Descriptive Study to Assess the Knowledge and Attitude Regarding Medico-Legal Responsibilities Among Staff Nurses in The Mission Hospital, Durgapur

By

Sharmistha Singha Roy

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2017-2019

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Ms. Sharmistha Singha Roy**, student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **The Mission Hospital , Durgapur** from **4th February 2019 to 30th April 2019.**

The Candidate has successfully carried out the study assigned to her during internship training and her approach to the study has been sincere, scientific and analytical.
The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

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THE MISSION HOSPITAL DURGAPUR | FUTURISTIC TECHNOLOGY. BRILLIANT MINDS.

Ref: TMH/HRD/OG/April/19/83 **Date: 01/05/19**

TO WHOM IT MAY CONCERN

This is to certify that **Ms. Sharmistha Singha Roy** has done three months dissertation on **A descriptive study to assess the knowledge and attitude regarding Medico – Legal responsibilities among staff nurses at The Mission Hospital, Durgapur, West Bengal** from 04/02/2019 to 30/04/2019.

During the period of dissertation **Ms. Sharmistha Singha Roy** has been found sincere, hard working & having an attitude to learn.

We wish her a successful future and brilliant professional career ahead.

For The Mission Hospital, Durgapur

Ramesh Lall
Sr. General Manager - HR

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **A descriptive study to assess the knowledge and attitude regarding medico-legal responsibilities among staff nurses in the mission hospital , Durgapur** and submitted by **Ms. Sharmistha singha roy** under the supervision of Mr. Arindam Das for award of MBA in Hospital and Health Management at The IIHMR University carried out during the period from 4th February,2019 to 3rd May, 2019 embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Signature

ACKNOWLEDGEMENT

I remain indebted to all those individuals without whose help this project would not have been completed.

My Thanks and Regards to my Chief Guide Dr Partha Pal, chief medical superintendent, The Mission Hospital, Durgapur (West Bengal) for his valuable support and guidance throughout this project.

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LIST OF ABBREVIATIONS

df	Degree of freedom
n	Sample size
p	Probability
s	Significant
SD	Standard Deviation
r	Reliability
X2	Chi square value
>	Greater than
≤	less than or equal to
<	less than
M	Mean

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INTRODUCTION

"The only stable state is the one in which all men are equal before the law"

-Aristotle

Injury caused due to any criminal offence is known as medico legal case. Most of the nurses know that all the cases of legal matters lies on with the doctors and the hospital administration and they don't withstand responsible for anything. I t was found that the level of knowledge and awareness on legal aspects are very low.[1]

Medico legal aspects of nursing should be taught, and its must be kept in the academic curriculum of nursing courses. Hospitals are now becoming very aware about the legal aspect so when it comes for hiring nurses, they prefer to recruit nurses with good knowledge, about legal matters. It is expected that a nurse should be well aware about the legal aspects so that she could help people associated to the health industry today .Nursing related laws that was first created was the nursing registration in 1903.[2]

Nurses plays a very vital role in the health care industry who helps promoting good medication administration practices also to preserve and restore health. Nursing is one of the noblest professions, but its nobility can be sustained only if those in the profession are able to worthy of it. The nurse has to carry out the orders of the physicians while treating a patient in diagnostic, operative and therapeutic procedures and also proper records regarding the cases. Thus with an increase in responsibility, she has to bear in mind the legal aspects of nursing.[3]

PROBLEM STATEMENT: -

"A descriptive study to assess the knowledge and attitude regarding medico--legal responsibilities among staff nurses in The Mission Hospital, Durgapur."

OBJECTIVES

The objectives of the study are,

- To Assess the knowledge of staff nurse regarding medico legal responsibilities.
- To Assess the attitude of staff nurse regarding medico legal responsibilities.
- To find out the association of knowledge of staff nurse regarding medico legal responsibilities with their selected socio demographic variables.
- To Determine the association attitude of staff nurse regarding medico legal responsibilities with their selected socio demographic variables.

HYPOTHESIS:

H1: There is no significant association between the knowledge of staff nurse regarding medico legal responsibilities and their selected socio demographic variables.

H2: There is no significant association between the attitude of staff nurse regarding medico legal responsibilities and their selected socio demographic variables.

LIMITATION:

- Only the registered staff nurses working in this hospital.
- Selected the persons who were present at the time of collection of data (Purposive sampling).

CONCEPTUAL FRAMEWORK:

It is one of the most widely used model to explain the belief on health promotion of the people. This model was first developed in the early 1950s by Becker, Drachman RH and Kircht TP (1974).[19]

(i) Individual Perceptions: People's knowledge on medico legal responsibilities and attitude towards medico legal responsibilities.

(ii) Modified factors: Variety of selected demographic variables.

(iii) Likelihood Action: Adequate knowledge about medico legal responsibilities help in developing positive attitude towards medico legal responsibilities intern influencing the lifestyle.

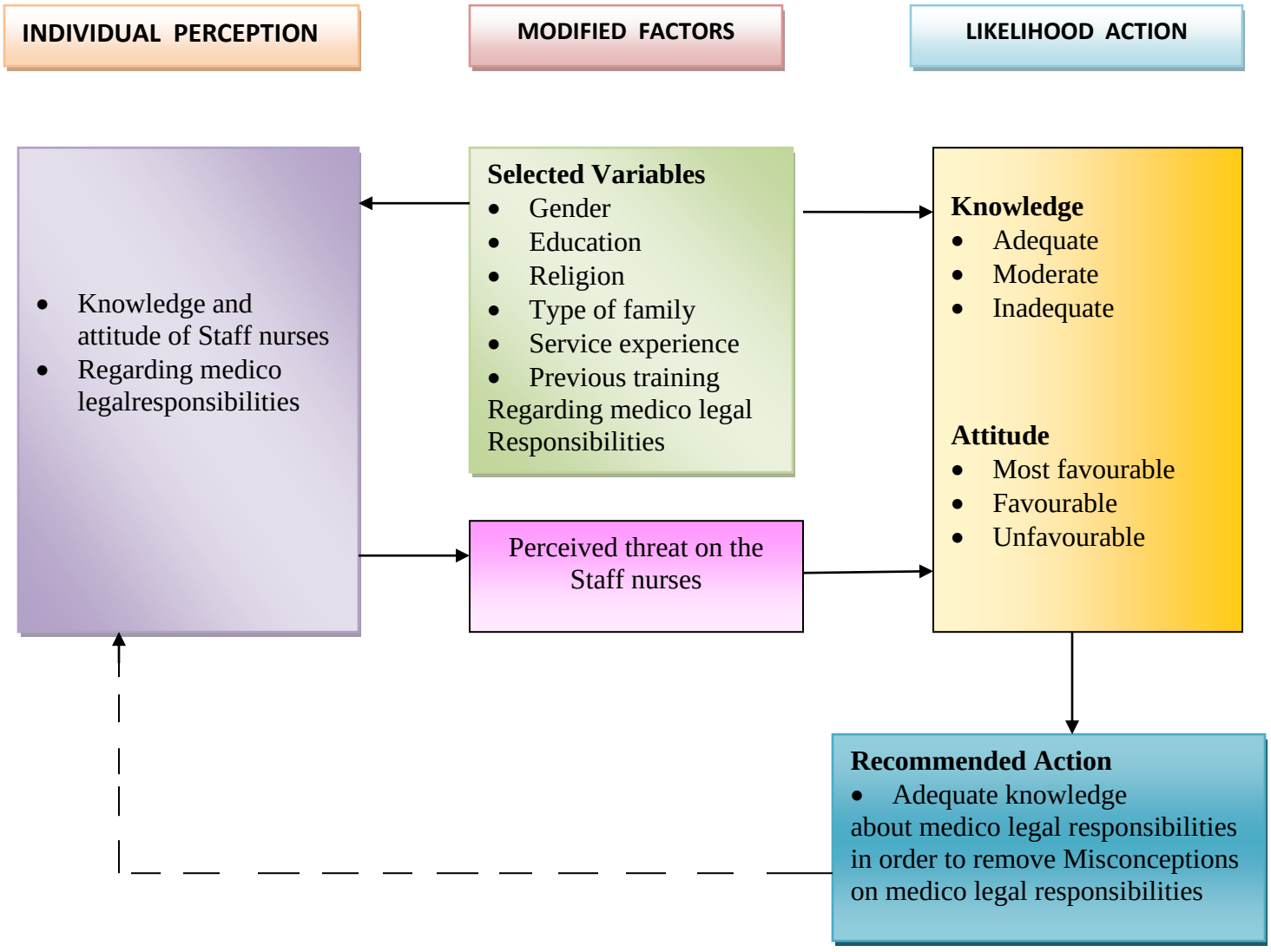

FIGURE 1: MODIFIED HEALTH BELIEF MODEL BY BECKER, DRACHMAN RH AND KIRCHT TP (1974)

REVIEW OF LITERATURE

The review of literature attempts to cover the broad areas of requirements of this study are assessment of perceived benefits and difficulties among staff nurses with medico legal responsibilities

The review of literature for the present Study will be done on medico legal responsibilities from published articles, textbooks, reports, newsletters, pubmed and internet search. The reviewed publications have been organized and presented as follows:

The review has been divided into 2 sections:

SECTION– A: Studies on awareness of legal aspects

SECTION– B: Studies on legal aspects among nurses

SECTION– A: STUDIES RELATED TO AWARENESS OF LEGAL ASPECTS

Research study was conducted on Medico- ethical Duties & Medico- Negligence cases Awareness for assessment of knowledge and attitudes among doctors in the Kalinga Institute of Medical Sciences, Bhubaneswar, Orissa. In this study they have given a structured questionnaire to 120 practitioners of various departments. Descriptive design was selected. Data was collected from January and February 2010. Results shows ninty percent of doctors were aware about medico legal cases. Twelve percent practice as situation demands. Only fifty-two percentage were knowing about MCI code of medical ethics 2002. Eighty eight percent thinks that a compulsory training regarding medico legal aspects should be incorporated in the curriculum. [5]

A Study was conducted on awareness of informed Consent among doctors. A structured questionnaire was given to 98 samples. Result shows that a good universal physician standard level. Doctors from Kashmir very reservedly disclose medical information .[6].

A study was conducted to know about nurse –physician academic knowledge needs related to Seclusion and Restraint Practices. A qualitative design was selected. A total sample of 27 was selected in which twenty-two were nurses and five physicians. Results shows a need continuous training of health care peoples [7]

A Study was conducted in Saudi to know the views of patients and physician on involving in the procedure of diagnosis disclosure and decision making. A questionnaire was given to 321 physician from different specialties and 264 patient from 6 different regions are selected .Sixty seven percent of doctors and fifty one percent of patient would like to inform patient with incurable cancer or disease in concern with their family members and other feel they should inform patient even it is objected by relatives .Most of them prefer to involve family for care.[8]

A Study was conducted in ludiana to know their knowledge level on legal responsibilities towards patient care by using a questionnaire and was given to 91 samples. Graduates nurses have good knowledge score mean around seventy one percent .Nursing graduates of age around 20-30 years score a higher mean of 50.8 anf diploma graduates score around 47.73. No difference was noticed between good no. of years of experience among nurses with the level of knowledge they are holding.[9]

A Study was done in amritha institute of medical sciences to know the knowledge and practices of patient rights among nurses. A questionnaire was given to eighty trained nurses. Study results explains that fifty six percent nurses have moderate level of knowledge and thrity seven percent have good knowledge.[10]

A Research was done at Indore to know nurse's knowledge on their legal responsibility to patient care by using a single group pretest posttest design. A knowledge assessment questionnaire was administered on 50 staff nurses who were selected. The study showed that the

pretest knowledge mean score in each category were, legal terms 3.24/7. Admission and discharge2.28/5, safety and responsibility3.9/7, acts and negeligence4.56/7, consent and MLC's1.4/4, clients right2.96/4, safeguarding and interpersonal relationship 1.88/3. [11]

A Study was conducted to know the level of knowledge of midwifes in Tehran about trial on violation for occupational crimes on 128 hospitals midwifes who are given a questionnaire to fill. It was found knowledge was very less .[12]

A pretest posttest experimental study was conducted in china on 208 nurses selected by purposive sampling to assess the importance of HIV/AIDS educational programme (learning package) for Chinese nurses by using knowledge questionnaire, AIDS attitude scale and nurse's willingness questionnaire. Results showed that knowledge and attitude to patients with HIV and willingness to provide nursing care to the patients was improved ($p< 0.001$).[13]

A survey conducted by The Patients Association in 2005 revealed that members of the public want to know far more about the quality of the healthcare providers, the treatments they are offered and the healthcare options that are available to them. There port, The Public Perception of Patients Rights within the UK NHS highlights that people believe they have the right to receive this information they do not. The survey reports that a significant minority of people are also unable to exert the few legal rights that patients do have such as the right to access personal medical records, and the right to make a complaint. One particular problem identified by this survey is that a considerable body of patients is reluctant to confront their doctor if faced with an unhappy healthcare situation. Too many of the public also appear suspicious.[14]

SECTION– B: STUDIES RELATED TO LEGAL ASPECTS AMONG NURSES

The study was conducted on "Section 5[4] of the mental health act 1983in department of nursing, university of Lancashire, UK. Under this section patients can be detained by nurses of for a maximum of 6 hours. Study conducted has shown that gaps in the knowledge of registered

nurses on the following areas such as duration of the holding power; whether the client can be treated against their will; eligibility for detention; and criteria for implementation. [15]

A comparative study was conducted in Melbourne to compare forensic psychiatric nurses (n = 51) with psychiatric nurses from a mainstreamed mental health service (n = 78) in relation to burnout and job satisfaction. Data was collected by using tools like Maslach Burnout Inventory ,Job Satisfaction Scale of the Nurse Stress Index . Result of this study shows that forensic nurses displayed lower burnout and higher job satisfaction than their counterparts from the mainstreamed services. [16]

A qualitative study was conducted to observe the nurses how they obtain consent prior to any nursing procedures .Data was collected from 6 focus group and 100 critical incidents were selected for depth interviews of qualified nurses purpose sampling in 2 teaching hospitals in England .Results showed that most of the nurses are aware but not administer care with out patients consent.[17]

A descriptive study was conducted to investigate nurses' and give protection of patient rights .Total of 81 nurses were selected from different hospital of Kerala. 56% of the subjects have moderate level of knowledge about the patient's rights. Out of which 37% was having high level of knowledge. The mean percentage was 75% which shows that majority is protecting patient's rights in their practice.[18]

METHODOLOGY

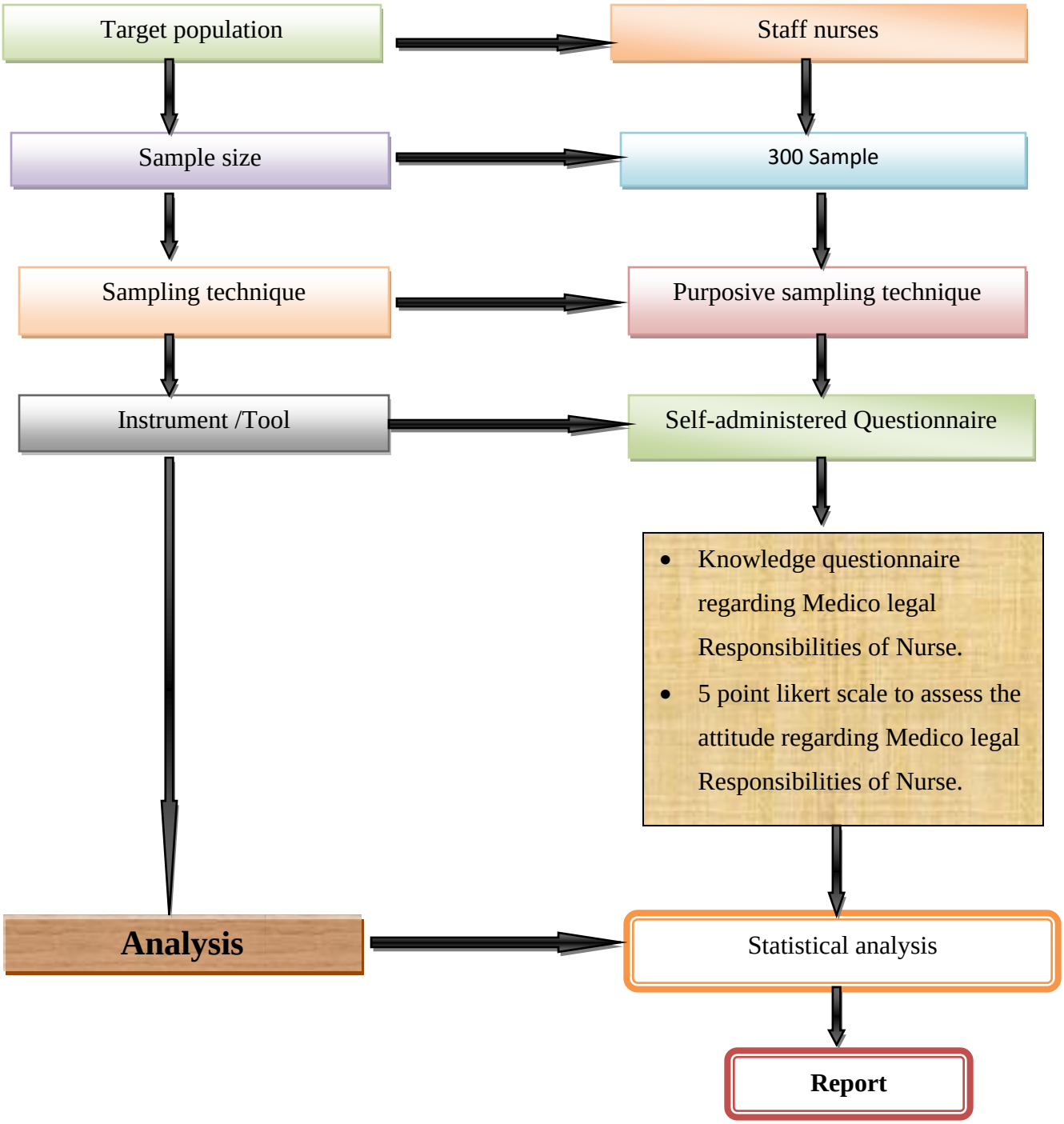

FIGURE – 2: SCHEMATIC DIAGRAM OF RESEARCH DESIGN OF THE STUDY

VARIABLES

- **Research variables**

Knowledge and attitude

- **Extraneous Variables**

Gender, Education, Type of family, Religion, Service Experience and Have you ever taken any training regarding medico legal responsibilities

- **Population**

Staff nurses working in The Mission Hospital, Durgapur.

SETTING OF THE STUDY

Study was conducted in The Mission Hospital, Durgapur.

SAMPLE

Staff Nurses working in The Mission Hospital, Durgapur.

SAMPLE SIZE

A total number of 300 staff nurses .

SAMPLING TECHNIQUE

Purposive sampling technique was used to select the sample. Staff Nurses were selected who were available /allocated during morning and evening shift between (9 am to 6 pm).

SAMPLING CRITERIA

Inclusion Criteria

In this study, the following staff nurses were included, who are

- Present during the period of data collection.
- The staff nurse who are working at The Mission Hospital, Durgapur.

Exclusion criteria

The study excludes staff nurses, who are not willing to participate in the study.

DATA COLLECTION INSTRUMENTS

Development of the Tool

The tool was constructed based on the research objectives, review of literature, guidance of the experts .This structured interview schedule consists of three sections. They are:

Description of the Tool

Section A: Socio-demographic data consists of 6 items.

Section B: Knowledge towards medico legal responsibilities including 25 questions.

Section C: Assessment of attitude towards medico legal responsibilities, contains20 items based on modified 5-point Likert scale.

SCORING AND INTERPRETATION

The questions were phrased in a multiple choice form with 3 options as distracters and 1 correct response. The correct response is given a score of one mark and the wrong response is given a score of zero.

The resulting knowledge score ranged as

* Adequate knowledge :- (76% to 100%)
* Moderate knowledge :- (51% to 75%)
* In adequate knowledge :- (≤ 50%)

In attitude five point scale with strongly agree, agree, uncertain, disagree and strongly disagree criteria. Statements will be rated as 5, 4, 3, 2 and 1. The total attitude score subjected for classification as unfavourable (below 50%), favorable (50-75%) and most favourable attitude.

Content Validity

The first draft of knowledge questionnaire along with the check list was given to 4 experts (Annexure) comprising of Chief Medical Superintendent ,Assistant Medical Superintendent , Nursing Superintendent and Assistant Nursing Superintendent. The experts were requested to validate questionnaire based on the criteria check list (Annexure). The suggestions and opinions

of experts were considered and the questionnaire was accordingly modified under the guidance of the guide and co -guide.

Reliability

The knowledge questionnaire was administered to 30 samples. The reliability of the tool is computed by using cronbachc's alpha. The reliability co efficient on knowledge was 0.8671 revealing the tool is feasible for administration for the main study.

PILOT SAMPLE STUDY

After having obtained formal administrative approval a pilot study testing with 30 samples was done on 14 th of March to 18 th March 2019.

- To determine the feasibility of conducting the final study.
- Assess various method of statistical analysis.
- To refine the instruments.
- To know time required for administering questionnaire.
- To know if subjects understood wordings of tool.

Samples selected for pilot study were excluded in the actual study. The pre testing of the knowledge questionnaire was done to check the clarity of the items, their feasibility, reliability and practicability. It was administered to 30subjects.

PROCEDURE FOR DATA COLLECTION

Questionnaire distributed by the investigator. The data was collected for a period of 4 weeks in between 20th March 2019 to 20th April 2019. The investigator collected the data after obtaining the permission from the authorized designated person. Questionnaire was given to all the nurses of morning and evening shift who were present during the study period between the usual working hours 9 am to 6 pm. The self introduction (about the investigator) and explaination about the study was given to the participants during the data collection. The confidentiality about the data and finding was assured to the participants.

PLAN FOR DATA ANALYSIS

- Univariate analysis of demographic data
- calculation of average in terms of mean standard deviation of knowledge and attitude level scores
- application of Chi-square test to observe the association between knowledge and attitude scores at 5% level of significance.
- application of Chi-square test to measure the association of knowledge and attitude with various demographic variables.

RESULTS

SECTION–A: DESCRIPTION OF SOCIO DEMOGRAPHIC VARIABLES OF STAFF NURSES.

Table–1: Socio-demographic characteristics of the respondents.

SOCIO-DEMOGRAPHIC CHARACTERISTICS	Number	Percentage
Gender		
Male	49	16.3
Female	251	83.7
Educational status		
M.Sc Nursing	2	0.7
P.B.B.Sc Nursing	15	5.0
Basic B.Sc Nursing	23	7.7
GNM	195	65.0
ANM	65	21.7
Religion		
Hindu	169	56.3
Muslim	15	5.0
Christian	116	38.7
Type of family		
Nuclear	173	57.7
Joint	118	39.3
Extended	9	3.0
Service Experience		
0-5 years	184	61.3
6-10 years	66	22.0
11-15 years	33	11.0
16- 20 years	10	3.3
21 and above	7	2.3
Ever taken any training regarding medico legal responsibilities		
Yes	73	24.3

INTERPRETATION:

- Distribution of staff nurses according Gender is obviously, just over 16.3% of the staff nurses in the hospital were men. The remaining 83.7 % of them were females.
- Nearly about7.7 % have achieved Basic B.Sc Nursing. Further, 5.0 % of the participants had only P.B.BSc Nursing. Though a notable 65.0 % have attained GNM and 0.7% had M.Sc Nursing.
- The highest per cent of the subjects belong from Nuclear Family. They constituted 57.7 % of the total number of subjects. In addition, just around39.3 % of the subjects belonged to Joint family and the remaining only 3.0 % belongs to Extended family.
- Highest percent of the subjects were Hindu. They constituted 56.3 % of the total number of subjects. In addition, just around 38.7 % of the subjects belonged to Christian community and the remaining 5 % only belongs to Muslim religion.
- A look at distribution of staff nurses according to their service experience showed that 61.3 % of the staff nurses were having 0-5 years of service. Moreover, just around 22 % of the staff nurses were having 06-10 years of experience and 11 % were having 11-15 years of experience. Nearly only 3.3% are having 16- 20 years of experience and around 2.3 % were having experience of 21 years and above.
- Percentage of subjects who have previous training related to Medico-legal responsibilities. Only 24.3 % of the subjects got previous training .Others said “no” when asked if they have any type of training.

SECTION B: ASSESSMENT OF KNOWLEDGE OF STAFF NURSES REGARDING MEDICO LEGAL RESPONSIBILITIES.

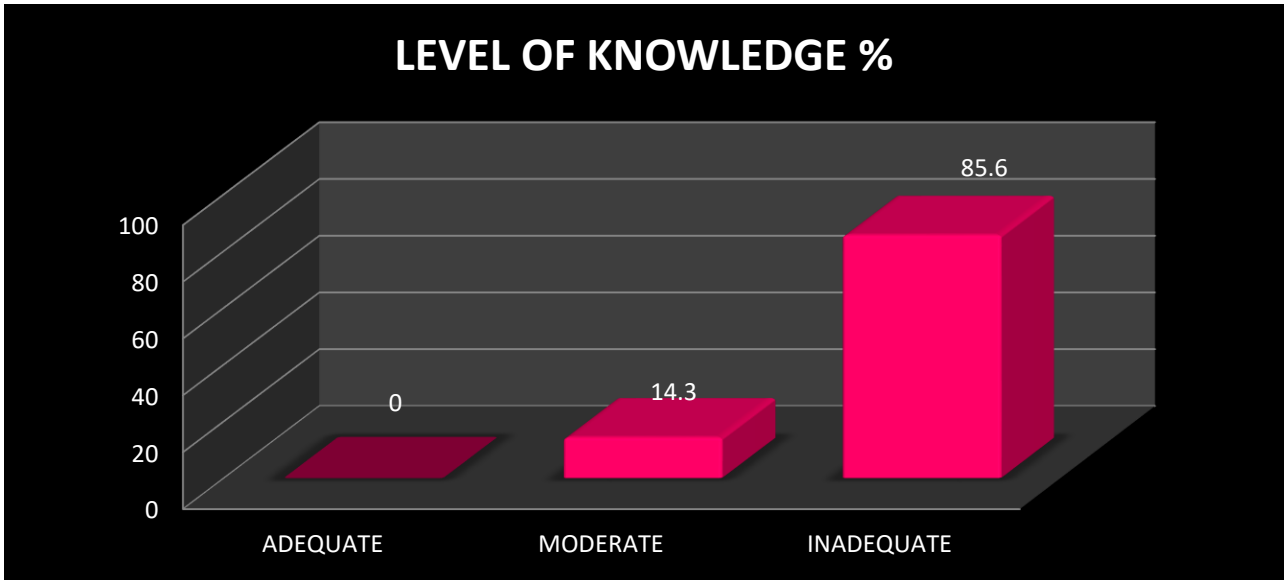

Fig 3: Percentage distribution of Staff nurses by their Level of knowledge

The knowledge level of staff nurses regarding medico legal responsibilities was assessed. It is clear from the graph that only 12.3 % of the subjects hold moderate level of knowledge. Further, 87.7 % of the subjects were holding inadequate level of knowledge.

Table 2: Mean, SD and Mean% of the knowledge level of staff nurses regarding medico legal responsibilities in selected hospital

Domain	Max statement	Max Score	Range	Mean	SD	Mean%
Knowledge level of medico legal responsibilities	25	25	5- 17	9.953333	2.250477	39.81333

Mean knowledge of the subjects found to be9.953333.SD and Mean% were also analyzed as 2.25and 39.8% .

Table 3 : Attitude Level of staff nurses regarding medico legal responsibilities.

n=300

LEVEL OF ATTITUDE	PERCENTAGE
MOST FAVOURABLE (74.01-100%)	0
FAVOURABLE (50.01-74%)	42
UNFAVOURABLE(50% AND BELOW)	58

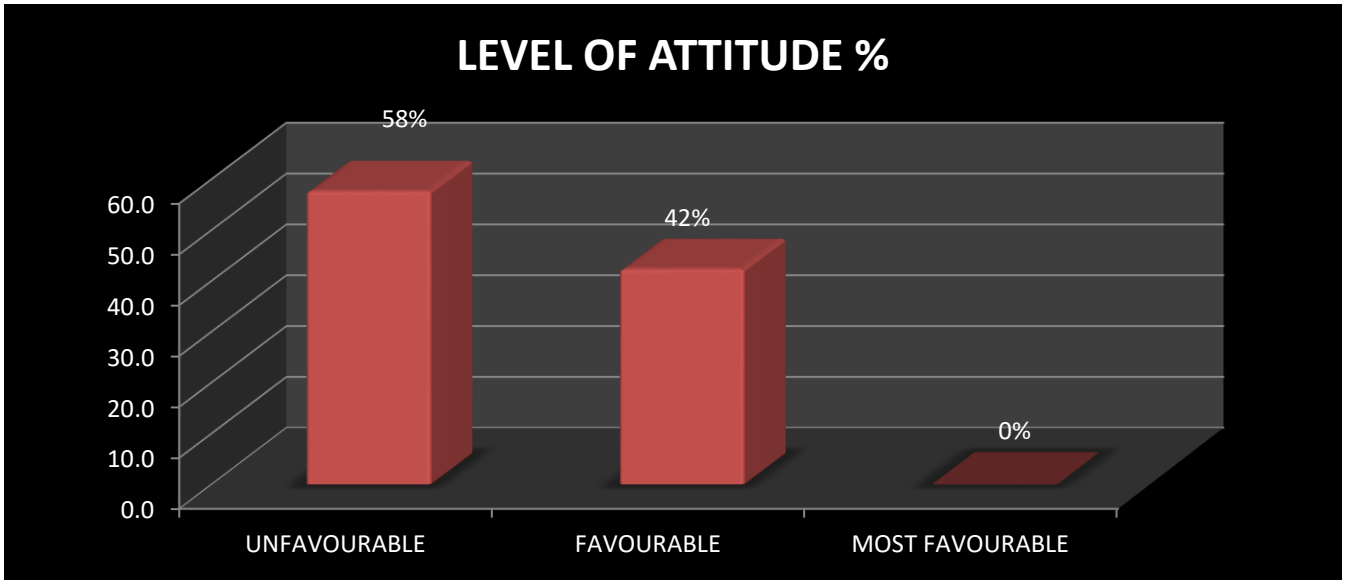

Fig 4: Percentage distribution of staff nurses by their Level of attitude.

The above graph illustrates the attitude of the subjects. It is obvious from the graph that only 0% of the subjects found with most favorable attitude. In addition,42% of the subjects showed favorable attitude. However, a surprising 58% of the subjects found with unfavorable attitude.

Table 4 ; Mean, SD and Mean% of attitude level of staff nurses regarding medicolegal responsibilities in selected hospital.

Domain	Max statement	Max Score	Range	Mean	SD	Mean%
Attitude level of medico legal responsibilities	20	100	20-100	47.53	8.84	47.53

Percentage distribution of Mean, SD, Mean% of level of attitude were also calculated.Mean was found to be 47.53 and SD as 8.84 and mean% of the attitude also calculated as 47.53 %.

SECTION C: ASSOCIATION OF DEMOGRAPHIC VARIABLES WITH LEVEL OF KNOWLEDGE OF STAFF NURSES REGARDING MEDICO LEGAL RESPONSIBILITIES.

Table 6: To find out association between the levels of knowledge with their selected socio-demographic variables regarding medico legal responsibilities among staff nurses.

DEMOGRAPHIC VARIABLES ASSOCIATION WITH LEVEL OF KNOWLEDGE					
DEMOGRAPHIC PROFILES	NO.	%	LEVEL OF KNOWLEDGE		CHI-SQUARE
			INADEQUATE	MODERATE	
1) Gender					
a) Male	49	16.33333	43	6	0.983578995
b) Female	251	83.66667	220	31	NS
2) Educational status					
a) M.Sc Nursing	2	0.666667	2	0	0.51477331
b)P.B.B.Sc Nursing	15	5	15	0	
c)Basic B.Sc Nursing	23	7.666667	19	4	
d)GNM	195	65	169	26	
e)ANM	65	21.66667	58	7	NS
3) Religion					
a) Hindu	169	56.33333	148	21	0.617449447
b) Muslim	15	5	12	3	
c) Christian	116	38.66667	103	13	NS
4) Type of family					
a) Nuclear	173	57.66667	148	25	
b) Joint	118	39.33333	106	12	0.287278452
c) Extended	9	3	9	0	NS
5) Service Experience					
a) 0-05 years	184	61.33333	159	25	
b) 06-10 years	66	22	59	7	
c) 11-15 years	33	11	29	4	0.757366499
d) 16- 20 years	10	3.333333	10	0	NS
e) 21 and above 70	7	2.333333	6	1	
6) Have you ever taken any training regarding medico legal responsibilities					
a) Yes	73	24.33333	66	7	0.017186849
b) No	227	75.66667	198	30	***S**

To find association between the levels of knowledge with their selected socio-demographic variables regarding medico legal responsibilities among staff nurses chi square test is used. As per this, variables such as educational status and Have you ever taken any training regarding medico legal responsibilities found to be significantly associated with knowledge level of the staff nurses. On the other side,variables such as Gender, Type of family, religion and service experience found associated with staff nurses having prior training regarding medico legal responsibilities significantly with knowledge level of the subjects.

ASSOCIATION OF DEMOGRAPHIC VARIABLES WITH LEVEL OF ATTITUDE OF STAFF NURSES REGARDING MEDICO LEGAL RESPONSIBILITIES.

Table 7: To find out association between the levels attitude with their selected socio-demographic variables regarding medico legal responsibilities among staff nurses.

DEMOGRAPHIC VARIABLES ASSOCIATION WITH LEVEL OF KNOWLEDGE					
			LEVEL OF ATTITUDE		
DEMOGRAPHIC PROFILES	NO.	%	UNFAVOURABLE	FAVOURABLE	CHI-SQUARE
1) Gender					
a) Male	49	16.3333	34	15	0.336308286
b) Female	251	83.6667	156	95	NS
2) Educational status					
a) M.Sc Nursing	2	0.66667	1	1	
b)P.B.B.Sc Nursing	15	5	13	2	
c)Basic B.Sc Nursing	23	7.66667	13	10	
d)GNM	195	65	119	76	0.070792506
e)ANM	65	21.6667	44	21	***S**
3) Religion					
a) Hindu	169	56.3333	109	60	
b) Muslim	15	5	9	8	0.434184707
c) Christian	116	38.6667	62	42	NS
4) Type of family					
a) Nuclear	173	57.6667	112	61	
b) Joint	118	39.3333	73	45	0.782126669
c) Extended	9	3	5	4	NS
5) Service Experience					
a) 0-05 years	184	61.3333	114	70	
b) 06-10 years	66	22	45	21	
c) 11-15 years	33	11	19	14	0.573896494
d) 16- 20 years	10	3.33333	8	2	
e) 21 and above 70	7	2.33333	8	3	NS
6) Have you ever taken any training regarding medico legal responsibilities					
a) Yes	73	24.3333	48	25	0.528059452
b) No	227	75.6667	142	85	NS

DISCUSSION

Non-experimental correlational design was selected for this study. The data was collected from 300 respondents by a structured questionnaire. The finding of the study has been discussed with reference to the objectives, hypothesis with the findings of other studies.

Description of demographic characteristics

Description of socio demographic variables as depicted that just over 16.3% of the staff nurses in the hospital were men. The remaining 83.7% of them were females. In addition, nearly 7.7 % have achieved Basic B.S.c Nursing. Further,5.0 % of the participants had only P.B.BSc Nursing. Though a notable 65 % have attained GNM and 0.7% had M.Sc Nursing. Most of them belongs around 57.7 % belong to Nuclear family but in addition, 39.3 % of the subjects belonged to Joint family and theremaining3 % to Extended family. Moreover, 11% of the staff nurses were having 11-15 year of service. Moreover, just above 61.3% of the staff nurses were having 0-5 year of experience and 22 % were having 6-10 years of service experience . Nearly 3.3 % of the staff nurses are 16-20 year of experience and the remaining 2.3 % were 21 and above experience. Again, only 24.3% of the subjects got previous training. Others said “no” when asked if they have any type of training.

OBJECTIVE 1: To assess the level of knowledge among the staff nurses with medico legal responsibilities.

It made clear that only 12.3% of the subjects hold moderate level of knowledge. Further, 87.7 % of the subjects were holding inadequate level of knowledge. Mean knowledge of the subjects found to be 9.95 &SD 2.25 and Mean% were also analyzed as 39.81 % .It is made crystal clear that the average knowledge level of the subjects was substantially low.

OBJECTIVE 2: To assess the level of attitude among the staff nurses with medico legal responsibilities.

Attitude among the staff nurses with medico legal responsibilities was analyzed. It is obvious from the graph that no one was having most favorable attitude. In addition, 42 % of the subjects showed favorable attitude. However, a surprising 58 % of the subjects found with unfavorable

attitude. Percentage distribution of Mean, SD, Mean% of level of attitude were also calculated. Mean was found to be57.53 and SD as 8.84 . Mean% of the attitude also calculated as 47.53% .Though the average knowledge of the care takers was low, level of attitude found a little higher compared to the former.

OBJECTIVE 3 :To assess the association of knowledge of staff nurses regarding medicolegal responsibilities to their demographic variables.

The association of selected socio demographic variables with level of knowledge was analyzed using $\chi 2$ test. As per this, variables such as educational status and Have you ever taken any training regarding medico legal responsibilities found to be significantly associated with knowledge level of the staff nurses. On the other side, variables such as Gender, Type of family, religion and service experience found significantly associated with last training in MLC with the knowledge level of the subjects.

OBJECTIVE 4 :To assess the association of attitude of staff nurses regarding medicolegal responsibilities to their demographic variables.

The association of selected socio demographic variables with level of attitude was analyzed using $\chi 2$ test. As per this, variables such as educational status is significantly associated with the attitude.

CONCLUSION

- The average knowledge level of the subjects was substantially low.
- level of attitude found a little higher compared to the level of knowledge, but not very satisfying.
- Variables such as previous training found to be significantly associated with knowledge level of the staff nurses.
- Variables like Previous educational status is significantly associated with attitude level of the staff nurses.(According to 90% C.I)
- Variables such as Gender, Type of family, Religion and service experience found associated significantly with knowledge level of the subjects.

SUGGESTIONS

- The nurse educators should improve knowledge of staff nurses through education programs.
- Adequate knowledge regarding medico legal responsibilities will help staff nurses to develop a positive attitude.

RECOMMENDATIONS

On the basis of finding of the study, the following recommendations are being made**.**

- Manual, information booklet and self- instruction module may be developed in areas of medico legal responsibilities.
- A study can be carried out to evaluate the efficiency and effectiveness of various teaching strategies like SIM, pamphlet, leaflets and computer- assisted instruction on medico legal responsibilities.
- Training and proper classes should be conducted and these topic should be included in the Continuous Nursing Education.

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ANNEXURE – 1

LETTER SEEKING PERMISSION TO CONDUCT THE STUDY

To,

Sir/ madam,

Sub: Requesting permission letter to conduct the study.

Ms. Sharmistha Singha Roy, IInd year MBA Hospital Management student of Indian Institute of Health Management Research, Jaipur. I have selected the following topic for my Dissertation project in partial fulfillment of the requirement for the degree of Master of Business Administration in Hospital Management.

Topic **"A descriptive study to assess the knowledge and attitude regarding medico--legal responsibilities among staff nurses in The Mission hospital, Durgapur."**

I request you kindly to grant the permission and do the needful.

Thanking you,

Yours faithfully,

Sharmistha Singha roy

ANNEXURE - 2

LETTER SEEKING EXPERT OPINION AND SUGGESTIONS FOR THE CONTENT VALIDITY OF THE TOOL

From

Ms. Sharmistha Singha Roy

MBA Hospital Management,

IIHMR University,

Jaipur.

To,

Respected Sir / Madam

Sub: Seeking permission for contend validity of the research tool

With due respect I, Ms. Sharmistha Singha Roy, student of IIHMR University ,Jaipurhumbly request you to go through the tool which is tobe used for the data collection for **"A descriptive study to assess the knowledge andattitude regarding medico--legal responsibilities among staff nurses in The Mission Hospital, Durgapur."**

I here with attach my tool along with necessary document.

Thanking you,

Yours sincerely

Ms. Sharmistha Singha roy

OBJECTIVES OF THE STUDY

- To assess the knowledge of staff nurse regarding medico legal responsibilities.
- To assess the attitude of staff nurse regarding medico legal responsibilities.
- To determine the correlation between knowledge and attitude of staff nurse regarding medico legal responsibilities.
- To associate the knowledge of staff nurse regarding medico legal responsibilities with their selected socio demographic variables

Here with I am enclosing a copy of:

1. Questionnaire
2. Criteria rating scale for validation
3. Content validity certificate

With regard to this I request you to kindly give your valuable suggestions regarding accuracy, appropriateness and relevancy. Also I request you to kindly sign the certificate stating that you have validated the tool. Your kind co-operation and expert judgment will be very much appreciated.

Thanking You,

Yours faithfully

Date:

Place: Durgapur (Sharmistha Singha roy)

ANNEXURE - 3

CERTIFICATE OF VALIDATION

This is to certify that the tool was developed by **Ms. Sharmistha Singha Roy**, IInd year MBA Hospital Management student of IIHMR University , Jaipur , Undertaking a Dissertation project on nursing **"A descriptive study to assess the knowledge and attitude regarding medico—legal responsibilities among staff nurses in The Mission Hospital, Durgapur** " is validated by undersigned and can proceed with this tool and conduct the main study for dissertation.

Signature of Experts:

a) Chief Medical Superintendent:
b) Assistant Medical Superintendent/Head of Quality Department:
c) Nursing Superintendent:
d) Assistant Nursing Superintendent:

ANNEXURE - 4

CRITERIA CHECK LIST FOR EVALUATING AND VALIDATING TOOL

Instructions:

Please go through the criteria listed below which has been formulated for evaluating and validating the tool. There are four columns in the checklist

- **Column – I -** Very relevant

Put tick mark (√) in the against this column, if you think that the Content
is appropriate

- **Column – II -** Relevant

Put tick mark (√) in the against this column, if you think that the content is satisfactory.

- **Column – III** -Needs modification

Put tick mark (√) in the against this column, if you think that the content is modification needed.

- **Column IV** -Not relevant

Put tick mark (√) in the against column if you thick
that the content is irrelevant.

- **Remark column** -When the responses are made in column I, II &III, the evaluator's comments are requested in the remark column .The evaluator is requested to go through the content of each lesson and express their opinion by marking against the specific column. Your expert's opinion and kind co-operation will be highly appreciated.

ANNEXURE - 5

EVALUATION CRITERIA CHECKLIST

Respected Madam / Sir

Kindly go through the content and place a right mark (√) against questionnaire.The following ranging from relevant to not relevant when found to be not relevant and needs modifications. Kindly give your opinion in the remarks column.

Section-A

Demographic Performa

Sl. No.	Very relevant	Relevant	Needs modification	Not relevant	Remarks
1					
2					
3					
4					
5					
6					

Section-B

Questionnaire on Knowledge regarding medico legal responsibilities among staff nurses

Sl. No.	Very relevant	Relevant	Needs modification	Not relevant	Remarks
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					

Section-B

Attitude scale

Attitude scale on medico legal responsibilities among staff nurses

Sl. No.	Very relevant	Relevant	Needs modification	Not relevant	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

13					
14					
15					
16					
17					
18					
19					
20					

ANNEXURE - 6

LIST OF EXPERTS WHO VALIDATED THE TOOL

1) **Dr. Partha Pal**

   Chief Medical Superintendent

   The Mission Hospital,

   Durgapur.

2) **Dr. Taraknath Taraphdar**

   M.B.B.S. (Cal), PGDHHM (IGNOU), MEM (NSLIJ), Consultant (EM),

   Assistant Medical Superintendent,Quality& Audit,

   The Mission Hospital,

   Durgapur.

3) **Ms. Saraswati Roy**

   P.B.Sc Nursing, PGDHHM & PGDMLS (Symbiosis)

Nursing Superintendent,

   The Mission Hospital,

   Durgapur.

4) **Mrs. Joshini Biju**

   P.B.Sc Nursing

   Assistant Nursing Superintendent,

   The Mission Hospital,

   Durgapur.

ANNEXURE -7
TOOL: 1

- **Serial No. :**
- **Name of the Respondent :**

DEMOGRAPHIC PERFOMA

1) Gender

a) Male
b) Female

2) Educational status

a) M.Sc Nursing
b) P.B.B.Sc Nursing
c) Basic B.Sc Nursing
d) GNM
e) ANM

3) Religion

a) Hindu
b) Muslim
c) Christian

4) Type of family

a) Nuclear
b) Joint
c) Extended

5) Service Experience

a) 0-05 years
b) 06-10 years
c) 11-15 years
d) 16- 20 years
e) 21 and above70

6) Have you ever taken any training regarding medico legal responsibilities

a) Yes
b) No

TOOL-II

QUESTIONAIRE RELATED TO KNOWLEDGE ON MEDICO-LEGAL RESPONSIBILITIES

1. In which of the following occurrence of MLC is increased ?[ ]
a. Civil
b. Armed forces
c. all the above

2 .What is the important aspect to be avoid in MLC? [ ]
a. Improper handling
b. Accurate documentation
c. Oral report

3. Who handles the MLC ?[ ]
a. Law
b. Department
c. Medical services

4. Which of the following will come under MLC? [ ]
a. Criminal abortions
b. Mishandling
c. Both

5 .What is general guideline if cardiopulmonary arrest happens in a patient of MLC? [ ]
a. Emergency resuscitation
b. Un stabilization
c. Untreated

6.In which cases common treatment is required ? [ ]
a. Special cases
b. Emergency cases
c. Ordinary cases

7.How the MLC cases can be maintained ? [ ]
a. Documentation
b. Registration
c. Both

8. What are the identifications marks should be registered in MLC cases?[ ]
a. Identifications marks
b. Signature
c. Time of case reported

9.How the MLC documents should be written ? [ ]
a. Avoiding over writing
b. Include overwriting
c. Gaps while writing

10.How the over writing can be corrected in MLC cases ? [ ]
a. By full signature and stamp
b. By short signature
c. None of the above

11. In which of the following should be avoided while writing MLC cases []
a. Clear mention
b. Abbreviations
c .Diagrams

12. How the medico legal documents should be consider ? [ ]
a. Confidential records
b. Daily records
c. Public records

13.In which of the following documents include in case sheet? [ ]
a. X rays
b. Investigation reports
c. A and B

14. How the samples and specimens collected for MLC should be kept [ ]
a. Improperly sealed
b. Handed over
c. Non labeling

15. How the dying declaration can be made in MLC cases [ ]
a. Magistrate intimation
b. Judgemental intimation
c. None of the above

16. In which of the following are not reported as MLC [ ]
a. Battle casualties
b. Battle accidents
c. A and B

1**7.What precautions to be taken in MLC cases ? [ ]**
a. Particular of relative
b. Two identification marks
c. Proof identity

18.In which of the complicated cases should be handled with the help of ?[ ]
a. Seniors and colleagues
b. Relatives
c. Parents

19. What things should not be mentioned in the death certificate ? [ ]
a. Cause of disease
b .Causes of death
c. None of the above

20. Why MLC evidence should be preserved ? [ ]
a. Forensic exam
b. Evidence
c. A and B

21.In case of injury what articles should be preserved ? [ ]
a. Clothing worn
b. any id proof
c .Expensive items

22. What is the type of consent forms used in MLC ? [ ]
a. Implied consent
b. Expressed consent
c. A and B

23. What is the main aim of informed consent? [ ]
a. Inadequate information
b. Little information
c. Adequate information

24. In which of the following consent is not required [ ]
a. Treatment of notifiable disease
b. Psychiatric examination
c. All the above

25. How the MLC records should be maintained? [ ]
a. Chronological order
b. Admission order
c. None of the above

KEY ANSWERS

ITEM NO	CORRECT RESPONDS
1	C
2	B
3	C
4	C
5	A
6	B
7	A
8	C
9	A
10	A
11	A
12	B
13	A
14	C
15	B
16	A
17	C
18	B
19	A
20	B
21	C
22	A
23	C
24	C
25	C

SECTION C

ATTITUDE QUESTIONNAIRE

Instruction:

Dear participants,

The following statements are related to the attitude on medico legal responsibilities
Read the statement and indicate your free and frank response in the column(√). Your responses are confidential and are used only for study.

SA - Strongly Agree
A -Agree
U - Uncertain
DA - Disagree
SD - Strongly disagree

SI-No	Statement	SA	A	U	DA	SD
1	To keep records of all the procedures of the patient neatly					
2	Clinical negligence cases are often complex cases					
3	The medico-legal nurse can be employed by a legal firm					
4	The nurse has to use their skills and experience in interpreting the records					
5	Records should be in chronology with patient information					
6	Staff without or limited medical training should not attempt					
7	Medico legal cases (MLC) are an integral part of medical practice					
8	Medico-legal documents should be prepared in duplicate, with necessary details					
9	The complete available particulars should be noted down along with two identification marks					

10	One should not rely on memory while writing reports or during recording of evidence in a court of law					
11	The statement that “Exact cause is to be ascertained by post mortem examination” is to be endorsed.					
12	MLC should be reported by the first health care establishment in which the individual is received.					
13	All evidences will be identified, sealed and labelled properly					
14	The evidence required to be preserved is related to the nature of a Case					
15	Consent is not legally valid when given under fear, fraud or Miss representation					
16	The doctrine of informed consent aims at giving sufficient information to a patient					
17	Be honest and inform about the mishap					
18	It is always better to police through causality where the MLC is registered					
19	The patient is admitted or discharged with advice be entered in to the sheet					
20	If the patient is dead or died , handed over to police for post mortem and not to relatives.					