to disclose a medical error made while providing care to the patient (Ernest, 2014). The reason for this action could possibly be due to the fact that the patient might claim the right to receive quality care.

Documentation and communication were also found as a legal responsibility of nurses. All information concerning patient care should be documented to ensure accountability. According to Kumar et al., (2013), documentation is very vital and failure to do so can lead to a law suit. In a malpractice case which rendered a woman barren, it was found that if nurses had counted and documented the number of gauze packs used for the surgery, the effect on the patient could have been avoided (Ernest, 2014).

The participants identified communication as a legal obligation of nurses. Nurses, according to participants in this current study, are expected to communicate effectively on issues concerning patient care. The communication could be among nurses or exist between nurses and other health professionals. It could be in a form of reporting patient's investigation

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or any abnormality for early intervention. Poor communication on procedures, results of examination, can cause harm and an unnecessary anger of patients. To prevent this, there is the need to communicate effectively all relevant information to client and health staff when needed (Untington & Uhn, 2001).

### **5.3 Nurses' experience with breach in duty of care**

Nurses who work according to their legal responsibilities are more likely to avoid legal breach (Kumar et al., 2013). The experiences of nurses on legal breach were explored and outcome indicated that nurses who failed to work in accordance with their responsibilities experienced some forms of the legal breach. It was also found that there are a lot of malpractices as well as negligence of duty occurring in hospitals. Some participants shared their experiences on the negligence of duty as well as nursing malpractices. These experiences were classified under the history of law suit and reflection on breach of the duty of care.

History of legal suit in this study refers to some of the experiences other colleagues have had. Almost all participants shared an incidence of malpractice observed. In another study conducted to identify the origin of malpractice suit, it was revealed that nurses are more likely to be sued especially in situations where patients believe they were not given a fair treatment (Wojcieszak, Saxton, & Finkelstein, 2010). Another study conducted to identify the frequency of malpractice in Europe, the results indicate a steady increase (Buzzacchi et al., 2016). According to participants of this current study, there has not been any known legal suit despite the increase in nursing malpractices and negligence of duty. However, there has been an attempt and situations where client relatives have threatened to sue the facility. Some of these malpractices were related to blood transfusion, medication, and delay in providing care.

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Elsewhere, the situation is different as nurses who breach their legal responsibilities do not go unpunished. Some nurses were put on probation upon involving themselves in a misconduct (Keane, 2011).

Most of the participants who experienced malpractices and negligence of duty were usually working on the wards. This is in line with what (Buzzacchi et al., 2016) said that the frequency nursing malpractices were unit specific.

Reflection of breach of the duty of care in this study refers to the personal experiences encountered by participants of this study. Some participants shared their personal encounters on nursing malpractices. Some of these incidences were related to blood transfusion and failure to monitor a patient respectively. According to Butler & Lostritto, (2015), a nurse could be charged for malpractice when the nurse deviates from the established nursing practice. In this study, although nurses are frequently involved in malpractices, none of these participants had been legally sued. Conversely, a report by the National Practitioner Data Bank in the United State of America stated in a report that more nurses are named as defendants in lawsuits (Larson & Elliott, 2010). This difference could possibly be due to the setting of this current study where lawsuit rarely occurs. Due to this, nurses are likely to neglect some of their legal responsibility to the disadvantage of patients.

### **5.4 Reasons for breach of duty of care**

In the current study, participants made mention of some of the reasons why nursing malpractices and negligence of duty occur in facilities. According to the participants, several reasons account for the occurrence of breach of the duty of care. Ineffective communication, emotional problems, handwriting matters, lack of professional skills, workload, and inadequate

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material resources were found to be some of the reasons indicated.

Communication in nursing is very important and could be done in several ways some of which include handing over of patient information and care rendered. If handing over is not done properly, breach of duty of care could occur. Another reason that became known was ineffective communication among nurses and other health professionals. According to participants, communication with other health team members plays a key role in patients care. This was identified as a reason for breach of the law if not well done. In another study, it was found that ineffective communication was one of the reasons for legal actions (Brown Geraldine, 2016). A participant in narrating her experience on negligence of duty that led to the death of a patient says she strongly believes that her inability to inform the doctor about patients' laboratory results really contributed to the death of the patient.

One of the reasons given by participants concerning the reason for breach of duty was that some nurses usually carry their personal challenges to the work place. It was noted that some nurses facing some emotional challenges at home usually put their anger on patients. These emotional challenges were attributed to financial and marital problems. This was also noted in a study conducted to assess to health at the workplace among nurses (Terry, Lê, Nguyen, & Hoang, 2015). Another participant was of the view that, although nurses go through pressure at home, it should not be carried to the work place because of its effect on patients.

Eligibility of handwriting was also identified as one the reasons for breach of the duty of care by nurses. In a narrative by a participant on a personal experience concerning the death of a patient, it was noted that a higher dose of medication was given because of ineligible handwriting. Conversely, another study conducted failed to support the ineligibility of doctors' handwriting. This result could be due to the sample size used for the study and how eligibility

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was assessed.

According to Olsson, Wätterbjörk, & Blomberg, (2014) nurses are trained professionally to deliver care to patients and as such, inexperience as well as ignorance is not accepted as an excuse for any occurrence of nursing malpractice. Some participants interviewed, however, came out that, some of the nurses are inexperienced and lack professional skills in nursing. This, according to them accounts for some of the reasons for breach of the law. Lacking professional experience in the field of work is unacceptable due to the implication on patients. Due to that, a participant expressed concern about the need to practice according to current trends.

It was also found that the nature of nurse to patient ratio is very vital in preventing a breach of legal duty. Most of the participants made mention of voluminous work as the main reason for breach of duty of care. Some argued that the work load in terms of the number of patient to a nurse as a reason for legal breach. The others looked at it in terms of the volume of work to be done on each patient. The volume of work has a negative implication on both patients and nurses (Terry et al., 2015). In another study, it was also identified that there is increased workload on nurses and due to that, there is increasing demand for nurses in some countries to avoid legal breach (Carayon & Gurses, 2000).

### **5.5 Dealing with breach of duty of care**

According to Butler & Lostritto, (2015) a nurse could be charged for malpractice in situations where there are deviations from established nursing practice. Again, for a nurse to be charged for a breach of legal duty there should be evidence that there is a breach in the standard of care that leads to an injury to the patient with a causal connection between the

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injury and a deviation from recognized standard of care. According to some participants, they have never observed any legal suit since they started working as nurses. Meanwhile, they made mention of a lot of malpractices occurring at the work place. This indicates that the facility has ways of dealing with breach of duty. Some patients, although verbalize their intention to sue the hospital, there has not been any recorded against the facility. It was found that most legal breaches in the facility were internally managed.

According to Kreidler, 2016, an annual report in the United States of America, 2,860 lawsuits were recorded between 2011 to 2015. Participants in this current study indicated that, in cases of legal breach, they report to superior for action to be taken and they are times cautioned.

Nurses need material resources to work with throughout each shift. This however, according to participants is not so in so many instances. They were of the view that if material resources are made available at all times some of these malpractices could be prevented.

From the interview, that most of the nurses were not aware of the legal issues in nursing. In a study conducted in Ghana by Appiah-agyekum, (2013), it was found that nurses have limited or no knowledge at all in legal issues. Some participants suggested the training of nurses in legal aspects of nursing as a way of preventing malpractices. Adequate training of nurses in legal issues in nursing will equip them with the knowledge and hence inform them on what to do in situations of legal suits.

### **5.6 Consequences of breach of legal responsibilities**

According to Larson, Elliott, & Larson, 2010, each step in the law suit has an effect on nurses, patients as well as their relatives. In this current study, participants also attested to the

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fact that nursing malpractices, as well as negligence of duty has a negative consequence on nurses and patients. Few participants were also of the view that it has a positive impact on the nurses to some extent. A charge of legal breach arises when a health professional fails to provide quality care resulting in harm or death to a patient (Thomas, 2010). Emotional breakdown, institutional liability, job loss due to legal breach, loss of life, loss of professional registration, personal liability, and potential cover up were identified as some of the consequences of a breach of legal responsibilities.

According to Ryll, (2014) nurses go through stress which triggers painful psychological and physical responses irrespective of the outcome of the legal suit. This was in line with what most of the participants identified as the effects of breach of the duty of care. According to them, it will hunt the nurse for the rest of his or her life if especially a patient dies as a result of the nurse's negligence. Again, Ryll, (2014) found that the emotional effects of nursing malpractices has a long term effect and could be with the nurse till retirement. It was also noted that the nurse's own colleagues will look down upon him or her.

Institutional liability was identified by a participant of this study as one of the consequences of a breach of the duty of care. According to participants of this study, patients and their relatives will fail to patronize the hospital which will cause the hospital to lose financially. Some also asserted that the image of the facility will be tarnished. It was found that in term of liability of payment of any claim the facility will be affected. In addition, when nurses are sued, their absence from work can also cause a loss to the facility.

In a study to analyse the effect of nursing malpractices, Thomas, (2010) found that it can lead to loss of a job. Participants explained that breach of legal duty could lead to loss of the nurses' own certificates. This loss can cause the nurse financially as well.

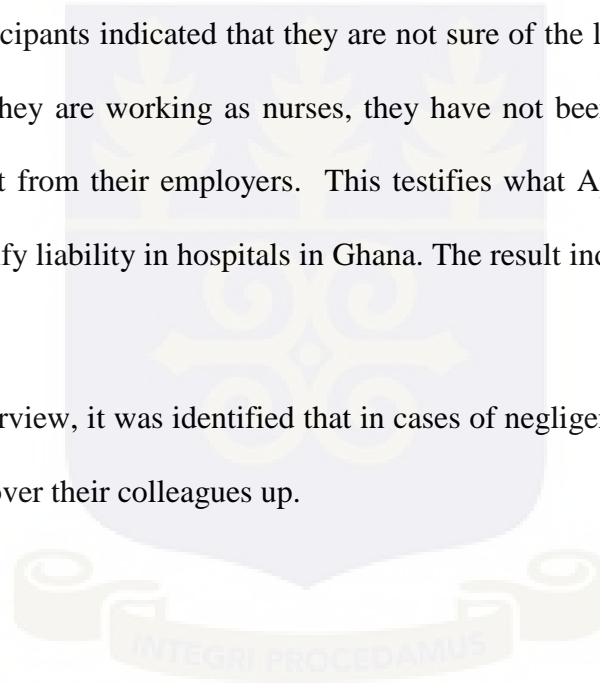
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Most of the instances of legal breach shared by participants lead to the death of patients. A participant shared an experience on a patient who needed blood transfusion but was delayed because of poor communication. This led to the death of the patient. Apart from this several incidence of legal breach led to the death of patients.

Nurses practice with an issued license. Most participants made mention of losing a valid professional license as a consequence of a breach of the duty of care. Losing you Professional Identification Number (PIN) was made mentioned by some participants.

Some of the participants indicated that they are not sure of the liability in case they are legally sued. Although they are working as nurses, they have not been informed and neither have they also found out from their employers. This testifies what Appiah-agyekum, (2013) found in a study to identify liability in hospitals in Ghana. The result indicated that nurses have no or less knowledge.

Based on the interview, it was identified that in cases of negligence of duty and nursing malpractices, some do cover their colleagues up.



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**CHAPTER 6: IMPLICATION, SUMMARY, CONCLUSION, AND  
RECOMMENDATIONS**

**6.1 Introduction**

This chapter presents the implication of the study findings to nursing education, nursing practice, and research. It also presents the summary of the study findings, the conclusions, and recommendations on improving knowledge of nurses on laws governing nursing practice to provide quality nursing care at Achimota Hospital

**6.2 Implication for nursing education.**

The findings of the study have a number of implications for nursing education. The study's findings revealed the need to strengthen the knowledge of nurses on the laws governing their practice. This is to contribute in rendering quality nursing care to patients. This effort should start from the time of nursing education and during orientation of new students. In the various nursing institution, student nurses should be educated on the importance of knowing and applying the laws in nursing practice as well as in the management of breach of laws. When the laws are applied well, the quality of service will improve after the completion of school.

Although, "The Nurse and the Law" is taught in the nurses training institution as a subject, there is the need for it to be well intensified and taught as a separate subject to enable students have good understanding and practice of the law. Nurse educators need to reconsider examining students on legal issues in nursing in the Nursing and Midwifery Council Examination.

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The study found out that some of the incidences of the legal breach were as a result of inadequate knowledge in nursing care. This inadequacy usually occurs in performing procedures and the need to identify when to intervene. To deal with this challenge, student nurses should be well equipped and exposed to adequate practical experiences before completion of school. This will prepare them enough for work after completion of school.

### **6.3 Implication for Nursing Practice**

The implication of the findings of the research is that nurses should be knowledgeable in the legal aspect of nursing and not only concentrate on other aspects of nursing. For this to be achieved there should be the organisation of regular in- service training for staff. All newly qualified staff should be well oriented in all aspect of legal issues in nursing including the procedure to follow in situations of the legal breach. This will help in the prevention of legal breach.

In the study, it was realized that poor supervision contributes to some legal breach because if nurses are well supervised they will always put up their best. This calls for the need to ensure good supervision of staff at facilities.

Legal issues in nursing and some important laws pertaining to a facility should be included the orientation and made known to staff who come on transfer to help them work within the laws.

### **6.4 Implications for Research**

The findings of the study have revealed the need further research with a large sample size to get more insight on the knowledge of nurses and the laws governing their practice. A

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qualitative approach can be employed using nurses in different public and private hospitals to allow for generalization of the study findings. Using patients and nurses in a single study will be more beneficial in helping patients to come out with some of their experiences with legal breach than just concentrating on each separately. An intervention study or action research may provide more appropriate ways of bridging the knowledge gap.

### **6.5 Summary**

The study sought to assess the perception of nurses on their legal responsibilities towards patients at Achimota Hospital. The main purpose was to explore nurses' perception of their legal responsibilities towards patients and their perspective on the consequences of a breach of duty of care. It also sought to find ways of improving nursing care to avoid a legal breach. Besides the main objective, the study as well sought to meet the specific objective as indicated below.

- Assess nurses' knowledge about the law governing the practice of nursing in Ghana.
- Assess nurses' knowledge on their legal responsibilities.
- Determine nurses' experiences with breach of duty of care.

A qualitative approach was employed and purposive sampling was used to collect data from seventeen (17) participants using a semi-structured interview guide. The data were analysed using thematic analysis which yielded six (6) main themes and twenty-eight (28) sub-themes.

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The key findings of the study were:

- Nurses at Achimota Hospital were found to have limited knowledge on laws governing nursing practice in Ghana.
- Having adequate knowledge on laws governing nursing practice was found to contribute to the avoidance of legal breach.
- Breach of legal duties was found to be a major challenge for nurses at Achimota Hospital.

Generally, the study's findings indicated that having adequate knowledge on laws governing nursing and practicing within these laws at Achimota Hospital is very important to improve the care given to patients and also to avoid legal breach.

### **6.6 Conclusion**

The study set out to assess the perception of nursing concerning their legal responsibilities towards patients at Achimota Hospital. The findings of the study indicated that nurses frequently breach the law in discharging their legal duties to patients at Achimota Hospital. The majority of nurses were found to have been involved in nursing malpractice and negligence of duty. Nurses were found to have limited knowledge in laws governing nursing practice and due to that, perceived the services rendered to patients as offering just a helping hand and rather than their legal responsibilities. However, there has not been any legal suit recorded against these nurses or the facility but had once been an attempt to suit the facility. It is essential that measures are taken to improve the knowledge of nurses on these laws governing nursing practice in order to render quality care to patients who seek care at Achimota Hospital.

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The study focused on nurses' perception, future research should focus on that of both patients and nurses perception of legal responsibilities.

### **6.7 Recommendations**

Based on the study's findings, the following recommendations were made:

- Regular workshops should be organized for nurses concerning the laws governing nursing practice in Ghana.
- Regular in- service training should include training of nurses on legal issues in nursing.
- The Nursing Midwifery Council to revise the nursing curriculum and separate legal issues in nursing as a full course under which students are going to be assessed.
- Proper supervision and monitoring of nurses by superiors at workplaces.
- There should be sanctions put in place to correct nurses who are involved in malpractices and negligence of duties at the facility level by the hospital core management team.
- Copies of laws governing nursing practice in Ghana should be distributed to nurses regularly at staff durbar, unit meetings and orientation of new staff.

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APPENDICES

APPENDIX A: INTRODUCTORY LETTER



**UNIVERSITY OF GHANA**  
**SCHOOL OF NURSING**

SON/F.11

June 15, 2017

Ref. No.: .....

The Medical Superintendent  
Achimota Hospital  
Achimota.

Dear Sir/Madam,

**INTRODUCTORY LETTER**

I write to introduce to you Yaa Amoanimaa Yeboah, an MSc student of this School, University of Ghana, Legon. As part of the M.Sc programme, she is conducting a research on "**Nurses' perception of legal responsibilities**".

I would be grateful if you could kindly offer her the assistance needed to enable her collect data for her dissertation. The information will be used only for academic purposes.

Thank you.

Yours faithfully,

Dr. Lydia Aziato  
SENIOR LECTURER

Cc: The Administrator  
Achimota Hospital  
Achimota

COLLEGE OF HEALTH SCIENCES

P. O. Box LG 43, Legon, Accra, Ghana.  
• Tel: +233 (0) 302 513 250 / 0289 531 213 • Email: [son@chs.ug.edu.gh](mailto:son@chs.ug.edu.gh) • Website: [www.nursing.ug.edu.gh](http://www.nursing.ug.edu.gh)

NURSES' LEGAL RESPONSIBILITIES TOWARDS PATIENTS

APPENDIX B: ETHICAL CLEARANCE

**NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH**  
*Established 1979* *A Constituent of the College of Health Sciences*  
**University of Ghana**

**INSTITUTIONAL REVIEW BOARD**

Phone: +233-302-916438 (Direct)  
+233-289-522574  
Fax: +233-302-502182/513202  
E-mail: [nirb@ngochi.ug.edu.gh](mailto:nirb@ngochi.ug.edu.gh)  
Telex No: 2556 UGL GH



Post Office Box LG 581  
Legon, Accra  
Ghana

My Ref. No: DF.22  
Your Ref. No:

5<sup>th</sup> July, 2017

**ETHICAL CLEARANCE**

**FEDERALWIDE ASSURANCE FWA 00001824**

**IRB 00001276**

**NMIMR-IRB CPN 095/16-17**

**IORG 0000908**

On 5<sup>th</sup> July, 2017, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:

**TITLE OF PROTOCOL** : **Nurses' perception of legal responsibilities towards patients: A study at Achimota hospital**

**PRINCIPAL INVESTIGATOR** : **Ms. Yaa Amoanimaa Yeboah**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 4<sup>th</sup> July, 2018. You are to submit annual reports for continuing review.

Signature of Chair: .....  
Mrs. Chris Dadzie  
(NMIMR – IRB, Chair)

NURSES' LEGAL RESPONSIBILITIES TOWARDS PATIENTS

APPENDIX C: CONSENT FORM



NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH (NMIMR)  
COLLEGE OF HEALTH SCIENCES, UNIVERSITY OF GHANA, LEGON

INSTITUTIONAL REVIEW BOARD

NMIMR-IRB CONSENT FORM

Title: **NURSES' PERCEPTION OF THEIR LEGAL RESPONSIBILITIES TOWARDS PATIENTS**

Principal Investigator: **YAA AMAONIMAA YEBOAH**

Address: SCHOOL OF NURSING, COLLEGE OF HEALTH SCIENCE, UNIVERSITY OF GHANA, LEGON, P.O. BOX LG 43, LEGON

**General Information about Research**

I would like to invite you in a research that aims to identify the perception of nurses' on their legal responsibilities towards patients. I would want to find out about what you know concerning the laws governing nursing practice and your legal responsibilities, some of the experiences encountered on breach of law and its effect. This will take place at a time and convenient place for you. If you agree to participate in this study, I would like to involve you in an interview that will last for about 20 to 40 minutes. Few open-ended questions will be asked and (if you agree), your responses will be recorded using an audio tape recorder.

**Possible Risk and Discomfort**

You should expect that some of the questions might be sensitive and might bring out some unpleasant memories during the interview. You, therefore, have the right to refuse to respond to such a question. You also have the right to end the interview at any time and withdraw from the study at any point in time.

**Possible Benefits**

You should expect that the study will come out with the general knowledge nurses have on the laws in nursing practice and how they are applied in patients care. This will help to avoid future occurrences of nursing malpractice. The study is therefore expected to help nurses work according to their legal responsibilities.

**Confidentiality**

The information you give to me will be protected to ensure confidentiality. Both the audiotaped and transcribed notes will be kept under my custody for five years to ensure that all information giving will not be shared in any form what so ever. The researcher and the



NURSES' LEGAL RESPONSIBILITIES TOWARDS PATIENTS



**NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH (NMIMR)  
COLLEGE OF HEALTH SCIENCES, UNIVERSITY OF GHANA, LEGON**

**INSTITUTIONAL REVIEW BOARD**

**VOLUNTEER AGREEMENT**

The above document describing the benefits, risks and procedures for the research title *nurses' perception of legal responsibilities towards patients* has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

\_\_\_\_\_

Date

\_\_\_\_\_

Name and signature or mark of volunteer

**If volunteers cannot read the form themselves, a witness must sign here:**

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

\_\_\_\_\_

Date

\_\_\_\_\_

Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

\_\_\_\_\_

Date

\_\_\_\_\_

Name Signature of Person Who  
Obtained Consent



NURSES' LEGAL RESPONSIBILITIES TOWARDS PATIENTS

**APPENDIX D: INTERVIEW GUIDE**



**NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH (NMIMR)  
COLLEGE OF HEALTH SCIENCES, UNIVERSITY OF GHANA, LEGON**

**INSTITUTIONAL REVIEW BOARD**

**INTERVIEWGUIDE**

1. Please tell me a little about yourself.

Probes

- i. How old are you?
- ii. What is your religious affiliation?
- iii. What is your educational level?
- iv. What is your marital status?
- v. For how long have you been a nurse?

2. What do you know about the laws governing nursing practice in Ghana?

Probes

- i. What are the legal issues guiding the practice of nursing in Ghana?
- ii. What do you remember about tort, negligence, and malpractice?
- iii. What are the laid down procedures for dealing with breach of legal responsibilities?
- iv. How do you apply the law in guiding nursing care in your practice?

3. Tell me about some of your experiences regarding the breach of the legal responsibility among nurses.

Probe

- i. What do you recall about the incidences of negligence or malpractice since you started working as a nurse?
- ii. How were these incidences managed?
- iii. Share instances of legal breach that led to suit being filed by patient against the institution.
- iv. Tell me some of the effect of nursing malpractices on both patients/relatives and nurses.
- v. What are some of the causes of nursing malpractices?

4. What are the legal responsibilities of nurses?



NURSES' LEGAL RESPONSIBILITIES TOWARDS PATIENTS



**NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH (NMIMR)  
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**INSTITUTIONAL REVIEW BOARD**

Probe

- i. What do you think about the legal responsibilities of the nurse in Ghana?
- ii. What are the legal challenges nurses face in carrying out their legal duties
- iii. In what way can nurses ensure high standard of practice that conforms to their legal duties.

