

KNOWLEDGE, ATTITUDE AND PERCEPTION OF NURSES ON THE LEGAL IMPLICATIONS OF NEGLIGENCE IN NURSING PRACTICE: A CASE STUDY OF NURSES IN JOS UNIVERSITY TEACHING HOSPITAL

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Abstract: This research work was carried out in Jos University Teaching Hospital (JUTH), Jos, Plateau State, Nigeria - to assess the knowledge, attitude and perception of nurses on the legal implications of negligence in nursing practice. The objectives of the study is to ascertain the incidence of negligence among nurses, to determine factors responsible for negligent act among nurses, to determine the level of nurses' knowledge on what constitute patient's bill of right, to assess the nurses' knowledge of legal implication of patient's negligence, to determine the attitude of nurses towards legal implication of negligence and lastly to determine nurses' perception of legal implications of negligence.

Method: A sample size of 96 was used, using a random sampling technique. Results from this study were analyzed using frequency/percentage and presented in tables, bar charts and hypothesis tested using chi-square.

Results: The result reveals that 84%(81) of the respondents are aware of what negligence is, 85.4%(82) and 83.3%(80) said that lack of communication by a nurse to a physician and shortage of registered nurses respectively are factors leading to the occurrence of negligence. The study further revealed that majority of the nurses were informed about what constitute the patient's bill of rights. From the result, all 96 respondents are aware that confidentiality of health information as well as respect/non-discrimination is inclusive in patient's right. 84(87.5%) further said access to emergency management is inclusive. 83(86. 5%) respondents are aware of the legal implications of their actions, 90(93.8%) respondents said they know that they are liable to be punished for negligence while none of the respondents said they are not liable to be punished. 94(97.9%) respondents said that they have positive attitude to clients as a result of the implication of negligence. All 96 respondents said their attitude towards carrying out procedures is highly influenced by legal implications of negligence. The result further showed that 78(81.3%) respondents think that being punished for negligent actions improve the standard of care rendered to clients while 75(78.1%) of respondents think that punishment for negligence will improve professional conduct.

Conclusion: The study concluded that most of the nurses in Jos University Teaching Hospital are knowledgeable on the legal implications of negligence and maintain a positive behavior towards their patients as a result of having a good perception of what may result for their negligent acts. Efforts should be made by the government and health management agencies to curb the factors noted to contribute to negligence e.g. shortage of registered nurses, lack of communication by a nurse to the physician.

Keywords: Knowledge, attitude, Perception, Negligence.

1. INTRODUCTION

Background of the Study:

Nursing encourages autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness and the care of ill, disabled and dying people. Nursing also include the use of clinical judgment in the provision of care to enable people to improve, maintain or recover health, to cope with health problems and to achieve the best quality of life. Nursing involves the protection, promotion and optimization of health and abilities, prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human responses and advocacy in health care for individuals, families, communities and the population at large.

Nursing practice authority is based upon a social contract that delineates professional rights and responsibilities as well as mechanism for public accountability. In all countries, nursing practice is defined and governed by law and the entrance to the profession is regulated at the national or state level. The practice of nursing as described in the paragraph above is evident that nursing is highly interactive; it then becomes an important necessity for the nurse to be aware of the legal aspect associated with caring and helping people in the health care sector. Unfortunately, more negligence cases are occurring in western societies, less people want to get into health care field, fearing legal aspects and the inevitable lawsuits.

The first nursing law created was that of North Carolina in the US (permissive licensure for nurses) in 1903 and it evolved and expanded over the years to become a thick book which every aspiring nurse must study to understand their scope of practice. This is because every nursing specialty has legal consideration/implications for the practitioner. Documentation is also very important as it is legal tender for any nurse interaction and care. In Nigeria, regulation of nursing profession is by legislation and this is based on code of ethics of the International Council of Nurses. The professional association of trained nurses of Nigeria succeeded in convincing the Nigerian government to regulate professional nursing by legislation as in other countries and the first law was in 1946. The nurses' act reviewed in 1970 translated the basic principles of the Nurses' code of ethics to enforceable rule of law, the act was reviewed and re-written in 1979 and cited as the Nursing and Midwifery decree 1979. The decree established the Nursing and Midwifery council of Nigeria with the responsibility of regulating and controlling the practice of the profession as well as to maintain discipline, establish and maintain a register of those entitled to practice.

Nurses are expected to adhere to the standard of practice in carrying out their professional responsibilities. These standards are the reasonable expectations placed on nurses by the Nursing and Midwifery decree (1979) to ensure that nurses provide safe, responsible and adequate care to clients. Professional misconduct occurs when these standards are breached. Nurses have a commitment to help regulate nursing to protect the public interest because it is in the interest of the public that the profession evolved. Being a member of the profession brings with it the respect and trust of the public, to continue to deserve this respect, nurses have a duty to participate in, and promote the growth of the profession to uphold the standard of the profession and to conduct themselves in a manner that is becoming of the profession.

Hospitals are now not willing to hire nurses without the legal knowledge now that legal issues are becoming more problematic. In order to avoid liability and guard against negligence or malpractices suits, the nurse must be aware of the legal responsibilities of each aspect of nursing role. The primary goals of professional accountability of nursing are to maintain high standards of care and to prevent the patients from harm. Nurses should be aware of each action taken, be able to defend their actions and be willing to accept the consequences of their actions. Personal accountability increases with the degree of autonomy. The higher the degree of autonomy, the greater the accountability. The public's trust in the profession increases proportionately to the degree in which the professional members guard and protect their public interest. Therefore it is imperative for nurses to be accountable to themselves for proper use of their knowledge and skills in providing care.

The law of Tort is the aspect of law that most nurses are more familiar with. This is the law that involves malpractice and negligence cases. A Tort is basically a wrongful act which produces harm, whether it is intentional or unintentional. Malpractice is a specific tort where the standards of care are not met. Negligence arises when the practitioner is found to have breached his or her duty of care to a client and the client suffered damages (Douglas Jack, 2005).

Sasegbo (2009) reported the case of a Mr. O that says "I lost my baby due to negligence of the nurses. My wife gave birth to a baby boy four minutes to a health centre nearest to us. Instead of the nurse to give my wife and baby the necessary support required, they referred us to the general hospital. Before we even moved an inch, the baby was gone, it now

remain how to rescue my wife. It was a sad experience". This means that nurse do not perceive that they are causing more injuries and deaths to the populace rather than restore life. Evaluating the extent of professional negligence and its implications has now become more necessary for nurses.

Statement of Problem:

Generally, professional medical negligence or malpractice has been on the increase and needs to be addressed in terms of the attitude of law towards medical practice for the protection of patients to make the physician liable as well as to secure punitive punishment for any medical practitioners who through carelessness causes harm to a patient (Okojie, 2009). Moreover, there is need to caution health practitioners who have sent many patient to their untimely and early graves in the course of discharging their professional duties. It would in addition, aid to restore people's confidence in the medical profession. Increasingly, there is need for patient to be protected from medical practitioners who no longer see their professional calling as lifesaving but rather as money making venture.

Adeleke (2009) reported that there are grievous cases of negligence in hospitals today in Nigeria and there is apparently a knowledge gap in this care by both nurses and clients for most clients do not know their right not to talk of standing for them, nor the nurses have perception of the legal implications of negligence acts in their practice. Information on knowledge, attitude and perception of Nurses on the legal implication of negligence in nursing practice from this study population, to the best of the researchers' knowledge is scarce. In view of the above, the following specific objectives are set for the study:

Objectives of the Study:

The objectives for this study are to:

- Ascertain the incidence of negligence among nurses.
- Determine factors responsible for negligent act among nurses.
- Determine the level of nurses' knowledge on what constitute patient's bill of right.
- Assess the nurses' knowledge of legal implication of patient's negligence.
- Determine the attitude of nurses towards legal implication of negligence.
- Determine nurses' perception of legal implications of negligence.

Research Hypotheses:

- There is no significant relationship between nurses' knowledge of components of patient's bill of rights and their attitudes towards the legal implications of negligence.
- There is significant relationship between nurses' knowledge of the components of patients' bill of rights and their attitude towards the legal implications of negligence.

Significance of the Study:

This work is on attitude and perception of nurses on legal implication in nursing practice.

- It will help to identify factors responsible for negligence.
- It will proffer possible solutions to the identified factors.
- It will help the nurses see the need to start considering patients' bill of right during service delivery.
- This study will help nurses to appreciate the fact that good standard of care delivery is necessary.
- To broaden the nurses knowledge on the various negligent acts in the profession.

2. MATERIALS AND METHOD

Research Design:

The research design was the non-experimental descriptive research. This study aims to assess the knowledge, attitude and perception of nurses in Jos University Teaching Hospital (JUTH) on legal implications of negligence in nursing practice.

Area of Study:

This research was carried out in Jos University Teaching Hospital, Jos, Plateau State, Nigeria. The hospital is located at Lamingo area of Jos east local government council of the state. Jos University Teaching Hospital was established by an act of parliament in 1981 by the then president Shehu Shagari administration. It has 31 departments, 22 wards and approximately 620 beds capacity. There are about 541 nurses in the hospital and about 600 in-patients with out-patient amounting to a reasonable number also. The study area was chosen for this work because Jos University Teaching Hospital is the only tertiary hospital in Plateau State, and it is committed to research and provision of quality healthcare to clients. It is also the hospital with the highest number of nurses in Plateau State.

Target Population:

This research is targeted at the registered nurses numbering about 541 who are currently under the employment of Jos University Teaching Hospital.

Sampling Technique:

Convenient sampling technique was used to recruit ninety six (96) nurses for this study, cutting across nurses on different shifts and wards.

Sample:

The prevalence rate of negligence is 40%; the sample size will be calculated as follows:

$$N = \frac{P(100-P)}{SE^2}$$

Where: N = sample size; P = prevalence rate (40); SE = standard error (5)

$$N = \frac{40(100-40)}{5^2}$$

$$N = \frac{40 \times 60}{25}$$

$$N = \frac{2400}{25}$$

$$N = 96$$

Data Collection Instrument:

A structured questionnaire was used for data collection. The questionnaire aims to test the nurses' knowledge, attitude and perception of legal implications of negligence in nursing practice. It will as well ascertain factors that cause negligence amongst nurses and the knowledge of patient's bill of rights. The instrument was divided into five different sections, they are;

SECTION A: Socio demographic data; containing 7 questions, SECTION B: Law and negligent act; containing 3 questions, SECTION C: Factors responsible for negligence; containing 3 questions, SECTION D: Nurses knowledge of patient's bill of rights; containing 3 questions, SECTION E: Knowledge, attitude and perception of legal implications of negligence; containing 6 questions.

Validity of Instrument:

The validity of the questionnaire was done by researchers and legal experts for face and content validity, corrections were made and final copies were used for the research.

Reliability of Instrument:

Pilot study was conducted for this work at Our Lady of Apostle Hospital (OLA) to pre-test the tool and ensure its reliability. 2 nurses were selected randomly from 5 wards, data was collected and analysed in other to know if the instrument will measure what it is meant to measure. The reliability co-efficient was 0.876, which shows that the instrument was reliable and so fit for the study.

Ethical Consideration:

A letter of introduction was collected from the head of department and was presented to the ethical committee in Jos University Teaching Hospital. Permission was granted by the committee through issuance of an ethical clearance. This led to the administration of the questionnaires to the respondents. Confidentiality of the information that will be provided by the respondents was guaranteed and respondents were appreciated after collection of data for analysis.

Procedure for Data Collection:

Questionnaires were distributed to respondents by going to each of the wards and handing it over to them in person after gaining their verbal and signed consent and also showing them the ethical clearance issued by the ethical committee of the hospital. Explanations were made for those respondents who requested to know one thing or the other about the topic and how to go about filling in their responses on the questionnaire. After about one week, the questionnaires were retrieved from the respondents by going through all the wards the researcher earlier dropped the questionnaires in other to carry out data analysis of their response.

Method of Data Analysis:

SPSS version 16 was used for analysis of the collected data. Descriptive statistical analysis such as frequencies, percentages and chi-square were done and presented in tables and bar charts.

3. RESULTS AND ANALYSIS

This chapter presents the analysis of data provided by the respondents through the filled questionnaires. The data are represented in percentages and frequency distribution tables, bar charts and chi-square.

TABLE 1: SOCIO-DEMOGRAPHIC DATA OF RESPONDENTS

VARIABLES	FREQUENCY	PERCENTAGE
SEX:		
Female	78	81.2
Male	18	18.8
TOTAL	96	100
AGE:		
21-30	37	38.5
31-40	45	46.9
41-50	10	10.4
51 & above	4	4.2
TOTAL	96	100
MARITAL STATUS:		
Single	35	36.5
Married	59	61.4
Divorced	-	-
Widowed	2	2.1
TOTAL	96	100
RELIGION:		
Islam	12	12.5
Christianity	84	87.5
Others	-	-
TOTAL	96	100
EDU. QUALIFICATION:		
RN/RM	81	84.4
BNSc	10	10.4
MSc	3	3.1
Phd	-	-
Others	2	2.1
TOTAL	96	100

PROFESSIONAL STATUS:		
NOII	42	43.7
NOI	30	31.2
SNO	8	8.3
PNO	6	6.3
ACNO	6	6.3
CNO	4	4.2
TOTAL	96	100
WORK EXPERIENCE:		
1-10 years	62	64.6
11-20 years	26	27.1
21-30 years	8	8.3
31 & above	-	-
TOTAL	96	100

Table 1 above shows the socio-demographic data of the respondents. From the table, 78(81.2%) of the respondents are females while 18(18.8%) are males. It also shows that 37(38.5%) of the respondents are between the ages of 21-30 years, 45(46.9%) are between the ages of 31-40, 10(10.4%) are between the ages of 41-50 years while just 4(4.2%) of the respondents are 51 years and above. Further revelation from the table shows that 35(36.5%) of the respondents are single, 59(61.4%) are married while 2(2.1%) are widowed. Also from the table, 12(12.5%) are Muslims while the rest 84(87.5%) are Christians. Of the total respondents, 81(84.4%) are registered nurses/midwives, 10(10.4%) are graduates of Nursing Science, 3(3.2%) have Master degree while 2(2.1%) have other degrees which may include diplomas in various fields. The table indicates that 42(43.7%) of the respondents are Nursing Officer II, 30(31.2%) are Nursing Officer I, 8(8.3%) are Senior Nursing Officer, 6(6.3%) are Principal Nursing Officer, 6(6.3%) are Assistant Chief Nursing Officer while 4(4.2%) are Chief Nursing Officer. Finally, the table shows that 62(43.7%) of the respondents have worked between 1-10 years, 26(27.1%) have worked between 11-20 years while 8(8.3%) have worked between 21-30 years.

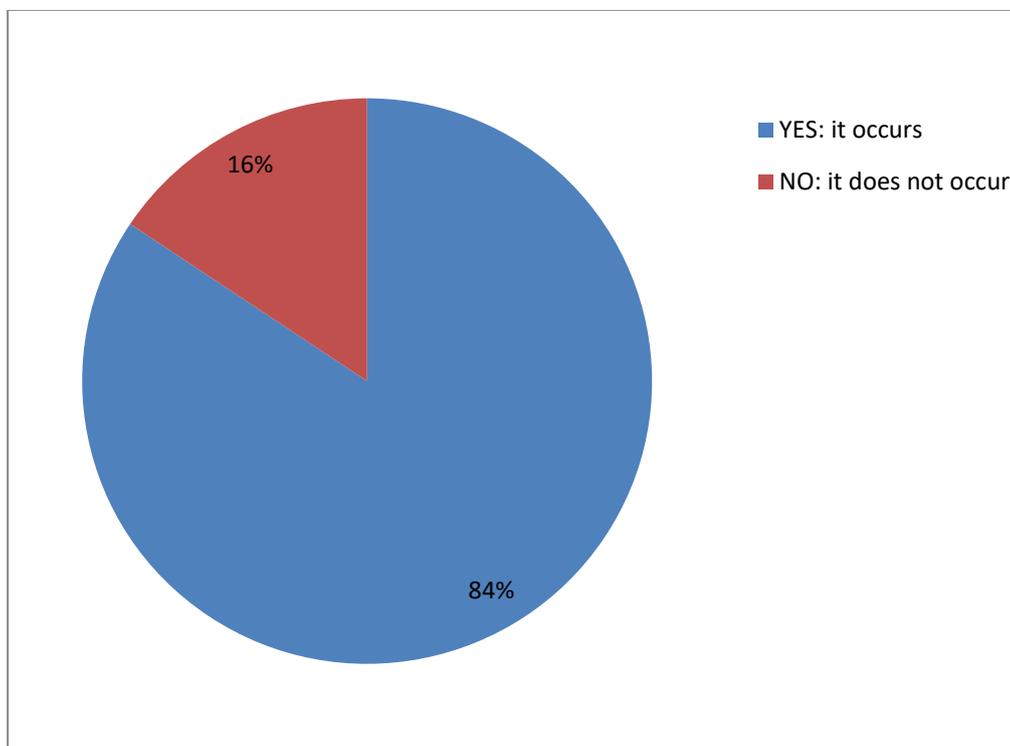


FIGURE 1: INCIDENCE OF NEGLIGENCE

From figure 1 above, 81(84%) of the respondents agreed that negligence occur in nursing practice while 15(16%) argued that it does not occur.

TABLE 2: FACTORS RESPONSIBLE FOR NEGLIGENCE

VARIABLE	CATEGORY	F	%
Lack of communication by a nurse to a the physician	YES	82	85.4
	NO	14	14.6
	TOTAL	96	100
Shortage of registered nurses	YES	80	83.3
	NO	16	16.7
	TOTAL	96	100
No penalty/consequences for negligent act	YES	74	77.1
	NO	22	22.9
	TOTAL	96	100

Table 2 shows that 82(85.4%) respondents agreed that lack of communication by a nurse to the physician is one of the factors responsible for negligence while 14(14.6%) disagreed that it is not a potent factor. 80(83.3%) opined that shortage of registered nurses is another factor while 16(16.7%) said it does not count. Finally, from the table, 74(77.1%) respondents said no penalty/consequence for negligence is one of the factors leading to the act while 22(22.9%) disagreed.

TABLE 3: KNOWLEDGE OF RESPONDENTS ON PATIENT’S BILL OF RIGHT

VARIABLE	CATEGORY	F	%
Respect/non-discrimination	YES	96	100
	NO	-	-
	TOTAL	96	100
Confidentiality of health information	YES	96	100
	NO	-	-
	TOTAL	96	100
Access to emergency services	YES	84	87.5
	NO	10	10.4
	TOTAL	94	97.9

Table 3 above shows the respondents knowledge of patient’s bill of right. All respondents are aware that confidentiality of health information as well as respect/non-discrimination is inclusive in patient’s right. 84(87.5%) said access to emergency management is inclusive, 10(10.4%) disagreed while 2(2.1%) did not fill in any response.

TABLE 4: KNOWLEDGE OF RESPONDENTS ON LEGAL IMPLICATIONS OF NEGLIGENCE

VARIABLE	CATEGORY	F	%
Are you aware of the legal implications of negligence	YES	83	86.5
	NO	13	13.5
	TOTAL	96	100
Are you liable to be punished for negligence	YES	90	93.8
	NO	-	-
	TOTAL	96	93.8

From table 4 above, 83(86.5%) respondents are aware of the legal implications of their actions while 13(13.5%) said they are not aware of the implications of negligence. 90(93.8%) respondents said they know that they are liable to be punished for negligence, none of the respondents said they are not liable but 6 of them were undecided about being liable to be punished for their actions.

TABLE 5: RESPONDENTS ATTITUDE TOWARDS LEGAL IMPLICATIONS OF NEGLIGENCE

VARIABLE	CATEGORY	F	%
Legal implication of negligence brings about positive behavior	YES	94	96.9
	NO	2	2.1
	TOTAL	96	100
I perform each procedure to avoid legal implications of negligence	YES	96	100
	NO	-	-
TOTAL		96	100

From table 5 above, 94(97.9%) respondents said that they have positive attitude to clients as a result of the implication of negligence while 2(2.1%) said they behave irrespective of negligence implication. All respondents said their attitude towards carrying out procedures is highly influenced by legal implications of negligence.

TABLE 6: RESPONDENTS PERCEPTION OF LEGAL IMPLICATIONS OF NEGLIGENCE

VARIABLE	CATEGORY	F	%
Thoughts of being punished for negligence improves standard of care rendered	YES	78	81.3
	NO	18	18.7
	TOTAL	96	100
I think that punishment for negligence improves professional conduct	YES	75	78.1
	NO	21	21.9
	TOTAL	96	100

Table 6 above shows that 78(81.3%) respondents think that being punished for negligent actions improve the standard of care rendered to clients while 18(18.7%) think otherwise. Also from the table, 75(78.1%) of respondents think that punishment for negligence will improve professional conduct while 21(21.9%) think otherwise.

TABLE 7: DEFINITION OF NEGLIGENCE

VARIABLE	F	%
Doing what is meant to be done in another manner	19	19.4
Omission to do something that should be done	77	80.6
TOTAL	96	100

From table 2 above, 19(19.8%) of the respondents said negligence means doing what is meant to be done in another form while 77(80.2%) of the respondents have the knowledge of what negligence means i.e. omission to do something that should be done.

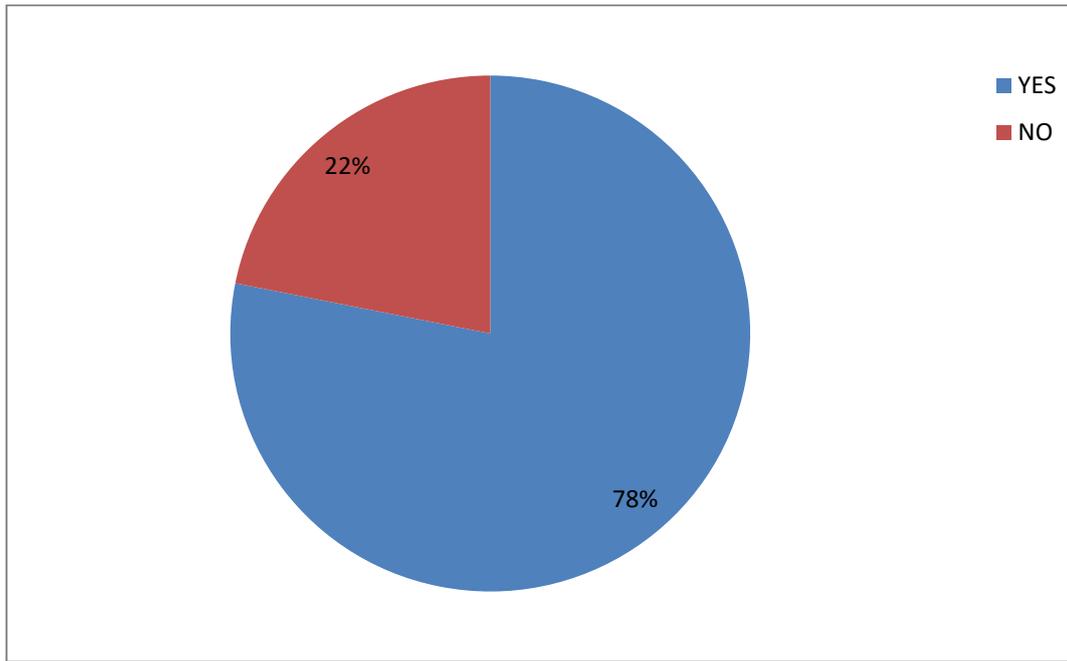


FIGURE 2: RESPONDENT’S TRAINING ON LAWS IN NURSING PROFESSION

From figure 1 above, 75(78%) of the respondents have had training on laws governing nursing profession and practice while 21(22%) have not had any training on laws governing nursing profession.

Test of Hypotheses:

Hypothesis 1(NULL): There is no significant relationship between nurses’ knowledge of components of patient’s bill of rights and their attitudes towards the legal implications of negligence.

Hypothesis 2(ALTERNATIVE): There is significant relationship between nurses’ knowledge of components of patient’s bill of rights and their attitudes towards the legal implications of negligence.

TABLE 8: RELATIONSHIP BETWEEN RESPONDENTS LEVEL OF KNOWLEDGE OF COMPONENTS OF PATIENT’S RIGHTS AND THEIR ATTITUDES TOWARDS THE LEGAL IMPLICATIONS OF NEGLIGENCE

LEVEL OF KNOWLEDGE OF PATIENT’S BILL OF RIGHT	ATTITUDE TOWARDS LEGAL IMPLICATIONS OF NEGLIGENCE		TOTAL
	Positive	Negative	
Aware	91	-	91
Unaware	2	3	5
TOTAL	93	3	96

Table 8 above shows the correlational relationship for testing hypothesis using chi-square, the result is stated as follows;

$X^2= 5.674$

degree of freedom= 1

significant level= 0.05

critical value= 3.841

From table 8 above, the calculated chi-square value(X^2) is 5.674 which is greater than the critical value of 3.841, therefore the null hypothesis is rejected while the alternative hypothesis is accepted i.e. “there is significant relationship between nurses’ knowledge of components of patient’s bill of rights and their attitudes towards the legal implications of negligence.”

4. DISCUSSION OF FINDINGS

Findings from the analysis of data are discussed in this chapter. The socio-demographic response of the respondents showed that majority(81.2%) of the respondents are females while few(18.8%) are males, this implies that there are more females in the profession than their male counterparts as recorded in the history of nursing since the era of Florence Nightingale that nursing is a female dominated profession (Usmanet, 2003.) A higher number (46.9%) of the respondents were in their middle adult age range between 31-40 years of age, 38.5% are in their early adult age range between 21-30 years, 10.4% are between 41-50 years while just very few – 10.4% - are from 51 and above.

Objective 1: To ascertain the incidence of negligence among nurses.

84% of the respondents agreed that negligence/negligent act occur in nursing practice while just few (16%) argued that it does not occur. The result is so because majority of the nurses in JUTH now know that negligence occur among them while discharging their duty. This result agrees with Harvard (2005), that nursing/nurses negligence contributed to 219 deaths in New York City. Also Sasegbo (2009) reported a case of negligence in Nigeria, where one Mr. O lost his baby after delivery as a result of negligence of the nurses on ground. These point the fact that negligence occurs regularly in nursing practice.

Objective 2: To determine factors responsible for negligent act among nurses.

A greater part (85.4%) of the respondents agreed that lack of communication by a nurse to the physician is one of the factors responsible for negligence while 14.6% disagreed that it is not a potent factor. When a nurse refuses to tell the physician about changes that occur to their patients, it may cause more harm on the patient. This factor agrees with the research carried out on Mr. Busta Versus Columbus Hospital Corporation (2006), where the nurse attending to Mr. Busta didn't report the changes that occurred to her client through the night to the physician which led to the death of Mr. Busta. Also, 83.3% opined that shortage of registered nurses is another factor while 16.7% said it does not count. Inadequate manpower is a very important factor because a nurse might be unable to evenly care for a greater number of patients if there is no assistance from other nurses, therefore hospitals should ensure adequate nursing staff so as to prevent occurrence of negligence. 77.1% of the respondents said no penalty/consequence for negligence is one of the factors leading to the act while the rest 22.9% disagreed. When there is no penalty for negligence, nurses may find it comfortable to intentionally skip procedures they are meant to carry out on their clients. Sorio (2002) reported the following causes as factors; inadequate communication by a nurse to a physician, inadequate patient's assessment, medication errors, inadequate nursing intervention, inadequate care, unsafe environment, inadequate infection control, improper use of equipment and products.

Objective 3: To determine the level of nurses' knowledge on what constitute patient's bill of right.

All respondents are aware that confidentiality of health information as well as respect/non-discrimination is inclusive in patient's right. Majority (87.5%) said access to emergency management is inclusive; very few of them (10.4%) disagreed while 2.1% did not fill in any response. Respondents showed a greater level of awareness on what constitute the patient's bills of rights which means their attitude towards patients will be well guided and free from negligence to a very reasonable extent. The result is due to the level of exposure of nurses to the patient's bills of right. It agrees with Sorio (2002) that knowledge of nurses on patient's bill of right will improve the level of care rendered to the client by the nurse.

Objective 4: To assess the nurses' knowledge of legal implication of patient's negligence.

86.5% which is the majority of respondents are aware of the legal implications of their actions while 13.5% said they are not aware of the implications of negligence. A greater number (93.8%) of respondents said they know that they are liable to be punished for negligence, none of the respondents said they are not liable but 6.2% of them were undecided about being liable to be punished for their actions. Ultimately, the respondents are fully aware and knowledgeable about the implications of their actions while attending to their patients. This agrees with Grange (2012) research on the knowledge of nurses towards lawsuits, that nurses with frequent exposure to legal framework of negligence are always up and doing when faced with any form of challenges that may lead to negligence. From the result obtained from this research, it is glaring that most nurses all over the globe are beginning to get exposed to the things that could amount to negligence and they avoid it by all means so as to stay away from lawsuits.

Objective 5: To determine the attitudes of nurses toward the legal implications of negligence.

Majority (97.9%) of the respondents said that they have positive attitude to clients as a result of the implication of negligence while just a handful 2.1% said they behave irrespective of negligence implication. All respondents said their attitude towards carrying out procedures is highly influenced by legal implications of negligence. The attitude of respondents is influenced positively by their knowledge of being accountable for their actions. From the results, respondents try to improve on the quality of care rendered to clients by showing upright actions in dispensing care, this means they have a positive way of helping out their clients. The result obtained agrees with Adeleke (2009) research in university of Ilorin teaching hospital, that nurses with good training will have a positive attitude towards their clients.

Objective 6: To determine nurses' perception of legal implications of negligence.

81.3% of the respondents think that being punished for negligent actions improves the standard of care rendered to clients while a few 18.7% think otherwise. Also, 78.1% of respondents think that punishment for negligence will improve professional conduct while the rest 21.9% think otherwise. From the results obtained, respondents made use of their intuition by having an in-depth thought about what the result of their actions could possibly result into. This result is contrary to what Harvard (2005) said that nurses lack perception on legal implications of negligence and he said lack of perception on the part of nurses increases their risk of negligence as it amounted to over 1% of represented sample of patient treated in New-York state hospital in 1986 who were injured and one quarter died because of negligence and that would have translated into 234,000 injuries and 80,000 deaths in 1988 from negligence in America hospital.

Implications to Nursing:

Nurses must be fully aware of the legal implications of negligence to their practice because it helps to increase the number of advanced practice in nursing. It also makes the nurses to be held responsible and accountable for the care rendered to their patients. Ultimately, the awareness of nurses on the legal implications of negligence helps to increase the standard of care rendered towards the patients.

5. CONCLUSION/RECOMMENDATIONS

Considering the findings from this research study, it is recommended that:

- Nurses should undergo special training and retraining on laws guiding the profession as this will help them to be more aware and accountable for their actions.
- Incorporation of legal studies into various nursing curriculum
- Hospital management should ensure adequate employment of nurses
- Journals on nursing should contain at least a column on law and nursing practice.
- Hospitals should publish rights of clients and hand it over to them on admission.

REFERENCES

- [1] Adeleke A (2009). Perception of nurses on legal implications of negligence in nursing practice. Retrieved March 18 2015, from *West African journal of nursing. Vol.20*
- [2] Altschul, A and Sinclair, H. (1986) *Psychology for Nurses*. London: Bailliere Tindal.
- [3] American Nurses Association (2012) code of ethics for nurses with interpretive statement. Silver Spring, 6th edition. Maryland. ANA publisher.
- [4] Black, H.C.(1990) *Blacks's Law Dictionary*. 6th edition. Minnesota: West publishing company.
- [5] Brent N.S (2001). *A guide on principle and application of nurses and the law*. 2nd edition. Philadelphia, U.S. Saunders Prints.
- [6] Catalano J.T (2006) *Nursing now. Today's issues, tomorrow's trend*. 4th edition Philadelphia, U.S. Davis publisher.
- [7] Christine Hicks (2005). *Presentation on legal aspect of nursing*. Texas, US. Tyndale publisher
- [8] Chukwurah A. O.(1991) *The Law and the Nursing Profession*. Owerri: Altitude Press.

- [9] Douglas C. Jack, BA, LLB (2005) The legal implications of human/Animal Bond
- [10] Erbs, G and Kozier, E. (1989) Fundamentals of Nursing. 4th edition. Redwood City: Addison Wesley Publishing Company Incorporated.
- [11] Eric Okojie, LL.M, BL (2009) Professional Medical Negligence In Nigeria. Lecturer, Faculty of Law University of Benin, Benin. Nigeria.
- [12] Geary Jason (2013) Enormous judgement handed down in case of nursing home negligence. Retrieved 10th march 2015 from <http://www.theledger.com/article/20150722/newchief>
- [13] Reed P.G (2006). Nursing Science; The force of nursing. Theory guided. 1st Edition. U.S, New York. Gideon Publisher.
- [14] Rogers and Whitaker (2002) Legal Studies for Queensland – Vol. 1. London. Grill Publisher.
- [15] Sasegbo D (2005). Evil nurses and doctors. Lewis media. Pg. 16. Vol. 4, Lagos, Nigeria. Toy Prints.
- [16] Talina (2004). Medical Negligence: an update on new parliamentary library research service Briefing Paper No2/04. ISSN 1325-4456