

Nursing Awareness of Ethical and Legal Issues in Critical Care Unit: Recommended Guidelines

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Abstract

Background: Ethics is the branch of philosophy that examines the differences between right and wrong. Simply ethics is the study of the rightness of conduct. **Aim of the study:** to assess nurses' knowledge, practice regarding ethical and legal issues in critical care unit. **Research design:** A descriptive exploratory design was utilized. **Subjects:** include all available nurses working in critical care units Ain Shams University Hospitals, 40 nurses from both genders, with different ages, and at different educational levels and years of experience were selected for this study. Tools: (1) Nurses ethical and legal issues awareness questionnaire. (2) Ethical and legal observational checklist. **Results:** About two thirds of studied nurses had unsatisfactory level of knowledge, more than three quarters of them had unsatisfactory practice regarding ethical and legal issues in critical care units. **Conclusion:** Nurses had unsatisfactory level of knowledge and practice regarding ethical and legal issues in critical care units. There was statistically significant relation between knowledge, practice, and their demographic characteristics as regards: age, level of education and experience years. **Recommendations:** Furthers studies to evaluate the reflection of educational program regarding nurses' performance & consequently on the patient outcome. The study should be replicated on large sample & in different hospitals setting to generalize the results.

Key words: nursing awareness, ethical and legal issues, critical care units

Introduction

Nursing ethics constitute the values and ethical principles governing nursing practice, conduct, and relationships. Code of ethics set the standard for professional conduct by acting legally, ethically and with integrity in all matters (*Basavan, 2014*).

Ethics is concerned with the norms of right and wrong, of what is thought good or bad, of ought and ought not, in respect to values and behaviors between persons. Values are at the heart of ethics; they govern how we treat each other and the systems we create to bring about the care of one another (*Berlinger, 2016*).

Ethical directives sometimes are not clearly evident and people often disagree about what is right and wrong. These factors lead some people to believe that ethics can be based merely on personal opinions. However, if nurses are to enter into the global dialogue about ethics, they must do more than practice ethics based simply on their personal opinions, their intuition, or the unexamined beliefs that are proposed by other people. It is important for nurses to have a basic understanding of the various concepts, principles, approaches, and theories used in ethics throughout history and to identify and analyze ethical issues and dilemmas that are relevant to nurses in the 21st century (*Jonsen, 2014*).

Ethical decision-making is an exercise in ethical reflection, because in the process of questioning one seeks to understand values and varying perspectives on issues. As registered nurses we strive to understand the meaning that these experiences hold for each person. Through questioning and understanding, it is expected that ethical actions become clearer, and possibilities for actions become reality (*Barsky, 2016*).

Law is the system of binding rules of action or conduct that governs the behavior of people in respect to relationships with others and with the government (*Gaudine, 2016*).

Nurses need to familiarize themselves with the law and legal system for several reasons. First, the law authorizes and regulates nursing practice. Nurse practice acts of the individual states describe both the activity of nurses and the boundaries of nursing. Second, the legal system control nursing actions and omissions. The profession is in a dynamic state of change (*Griffiths, 2015*).

Critical care nurses are performing complex and vital tasks; staff nurses are caring for older and sicker patients. The nurse must have basic knowledge about law and the legal process. This knowledge will help ensure that nurses' actions are consistent with legal principles, and will help to protect them from liability. Knowledge of legal principles is a necessary component of ethical decision making; in order to make informed choices (*Parker, 2015*).

Critical care nurses are confronted regularly with ethical quandaries such as disputes about withdrawal of life-sustaining therapies, lack of adequate informed consent, and conflicts about access to care or resource allocation. When confronted with ethical questions, critical care nurses can enhance their personal integrity and advocacy by using a systematic framework

in thinking about how to respond (*Meisel, 2016*).

Significant of the study

Since the 21st century, a big number of ethical and legal conflicts rise worldwide due to the increasing rate of unnatural deaths and ethical dilemmas in the critical care setting. It is not only a severe shortage of trained critical care personnel in critical care units, but also the employment of inexperienced nurses who are expected to care for critically ill patients. Insufficient knowledge can lead to patient neglect and malpractice, which in turn lead to medico-legal court cases.

Aim of the study

This study aims to assess level of nursing awareness regarding ethical and legal issues in critical care unit through:

1. Assessing nurses' knowledge regarding ethical and legal issues in critical care unit
2. Assessing nurses' practice regarding ethical and legal issues in critical care unit.

Research questions

1. Do the nurses have adequate knowledge regarding ethical and legal issues in critical care unit?
2. Do the nurses consider ethical and legal issues during their practice in critical care unit?

Subjects and Methods

This study aims to assess level of nurses' awareness regarding ethical and legal issues in critical care unit through:

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The present study was carried out through

- Technical design.
- Operational design.
- Administration design.
- Statistical design.

I -Technical design

The technical design includes; the settings, subjects, and tools for data collection used in the study.

Research Setting:

The study was conducted in critical care units at Ain Shams University hospital.

Subjects:

The subjects of the present study included all the available nurses as a convenience sample, including 40 nurses from above mentioned setting from both sexes and age, after obtaining their consent to participate in the study.

Tools of data collection:

Two tools were used in the current study as the following:

I) Self-administered Nurses Questionnaire Tool of ethical and legal awareness in critical care units (Appendix I): it is self-administered questionnaire

administered to the nurses, was developed by the researcher in English language based on review of relevant recent literature, it was used to assess nurses' level of knowledge regarding the ethical and legal awareness in critical care units and it is divided into two parts:

A-Demographic characteristics of nurses: the studied subjects' characteristics include age, gender, level of education, years of experience and previous courses.

B-Nurses' knowledge: It deals with assessment of nurses' level of knowledge. It was developed by the researcher based on reviewing of scientific literature. The sheet consists of 64 questions, in the form of multiple choice questions (MCQs) and answer the questions. The 64 questions are divided into 2 parts namely: Nursing awareness about critical care nursing ethics and Nursing awareness about critical care nursing legal issues.

➤ Scoring system:

Classified as follows; correct responses were given a score of 1 mark and incorrect were given a score of 0 mark. A total score for questionnaire was 130 marks. Score less than (110 marks) 85% was considered unsatisfactory and the score equal or more than (110 marks) 85% considered satisfactory.

II)-Nurses practice Observational Checklist Ethical and legal questionnaire for nurses in critical care unit (Appendix II): It was developed by the researcher based on reviewing recent literature to assess the nurses' practice in Ethical and legal issues in critical care units. It comprised 64 questions covering the following: Nurses' awareness about patient and family ethical practice, Nurses' awareness about legal practice, Ethical and legal issues in dealing with others in hospital and Patient bill of rights.

➤ **Scoring system:**

Classified as follows; done correctly step was given a score of 1 mark or done incorrectly was given a score of 0 mark. A total score for the checklist was 64 marks. Score less than (54 mark) 85% considered unsatisfactory. The score equal or more than (54 mark) 85% considered satisfactory.

Operational design:

The operational design includes preparatory phase, content validity, reliability, pilot study and field work.

• **Preparatory phase:**

It was included reviewing of related literature and theoretical knowledge of various aspects of the study using books, articles, and internet's Periodicals and magazines to develop tools for data collection.

• **Validity and reliability:**

Content validity was done by 5 experts in medical-Surgical nursing specialist. The expertise reviewed the tools for clarity, relevance, comprehensiveness, and simplicity; minor modifications were done. **Reliability** of the study tools was done by alpha Cronbach test (0.823).

Ethical consideration:

Approval of the study protocol was obtained from Ethical Committee in the Faculty of Nursing at Ain Shams University before starting the study. The researcher clarified the objective and aim of the study to the nurses included in the study. The researcher assured maintaining anonymity and confidentiality of the subject data. Nurses were informed that they allowed choosing to participate or not in the study and that they have the right to withdraw

from the study at any time without giving any reasons.

Pilot study:

A pilot study was carried out on (10%) four nurses from the study subjects to test the clarity, applicability, feasibility and relevance of the tools used and to determine the needed time for the application of the study tools. The nurses who were included in the pilot study were included to the sample because no modification was done after conducting pilot study.

• **Field work:**

The purpose of the study was simply explained to the nurses who agree to participate in the study prior to data collection. The actual work of this study started and completed within six months from *March, (2016)* and was completed by the end of *September,(2016)*. Data were collected by the researcher during nurse's interview three days per week (Sunday, Tuesday, Thursday), at morning and afternoon shifts in the previous mentioned settings. The time needed for completing the tools was about 45 minutes for every nurse.

Administrative Design:

To carry out this study, the necessary approval was obtained from hospital director. A letter was issued to them from the faculty of nursing, Ain Shams University explaining the purpose of the study to obtain the permission for conducting this study.

Statistical analysis:

Data were analyzed using Statistical Program for Social Science (SPSS) version 20.0. Quantitative data were expressed as mean± standard deviation (SD). Qualitative data were expressed as frequency and percentage.

The following tests were done:

- Chi-square (X^2) test of significance was used in order to compare proportions between two qualitative parameters.
- The confidence interval was set to 95% and the margin of error accepted was set to 5%. So, the p-value was considered significant as the following:
 - Considered insignificant.

Limitations of the Study**Many obstacles faced the researcher in the previous clinical setting including:**

- Shortage in staff nurses.
- Some nurses refused to participate in the study in this time as they were busy and had a lot of work.
- Due to work overload, some nurses were obliged to leave for emergency situations or when a new patient was admitted to the department.

Result:**Table (1):** Number and percentage distribution of nurses according to demographic characteristics (n=40).

Demographic characteristics	No.	%
Age (years)		
<30 years	19	47.5
30-<40 years	18	45
40-45 years	3	7.5
Mean±SD	31.81±6.03	
Gender		
Male	23	57.5
Female	17	42.5
Religion optional		
Muslim	31	77.5
Christian	9	22.5
Religious beliefs		
Yes	14	35
No	26	65
Job		
ICU	30	75
ER	10	25
Qualification		
Diploma	15	37.5
Bachelor	23	57.5
Master	2	5
formal education		
Yes	32	80
No	8	20
Experience (years)		
<5 years	13	32.5
>5-10 years	14	35
>10-15 years	8	20
>15 years	5	12.5

Table (1): showed that (47.5%) <30 years, (57.5%) were male, (77.5%) were Muslims, (65%) weren't influenced by religious beliefs, (75%) were working in ICU, (57.5%) have bachelor degree, (80%) have formal education in nursing ethics and (35%) have experience (5-10 years).

Table (2): Number and percentage distribution of nurses according to nursing awareness about critical care nursing legal issues (n=40).

Nursing awareness about critical care nursing legal issues	No.	%
Satisfactory	14	35
Unsatisfactory	26	65
Total	40	100

Table (2): showed that (35%) of the study sample were satisfied and (65%) of the study sample were unsatisfied regarding nursing knowledge about critical care nursing legal issues.

Table (3): Number and percentage distribution of nurses according to practice (n=40).

Total practice	No.	%
Satisfactory	12	30
Unsatisfactory	28	70
Total	40	100

Table (3): showed that (30%) of the study sample were satisfied and (70%) of the study sample were unsatisfied regarding nurses practice about ethical and legal issues in critical care units.

Table (4): Relation between total nurses' knowledge about ethical issues in critical care units and their demographic characteristics (n=40).

Demographic characteristics	Total nurses' knowledge about critical care nursing ethics				Chi-square test	
	Satisfactory (n=15)		Unsatisfactory (n=25)		x ²	p-value
	No.	%	No.	%		
Gender						
Male	11	73.3%	12	48.0%	2.462	0.117
Female	4	26.7%	13	52.0%		
Age (years)						
<30 years	10	66.7%	9	36.0%	3.671	0.160
30-<40 years	4	26.7%	14	56.0%		
40-45 years	1	6.7%	2	8.0%		
Religion optional						
Muslim	13	86.7%	18	72.0%	1.157	0.282
Christian	2	13.3%	7	28.0%		
Religious beliefs						
Yes	6	40.0%	8	32.0%	0.264	0.608
No	9	60.0%	17	68.0%		
Qualification						
Diploma	4	26.7%	11	44.0%	6.111	0.028*
Bachelor	9	60.0%	14	56.0%		
Master	2	13.3%	0	0.0%		
Formal education						
Yes	15	100.0%	17	68.0%	6.212	0.014*
No	0	0.0%	8	32.0%		
Experience (years)						
≤5 years	7	46.7%	6	24.0%	2.688	0.442
>5-10 years	5	33.3%	9	36.0%		
>10-15 years	2	13.3%	6	24.0%		
>15 years	1	6.7%	4	16.0%		

Table (4): showed that the relation between nurses' demographic characteristics and total satisfaction of nursing knowledge about critical care nursing ethics. The result found that there was statistically significant difference between satisfied and unsatisfied regarding qualification, formal education in nursing ethics and years of experience.

Table (5): Relation between total nurses' knowledge about legal issues in critical care units and their demographic characteristics (n=40).

Demographic characteristics	Total nurses' knowledge about critical care nursing legal issues				Chi-square test	
	Satisfactory (n=14)		Unsatisfactory (n=26)		x ²	p-value
	N.	%	N.	%		
Gender						
Male	11	78.6%	12	46.2%	3.913	0.048*
Female	3	21.4%	14	53.8%		
Age (years)						
<30 years	8	57.1%	11	42.3%	2.059	0.357
30-<40 years	6	42.9%	12	46.2%		
40+ years	0	0.0%	3	11.5%		
Religion						
Muslim	10	71.4%	21	80.8%	0.455	0.501
Christian	4	28.6%	5	19.2%		
Religious beliefs influencing decision making						
Yes	7	50.0%	7	26.9%	2.130	0.144
No	7	50.0%	19	73.1%		
Qualification						
Diploma technical health institute	2	14.3%	13	50.0%	7.536	0.023*
Bachelor	10	71.4%	13	50.0%		
Master	2	14.3%	0	0.0%		
Formal education about ethics or legalities						
Yes	13	92.9%	19	73.1%	2.225	0.136
No	1	7.1%	7	26.9%		
Experience (years)						
≤5 years	3	21.4%	10	38.5%	7.135	0.025*
>5-10 years	3	21.4%	11	42.3%		
>10-15 years	3	21.4%	5	19.2%		
>15 years	5	35.7%	0	0.0%		

Table (5) showed that there was statistically significant relation between total nurses' knowledge about legal issues in intensive care units, gender, qualification and years of experience.

Table (6): Relation between total nurses' knowledge about ethical and legal issues in critical care units and their demographic characteristics (n=40).

Demographic characteristics	Total nurses' Knowledge				Chi-square test	
	Satisfactory (n=14)		Unsatisfactory (n=26)		x ²	p-value
	N.	%	N.	%		
Gender						
Male	10	71.4%	13	50.0%	1.710	0.191
Female	4	28.6%	13	50.0%		
Age (years)						
<30 years	10	71.4%	9	34.6%	5.259	0.042*
30-<40 years	3	21.4%	15	57.7%		
40+ years	1	7.1%	2	7.7%		
Religion						
Muslim	12	85.7%	19	73.1%	0.833	0.361
Christian	2	14.3%	7	26.9%		
Religious beliefs influencing decision making						
Yes	5	35.7%	9	34.6%	0.005	0.945
No	9	64.3%	17	65.4%		
Qualification						
Diploma technical health institute	3	21.4%	12	46.2%	5.370	0.068
Bachelor	9	64.3%	14	53.8%		
Master	2	14.3%	0	0.0%		
Formal education about ethics or legalities						
Yes	14	100.0%	18	69.2%	5.385	0.020*
No	0	0.0%	8	30.8%		
Experience (years)						
≤5 years	2	50.0%	11	23.1%	5.307	0.023*
>5-10 years	4	35.7%	10	34.6%		
>10-15 years	4	7.1%	4	26.9%		
>15 years	4	7.1%	1	15.4%		

Table (6): showed a statistically significant relation between total nurses' knowledge about ethical and legal issues in intensive care units and, age formal education in nursing ethical and legal issues and years of experience. showed a statistically significant relation between total nurses' practice about ethical and legal issues in intensive care units and religious believe influence decision making, qualification, and years of experience.

Table (7): Relation between total nurses' practice about ethical and legal issues and their demographic characteristics (n=40).

Demographic characteristics	Total nurses' Practice				Chi-square test	
	Satisfactory (n=12)		Unsatisfactory (n=28)		x ²	p-value
	N.	%	N.	%		
Gender						
Male	7	58.3%	16	57.1%	0.005	0.944
Female	5	41.7%	12	42.9%		
Age (years)						
<30 years	7	58.3%	12	42.9%	1.752	0.417
30-<40 years	5	41.7%	13	46.4%		
40+ years	0	0.0%	3	10.7%		
Religion						
Muslim	9	75.0%	22	78.6%	0.061	0.804
Christian	3	25.0%	6	21.4%		
Religious beliefs influencing decision making						
Yes	1	8.3%	13	46.4%	5.358	0.021*
No	11	91.7%	15	53.6%		
Qualification						
Diploma technical health institute	0	0.0%	15	53.6%	7.346	0.015*
Bachelor	10	83.3%	13	46.4%		
Master	2	16.7%	0	0.0%		
Formal education about ethics or legalities						
Yes	11	91.7%	21	75.0%	1.458	0.227
No	1	8.3%	7	25.0%		
Experience (years)						
≤5 years	0	16.7%	13	39.3%	6.346	0.036*
>5-10 years	4	58.3%	10	25.0%		
>10-15 years	3	25.0%	5	17.9%		
>15 years	5	0.0%	0	17.9%		

Table (7): showed a statistically significant relation between total nurses' practice about ethical and legal issues in intensive care units and religious believe influence decision making, qualification, and years of experience.

Discussion

Regarding to nurses age, the present study showed that less than half of the studied sample were young adults (less than thirty years old). This explains that most of those nurses were newly graduated, young and still in early stage of their professional life. While nurses' above 40 years old represent the lowest percentage, this finding agree with *Abdel-Mageed, (2014)* who conducted a study about "nurses' knowledge and practices regarding implantable cardiac devices.

As regards to nurses' total knowledge level about critical care nursing ethics, the current study revealed that nearly two thirds

of the studied sample had unsatisfactory knowledge level regarding nursing knowledge about critical care nursing ethics, this finding is in agreement with *Amsale, (2005)* who conducted a study about "introduction to professional nursing and ethics", and revealed that three quarters of the study had unsatisfactory knowledge level regarding nursing knowledge about critical care nursing ethics.

Concerning nurses' legal practice level, the current study revealed that most of the studied nurses had satisfactory practice level regarding trying to be familiar with nursing laws and accepting only responsibility that is within the scope of their this result might be from the investigator point of view because nurses

trying to prevent any problems that affect their career negatively, this finding is in the same line with *Griffiths, (2015)* who stressed the importance of the legal frame work which protect nurses and their patients.

Concerning nurses' knowledge about ethical and legal issues in critical care units and their demographic characteristics, the current study revealed a statistically significant relation between total nurse's knowledge regarding ethical and legal issues, age, formal education about nursing ethical and legal issues and years of experience. This finding disagrees with *Azab & Negm, (2013)* who found that the nurses' age had no statistically significant relation with nurses' knowledge.

Conclusion

Based on findings of the current study, it can be concluded that:

About two thirds of studied nurses had unsatisfactory knowledge regarding ethical and legal issues in critical care units; more than two thirds of them had unsatisfactory practice regarding ethical and legal issues in critical care units. There was statistically significant relation between total knowledge, total practice, and their demographic characteristics as regards: age, level of education and years of experience

Recommendation

Based on the findings of the present study, it recommended that:

- Importance of implementing an educational training program for nurses in ethical and legal issues in critical care units.
- The study should be replicated on large sample and in different hospitals setting to generalize the results.
- Self-learning module should be implemented in critical care units to

evaluate nurses regarding ethical legal issues.

- Further studies to assess nurse level of knowledge and nurses' level of practice regarding ethical and legal issues in critical care units.
- Protocol regarding ethical and legal issues should be implemented in critical care units to guide nurses in dealing with such concepts

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