

**DISSERTATION ON**  
**A STUDY TO ASSESS THE EFFECTIVENESS**  
**OF STRUCTURED TEACHING PROGRAMME ON**  
**KNOWLEDGE AND PRACTICE REGARDING LEGAL AND**  
**ETHICAL ISSUES IN CARE OF CHILDREN AMONG**  
**NURSES WORKING IN PEDIATRIC WARDS AT**  
**INSTITUTE OF CHILD HEALTH AND HOSPITAL**  
**FOR CHILDREN, EGMORE , CHENNAI-08.**

**M.SC (NURSING) DEGREE EXAMINATION**  
**BRANCH- II CHILD HEALTH NURSING**

**COLLEGE OF NURSING**  
**MADRAS MEDICAL COLLEGE, CHENNAI-600 003**



*A dissertation submitted to*

**THE TAMIL NADU DR.M.G.R.MEDICAL UNIVERSITY,**  
**CHENNAI- 600 032**

*In partial fulfillment of the requirement for the award of the degree of*

**MASTER OF SCIENCE IN NURSING**

**OCTOBER 2018**

**A STUDY TO ASSESS THE EFFECTIVENESS  
OF STRUCTURED TEACHING PROGRAMME ON  
KNOWLEDGE AND PRACTICE REGARDING LEGAL AND  
ETHICAL ISSUES IN CARE OF CHILDREN AMONG  
NURSES WORKING IN PEDIATRIC WARDS AT  
INSTITUTE OF CHILD HEALTH AND HOSPITAL  
FOR CHILDREN, EGMORE , CHENNAI-08.**

Examination : M.Sc (Nursing) Degree  
Examination

Examination Month and Year :

Branch & Course : II – CHILD HEALTH NURSING

Register Number : 301616254

Institution : COLLEGE OF NURSING,  
MADRAS MEDICAL COLLEGE,  
CHENNAI – 600 003.

Sd: \_\_\_\_\_

Internal Examiner

Date: \_\_\_\_\_

Sd: \_\_\_\_\_

External Examiner

Date: \_\_\_\_\_

**THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY,  
CHENNAI – 600 032.**

## **CERTIFICATE**

This is to certify that this dissertation titled, “**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE REGARDING LEGAL AND ETHICAL ISSUES IN CARE OF CHILDREN AMONG NURSES WORKING IN PEDIATRIC WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE , CHENNAI-08**” is a bonafide work done by **Mrs.P.LAVANYA**, M.Sc Nursing II Year student, College of Nursing, Madras Medical College, Chennai-03, submitted to The Tamil Nadu Dr.M.G.R. Medical University, Chennai-32, in partial fulfillment of the university rules and regulations towards the award of the degree of **MASTER OF SCIENCE IN NURSING, BRANCH-II, CHILD HEALTH NURSING** under our guidance and supervision during academic year from 2016-2018.

**Mrs.A.Thahira Begum, M.Sc(N)., MBA., M.Phil.,  
Principal,  
College of Nursing,  
Madras Medical College,  
Chennai – 03.**

**Dr.R.Jayanthi, M.D., F.R.C.P. (Glasg).,  
Dean,  
Madras Medical College,  
Chennai – 03.**

**A STUDY TO ASSESS THE EFFECTIVENESS  
OF STRUCTURED TEACHING PROGRAMME ON  
KNOWLEDGE AND PRACTICE REGARDING LEGAL AND  
ETHICAL ISSUES IN CARE OF CHILDREN AMONG  
NURSES WORKING IN PEDIATRIC WARDS AT  
INSTITUTE OF CHILD HEALTH AND HOSPITAL  
FOR CHILDREN, EGMORE , CHENNAI-08.**

Approved by the Dissertation Committee on 11.07.2017.

**RESEARCH GUIDE**

**Mrs.A.Thahira Begum, M.Sc(N)., MBA., M.Phil.,** \_\_\_\_\_  
Principal,  
College of Nursing,  
Madras Medical College,  
Chennai – 600 003.

**CLINICAL SPECIALITY GUIDE**

**Mrs.G.Mary, M.Sc(N)., MBA.,** \_\_\_\_\_  
Lecturer, Head of the Department,  
Department of Child Health Nursing,  
College of Nursing,  
Madras Medical College,  
Chennai – 600 003.

**MEDICAL EXPERT**

**Dr.A.T.Arasar Seeralar, MD., DCH.,** \_\_\_\_\_  
Director and Superintendent,  
Institute of Child Health and Hospital for Children,  
Egmore, Chennai – 600 008.

*A Dissertation submitted to*  
**THE TAMIL NADU DR.M.G.R.MEDICALUNIVERSITY,  
CHENNAI – 600 032.**

*In partial fulfillment of requirement for the award of the degree of*  
**MASTER OF SCIENCE IN NURSING**

**OCTOBER -2018**

## ACKNOWLEDGEMENT

*“He is the source of light in all luminous objects. He is beyond the darkness of matter and is unmanifested. He is knowledge, He is the object of knowledge, and He is the goal of knowledge. He is situated in everyone’s heart.”*

– **The Bhagavad Gita**

Gratitude calls never expressed in words but this only to deep perceptions, which make words to flow from one’s inner heart.

First of all, I praise **God Almighty**, merciful and passionate for providing me this opportunity and granting me the capability to complete this study successfully. I lift up my heart in gratitude to God Almighty, for I feel the hands of God on me, leading me through thick and thin heights of knowledge. It is he who granted me the grace and the physical and mental strength behind all my efforts.

This dissertation appears in its current form due to the assistance and guidance of many professionals and non-professionals. The investigator is whole heartedly indebted to her research advisors for their comprehensive assistance in various forms.

I express my genuine gratitude to the **Institutional Ethics Committee** of Madras Medical College for giving me an opportunity to conduct this study.

I wish to express my sincere thanks to **Dr.R.Jayanthi, M.D., F.R.C.P.(Glasg), Dean**, Madras Medical College, Chennai-3 for providing necessary facilities and extending support to conduct this study.

I would like to express my deep and sincere gratitude to our respected **Prof.Sudha Seshayyan M.S., Vice Principal, Member Secretary, Institutional Ethics Committee**, Madras Medical College, Chennai-03 for approval of this study.

My deep sense of sincere thanks to **Dr.A.T.Arasar Seeralar, M.D., D.C.H, Director and Superintendent and Dr.T.Ravichandran, M.D., D.C.H, Former Director and Superintendent**, Institute of Child Health and Hospital for Children, Egmore, Chennai - 08, for have given me the permission to conduct this study at Institute of Child Health and Hospital for Children and also, for his valuable suggestions and guidance for this study.

At the very outset, I express my whole hearted gratitude to my esteemed guide, **Mrs.A.Thahira Begum, M.Sc(N)., MBA., M.Phil., Principal**, College of Nursing, Madras Medical College, Chennai-03 for her academic and professional excellence, treasured guidance, highly instructive research mentorship, valuable suggestions, prudent guidance, moral support and patience that has moulded me to conquer the spirit of knowledge for sculpturing my manuscript into thesis.

I am highly indebted to **Mrs.G.Mary, M.Sc(N)., MBA., Lecturer, H.O.D - Child Health Nursing**, College of Nursing, Madras Medical College, Chennai-03 for her great support, warm encouragement, constant guidance, thought provoking suggestions, brain storming ideas, timely insightful decision, correction of the thesis with constant motivation and willingness to help all the time for the fruitful outcome of this study.

I am grateful to **Mr.A.Senthil Kumaran, M.Sc (N)., Lecturer**, Department of Child Health Nursing, College of Nursing, Madras Medical College, Chennai-03 for his valuable guidance, suggestions, motivation, timely help, constant encouragement and support throughout this study.

I am thankful to all the **Faculty of College of Nursing**, Madras Medical College, Chennai-03 for their timely advice, encouragement and support.

I am grateful to **Mrs.N.Malini, Nursing superintendent Gr-II**, Institute of Child Health and Hospital for Children, Egmore, Chennai-08 for giving me the permission to conduct the study among nurses working at pediatric wards, Institute of Child Health and Hospital for Children, Egmore, Chennai-08 and also for sharing her experience in providing ideas to select the samples.

I extend my thanks to the **Staff Nurse**, Institute of Child Health and Hospital for Children, Egmore, Chennai-08 for their constant support, timely help and cooperation to complete my study smoothly.

I have much pleasure of expressing my cordial appreciation and thanks to all the **Nurses who participated in this study** with interest and cooperation

It is my pleasure and privilege to express my deep sense of gratitude to **Dr.Zealous Mary, M.Sc(N)., Ph.D., H.O.D & Professor Child Health Nursing, M.M.M College of Nursing** and **Ms.R.Chitra, M.Sc(N)., Reader, Child Health Nursing, M.A Chidambaram College of Nursing** for validated the tool of this study.

I owe my deepest sense of gratitude to **Dr.A.Vengatesan, M.Sc., Ph.D., former DDME Statisticis**, for his suggestion and guidance in statistical analysis.

I thank our librarian **Mr.S.Ravi., M.L.I.S**, College of Nursing, Madras Medical College for his co-operation and assistance which built the sound knowledge for this study.

I owe my great sense of gratitude to **Mr.Jas Ahamad Aslam, Shajee computers** and **Mr. Ramesh, MSM Xerox** for their enthusiastic help and sincere effort in typing the manuscript with valuable computer skills and also bringing this study into a printed form.

I thank **Mr.A.Joseph Santhaseelan, M.A, M.A, B.Ed., M.Phil.,** for editing and providing certificate of English editing.

I thank **Ms.K.Shameembanu, M.A, B.Ed., M.Phil.,** for editing and providing certificate of Tamil editing.

I express my whole hearted gratitude and immense love to my lovable mother **Mrs.P.kanchana Palaniappan** and my mother-in-law **Mrs.S.Sarojini Sadhasivam** for their loving support, encouragement, earnest prayer, which enabled me to accomplish my study.

A very special thanks to my husband **Mr.S.Kumaraguru, M.Sc., M.Ed., M.Phil.,** who laid the foundation of my higher studies and for his constant support, endless patience, unflagging love and motivation which helped me to complete my study successfully.

I am grateful to convey thanks to my lovable daughter **K.L.Pradhikksha** and my son **K.L.Yashvin Balaji** for their patience and cooperation throughout my study.

I thank all my **Family members, Colleagues, Friends, Teaching and Non-Teaching Staff Members,** of Madras Medical College, College of Nursing for their co-operation and help rendered

At final note, I extend my thanks to all those who have been directly and indirectly associated with my study at various stages not mentioned in this acknowledgement

I thank the one above, **Omnipresent God,** for answering my prayers, for giving me the strength to plod on each and every phase of my life.



## **ABSTRACT**

Nurses face legal issues daily. Those issues may be in connection to negligence, administering medication and advocating for the patient. If these duties and regulations are not followed, the nurse is at risk of losing his/her license and facing a malpractice suit. So Nursing professionals need to improve and update their knowledge in regards to legal and ethical principles and incorporate the knowledge in decision making in daily practice.

**TITLE:** “A study to assess the effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in Pediatric wards at Institute of Child Health and Hospital for Children, Egmore , Chennai-08”.

**OBJECTIVES:** To assess the knowledge and practice regarding legal and ethical issues in care of children, to evaluate the effectiveness of structured teaching programme among nurses working in pediatric wards and to find out the association between the post-test knowledge and practice of nurses with selected socio demographic variables.

**METHODS AND MATERIALS:** This study was conducted with 60 samples (Registered Nurses) in quantitative approach, Pre experimental one group pretest posttest design, sample selection was done by convenient sampling technique. Pre-existing knowledge was assessed by using semi Structured questionnaires. After the pre-test, Structured teaching programme was given regarding legal and ethical issues in care of children. After 7 days post-test was conducted by using same tool.

**RESULTS:** The result shows in post test after structured teaching programme, Nurses were gained 32.88% knowledge score, 41.00% practice score more than Pretest score and the mean differences were 8.22 and 6.15 by using students paired t-test and Generalised McNemar's. It is statistically significant.

**CONCLUSION:** Hence, the structured teaching programme was instructionally effective, appropriate and feasible. It would help the nurses to prevent legal and ethical issues in care of the children.

## INDEX

| <b>CHAPTER</b>          | <b>CONTENT</b>                | <b>PAGE NO</b> |
|-------------------------|-------------------------------|----------------|
| <b>I</b>                | <b>INTRODUCTION</b>           | 1              |
|                         | 1.1. Need for the study       | 4              |
|                         | 1.2. Statement of the problem | 7              |
|                         | 1.3. Objectives               | 8              |
|                         | 1.4. Operational Definitions  | 8              |
|                         | 1.5. Assumptions              | 10             |
|                         | 1.6. Research Hypothesis      | 10             |
|                         | 1.7. Delimitation             | 10             |
| <b>II</b>               | <b>REVIEW OF LITERATURE</b>   |                |
|                         | 2.1. Review of Literature     | 11             |
|                         | 2.2. Conceptual framework     | 27             |
| <b>III</b>              | <b>METHODOLOGY</b>            |                |
|                         | 3.1. Research approach        | 30             |
|                         | 3.2. Study design             | 30             |
|                         | 3.3. Study setting            | 31             |
|                         | 3.4. Duration of the study    | 31             |
|                         | 3.5. Study population         | 31             |
|                         | 3.6. Study sample             | 31             |
|                         | 3.7. Sampling criterion       | 32             |
|                         | 3.7.1. Inclusion criteria     |                |
|                         | 3.7.2. Exclusion criteria     |                |
| 3.8. Sample size        | 32                            |                |
| 3.9. Sampling technique | 32                            |                |

| <b>CHAPTER</b> | <b>CONTENT</b>   | <b>PAGE NO</b> |
|----------------|--|----------------|
|                | 3.10. Research variables<br>3.10.1.Independent variable<br>3.10.2. Dependent variable<br>3.10.3. Attribute variables                       | 32             |
|                | 3.11. Development and description of the tool<br>3.11.1.Development of tool<br>3.11.2. Description of the tool<br>3.11.3.Scoring procedure | 33             |
|                | 3.12. Content Validity   | 34             |
|                | 3.13. Reliability  | 34             |
|                | 3.14. Protection of human subjects   | 35             |
|                | 3.15. Pilot study  | 35             |
|                | 3.16. Data collection procedure  | 36             |
|                | 3.17. Intervention protocol  | 37             |
|                | 3.18. Data entry and analysis  | 37             |
| <b>IV</b>      | <b>DATA ANALYSIS AND INTERPRETATION</b>  | 38             |
| <b>V</b>       | <b>DISCUSSION</b>  | 61             |
| <b>VI</b>      | <b>SUMMARY, IMPLICATION, RECOMMENDATION, LIMITATION AND CONCLUSION</b>   |                |
|                | 6.1 Summary of the study   | 68             |
|                | 6.2 Major findings of the study  | 69             |
|                | 6.3 Implication  | 72             |
|                | 6.4 Limitation   | 75             |
|                | 6.5 Recommendation   | 76             |
|                | 6.6 Conclusion   | 77             |
|                | <b>REFERENCES</b>  |                |
|                | <b>APPENDICES</b>  |                |

## LIST OF TABLES

| <b>TABLE NO</b> | <b>TITLE</b>   | <b>PAGE NO</b> |
|-----------------|--|----------------|
| 3.1             | Table description of study design  | 30             |
| 3.2             | Scoring interpretation   | 34             |
| 3.3             | Intervention protocol  | 37             |
| 4.1             | Frequency, distribution and percentage of study participants according to their demographic variables                                | 41             |
| 4.2             | Domain wise pretest percentage of knowledge on legal and ethical issues in care of children among nurses working in pediatric wards  | 43             |
| 4.3             | Pre-test level of knowledge score  | 44             |
| 4.4             | Knowledge score interpretation   | 44             |
| 4.5             | Pretest general information regarding legal and ethical practices in pediatric nursing   | 45             |
| 4.6             | Pretest level of practice score  | 46             |
| 4.7             | Practice score interpretation  | 47             |
| 4.8             | Domain wise posttest percentage of knowledge on legal and ethical issues in care of children among nurses working in pediatric wards | 47             |
| 4.9             | Posttest level of knowledge score  | 48             |
| 4.10            | Posttest general information regarding legal and ethical practices in pediatric nursing  | 49             |
| 4.11            | Posttest level of practice score   | 50             |
| 4.12            | Comparison of pretest and posttest knowledge score   | 51             |
| 4.13            | Comparison of overall knowledge score & practice score before and after structured teaching programme                                | 52             |

| <b>TABLE NO</b> | <b>TITLE</b>   | <b>PAGE NO</b> |
|-----------------|--|----------------|
| 4.14            | Comparison of pretest and posttest level of knowledge score                    | 53             |
| 4.15            | Domain wise pretest and posttest percentage of knowledge & practice gain score | 54             |
| 4.16            | Effectiveness of structured teaching programme                                 | 55             |
| 4.17            | Correlation between knowledge gain score and practice gain score               | 56             |
| 4.18            | Association between knowledge gain score and demographic variables             | 57             |
| 4.19            | Association between practice gain score and demographic variables              | 59             |

## LIST OF FIGURES

| FIGURE NO | TITLE   |
|-----------|---|
| 2.1       | Conceptual frame work based on Modified Imogene King's Goal Attainment Theory (2011)                          |
| 3.1       | Schematic presentation of research design   |
| 4.1       | Age wise distribution of study participant  |
| 4.2       | Gender wise distribution of study participant   |
| 4.3       | Educational status wise distribution of study participants  |
| 4.4       | Area work wise distribution of study participants   |
| 4.5       | Working experience in pediatric unit wise distribution of study participants                                  |
| 4.6       | Total Working experience wise distribution of study participants  |
| 4.7       | Educational training programme(underwent) on legal and ethical issues wise distribution of study participants |
| 4.8       | Pre- test level of knowledge score  |
| 4.9       | Pre-test level of practice score  |
| 4.10      | Post-test level of knowledge score  |
| 4.11      | Post-test level of practice score   |
| 4.12      | Box Plot compares the nurses pretest and posttest knowledge score   |
| 4.13      | Box Plot compares the nurses pretest and posttest practice score  |
| 4.14      | Pretest and posttest level of knowledge score   |
| 4.15      | Pretest and posttest level of practice score  |
| 4.16      | Pretest and posttest knowledge and practice score   |
| 4.17      | Percentage of knowledge and practice gain score   |

| <b>FIGURE NO</b> | <b>TITLE</b>   |
|------------------|--|
| 4.18             | Scatter diagram with regression estimate shows the moderate correlation( $r=0.56$ $P\leq 0.001$ ) between knowledge gain score and practice gain score |
| 4.19             | Association between Knowledge gain score and Demographic variables   |
| 4.20             | Association between practice gain score and Demographic variables  |



## LIST OF APPENDICES

| S.NO | DESCRIPTION  |
|------|--|
| 1.   | Certificate approval by Institutional Ethics Committee   |
| 2.   | Certificate of content validity by Experts   |
| 3.   | Letter seeking permission to conduct the study   |
| 4.   | Tool for data collection<br>Section-A : Questionnaire regarding socio demographic variables of nurses.<br>Section-B : Semi structured questionnaire regarding Knowledge on legal and ethical aspects of Pediatric Nursing.<br>Part-1: Legal aspects in pediatric nursing 15 items<br>Part-2: Ethical aspects in pediatric nursing.<br>Section-C : Semi structured questionnaire regarding legal and ethical practice of pediatric nursing.<br>Structured teaching programme on legal and ethical issues in care of children. |
| 5.   | Informed consent form – English  |
| 6.   | Informed consent form – Tamil  |
| 7.   | Certificate of Tamil Editing   |
| 8.   | Certificate for English Editing  |
| 9.   | Coding sheet   |
| 10.  | Photos   |

## LIST OF ABBREVIATION

| S. No | Abbreviation | Expansion                              |
|-------|--------------|--|
| 1     | CNO          | Chief Nursing Officer                  |
| 2     | CPNP         | Certified Pediatric Nurse Practitioner |
| 3     | DF           | Degrees of Freedom                     |
| 4     | DNR          | Do Not Resuscitate                     |
| 5     | EOL          | End-of-life                            |
| 6     | LAMA         | Left Against Medical Advice            |
| 7     | MLC          | Medico-Legal Case                      |
| 8     | NPA          | Nurse practice acts                    |
| 9     | NSO          | Nurses Service Organization            |
| 10    | P            | Significance                           |

## **CHAPTER –I INTRODUCTION**

*“In law a man is guilty when he violates the rights of others.*

*In ethics he is guilty if he only thinks of doing so.”*

**– Immanuel Kant**

Today's health care delivery system is more dynamic and role of nurses has expanded rapidly, because nurses are confronted every day with a situation in which a difficult decision must be made based on the determination of right and wrong which expects specialization, autonomy and accountability from both ethical and legal perspective. This expansion has focused new concerns among nurses, especially pediatric nurses to have heightened awareness of legal and ethical issues.<sup>1</sup>

Practitioners in health care delivery have to adhere to a set of ethical principles that guide professional practice and decision making. These principles are common to all professions in health care. The ethical principles are autonomy, beneficence, nonmaleficence, justice, fidelity etc., are generally accepted by all members of a profession. A profession ethical code states about the groups of expectations and standards of behavior.<sup>2</sup>

Understand the law and legal responsibility to protect the rights of her/his clients as well as to protect her/him from liabilities. Legal responsibility refers to the ways in which a nurse is expected to follow the rules and regulations prescribed for nursing practice. Legal aspects of nursing have become such an accepted part of nursing knowledge that it threatens to become a set of belief or something taught just because it's always been taught, not necessarily because it is the truth or is needed.<sup>3</sup>

Nurses face legal issues daily. Those issues may be in connection to negligence, administering medication and advocating for the patient. The Nurse Practice Act lists all of the duties and role of a nurse, except the legal and ethical ones. If these duties and regulations are not followed, the nurse is at risk of losing his/her license and facing a malpractice suit.<sup>4</sup>

Law and Ethics in Child Health Nursing is an important and practical guide on the legal and ethical aspects of child health care that enables nurses to understand the legal and ethical principles that underpin everyday nursing practice. It explores the concept of childhood and children's rights, the extent to which their rights are upheld in a variety of settings, and the relationship between law and ethics and how they interact in resolving problems and dilemmas that commonly arise in practice.<sup>1</sup>

Law and Ethics in nursing places the care and treatment of children in a legal and ethical framework, and explores the way in which legal and ethical aspects of children's nursing differ from those of adults. It explores general principles such as autonomy and consent, confidentiality, accountability and negligence.<sup>1</sup>

Ethical considerations are vital in any area dealing with human beings because they respect values, rights and relationships. Nurses are obligated to provide ethical and legal client care that demonstrates respect for others. Ethics is the science that deals with the rightness or wrongness of actions (Aiken, 2004). Nursing Ethics is a branch of applied ethics that concerns itself with activities in the field of nursing. It refers to ethical standards that govern and guide nurses in every day practice such as being truthful with clients, respecting client confidentiality and advocating on behalf of the client.<sup>5</sup>

The areas of potential liability in nursing are diagnostic errors, treatment, communication, supervision, medication, falls and restraints. Legal requirements for nursing practice exist to assure the health, safety, welfare of the general public and to protect the integrity of the nursing.<sup>6</sup>

Safe nursing practice includes an understanding of legal boundaries within which nurses must function. As well all aspect of nursing today involve an understanding of the implication of the law supports and critical thinking on the nurse's part. Nurses must understand the law to protect them from liability to protect their client's right. Nurses need not fear the law be rather should view the information that follows as the foundation for understanding what is expected by our society from professional nursing care provides. Nurses familiarity with the laws enhance their ability to be client advocates.<sup>1</sup>

To avoid legal issues, a nurse should follow the standards of care, to provide competent care, communicate with other health care workers and develop a good therapeutic caring relationship. Documentation should be accurate, complete, factual, legible and have current knowledge of nursing practice. Nurses perform duties based on physician's instructions and use their own judgement as necessary. Ethics in nursing includes fair and equitable treatment of all patients regardless of age, gender, caste, creed, religion, culture, ethnicity, citizenship, disability socio-economic and political status, personal attributes, or any other grounds<sup>7</sup>

## 1.1 NEED FOR THE STUDY

*“Educating the mind without educating the heart is no education at all.”*

**-Aristotle**

Nursing of a hospitalized child is different from that of an adult. The child lacks decisional power and there are more chances for the nurse to face more ethical and legal problems. So the nurse needs to be more alert to prevent issues and dilemmas which she encounters mainly in areas like ICUs.<sup>2</sup>

Children are the major consumers of health care. In India about 35 percent of the total populations are children below 15 years of age. They are not only large in number but vulnerable to various health problems and considered as a special risk group.<sup>7</sup>

Today nursing is considered as a discipline of higher technology coupled with a wealth of complex information. As technology is advancing at a rapid speed, nurses involved in patient care should up-to-date their knowledge. Having knowledge only is not adequate they should apply this knowledge while providing care to patients to improve the health of patients and to prevent development of complications. This will lead to development of nursing profession.<sup>7</sup>

According to 2003 Annual Report by National Practitioner Data Bank 1,949 nurses and nursing-related practitioners had a malpractice report made against them in the US.<sup>8</sup>

2006 follow-up by the Institute of Medicine study found that medication errors are among the most common medical mistakes, harming at least 1.5 million people every year.<sup>9</sup>

The **Joint Commission on Accreditation of Healthcare Organizations** issued a Sentinel Event Alert about the high risk for

medication errors in children on 2008 April. Issue of Pediatrics demonstrated a mean of 11 adverse drug events per 100 randomly selected patients from 12 children's hospitals, 16 events per 1000 patient-days, and 1 event per 1000 medication doses. 22% of the errors were classified as preventable, and 2.5% led to patient harm.<sup>10</sup>

*American Journal of Diseases of Children (2011)* conducted a survey to identify strengths and weaknesses in Medico Legal knowledge among 63 Pediatric faculty and residents in Melbourne. The results showed that residents (67%) were more likely to had Medico Legal coursework than faculty (26%). Faculty and residents had similar scores (80.6% and 83.7%, respectively). The study concluded that faculty and residents have areas of deficient knowledge for Medico Legal issues, therefore, formal medico legal education is recommended.<sup>11</sup>

Medication errors are among the most common causes of adverse events in hospitalized patients. Children are more vulnerable due to the greater variation of their weight, which makes the calculation of the dosage more difficult, present variations in the level of physiological maturation, difficulties in patient identification, limited ability to communicate, higher probability of overdoses or low doses. 17 new borns suffered the highest number of medication errors (62%) and the most adverse reactions (20%).<sup>12</sup>

In a report by *Leaser et al.*, it was reported that medication errors occur in 3.99 per 1000 medication orders for hospital patients. About 9% of these occurred in children, and 5%, in the emergency department. Of these iatrogenic injuries, 6% were potentially fatal, 14% were potentially serious and 80% were potentially significant; and notably, many of these errors were preventable.<sup>13</sup>

In 2011 a study was conducted in Chennai on legal, ethical knowledge, attitude and practice in caring for children among nurses

working in NICU and PICU. 50 samples of nurses working in NICU and PICU were taken. In which 10%, 64%, 26% nurses were having inadequate, moderate, adequate knowledge respectively. The study concluded that the nurses need more strengthening of their knowledge to improve their attitude and practices in child care.<sup>2</sup>

An article published in Times of India, Bangalore dated 2<sup>nd</sup> November 2011 regarding the death of a newborn baby at a hospital in Murshidabad, West Bengal due to gross medical negligence. In which, instead of Dettol, acid is used for swabbing the leg and perineal area of a pregnant lady. As a result the infant died soon after birth and her legs are badly burnt. Along with this 17 deaths have been reported in the same week due to gross medical negligence in Kolkata.<sup>14</sup>

According to 2012 National Medical Malpractice Statistics reveal that nearly 225,000 individuals die each year in the U.S. as a result of medical malpractice, which is currently the third leading cause of death in the country.<sup>15</sup>

***International Journal of Medicine and Biomedical Research (June 2016)*** Identify the Ethical issues related to Maternal and Child care, the challenges faced by the nurses and to prefer strategies for decision making. They observed that Maternal and Child Health Nurses are usually faced with the problems of decision making in dealing with ethical issues in practice. It is either they make a wrong decision, delay decision making or fall in a state of dilemma when dealing with such issues. This review revealed that ethical issues remain a challenge. Maternal and Child Health Nurses need to be aware of the steps in decision making, and be conversant with their professional ethics.<sup>16</sup>

Fierce Health Care journal posted Malpractice claims against nurses have increased in recent years, according to a new report published by the Nurses Service Organization (NSO) March 29,



2017. The report examined nurse claims from CNA that closed between January 1, 2010 and December 31, 2014. During that five-year period, more than \$90 million was paid in malpractice claims against registered nurses, licensed vocational nurses and licensed practical nurses.<sup>17</sup>

The nursing care of clients requires keeping knowledge about the latest information regarding the legal and ethical issues in care of children and its prevention. Nursing professionals need to improve and update their knowledge in regards to legal and ethical principles and incorporate the knowledge in decision making in daily practice. This knowledge allows nurses to adopt the legal safeguards and adhere with ethical principles into their practice which in turn, enables them to understand and cope with new trends through updating their knowledge and to disseminate the same to the nursing professional for the betterment of their nursing care in the future.

Based on the above reviews and facts the investigator felt the need to implement the structured teaching program in order to improve the knowledge and practice of the nurses as well as to assess the effectiveness of same in terms of improvement in knowledge and practice of nurses regarding legal and ethical issues in care of children.

## **1.2 STATEMENT OF THE PROBLEM**

“A study to assess the effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in Pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08”.

### 1.3. OBJECTIVES

- ❖ To assess the existing knowledge and practice regarding legal and ethical issues in care of children among nurses working in Pediatric wards.
- ❖ To evaluate the effectiveness of structured teaching programme on legal and ethical issues in care of children among nurses working in Pediatric wards.
- ❖ To find out the association between the post-test knowledge with selected socio demographic variables.
- ❖ To find out the association between the post-test practice with selected socio demographic variables.

### 1.4 OPERATIONAL DEFINITION

- ❖ **Assess:** It refers to find out the knowledge and practice of the nurses working in pediatric wards regarding legal and ethical issues in care of children
- ❖ **Effectiveness:** It refers to the amount of knowledge and practice gained and the extent to which the structured teaching programme will achieve the desired results in understanding regarding legal and ethical issues in care of children among nurses in terms of pre-test and posttest knowledge and practice score.
- ❖ **Structured teaching programme:** It refers to systematically structured teaching strategy for group of nurses working in pediatric wards prepared by investigator for duration of 45 minutes on legal and ethical issues in care of children which includes definition, factors which influences, areas where issues arise and prevention of legal and ethical issues by using audio visual materials.

- ❖ **Knowledge:** It refers to awareness of nurses about legal and ethical issues in care of children measured in terms of their responses given to semi structured knowledge and practice questionnaire and its scores.
- ❖ **Practice:** It refers to the method of learning by repetition or doing or systematically performed skill in regard to legal and ethical practices in care of children by nurses.
- ❖ **Ethics:** Decisions regarding what is right or wrong, often a system that is use to protect the rights of children.
- ❖ **Ethical Issues:** It refers to problem arises due to conflict of right or wrong or situation forcing alternatives on an entity seeking ethical behaviours like organ donation and transplantation, withholding and termination of life sustaining treatment in care of children among nurses working in pediatric wards.
- ❖ **Legal issues:** Refers to problem arises due to malpractice, negligence, violation of the child right in care of children among nurses working in pediatric hospital.
- ❖ **Nurses:** Refers to registered staff nurses working in Neonatal Intensive Care Ward, Pediatric Intensive Care Ward and Pediatric ward at Institute of Child Health and Hospital for Children.
- ❖ **Pediatric wards:** Refers to the wards where the children are getting treatment includes,
  - Neonatal Intensive Care Unit (NICU)
  - Pediatric Intensive Care Unit (PICU)
  - Pediatric Wards

## **1.5 ASSUMPTION**

- ❖ Nurses may have varying level of knowledge and practice regarding legal and ethical issues in care of children
- ❖ Structured teaching programme may help to improve the knowledge and practice of the nurses on legal and ethical issues in care of children.

## **1.6 RESEARCH HYPOTHESIS**

At  $p < 0.001$

- H1: There is significant difference between mean pre- test and post- test knowledge and practice score regarding legal and ethical issues in care of children.
- H2: There is significant association between post- test level of knowledge with selected socio demographic variables.
- H3: There is significant association between post- test level of practice with selected socio demographic variables

## **1.7 DELIMITATION**

- ❖ Data collection is four weeks
- ❖ This study is limited to staff nurses those who are working in wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08.

## **CHAPTER –II REVIEW OF LITERATURE**

Review of literature is an important step in the development of a research project. It involves the systematic identification, location, scrutiny and summary of written materials that contain information on research problem) review of literature is a critical summary of research on a topic of interest generally prepared to put a research problem on context or to identify gaps and weakness on previous studies to justify a new investigation. **(Polit and Hungler, 2000)**<sup>18</sup>

This chapter attempts to present a broad review of the study conducted, the methodology adopted and conclusion drawn by earlier investigations. It helps to study the problem in depth. The researcher came across with numerous theoretical and empirical literature related to the topic under study.

Related research literature was review to broaden the understanding and to gain insight into the selected area under study

### **2.1 LITERATURE REVIEW RELATED TO STUDY**

The Literature review for the present study has been organized and presented under the following headings.

#### ***Literature related to:***

- 2.1.1 General information about legal and ethical aspects in Nursing.
- 2.1.2 Studies on knowledge and practices of nurses on legal and ethical issues in care of children.
- 2.1.3 Studies on knowledge and practices of nurses regarding prevention of legal and ethical issues in care of children.

### **2.1.1 GENERAL INFORMATION ABOUT LEGAL AND ETHICAL ASPECTS IN NURSING**

*Izen Ri, Eiko Suda, Zentaro, Kaori Muto Health Expect. (2018)*, Ethical Guidelines for Medical and Health Research involving Human Subjects enforced by the Japanese government requires investigators to endeavour to obtain informed Assent from minors under 16 years old who are considered capable of expressing their intentions. One of the ethical issues surrounding birth cohort studies is how to obtain informed Assent from children as they grow up. Investigators can provide materials that support parents and give children age - appropriate information about their participation, as well as ensure opportunities for children to express their feelings.<sup>19</sup>

*Hans Ulrich Bucher et al., (2018)*, conducted a survey among 552 neonatologists and neonatal nurses to analyze practices, difficulties and parental involvement in end-of-life decisions for extremely preterm infants in level III NICU in Switzerland. The study revealed the difficulties with EOL decision-making were reported more frequently by nurses than physicians: insufficient time for decision-making, legal constraints and lack of consistent unit policies. They concluded that the divergencies between nurses and physicians may be due to differences in ethics education and direct exposure to the patients. Acknowledging these differences is important to avoid potential conflicts within the neonatal team but also with parents in the process of end-of-life decision-making in preterm infants born at the limits of viability.<sup>20</sup>

*Upasen R (2017)*, Faculty of Nursing, Chulalongkorn University, Thailand conducted qualitative studies to exploring the concept of the nurse-client relationship as it may be informed by relational ethics. Relational ethics is a new approach to ethical practice in health care. This article described how relational ethics is a powerful guide to

ethical and effective nursing practice. There is a growing need to better understand relational ethics within the nurse client relationship in order to identify ways to support encountered situations.<sup>21</sup>

*Eva Bergsträsser, Eva Cignacco, Patricia Luck Palliat Care (2017)*, A qualitative approach study was done an integral part of a Nationwide observational study entitled, “Pediatric End-of-Life Care Needs in Switzerland” aimed to explore and understand human experiences and behaviours in different situations and how individuals perceive and interpret them. Paediatricians and Pediatric nurses, including community nurses and associated health/social professionals. Nurses often preferred to reflect on events in a less medical way with supervision during EOL care situations or in structured debriefing sessions.<sup>22</sup>

*Kwisoon Choe, Yoonjung Kim, Yoonseo Yang (2017)*, A phenomenological approach was used to collect and analyse interview data from 14 female pediatric nurses in South Korea aimed to explore the ethical difficulties faced by pediatric nurses during bedside care for hospitalized children. Findings indicated that, to provide high-quality patient-centered care, we should enhance nurses’ ethical sensitivity and autonomy and improve the ethical climate in hospitals.<sup>23</sup>

*Butz Am, Redman BK, Fry S (2011)*, A study was conducted in USA on ethical conflicts experienced by Certified Pediatric Nurse Practitioners (CPNP) in ambulatory settings. 559 CPNPs, identified by the National Association of Pediatric Nurse Associates and Practitioners, received survey questionnaires in the mail and were asked to participate by describing an ethical conflict in their practice. It conclude that professional and institutions/agencies need to collaborate on how to initiate appropriate ethics education and consultation for

professional staff to recognize, discuss, and resolve ethical conflicts in the workplace.<sup>24</sup>

***Ginger Epstien E.Moral (2010)***, A study was conducted to explore the moral obligations of nurses and physicians in providing end-of-life care. 19 nurses and 11 physicians from a single new born intensive care unit participated. EOL obligations included providing options, preparing parents, being with, advocating, creating peace and normalcy, and providing comfort. The study concluded that, although the ultimate goal is shared by both disciplines, the paths to achieving that goal are often different. This has important implications for collaboration, communication, and improving the end-of-life.<sup>25</sup>

***Chau Janita P.C., et al., (2010)***, A survey was conducted on 320 practicing registered nurses working in a hospital cluster in Hong Kong aimed to examine the perceptions of the code of professional conduct among practicing Registered Nurses. The study revealed that by providing safe and competent care, practicing in accordance with the law and maintaining agreed standards were ranked as the three most important aspects. They concluded that nurses should be educated to become more assertive in safeguarding patient's rights and to encourage and support lifelong learning remains a major challenge in professional nursing practice.<sup>26</sup>

***Hakan ozdemir M. Hilal A. onder M. Meral D (2009)***, A cross-sectional descriptive survey conducted on awareness of patient's right among midwives and nurses working in the third and fourth largest cities in Turkey. Only 34% (n = 74) of participants who knew of any legal basis for patient's rights said that legislation was in the form of a directive. The study concluded that violation of patients' rights and health professional's ignorance of appropriate practice means that there is an urgent need to reconsider how to approach this issue. It should be



included in continuing education programmers at both graduate and postgraduate midwifery and nursing schools, and also demands more research.<sup>27</sup>

*Latour JM, Fulbrook P, Albarran JW (2009)* was conducted a survey to investigate experiences and attitudes of European Intensive Care nurses regarding end of life care at Paediatric Intensive Care Unit of Children's Hospital, Rotterdam, Netherlands. The study concluded that the involvement of European Intensive Care nurses in end-of-life care discussions and decisions is reasonably consistent with many engaged in initiating dialogue with co-workers. Use of formal guidelines and education may increase nurses' involvement and confidence with end of life decisions.<sup>28</sup>

*Naess M (2009)*, A study was conducted to investigate attitudes and experiences towards Do-Not-Attempt-Resuscitation orders among 350 nurses working in Intensive Coronary Care Units of selected hospitals in Norway. A total of 74% of the respondents thought the patient should be informed about DNR order. The study revealed a positive attitude among respondents to inform patients about DNR order. However, one half of the respondents had experienced that this information was not given.<sup>29</sup>

### **2.1.2 STUDIES ON KNOWLEDGE AND PRACTICES OF NURSES ON LEGAL AND ETHICAL ISSUES IN CARE OF CHILDREN.**

*Heba Abdel Mowla Ahmed, Eman Abdel Aziz, (2017)*, A Descriptive study was conducted in Faculty of Nursing, Alexandria University, Egypt to describe the perception of undergraduate nursing students regarding the patient safety, quality improvement and nursing errors issues before entering the clinical practice. A convenient sample of 100 adult male and female nursing students from first year for a period of seven months from March 2016 to October, 2016. The findings

are in line with other studies, which revealed that there is no specific formal curriculum related to quality improvement and patient safety introduced to the undergraduate nursing students.<sup>30</sup>

***Madiha Hassan Bayoumi., et al., (2017),*** A Quasi-experimental design study was to evaluate the effect of guideline education program about nursing ethics on nurse's knowledge and practice in pediatric Oncology/Haematology Unit at Benha Specialized Pediatric Hospital. There were highly statistical significant differences in relation to nurses' knowledge and practice regarding their ethical responsibilities in pediatric oncology unit at pre and post-program intervention. This study concluded that nurses' knowledge and practice toward their ethical responsibilities in pediatric oncology unit was improved after implementation of the guideline education program.<sup>31</sup>

***Zaal schuller, D.I.willems .F.Ewals, J.B.van goundoever (2017),*** A retrospective, qualitative study was conducted to investigate the involvement in the hospital of nurses in discussions with parents and physicians about End-of-Life Decisions (EoLDs) for children with Profound Intellectual and Multiple Disabilities (PIMD).The result revealed that Parents primarily discuss EoLDs with nurses before and after the meeting with the physician. Nurses who were involved in EoL discussions with parents and physicians assisted them by giving factual information about the child and by providing emotional support. Some nurses, especially nurses from ID-care services, were not involved in EoL discussions, even if they had cared for the child for a long period of time. Some of the nurses had moral or religious objections to carrying out the decisions.<sup>32</sup>

***Saima Hamid et al., in (2016),*** A qualitative study was conducted to identified various ethical issues faced by nurses in their clinical practice in Layyah, Punjab, Pakistan. The study also clearly indicated

that nurses were aware about their ethical responsibilities but were often unable to practice them. The findings showed that nurses were not the decision makers in many situations; they were subordinates in their working environment. The inadequate equipment and instruments, shortage of staff, stereotypes of the nursing profession, poor management and poor support to address the issues resulted in distress, poor professional care, stress, conflict, compromised nursing care and patient safety.<sup>33</sup>

***Fatma Elemam Hafez (2016)*** conducted a descriptive research study to assess nurses' knowledge and practice regarding professional ethics in outpatient clinics at Mansoura University Hospitals. The results revealed that the 63.3% of nurses had a satisfactory knowledge, and about three-quarters of them had an adequate practice regarding the professional ethics. Although their practice of professional ethics is better than their knowledge, it is still inadequate, especially regarding dignity, patient rights, fidelity, confidentiality, and privacy. Also, the knowledge scores have statistically significant correlation with the nurses' age, years of experience and work setting, while their practice wasn't influenced by their personal and job characteristics.<sup>34</sup>

***Princy Koshy (2016)***, A descriptive survey approach was conducted to identify, Ethical Concepts in Care of Children among Staff Nurses in hospital of M.P and non-probability randomized sampling technique was used and the sample size was 100 staff nurse's. The tool used for the study was structured questionnaire. The finding showed that majority of staff nurses are having good and average knowledge regarding legal and ethical concepts in nursing care of children among staff nurses in selected hospital in M.P.<sup>35</sup>

***International Journal of Medicine and Biomedical Research (June 2016)*** identify the ethical issues related to maternal and child

care, the challenges faced by the nurses and to prefer strategies for decision making. It was observed that maternal and child health nurses are usually faced with the problems of decision making in dealing with ethical issues in practice. It is either they make a wrong decision, delay decision making or fall in a state of dilemma when dealing with such issues. This review revealed that ethical issues remain a challenge. Maternal and Child Health Nurses need to be aware of the steps in decision making, and be conversant with their professional ethics.<sup>16</sup>

***Dr. Naglaa Fathy & Dr. AbeerRefaat Kabeel (2016)*** conducted a quasi-experimental study with one-group pre-test/post-test design and convenient sample of (n=28) pediatric nurses in Pediatric University Hospital (EL Moniera Hospital) to identify pediatric nurses' knowledge of medication administration and errors and booklet of educational clinical guidelines program of reducing medication errors among pediatric nurses. This study recommended that the periodic assessment of medication errors should be done by improving clinical guidelines of medication administration and educational training program about medication administrations and errors with patient safety should be applied.<sup>36</sup>

***Latha Bhat (2016)***, A cross-sectional descriptive survey was conducted with the objectives to assess the knowledge on legal and ethical aspects in patient care among 230 staff nurses working in critical care units, find out the association between level of knowledge and selected demographic variables and provide an awareness program on legal and ethical aspects inpatient care. Data was collected by using demographic proforma and structured knowledge questionnaire on legal and ethical aspects in patient care. The study revealed that 10% of nurses had good knowledge and 77% had average knowledge. There was no significant association between level of knowledge and selected demographic variables. There is a need to improve the knowledge of

staff nurses on legal and ethical aspects in patient care which will help to improve their critical thinking ability and decision making during legal and ethical issues.<sup>37</sup>

**Barnie B.A, Forson P.K, Opore-Addo MNA, Appiah-Poku J, Rhule GP, et al. (2015)**, A cross-sectional anonymous survey was carried out in the Accident & Emergency Department of the Komfo Anokye Teaching Hospital (KATH). The survey is carried out to assess the knowledge and perceptions of Health workers training on ethics, confidentiality and Medico-Legal issues. A self-administered questionnaire was structured under ethics, confidentiality and medico-legal issue. The study revealed that 74% had knowledge on ethics, confidentiality and medico- legal concepts; regular training to update their knowledge will be necessary in order to ensure continuous improvement of the quality of health care delivery.<sup>38</sup>

**Vaishali Mohite,Prakash Naregal (2015)**, A study was conducted to assess the effectiveness of structured teaching programme on level of knowledge regarding ethical issues in nursing practice among 105 nursing professionals at selected hospital at Karad Maharashtra. T-test value shows that calculated paired 't' value ( $t = 13.17$ ) is greater than table value ( $t = 11.26$ ) hence there was significant difference was existing between pre-test & post-test knowledge scores so structured teaching programme was effective in improving the knowledge of nursing professionals.<sup>39</sup>

**Modupe O. Oyetunde, Bola. A. Ofi (2013)**, A descriptive study survey was conducted to assess the Nurses' knowledge of legal aspects of nursing practice in Ibadan, Department of Nursing, University of Ibadan, Nigeria. 161 nurses from different categories of hospitals in Ibadan. The sample consisted of 20 males (12.4%) and 141 females (87.6%) with varying years of experience. About 57 % (91) of nurses

indicated that their hospitals have institutional policies that govern how nurses practice but only 50% knew the content and intent of the policies in care.<sup>40</sup>

*Aslihan Akpinar, Muesser Ozcan Senses, Rahime Aydin (2012)* conducted a study in Turkey to assess attitudes of 155 intensive care nurses to selected ethical issues related to end-of-life decisions in Paediatric Intensive Care Units with self-administered questionnaire 98% were women. 53% had Intensive Care experience of more than four years. Most of the nurses failed to agree about withholding (65%) or withdrawing (60%) futile treatment. In addition, 68% agreed that intravenous nutrition must continue at all costs. The results showed that intensive care nurses could ignore essential ethical duties in end-of-life care. They suggested that the necessary to educate Turkish intensive care nurses about ethical issues at the end of life.<sup>41</sup>

*Iva Sorta Bilajac, Ksenija , Morana , Ervin , Boris Brozović, Tomislav (2011)*, Conducted a study to assess ethical issues in everyday clinical practice among physicians and nurses of the University Hospital Rijeka, Croatia. The most frequent ethical dilemmas concerned, impaired decision-making capacity (66% of physicians, 47% of nurses, limitation of treatment at the end of life (60% of physicians, 31% of nurses) and disagreements among family members (47% of physicians, 31% of nurses). The most difficult dilemmas concerned euthanasia and physician-assisted suicide (49% of physicians, 52% of nurses) and limitation of treatment at the end of life (14% of physicians, 18% of nurses). Only a minority reported ever using any kind of ethics support services (12% of physicians, 3% of nurses).<sup>42</sup>

*Remya U. (2011)*, A study was conducted in Chennai on legal, ethical knowledge, attitude and practice in Caring for children among nurses working in NICU and PICU. A sample of 50 nurses working in

NICU and PICU was taken. In which 10%, 64%, 26% of nurses were having inadequate, moderate, adequate knowledge respectively. The study conclude that the nurses need more strengthening of their knowledge to improve their attitude and practices in child care.<sup>2</sup>

*Kumar HI, Mathur DR et al., (2011)*, A cross-sectional, randomized study was designed to assess the level of legal awareness and knowledge on basic nursing procedures carried out, among the nursing staff at the Healthcare Management Institute (HMI), KEM Hospital, Pune. The knowledge on various legal provisions was applicable to nursing, across all categories of nurses which were under review, was found to be poor. The nursing staff had poor knowledge on patients' rights and also on their legal obligations towards patients.<sup>43</sup>

*American Journal of Diseases of Children (2011)*, conducted survey to identify strengths and weaknesses in medico legal knowledge among 63 paediatric faculty and residents using retrospective observational design in Melbourne. The results showed that residents (67%) were more likely to have had medico legal coursework than faculty (26%). Faculty and residents had similar scores (80.6% and 83.7%, respectively). The study concluded that faculty and residents have areas of deficient knowledge for medico legal issues, therefore, formal medico legal education is recommended.<sup>11</sup>

*Houghton CE, et.al. (2010)*, This study examines the many ethical challenges that are specific to qualitative research. These challenges concern the issues of informed consent procedures, the researcher participant relationship, risk-benefit ratio, confidentiality and the dual role of the nurse-researcher. Each challenge will be examined and practical examples of how it was dealt with, using examples from multiple case study, will be described.<sup>44</sup>

*Mamatha G C (2009)*, A study was conducted in Bangalore by on effectiveness of structured teaching programme on knowledge and Attitude of Nurses regarding ethical issues in patient care. A sample of 50 nurses was taken. In which 36 (74%) of Nurses had inadequate knowledge and 14 (28 %) had moderate knowledge and none of the nurses were found to have adequate knowledge. The study findings revealed that nurse's knowledge regarding ethical issues in patient care was inadequate and their attitude was decreased.<sup>45</sup>

*Sandra Bellini, Elizabeth G. Damato., (2009)*, A study was conducted on nurses knowledge, attitudes/beliefs, and care practices concerning DNR status for hospitalized neonates. Sample of 66 neonatal intensive care unit nurses was taken. The result shows that there was much ambiguity concerning the legal meaning of the term DNR. Three fourths of respondents did not recognize do not resuscitate by its legal definition. The study conclude Neonatal Intensive Care Unit nurses need further education regarding the legal definition and scope of DNR orders in the clinical care of terminally ill neonates.<sup>46</sup>

### **2.1.3 STUDIES ON KNOWLEDGE AND PRACTICES OF NURSES REGARDING PREVENTION OF LEGAL AND ETHICAL ISSUES IN CARE OF CHILDREN.**

*Sydney.A Axson. Nicholas A.Giordano Robin M. Ulrich (2017)*, A qualitative descriptive study to identifying thematic concerns, experiences, and knowledge of informed consent across, 20 baccalaureate registered nurses practicing in various clinical settings of clinically practicing nurses United States. The findings revealed that the majority of participants (N = 19) believe patient safety is directly linked to patient comprehension of the informed consent process. Through this qualitative approach 3 major nursing roles emerged: the nurse as a communicator, the nurse as an advocate, and the clerical role of the nurse.<sup>47</sup>



*Franco Carnevale (2016)* conducted a study regarding Ethical considerations in Pediatric nursing. This study reported that Brazilian nurses are distressed by their struggles to protect the rights of their patients. In particular, nurses are confronted by situations where they feel there is inadequate respect for the autonomy of patients as well as insufficient provision of information to patients and their families. Brazilian nurses face difficult working conditions and significant challenges in communicating and relating with physicians.<sup>48</sup>

*Ayse Sonay Turkmen and Sevim Savaser (2015)* study was conducted to determinate information and applications related to ethical codes of 140 Pediatric nurses. Information and applications were related to ethical codes of nurses including four categories; autonomy, beneficence, nonmaleficence, justice. They conclude that most nurses working in pediatric clinics act in compliance with ethical codes and also found that the majority of nurses wanted to learn about ethical codes. They recommended that nurses working in clinics and future nurses in training be informed of the appropriate ethical behavior and codes.<sup>49</sup>

*Bello Hussainat Taiye (2015)* study titled “Knowledge and practice of documentation among nurses in Ahmadu Bello University Teaching Hospital (ABUTH)” was carried out to determine nurses’ knowledge and practice of documentation. The result of the study, most respondents (91.7%) were females and Christians (68.3%). All respondents have heard about documentation and thus practice all to the best of their abilities. About 70% of respondents practice effective documentation, 52% answered that effective documentation is done during the evening shift and 86.2% realized that there are barriers to documentation. It is recommended that there should be increased awareness about effective documentation process and implication of improper documentation.<sup>50</sup>

*Lisa J sunden, (2014)* was conducted a study to investigate which types of ethical challenges neonatal nurses experience in their day-to-day care for critically ill new borns. Phenomenological-hermeneutic analysis was applied to interpret the data. A major finding in this study is how different agents involved in caring for the new born experience their realities differently. When these realities collide, ethical challenges arise. Findings suggest that acting in the best interests of the child becomes more difficult in situations involving many agents with different perceptions of reality.<sup>51</sup>

*Hemant Kumar,<sup>1</sup> Gokhale,<sup>2</sup> Kalpana Jain,<sup>3</sup> and D.R. Mathur<sup>4</sup>J Clin Diagn Res. (2013)*, A cross-sectional, randomized study was designed to assess the level of legal awareness and knowledge on basic nursing procedures carried out, among the nursing staff KEM Hospital, Pune, in 2010 – 2011. The results provided interesting statistics and they reflected the state of legal awareness and flaws in routine nursing procedures. Having seen the level of legal awareness among nursing staff, it would be reasonably safe to conclude that the knowledge of legal responsibilities is integral to the expanding clinical role, and a logical application of the planned, systematic, and focused care, should be the goal of modern nursing.<sup>52</sup>

*Orr FE Clin nurs (2012)*, A Qualitative research study conducted on the role of the pediatric nurse in promoting pediatric right to consent. They suggest children below 14 years of age may be regarded as competent. The confusion around the prevailing legal situation is examined. The study concluded that role of the pediatric nurse is explored to distinguish areas in which the nurse could potentially make a contribution to the process of gaining consent from children. The pediatric nurse's role as an assessor, educator and evaluator are identified.<sup>53</sup>

***ShiloY. Shor T. in the year of (2010)***, A study was conducted to assess the Nurses' perceptions of ethical issues related to patients' rights law. During a seminar at the Shaare Zedek School of Nursing, third-year students performed a qualitative research study investigating ethical issues arising in the field of nursing and how nursing staff dealt with these issues in relation to the law. The results showed that the staff participants knew the law but did not differentiate between legal and ethical problems.<sup>54</sup>

***Michael Clayton (2010)*** was published review Article about Consent in children: legal and ethical issues in Journal of Child Health Care Children's wishes are often not respected the law does not support children's involvement in consent. Nurses can be influential in supporting patients during the process of consent. Decisions may be made based upon ethical principles, which tend not to respect individual rights.<sup>55</sup>

***Maria Grazia De Marinis (2010)***, an observational study was carried out by to evaluate the consistency between the care given to patients and that documented, by comparing care observations with nursing records and describing which interventions were reported and which were omitted. The result of the study shows that only 40% of nursing activities observed were included in the nursing. This indicated that nurses carry out more activities than they report. The study concluded that Nursing records were not found to be adequate tools for quality care evaluation, because they did not include all the caring activities that the nurses had carried out.<sup>56</sup>

***Komo. Staff & News Service (2010)***, A study survey was carried out to examine the perceptions of the code of professional conduct among 320 practicing registered nurses in Hong Kong. A questionnaire was developed to assess nurses' perceptions of the Code of Professional Conduct devised by the Nursing Council of Hong Kong. The study revealed that by providing safe and competent care, practicing in accordance with the law and maintaining agreed standards were ranked as the three most important aspects. They concluded that nurses should be educated to become more assertive. Safeguarding informed decision making for patients who were mentally incapacitated or unable to speak for themselves, participating in continuing nursing education and raising objections to practices that compromise safe and appropriate care were considered the most challenging aspects to achieve in professional nursing practice.<sup>57</sup>

***Kamla Saini, KJ Toppo, Manavjot Seema (2009)*** The Nursing Journal of India Nov- 2009 published an article on Consumer Protection ACT-1986 a challenge to the Nursing Profession. Safe nursing practice includes an understanding of the legal boundaries in which nurses must function. Rules and regulations framed by statutory bodies must be strictly followed by nurses at all levels. Nursing students during their training period should be made aware of consumer Protection Act. Continuing education programme through workshops, conferences and in-service education courses to refresh their knowledge and also to create awareness among nurses regarding new technologies in medical sciences, which will be beneficial for self -development, to patient and society at large.<sup>58</sup>

## **2.2 CONCEPTUAL FRAMEWORK**

Conceptual framework refers to interrelated concepts or abstractions that are assembled together in some rational scheme by virtue of their relevance to a common theme.<sup>18</sup>

– Polit and Hunger 2000

The conceptual framework of present study was based on concepts of Modified King's Goal Attainment Model (2011) by Imogene King. The theory is based on assumption that humans are open system in contact interaction with their environment. The theory's focus on interpersonal systems reflects Kings Belief that the practice of Nursing is differentiated from that of other health professions by what Nurses do with and for individual. The major elements of the theory of goal attainment are seen in the interpersonal systems in which two people, who are usually strangers, come together in a health care organization to help and be helped to maintain a state of health that permits functioning in roles.<sup>59</sup>

The concepts of the theory are perception, action, interaction, and transaction. These concepts are interrelated to every nursing situation. These terms are defined as concepts in conceptual framework.<sup>60</sup>

### **PERCEPTION**

It is each person's representation of reality; the elements of perception are imparting of energy from the environment and organizing it by information, transforming energy, processing information, storing information in the form of overt behavior. In this study, investigator perceives learning needs of nurses (assessment). Nurses perceive less knowledge and practice regarding legal and ethical issues in care of children.

## **ACTION**

Refers to the activity to achieve the goal what the individual perceives. In this study it is mutual goal setting to improve the knowledge and practice of nurses regarding prevention of legal and ethical issues. Investigator prepares semi structured questionnaire to assess the knowledge and practice of nurses regarding legal and ethical issues in care of children. The nurses are motivated to improve knowledge and practice regarding legal and ethical issues in care of children.

## **MUTUAL GOAL SETTINGS**

Mutual goals are set to improve the knowledge and practice of nurses regarding legal and ethical issues in care of children. Action takes place by means of pre-test and with the process of interaction and communication.

## **INTERACTION**

It refers to the perception and communication between a person and the environment or between two or more persons. In this study the investigator administers the semi structured knowledge questionnaire to assess the knowledge and practice of nurses and administration of structured teaching programme regarding prevention of legal and ethical issues in care of children. Nurses respond to the semi structured questionnaire and participate well.

According to the King, communication is a process whereby information is given from one person to other either directly or indirectly or in the written words. In this study investigator conducts structured teaching programme with proper lesson plan.

## **TRANSACTION**

It is a process of interaction in which human being communicate with the environment to achieve goals that are valued and directs human behaviours. In this study there is improvement in knowledge and practice regarding legal and ethical issues in care of children.

## **POSITIVE OUTCOME**

Significant improvement in knowledge and practice of nurses on legal and ethical issues in care of children.

## **NEGATIVE OUTCOME**

No improvement in level of knowledge or it remains the same.

## **CHAPTER-III METHODOLOGY**

This chapter deals with the methodology adopted for the study and includes the description of research design, setting, population and sample size sampling technique, criteria for sample selection instruments for data collection

### **3.1 RESEARCH APPROACH**

Quantitative research approach

### **3.2 STUDY DESIGN**

The research design adopted for the study was Pre-experimental (One group pre-test post-test) with manipulation, and no randomization and no control group.

#### **3.1 TABLE DESCRIPTION OF STUDY DESIGN**

| <b>O1</b>                         | <b>X</b>                      | <b>O2</b>                          |
|-----------------------------------|-------------------------------|------------------------------------|
| Pretest on knowledge and practice | Structured teaching programme | Posttest on knowledge and practice |

#### **KEY NOTES**

- O 1 - Pre- test on knowledge and practice regarding legal and ethical issues in care of children.
- X - Structured teaching programme on legal and ethical issues in care of children.
- O 2 - Post-test on knowledge and practice regarding legal and ethical issues in care of children.



### **3.3 SETTINGS OF THE STUDY**

The study was conducted at the Institute of Child Health and Hospital for Children, Egmore, Chennai-08. The department was started in 1948, at Government General Hospital and then upgraded in 1957 for public service. It is an 867 bedded children hospital with tertiary care centre, referral, Nodal centre for IMNCI, and also research centre. This hospital is renowned for its excellence in medical experts, nursing care and quality diagnostic services. Institute of Child Health and Hospital for Children has departments like IMNCI, SICU, NICU and other specialities which are rendering comprehensive care to Chennai and for neighboring states like Andhra Pradesh also. The rationale for selecting this area is feasibility and availability of adequate samples.

### **3.4. DURATION OF THE STUDY**

Four weeks.

### **3.5. STUDY POPULATION**

Registered Nurses.

#### ***Target Population***

The registered nurses who are working in Pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08.

#### ***Accessible Population***

The registered nurses who fulfill the inclusion criteria.

### **3.6. STUDY SAMPLE**

The sample comprised of registered nurses who are working in Pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08 and met the inclusion criteria in Institute of Child Health and Hospital for Children, Egmore, Chennai-08.

### **3.7 SAMPLING CRITERION**

#### ***3.7.1. Inclusion Criteria***

- ❖ The registered nurses those who are working in Institute of Child Health and Hospital for Children, Egmore, and Chennai-08.
- ❖ The nurses who are willing to participate,
- ❖ The nurses who are available at the time of data collection.

#### ***3.7.2. Exclusion Criteria***

- ❖ The nurses who are working in operation theatre and outpatient department.
- ❖ The nurses those who are in night shift.

### **3.8. SAMPLE SIZE**

60 Registered Nurses who met with the inclusion criteria in Institute of Child Health and Hospital for Children, Egmore, Chennai-08.

### **3.9. SAMPLING TECHNIQUE**

Non-probability convenient sampling technique

### **3.10. RESEARCH VARIABLES**

#### ***3.10.1. Independent Variable***

Structured teaching programme regarding legal and ethical issues in care of children.

#### ***3.10.2. Dependent variable***

Knowledge and practice of the nurses regarding legal and ethical issues in care of children.

#### ***3.10.3. Attribute Variables***

Personal characteristics like age, gender, experience, educational qualification.

### **3.11. DEVELOPMENT AND DESCRIPTION OF TOOL**

#### ***3.11.1. Development of the tool***

Appropriate semi structured questionnaire tool has been developed after extensive review of literature, Experts opinion and content validity from Medical, Nursing and Statistics departments were obtained. Construction and pre testing of tool was done during pilot study. Direct assessment of client was performed during data collection.

#### ***3.11.2 Description of the tool***

It comprises of self-administered questionnaire, which consist of 3 sections.

***Section-A:*** Deals with questionnaire seeks information regarding socio demographic variables of nurses which includes age, gender, educational status, area of work, years of experience in pediatric units, total years of experience and whether attended any training programme on legal and ethical issues in care of children.

***Section-B:*** Deals with semi structured questionnaire seeks information regarding knowledge on Legal and Ethical aspects of Pediatric Nursing. It consists of 25 items as follows.

- Part - 1: Legal aspects in Pediatric Nursing – 15 items
- Part - 2: Ethical aspects in Pediatric Nursing – 10 items

***Section-C:*** Deals with semi structured questionnaire seeks information regarding Legal and Ethical practice of Pediatric Nursing which consists of 15 items.

### 3.11.3 SCORING PROCEDURE

**Section A:** The demographic variables were coded to assess the background of the Staff Nurses and thereby to subject it for statistical analysis.

**Section-B & C:** In the semi structured knowledge and practice questionnaire, each correct answer was given a score of 'one' and the wrong answer was given a score of 'zero'.

**Table 3.2 Scoring Interpretation**

| Score  | Interpretation                    |
|--------|-----------------------------------|
| >75%   | Adequate knowledge and practice   |
| 51-75% | Moderate knowledge and practice   |
| ≤50%   | Inadequate knowledge and practice |

### 3.12. CONTENT VALIDITY

The content validity of the tool was obtained from Medicine, Nursing Expert in the field of Child Health, they suggested of certain modification. The Experts suggestion were incorporated in the tool. Then the tool was finalized and used for main study.

### 3.13. RELIABILITY

The reliability of the tool was determined by using Test – Retest method according to Karl Pearson correlation coefficient. The knowledge score reliability correlation coefficient value 0.78 and practice score reliability correlation coefficient value 0.80, it indicates high correlation. Hence the tool was found to be reliable to conduct the main study.

### **3.14. PROTECTION OF HUMAN SUBJECTS**

The permission for conducting the study was obtained from Institutional Ethics Committee and Director of Institute of Child Health and Hospital for Children. Researcher explained the procedure and written consent was obtained from each participant of the study before starting the data collection. All respondents were carefully informed about the purpose of the study and their part during the study and how the privacy will be guarded. The freedom was given to the clients to leave the study without assigning any reason. The study information was kept confidential. Confidentiality of the results and anonymity were assured to the subjects. Routine care was not disturbed the investigator followed the ethical guidelines during the data collection procedure.

### **3.15. PILOT STUDY**

In order to check feasibility, relevance and practicability of the study, pilot study was conducted among 6 registered Nurses who are working in pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08. Convenient sampling technique was used. Pretest done on the first day by using semi structured questionnaire and structured teaching programme on legal and ethical issues in care of children. After 7 days, post test was conducted by using the same tool. Data were analysed to find out suitability of the study. The result of pilot study showed that there were positive correlation between knowledge and practice of nurses regarding legal and ethical issues in care of children. The investigator was found that the instrument was feasible in terms of time, space, expense and understanding by the nurses.

### **3.16. DATA COLLECTION PROCEDURE**

The formal permission was obtained from the Institutional Ethics Committee, Director and Medical superintendent and Nursing Superintendent of Institute of Child Health and Hospital for Children, Egmore, Chennai-08 for conduction of pilot study and main study. The main study was conducted for four weeks, Monday to Saturday. The data was collected from 8am to 4pm with subjects who met the inclusion criteria and on each sample spent approximately 15 -30 minutes.

The sample was selected by convenient time of sampling method based on sample selection criteria. After the initial task assembled the nurses, then investigator introduced herself, explained the purpose of study, got informed consent and ensured confidentiality. Explained the nurses that they have right to withdraw from the study anytime and assured that the details of their profile will be maintained confidentially. The data collection includes demographic data and (Pretest) the knowledge and practice of nurses regarding legal and ethical issues in care of children by using semi structured questionnaire in English obtained.

The Structured teaching programme was implemented on the same day for 45 minutes using lecture cum discussion method with power point presentation and booklet which was prepared by the researcher after consulting with the Experts. The nurses participated with interest. They were alert enthusiastic, teaching certain points were repeated for better understanding, doubts were clarified by explaining and booklet was given to each nurse at the end of the session. After 7 days of interval the post test was conducted for 25 minutes among the sample using the same questionnaire. The investigator observed and scored the nurses knowledge and practice regarding legal and ethical issues in care of children. The data collection procedure was terminated by thanking the respondents.

### 3.17. INTERVENTION PROTOCOL

*Table 3.3 Intervention protocol*

|                   |  |
|-------------------|--|
| Place             | Pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08 |
| Intervention tool | Structured teaching programme  |
| Duration          | 45 minutes   |
| Frequency         | One –time teaching   |
| Time              | 8 am to 4 pm   |
| Administered by   | Investigator   |
| Recipient         | Registered Nurses  |

### 3.18. DATA ENTRY AND ANALYSIS

- ❖ Both descriptive and inferential statistics were used. Descriptive statistics (frequency and percentage distribution, mean and standard deviation) and inferential statistics (paired test, chi square test and Mc.Nemar test) were used to test the research hypothesis.
- ❖ Knowledge score and practice score were given in mean and standard deviation. Difference between pre-test and post-test were analyzed using student paired ‘t’- test and generalized Mc.Nemar test.
- ❖ Associations between level of knowledge and practice score with demographic variables were analyzed using one way ANOVA F-test and student independent t –test.
- ❖ Difference between pre-test and post-test difference on effectiveness on structured teaching programme were analyzed using mean difference with 95% CI.  $P < 0.001$  was considered statistically significant.

## **CHAPTER – IV**

### **DATA ANALYSIS AND INTERPRETATION**

This chapter deals with the description of the sample, analysis and interpretation of data to assess the effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in Pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08.

Analysis is the process of organizing and synthesizing the data in such a way that research question can be answered and hypotheses tested. The purpose of analysis is to reduce the data into an intelligible and interpretable form, so that the relation of research problem can be studied and tested. Analysis and interpretation of data collected from 60 subjects based on the objectives and hypothesis of study using descriptive and inferential statistics.

The obtained data have been classified, grouped and analysed statistically based on objectives of the study.

#### **OBJECTIVES**

- ❖ To assess the existing knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards.
- ❖ To evaluate the effectiveness of structured teaching programme on legal and ethical issues in care of children among nurses working in pediatric wards.
- ❖ To find out the association between the post-test knowledge with selected socio demographic variables.
- ❖ To find out the association between the post-test practice with selected socio demographic variables.



## **ORGANIZATION OF DATA**

The analysis of the data has been organized and presented under the following headings

- Section–A** : Distribution of sample according to demographic variables.
- Section–B** : Knowledge and practice score of nurses before and after structured teaching programme.
- Section–C** : To evaluate the effectiveness of structured teaching programme on legal and ethical issues in care of children among nurses working in pediatric wards.
- Section–D** : Comparison of mean score between pre -test and post-test knowledge and practice scores of nurses on legal and ethical issues in care of children
- Section–E** : Association between the knowledge and practice gain score with selected socio demographic variables legal and ethical issues in care of children.

## **STATISTICAL ANALYSIS**

- ❖ The collected data was arranged and tabulated to represent the findings of the study. Both descriptive and inferential statistics was used.
- ❖ Descriptive statistics (frequency and percentage distribution, mean and standard deviation) and inferential statistics (paired test, chi square test and extended Mc.Nemar test) were used to test the research hypothesis.

- ❖ Demographic variables in categorical/dichotomous variables were given in frequencies with their percentages.
- ❖ Knowledge score and practice score were given in mean and standard deviation.
- ❖ Quantitative knowledge score/practice score in pre-test and posttest were compared using student's paired t-test.
- ❖ Correlation between knowledge and practice score were analyzed using Pearson correlation coefficient.
- ❖ Quantitative level of knowledge /practice score in pre-test and posttest was compared using Stuart-Maxwell test /extended Mc.Nemar test.
- ❖ Association between knowledge gain score/ practice gain score with demographic variables are assessed using one way ANOVA F-test and student independent t –test.
- ❖ Simple bar diagram, Multiple bar diagram, Pie diagram, Box plot and scatter diagram with regression estimate were used to represent the data.
- ❖  $P < 0.05$  was considered statistically significant. All statistical tests are two tailed test.

## SECTION-A: DISTRIBUTION OF STUDY PARTICIPANTS

*Table-4.1 Frequency, Distribution and Percentage of study participants according to their demographic variables*

| Demographic Variables                                      |                               | No. of Nurses | %      |
|--|-------------------------------|---------------|--------|
| Age  | < 30 years                    | 19            | 31.7%  |
|  | 31 -35 years                  | 20            | 33.3%  |
|  | 36 -40 years                  | 12            | 20.0%  |
|  | > 40 years                    | 9             | 15.0%  |
| Gender   | Female                        | 60            | 100.0% |
|  | Male                          | 0             | 0.0%   |
| Education  | GNM                           | 52            | 86.7%  |
|  | BSC(N)                        | 3             | 5.0%   |
|  | Post basic B.Sc (N)           | 4             | 6.6%   |
|  | M.Sc(N)                       | 1             | 1.7%   |
| Area of work   | Pediatric Intensive care unit | 15            | 25.0%  |
|  | Neonatal Intensive care unit  | 16            | 26.7%  |
|  | Pediatric medical ward        | 14            | 23.3%  |
|  | Pediatric surgical ward       | 15            | 25.0%  |
| Working experience in pediatric unit                       | Less than 6 months            | 9             | 15.0%  |
|  | 6 months 1 year               | 10            | 16.7%  |
|  | 1-3 years                     | 21            | 35.0%  |
|  | More than 3 years             | 20            | 33.3%  |
| Total working experience                                   | Less than 2 years             | 9             | 15.0%  |
|  | 2-5 years                     | 19            | 31.7%  |
|  | 5-10 years                    | 21            | 35.0%  |
|  | > 10 years                    | 11            | 18.3%  |
| Educational training programme on legal and ethical issues | No                            | 54            | 90.0%  |
|  | Yes                           | 6             | 10.0%  |

Table-4.1 shows the demographic information of nurses those who are participated for the study on “Effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08”.

- ❖ Out of 60 nurses, Age group of nurses 31-15 years were highest and more than 40 years were less.
- ❖ In this study, Nurses age group less than 30 years are 31.7%, 31-35 years are 33.3%, 36-40 years are 20.0% and more than 40 years are 15.0%.
- ❖ In this study the gender of the nurses are female (100%).
- ❖ The educational statuses of the nurses are GNM 86.7%, BSC (N) 5.0%, Post basic B.SC (N) 6.6% and MSC (N) 1.7%.
- ❖ The areas of work of the nurses are Pediatric Intensive Care Unit 25.0%, Neonatal Intensive Care Unit 26.7%, Pediatric Medical Ward 23.3% and Pediatric Surgical Ward 25.5%.
- ❖ Out of 60 nurses, the working experience in pediatric unit less than 6 months 15.0%, 6 months to I year 16.7%, 1-3 years 35.0% and more than 3 years 33.3%.
- ❖ The total working experience of the nurses were less than 2 years 15.0%, 2-5 years 31.7%, 5-10 years 35.0% and more than 10 years 18.3%.
- ❖ Majority of nurses (90%) had not undergone educational training programme on legal and ethical issues and remaining (10%) had undergone training programme.

**SECTION-B: KNOWLEDGE AND PRACTICE SCORE OF NURSES BEFORE AND AFTER STRUCTURED TEACHING PROGRAMME.**

*Table-4.2 Each Domainwise Pretest Percentage of Knowledge on Legal and Ethical issues in Care of Children among Nurses Working in Pediatric Wards*

| Knowledge on                         | No. of Questions | Min–Max Score | Knowledge score |      |                 |
|--------------------------------------|------------------|---------------|-----------------|------|-----------------|
|                                      |                  |               | Mean            | SD   | % of Mean Score |
| Legal aspects in Pediatric Nursing   | 15               | 0 -15         | 7.53            | 2.36 | 50.20%          |
| Ethical aspects in Pediatric Nursing | 10               | 0 – 10        | 5.38            | 1.92 | 53.80%          |
| Total                                | 25               | 0 – 30        | 12.91           | 3.66 | 51.64%          |

Table 4.2 shows each domain wise pre-test percentage of knowledge on legal and ethical issues in care of children among nurses. They are having maximum knowledge in Ethical aspects in pediatric nursing (53.80%) and minimum knowledge score in Legal aspects in pediatric nursing (50.20%). Overall pre-test percentage of knowledge score is 51.64% among nurses.

**Table 4.3 Pretest Level of Knowledge score**

| <b>Level of Knowledge</b> | <b>No. Of nurses</b> | <b>%</b> |
|---------------------------|----------------------|----------|
| Inadequate knowledge      | 28                   | 46.7%    |
| Moderate knowledge        | 32                   | 53.3%    |
| Adequate knowledge        | 0                    | 0.0%     |
| Total                     | 60                   | 100%     |

Table 4.3 shows the level of knowledge score on legal and ethical issues in care of children among nurses.

In general 46.7% of nurses were having inadequate knowledge and 53.3% of them having moderate knowledge and none of them are having adequate knowledge.

#### **4.4 Knowledge score interpretation**

Min=0 Max=1 Total questions=25 Maximum marks= 25

| <b>S No.</b> | <b>Grade</b>         | <b>Percentage</b> | <b>Marks</b> |
|--------------|----------------------|-------------------|--------------|
| 1.           | Adequate knowledge   | 76 – 100%         | 18.76-25.0   |
| 2.           | Moderate knowledge   | 50 – 75%          | 12.6-18.75   |
| 3.           | Inadequate knowledge | 0 – 50 %          | ≤ 12.5       |

**Table-4.5 Pretest General Information Regarding Legal and Ethical Practices in Pediatric Nursing**

| S. No | Practice Questions on   | Correct |       | Not Correct |       |
|-------|---|---------|-------|-------------|-------|
|       |   | N       | %     | n           | %     |
| 1     | A client who had a “Do Not Resuscitate” order passed away. After verifying there is no pulse or respirations, the nurse should next | 30      | 50.0% | 30          | 50.0% |
| 2     | Termination of life sustaining treatment is   | 19      | 31.7% | 41          | 68.3% |
| 3     | A health care issue often becomes an ethical dilemma because  | 28      | 46.7% | 32          | 53.3% |
| 4     | Obtaining informed consent is the responsibility of the   | 17      | 28.3% | 43          | 71.7% |
| 5     | One of the roles of the registered nurse in terms of informed consent is to   | 11      | 18.3% | 49          | 81.7% |
| 6     | Pediatric client (usually older child) has been informed about what will  | 18      | 30.0% | 42          | 70.0% |
| 7     | The issuance of a false statement about another person  | 25      | 41.7% | 35          | 58.3% |
| 8     | Libel is a  | 19      | 31.7% | 41          | 68.3% |
| 9     | Breach of duty means  | 23      | 38.3% | 37          | 61.7% |
| 10    | Health professional should explain the facts in a language that   | 53      | 88.3% | 7           | 11.7% |
| 11    | Record Medico legal case with red ink   | 48      | 80.0% | 12          | 20.0% |
| 12    | Nurse should keep their   | 20      | 33.3% | 40          | 66.7% |
| 13    | Practice of advocacy calls for the nurse to   | 24      | 40.0% | 36          | 60.0% |
| 14    | The main responsibility of the nurse in carried out Telephonic order in an extreme emergency is                                     | 23      | 38.3% | 37          | 61.7% |
| 15    | Effective inter personal relationship with clients will lead to   | 38      | 63.3% | 22          | 36.7% |
|       | Overall   | 26      | 44.0% | 34          | 56.0% |

Table 4.5 shows each question wise pre-test percentage of practice on legal and ethical issues in care of children among nurses. They are having maximum practice in **Health professional should explain the facts in a language** (88.30%) and minimum practice score in **One of the roles of the registered nurse in terms of informed consent is to** (18.3%). Overall pre-test percentage of practice score is 44.0% among nurses.

**Table 4.6 Pretest Level of Practice Score**

| <b>Level of Practice</b> | <b>No. of Nurses</b> | <b>%</b> |
|--------------------------|----------------------|----------|
| Poor                     | 39                   | 65.0%    |
| Moderate                 | 21                   | 35.0%    |
| Good                     | 0                    | 0.0%     |
| Total                    | 60                   | 100%     |

Table 4.6 shows the level of practice score on legal and ethical issues in care of children among nurses.

In general 65.0% of nurses are having poor practice, 35.0% of them having moderate practice and none of them are having good practice level of score.



#### 4.7 PRACTICE SCORE INTERPRETATION

Min=0 Max=1 Total questions=15 Maximum marks= 15

| S. No. | Grade               | Percentage | Marks     |
|--------|---------------------|------------|-----------|
| 1.     | Adequate practice   | 76 – 100%  | 11.2-15.0 |
| 2.     | Moderate practice   | 50 – 75%   | 7.6-11.25 |
| 3.     | Inadequate practice | 0 – 50 %   | ≤ 7.5     |

*Table 4.8 Each Domainwise Posttest Percentage of Knowledge on Legal and Ethical issues in Care of Children among Nurses Working in Pediatric Wards*

| Knowledge on                         | No. of Questions | Min – Max Score | Knowledge Score |      |                 |
|--------------------------------------|------------------|-----------------|-----------------|------|-----------------|
|                                      |                  |                 | Mean            | SD   | % of Mean Score |
| Legal aspects in pediatric nursing   | 15               | 0 -15           | 12.50           | 2.00 | 83.33%          |
| Ethical aspects in pediatric nursing | 10               | 0 – 10          | 8.63            | 0.94 | 86.30%          |
| Total                                | 25               | 0 – 30          | 21.13           | 2.56 | 84.52%          |

Table 4.8 shows each domain wise Post-test percentage of knowledge on legal and ethical issues in care of children among nurses. They are having maximum knowledge in **Ethical aspects in pediatric nursing** (86.30%) and minimum knowledge score in **Legal aspects in pediatric nursing** (83.33%). Overall Posttest percentage of knowledge score is 84.52% among nurses.

**Table 4.9 Posttest Level of Knowledge Score**

| <b>Level of Knowledge</b> | <b>No. of Nurses</b> | <b>%</b> |
|---------------------------|----------------------|----------|
| Inadequate knowledge      | 0                    | 0.0%     |
| Moderate knowledge        | 9                    | 15.0%    |
| Adequate knowledge        | 51                   | 85.0%    |
| Total                     | 60                   | 100%     |

Table.4.9 shows the level of knowledge score on legal and ethical issues in care of children among nurses.

In general none of nurses were having inadequate knowledge and 15.0% of them having moderate knowledge and 85.0% of them are having adequate knowledge

**Table 4.10 Posttest General information Regarding Legal and Ethical Practices in Pediatric Nursing**

| S. No | Practice Questions on  | Correct |        | Not Correct |       |
|-------|--|---------|--------|-------------|-------|
|       |  | N       | %      | N           | %     |
| 1     | A client who had a “Do Not Resuscitate” order passed away. After verifying there is no pulse or respirations, the nurse should | 58      | 96.7%  | 2           | 3.3%  |
| 2     | Termination of life sustaining treatment is  | 52      | 86.7%  | 8           | 13.3% |
| 3     | A health care issue often becomes an ethical dilemma because   | 42      | 70.0%  | 18          | 30.0% |
| 4     | Obtaining informed consent is the responsibility of the  | 50      | 83.3%  | 10          | 16.7% |
| 5     | One of the roles of the registered nurse in terms of informed consent is to  | 46      | 76.7%  | 14          | 23.3% |
| 6     | Pediatric client (usually older child) has been informed about what will   | 43      | 71.7%  | 17          | 28.3% |
| 7     | The issuance of a false statement about another person   | 48      | 80.0%  | 12          | 20.0% |
| 8     | Libel is a   | 42      | 70.0%  | 18          | 30.0% |
| 9     | Breach of duty means   | 51      | 85.0%  | 9           | 15.0% |
| 10    | Health professional should explain the facts in a language that  | 60      | 100.0% | 0           | 0.0%  |
| 11    | Record Medico legal case with red ink  | 52      | 86.7%  | 4           | 6.7%  |
| 12    | Nurse should keep their  | 60      | 100.0% | 0           | 0.0%  |
| 13    | Practice of advocacy calls for the nurse to  | 46      | 76.7%  | 14          | 23.3% |
| 14    | The main responsibility of the nurse in carried out Telephonic order in an extreme emergency is                                | 54      | 90.0%  | 6           | 10.0% |
| 15    | Effective inter personal relationship with clients will lead to  | 60      | 100.0% | 0           | 0.0%  |
|       | Overall  | 51      | 85.0%  | 9           | 15.0% |

Table 4.10 shows each question wise Post-test percentage of practice on legal and ethical issues in care of children among nurses. Overall Posttest percentage of practice score is 85.0% among nurses.

**Table-4.11 Posttest Level of Practice Score**

| <b>Level of Practice</b> | <b>No. of Nurses</b> | <b>%</b> |
|--------------------------|----------------------|----------|
| Poor                     | 0                    | 0.0%     |
| Moderate                 | 8                    | 13.3%    |
| Good                     | 52                   | 86.7%    |
| Total                    | 60                   | 100%     |

Table.4.11 shows the level of practice score on legal and ethical issues in care of children among nurses.

In general none of the nurses were having poor practice, 13.3% of them having moderate practice and 86.7% of them are having good practice level of score.

**SECTION–C: COMPARISON OF MEAN SCORE BETWEEN  
PRE -TEST AND POST-TEST KNOWLEDGE  
AND PRACTICE SCORES OF NURSES ON  
LEGAL AND ETHICAL ISSUES IN CARE OF  
CHILDREN.**

*Table-4.12 Comparison of Pretest and Posttest Knowledge Score*

| KNOWLEDGE<br>ON                            | PRETEST |      | POSTTEST |      | MEAN<br>DIFFERENCE | STUDENT'S<br>PAIRED T-<br>TEST                   |
|--|---------|------|----------|------|--------------------|--|
|  | MEAN    | SD   | MEAN     | SD   |                    |  |
| Legal aspects in<br>pediatric<br>nursing   | 7.53    | 2.36 | 12.50    | 2.00 | 4.97               | t=17.00<br>P=0.001 ***<br>DF=59,<br>Significant  |
| Ethical aspects<br>in pediatric<br>nursing | 5.38    | 1.92 | 8.63     | 0.94 | 3.25               | t=14.36,<br>P=0.001 ***<br>DF=59,<br>Significant |

\* Significant at  $P \leq 0.05$  \*\* highly significant at  $P \leq 0.01$  \*\*\* very high significant at  $P \leq 0.001$

Table 4.12 shows the comparison of Pretest and posttest knowledge score regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and Hospital for Children, Egmore , Chennai-08”

***Knowledge regarding:***

- ❖ **Legal aspects in Pediatric Nursing:** In pre-test, nurses are having 7.53 score whereas in post-test they are having 12.50 score. Difference is 4.97. This difference is large and it is statistically significant difference.
- ❖ **Ethical aspects in Pediatric Nursing:** In Pretest, Nurses are having 5.38 score whereas in posttest they are having 8.63 score. Difference is 3.25. This difference is large and it is statistically significant difference.

Significance of difference between pretest and posttest score was calculated using student paired t-test.

**Table-4.13 Comparison of Overall Knowledge Score & Practice Score before and after Structured Teaching Programme**

|                         | No. of nurses | Pretest Mean $\pm$ sd | Posttest Mean $\pm$ sd | Mean difference mean $\pm$ sd | Student's paired T-test                          |
|-------------------------|---------------|-----------------------|------------------------|-------------------------------|--|
| Overall Knowledge Score | 60            | 12.91 $\pm$ 3.66      | 21.13 $\pm$ 2.56       | 8.22 $\pm$ 3.14               | t=20.26<br>P=0.001***<br>DF = 59,<br>significant |
| Overall Practice Score  | 60            | 6.60 $\pm$ 1.49       | 12.75 $\pm$ 1.35       | 6.15 $\pm$ 1.47               | t=32.38<br>P=0.001***<br>DF = 59,<br>significant |

\*Significant at  $P \leq 0.05$  \*\* highly significant at  $P \leq 0.01$  \*\*\* very high significant at  $P \leq 0.001$

Table 4.13 shows the comparison of overall knowledge before and after the administration of STP.

#### **Knowledge Score**

On an average nurses are improved their knowledge from 12.91 to 21.13 after the administration of structured teaching programme. Or we can say, in pretest they are able to answer only 13 questions before administration of STP, after administration of STP they are able to answer up to 21 questions. Due to STP they are able to answer 9 more questions correctly. This difference is statistically significant. Statistical significance was calculated by using student's paired 't' test.

#### **Practice Score**

On an average, nurses are improved their practice score from 6.60 to 12.75 after the administration of structured teaching programme. Or we can say, in pretest they are able to answer only 7 questions before administration of STP, after administration of STP they are able to answer up to 13 questions. Due to STP they are able to answer 6 more questions correctly. This difference is statistically significant. Statistical significance was calculated by using student's paired 't' test.

**Table 4.14 Comparison of Pretest and Posttest Level of Knowledge & practice Score**

|           | Level                | Pretest |        | Posttest |       | Generalized<br>mcnemar's test       |
|-----------|----------------------|---------|--------|----------|-------|-------------------------------------|
|           |                      | N       | %      | N        | %     |                                     |
| Knowledge | Inadequate knowledge | 28      | 46.7%  | 0        | 0.0%  | $\chi^2=53.53$<br>P=0.001<br>***(S) |
|           | Moderate knowledge   | 32      | 53.3%  | 9        | 15.0% |                                     |
|           | Adequate knowledge   | 0       | 0.0%   | 51       | 85.0% |                                     |
|           | Total                | 60      | 100.0% | 60       | 100%  |                                     |
| Practice  | Poor practice        | 39      | 65.0%  | 0        | 0.0%  | $\chi^2=55.12$<br>P=0.001<br>***(S) |
|           | Moderate practice    | 21      | 35.0%  | 8        | 13.3% |                                     |
|           | Good practice        | 0       | 0.0%   | 52       | 86.7% |                                     |
|           | Total                | 60      | 100%   | 60       | 100%  |                                     |

Significant at  $p \leq 0.001$  level

Table 4.14 shows the Pretest and post-test level of knowledge and practice among nurses

Before STP, 46.7% of the nurses were having inadequate level of knowledge score, 53.3% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score.

After STP, none of the nurses were having inadequate level of knowledge score, 15.0% of them having moderate level of knowledge score and 85.0% of them are having adequate level of knowledge score.

Before STP, 65.0% of the nurses were having poor level of practice score, 35.0% of them having moderate level of practice score and none of them are having good level of practice score.

After STP, none of the nurses were having poor level of practice score, 13.3% of them having moderate level of practice score and 86.7% of them are having good level of practice score.

**SECTION-D: TO EVALUATE THE EFFECTIVENESS OF  
STRUCTURED TEACHING PROGRAMME  
ON LEGAL AND ETHICAL ISSUES IN CARE  
OF CHILDREN AMONG NURSES WORKING  
IN PEDIATRIC WARDS**

*Table 4.15 Each Domainwise Pretest and Posttest Percentage of Knowledge & Practice Gain Score*

|                 | <b>DOMAINS</b>                       | <b>PRE-TEST</b> | <b>POST-TEST</b> | <b>% OF GAIN SCORE</b> |
|-----------------|--------------------------------------|-----------------|------------------|------------------------|
| Knowledge score | Legal aspects in pediatric nursing   | 50.20%          | 83.33%           | 33.13%                 |
|                 | Ethical aspects in pediatric nursing | 53.80%          | 86.30%           | 32.50%                 |
|                 | Total                                | 51.64%          | 84.52%           | 32.88%                 |
| Practice score  | Overall Practice score               | 44.00%          | 85.00%           | 41.00%                 |

Table 4.15 shows, Nurses are gained 32.88% of knowledge score and 41% of practice score.



**Table 4.16 Effectiveness of Structured Teaching Programme**

|           |          | <b>Max score</b> | <b>Mean score</b> | <b>Mean Difference of Gain Score with 95% Confidence Interval</b> | <b>Percentage Difference of gain score with 95% Confidence Interval</b> |
|-----------|----------|------------------|-------------------|---|---|
| Knowledge | Pretest  | 25               | 12.92             | 8.22(7.40 – 9.03)   | 32.88%<br>(29.60% – 36.12%)   |
|           | Posttest | 25               | 21.13             |   |   |
| Practice  | Pretest  | 15               | 6.60              | 6.15(5.77 – 6.53)   | 41.00%<br>(38.46% – 43.53%)   |
|           | Posttest | 15               | 12.75             |   |   |

Table 4.16 shows the effectiveness of structured teaching programme among nurses.

Considering knowledge gain on an average in posttest after having STP nurses are gained 32.88% more knowledge score than Pretest score. Considering practice score on an average in posttest after having STP nurses are gained 41.00% more practice score than Pretest score. Differences and generalization of knowledge gain score /practice gain score between Pretest and posttest score was calculated using and mean difference with 95% CI and proportion with 95% CI.

**Table-4.17 Correlation between Knowledge Gain Score and Practice Gain Score**

|                        | <b>Correlation between</b> | <b>Mean gain score± sd</b> | <b>Karl Pearson Correlation Coefficient</b> | <b>Interpretation</b>  |
|------------------------|----------------------------|----------------------------|---|--|
| Knowledge Vs. Practice | Knowledge                  | 8.22 ± 3.14                | r=0.54<br>p=0.001***<br>significant         | There is a significant, positive moderate correlation between knowledge and Practice score. It means knowledge increases their practice also increases moderately. |
|                        | Practice                   | 6.15 ± 1.47                |   |  |

\*\*\* Very high significant at  $P \leq 0.001$

**Interpretation for r- value**

Pearson correlation coefficient is denoted by “r”

“r” always lies between -1 to +1

0.0 – 0.2 poor correlation

0.2 - 0.4 fair correlation

0.4 - 0.6 moderate correlation

0.6 – 0.8 substantial correlation

0.8 - 1.0 strong correlation

**SECTION–E: ASSOCIATION BETWEEN THE  
KNOWLEDGE GAIN SCORE AND SELECTED  
SOCIO DEMOGRAPHIC VARIABLES LEGAL  
AND ETHICAL ISSUES IN CARE OF  
CHILDREN**

*Table-4.18 Association between knowledge gain score and demographic variables*

| Demographic Variables |                               | N  | Knowledge Gain Score |      |          |      |                      |      | One-way Anova f-test/ T-test |
|-----------------------|-------------------------------|----|----------------------|------|----------|------|----------------------|------|------------------------------|
|                       |                               |    | Pretest              |      | Posttest |      | Gain score= post-pre |      |                              |
|                       |                               |    | Mean                 | Sd   | Mean     | Sd   | Mean                 | Sd   |                              |
| Age                   | < 30 years                    | 19 | 13.11                | 3.70 | 19.7     | 1.83 | 6.59                 | 2.28 | F=2.78<br>P=0.05*<br>(S)     |
|                       | 31 -35 years                  | 20 | 11.45                | 3.87 | 18.75    | 3.19 | 7.30                 | 2.56 |                              |
|                       | 36 -40 years                  | 12 | 14.08                | 2.54 | 22.76    | 2.33 | 8.68                 | 2.64 |                              |
|                       | > 40 years                    | 9  | 15.33                | 1.22 | 24.23    | 1.32 | 8.90                 | 2.80 |                              |
| Gender                | Female                        | 0  | 12.92                | 3.66 | 21.13    | 2.56 | 8.22                 | 3.14 | t=0.00<br>P=1.00<br>(NS)     |
| Education             | GNM                           | 52 | 12.71                | 3.60 | 20.92    | 2.59 | 8.21                 | 3.06 | F=0.48<br>P=0.69<br>(NS)     |
|                       | BSC(N)                        | 3  | 13.00                | 6.08 | 23.00    | 1.73 | 10.00                | 5.29 |                              |
|                       | Post basic BSC (N)            | 4  | 14.50                | 2.89 | 21.75    | 2.36 | 7.25                 | 3.30 |                              |
|                       | MSC(N)                        | 1  | 17.00                | .    | 24.00    | .    | 7.00                 | .    |                              |
| Area of work          | Pediatric Intensive care unit | 15 | 13.33                | 3.60 | 21.47    | 2.17 | 8.13                 | 2.77 | F=0.28<br>P=0.83<br>(NS)     |
|                       | Neonatal Intensive care unit  | 16 | 14.25                | 3.24 | 21.94    | 2.62 | 7.69                 | 2.75 |                              |
|                       | Pediatric medical ward        | 14 | 11.86                | 3.76 | 20.29    | 2.79 | 8.43                 | 3.16 |                              |
|                       | Pediatric surgical ward       | 15 | 12.07                | 3.88 | 20.73    | 2.58 | 8.67                 | 3.99 |                              |

| Demographic Variables                                      |                    | N  | Knowledge Gain Score |      |          |      |                      |      | One-way Anova f-test/ T-test |
|--|--------------------|----|----------------------|------|----------|------|----------------------|------|------------------------------|
|  |                    |    | Pretest              |      | Posttest |      | Gain score= post-pre |      |                              |
|  |                    |    | Mean                 | Sd   | Mean     | Sd   | Mean                 | Sd   |                              |
| Working experience in pediatric unit                       | Less than 6 months | 9  | 12.33                | 4.30 | 18.70    | 2.69 | 6.37                 | 2.04 | F=2.76<br>P=0.05*<br>(S)     |
|  | 6 months 1 year    | 10 | 11.90                | 2.69 | 19.00    | 1.57 | 7.10                 | 2.49 |                              |
|  | 1-3 years          | 21 | 13.05                | 3.99 | 21.80    | 2.93 | 8.75                 | 2.56 |                              |
|  | More than 3 years  | 20 | 13.50                | 2.76 | 22.45    | 2.26 | 8.95                 | 3.25 |                              |
| Total working experience                                   | Less than 2 years  | 9  | 10.78                | 3.31 | 20.67    | 2.18 | 6.30                 | 1.80 | F=2.79<br>P=0.05(S)          |
|  | 2-5 years          | 19 | 11.79                | 3.66 | 20.47    | 2.34 | 7.08                 | 2.20 |                              |
|  | 5-10 years         | 21 | 14.14                | 3.88 | 21.71    | 2.97 | 8.87                 | 3.20 |                              |
|  | > 10 years         | 11 | 14.27                | 2.10 | 21.55    | 2.34 | 8.99                 | 3.80 |                              |
| Educational training programme on legal and ethical issues | No                 | 54 | 12.57                | 3.68 | 20.85    | 2.48 | 8.28                 | 3.25 | F=0.44<br>P=0.61(NS)         |
|  | Yes                | 6  | 16.00                | 1.26 | 23.67    | 1.86 | 7.67                 | 1.97 |                              |

Table 4.18 shows the association between knowledge gain score and their demographic variables. Elders, more years of experience in pediatric ward and more working experiences nurses are gained more knowledge score than others. Statistical significance was calculated using one way analysis of variance F-test and student independent t-test.

**Table-4.19 Association between Practice Gain Score and Demographic Variables**

| Demographic Variables |                               | N  | Practice Gain Score |      |          |      |                     |      | One-way Anova f-test/ T-test |
|-----------------------|-------------------------------|----|---------------------|------|----------|------|---------------------|------|------------------------------|
|                       |                               |    | Pretest             |      | Posttest |      | Gain score=post-pre |      |                              |
|                       |                               |    | Mean                | Sd   | Mean     | Sd   | Mean                | Sd   |                              |
| Age                   | < 30 years                    | 19 | 6.97                | 1.07 | 12.39    | 1.32 | 5.42                | 1.07 | F=3.18<br>P=0.03*<br>(S)     |
|                       | 31 -35 years                  | 20 | 6.30                | 1.92 | 12.45    | 1.43 | 6.15                | 1.45 |                              |
|                       | 36 -40 years                  | 12 | 6.67                | 1.23 | 13.49    | 1.56 | 6.82                | 1.87 |                              |
|                       | > 40 years                    | 9  | 7.37                | 1.12 | 14.33    | .53  | 6.96                | 1.96 |                              |
| Gender                | Female                        | 0  | 6.60                | 1.49 | 12.75    | 1.35 | 6.15                | 1.47 | t=0.00<br>P=1.00<br>(NS)     |
| Education             | GNM                           | 52 | 6.46                | 1.49 | 12.65    | 1.38 | 6.19                | 1.48 | F=0.90<br>P=0.44<br>(NS)     |
|                       | BSC(N)                        | 3  | 7.67                | 1.53 | 13.33    | 1.15 | 5.67                | 2.08 |                              |
|                       | Post basic BSC (N)            | 4  | 7.00                | .82  | 13.50    | 1.00 | 6.50                | .58  |                              |
|                       | MSC(N)                        | 1  | 9.00                | .    | 13.00    | .    | 4.00                | .    |                              |
| Area of work          | Pediatric Intensive care unit | 15 | 6.47                | 1.30 | 12.40    | 1.64 | 5.93                | 1.22 | F=1.54<br>P=0.21<br>(NS)     |
|                       | Neonatal Intensive care unit  | 16 | 7.06                | 1.61 | 13.50    | .63  | 6.44                | 1.67 |                              |
|                       | Pediatric medical ward        | 14 | 6.71                | 1.59 | 12.29    | 1.59 | 5.57                | 1.34 |                              |
|                       | Pediatric surgical ward       | 15 | 6.13                | 1.41 | 12.73    | 1.10 | 6.60                | 1.50 |                              |

| Demographic Variables                                      |                    | N  | Practice Gain Score |      |          |      |                     |      | One-way Anova f-test/ T-test |
|--|--------------------|----|---------------------|------|----------|------|---------------------|------|------------------------------|
|  |                    |    | Pretest             |      | Posttest |      | Gain score=post-pre |      |                              |
|  |                    |    | Mean                | Sd   | Mean     | Sd   | Mean                | Sd   |                              |
| Working experience in pediatric unit                       | Less than 6 months | 9  | 6.56                | 1.51 | 11.56    | .73  | 5.00                | 1.41 | F=2.87<br>P=0.04*<br>(S)     |
|  | 6 months 1 year    | 10 | 6.10                | .97  | 11.60    | 1.60 | 5.50                | 1.27 |                              |
|  | 1-3 years          | 21 | 6.48                | 1.60 | 12.77    | 1.45 | 6.29                | 1.85 |                              |
|  | More than 3 years  | 20 | 7.00                | 1.33 | 13.79    | 1.27 | 6.79                | 1.78 |                              |
| Total working experience                                   | Less than 2 years  | 9  | 5.89                | 1.45 | 11.33    | 1.22 | 5.44                | 1.59 | F=2.82<br>P=0.05(S)          |
|  | 2-5 years          | 19 | 6.00                | 1.37 | 11.68    | 1.49 | 5.68                | 1.63 |                              |
|  | 5-10 years         | 21 | 7.03                | 1.35 | 13.55    | 1.20 | 6.52                | 1.33 |                              |
|  | > 10 years         | 11 | 7.32                | 1.40 | 14.00    | 1.55 | 6.68                | 1.08 |                              |
| Educational training programme on legal and ethical issues | No                 | 54 | 6.39                | 1.39 | 12.65    | 1.38 | 6.26                | 1.47 | F=0.44<br>P=0.61(NS)         |
|  | Yes                | 6  | 8.50                | .84  | 13.67    | .52  | 5.17                | 1.17 |                              |

Table 4.19 shows the association between practice gain score and their demographic variables. Elders, more years of experience in pediatric ward and more working experience nurses are gained more practice score than others. Statistical significance was calculated using one-way analysis of variance F-test and student independent t-test.

## **CHAPTER –V DISCUSSION**

The chapter deals with the discussion of the results of data analysed based on the objectives of the study, hypothesis and the purpose of the study was to assess the effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08.

### **FINDINGS BASED ON OBJECTIVES**

*Objective-1: To assess the existing knowledge and practice regarding legal and ethical issues in care of children among Nurses working in Pediatric wards.*

The analysis of the level of knowledge and practice of nurses prior to structured teaching programme reveal the overall existing knowledge and practice are inadequate.

- ❖ With regards to domain wise pre-test percentage of knowledge regarding legal and ethical issues in care of children among nurses working in pediatric wards before administration of structured teaching programme, they were having more score in Ethical aspects in pediatric nursing (53.80%) and minimum knowledge score in Legal aspects in pediatric nursing (50.20%). Overall they were having pre-test percentage of knowledge score is 51.64%.
- ❖ The pre-test level of knowledge score of nurses regarding legal and ethical issues in care of children 46.7% of nurses were having inadequate knowledge and 53.3% of them having moderate knowledge and none of them were having adequate knowledge score.

- ❖ Domain wise Post-test percentage of knowledge on legal and ethical issues in care of children among nurses were having maximum knowledge in **Ethical aspects in Pediatric Nursing** (86.30%) and minimum knowledge score in **Legal aspects in Pediatric Nursing** (83.33%). Overall they are having 84.52% of score.
- ❖ The post-test level of knowledge score of Nurses regarding legal and ethical issues in care of children, none of the nurses were having inadequate knowledge and 15.0% of them were having moderate knowledge and 85.0% of them were having adequate knowledge.
- ❖ With regards to question wise pre-test percentage of practice on legal and ethical issues in care of children among nurses were having maximum practice in Health professional should explain the facts in a language (88.30%) and minimum practice score in One of the roles of the registered nurse in terms of informed consent is to (18.3%). Overall they are having pre-test percentage of practice score is 44.0%.
- ❖ The pre-test level of practice score of nurses regarding legal and ethical issues in care of children, 65.0% of nurses were having poor practice, 35.0% of them were having moderate practice and none of them were having good practice level of score
- ❖ Question wise Post-test percentage of practice score on legal and ethical issues in care of children among nurses were 85.0%.
- ❖ The post-test level of practice score of Nurses regarding legal and ethical issues in care of children, none of the nurses were having poor practice, 13.3% of them having moderate practice and 86.7% of them were having good practice level of score.



***Objective-2: To evaluate the effectiveness of structured teaching programme on legal and ethical issues in care of children among nurses working in pediatric wards.***

- ❖ On an average, in post-test after having STP, nurses are gained 32.88% more knowledge score than pre-test score and 41.00% more practice score than pre-test score. Differences and generalization of knowledge gain score /practice gain score between pre-test and post-test score was calculated using and mean difference with 95% Confidence Interval and proportion with 95% Confidence Interval.
- ❖ The nurses were gained 86.30% of knowledge in **Ethical aspects in Pediatric Nursing**, and 83.33% knowledge in **Legal aspects in Pediatric Nursing**. Overall they gained score is 84.52% of knowledge score after intervention. This shows the effectiveness of structured teaching programme intervention.

**H1:** There is significant difference between mean pre- test level and post-test and practice score regarding legal and ethical issues in care of children among nurses working in pediatric wards who are subjected to structured teaching programme.

***Knowledge regarding***

- ❖ **Legal aspects in pediatric nursing:**In pre-test, nurses were having 7.53 score whereas in post-test they are having 12.50 score. Difference is 4.97. This difference is large and it is statistically significant difference.
- ❖ **Ethical aspects in Pediatric Nursing:** In pre-test, parents are having 5.38 score whereas in post-test they are having 8.63 score. Difference is 3.25. This difference is large and it is statistically significant difference.

- ❖ Significance of difference between pre-test and post-test score was calculated using student paired t-test.
- ❖ On an average, nurses are improved their knowledge from 12.91 to 21.13 after the administration of structured teaching programme.
- ❖ **Practice** score on an average, nurses are improved their practice score from 6.60 to 12.75 after the administration of structured teaching programme.
- ❖ Before STP, 46.7% of the nurses were having inadequate level of knowledge score, 53.3% of them were having moderate level of knowledge score and none of them were having adequate level of knowledge score.
- ❖ After STP, none of the nurses were having inadequate level of knowledge score, 15.0% of them were having moderate level of knowledge score and 85.0% of them were having adequate level of knowledge score.
- ❖ Before STP, 65.0% of the nurses were having poor level of practice score, 35.0% of them were having moderate level of practice score and none of them were having good level of practice score.
- ❖ After STP, none of the nurses were having poor level of practice score, 13.3% of them were having moderate level of practice score and 86.7% of them are having good level of practice score.
- ❖ Level of knowledge gain /practice gain of between pre-test and post-test was calculated using Generalised Mc Nemar's chi square test.

- ❖ Knowledge gain in post-test after having STP, nurses were gained 32.88% more knowledge score than pre-test score. In post-test after having STP, nurses were gained 41.00% more practice score than pre-test score.
- ❖ Differences and generalization of knowledge gain score /practice gain score between pre-test and post-test score was calculated using and mean difference with 95% CI and proportion with 95% CI.
- ❖ The difference between the pre-test and post-test score is larger and statistically significant. So H1 was accepted.

*Vaishali Mohite,Prakash Naregal (2015)*, A study was conducted to assess the effectiveness of structured teaching programme on level of knowledge regarding ethical issues in nursing practice among 105 nursing professionals at selected hospital at Karad Maharashtra. T-test value shows that calculated paired 't' value ( $t = 13.17$ ) is greater than table value ( $t = 11.26$ ) hence there was significant difference was existing between pre-test & post-test knowledge scores so structured teaching programme was effective in improving the knowledge of nursing professionals.<sup>40</sup>

***Objective-3: To find out the association between the post-test knowledge and selected socio demographic variables.***

**H2:** There is significant association between post- test level of knowledge regarding legal and ethical issues in care of children among nurses working in pediatric wards with selected socio demographic variables.

- ❖ The study findings shows that the P value is  $P \leq 0.001$ , which indicates very high significance this shows post- test level of knowledge with nurse's socio demographic variables like age,

years of experience in pediatric ward and working experience nurses were gained more knowledge than others after STP, it was confirmed using one way analysis of variance F-test and student independent t-test. It is Statistically significant

**Princy Koshy (2016)** A survey approach was adopted for the study and descriptive design was used to analyse, Ethical Concepts in Care of Children among Staff Nurses. The setting selected was selected hospital of M.P and non-probability randomized sampling technique was used and the sample size was 100 staff nurse's. The tool used for the study was structured questionnaire. The present study reveals that overall mean knowledge score obtained by staff nurses is 20.88 and Standard deviation is 5.90. The finding showed that majority of staff nurses are having good and average knowledge regarding legal and ethical concepts in nursing care of children among staff nurses in selected hospital in M.P <sup>37</sup>

***Objective-4: To find out the association between the post-test practice and selected socio demographic variables***

H3: There is significant association between post- test level of practice regarding legal and ethical issues in care of children among nurses working in pediatric wards with selected socio demographic variables

- ❖ The study findings shows that the P value is  $P \leq 0.001$ , which indicates very high significance this shows post- test level of practice with nurse's socio demographic variables like age (elder), more years of experience in pediatric ward and more working experience nurses are gained more practice than others after STP, it was confirmed using one way analysis of variance F-test and student independent t-test.

*Madiha Hassan Bayoumi., et al., (2017)* Quasi-experimental design study was to evaluate the effect of guideline education program about nursing ethics on nurse's knowledge and practice in pediatric Oncology/Haematology Unit at Benha Specialized Pediatric Hospital. There were highly statistical significant differences in relation to nurses' knowledge and practice regarding their ethical responsibilities in pediatric oncology unit at pre and post-program intervention. This study concluded that nurses' knowledge and practice toward their ethical responsibilities in pediatric oncology unit was improved after implementation of the guideline education program.<sup>33</sup>

The current study supported with *Fatma Elemam Hafez (2016)* conducted a descriptive research study to assess nurses' knowledge and practice regarding professional ethics in outpatient clinics at Mansoura University Hospitals. The results revealed that the 63.3% of nurses had a satisfactory knowledge, and about three- quarters of them had an adequate practice regarding the professional ethics. Although their practice of professional ethics is better than their knowledge, it is still inadequate, especially regarding dignity, patient rights, fidelity, confidentiality, and privacy. Also, the knowledge scores have statistically significant correlation with the nurses' age, years of experience and work setting, while their practice wasn't influenced by their personal and job characteristics.<sup>36</sup>

The selected demographic variables were dependant on the post-test knowledge and practice. Hypothesis 2 & 3 are accepted.

## **CHAPTER –VI**

### **SUMMARY, IMPLICATION, LIMITATION, RECOMMENDATION AND CONCLUSION**

This chapter deals with the summary, implication, limitation, recommendation and conclusion of the study.

#### **6.1 SUMMARY OF THE STUDY**

The study was done to assess the effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among Nurses working in Pediatric wards at Institute of Child Health and Hospital for Children, Egmore , Chennai-08.

The conceptual framework of the study was based on the Modified Imogene King's Goal Attainment Model (2011). A pre experimental one group pre- test post –test design was used. The independent variable was structured teaching programme and the dependent variable was knowledge and practice of nurses regarding legal and ethical issues in care of children.

The study period was 4 weeks . Convenient sampling technique was used to select samples of the study consists of 60 Nurses working in pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08. The data was collected using a semi structured questionnaire. Structured teaching programme was implemented with the help of laptop power point presentation and booklet. The reliability of the tool was obtained by Test-Retest method. Descriptive and inferential statistics were used for data analysis and interpretation.

## **6.2 MAJOR FINDINGS OF THE STUDY**

### **6.2.1 *Based on demographic data findings***

- ❖ **Age of nurses** 33.3% were 31-35 years.
- ❖ **Gender of nurses** 100% were female.
- ❖ **Educational statuses** 86.7% were General Nursing and Midwifery.
- ❖ **Area of work** 26.7% were Neonatal Intensive Care Unit.
- ❖ **Working experience in pediatric unit** 35.0% were 1-3 years.
- ❖ **Total working experience** 35.0% were 5-10 years.
- ❖ **Educational training programme on legal and ethical issues** 90% nurses were not undergone.

The findings of the study revealed a high statistical significance in comparing with pre and post-test of knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards after receiving structured teaching programme.

### **6.2.2 *Based on the knowledge score of nurses before and after structured teaching programme***

With regards to the pre-test knowledge score on legal and ethical issues in care of children among nurses working in pediatric wards before administration of structured teaching programme, 46.7% of nurses are having inadequate knowledge and 53.3% of them having moderate knowledge and none of them are having adequate knowledge score.

The post-test knowledge score on legal and ethical issues in care of children among nurses working in pediatric wards after administration of structured teaching programme, 15% of nurses were having moderate knowledge and 85.0% of them having adequate knowledge and none of them were having inadequate knowledge score.

### ***6.2.3. Based on the practice score of nurses before and after structured teaching programme***

With regards to the pre-test practice score on legal and ethical issues in care of children among nurses working in pediatric wards before administration of structured teaching programme, 65.0% of nurses were having poor practice, 35.0% of them having moderate practice and none of them were having good practice level of score.

The post-test practice score, 13.3% of nurses were having moderate practice, 86.7% of them were having good practice level of score and none of them were having poor practice level of score.

### ***6.2.4. Based on comparison of pre-test and post-test mean knowledge score***

#### ***Knowledge regarding:***

- ❖ **Legal aspects in Pediatric Nursing:** In pre-test, nurses were having 7.53 score whereas in post-test they were having 12.50 score. Difference is 4.97. This difference is large and it is statistically significant difference.
- ❖ **Ethical aspects in Pediatric Nursing:** In pre-test, parents were having 5.38 score whereas in post-test they were having 8.63 score. Difference is 3.25. This difference is large and it is statistically significant difference.



**6.2.5. Based on comparison of pre-test and post-test mean practice score**

- ❖ **Practice regarding Legal and Ethical aspects in pediatric nursing**, in pre-test, nurses were having 6.60 score whereas in post-test they were having 12.75 score. Difference is 6.15. This difference is large and it is statistically significant difference.

**6.2.6 Findings based on the effectiveness of structured teaching programme on legal and ethical issues in care of children among nurses working in pediatric wards**

In the post-test percentage of knowledge score on legal and ethical issues in care of children among nurses maximum knowledge in **Ethical aspects in pediatric nursing** (86.30%) and minimum knowledge score in **Legal aspects in pediatric nursing** (83.33%). Overall Post-test percentage of knowledge score is 84.52% among nurses. None of nurses were having inadequate knowledge and 15.0% of them having moderate knowledge and 85.0% of them are having adequate knowledge.

In the post-test overall percentage of practice score on legal and ethical issues in care of children among nurses were 85.0%. None of the nurses are having poor practice, 13.3% of them having moderate practice and 86.7% of them are having good practice level of score.

Knowledge gain in post-test after having STP nurses are gained 32.88% more knowledge score than pre-test score. Practice score on an average, in post-test after having STP, nurses are gained 41.00% more practice score than pre-test score.

This shows the effectiveness of structured teaching programme intervention.

### ***6.2.7. Findings based on association between post test level of knowledge score and nurses demographic variables***

The P value is  $P \leq 0.001$  which indicates very high significant association between post-test level of knowledge score with nurses demographic variables. Elders, more years of experience in pediatric ward and more working experience

Nurses are gained more knowledge score than others. Statistical significance was calculated using one way analysis of variance F-test and student independent t-test.

### ***6.2.8 Findings based on association between post test level of practice score and nurses demographic variables***

The P value is  $P \leq 0.001$  which indicates very high significant association between post-test level of practice score with nurses demographic variables. Elders, more years of experience in pediatric ward and more working experience nurses are gained more practice score than others. Statistical significance was calculated using one way analysis of variance F-test and student independent t-test.

## **6.3 IMPLICATION OF THE STUDY**

Numerous implications can be drawn from the present study for the practice which promotes and creates new dimension to nursing profession.

### ***6.3.1. Nursing Education.***

- ❖ More knowledge should be provided to students regarding ethical principles, code of ethical guide lines, factors which influences and prevention of legal and ethical issues in care of children. Facilities should be made available for students to have direct experience in critical care while taking decisions.

- ❖ The Nursing curriculum should be strengthened, by equipping with knowledge regarding various teaching strategies to disseminate information related to ethics, code of ethical guidelines and social law limits.
- ❖ Nursing students should be taught about the importance of ethical principles, factors which influence and decision making during dilemma and selection of various alternative methods while providing nursing care.
- ❖ Nurse educator should take initiation to publish books and articles in journal regarding on legal and ethical issues in care of children.
- ❖ Students can be encouraged to do many projects and studies on legal and ethical issues in care of children in different area of work place.
- ❖ Student Nurses should be motivated in participating and organizing teaching programme on various aspects of legal and ethical issues in care of children.

### **6.3.2. Nursing Practices**

- ❖ A practicing nurses can make all the attempts to create awareness regarding code of ethics, ethical principles and standards of nursing practice and to disseminate the same to the nursing professionals for the betterment of their nursing care in the future
- ❖ Nurses need to involve themselves more consciously while taking decisions in emergency situations in preparing such strategies.
- ❖ Nursing professionals need to improve and update their knowledge in regards to ethical principles and incorporate the knowledge in decision making in daily practice.

- ❖ The overall objective of nurses that the ethical principles should be made used and not discarded; the strategies adopted to achieve their objective should be carefully selected to match the unique demographic, trans- cultural and religious characteristics of the patients.
- ❖ Teaching programmes can be conducted for nursing students as well as nursing professionals as it would allow both nurses and nursing student to enhance their knowledge.

### ***6.3.3. Nursing Administration***

- ❖ Administrators should take initiation in formulating standards, policies, rules and protocols for short and long term in nursing practice.
- ❖ To improve knowledge of nursing personnel, nurse administrator must assume the responsibility of organizing in-service education programme for nurses as well as health assistants and motivate them to participate in such activities.
- ❖ Plan for staff development programme for nurses on of legal and ethical issues in care of children and current legal and ethical practice
- ❖ Nursing administrator should keep good morale and contacts with help groups and services available and act as a referral agent. Should depute nurse for higher education in these areas.
- ❖ Encourage clinical research in wards on prevention of legal and ethical issues in care of children by adopting ethical principles.

#### **6.3.4. Nursing Research**

- ❖ The present study result can be utilized to conduct a study on a large population.
- ❖ Evidence based nursing practice must take higher profile in order to increase awareness among nurses regarding prevention of legal and ethical issues in care of children by adopting ethical principles.
- ❖ Future research should include the studies that seek to increase awareness and attitude from nurses perspective. Qualitative studies may be useful in revealing important elements of awareness and attitude otherwise would be difficult to elicit, such as how nurses view the legal and ethical issues in care of children and how they perceive prevention the legal and ethical issues in care of children by adopting ethical principles.
- ❖ Findings of the present study suggest the education and administration should encourage nurses to read, discuss and conduct research to improve body of knowledge behaviour and attitude about code of ethics, INC standards, patient rights and ethical principles and bring about awareness for nurse and students.
- ❖ Encourage to disseminate knowledge by publications and organizing journal clubs workshops, seminars and conferences.

#### **6.4. LIMITATION**

- ❖ The researcher could not generalize the study finding as the sample size small and also conducted the study in single setting.
- ❖ The researcher does not conduct this study in large group and also for longer duration

## 6.5. RECOMMENDATION

On the basis of the study the following recommendations have been made for further study.

- ❖ This study can be replicated in different setting with larger subjects.
- ❖ A comparative study can be done with private and Govt. Hospital, urban and rural setting in nursing services.
- ❖ The study can be done among student nurses
- ❖ A similar study can be conducted on different health professionals to assess knowledge and attitude towards ethical issues in patient care.
- ❖ Nurse need in-service education according to changes in society, technology and advanced in medicine.
- ❖ Orientation programs should be applied about ethical principles, code of ethical guidelines and factors which influence on the legal and ethical issues in the care of patients, they have proved satisfactory impact on developing the knowledge and practice skills among nurses in their career.
- ❖ Practical education in ethics could assist in bridging the gap in ethical approaches between nurses and their practice.
- ❖ Creating awareness regarding code of ethics, ethical principles and standards of nursing practice in clinical areas.

## 6.6. CONCLUSION

Structured teaching programme was conducted to enhance the knowledge and practice of nurses, which is essential for performing their activities and update their knowledge and practice regarding legal and ethical issues in care of children. The post-test knowledge score of the nurses revealed that 85.0% of nurses had adequate knowledge, 15.0% of nurses had moderately adequate knowledge and no one had inadequate knowledge. The post-test practice score of the nurses revealed that 86.7% of nurses had adequate knowledge, 13.3% of nurses had moderately adequate knowledge and no one had inadequate knowledge. The results revealed that the structured teaching programme was instructionally effective and it would help them to prevent legal and ethical issues in care of children.

Nursing personnel must have holistic knowledge regarding legal and ethical issues in care of children and its prevention. The present study had been supported by a series of other studies which confirmed that the knowledge and practice regarding legal and ethical issues in care of children. All the legal and ethical principles are aimed at safeguarding the rights of life. A nursing practice done with ethics in mind surely earns respect and preference and acceptability but certain dilemma are present today regarding each ethic and nurse should try her best to deal with these dilemma and act according to right need of the hour. Critical components of the professional practice continue to expand and be enhanced through technology, synchronous and asynchronous. To avoid legal issues, a nurse should follow the standards of care, to provide competent care, communicate with other health care workers and develop a good therapeutic caring relationship. Documentation should be accurate, complete, factual, legible and have current knowledge of nursing practice and the client along with this the nurses should work in a collaborative way to meet the identified goals.<sup>7</sup>

## REFERENCES

- 1) Dorothy Dorothy R. Marlow Barbara, "Textbook of Pediatric Nursing" , VI edition, Godsons printers limited Philadelphia, 2012, P:33
- 2) Remya U. Legal, ethical knowledge of nurses caring for children. Nightingale nursing times 2011;7(9):27.
- 3) Srinivasan R Health care in India-vision 2020. [Online]. [2004] [cited 2011 Nov 20]. [http://www.planningcommission.nic.in/report/genrep/bkpap2020/26\\_bg2020.doc](http://www.planningcommission.nic.in/report/genrep/bkpap2020/26_bg2020.doc)
- 4) Edward, taunda. Legal aspects in nursing. [online]. 2010 [cited 2011 Nov 08]. Available from:URL:[http://www.ehow.com/\\_5192939\\_legal-issues-nursing.html](http://www.ehow.com/_5192939_legal-issues-nursing.html)
- 5) Thompson.L E, Kath M. Nursing ethics, Church hill living stone, London: 2005 Responsible nurse immunize against negligence. [online]. 2006 [cited 2011 Nov 08]. Available from: URL: <http://www.responsiblenurse.com/liability.aspx>
- 6) Ludquist madhu. Legal implication in nursing. 2009 Sep 23. Availablefrom:URL:<http://www.Flashcardmachine.com/legal-implicationsinnursing>
- 7) Parul Dutta ,“Textbook of Pediatric Nursing”, I edition , Jaypee Brothers, publications, New Delhi, 2009 p. 1-2
- 8) National Practitioner Data Bank. Am J Nrs [serial online] 2003 [cited 2012 Dec 24]; (103): 54. Available from: URL:[http://www.rightdiagnosis.com/medicalmalpractice/nursing\\_malpractice\\_statistics.htm](http://www.rightdiagnosis.com/medicalmalpractice/nursing_malpractice_statistics.htm)



- 9) The National Academies. [online]. 2000 [cited 2011 Nov 08]. Available from:  
URL:<http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=11623>
- 10) Takata GS et al. Journal Watch Pediatrics and Adolescent Medicine. [Online ].2008 [cited 2012 Dec 08]; 121:e927. Available from:URL: <http://pediatrics.jwatch.org/cgi/content/full/2008/514/1>
- 11) American Journal of Diseases of Children [serial online] 1988 [cited 2011 Nov 08];(142). Available from: URL: <http://archpedi.ama>
- 12) Kashual Kaushal R, Bates DW, Landrigan C, McKenna KJ, Clapp MD, Federico F, Goldmann DA. Medication errors and adverse drug events in pediatric inpatients. Jama. 2001 Apr 25;285(16):2114-20.
- 13) Lesar TS, Briceland L, Stein DS. Factors related to errors in medical prescribing. Journal of American Medical Association. [Online ]. 1997 [cited 2012 Dec 08]; 277:312-7. Available from: URL: <http://www.bioline.org.br/request?ms09029>
- 14) Baby allegedly dies after mother cleaned with acid. Times of India Bangalore. 2011 Nov 2. [online]. 2011 [cited 2011 Nov 08]
- 15) National Medical Malpractice Statistics. Journal of American Medical Association [online]. 2006. [cited 2011 Nov 15]. Available in URL: <http://www.resource4surgicalaccidents.com/malpracticestats.html>
- 16) International Journal of Medicine and Biomedical Research 5(2):67-76 ,June 2016 Available:from:[https:// www.researchgate](https://www.researchgate)

/publication/305272186,Ethical\_Issues\_in\_Maternal\_and\_Child\_Health\_Nursing\_Challenges\_Faced\_By\_Maternal\_and\_Child\_Health\_Nurses\_and\_Strategies\_for\_Decision\_Making

- 17) <https://www.fiercehealthcare.com/healthcare/malpractice-claims-against-nurses-rise>
- 18) Polit D F., and Hungler, “B.P Nursing Research: Principles and methods”, 6th edition, Wolters and Kluwer publication, Philadelphia, 2001.
- 19) Izen Ri, Eiko Suda, Zentaro Yamagata, Hiroshi Nitta, Kaori Muto Health Expect. 2018Feb; 21(1):358–366 Published online 2017 Sep 22 doi :10.1111/hex.12630 PMID: PMC5750772
- 20) Bucher HU, Klein SD, Hendriks MJ, Baumann-Hölzle R, Berger TM, Streuli JC, Fauchère JC. Decision-making at the limit of viability: differing perceptions and opinions between neonatal physicians and nurses. BMC pediatrics. 2018, Dec; 18(1): 81, Published online 2018 Feb 22. doi: 10.1186/s12887-018-1040- PMID: PMC5822553
- 21) Upasen R. Relational Ethics and Nurses-Client Relationship in Nursing Practice: Literature Review. Ment Health Hum Resilience Int J 2017,1(1):000102. [https://medwinpublishers.com/MHRIJ/MHRIJ1\\_6000102.pdf](https://medwinpublishers.com/MHRIJ/MHRIJ1_6000102.pdf)
- 22) Eva Bergsträsser, Eva Cign,Patricia Luck Palliat Care. 2017; 10: 1178224217724770. Published online 2017 Aug 10. doi: 10. 1177/ 1178224217724770 PMID: PMC5555493
- 23) Choe K, Kim Y, Yang Y. Pediatric nurses’ ethical difficulties in the bedside care of children. Nursing ethics. 2017 Jan

1:0969733017708330. <http://journals.sagepub.com/doi/abs/10.1177/0969733017708330?journalCode=neja>

- 24) Butz AM, Redman BK, Fry ST, Kolodner K. Ethical conflicts experienced by certified pediatric nurse practitioners in ambulatory settings. *Journal of Pediatric Health Care*. 1998 Jul 1;12(4):183-90. Available from: URL:<http://www.ncbi.nlm.gov/pubmed/9832732>
- 25) Ginger Epstien E. Moral obligation of nurses and physician in neonatal end-of-life care.:2010sep-17[5]-577-89. Available from: URL: <http://www.ncbi.nlm.gov/pubmed/20801960>
- 26) Chau JP, Lam LW, Lui MH, Ip WY, Chien WT, Lee IF, Thompson DR. A survey of registered nurses' perceptions of the code of professional conduct in Hong Kong. *Journal of clinical nursing*. 2010 Dec;19(23 - 24):3527-34. Available from:URL: <http://repository.lib.polyu.edu.hk/jspui/handle/10397/2398>
- 27) Hakan ozdemir M. Hilal A. onder M. Meral D.:Mdwives and nurses awarenees of patient's right: 2009 dec-25[6] 756-65: available from: URL:<http://www.ncbi.nlm.gov/pubmed/18346826>
- 28) Latour JM, Fulbrook P, Albarran JW. European intensive care nurses' attitudes and beliefs towards end-of-life care. 2009 May-Jun. [cited 2012 Dec 28];14(3):110-21. Available from: URL:<http://www.ncbi.nlm.nih.gov/pubmed/19366408>
- 29) Naess M. "Do-Not-Attempt-Resuscitation"-orders in ICCUs: a survey of attitudes And experiences of nurses in Norway. *Intensive Coronary Care Unit, Department of Cardiology, Ullevål University Hospital.Intensive Crit Care Nurs*. 2009 Jun;25(3): 140-6. Epub 2008 Jun 24.Oslo N-0407, Norway. mins@uus.no

- 30) Heba Abdel Mowla Ahmed, 2 Eman Abdel Aziz, 3Yasmin Fathy  
IOSR Journal of Nursing and Health Science (IOSR-JNHS) e-  
ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 6, Issue 3 Ver. I  
(May. - June. 2017), PP -83-95 [www.iosrjournals.org](http://www.iosrjournals.org)
- 31) Madiha Hassan Bayoumi<sup>1</sup> , Fawzia Farouk Kamel<sup>2</sup> , Amal  
Abdelrazik Fathalla IOSR Journal of Nursing and Health Science  
(IOSR-JNHS) e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 6,  
Issue 3 Ver. III (May. - June. 2017),PP 01-09  
[www.iosrjournals.org](http://www.iosrjournals.org)
- 32) Zaal schuller, D.I.willems .F.Ewals,J.B.van goundoever ,  
Involvement of nurses in end - of - life. 2017,Available from:  
[https://www.researchgate.net/publication/322856069\\_Involvement  
of\\_nurses\\_in\\_end-of-life\\_discussions\\_for\\_severely  
disabled  
children](https://www.researchgate.net/publication/322856069_Involvement_of_nurses_in_end-of-life_discussions_for_severely_disabled_children) [accessed Jun 13 2018].
- 33) Saima Hamid\*, Ethical Issues Faced by Nurses during Nursing  
Practice in District Layyah, Pakistan,2016Diversity & Equality in  
Health and Care
- 34) Fatma Elemam Hafez<sup>1</sup>, Hind Abdullah Mohamed<sup>2</sup>, Dena  
EltabeySobeh<sup>3</sup> IOSR Journal of Nursing and Health Science  
(IOSR-JNHS) e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 5,  
Issue 6 Ver. VII (Nov. - Dec. 2016), PP 20-28,  
[www.iosrjournals.org](http://www.iosrjournals.org)
- 35) Princy Koshy, Ethical Concepts in Care of Children among Staff  
Nurses, International Journal of Science and Research (IJSR),  
Volume 5 Issue 9, September 2016, DOI: 10.21275/ART20161869
- 36) Dr. Naglaa Fathy<sup>1</sup> & Dr. AbeerRefaat Kabeel<sup>2</sup> Effect of  
Educational Clinical Guidelines Program of Medication Errors on  
Pediatric Nurses' Knowledge Regarding Patient Safety, IOSR

Journal of Nursing and Health Science (IOSR-JNHS)e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 5, Issue 6 Ver. VII (Nov. - Dec. 2016), PP 98-106 [www.iosrjournals.org](http://www.iosrjournals.org)

- 37) Latha Bhat Knowledge on Legal and Ethical Aspects in Patient Care among Critical Care Nurses 2016, june, Available from: [https://www.researchgate.net/publication/303459834\\_](https://www.researchgate.net/publication/303459834_)
- 38) Barnie BA, Forson PK, Opare-Addo MN, Appiah-Poku J, Rhule GP, Oduro G, Adu-Sarkodie Y, Donkor P. Knowledge and Perceptions of Health Workers' Training on Ethics, Confidentiality and Medico-Legal Issues. Journal of clinical research & bioethics. 2015 Feb;6(1).
- 39) Vaishali Mohite,Prakash Naregal 2015, Effectiveness\_of\_Structured\_Teaching\_Programme\_on\_Knowledge\_Regarding\_Ethical\_Issues\_in\_Nursing\_Practice\_among\_Nursing\_Professionals.Available,from:  
<https://www.researchgate.net/publication/271831793>
- 40) Oyetunde MO, Ofi BA. Nurses' knowledge of legal aspects of nursing practice in Ibadan, Nigeria. Journal of Nursing Education and Practice. 2013 Mar 6;3(9):75.<http://www.sciedu.ca/journal/index.php/jnep/article/viewFile/1222/1410>
- 41) Aslihan Akpınar, Muesser Ozcan Senses, Rahime Aydin Er. Attitudes to End-of-Life Decisions in Paediatric Intensive Care. BMC Medical Ethics. 2006. [cited 2012 Dec24]; 7:7. Available from:URL: <http://www.biomedcentral.com/1472-6939/7/7>
- 42) Iva Sorta Bilajac, Ksenija , Morana , Ervin , Boris Brozović, Tomislav. How Nurses and physicians face ethical dilemmas — the Croatian experience. 2011 May.Dec [cited2012Dec28]; 18(3):

341-55. Available from: URL: <http://www.ncbi.nlm.nih.gov/pubmed/21558110>

- 43) Kumar H, Gokhale KJ, Mathur DR. Legal awareness and responsibilities of nursing staff in administration of patient care in a trust hospital. *Journal of clinical and diagnostic research: JCDR*. 2013 Dec;7(12):2814.
- 44) Houghton CE, et.al. [ 2010] Ethical challenges in qualitative research. Casey D, JUL 17 [4 Shaw D.2010] : available from: URL: <http://www.ncbi.nlm.nih.gov/pubmed/21138082>
- 45) Mamatha G C. Effectiveness of structured teaching programme on knowledge and attitude of nurses regarding ethical issues in patient care. RGUHS; 2009
- 46) Sandra Bellini ,Elizabeth G. Damato. AWHONN [serial online] 2009 [cited 2011 Nov 08]; Available from: URL: <http://www.ncbi.nlm.nih.gov/pubmed/19323715>
- 47) Axson SA, Giordano NA, Hermann RM, Ulrich CM. Evaluating nurse understanding and participation in the informed consent process. *Nursing ethics*. 2017 Jan 1:0969733017740175. Available from: <https://www.researchgate.net/publication/321189420>
- 48) Franco Carnevale, Ethical Considerations in the pediatric unit, *journal of Canadian nurses association* ,2016 DOI: 10.1177/0014551596973396 · Source: PubMed
- 49) Ayse Sonay Turkmen and Sevim Savaser, *Iranian Journal of Pediatrics, Pediatric Nurses' Information and Applications Related To Ethical Code*, 2015 [ijp.tums.pub/en/articles/321.html](http://ijp.tums.pub/en/articles/321.html)
- 50) Bello Hussainat Taiye, Knowledge and Practice of Documentation among Nurses in Ahmadu Bello University Teaching Hospital

(Abuth) Zaria, Kaduna State, IOSR Journal of Nursing and Health Science.p-ISSN: 2320–1940 Volume 4, Issue 6 Ver. I (Nov. -Dec. 2015), PP 01-06 www.iosrjournals.org DOI: 10.9790/1959-04610106

- 51) Lisa J. Sundean, Ethical Considerations in the Neonatal Intensive Care Unit 22(8) · 2014 with 302 Reads DOI 10.1177/09 697330 14551 596 Source: PubMed
- 52) Hemant Kumar,<sup>1</sup> Gokhale,<sup>2</sup> Kalpana Jain,<sup>3</sup> and D.R. Mathur<sup>4</sup> J Clin Diagn Res. 2013 Dec; 7(12): 2814–2817. Legal Awareness and Responsibilities of Nursing Staff in Administration of Patient Care in A Trust Hospital. doi: 10.7860 /JCDR /2013 /7737 . 3886 PMID: 24551645 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3919375/>
- 53) Orr FE Clin nurs: The role of the pediatric nurse in promoting pediatric right to consent. J Clin Nurs. May. [cited 2012 Dec 4]; 8(3):291-8 Available from: URL: <http://www.ncbi.nlm.nih.gov/pubmed/10578752>
- 54) Yakov G, Shilo Y, Shor T. Nurses' perceptions of ethical issues related to patients' rights law. Nursing ethics. 2010 Jul;17(4):501-10. Michael Clayton 2010 ISSN: 1367 4935 <http://journals.sagepub.com/doi/pdf/10.1177/136749350000400208>. Online ISSN: 1741-2889
- 55) Clayton M. Consent in children: legal and ethical issues. Journal of Child Health Care. 2010 Jun;4(2):78-81.
- 56) Maria Grazia De Marinis. Consistency between nursing records and observed nursing care. Italian hospital journal of clinical nursing: 2010. vol (19). p: 1544–52. [Http://Onlinelibrary.Wiley.Com/Doi/10.1111/J.1365-2702.2009.03012.X/Abstract](http://Onlinelibrary.Wiley.Com/Doi/10.1111/J.1365-2702.2009.03012.X/Abstract)

- 57) Komo. Staff & news service. Death was third fatal medication error at children's komo news.com. Seattle, US: 2010. Available from: URL: [Http://Www.Komonews.Com /News/ Problem solvers /104115898.Html](http://www.komonews.com/News/Problem_solvers/104115898.html)
- 58) Kamla Saini, KJ Toppo, Manavjot Seema. Consumer Protection Act 1986 : A Challenge to the Nursing Profession . November 2009. [cited 2012 Dec24]; C (11). Available from: URL <http://www.tnaionline.org/nov-09/12.htm>
- 59) Theoretical Foundations of Nursing:The Philippine Perspective By: Octaviano E. and Balita C. Ultimate Learning Series From:[http://www.novelguide.com/a/discover/genh\\_0002\\_0003\\_0/genh\\_0002\\_0003\\_0\\_00487.html](http://www.novelguide.com/a/discover/genh_0002_0003_0/genh_0002_0003_0_00487.html)
- 60) Retrieved from : [http://nursing-theory.org/ nursingtheorists / Imogene King.php](http://nursing-theory.org/nursingtheorists/Imogene_King.php) Imogene King's System Interaction Model and Theory of Goal Attainment:



## DATA COLLECTION TOOL

**SAMPLE NO:**

**DATE:**

### INSTRUCTION

The questionnaire has three sections. Section A requires your responses with regards to your personal characteristics and Section B ( part-1, part- 2) Section C consists of semi structured questionnaire regarding various aspects in knowledge and practices of legal and ethical issues in care of children . Each question carries one mark. Kindly go through the questionnaire and put tick mark [ ✓ ] for correct answer in the space provided. I assure you that the information given by you will be kept confidential.

### SECTION A

#### SOCIO-DEMOGRAPHIC DATA

##### 1) Age in years

- a) < 30 [    ]
- b) 31-35 [    ]
- c) 36-40 [    ]
- d) >40 [    ]

##### 2) Gender

- a) Male [    ]
- b) Female [    ]

##### 3) Educational status

- a) GNM [    ]
- b) BSC (N) [    ]
- c) Post basic BSC (N) [    ]
- d) MSC (N) [    ]

**4) Area of work**

- a) Pediatric Intensive care unit [ ]
- b) Neonatal Intensive care unit [ ]
- c) Pediatric Medical ward [ ]
- d) Pediatric Surgical ward [ ]

**5) working experience in pediatric unit**

- a) Less than 6 months [ ]
- b) 6 months 1 year [ ]
- c) 1-3 years [ ]
- d) More than 3 years [ ]

**6) Total working experience**

- a) Less than 2 years [ ]
- b) 2-5 years [ ]
- c) 5-10 years [ ]
- d) More than 10 years [ ]

**7) Whether attended any educational training programme on  
legal and ethical issues in care of children**

- a) Yes [ ]
- b) No [ ]

## SECTION-B

SAMPLE NO:

DATE:

### PART-1: SEMI STRUCTURED QUESTIONNAIRE RELATED TO LEGAL ASPECTS IN PEDIATRIC NURSING

#### 1. Law means

- a. System of diversity [    ]
- b. System of patient care [    ]
- c. System of rights and obligations [    ]

#### 2. Law protect the nurse from

- a. Liability [    ]
- b. Accountability [    ]
- c. Veracity [    ]

#### 3. Felony means

- a. Serious nature that has a penalty of imprisonment for less than one year [    ]
- b. Less serious crime that has a penalty of a fine or imprisonment of less than one year [    ]
- c. Crime of serious nature that has a penalty of imprisonment for greater than one year or even death [    ]

#### 4. Civil Law

- a. Protects the rights of the individual [    ]
- b. Prevents harm to the society [    ]
- c. Provides punishment for crimes [    ]

**5. A person can practice nursing legally, if he/she is**

- a. Licensed [    ]
- b. Experienced [    ]
- c. Qualified [    ]

**6. One of the legal safeguards in nursing practice is**

- a. Hospital policies [    ]
- b. Good rapport [    ]
- c. Effective inter personal relationship [    ]

**7. Explanation given to a patient regarding risks and benefits before doing any procedure is referred as**

- a. Judicial consent [    ]
- b. Statutory consent [    ]
- c. Informed consent [    ]

**8. Best evidence for the maintenance of standard care is**

- a. Patient teaching [    ]
- b. Clinical supervision [    ]
- c. Documentation [    ]

**9. Safeguarding the clients rights and supporting their interests are**

- a. Values [    ]
- b. Advocacy [    ]
- c. Obligation and responsibility [    ]

**10. Emancipation means**

- a. Legal recognition that the minor lives independently [    ]
- b. Legal recognition that the minor lives dependently [    ]
- c. Legal recognition that the minor lives partially dependent [    ]

**11. Parens Patrie means**

- a. Legal rule that allows to make decision when parents are unable or unwilling to provide for the best interest of the child [    ]
- b. Legal rule that allows to make decision when relatives are unable or unwilling to provide for the best interest of the child [    ]
- c. Legal rule that allows to make decision when guardian are unable or unwilling to provide for the best interest of the child [    ]

**12. Malpractice suit means:**

- a. Failure of a professional to use such care, which leads to harm and involves expert witness. [    ]
- b. Obligation to protect safety of public [    ]
- c. Specific written instructions concerning the type, care and treatment that individuals want to receive. [    ]

**13. The legal term that is accurately paired with its description is**

- a. **Assault:** Lack of proper care and attention carelessness [    ]
- b. **Battery:** Threatening to touch a person without their consent [    ]
- c. **Slander:** False oral defamatory statements [    ]

**14. The six elements necessary for malpractice are**

- a. Assault, foreseeability, duty, breach confidentiality, harm and [ ]  
injury and damages to the patient.
- b. Causation, foreseeability, duty, breach confidentiality, harm and [ ]  
injury and damages to the patient
- c. Battery , foreseeability, duty, breach confidentiality, harm and [ ]  
injury and damages to the patient

**15. The fundamental responsibility of the nurse is**

- a. To promote and restore health, prevent illness [ ]
- b. To promote health, prevent illness, restore health and alleviate [ ]  
sufferings.
- c. To prevent illness and promote general wellbeing [ ]

## SECTION-B

### PART-2 SEMI STRUCTURED QUESTIONNAIRE RELATED TO ETHICAL ASPECTS IN PEDIATRIC NURSING

**16. Ethics in nursing refers to**

- a. Set of moral values [    ]
- b. Set of beliefs [    ]
- c. Set of judgement [    ]

**17. Professional code of ethics is a system of**

- a. Issue of nursing [    ]
- b. Group of ethical action [    ]
- c. Rules and principles [    ]

**18. Ethical principles for professional nursing practice in a clinical setting are guided by the principles of conduct that are written as the**

- a. American Nurses Association's (ANA's) Code of Ethics [    ]
- b. Nurse Practice Act (NPA) written by state legislation [    ]
- c. Standards of care from experts in the practice field [    ]

**19. Autonomy of a client means**

- a. Values that originate within the self-maintenance of life [    ]
- b. Principle related to fair and equitable treatment [    ]
- c. Principle supporting self determination [    ]

**20. Beneficence means**

- a. A principle related to promise keeping and faithfulness [    ]
- b. Honoring the rights of another as a unique human being [    ]
- c. A principle related to doing good or benefitting to others [    ]

**21. Veracity refers to**

- a. Principle supporting self determination [    ]
- b. Principle of non-disclosure of private information [    ]
- c. Truth telling [    ]

**22. A principle related to promise keeping and faithfulness is**

- a. Fidelity [     ]
- b. Non maleficence [     ]
- c. Veracity [     ]

**23. The meaning of Justice in nursing care is to provide:**

- a. Fair and equitable treatment to all people [     ]
- b. Services of discriminating nature. [     ]
- c. Values from family of origin and significant others [     ]

**24. Intentional tort refers to**

- a. Duty to be fair to all people [     ]
- b. Duty to maintain commitment of professional obligation and responsibility [     ]
- c. Assault, battery, false imprison invasion of privacy and defamation [     ]

**25. Accountability means**

- a. Answerable to one's own thought [     ]
- b. Answerable to one's own action [     ]
- c. Answerable to self [     ]



## SECTION-C

### GENERAL INFORMATION REGARDING LEGAL AND ETHICAL PRACTICES IN PEDIATRIC NURSING

1. **A client who had a “Do Not Resuscitate” order passed away. After verifying there is no pulse or respirations, the nurse should**
  - a. Have family members say goodbye to the deceased [     ]
  - b. Call the transplant team to retrieve vital organs if they agree [     ]
  - c. Remove all tubes and equipment (unless organ donation is to take place), clean the body, and position appropriately. [     ]
  
2. **Termination of life sustaining treatment is**
  - a. Withdrawal of some medicine [     ]
  - b. Withdraw all treatment and care [     ]
  - c. Nutritional alone [     ]
  
3. **A health care issue often becomes an ethical dilemma because**
  - a. Decisions must be made quickly, often under stressful conditions [     ]
  - b. Decisions must be made based on value systems [     ]
  - c. The choices involved do not appear to be clearly right or wrong [     ]
  
4. **Obtaining informed consent is the responsibility of the**
  - a. Staff nurse [     ]
  - b. Nursing supervisor [     ]
  - c. Physician [     ]
  
5. **One of the roles of the registered nurse in terms of informed consent is to**
  - a. Serve as the witness to the client’s signature on an informed consent. [     ]
  - b. Get and witness the client’s signature on an informed consent. [     ]
  - c. Get and witness the durable power of attorney for health care decisions and signature on an informed consent. [     ]

**6. Pediatric client (usually older child) has been informed about what will happen during the treatment or procedure is called**

- a. Consent [ ]
- b. Assent [ ]
- c. Contract consent [ ]

**7. The issuance of a false statement about another person**

- a. Defamation [ ]
- b. Foresee ability [ ]
- c. Damages [ ]

**8. Libel is a**

- a. Written defamation [ ]
- b. Oral defamation [ ]
- c. Pictorial defamation [ ]

**9. Breach of duty means**

- a. Failure to note and report to the higher authority about the seriousness [ ]
- b. An occasion when a person owes a duty to another [ ]
- c. A person forced to remain in health centers or hospital [ ]

**10. Health professional should explain the facts in a language that**

- a. The parent or child understand [ ]
- b. The health professional understand [ ]
- c. Where signs and symbols are used. [ ]

**11. Record Medico legal case with red ink**

- a. At the bottom of the case sheet [ ]
- b. At the right top corner of the case sheet [ ]
- c. At the left top corner of the case sheet [ ]

**12. Nurse should keep their**

- a. License update [ ]
- b. Knowledge update [ ]
- c. Skills update [ ]

**13. Practice of advocacy calls for the nurse to**

- a. Seek out the nursing supervisor in conflicting situations [ ]
- b. Work to understand the law as it applies to the client's clinical condition [ ]
- c. Assess the client's point of view and prepare to articulate this point of view [ ]

**14. The main responsibility of the nurse in carried out telephonic order in an extreme emergency is**

- a. Add on the prescription as soon as they received telephonic orders [ ]
- b. Order should be signed by the physician on his next visit within 24 hours [ ]
- c. Do not carry out telephonic orders [ ]

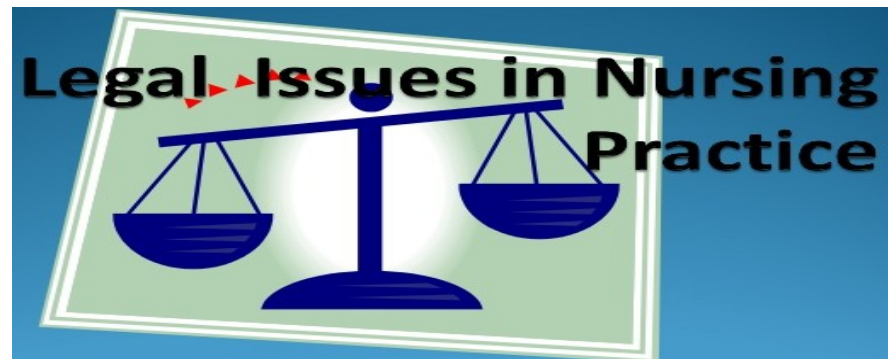
**15. Effective inter personal relationship with clients will**

- a. Cause problems or issues in nursing care [ ]
- b. Develop professional misconceptions [ ]
- c. Prevent ethical and legal issues in nursing [ ]

## SCORING KEY FOR QUESTIONNAIRE

| <b>QUESTION NO</b> | <b>answer</b> | <b>QUESTION NO</b> | <b>answer</b> |
|--------------------|---------------|--------------------|---------------|
| 1.                 | C             | 1.                 | c             |
| 2.                 | A             | 2.                 | b             |
| 3.                 | C             | 3.                 | c             |
| 4.                 | A             | 4.                 | c             |
| 5.                 | A             | 5.                 | a             |
| 6.                 | B             | 6.                 | b             |
| 7.                 | c             | 7.                 | a             |
| 8.                 | c             | 8.                 | c             |
| 9.                 | b             | 9.                 | a             |
| 10.                | a             | 10.                | a             |
| 11.                | a             | 11.                | b             |
| 12.                | a             | 12.                | a             |
| 13.                | c             | 13.                | c             |
| 14.                | b             | 14.                | b             |
| 15.                | b             | 15.                | c             |
| 16.                | a             |                    |               |
| 17.                | c             |                    |               |
| 18.                | a             |                    |               |
| 19.                | c             |                    |               |
| 20.                | c             |                    |               |
| 21.                | c             |                    |               |
| 22.                | a             |                    |               |
| 23.                | a             |                    |               |
| 24.                | c             |                    |               |
| 25.                | b             |                    |               |

**COLLEGE OF NURSING  
MADRAS MEDICAL COLLEGE, CHENNAI-03  
STRUCTURED TEACHING PROGRAMME ON LEGAL AND ETHICAL  
ISSUES IN CARE OF CHILDREN**



## **STRUCTURED TEACHING PROGRAMME ON LEGAL AND ETHICAL ISSUES IN CARE OF CHILDREN**

|                          |   |   |
|--------------------------|---|---|
| TOPIC                    | : | LEGAL AND ETHICAL ISSUES IN CARE OF CHILDREN                                    |
| GROUP                    | : | REGISTERED NURSES   |
| PLACE OF TEACHING        | : | WARDS, INSTITUTE OF CHILD HEALTH & HOSPITAL FOR CHILDREN, EGMORE,<br>CHENNAI-08 |
| DURATION                 | : | 45 MINUTES  |
| METHOD OF TEACHING       | : | LECTURE CUM DISCUSSION  |
| MEDIUM OF INSTRUCTION    | : | ENGLISH   |
| TEACHING AID             | : | POWER POINT PRESENTATION, BOOKLET   |
| RESEARCH GUIDE           | : | MRS.G.MARY, M.Sc (N)., MBA., LECTURER,<br>HOD- CHILD HEALTH NURSING.            |
| NAME OF THE INVESTIGATOR | : | P.LAVANYA, M.Sc (N)-II YEAR   |

## **CENTRAL OBJECTIVE**

At the end of the structured teaching programme Registered Nurses will be able to acquire knowledge and practice regarding Legal and Ethical issues in care of children and to develop desirable skills and attitude to practice this knowledge in various health care setting.

## **SPECIFIC OBJECTIVES**

At the end of the structured teaching programme, the Staff Nurses will be able to

- define law in nursing practice.
- state the functions and importance of the law in pediatric nursing.
- enlist the laws in nursing.
- narrate the legal safeguards in nursing practice.
- depict the term nursing ethics and code of ethics.
- elaborate the ethical principles in nursing practice.
- describe common legal and ethical issues in nursing practice.
- explain the preventive measures of legal and ethical issues in care of children.

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>INTRODUCTION</b></p> <p>Nursing is Nobel profession; it involves care during all aspects of health, sickness, personal life and community life. Nursing practice is governed by many legal concepts. In India about 35% of the total populations are children below 15 years of age. They are not only large in number but vulnerable to various health problems and considered as a special risk group. Nursing of a hospitalized child is different from an adult. The child lacks decisional power and there are more chances for the nurse to face more ethical and legal problems. Nurse patient relationship on the health care team will require participation in difficult or controversial decision. The ethical principle guides professional practice and decision making in health care delivery system. It is important for pediatric nurses to know the basics of legal and ethical concepts, because nurses are accountable for their professional judgments and actions.</p> |                       |                    |         |            |



| S.NO | TIME  | SPECIFIC OBJECTIVE   | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION  |
|------|-------|--|--|-----------------------|--------------------|---------|---|
| 1    | 2 mts | define law in nursing practice                                     | <p><b>DEFINITION</b></p> <p>The Law is a system of rights and obligations which the state enforces.</p> <p style="text-align: center;">-GREEN-</p> <p>The Law constitutes body of principles recognized or enforced by the public and regular tribunal has the administration of justice.</p> <p style="text-align: center;">-POUND-</p> <p>The Law is the body of principles recognized and applied by the state and administration of justice.</p> <p style="text-align: center;">-SALMAIND-</p> | Explaining            | Listening          | PPT     | What is law in nursing practice?                        |
| 2    | 2 mts | state the functions and importance of the law in pediatric nursing | <p><b>FUNCTIONS OF THE LAW IN PEDIATRIC NURSING</b></p> <ul style="list-style-type: none"> <li>➤ Protect the nurse from legal involvement</li> <li>➤ Protect the right of clients and nurses</li> <li>➤ Ensure the safe nursing practice</li> <li>➤ Identify the risk of liability</li> </ul>  | Explaining            | Listening          | PPT     | What are the functions of the law in pediatric nursing? |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>IMPORTANCE OF THE LAW IN PEDIATRIC NURSING</b></p> <ul style="list-style-type: none"> <li>➤ It provides a legally protected framework for pediatric nursing actions in the care of children.</li> <li>➤ It differentiates the nurse's responsibilities from those of other health professionals.</li> <li>➤ It helps to establish the boundaries of independent nursing actions.</li> <li>➤ It assists in maintaining a standard of nursing practice by making pediatric nurses accountable to the law of practice.</li> <li>➤ To ensure that the pediatric nurses decisions and actions are consistent with current legal principles.</li> <li>➤ To protect the pediatric nurse from liability.</li> </ul> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE         | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION                    |
|------|------|----------------------------|---|-----------------------|--------------------|---------|-------------------------------|
| 3    | 3mts | enlist the laws in nursing | <p><b>LAWS IN NURSING</b></p> <p><b>Common Law</b></p> <p>Created by judicial decisions made in courts when individual cases are decided.</p> <p><b>Felony</b></p> <p>Felony is a crime of serious nature that has a penalty of imprisonment for greater than one year or even death.</p> <p><b>Misdemeanor</b></p> <p>Misdemeanor is a less serious crime that has a penalty of a fine or imprisonment of less than one year.</p> <p><b>Civil Law</b></p> <p>Protects the rights of individual persons within our society and encourage fair and equitable treatment among people.</p> | Explaining            | Listening          | PPT     | What are the laws in nursing? |

| S.NO | TIME  | SPECIFIC OBJECTIVE                               | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION   |
|------|-------|--|---|-----------------------|--------------------|---------|--|
|      |       |  | <p><b>Contract Law</b></p> <p>It is the enforcement of agreements among private individuals. Employment Contracts is an example of contract law under civil law.</p> <p><b>Criminal Law</b></p> <p>Prevent harm to society and provides punishment for crimes.</p>  |                       |                    |         |  |
| 4    | 10mts | Narrate the legal safeguards in nursing practice | <p><b>LEGAL SAFEGAURDS IN NURSING PRACTICE</b></p> <p>Three categories of safeguards determine how the law views nursing practice:</p> <ul style="list-style-type: none"> <li>• Nurse practice acts</li> <li>• Standards of care set by professional organizations</li> <li>• Rules and policies set by the institution employing the nurse.</li> </ul> | Explaining            | Listening          | PPT     | What are the legal safeguards in nursing practice? |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>NURSE PRACTICE ACTS</b></p> <p>Every state has a nurse practice act that determines the scope of practice of registered nurses in that state. Nurse Practice Act defines what the nurse is, and how to practice nursing care legally.</p> <ul style="list-style-type: none"> <li>→ Establish education requirements</li> <li>→ Distinguish between nursing and medical practice</li> <li>→ Define the nurses scope of practice</li> <li>→ Define nursing practice more specifically</li> </ul> <p>❖ All nurses are responsible for knowing their Nurse Practice Act</p> <p><b>LICENSURE</b></p> <p>All nurses who are in nursing practice have to possess a valid licensure, issued by the respective state nursing council/Indian nursing council</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>GOOD SAMARITAN LAW</b></p> <p>Nurses act as Good Samaritans by providing emergency assistance at an accident scene (<b>Good Samaritan Act, 1997</b>).</p> <p>In response to health professionals, fear of malpractice claims, most states enacted Good Samaritan Laws that exempt doctors and nurses from liability when they render first during emergency. These laws limit liability and offer legal immunity for people helping in an emergency</p> <p><b>GOOD RAPPOR</b></p> <p>Developing good rapport with the client is very important to prevent malpractice. The ability to develop good rapport with client is dependent on the nurse having good interpersonal communication skills<br/>Example: listening</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>STANDARDS OF CARE</b></p> <p>Standards of care are the legal requirements for nursing practice that describe acceptable standard of nursing care to avoid malpractice The Society of Pediatric Nurses is the primary organization that sets standards for pediatric nurses. The ANA has developed standards of practice.</p> <p><b>STANDING ORDERS</b></p> <p>Although a nurse may not legally diagnose illness or prescribe treatment, she or he may after assessing patient's condition apply standing orders or treatment guidelines that have been established by the physician or doctor as appropriate for certain problems and conditions.</p> <p><b>Informed consent for operation and other procedures</b></p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p>In <b>1914, Justice Benjamin Cardozo</b> stated, “Every human being of adult years and sound mind has a right to determine what shall be done with his own body...”</p> <p>Informed Consent (IC) is the duty of a health care provider to discuss the risks and benefits of a treatment or procedure with a client prior to giving care.</p> <p>A patient coming in to hospital still retains his rights as a citizen and his entry only denotes his willingness to undergo an investigation or a course of treatment. Any investigation or treatment of a serious nature, or an operation in which an anesthesia is used are requires the written consent of the patient.</p> <p><b>Steps to be followed for written consent are;</b></p> <ul style="list-style-type: none"> <li>➤ Identify appropriate person to provide informed consent for client. (Example: client, parent, legal guardian)</li> </ul> |                       |                    |         |            |



| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <ul style="list-style-type: none"> <li>➤ Provide written materials in client's spoken language, when possible.</li> <li>➤ Describe components of informed consent.</li> <li>➤ Participate in obtaining informed consent.</li> <li>➤ Verify that the client comprehends and give consent to care and procedures.</li> </ul> <p><b>Components of written consent</b></p> <ul style="list-style-type: none"> <li>➤ The proposed treatment or procedure.</li> <li>➤ The person performing the treatment or Procedure.</li> <li>➤ The purpose of the proposed treatment or procedure.</li> <li>➤ The expected outcomes of the proposed treatment or procedure.</li> <li>➤ The benefits of the proposed treatment or procedure.</li> </ul> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <ul style="list-style-type: none"> <li>➤ The possible risks associated with the proposed treatment or procedure.</li> <li>➤ The alternatives to the particular treatment or procedure.</li> <li>➤ The benefits and risks associated with alternatives to the proposed treatment or procedure.</li> <li>➤ The client's right to refuse a proposed treatment or procedure.</li> </ul> <p><b>Competence</b></p> <p>The person who is giving consent should be competent, or able to think through a situation and able to make rational decisions. A person who is comatose or severely mentally retarded is incapable of making such decisions. In many states, a child under the age of 18 years can consent to specialized types of care without the notification or consent of parents.</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>Emancipation:</b> Is the legal recognition that the minor lives independently and is legally responsible for his or her own support and decision making.</p> <p><b>Example:</b> Make health care decisions, including choices related to treatment.</p> <p><b>Full Disclosure</b></p> <p>It means to explain about the nature of the procedure, the risks and hazards of the procedure, the alternatives to the procedure and the benefits of the procedure. All these things should be explained to the child and parents.</p> <p><b>Understanding Information</b></p> <p>Health professionals must explain the facts in terms which the person (parent or child) can understand. If a parent or child doesn't understand the language, an interpreter may be necessary.</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>Voluntary consent</b></p> <p>Parents and children must be allowed to make choices voluntarily without undue influence from others.</p> <p><b>Children's right to give Assent</b></p> <p><b>Assent</b> means the pediatric client (usually older child) has been informed about what will happen during the treatment or procedure, and willing to permit a health care provider to perform the cares.</p> <p>The AAP, believes that in most cases, physicians have an ethical and legal obligation to obtain parental permission to undertake recommended medical interventions. In many circumstances, physicians should also solicit a patient assent when developmentally appropriate. In cases involving emancipated or mature minors with adequate decision-making capacity, or when otherwise permitted by law, physicians should seek informed consent directly from patient</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>CORRECT IDENTITY</b></p> <p>The nurse or the midwife has the great responsibility to make sure that all babies born in the hospital are correctly labeled at birth and to ensure that at no time they are placed in the wrong cot or handled to the wrong mother.</p> <p><b>COUNTING OF SPONGE INSTRUMENT AND NEEDLES</b></p> <p>Nurses advocate that sponge, instrument and needle counts be performed for all surgical procedures taking place in operation theatre. When an instrument left in a patient body the nurse will probably liable for any patient injury caused by the presence of foreign body.</p> <p><b>CONTRACTS</b></p> <p>A contract is a written or oral agreement between two people in which goods or services are exchanged.</p> |                       |                    |         |            |

| S.NO | TIME  | SPECIFIC OBJECTIVE                                   | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION              |
|------|-------|--|--|-----------------------|--------------------|---------|-------------------------|
|      |       |  | <p><b>DOCUMENTATION</b></p> <p>Documentation is by far the best once a lawsuit field. The medical record is a legal document admissible in court as evidence.</p>  |                       |                    |         |                         |
| 5    | 3 mts | depict the term ethics and code of ethics in nursing | <p><b>DEFINITION: ETHICS</b></p> <p>Ethics is the study of good conduct, character, and motives. It is concern with determining what is good or valuable for all people.</p> <p style="text-align: center;"><b>Potter and Perry</b></p> <p>Ethics refers to the moral code for nursing and is based on obligation to service and respect for human life.</p> <p style="text-align: center;"><b>Melanie and Evelyn</b></p> <p><b>CODE OF ETHICS</b></p> <p>A code of ethics is a set of ethical principles that are accepted by all members of a profession.</p> <p style="text-align: center;"><b>Potter and Perry</b></p> | Explaining            | Listening          | PPT     | What is nursing ethics? |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p>Code of ethics is a guideline for performance and standards and personal responsibility.</p> <p style="text-align: center;"><b>Lillie M S and Juanita Lee</b></p> <p>A code of ethics is a set of ethical principle that</p> <ul style="list-style-type: none"> <li>a) Is shared by members of a group</li> <li>b) Reflects their moral judgments over time</li> <li>c) Serves as a standard for their professional actions.</li> </ul> <p style="text-align: center;"><b>Barbara Kozier</b></p> <p><b>I.C.N CODE OF ETHICS FOR NURSES (1973)</b></p> <p>International Council for Nurses Code of Ethics for Nurses said that:</p> <ul style="list-style-type: none"> <li>⇒ The fundamental responsibility of the nurses is of four fold: to promote health, to prevent illness, to restore health and to alleviate suffering.</li> </ul> |                       |                    |         |            |

| S.NO | TIME   | SPECIFIC OBJECTIVE                                    | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION   |
|------|--------|---|---|-----------------------|--------------------|---------|--|
|      |        |   | <p>⇒ The need for nursing is universal. Inherent in nursing is respect for life, dignity, and rights of men. It is unrestricted by considerations of nationality, race, creed, color, age, sex, politics or social status.</p> <p>⇒ Nurses render health services to the individual, the family and the community and coordinate their services with those of related groups.</p> |                       |                    |         |  |
| 6    | 10 mts | Elaborate the ethical principles in nursing practice. | <p><b>THE ETHICAL PRINCIPLES ARE</b></p> <ul style="list-style-type: none"> <li>➤ Autonomy</li> <li>➤ Beneficence</li> <li>➤ Nonmaleficence</li> <li>➤ Veracity</li> <li>➤ Fidelity</li> <li>➤ Justice</li> </ul>   | Explaining            | Listening          | PPT     | What are the ethical principles in nursing practice? |



| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p>❖ <b>AUTONOMY</b></p> <p>Autonomy refers to the commitment to include patients in decisions and about all aspects of care as a way of acknowledging and protecting a patient's independence. Nurse respect client's right to refuse and accept the independent actions.</p> <p><b>Example:</b> Informed consent before tests and procedures, allow the patient to take appropriate decisions</p> <p>❖ <b>Respect for freedom</b></p> <p>Nurses should have freedom to take decisions, actions and choices.</p> <p><b>Example:</b> Early ambulation, Fowlers position for dyspnea, Relaxation techniques etc.</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p>❖ <b>BENEFICENCE ( doing good)</b></p> <p>Beneficence refers to taking positive actions to help others. The concept of doing Good and preventing harm to patient. Nurses are obligated to do Good that is to implement actions that benefit clients and their support persons.</p> <p><b>Example-</b>A nurse may advice a client about a strenuous exercise program to improve general health but should not do so if the client at risk of heart disease.</p> <p>❖ <b>NONMALEFICENCE (avoiding harm to others)</b></p> <p>Maleficence refers to harm or hurt; thus nonmaleficience is the avoidance of harm or hurt. A client may be at risk of harm during a nursing intervention that is intended to be helpful. Avoid physical, psychological and social harm.</p> <p><b>Example</b> - physical- side rails to prevent falls, hot fomentation preventing burns etc.</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p>- Social – neglecting the client, negative attitude towards H.I.V clients.</p> <p>❖ <b>VERACITY (truth telling):</b></p> <p>Veracity or truth telling is an important ethical principle that underlies the nurse patient relationship.</p> <p><b>Example</b> - Diagnosing cancer, if nurse lie, when it comes to know to the client/ parent, it cause loss of trust in nurse.</p> <p>❖ <b>FIDELITY:</b></p> <p>Fidelity or faithfulness is promise keeping to patients. It refers to be faithful to agreements and promises nurse have responsibilities to clients employees, Government, and society.</p> <p><b>Example</b> - Nurse often promises such as i will be right back with your pain medication, you will be all right.</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p>❖ <b>CONFIDENTIALITY</b></p> <p>Confidentiality is described as right whereby patient information can be shared only with those involved in the care of the patient.</p> <p>❖ <b>PRIVACY</b></p> <p>Privacy may be closely aligned with confidentiality of patient information and patient's right to privacy of his or her person.</p> <p><b>Example:</b> Maintaining privacy for the patient by pulling the curtain around the bed.</p> <p>❖ <b>JUSTICE (fair or equal treatment):</b></p> <p>Justice refers to fairness. Impartial nursing care to all irrespective of age, colour, sex, creed, race and socio economic status.</p> <p><b>Example:</b> The nurse decides the care time among her clients.</p> |                       |                    |         |            |

| S.NO | TIME  | SPECIFIC OBJECTIVE   | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION  |
|------|-------|--|--|-----------------------|--------------------|---------|---|
| 7    | 10mts | describe common legal and ethical issues in nursing practice | <p><b>COMMON LEGAL AND ETHICAL ISSUES IN NURSING PRACTICE</b></p> <p><b>REFUSAL OF MEDICAL CARE BY PARENT OR CHILD:</b> When Children or parent may refuse to participate in treatment, the physician or nurse should establish that the parent and child understand the treatment and the results of refusal. The nurse documents on the chart the refusal, explanations given to the parent, the notification of the physician.</p> <p><b>PAREN PATRIE:</b> Is a legal rule that allows the state to make decision in place of parents when they are unable or unwilling to provide for the best interest of the child.</p> <p><b>ORGAN DONATION AND TRANSPLANTATION</b><br/>Ethical issues related to organ transplantation includes allocation of organ, selling of body parts, involvement of children as potential donors, consent, clear definition of death and conflicts of interest between potential donors and recipients.</p> | Explaining            | Listening          | booklet | What are the common legal and ethical issues in nursing practice? |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>Example-</b> Certain religion forbids the mutilation of body.</p> <p><b>DEATH AND RELATED ISSUES</b></p> <p>Advances in Medical and Nursing science create both new opportunities and new legal conflicts.</p> <p><b>a) Withholding and Termination of Life-Sustaining Treatment:</b></p> <p>Many ethical dilemmas arises which includes cardiopulmonary resuscitation orders or <b>DNR</b> (do not resuscitate orders), limiting treatment, withdrawing treatment, and definitions of brain death.</p> <p><b>b) Euthanasia:</b> (Ending life by passive or active means)<br/>Is a good death or mercy killing. Clients can decide for themselves whether to be part of active euthanasia and may request life- termination treatments.</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>c) Autopsies of children:</b> An autopsy is a surgical procedure designed to determine the cause of death. It may be requested by the patient or patient's family, as a part of an institutional policy; or it may be required by law. When death is due to homicide, suicide, mysterious circumstances, and, possibly, accident, an autopsy will be performed regardless of the wishes of the parents or legal guardian.<b>(Autopsy Consent,1998)</b></p> <p><b>TORT:</b> A tort is a civil wrong made against a person or property. Torts are classified as intentional, quasi-intentional, or unintentional.</p> <p><b>Intentional Torts</b> : Assault, Battery, False Imprisonment.</p> <p><b>Quasi-intentional Torts</b> : Invasion of privacy, Defamation of character.</p> <p><b>Unintentional Torts</b> : Negligence, Malpractice</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>INTENTIONAL TORT</b></p> <p><b>ASSAULT</b></p> <p>Assault is any action that places a person in apprehension of harmful or offensive contact without consent.</p> <p><b>Example:</b> It is an assault for a nurse to threaten to give a patient for an injection or to threaten to restrain a patient.</p> <p><b>BATTERY</b></p> <p>Battery is any intentional touching without consent. The contact can be harmful to the patient and cause an injury, or it can be merely offensive to the patient's personal dignity.</p> <p><b>Example:</b> A nurse threatening to give a patient an injection without the patient's consent.</p> |                       |                    |         |            |



| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>FALSE IMPRISONMENT</b></p> <p>It occurs when a client is not allowed to leave a health care facility when there is no legal justification to detain the client or when restraining devices are used without an appropriate clinical need.</p> <p>Preventing movement or making a person stay in a place without obtaining consent is false imprisonment.</p> <ul style="list-style-type: none"> <li>• This can be done through physical or non-physical means. Physical means include using restraints or locking a person in a room.</li> <li>• In some situations, restraints and locking patients in a room are acceptable behaviour. This is the case when a prisoner comes to the hospital for treatment or when a patient is a danger to self or others.</li> </ul> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>QUASI-INTENTIONAL TORTS</b></p> <p><b>INVASION OF PRIVACY</b></p> <p>Constitution protects every citizen's right to privacy.</p> <p>Disclosing confidential information to an inappropriate third party, subjects the nurse to a possible slander charge or liability. Client can claim for invasion of privacy when their private affair, with which the public has no concern, has been published.</p> <p><b>DEFAMATION OF CHARACTER</b></p> <p>Defamation of character is the publication of false statement that results in damage to a person's reputation. Is the issuance of a false statement about another person, which causes the individual to suffer harm.</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p>There are 2 types of deformation: <b>Slander &amp; Libel</b></p> <p>a) <b>Slander defamation:</b> slander occurs when one speaks falsely about another. This is in the form of spoken words.</p> <p><b>Example:</b> If a nurse tells a client that his doctor is incompetent for which the nurse could be held liable for slander.</p> <p>b) <b>Libel:</b> libel is the written defamation of character. Libel involves the making of defamatory statements in a printed form, such as a newspaper.</p> <p><b>Example:</b> Charting false entries in a medical record.</p> <p><b>UNINTENTIONAL TORTS</b></p> <p><b>NEGLIGENCE</b></p> <p>Negligence is defined as an occasion when a person owes a duty to another and, through failure to fulfill that duty, causes harm. Malpractice is professional</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p>negligence. Negligence is conduct that falls below a standard of care.</p> <p><b>Example:</b> medication error. Hanging the wrong I.V fluid.</p> <p><b>MALPRACTICE</b></p> <p>Malpractice is defined as improper or negligent practice by a lawyer, physician, or other professional who injures a client or patient.</p> <p>The fields in which a judgment of malpractice can be made are those that require training and skills beyond the level of most people's abilities.</p> <p><b>MEDICAL MALPRACTICE</b></p> <p>Medical malpractice is defined as a wrongful act by a physician, nurse, or other medical professional in the administration of treatment or at times, the omission of medical treatment, to a patient under his or her care.</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>Medical malpractice</b> is professional negligence by act or omission by a health care provider in which care provided deviates from accepted standards of practice in the medical community and causes injury or death to the patient. Medical professionals are required to maintain professional liability insurance to offset the risk and costs of lawsuits based on medical malpractice.</p> <p><b>Criteria are necessary to establish nursing malpractice:</b></p> <ul style="list-style-type: none"> <li>❖ The nurse (defendant) owed a duty to the patient (plaintiff),</li> <li>❖ The nurse did not carry out that duty,</li> <li>❖ The patient was injured,</li> <li>❖ The nurse's failure to carry out the duty caused the injury</li> </ul> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>Types of Nursing Malpractice</b></p> <p>Nursing malpractice takes many forms, including</p> <ul style="list-style-type: none"> <li>• Medication errors</li> <li>• Failure to follow a physician's orders</li> <li>• Delaying patient care and/or failure to monitor a patient.</li> <li>• Incorrectly performing a procedure, or trying to perform a procedure without training.</li> <li>• Documentation error.</li> <li>• Failure to get informed patient consent.</li> </ul> <p><b>ELEMENTS OF NURSING MALPRACTICE</b></p> <p>The six essential components of malpractice include Duty, Breach confidentiality, Foreseeability, Causation, Harm and injury and damages to the patient. A duty that was owed to the client and this duty was breached, and, lastly, this breach of duty led to direct and/or indirect harm to the client</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>DUTY</b></p> <p>It is the duty of the nurse to perform patient care and treatment with acceptable standard. There must be a duty owed to the patient. For example, the patient is owed a safe environment, and a nurse has a duty to follow physician's orders for the patient.</p> <p><b>BREACH OF DUTY AND CONFIDENTIALITY</b></p> <p><b>Breach of Duty:</b> Failure to note and report to the higher authority about the seriousness. The specific duty owed to the patient has been breached, meaning that the duty has not been met. In terms of safe environment, perhaps a nurse forgets to put the bed rail up and the patient falls. The nurse's failure to maintain the patient's safe environment would constitute a breach of duty.</p> <p><b>Breach of confidentiality:</b> Nurses are legally and ethically responsible for keeping medical records and other types of client communications confidential. If nurse breaches confidentiality, she or he can be held</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p>responsible for any damages that result. Health care personnel can breach confidentiality if he or she does not protect child right.</p> <p><b>FORESEEABILITY</b></p> <p>A link must exist between the nurse's act and the injury suffered. Involves the concept that certain events may be reasonably expected to cause specific results. The nurse must have prior knowledge or information that failure to meet a standard of care may result in harm.</p> <p><b>CAUSATION</b></p> <p>It must be prepared that the occurred harm must be because of nurse's failure to follow the standard of care. There must be a direct cause-and-effect link between the breach of duty and the injury. The breach of duty must have caused the injury. In the example, if the nurse had not left the bed railing down, the patient would not have fallen. The nurse's breach of duty caused the injury.</p> |                       |                    |         |            |



| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>HARM AND INJURY</b></p> <p>The client must demonstrate some type of harm or injury (physical mental and emotional) as a result of breach of duties owed by the client.</p> <p><b>DAMAGES</b></p> <p>Damages occur as a result of the breach of duty. The patient must have suffered emotional or physical injury while in the care of the healthcare practitioner. The injury can be a new one, or an aggravation of an existing injury. The breach of duty must have caused injuries that result damages. The injuries the patient suffered when falling out of bed are the damages that can be claimed. If the patient was not injured, there are no damages.</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>MEDICO-LEGAL CASE (MLC)</b></p> <p>An MLC is a patient who is admitted to the hospital with some un-natural pathology and has to be taken care of in concurrence with the police and court.</p> <p><b>Example:</b> RTA, injuries inflicted during fights, shooting, bomb blast etc., Suicide, Homicide, burns, poisoning, Rape victims and assault.</p> <p><b>Nurses Role in Medico-Legal Case</b></p> <ul style="list-style-type: none"> <li>❖ Obtain complete history from patient or significant others.</li> <li>❖ Inform the police on duty in the hospital and the CMO.</li> <li>❖ When made into a MLC, it should be recorded on the patient's case sheet with '<b>RED INK</b>' on the Right- hand top corner.</li> </ul> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <ul style="list-style-type: none"> <li>❖ Don't give any statement about patient's condition to police, magistrate or media. Only a doctor has to give information.</li> <li>❖ When a patient has to be discharged, inform the police officer/constable on duty in hospital/the CMO. After clearance from others, then only the patient can be discharged.</li> <li>❖ If an MLC patient absconds, inform the CMO immediately and the treating doctor.</li> <li>❖ No MLC patient can leave against medical advice (LAMA)</li> <li>❖ Records and documents pertaining to patient should be handled with care. It must be kept safely and should be handled over to the authorized person as designated by the hospital authority.</li> </ul> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE   | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION   |
|------|------|--|--|-----------------------|--------------------|---------|--|
|      |      |  | <ul style="list-style-type: none"> <li>❖ In case of death of an MLC, the body is not to be handed over to the relatives. It needs to be accurately labeled and sent to the mortuary CMO and police officer should be informed simultaneously.</li> <li>❖ Document the care given to patient's timely; accurately and duly sign the nurse's notes</li> <li>❖ Appropriate authorities must be informed.</li> </ul> |                       |                    |         |  |
| 8    | 5mts | Explain about prevention of legal and ethical issues in care of a children | <p><b>PREVENTION OF LEGAL AND ETHICAL ISSUES IN CARE OF CHILDREN</b></p> <p>Caring for pediatric clients can create situations that increase the risk for allegations of malpractice or negligence.</p> <p><b>Leaving Against Medical Advice (L.A.M.A.)</b> - Inform medical officer in charge. Signatures of both patients and witness to be taken as per institutional policy.</p>                             | Explaining            | Listening          | booklet | How to prevent legal and ethical issues in care of children? |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p><b>Patient's Property:</b> Inform patient on admission that hospital does not take responsibility of his belongings. If patient is unconscious/ or otherwise required then a list of items must be made, counter checked by two staff nurses and kept under safe custody.</p> <p><b>Advocacy:</b> Safeguarding the client's rights and supporting their interest. Advocacy refers to the support of a particular cause. Practice of advocacy calls for the nurse to assess the client's point of view and prepare to articulate his point of view.</p> <p><b>Dying Declaration:</b> Doctor or nurse should not involve themselves in dying declaration. Dying declaration is to be recorded by the magistrate. But if condition of patient becomes serious then medical officer can record it along with witness of two nurses. Dying Declaration can be recorded by the nursing staff with two nurses as witness when medical officer is not</p> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p>present. Then the declaration has to be sent immediately in a sealed cover to the magistrate.</p> <p><b>Telephonic orders (TO)</b> only in an extreme emergency and when no other resident or intern is available should a nurse receive telephonic orders. The nurse should read back such order to the physician to make the certain order has been correctly written. Such order should be sign by the physician on his next visit within 24 hours</p> <p><b>NURSES ROLE IN THE PREVENTION OF LEGAL COMPLICATIONS</b></p> <ul style="list-style-type: none"> <li>➤ Review nursing practice periodically, update knowledge and improve skill by attending short term courses, in service education and continuing education programmes.</li> <li>➤ Should have complete knowledge of all rules and regulation of hospital and know their job descriptions (duties and responsibilities).</li> <li>➤ Follow nursing practice standards/protocols.</li> </ul> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <ul style="list-style-type: none"> <li>➤ Written instructions must be displayed in all nursing units for necessary guidance and protection of the staff regarding issues related to patient care. Aware of roles and responsibilities as a team member.</li> <li>➤ Aware of hospital policies and standards in providing care.</li> <li>➤ Maintain records and reports of the unit properly.</li> <li>➤ Do not exceed the limits of nursing procedure laid down by statutory bodies</li> <li>➤ Adhere the six rights for administration of medication               <ol style="list-style-type: none"> <li>1. Right medication,</li> <li>2. Right dose,</li> <li>3. Right patient</li> <li>4. Right route,</li> <li>5. Right time,</li> <li>6. Right documentation,</li> </ol> </li> </ul> |                       |                    |         |            |

| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT  | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|--|-----------------------|--------------------|---------|------------|
|      |      |                    | <p>Besides the following 3 also need to be taken into account,</p> <ul style="list-style-type: none"> <li><b>7. Right assessment,</b></li> <li><b>8. Right evaluation,</b></li> <li><b>9. Right patient education.</b></li> </ul> <ul style="list-style-type: none"> <li>➤ Check the treatment order and use professional judgments before implementing.</li> <li>➤ Do not attempt anything beyond level of competence and scope of nursing practice. If there is any doubt in mind, seek advice from professional colleagues..</li> <li>➤ Using the weight of a child to confirm a dosage can decrease medication errors.</li> <li>➤ It is especially important to give accurate amounts of Intravenous solutions.</li> <li>➤ It is important to keep side rails elevated to prevent small children from falling out of bed.</li> </ul> |                       |                    |         |            |



| S.NO | TIME | SPECIFIC OBJECTIVE | CONTENT   | RESEARCHER'S ACTIVITY | LEARNER'S ACTIVITY | AV AIDS | EVALUATION |
|------|------|--------------------|---|-----------------------|--------------------|---------|------------|
|      |      |                    | <ul style="list-style-type: none"> <li>➤ Hot water bottles, heating pads, and heat lamps should be avoided or used only with extreme caution.</li> <li>➤ <b>Medical Records:</b> Charting is the nurse's opportunity to document the care given. Never alter a medical record. In some state, altering a medical record is considered unprofessional conduct and can result in a formal complaint against a nurse's license.</li> <li>➤ <b>Documentation:</b> Documentation is the best evidence for the standard of care has been maintained. All information recorded about the child should reflect the standard of care.</li> <li>➤ Respect individual families conduct of beliefs, norms, cultural practices discourage unhealthy practices and treat client with dignity</li> <li>➤ Maintain effective interpersonal relationship with individuals, family, community and society.</li> </ul> |                       |                    |         |            |

## **CONCLUSION**

The ethical principle guides professional practice and decision making in health care delivery system. Nursing practice is governed by many legal concepts. The legal foundation for the practice of nursing provides safeguards for health care and sets standards by which nurses can be evaluated. Licensure, Good Samaritan laws, Good rapport, Standards of care, standing orders, consent for operation and other procedures, correct identity, counting of sponge instrument and needles, contracts and documentation are the legal safeguards of nursing practice. Ethical concepts applied to nursing is the fundamental responsibility of the nurses, they are to promote health, to prevent illness, to restore health and to alleviate suffering. Autonomy, Beneficence, Nonmaleficence, Veracity, Fidelity and Justice are the key principles of ethics in nursing. Legal and ethical principles are very important in nursing profession since nurse stands in front to give care to the patient there by nurse should give accountability in patient care so to upgrade the nursing profession as well to protect herself there is need to follow legal and ethical principles. The nurse when acting in a professional capacity should at all times maintains standards of personal conduct which created upon the profession.

## **RECAPTUALIZATION**

- What is law in nursing practice?
- What are the functions of the law in pediatric nursing?
- What are the laws in nursing?
- What are the legal safeguards in nursing practice?
- What is nursing ethics and code of ethics?
- What are the ethical principles in nursing practice?
- What are the common legal and ethical issues in nursing practice?
- How to prevent legal and ethical issues in care of children?

## BIBLIOGRAPHY

1. Dorothy R. Marlow Barbara, "Textbook of Pediatric Nursing", VI edition, Godsons printers limited Philadelphia ,2012,P:33
2. Johindra Vati, 'Principles and Practice of Nursing Management and Administration", first edition, JayPee Brothers medical publishers pvt. Ltd, New Delhi. 2013, P: 46 to 90.
3. Anoop, Chetan, Deepak, Lingaraj, Sarath Chandran, Mithun, "A comprehensive text book on Nursing Management", first edition,Emmess medical publication,Bangalore.2013,P:487-566
4. Potter PA., AG Perry, "Fundamentals of Nursing", 9th Edition, Elsevier publications, New Delhi.2016, P: 120- 140,301,566
5. Clement.I, "Management of Nursing Services and Education",1<sup>st</sup> edition, Elsevier publications, New Delhi.2013,P:516-530
6. Neelam Kumari,Madhu sharma,"Nursing Services and Administration", 1<sup>st</sup> Edition,S.Vikas & company medical publishers,New Delhi.2013,P:123-146
7. Lippincott, "Manuval of Nursing Practice", 9<sup>th</sup> edition, Wolters and Kluwer publication, Philadelphia.2010, P 13-26
8. Basavanthappa.B.T, "Nursing Administration", 2nd edition. Jaypee brothers medical publishers pvt. Ltd, New Delhi.2009, P- 33-36

## JOURNAL REFERENCES

1. Princy Koshy, Ethical Concepts in Care of Children among Staff Nurses, International Journal of Science and Research (IJSR), Volume 5 Issue 9, September 2016, DOI: 10.21275/ART20161869
2. Michael Clayton 2010 ISSN: 1367 4935 <http://journals.sagepub.com/doi/pdf/10.1177/136749350000400208>.Online ISSN: 1741-2889
3. Modupe O. Oyetunde, Bola. A. Ofi) Nurses' knowledge of legal aspects of nursing practice in Ibadan, Nigeria , 2013 <http://www.sciedu.ca/journal/index.php/jnep/article/viewFile/1222/1410>
4. International Journal of Medicine and Biomedical Research,Volume 5 Issue 2, Aderemi R.A.Ethical Issues in Maternal and Child Health Nursing: Challenges Faced By Maternal and Child Health Nurses and Strategies for Decision Making. Int J Med Biomed Res 2016;5(2):67-76 <http://dx.doi.org/10.14194/ijmbr.5.2.3>
5. IOSR Journal of Nursing and Health Science (IOSR-JNHS) e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 5, Issue 6 Ver. VII (Nov. - Dec. 2016), PP 20-28 [www.iosrjournals.org](http://www.iosrjournals.org)
6. Fatma Elemam Hafez1, Hind Abdullah Mohamed2, Dena EltabeySobeh3 IOSR Journal of Nursing and Health Science (IOSR-JNHS) e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 5, Issue 6 Ver. VII (Nov. - Dec. 2016), PP 20-28 [www.iosrjournals.org](http://www.iosrjournals.org)

7. Parihar mansi , Rao passi gouri, medical errors in paediatric practice 2008; 45(4):P1-4
8. Heba Abdel Mowla Ahmed, 2 Eman Abdel Aziz, 3Yasmin Fathy IOSR Journal of Nursing and Health Science (IOSR-JNHS) e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 6, Issue 3 Ver. I (May. - June. 2017), PP -83-95 www.iosrjournals.org
9. Chau Janita P C, Lam, Lai Wah, Lui, May H L, Wan Yim; Chien Wai Tong ;Lee Iris F K; Thompson David R. Journal of Clinical Nursing. 2010 Dec [cited 2012 Dec 28]; (23-24). p. 3527-34. Available from:  
URL:[http://repository.lib.polyu.edu.hk/jspui/handle/10397/2398\\_](http://repository.lib.polyu.edu.hk/jspui/handle/10397/2398_)
10. Kwisoon Choe, Yoonjung Kim, Yoonseo Yang , Abstract Pediatric nurses' ethical difficulties in the bedside care of children, 2017  
<http://journals.sagepub.com/doi/abs/10.1177/0969733017708330?journalCode=nej>

#### **NET REFERENCES**

1. <https://www.iosrjournals.org>
2. <https://www.registerednursing.org/nclex-rn-practice>
3. <http://www.iitm.ac.in/iec>
4. <http://www.issuesinmedicalethics.org/042ed051.html>
5. [http://en.wikipedia.org/wiki/Long-term\\_liabilities](http://en.wikipedia.org/wiki/Long-term_liabilities)
6. <http://www.economywatch.com/budget/india/liabilities.html>
7. <http://www.investorwords.com/2792/liability.html>
8. [http://en.wikipedia.org/wiki/Public\\_liability](http://en.wikipedia.org/wiki/Public_liability)
9. <http://en.wikipedia.org/wiki/Strict>
10. <http://www.ama-assn.org/ama/pub/category/4608.html>

## **INFORMATION TO PARTICIPANT**

**TITLE:** “A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE REGARDING LEGAL AND ETHICAL ISSUES IN CARE OF CHILDREN AMONG NURSES WORKING IN PEDIATRIC WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI-08”.

**Sample No** :  
**Name of participant** :  
**Age /sex** :  
**Name of the Investigator** : P.LAVANYA  
**Name of the Institution** : Institute of Child Health and Hospital for Children,  
Egmore, Chennai-08  
**Enrollment No** :

You are invited to take part in this research/study/procedures. The information in this document is meant to help you to decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to participate in this study being conducted at Institute of Child Health and Hospital for Children, Egmore, Chennai-08”

### **What is the purpose of the research study? (explain briefly)**

This research is conducted, “to assess the effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08”, for which I have obtained permission from the Institutional Ethics Committee.

### **Study procedure**

- Study will be conducted after the approval of Institutional Ethics Committee.
- Written formal permissions were obtained from authorities of Institute of Child Health and Hospital for Children, Egmore, Chennai-08 to conduct this study.
- The purpose of study will be explained to the participants.
- The investigator will be obtained informed consent.
- The investigator will be assessed the knowledge and practice level of each participant before the structured teaching programme by pretest, using a semi structured questionnaire.
- After seven days the effectiveness of structured teaching programme will be assessed by post-test level of knowledge and practice.
- The result of this study will be analyzed by using descriptive and inferential statistics.

**Possible benefits to you;**

After finishing the study, investigator will provide adequate information about legal and ethical issues in care of children. It will improve the knowledge and practice of the nurses.

**Possible benefits to other people;**

The result of the research may provide benefits to the nurses regarding knowledge on legal and ethical issues in care of children and also to practice legal and ethical principles in their profession

**Confidentiality of the information obtained from you;**

You have the right to confidentiality regarding the privacy of your personal details. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

**How will your decision not to participate in this study affect you?**

Your decisions not to participate in this research study will not affect your activity of daily living, nursing care, duty or your relationship with investigator or the Institution.

**Can you decide to stop participating in the study once you start?**

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during course of the study without giving any reasons.

Your Privacy in this research will be maintained throughout this study. In the event of any publications or presentation resulting from the research, no personal identifiable information will be shared.

The result of this study will be informed to you at the end of the study.

Signature of Investigator

Signature of Participant

Date:

Date:

## CONSENT FORM

**TITLE:** “A study to assess the Effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08”.

**Sample No** :  
**Name of participant** :  
**Date** :  
**Age** :  
**Name of the investigator** : P.LAVANYA  
**Name of the Institution** : Institute of Child Health and Hospital for  
Children, Egmore, Chennai-08  
**Enrollment No** :

**Documentation of the Informed consent:** (Legal representative can sign if the participant is minor or incompetent).

- I ----- have read the information in this form (or it has been read to me.) I was free to ask any questions and they have been answered. I am over 18 years of age and exercising my free power of choices, hereby give my consent to be included as a participant in this study.
- I have read and understood this consent form and the information provided to me.
- I had the consent document explained in detail to me.
- I have been informed about the nature of this study.
- My rights and responsibilities have been explained to me by the Investigator.
- I aware the fact that I can opt out from the study at any time without giving any reason and this will not affect my future service in this hospital.
- I hereby given permission to the investigator to release the information obtained from me as result of participation in this study to the sponsors, regulatory authorities. Government agencies and Institutional Ethics Committee.
- I have understood that my identity will be kept confidential if my data are published or presented.
- I had answered the questions to my satisfaction.
- I have decided to be a part in this research study.

- I am aware that if I have question during this study, I should contact the investigator. By signing this consent form I attest that the information given in this document has been clearly explained to me and understood by me. I will be given a copy of consent document.

**Name and signature or thumb impression of the participant** (Legal representative can sign if the participant is minor or incompetent).

Name -----

Signature-----

Date-----

Name and signature of the investigator or his representative obtaining consent

Name -----

Signature-----

Date-----



## ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு : சென்னை, எழும்பூர், அரசினர் குழந்தைகள் நல மருத்துவமனை மற்றும் ஆராய்ச்சி நிலையத்தில் பணிபுரியும் செவிலியர்களிடம் குழந்தைகள் பராமரிப்பதில் உள்ள சட்டபூர்வ மற்றும் நெறிமுறை சிக்கல்களைப் பற்றிய அறிவுத்திறன் மற்றும் நடைமுறை பற்றிய மதிப்பீடுதல் மற்றும் வரையறுக்கப்பட்ட கற்பித்தல் நிகழ்ச்சித் திட்டத்தின் பயனை மதிப்பீடுதல் பற்றிய ஒரு ஆய்வு.

ஆராய்ச்சியாளர் பெயர் : ப .லாவண்யா

ஆராய்ச்சியில் பங்கேற்பாளர் பெயர் : வயது :

ஆராய்ச்சியாளர் சேர்க்கை எண் : தேதி :

நான் சென்னை, எழும்பூர், அரசினர் குழந்தைகள் நல மருத்துவமனை மற்றும் ஆராய்ச்சி நிலையத்தில் பணிபுரியும் செவிலியர்களிடம் குழந்தைகள் பராமரிப்பதில் உள்ள சட்டபூர்வ மற்றும் நெறிமுறை சிக்கல்களைப் பற்றிய அறிவு மற்றும் நடைமுறை பற்றி திறனாய்வு மேற்கொள்கிறேன் .

இந்த திறனாய்வின் மூலம் செவிலியர்களுக்கு குழந்தைகள் பராமரிப்பதில் உள்ள சட்டபூர்வ மற்றும் நெறிமுறை சிக்கல்களை பற்றிய அறிவுத்திறன் மற்றும் நடைமுறை போன்ற அனைத்து விவரங்களும் புரியும் என நம்புகிறேன்.

செவிலியர்கள் தங்கள் சொந்த விருப்பத்தின் பேரின் ஆராய்ச்சியில் இணைக்கப்படுவர். விருப்பமில்லை எனின் எந்த நேரமும் ஆராய்ச்சியில் இருந்து விலகிக்கொள்ளலாம். இதனால் தங்களுக்கு எந்த வித பாதிப்பும் ஏற்படாது .

ஆராய்ச்சியில் பங்கேற்பாளர் பெயர், அடையாளங்கள், தெரிவிக்கும் கருத்துக்கள் மற்றும் முடிவுகளை வெளியிடமாட்டேன் என தெரிவித்துக் கொள்கிறேன்.

ஆய்வின் செயல்முறை

இந்த ஆய்வில் குழந்தைகள் பராமரிப்பதில் உள்ள சட்டபூர்வ மற்றும் நெறிமுறை சிக்கல்களை பற்றிய அறிவுத்திறன் மற்றும் நடைமுறைகளை அறிந்து கொள்ள முடியும். பிறகு வரையறுக்கப்பட்ட கற்பித்தல் நிகழ்ச்சியின் மூலமாக குழந்தைகள் பராமரிப்பதில் உள்ள சட்டபூர்வ மற்றும் நெறிமுறை சிக்கல்களை பற்றி விளக்கப்படும். ஏழு

நாட்களுக்கு பிறகு அதே கேள்விகளை கேட்கப்படும். பிறகு செவிலியர்களின் அறிவுத்திறன் மற்றும் நடைமுறைகள் சோதிக்கப்படும்.

ஆய்வினால் ஏற்படும் நன்மைகள்

இந்த ஆய்வில் கலந்து கொள்வதின் மூலம் நீங்கள் குழந்தைகள் பராமரிப்பதில் உள்ள சட்டபூர்வ மற்றும் நெறிமுறை சிக்கல்களை பற்றிய அறிவுத்திறன் மற்றும் நடைமுறைகளில் முன்னேற்றம் பெறலாம் மேலும் வருங்காலத்தில் வரவிருக்கும் இன்னல்களை தடுத்து பயன் பெற இந்த ஆய்வு உதவியாக அமையும்.

ஆராய்ச்சி தகவல் குறித்த விவரங்கள்

உங்களை குறித்த தகவல்கள் (பெயர், ஆய்வு முடிவுகள்) ரகசியமாக பாதுக்கப்படும் இந்த தகவல் தாளில் கையெழுத்திடுவதின் மூலம் உங்களை பற்றிய குறிப்புகளோ, ஆராய்ச்சி முடிவுகள் பற்றியோ, ஆய்வாளரோ, நிறுவன நெறிமுறைக் குழுவை சார்தவர்களோ தேவைப்பட்டால் அறிந்து கொள்ளலாம் என்று சம்மதிக்கிறீர்கள்.

நீங்களும் இந்த ஆராய்ச்சியில் பங்குகேற்க நான் விரும்புகின்றேன். இந்த ஆராய்ச்சியில் உங்களிடம் இருந்து பெறப்பட்ட தகவல்களை ஆராய்வேன். அதனால் தங்களது பணியில் எவ்வித பாதிப்பும் ஏற்படாது என்பதை தெரிவித்துக்கொள்கிறேன்.

இந்த ஆராய்ச்சியில் பங்கேற்பது தங்களுடைய விருப்பத்தின் பேரில் தான் இருக்கிறது. மேலும் நீங்கள் எந்நேரமும் இந்த ஆராய்ச்சியில் இருந்து பின்வாங்கலாம் என்பதையும் தெரிவித்துக்கொள்கிறேன்.

இந்த முடிவுகளை ஆராய்ச்சியின்போதோ அல்லது ஆராய்ச்சியின் முடிவின் போதோ தங்களுக்கு அறிவிக்கப்படும் என்பதையும் தெரிவித்துக்கொள்கிறேன்.

ஆராய்ச்சியாளர் கையொப்பம்

பங்கேற்பாளர் கையொப்பம்

நாள் :

இடம் :

## சுய ஒப்புதல் படிவம்

ஆராய்ச்சி தலைப்பு : சென்னை, எழும்பூர், அரசினர் குழந்தைகள் நல மருத்துவமனை மற்றும் ஆராய்ச்சி நிலையத்தில் பணிபுரியும் செவிலியர்களிடம் குழந்தைகள் பராமரிப்பதில் உள்ள சட்டபூர்வ மற்றும் நெறிமுறை சிக்கல்களைப் பற்றிய அறிவுத்திறன் மற்றும் நடைமுறை பற்றிய மதிப்பிடுதல் மற்றும் வரையறுக்கப்பட்ட கற்பித்தல் நிகழ்ச்சித் திட்டத்தின் பயனை மதிப்பிடுதல் பற்றிய ஒரு ஆய்வு.

ஆராய்ச்சியில் பங்கேற்பாளர் பெயர் : வயது : தேதி :

ஆராய்ச்சி நடைபெறும் இடம் : குழந்தைகள் பிரிவு,

அரசினர் குழந்தைகள் நல

மருத்துவமனை மற்றும் ஆராய்ச்சி

நிலையம், எழும்பூர், சென்னை -08

ஆராய்ச்சியாளர் பெயர் : ப. லாவண்யா

.....என்பவராகிய நான் இந்த ஆய்வின் விவரங்களும் அதன் நோக்கங்களும் முழுமையாக அறிந்து கொண்டேன். எனது சந்தேகங்கள் அனைத்திற்கும் தகுந்த விளக்கம் அளிக்கப்பட்டது இந்த ஆய்வில் முழு சுதந்திரத்துடன் மற்றும் சுய நினைவுடனும் பங்கு பெற சம்மதிக்கிறேன்.

1. நான் இந்த சுய ஒப்புதல் படிவத்தை படித்து புரிந்து கொண்டேன்.
2. இந்த சுய ஒப்புதல் படிவம் பற்றி எனக்கு விளக்கப்பட்டது .
3. எனக்கு விளக்கப்பட்ட விவரங்களை நான் புரிந்து கொண்டு எனது முழு சம்மதத்தை தெரிவிக்கிறேன்.
4. இந்த ஆராய்ச்சி பற்றிய அனைத்து தகவல்களும் எனக்கு தெரிவிக்கப்பட்டது.
5. இந்த ஆராய்ச்சியில் எனது உரிமை மற்றும் பங்கினை பற்றி அறிந்துகொண்டேன்.
6. நான் ஆராய்ச்சியாளருக்கு முழு ஒத்துழைப்பு அளிப்பேன்.

இந்த ஆராய்ச்சியில் பிறரின் நிர்பந்தமின்றி என் சொந்த விருப்பத்தின் பேரில் தான் பங்கு பெற சம்மதிக்கிறேன் மற்றும் நான் இந்த ஆராய்ச்சியிலிருந்து எந்நேரமும் பின்வாங்கலாம் என்பதையும் அதனால் எனக்கு எந்த வித பாதிப்பும் ஏற்படாது என்பதையும் நான் புரிந்து கொண்டேன்.

இந்த ஆராய்ச்சியில் கலந்து கொள்வதன் மூலம் என்னிடம் இருந்து பெறப்படும் தகவல்களை ஆராய்ச்சியாளர், நிறுவன நெறிமுறைக்

குழுவிடமோ அரசு நிறுவனத்திடமோ தேவைப்பட்டால் பகிர்ந்துக் கொள்ளலாம் என சம்மதிக்கிறேன்.

இந்த ஆராய்ச்சியின் முடிவுகளை வெளியிடும் போது ஆராய்ச்சியில் பங்கேற்பாளர் பெயர், அடையாளங்கள் வெளியிடப்படாது என அறிந்து கொண்டேன்.

இந்த ஆராய்ச்சியில் பங்கேற்கும் பொழுது ஏதேனும் சந்தேகம் ஏற்பட்டால் உடனே ஆராய்ச்சியாளரை தொடர்பு கொள்ள வேண்டும் என அறிந்து கொண்டேன்

இந்த சுய ஒப்புதல் படிவத்தில் கையெழுத்திடுவதின் மூலம் இதிலுள்ள அனைத்து தகவல்களும் எனக்கு தெளிவாக விளக்கப்பட்டது .இந்த சுய ஒப்புதல் படிவத்தின் ஒரு நகல் எனக்கு கொடுக்கப்படும் என்பதை தெரிந்து கொண்டேன்.

ஆராய்ச்சியாளர் கையொப்பம்

பங்கேற்பாளர் கையொப்பம்

நாள் :

இடம்:

| SAMPLE NO | PRE TEST SCORING |   |   |   |   |   |     |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     |       |            |   |   |   |   |   |   |   |   |   |    |    |    |     |        |        |        |            |
|-----------|------------------|---|---|---|---|---|-----|--|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|-----|-------|------------|---|---|---|---|---|---|---|---|---|----|----|----|-----|--------|--------|--------|------------|
|           | DEMOGRAPHIC DATA |   |   |   |   |   |     | SEMI STRUCTURED QUESTIONNAIRE RELATED TO KNOWLEDGE |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |     | TOTAL | PERCENTAGE | SEMI STRUCTURED QUESTIONNAIRE RELATED TO PRACTICE |   |   |   |   |   |   |   |   |    |    |    |     |        |        | TOTAL  | PERCENTAGE |
|           | 1                | 2 | 3 | 4 | 5 | 6 | 7   | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24  | 25  |       |            | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13  | 14     | 15     |        |            |
| 1         | a                | b | a | b | a | b | No  | 0  | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0  | 0  | 1  | 0  | 0  | 1  | 1  | 1  | 0  | 0  | 0  | 0  | 1  | 0  | 0   | 7   | 28%   | 0          | 0   | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1  | 0  | 1  | 0   | 1      | 5      | 33.33% |            |
| 2         | b                | b | b | b | d | d | No  | 1  | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 1  | 0  | 0  | 1  | 1  | 1  | 0  | 1  | 1  | 0  | 0  | 1  | 0  | 1   | 17  | 68%   | 1          | 0   | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1  | 0  | 1  | 1   | 1      | 7      | 46.67% |            |
| 3         | a                | b | a | b | a | c | No  | 0  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 1  | 0  | 1  | 1  | 0  | 1  | 1  | 1  | 0  | 1  | 0  | 0  | 1  | 1   | 15  | 60%   | 0          | 0   | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1  | 1  | 0  | 0   | 1      | 6      | 40%    |            |
| 4         | c                | b | a | b | d | d | No  | 0  | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1  | 1  | 0  | 1  | 1  | 1  | 1  | 0  | 0  | 1  | 1  | 0  | 1  | 1  | 1   | 15  | 60%   | 0          | 1   | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1  | 0  | 0  | 0   | 1      | 7      | 46.67% |            |
| 5         | b                | b | a | b | c | b | No  | 0  | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0  | 1  | 1  | 0  | 0  | 0  | 1  | 0  | 0  | 1  | 0  | 0  | 1  | 0  | 0   | 11  | 44%   | 0          | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1  | 0  | 0  | 1   | 0      | 3      | 20%    |            |
| 6         | d                | b | a | b | d | d | No  | 1  | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 0  | 1  | 1  | 1  | 1  | 0  | 0  | 1  | 1  | 1  | 1  | 1  | 1  | 1   | 18  | 72%   | 1          | 0   | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1  | 0  | 0  | 1   | 1      | 7      | 46.67% |            |
| 7         | a                | b | b | b | c | b | No  | 1  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 0  | 0  | 1  | 1  | 1  | 0  | 1  | 1  | 1  | 0  | 1  | 1  | 1  | 16  | 64% | 1     | 0          | 1   | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0  | 1  | 0  | 1   | 6      | 40%    |        |            |
| 8         | a                | b | a | b | c | b | No  | 1  | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0  | 1  | 0  | 0  | 0  | 1  | 1  | 1  | 1  | 0  | 1  | 1  | 1  | 1  | 1   | 16  | 64%   | 1          | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1  | 0  | 0  | 0   | 1      | 5      | 33.33% |            |
| 9         | a                | b | d | b | a | b | yes | 1  | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0  | 1  | 1  | 0  | 0  | 1  | 1  | 1  | 1  | 0  | 1  | 0  | 1  | 1  | 1   | 17  | 68%   | 1          | 0   | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0  | 1  | 0  | 0   | 1      | 7      | 46.67% |            |
| 10        | b                | b | a | b | d | c | No  | 1  | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0  | 1  | 1  | 0  | 0  | 1  | 1  | 1  | 0  | 1  | 1  | 0  | 1  | 1  | 17  | 68% | 1     | 0          | 1   | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0  | 0  | 0  | 1   | 7      | 46.67% |        |            |
| 11        | a                | b | c | b | c | b | yes | 1  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 0  | 0  | 1  | 1  | 0  | 1  | 0  | 1  | 0  | 1  | 1  | 0  | 1  | 14  | 56% | 1     | 0          | 0   | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0  | 0  | 1  | 1   | 7      | 46.67% |        |            |
| 12        | b                | b | a | b | d | d | No  | 0  | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 1  | 0  | 1  | 0  | 0  | 1  | 1  | 1  | 1  | 0  | 1  | 1  | 1  | 1  | 16  | 64% | 1     | 0          | 1   | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0  | 0  | 0  | 0   | 6      | 40%    |        |            |
| 13        | b                | b | a | b | d | d | No  | 1  | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1  | 0  | 1  | 0  | 0  | 1  | 1  | 1  | 1  | 0  | 1  | 1  | 1  | 1  | 15  | 60% | 1     | 0          | 1   | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0  | 0  | 0  | 0   | 6      | 40%    |        |            |
| 14        | c                | b | a | b | d | c | No  | 1  | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 0 | 1  | 0  | 0  | 1  | 1  | 1  | 1  | 1  | 0  | 1  | 0  | 0  | 1  | 1  | 17  | 68% | 1     | 0          | 0   | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0  | 0  | 1  | 1   | 7      | 46.67% |        |            |
| 15        | a                | b | c | b | c | b | yes | 1  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 0  | 0  | 1  | 1  | 0  | 1  | 1  | 1  | 0  | 1  | 1  | 0  | 1  | 15  | 60% | 1     | 0          | 1   | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0  | 1  | 0  | 1   | 7      | 46.67% |        |            |
| 16        | c                | b | a | c | d | d | No  | 1  | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 1  | 0  | 1  | 1  | 0  | 0  | 1  | 1  | 0  | 0  | 1  | 1  | 0  | 0  | 14  | 56% | 0     | 0          | 1   | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0  | 0  | 0  | 4   | 26.66% |        |        |            |
| 17        | a                | b | a | c | a | a | No  | 0  | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 1  | 0  | 0  | 0  | 0  | 1  | 1  | 1  | 0  | 0  | 0  | 1  | 0  | 1  | 0   | 10  | 40%   | 0          | 0   | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0  | 0  | 1  | 0   | 5      | 33.33% |        |            |
| 18        | b                | b | a | c | c | c | No  | 0  | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0  | 0  | 1  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 1  | 0  | 0  | 1  | 7   | 28% | 0     | 0          | 0   | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0  | 0  | 0  | 1   | 4      | 26.66% |        |            |
| 19        | a                | b | c | c | b | a | No  | 1  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0  | 0  | 0  | 0  | 0  | 1  | 0  | 1  | 1  | 0  | 1  | 0  | 0  | 0  | 11  | 44% | 1     | 0          | 0   | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0  | 0  | 0  | 4   | 26.66% |        |        |            |
| 20        | d                | b | a | c | c | c | yes | 1  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0  | 1  | 1  | 1  | 1  | 1  | 0  | 1  | 0  | 1  | 1  | 0  | 0  | 1  | 17  | 68% | 1     | 0          | 0   | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0  | 0  | 1  | 1   | 7      | 46.67% |        |            |
| 21        | c                | b | a | c | d | c | No  | 1  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0  | 1  | 1  | 0  | 1  | 1  | 0  | 1  | 0  | 0  | 0  | 1  | 1  | 0  | 1   | 15  | 60%   | 1          | 0   | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0  | 1  | 0  | 1   | 7      | 46.67% |        |            |
| 22        | b                | b | b | c | d | c | No  | 0  | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 1  | 0  | 1  | 0  | 0  | 0  | 6  | 24% | 1   | 0     | 0          | 1   | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0  | 1  | 1  | 7.2 | 46.67% |        |        |            |
| 23        | c                | b | a | c | d | d | No  | 1  | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 1  | 0  | 0  | 1  | 1  | 0  | 0  | 0  | 1  | 0  | 1  | 1  | 0  | 0  | 12  | 48% | 0     | 0          | 1   | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0  | 0  | 0  | 4.5 | 26.66% |        |        |            |
| 24        | b                | b | a | c | d | d | No  | 0  | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1  | 1  | 0  | 0  | 0  | 1  | 1  | 1  | 0  | 0  | 0  | 0  | 1  | 1  | 1   | 0   | 11    | 44%        | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0  | 1  | 1  | 1   | 1      | 7.4    | 46.67% |            |
| 25        | b                | b | a | c | d | c | yes | 1  | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0  | 0  | 1  | 0  | 0  | 1  | 1  | 1  | 1  | 0  | 1  | 1  | 1  | 1  | 16  | 64% | 1     | 0          | 1   | 1 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0  | 0  | 0  | 7   | 46.67% |        |        |            |
| 26        | a                | b | c | c | d | c | No  | 1  | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 1  | 0  | 0  | 1  | 0  | 1  | 0  | 1  | 0  | 1  | 1  | 1  | 1  | 18  | 72% | 0     | 0          | 1   | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0  | 1  | 0  | 1   | 7      | 46.67% |        |            |
| 27        | b                | b | a | c | c | c | No  | 0  | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0  | 0  | 1  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 1  | 0  | 0  | 1  | 7   | 28% | 0     | 0          | 0   | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0  | 0  | 0  | 1   | 4      | 26.66% |        |            |
| 28        | b                | b | a | c | c | b | No  | 0  | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0  | 1  | 1  | 0  | 1  | 1  | 0  | 0  | 0  | 1  | 0  | 0  | 1  | 0  | 11  | 44% | 0     | 0          | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0  | 0  | 1  | 0   | 3      | 20%    |        |            |
| 29        | b                | b | a | c | d | d | No  | 0  | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1  | 1  | 0  | 0  | 0  | 1  | 1  | 1  | 0  | 0  | 0  | 0  | 1  | 1  | 1   | 0   | 11    | 44%        | 1   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0  | 1  | 0  | 0   | 1      | 1      | 5      | 33.33%     |
| 30        | a                | b | a | b | a | b | No  | 0  | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0  | 0  | 1  | 0  | 0  | 1  | 1  | 1  | 0  | 0  | 0  | 0  | 0  | 7  | 28% | 0   | 0     | 0          | 0   | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 1  | 0  | 1  | 5   | 33.33% |        |        |            |
| 31        | c                | b | a | d | d | c | No  | 0  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 1  | 0  | 1  | 1  | 1  | 1  | 0  | 1  | 0  | 0  | 1  | 1  | 15 | 60% | 0   | 0     | 0          | 0   | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 0  | 0  | 1  | 6   | 40%    |        |        |            |

| SAMPLE NO | PRE TEST SCORING |   |   |   |   |   |     |  |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |    |       |            |   |   |   |   |   |   |   |     |        |        |        |        |        |        |    |        |            |
|-----------|------------------|---|---|---|---|---|-----|--|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|----|-------|------------|---|---|---|---|---|---|---|-----|--------|--------|--------|--------|--------|--------|----|--------|------------|
|           | DEMOGRAPHIC DATA |   |   |   |   |   |     | SEMI STRUCTURED QUESTIONNAIRE RELATED TO KNOWLEDGE |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |    | TOTAL | PERCENTAGE | SEMI STRUCTURED QUESTIONNAIRE RELATED TO PRACTICE |   |   |   |   |   |   |     |        |        |        |        |        |        |    | TOTAL  | PERCENTAGE |
|           | 1                | 2 | 3 | 4 | 5 | 6 | 7   | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19  | 20  | 21  | 22  | 23  | 24  | 25 |       |            | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8   | 9      | 10     | 11     | 12     | 13     | 14     | 15 |        |            |
| 32        | d                | b | a | d | d | c | No  | 0  | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1  | 1  | 1  | 0  | 1  | 1  | 1  | 0  | 0  | 1   | 1   | 0   | 1   | 1   | 1   | 15 | 60%   | 0          | 1   | 0 | 1 | 1 | 1 | 0 | 0 | 0   | 1      | 1      | 0      | 0      | 0      | 1      | 7  | 46.67% |            |
| 33        | b                | b | a | d | b | a | No  | 0  | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0  | 1  | 1  | 0  | 0  | 0  | 0  | 1  | 0  | 0   | 1   | 0   | 0   | 11  | 44% | 0  | 0     | 0          | 0   | 0 | 0 | 0 | 0 | 0 | 1 | 1   | 0      | 0      | 1      | 0      | 3      | 20%    |    |        |            |
| 34        | a                | b | a | d | a | a | No  | 1  | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 1  | 0  | 1  | 1  | 0  | 0  | 1  | 1  | 0  | 1   | 1   | 0   | 0   | 14  | 56% | 0  | 0     | 0          | 1   | 1 | 0 | 0 | 0 | 1 | 1 | 0   | 0      | 1      | 0      | 0      | 5      | 33.33% |    |        |            |
| 35        | b                | b | a | d | a | a | yes | 1  | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 1  | 1  | 0  | 0  | 1  | 1  | 1  | 0  | 1   | 1   | 0   | 17  | 68% | 1   | 0  | 0     | 1          | 0   | 0 | 0 | 0 | 0 | 1 | 1 | 0   | 1      | 1      | 1      | 7      | 46.67% |        |    |        |            |
| 36        | b                | b | a | d | b | b | No  | 0  | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0  | 0  | 1  | 0  | 0  | 1  | 1  | 1  | 0  | 0   | 0   | 0   | 7   | 28% | 0   | 0  | 0     | 0          | 0   | 0 | 1 | 0 | 0 | 0 | 1 | 0   | 0      | 0      | 1      | 3      | 20.00% |        |    |        |            |
| 37        | c                | b | a | d | c | b | No  | 0  | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0  | 0  | 1  | 0  | 0  | 0  | 0  | 0  | 0  | 0   | 1   | 0   | 0   | 7   | 28% | 1  | 0     | 0          | 0   | 0 | 0 | 0 | 1 | 0 | 1 | 1   | 0      | 0      | 0      | 4      | 26.66% |        |    |        |            |
| 38        | a                | b | a | d | b | b | No  | 1  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0  | 0  | 0  | 0  | 1  | 0  | 1  | 1  | 0  | 1   | 0   | 0   | 11  | 44% | 0   | 0  | 0     | 0          | 0   | 0 | 0 | 0 | 1 | 1 | 1 | 0   | 0      | 0      | 1      | 4      | 26.66% |        |    |        |            |
| 39        | d                | b | a | d | c | c | No  | 1  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0  | 1  | 1  | 1  | 1  | 0  | 1  | 0  | 1  | 1   | 0   | 0   | 17  | 68% | 1   | 0  | 0     | 0          | 1   | 0 | 1 | 0 | 0 | 1 | 1 | 0   | 0      | 1      | 1      | 7      | 46.67% |        |    |        |            |
| 40        | a                | b | a | d | b | b | No  | 1  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 0  | 0  | 1  | 1  | 0  | 1  | 1  | 1  | 0   | 1   | 15  | 60% | 1   | 0   | 1  | 0     | 0          | 0   | 1 | 0 | 0 | 1 | 1 | 0 | 1   | 0      | 1      | 7      | 46.67% |        |        |    |        |            |
| 41        | c                | b | a | d | c | b | No  | 1  | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 1  | 0  | 1  | 1  | 0  | 0  | 1  | 1  | 0  | 1   | 14  | 56% | 0   | 0   | 0   | 1  | 1     | 0          | 0   | 0 | 1 | 1 | 0 | 0 | 1 | 0   | 0      | 5      | 33.33% |        |        |        |    |        |            |
| 42        | b                | b | a | d | a | b | No  | 0  | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 | 0  | 0  | 0  | 0  | 1  | 1  | 1  | 0  | 0  | 0   | 10  | 40% | 0   | 0   | 1   | 0  | 0     | 0          | 1   | 1 | 0 | 1 | 0 | 0 | 0 | 0   | 0      | 4      | 26.66% |        |        |        |    |        |            |
| 43        | a                | b | a | d | a | a | No  | 0  | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0  | 0  | 0  | 0  | 0  | 0  | 1  | 0  | 1  | 0   | 0   | 6   | 24% | 0   | 0   | 0  | 0     | 0          | 0   | 0 | 0 | 0 | 1 | 1 | 0 | 0   | 1      | 0      | 3      | 20%    |        |        |    |        |            |
| 44        | c                | b | a | d | b | c | No  | 0  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 1  | 0  | 1  | 1  | 1  | 0  | 1  | 1  | 1   | 15  | 60% | 0   | 0   | 0   | 0  | 0     | 1          | 1   | 0 | 0 | 1 | 1 | 1 | 0 | 0   | 1      | 6      | 40%    |        |        |        |    |        |            |
| 45        | a                | b | a | d | b | a | No  | 0  | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0  | 0  | 1  | 1  | 1  | 0  | 0  | 0  | 0  | 0   | 7   | 28% | 0   | 0   | 0   | 0  | 0     | 0          | 0   | 0 | 0 | 1 | 1 | 0 | 0 | 1   | 0      | 3      | 20%    |        |        |        |    |        |            |
| 46        | d                | b | a | a | c | c | No  | 1  | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 1  | 1  | 0  | 1  | 1  | 0  | 1  | 1  | 0   | 17  | 68% | 1   | 0   | 0   | 1  | 0     | 0          | 0   | 0 | 0 | 1 | 1 | 0 | 1 | 1   | 1      | 7      | 46.67% |        |        |        |    |        |            |
| 47        | c                | b | a | a | d | c | No  | 1  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 0  | 0  | 1  | 1  | 0  | 1  | 0  | 1  | 14  | 56% | 1   | 0   | 0   | 0   | 1  | 0     | 1          | 0   | 0 | 1 | 1 | 0 | 0 | 1 | 1   | 7      | 46.67% |        |        |        |        |    |        |            |
| 48        | d                | b | a | a | d | d | No  | 0  | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 1  | 0  | 0  | 1  | 1  | 1  | 1  | 0  | 1  | 16  | 64% | 1   | 0   | 1   | 0   | 0  | 0     | 0          | 0   | 0 | 1 | 1 | 1 | 0 | 0 | 0   | 5.6    | 33.33% |        |        |        |        |    |        |            |
| 49        | c                | b | a | a | c | c | No  | 1  | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0  | 1  | 0  | 0  | 0  | 1  | 1  | 1  | 1  | 0   | 16  | 64% | 1   | 0   | 0   | 1  | 0     | 0          | 0   | 0 | 1 | 1 | 1 | 0 | 0 | 0   | 1      | 6      | 40%    |        |        |        |    |        |            |
| 50        | d                | b | a | a | c | b | No  | 1  | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0  | 1  | 1  | 0  | 0  | 1  | 1  | 1  | 0  | 17  | 68% | 1   | 0   | 1   | 0   | 0  | 0     | 1          | 0   | 1 | 1 | 0 | 1 | 0 | 0 | 1   | 7      | 46.67% |        |        |        |        |    |        |            |
| 51        | b                | b | a | a | c | c | No  | 1  | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 1  | 0  | 1  | 1  | 0  | 0  | 1  | 1  | 0  | 14  | 56% | 0   | 0   | 1   | 0   | 0  | 0     | 1          | 1   | 0 | 1 | 0 | 0 | 0 | 0 | 4.6 | 26.66% |        |        |        |        |        |    |        |            |
| 52        | a                | b | a | a | b | a | No  | 0  | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 1  | 0  | 0  | 0  | 0  | 1  | 1  | 1  | 0  | 10  | 40% | 0   | 0   | 0   | 1   | 1  | 0     | 0          | 0   | 1 | 1 | 0 | 0 | 1 | 0 | 0   | 5.4    | 33.33% |        |        |        |        |    |        |            |
| 53        | c                | b | a | a | c | c | No  | 0  | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1  | 1  | 0  | 1  | 1  | 1  | 0  | 0  | 1  | 15  | 60% | 0   | 1   | 0   | 1   | 1  | 1     | 0          | 0   | 0 | 1 | 1 | 0 | 0 | 0 | 1   | 7      | 46.67% |        |        |        |        |    |        |            |
| 54        | b                | b | a | a | c | b | No  | 0  | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0  | 1  | 1  | 0  | 0  | 0  | 1  | 0  | 0  | 11  | 44% | 0   | 0   | 0   | 0   | 0  | 0     | 0          | 0   | 0 | 1 | 1 | 0 | 0 | 1 | 0   | 3      | 20%    |        |        |        |        |    |        |            |
| 55        | a                | b | a | a | b | b | No  | 0  | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0  | 1  | 1  | 0  | 0  | 0  | 1  | 0  | 0  | 11  | 44% | 0   | 0   | 0   | 0   | 0  | 0     | 0          | 0   | 0 | 1 | 1 | 0 | 0 | 1 | 0   | 3      | 20%    |        |        |        |        |    |        |            |
| 56        | a                | b | a | a | b | a | No  | 0  | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1  | 1  | 0  | 0  | 0  | 1  | 1  | 1  | 0  | 11  | 44% | 1   | 0   | 0   | 0   | 0  | 0     | 0          | 0   | 0 | 1 | 0 | 1 | 0 | 0 | 1   | 5      | 33.33% |        |        |        |        |    |        |            |
| 57        | b                | b | a | a | c | b | No  | 0  | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0  | 0  | 1  | 0  | 0  | 1  | 1  | 0  | 0  | 7   | 54% | 0   | 0   | 0   | 0   | 0  | 0     | 1          | 0   | 0 | 1 | 1 | 0 | 1 | 0 | 1   | 5      | 33.33% |        |        |        |        |    |        |            |
| 58        | b                | b | a | a | c | c | No  | 0  | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0  | 0  | 1  | 0  | 0  | 1  | 1  | 1  | 0  | 0   | 7   | 54% | 0   | 0   | 0   | 0  | 0     | 0          | 0   | 0 | 0 | 1 | 1 | 0 | 0 | 1   | 0      | 3      | 20%    |        |        |        |    |        |            |
| 59        | d                | b | a | a | c | c | No  | 1  | 0 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 0  | 1  | 1  | 1  | 1  | 0  | 0  | 1  | 18  | 72% | 1   | 0   | 1   | 0   | 0  | 0     | 1          | 0   | 0 | 1 | 1 | 0 | 0 | 1 | 1   | 7      | 46.67% |        |        |        |        |    |        |            |
| 60        | d                | b | a | a | d | d | No  | 1  | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1  | 0  | 0  | 1  | 1  | 1  | 0  | 1  | 16 | 64% | 1   | 0   | 1   | 0   | 0   | 0  | 0     | 0          | 0   | 1 | 0 | 1 | 0 | 1 | 0 | 6   | 40%    |        |        |        |        |        |    |        |            |







LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY

From

Mrs. P.Lavanya  
M.Sc.,(N) II year student,  
College of Nursing,  
Madras Medical College,  
Chennai-03.

To

Dr. Zealous Mary, M.Sc (N), Ph.D.,  
HOD & Professor,  
Department of Child Health Nursing,  
College of nursing, Madras Medical Mission,  
Chennai.

Through

Principal  
College of nursing  
Madras medical college  
Chennai-03  
Respected Madam,


PRINCIPAL  
COLLEGE OF NURSING  
MADRAS MEDICAL COLLEGE  
CHENNAI - 600 003

Sub: Requisition for expert opinion on suggestion for content validity of the tools.

I, P.Lavanya M.Sc (Nursing) II year student at College of Nursing, Madras Medical College, Chennai -3, affiliated to Dr. M.G.R. Medical university, Chennai. As a partial fulfillment of the requirement in the M.Sc (Nursing) programme, I have to complete my dissertation and the topic I have selected is titled , **"A study to assess the Effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and hospital for children, Egmore, Chennai-08"**.Herewith, I have enclosed the developed tool for content validity and for your expert opinion and valuable suggestions.

Thanking you,

Yours Sincerely,

  
Signature of HOD  
K.KANNAN

  
(P.LAVANYA)

Enclosures

1. Statement and objectives of the study
2. Blueprint of the tool
3. Content validity certificate

## CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by Mrs. P.LAVANYA, M.Sc (Nursing) II year student College of Nursing, Madras Medical College which is to be used in her study titled, "A study to assess the Effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and hospital for children, Egmore, Chennai-08" has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

Name : Dr. Zealous Mary, M.Sc(N),Ph.D.,

Designation : HOD & Professor

College : College of nursing,  
Madras Medical Mission, Chennai

Place : *Nolambur, Chennai*

Date : *19/12/17*

  
19/12/17  
Signature with seal  
**HOD-CHILD HEALTH NURSING**  
**MMM COLLEGE OF NURSING**  
No. 131, SAKTHI NAGAR,  
NOLAMBUR,  
CHENNAI - 600 095.



REQUISITION LETTER

From

**P.LAVANYA**  
M.sc (N) –II year student,  
College of Nursing,  
Madras Medical College,  
Chennai-03.

*P.Lavanya*  
Director and Superintendent,  
Institute of Child Health and  
Hospital for Children  
Egmore, Chennai - 600 008

To

**THE DIRECTOR,**  
Institute of Child Health and hospital for children  
Egmore, Chennai-08.

Through,

**PRINCIPAL,**  
College of Nursing, Madras Medical College, Chennai – 03

Respected Sir/Madam,

**Sub: Requesting permission to conduct research at Institute of Child Health and Hospital for children, Egmore, Chennai-08- Regarding**

I, M.Sc Nursing II year student have to conduct the research study for the partial fulfillment of M.Sc(N) Programme. My topic is "A study to assess the effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08". The data collection period is from 02/01/2018 to 27/01/2018 at 8am-4pm. I assure that I will not disturb the routine activities of the wards.

With due respect, I request your good self to kindly permit me to conduct this study

Thanking You

Yours faithfully,

*P.Lavanya*  
6/12/17

Signature of H.O.D

*P.Lavanya*  
( P.LAVANYA)

Encl: Copy of Institutional Ethics Committee approval letter

*Forwarded  
Sheet  
6.12.17  
Dr*

**PRINCIPAL  
COLLEGE OF NURSING  
MADRAS MEDICAL COLLEGE  
CHENNAI - 600 003.**

REQUISITION LETTER

From

**P.LAVANYA**  
M.sc (N) –II year student,  
College of Nursing,  
Madras Medical College,  
Chennai-03.

*R.*  
*8/12/17*  
**Director and Superintendent  
Institute of Child Health and  
Hospital for Children  
Egmore, Chennai - 600 009**

To

**NURSING SUPERINTENDENT,**  
Institute of Child Health and hospital for children  
Egmore, Chennai-08.

Through,

**PRINCIPAL,**  
College of Nursing, Madras Medical College, Chennai – 03

Respected Sir/Madam,

*L. Anand*  
*6.12.17.*  
**Sub: Requesting permission to conduct research at Institute of Child Health and Hospital for Children, Egmore, Chennai-08- Regarding**

*for*  
**PRINCIPAL**  
**COLLEGE OF NURSING**  
**MADRAS MEDICAL COLLEGE**  
**CHENNAI - 600 003.**  
I, M. Sc Nursing II year student have to conduct the research study for the partial fulfillment of M.Sc(N) Programme. My topic is "A study to assess the effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and Hospital for Children, Egmore, Chennai-08". The data collection period is from 02/01/2018 to 27/01/2018 at 8am-4pm. I assure that I will not disturb the routine activities of the wards.

With due respect, I request your good self to kindly permit me to conduct this study

Thanking You

Yours faithfully,

*GA*  
*6/12/17*  
**Signature of H.O. D**

*Plavanya*  
**(P.LAVANYA)**

Encl: Copy of Institutional Ethics Committee approval letter

*N/S. M. G.*  
*8/12/17*

**NURSING SUPERINTENDENT - GR - D**  
**Institute of Child Health and**  
**Hospital for Children**  
**Egmore, Chennai - 600 009**

## CERTIFICATE OF TAMIL EDITING

This is to certify that the dissertation work topic "A study to assess the Effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and hospital for children, Egmore, Chennai-08" done by Mrs. P.LAVANYA, M.Sc (N) II year student, College of Nursing, Madras Medical College, Chennai-03 was edited for Tamil language appropriateness


NAME : K. SHAMEEMBANU, M.A, B.Ed, M. Phi

DESIGNATION : B.T. ASST (TAMIL)

DATE : 14.06.2018

PLACE : THIRUVANNAMALAI

SIGNATURE WITH SEAL :

  
க. ஷமீம்பாணி,  
எம். ஏ., பி. எட்., எம். ஃபி. டி.,  
குமிழாசிரிசெ.யு.  
தொழில்நுட்பமேலாதிபதி,  
பி.டி.சி.மேலாதிபதி, மதுரை



## CERTIFICATE OF ENGLISH EDITING

This is to certify that the dissertation work topic "A study to assess the Effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and hospital for children, Egmore, Chennai-08" done by Mrs. P.LAVANYA, M.Sc (N) II year student, College of Nursing, Madras Medical College, Chennai-03 was edited for English language appropriateness

NAME : A. JOSEPH SANTHA SEELAN

DESIGNATION : B.T. ASST. (ENGLISH)

DATE : 19.06.2018.

PLACE : VITTALAPURAM

SIGNATURE WITH SEAL :



A. Joseph Santha Seelan, M.A., M.A., B.Ed., M.Phil.,  
19/06/18  
**B.T. Assistant (English)**  
**Govt. High School**  
**Vittalapuram-604 002., Vpm. Dt.**

LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY

From

Mrs. P.Lavanya  
M.Sc.,(N) II year student  
College of Nursing,  
Madras Medical College,  
Chennai-03.

To

Ms.R.Chitra, M.Sc (N)  
Reader,  
MAC College of nursing,  
Chennai.



M.A. Chidambaram College of Nursing  
VHS Campus, Chennai - 600 113.

Through

Principal  
College of nursing  
Madras medical college  
Chennai-03

Respected Madam,

Sub: Requisition for expert opinion on suggestion for content validity of the tools.

*Pravini*  
18/12/12  
PRINCIPAL  
COLLEGE OF NURSING  
MADRAS MEDICAL COLLEGE  
CHENNAI - 600 003.

I, P.Lavanya M.Sc (Nursing) II year student at College of Nursing, Madras Medical College, Chennai -3, affiliated to Dr. M.G.R. Medical university, Chennai. As a partial fulfillment of the requirement in the M.Sc (Nursing) programme, I have to complete my dissertation and the topic I have selected is titled , "A study to assess the Effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and hospital for children, Egmore, Chennai-08".Herewith, I have enclosed the developed tool for content validity and for your expert opinion and valuable suggestions.

Thanking you,

Yours Sincerely,

*Pravini*  
*Pravini*  
Signature of HOD(16/12/12)  
K.KANNAN

*Pravini*  
(P.LAVANYA)

Enclosures

1. Statement and objectives of the study
2. Blueprint of the tool
3. Content validity certificate

**INSTITUTIONAL ETHICS COMMITTEE  
MADRAS MEDICAL COLLEGE, CHENNAI 600 003**

EC Reg.No.ECR/270/Inst./TN/2013  
Telephone No.044 25305301  
Fax: 011 25363970

**CERTIFICATE OF APPROVAL**

To

P.Lavanya  
M.Sc. (N) I Year Student  
College of Nursing  
Madras Medical College  
Chennai 600 003

Dear P.Lavanya,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE REGARDING LEGAL AND ETHICAL ISSUES IN CARE OF CHILDREN AMONG NURSES WORKING IN PEDIATRIC WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE, CHENNAI 8 "** - NO.10072017

The following members of Ethics Committee were present in the meeting hold on **11.07.2017** conducted at Madras Medical College, Chennai 3

- |   |                      |
|---|----------------------|
| 1. Prof.Dr.C.Rajendran, MD.,                                  | :Chairperson         |
| 2. Prof.R.Narayana Babu,MD.,DCH.,Dean,MMC,Ch-3                | : Deputy Chairperson |
| 3. Prof.Sudha Seshayyan,MD., Vice Principal,MMC,Ch-3          | :Member Secretary    |
| 4. Prof.S.Mayilvahanan,MD,Director,Inst. of Int.Med,MMC, Ch-3 | : Member             |
| 5. Prof.A.Pandiyaraj,Director, Inst. of Gen.Surgery,MMC       | : Member             |
| 6. Prof.Rema Chandramohan,Prof.of Paediatrics,ICH,Chennai     | : Member             |
| 7. Prof. Susila, Director, Inst. of Pharmacology,MMC,Ch-3     | : Member             |
| 8.Thiru S.Govindasamy, BA.,BL,High Court,Chennai              | : Lawyer             |
| 9.Tmt.Arnold Saulina, MA.,MSW.,                               | :Social Scientist    |
| 10.Tmt.J.Rajalakshmi, JAO,MMC, Ch-3                           | : Lay Person         |

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary – Ethics Committee

**MEMBER SECRETARY  
INSTITUTIONAL ETHICS COMMITTEE  
MADRAS MEDICAL COLLEGE  
CHENNAI-600 003**



## CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by Mrs. P.LAVANYA, M.Sc (Nursing) II year student College of Nursing, Madras Medical College which is to be used in her study titled, **“A study to assess the Effectiveness of structured teaching programme on knowledge and practice regarding legal and ethical issues in care of children among nurses working in pediatric wards at Institute of Child Health and hospital for children, Egmore, Chennai-08”** has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

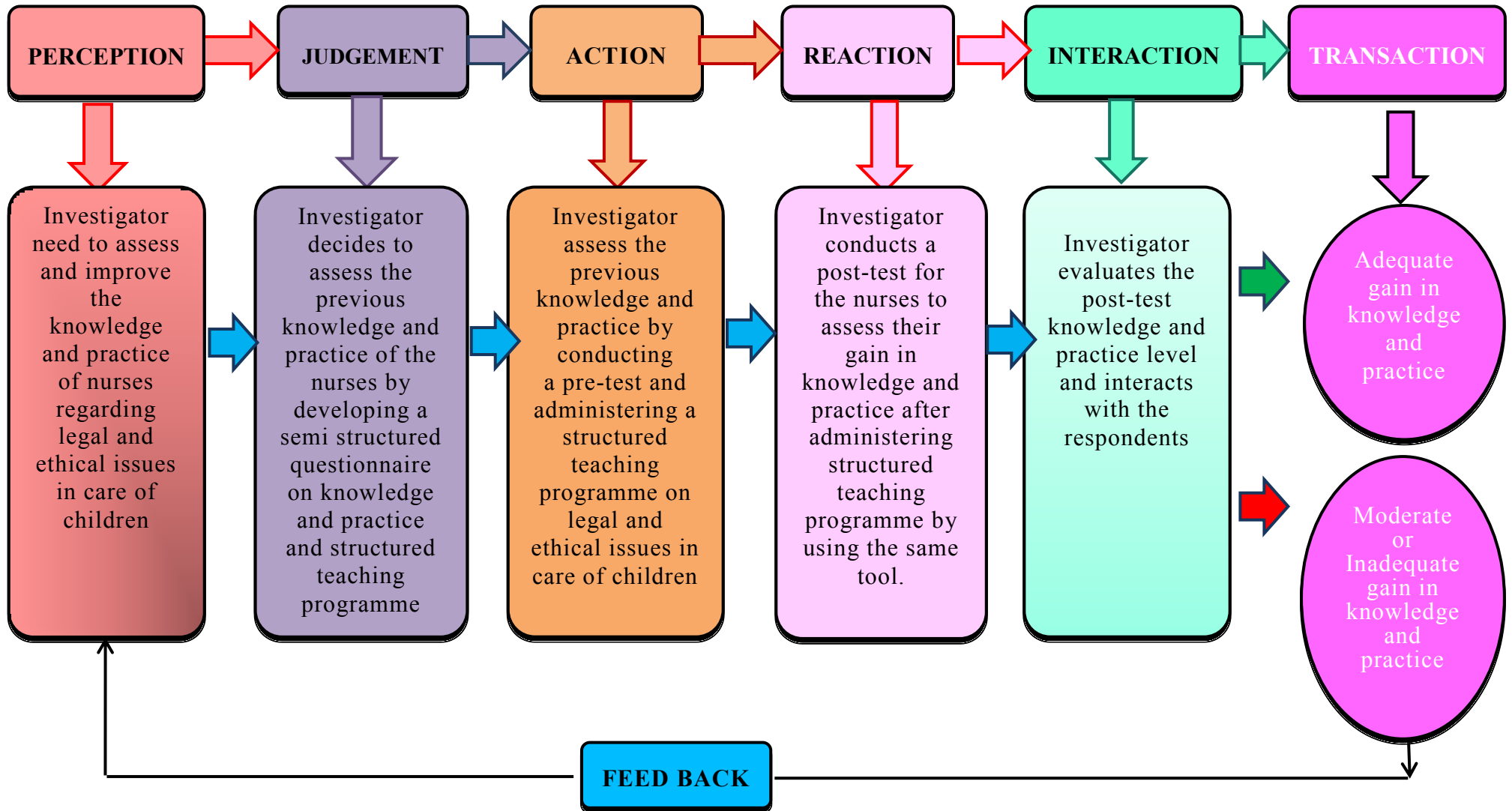
*Pluktu*

Signature with seal

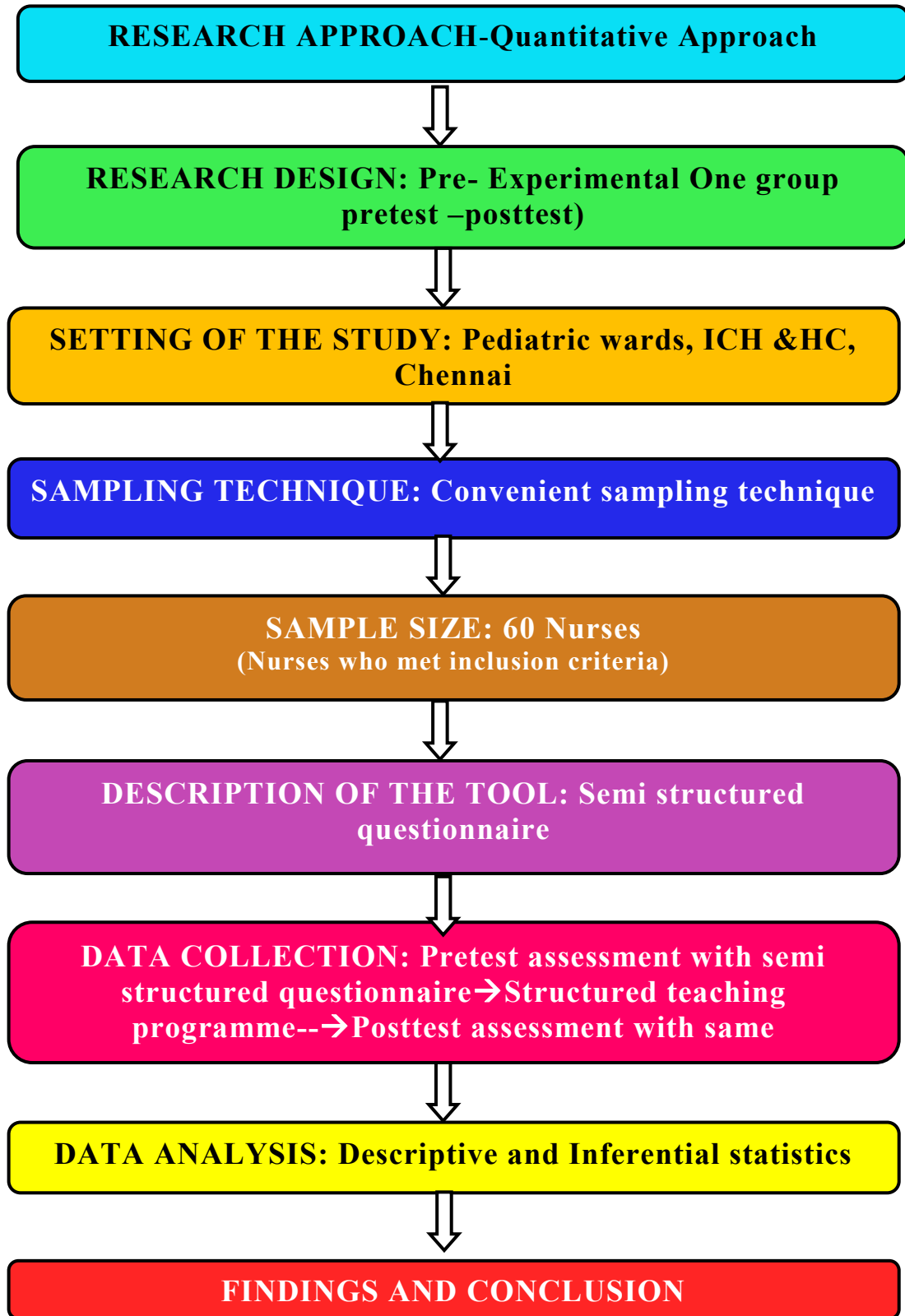
Name : Ms.R.Chitra, M.Sc (N)  
Designation : Reader  
child health nursing  
College : MAC College of nursing,  
Chennai  
Place : Chennai  
Date : 03/01/2018



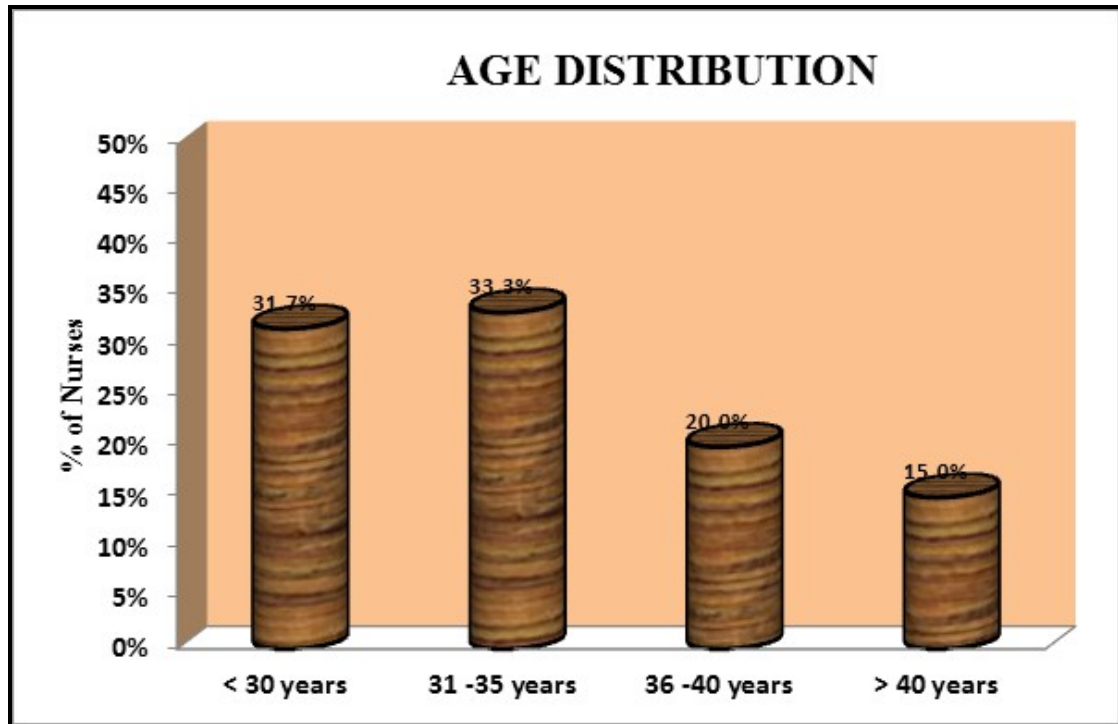
**FIGURE 2.1 CONCEPTUAL FRAME WORK BASED ON MODIFIED IMOGENE KINGS GOAL ATTAINMENT THEORY (2011)**



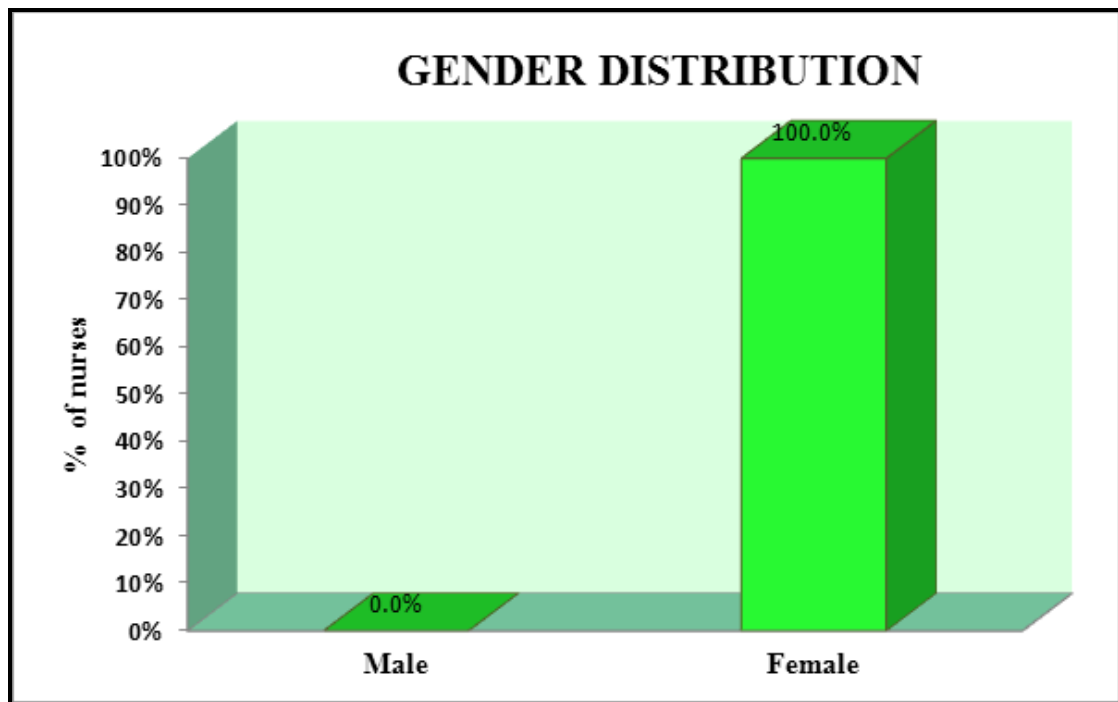
**FIGURE 3.1 SCHEMATIC REPRESENTATION OF RESEARCH DESIGN**



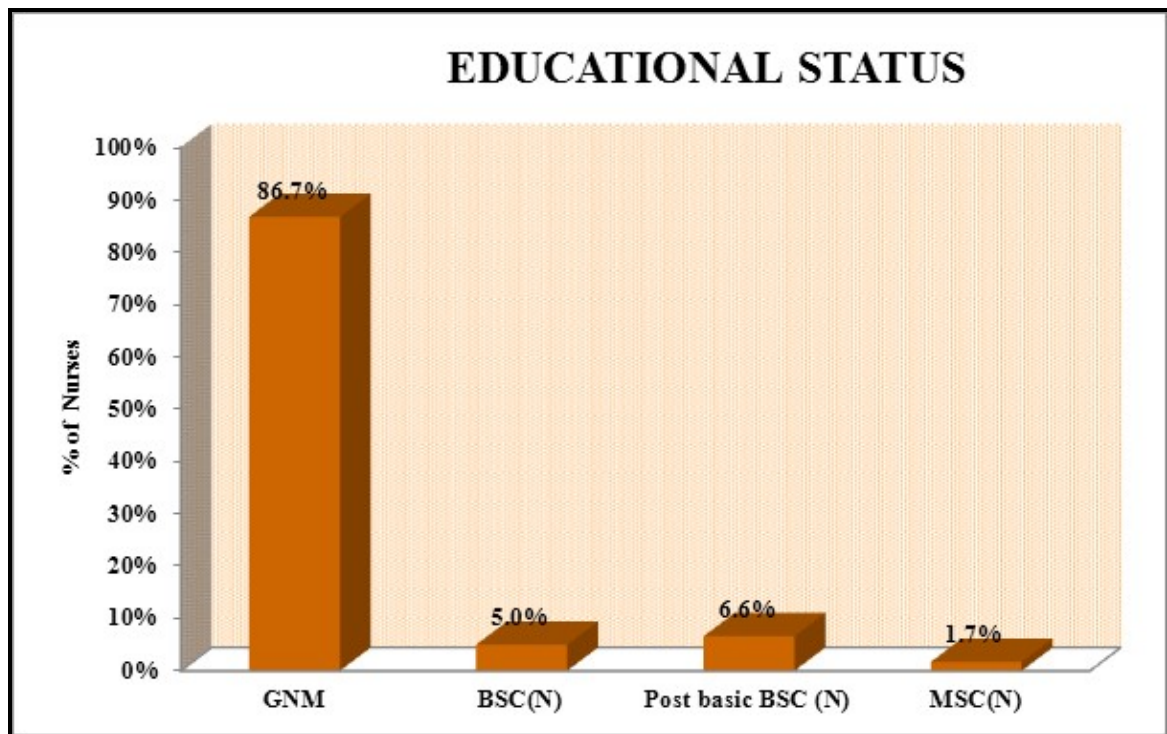
*Figure 4.1 Age wise distributions of study participants*



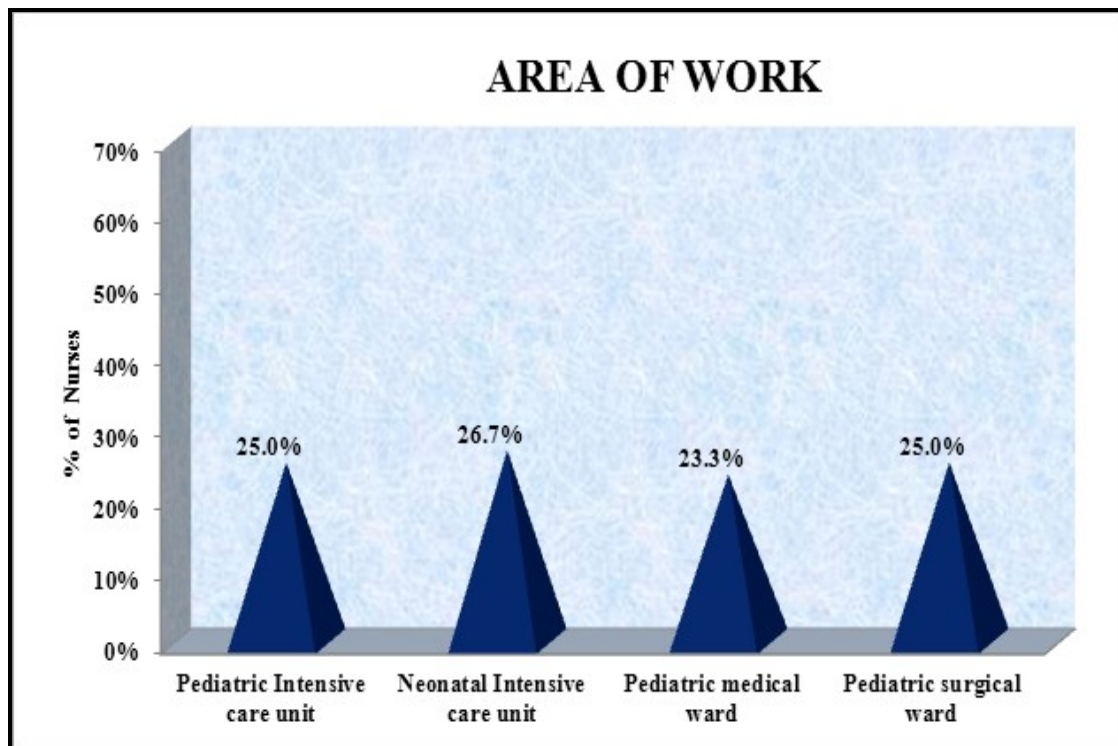
*Figure 4.2 Gender wise distributions of study participants*



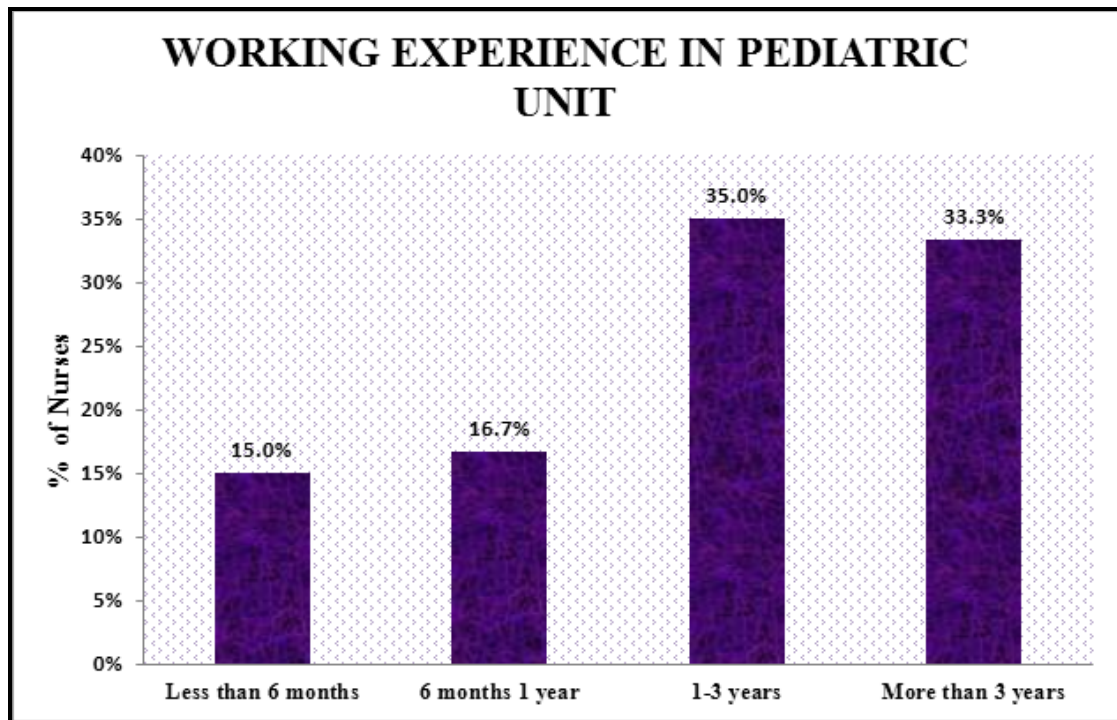
*Figure 4.3 Educational status wise distributions of study participants*



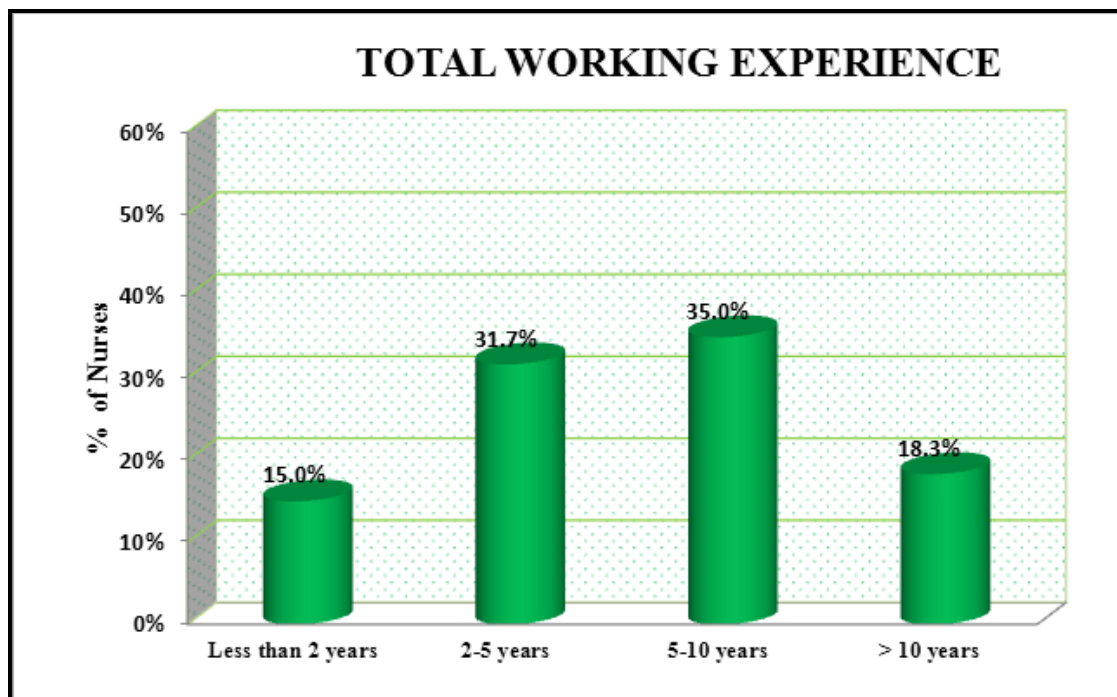
*Figure 4.4 Area work wise distribution of study participants*



*Figure 4.5 Working experience in pediatric unit wise distribution of study participants*

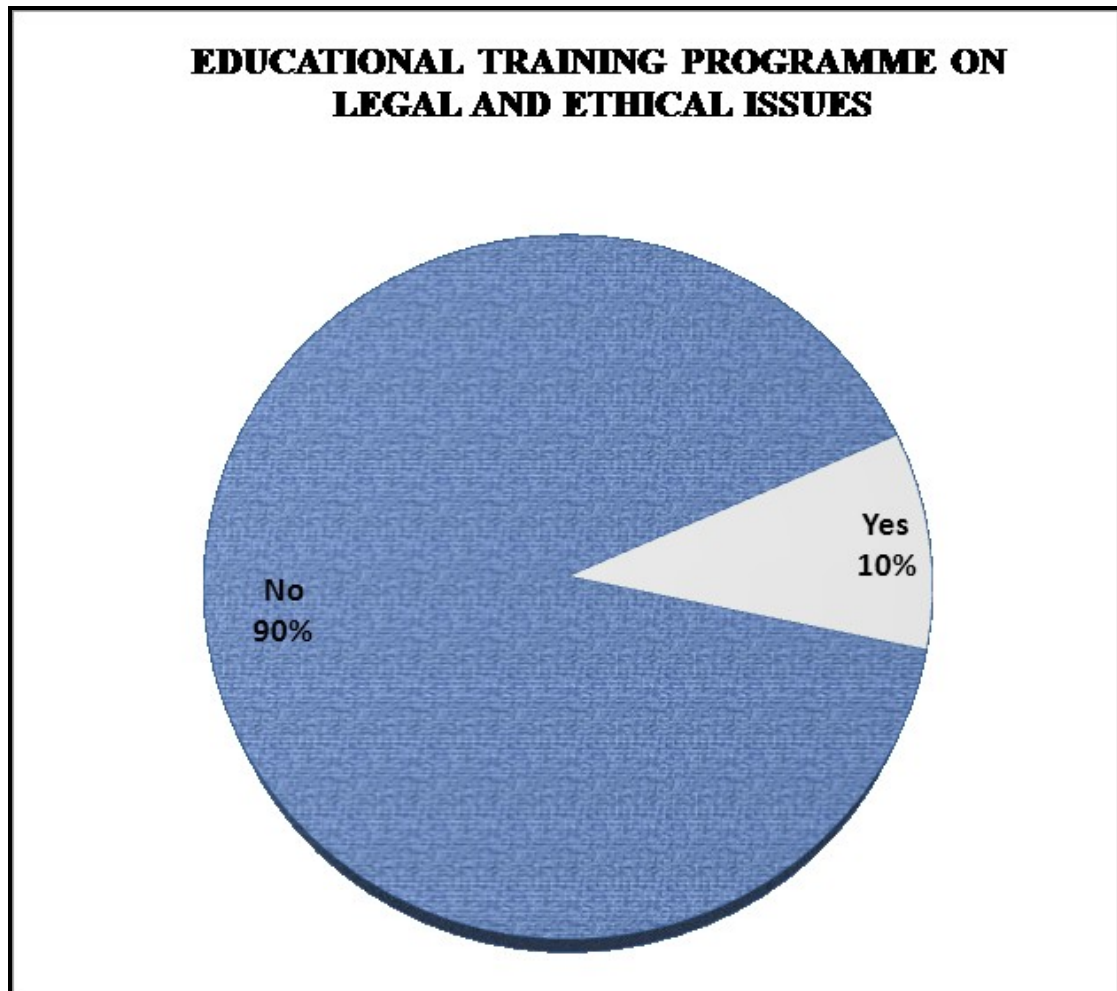


*Figure 4.6 Total Working experience wise distribution of study participants*

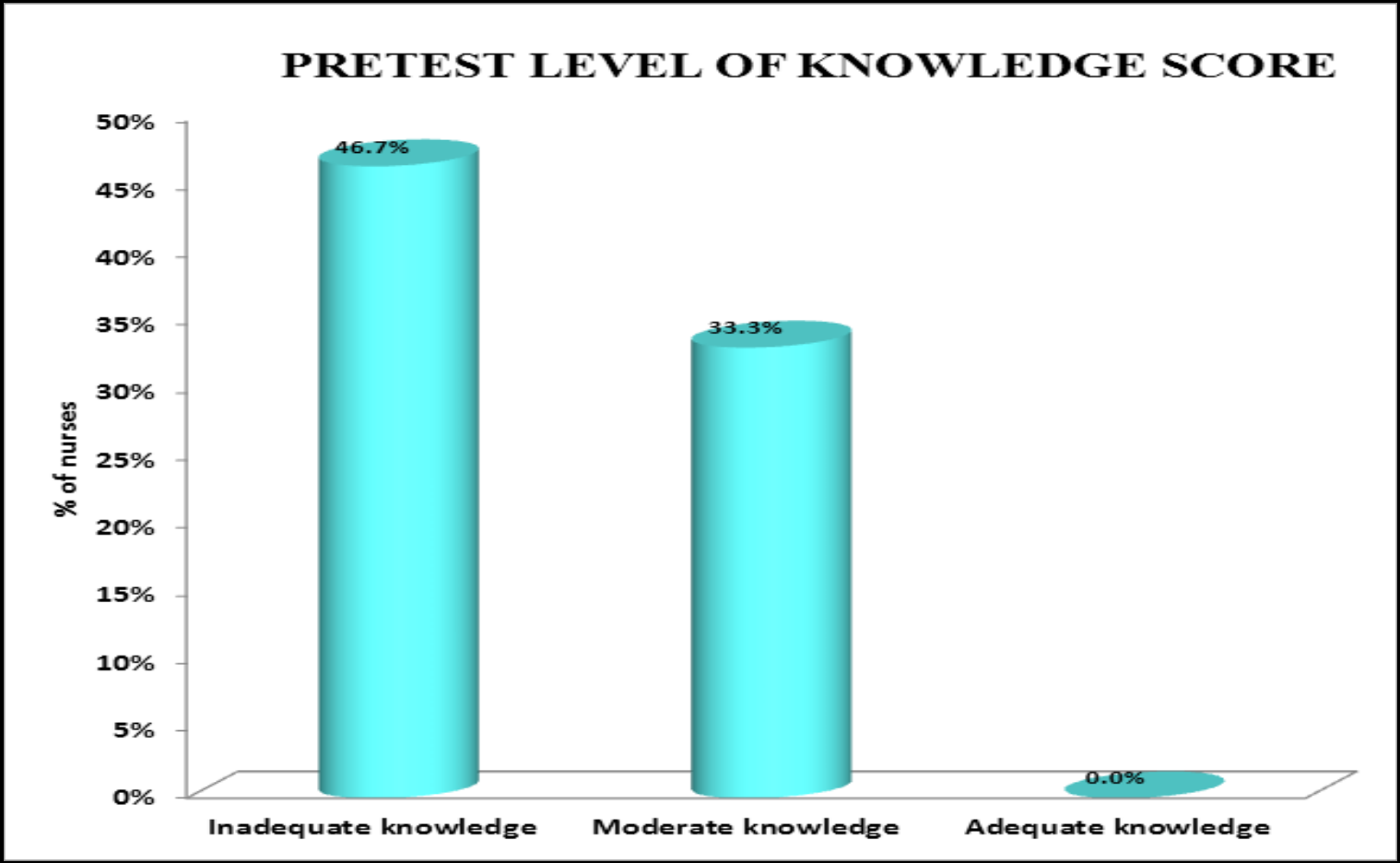




*Figure 4.7 Educational training programme (underwent) on legal and ethical issues wise distribution of study participants*

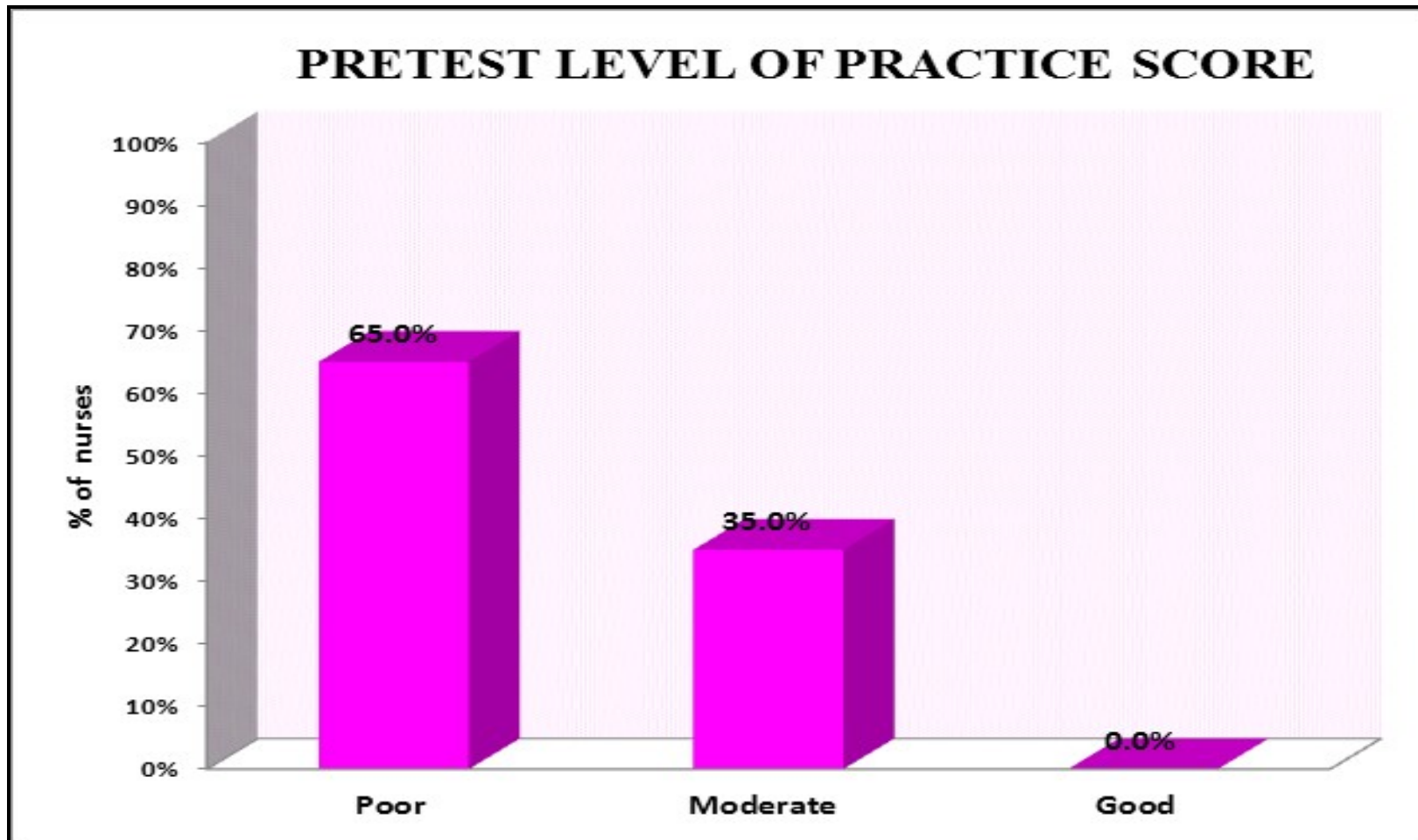


*Figure 4.8 Pre-test level of knowledge score*

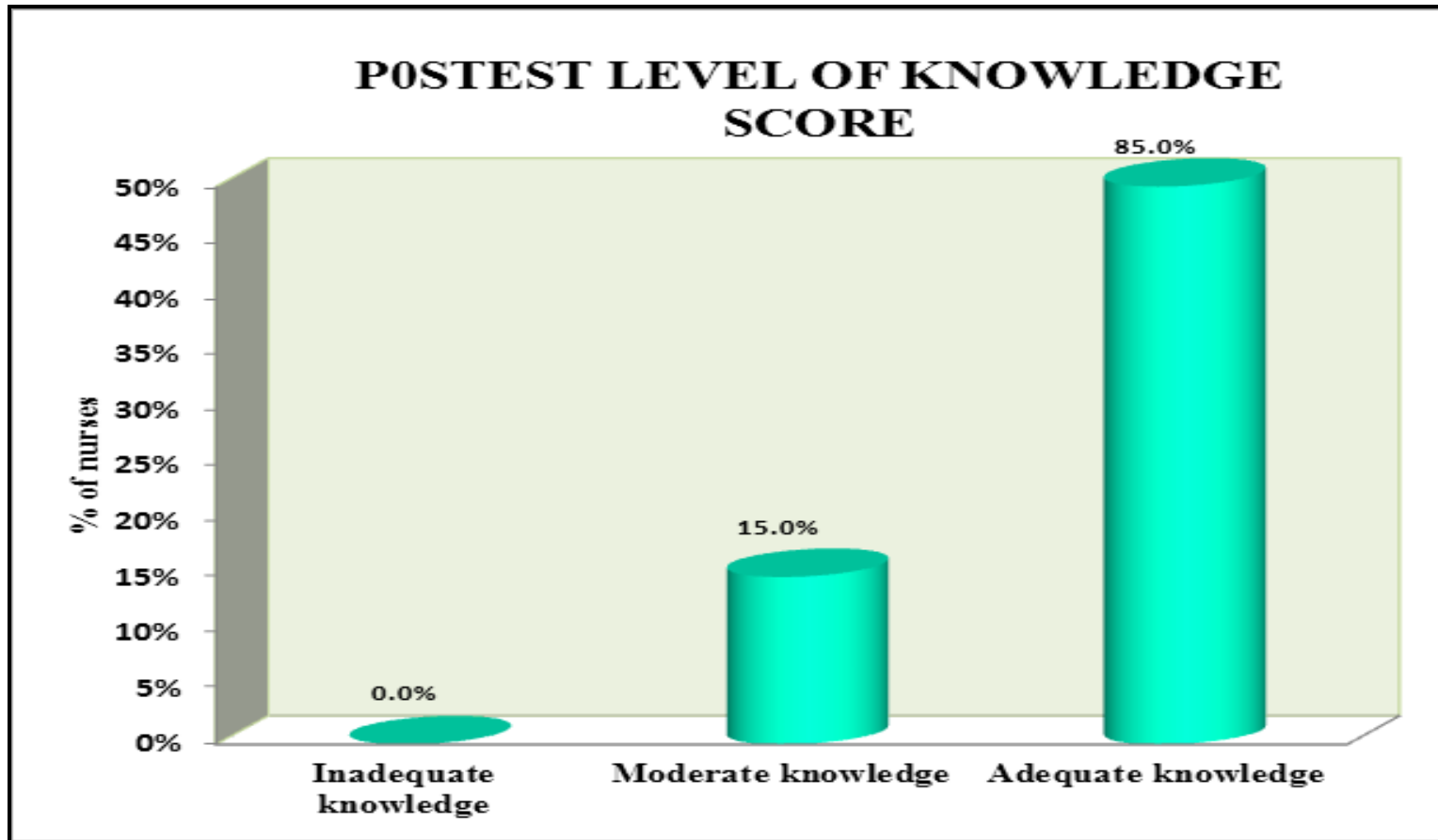




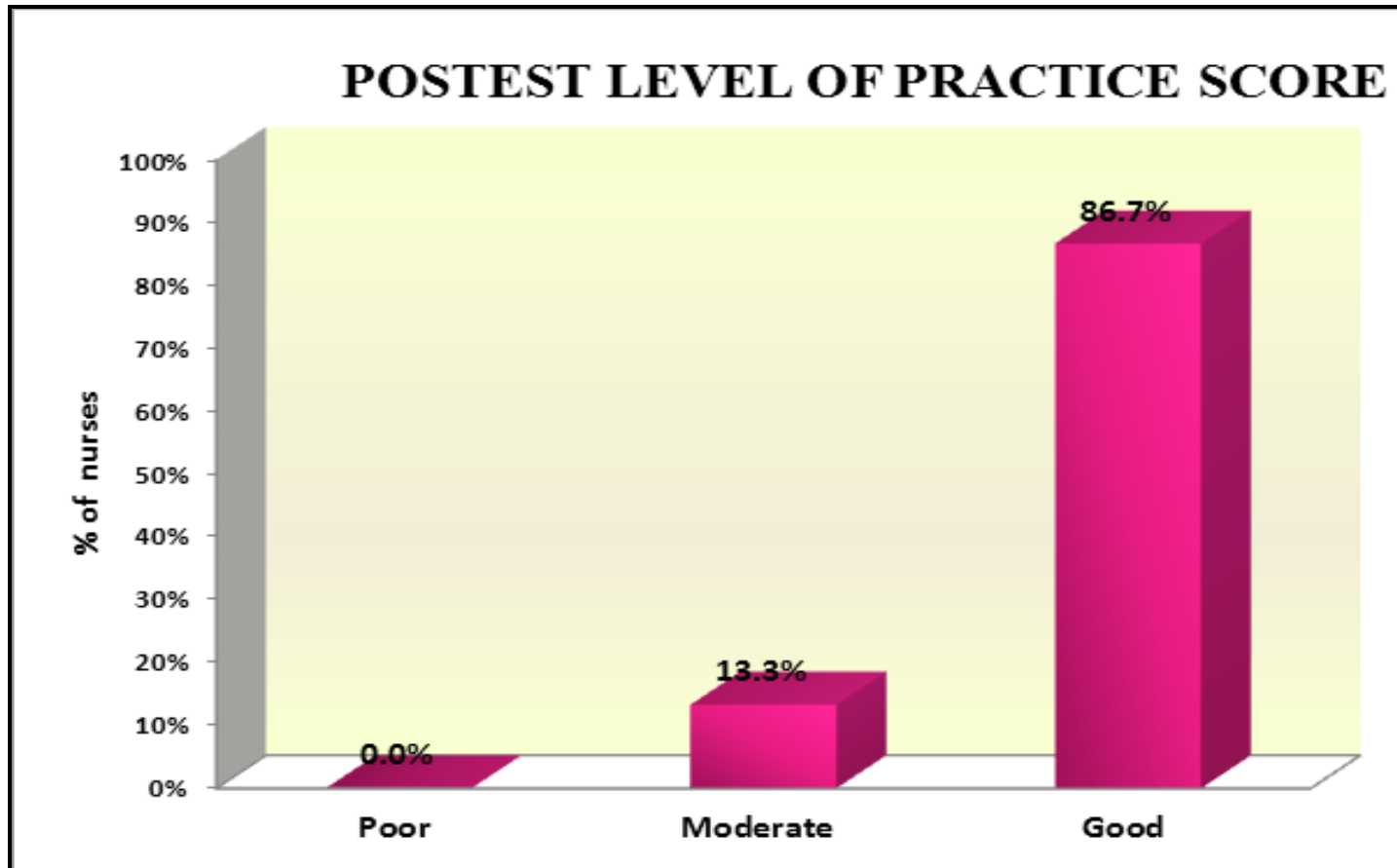
*Figure 4.9 Pretest level of Practice Score*



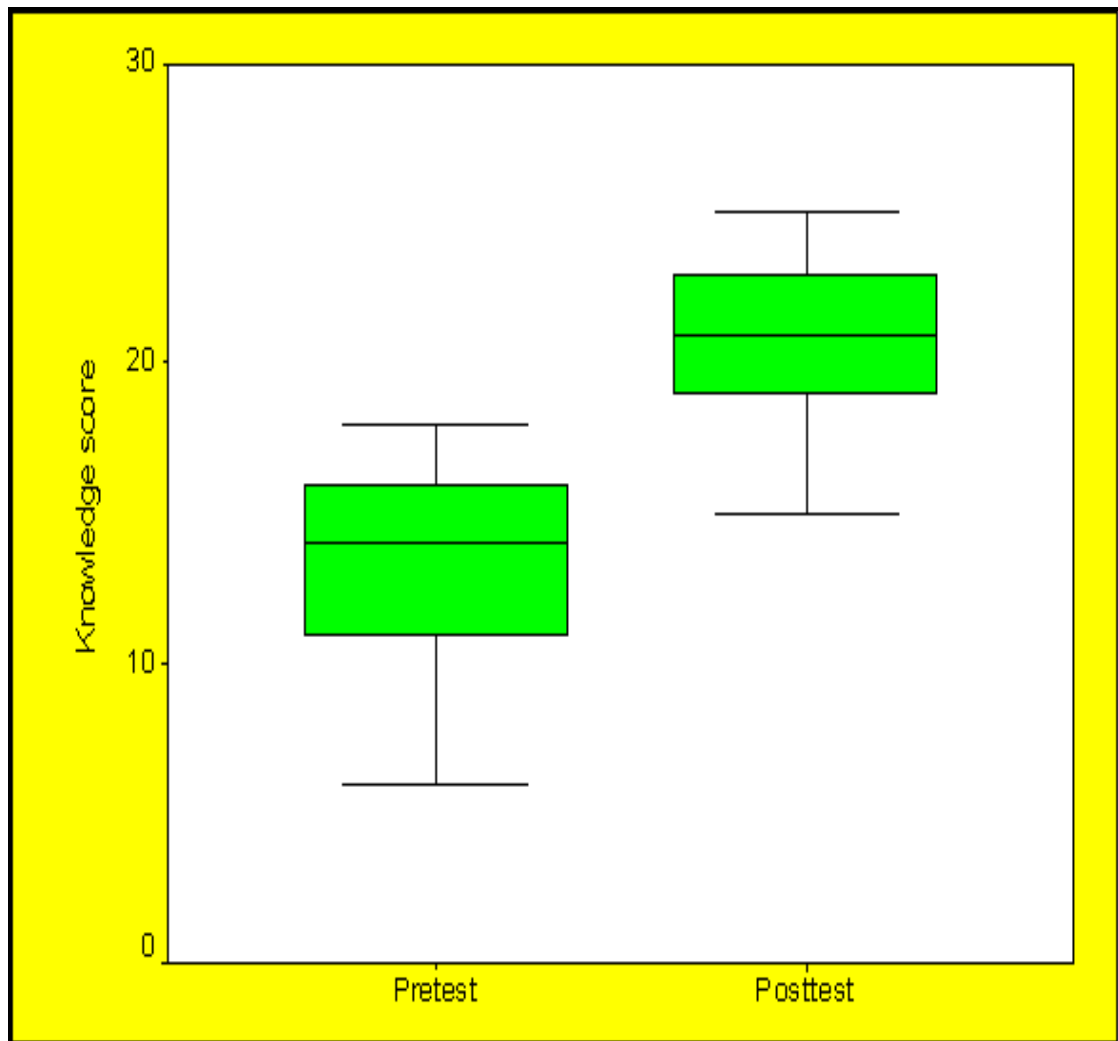
*Figure 4.10 Posttest level of knowledge score*



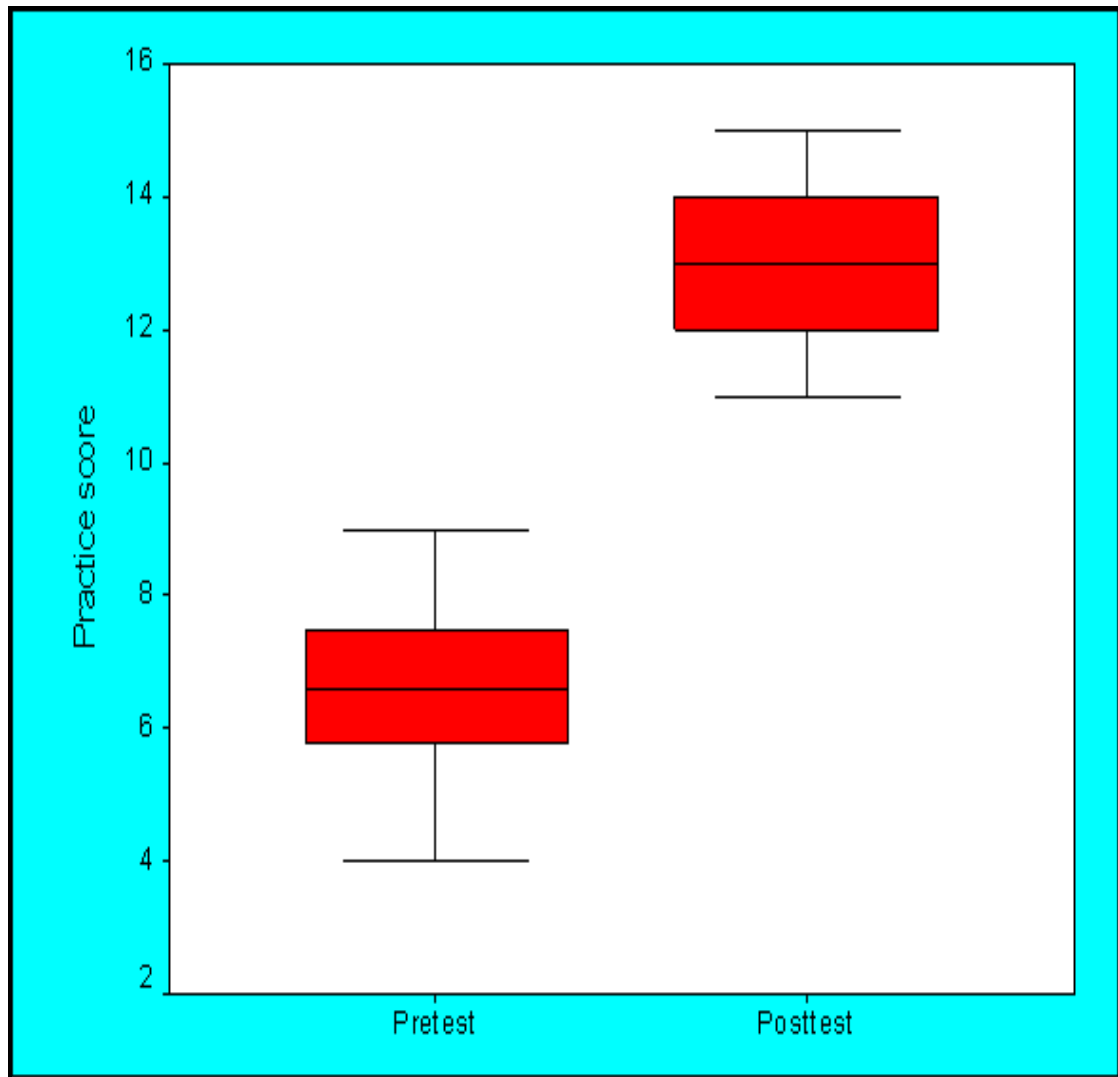
*Figure 4.11 Posttest level of practice score*



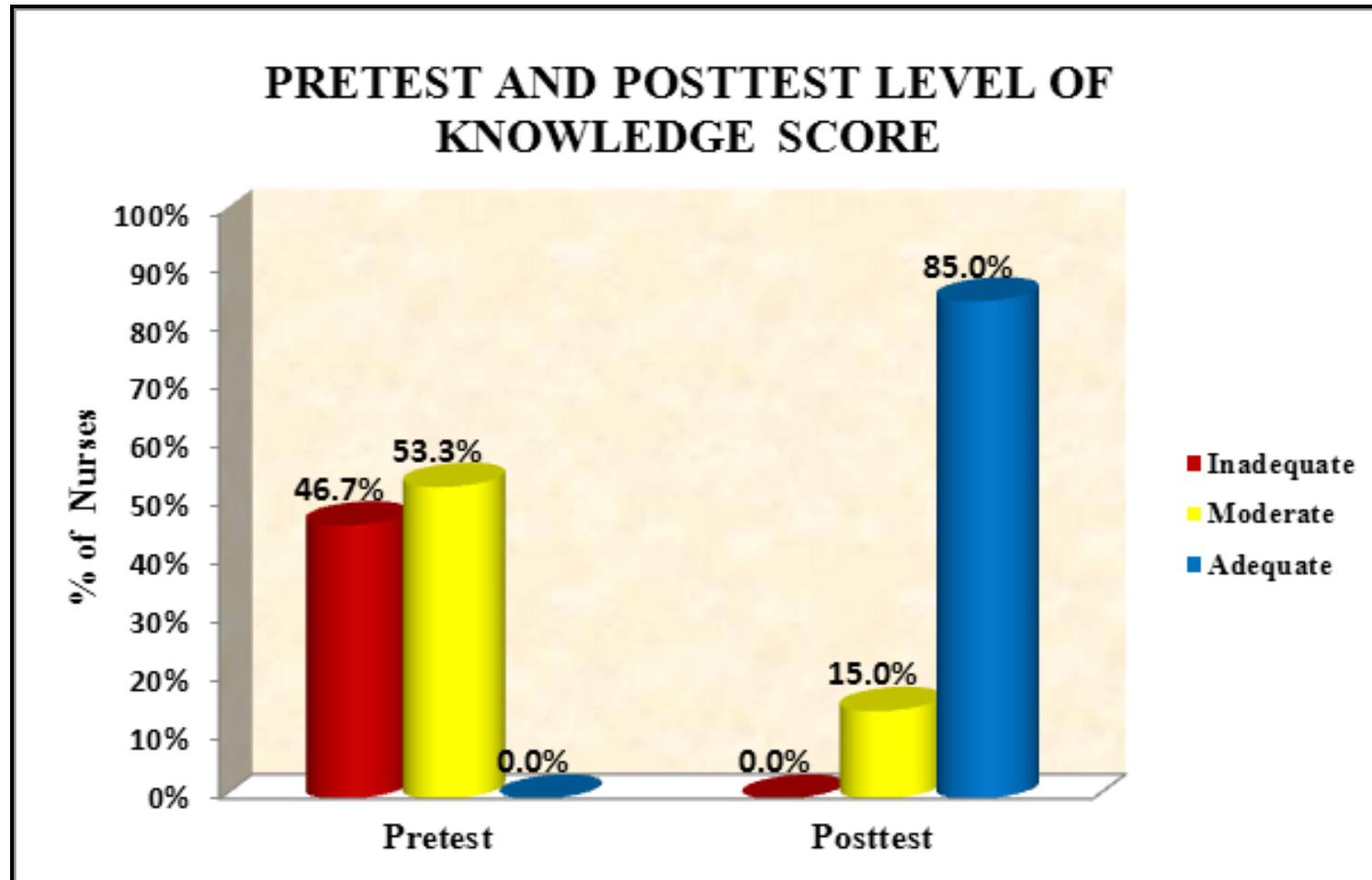
*Figure 4.12 Box Plot Compares the nurses pretest and posttest knowledge score*



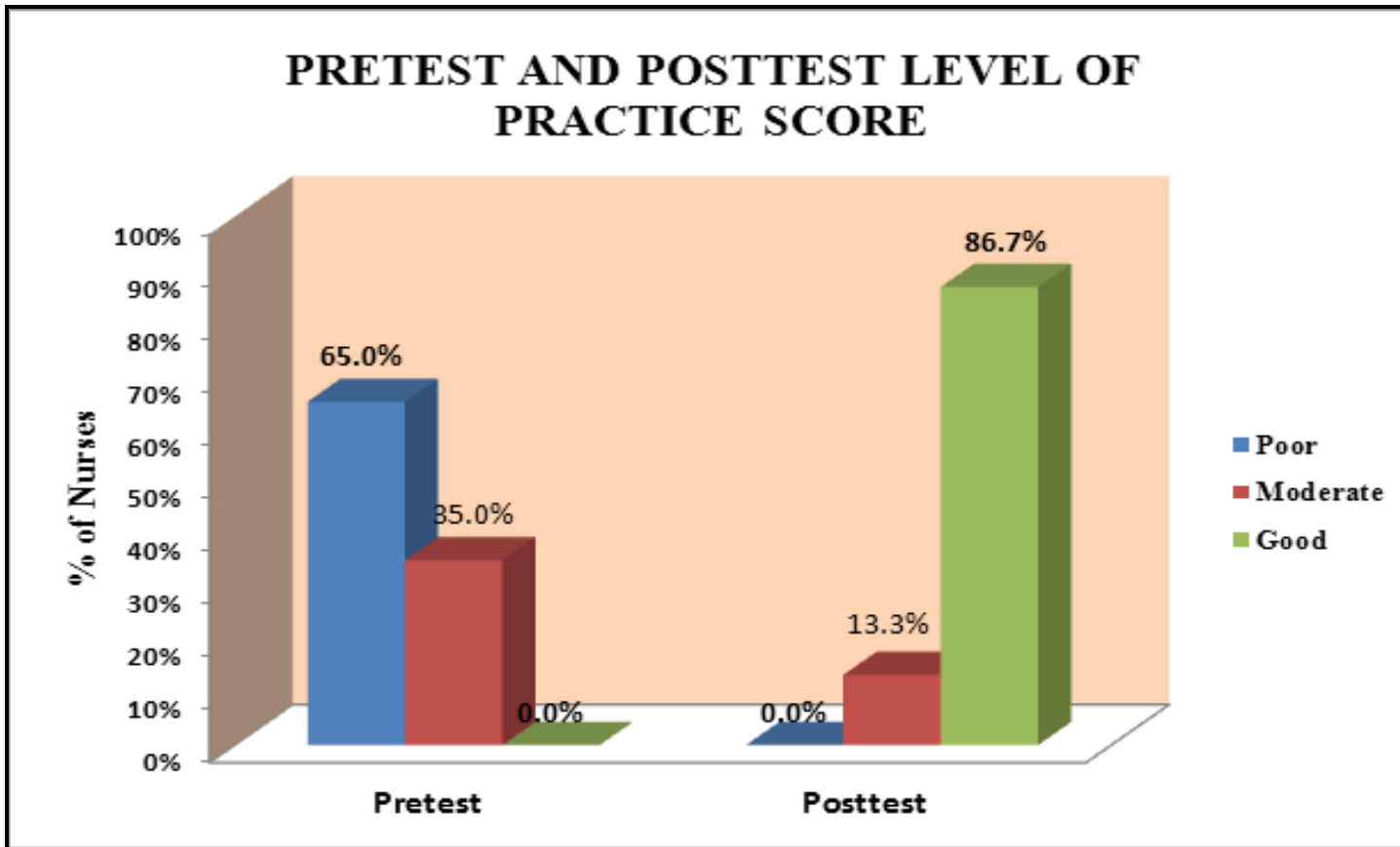
*Figure 4.13 Box Plot Compares the nurses pretest and posttest practice score*



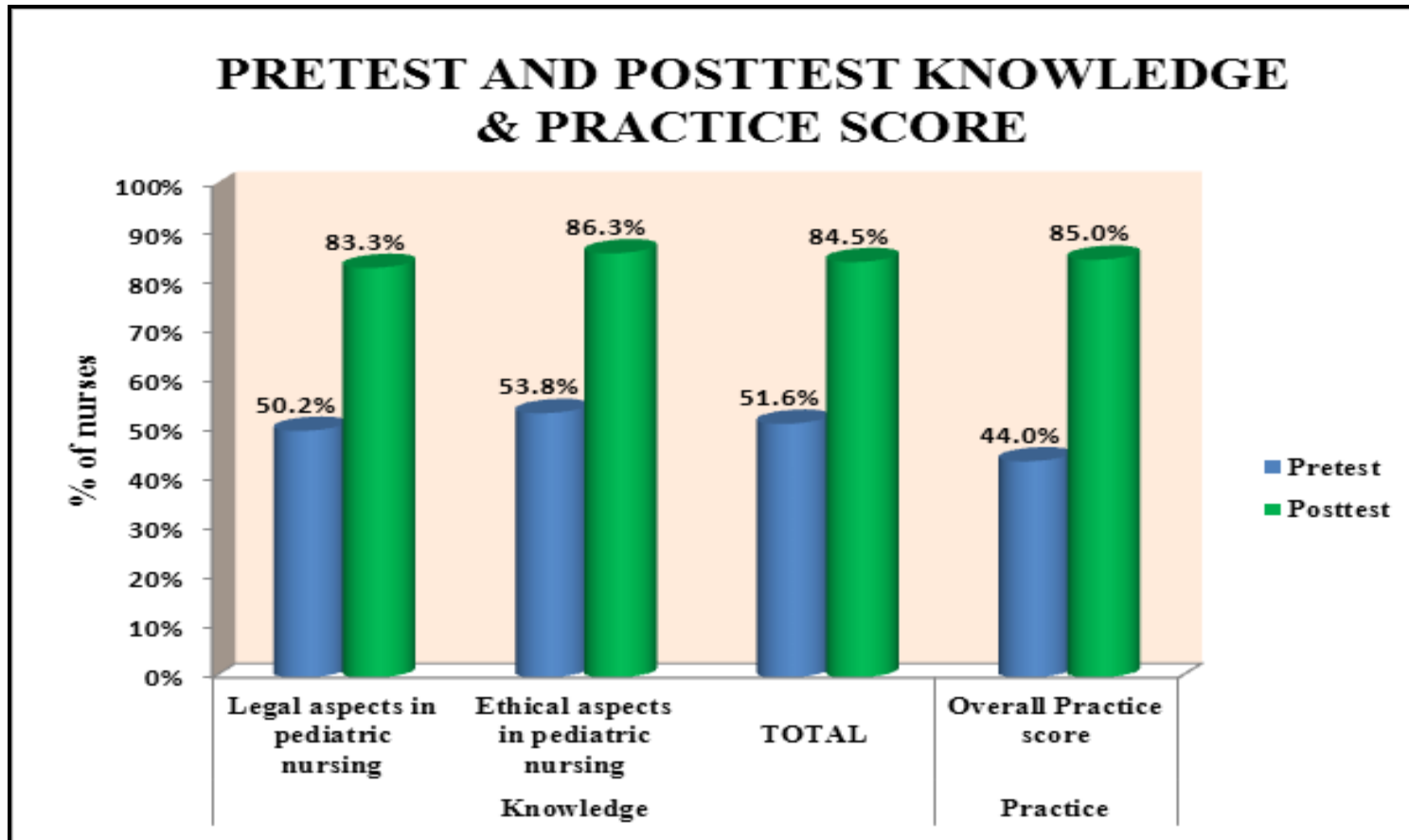
*Figure 4.14 Pre-test and posttest level of knowledge score*



*Figure 4.15 Pre-test and posttest level of practice score*

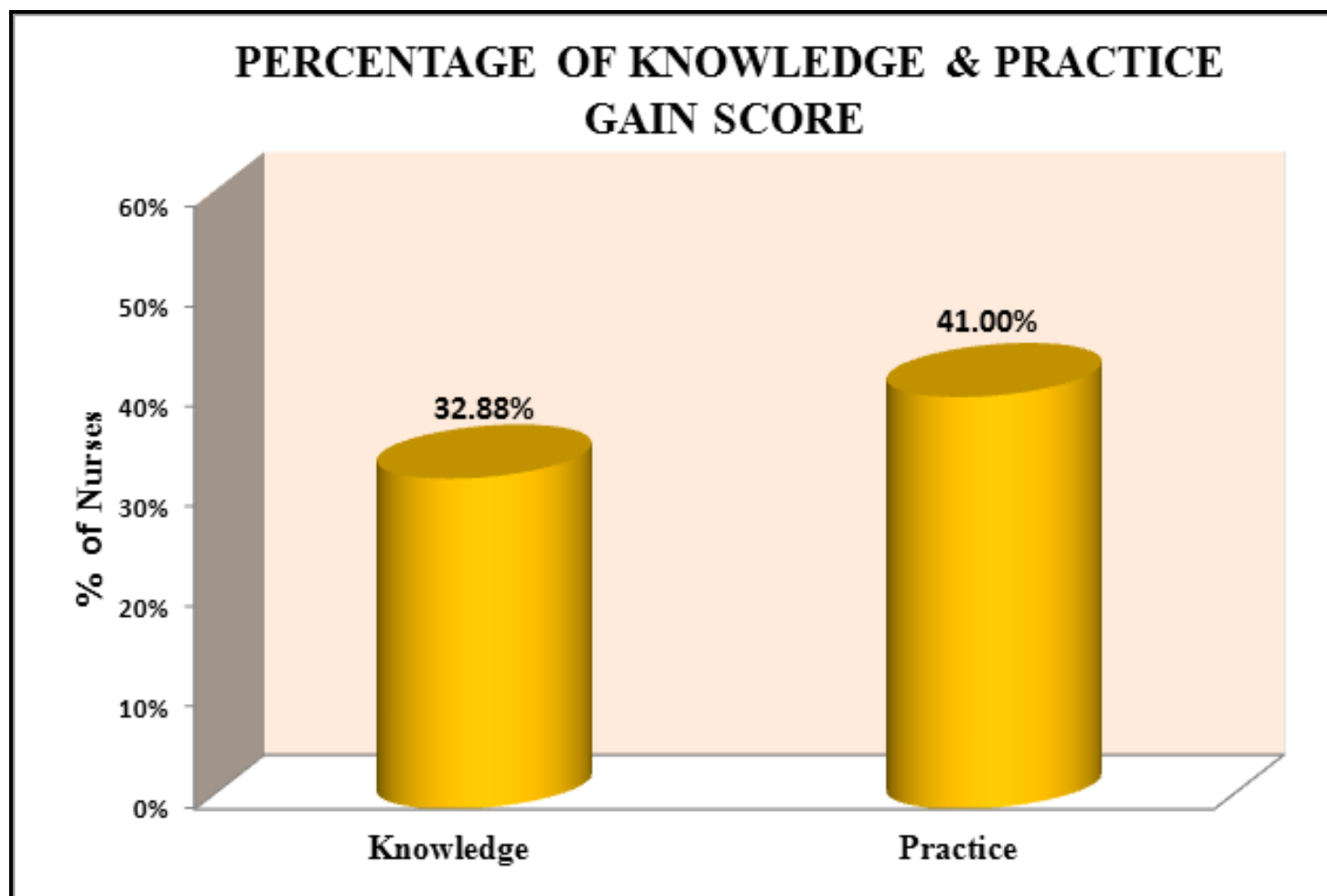


*Figure 4.16 Pretest and posttest knowledge and practice score*





*Figure 4.17 Percentage of knowledge and practice gain score*



*Figure 4.18 Scatter diagram with regression estimate shows the moderate correlation ( $r=0.56$   $P\leq 0.001$ ) between knowledge gain score and practice gain score*

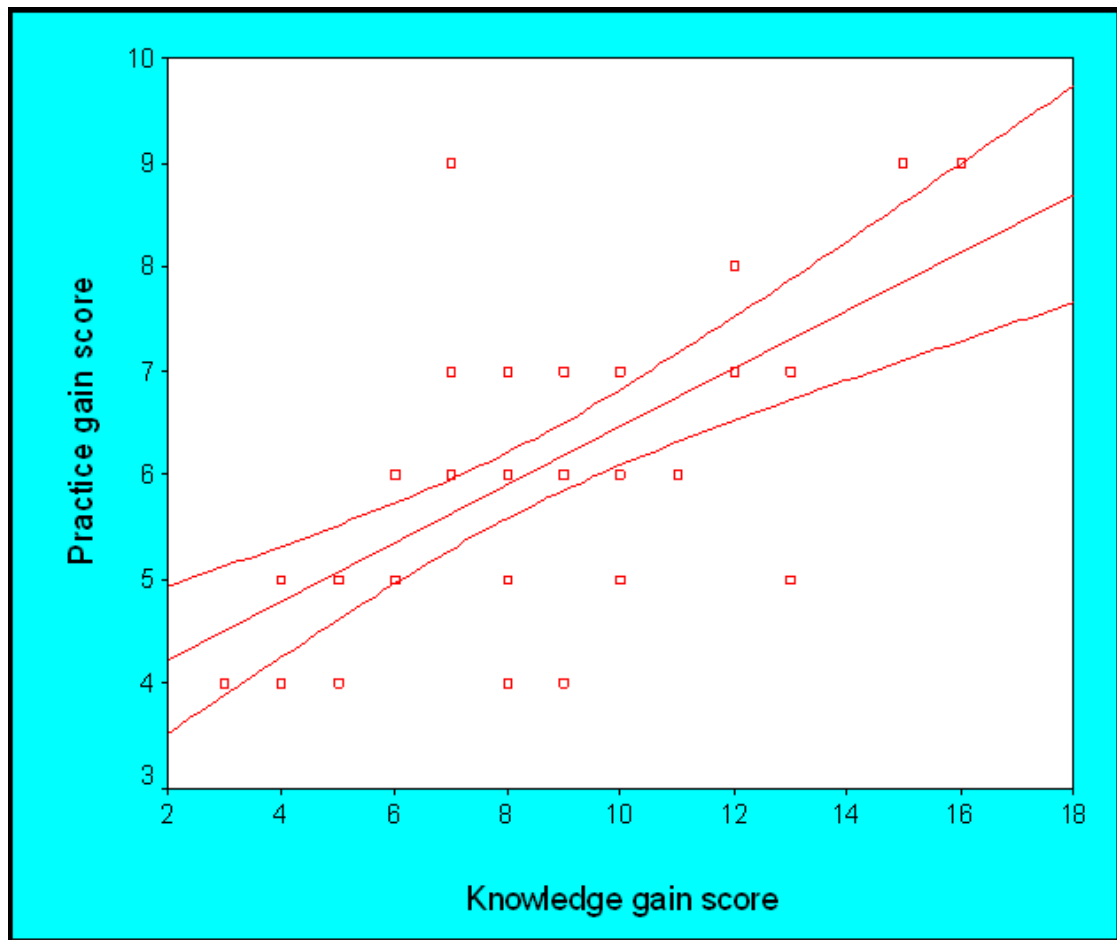


Figure 4.19 Association between Knowledge gain score and Demographic variables

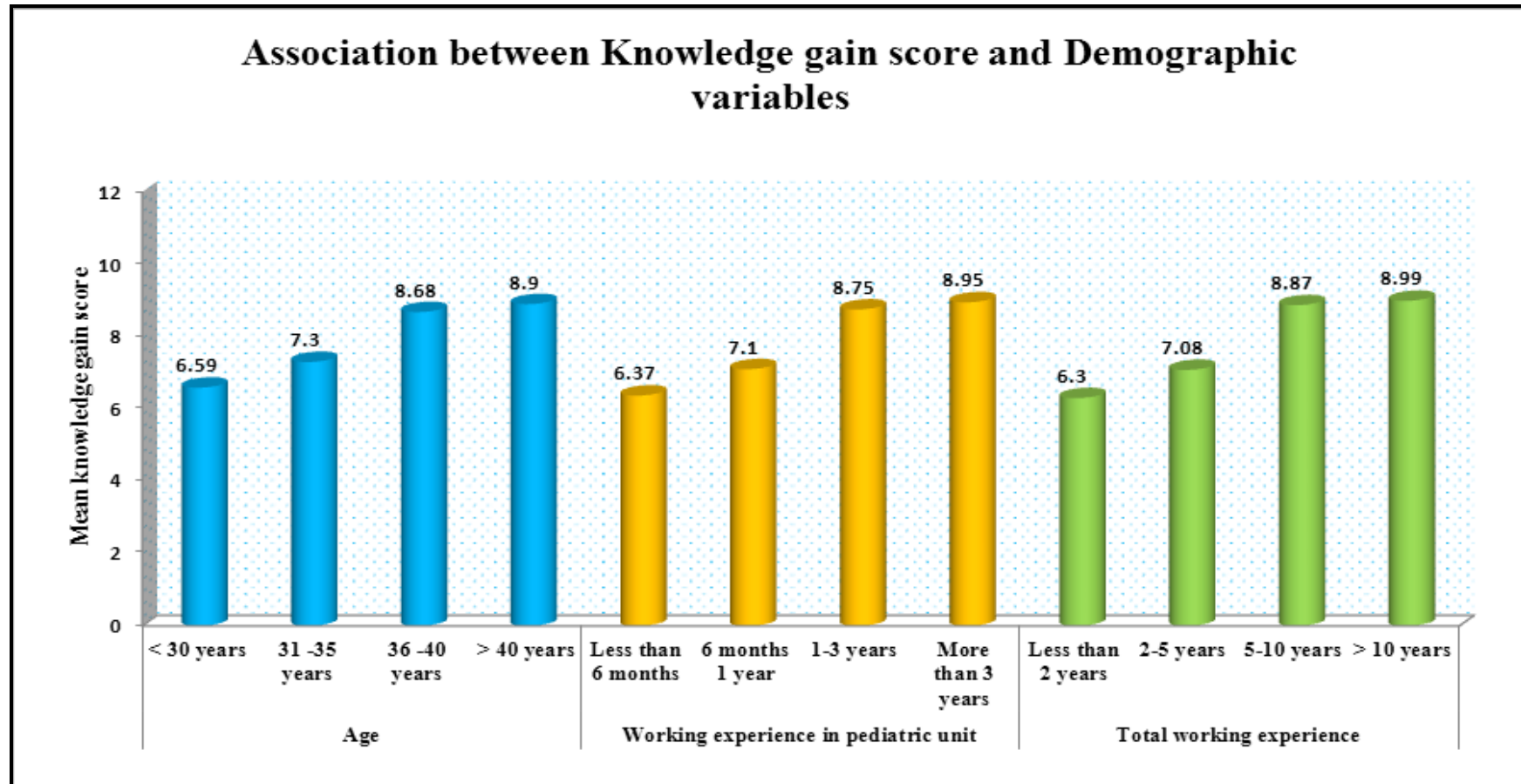


Figure 4.20 Association between practice gain score and Demographic variables

