



# Effectiveness of Structural Teaching Programme on Knowledge Regarding Legal & Ethical Issues in Care of Children among Staff Nurses Working in Paediatric Areas of SKIMS Soura Srinagar Kashmir

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## Abstract

**Background:** Children are the future of our society. Their overall health has been improved and illnesses have decreased. In any country, mothers and children constitute approximately 60% of the population [1]. Health care delivery system has changed rapidly and role of nurses has also expanded [2]. When different options are motivated by conflicting moral considerations, legal and ethical quandaries result. By giving varying weights to conflicting moral values, parents, nurses, doctors, and other members of the healthcare team may come at varied but ethically sound conclusions [3].

**Results:** Overall knowledge score of nurses revealed that, 22% have inadequate knowledge 74% have moderate and only 2% have adequate level of pre-test knowledge. The mean percentage score obtained for overall knowledge is 25.4 with SD of 4.010, which showed nurses have inadequate knowledge regarding legal and ethical issues in care of children, Whereas 50 (100%) study subjects have adequate knowledge after implementation of structured teaching programme. The comparison of pre and post-test knowledge of nurses revealed that the overall mean knowledge for pre-test was 25.4 with SD of 4.010 and for post-test it is 39.14 with SD of 2.833. The calculated value of 't' is 51.91 which is very high than the tabulated value of 't', thus indicating the effectiveness of structured teaching programme, accepting the research hypothesis and rejecting null hypothesis.

**Conclusion:** Pre-test findings showed that most of the study subjects possess poor knowledge regarding legal and ethical issues in care of children. So there was need to educate them. There was an improvement in knowledge of study subjects after the implementation of structured teaching programme regarding legal and ethical issues in care of children as was evident from post-test knowledge scores.



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## Introduction

Children are the future of our society. Their overall health has been improved and illness have decreased. In any country, mothers and children make up about 60% of the population. In India, children under the age of 15 make up about 59% of the population, while women between the ages of 15 and 44 make up 19% of the population. Due to their large numbers and high risk of illness, mothers and children are the main consumers of health care services [1].

Health care delivery system has changed rapidly and role of nurses has also expanded. The expanded role of nurses has imposed responsibility on nurses to have awareness of legal and ethical issues [2].

When different options are motivated by conflicting moral considerations, legal and ethical quandaries result. By giving various weights to competing moral ideals, parents, nurses, doctors, and other members of the health care team may come at varied but ethically sound conclusions. These conflicting moral principles may include justice (the idea of fairness), beneficence (the duty to maximise or prevent injury), autonomy (the patient's freedom to self-govern), and non-maleficence (the duty to minimise or prevent harm) [3].

Nurses face legal issues during their clinical duties. Those issues may be in connection to negligence, administering medications and advocating for the patient. Nurse practice acts determine the scope of practice of registered nurses and define what the nurse is supposed to do and not allowed to do while caring for patients. Standards of care which are set by professional organizations determine the level of care that can be expected from practitioners. Institutions employing nurses set rules and policies that govern nursing care. All nurses should be familiar with those that apply in the agencies in which they are employed [4].

It is imperative that nurses engage in a methodical preparation for collaborative ethical decision-making. Formal coursework, continuous education, modern literature, and efforts to create an atmosphere that supports ethical conversation can all help achieve this. Moreover, nurses must be educated regarding the resolutions, case review by ethical committees, procedural safeguards, state statutes and case law (Woods, 2005) [4].

A youngster may experience emotional and developmental effects from being hospitalised. The mismatch between the expectations of the environment and society and the capacity of the child to cope results in stress. For children and their families, being admitted to the hospital can be a stressful event. The child's active growth and development are interrupted when they are admitted to the hospital. The youngster loses contact with siblings, relatives, and peers when they are taken out of their regular routine at home and placed in an unusual environment. The child lacks decisional power and nurses face more ethical and legal problems. So the nurses need to be more alert to prevent issues and dilemmas which they encounter mainly in areas like ICU's [4].

Selen Ozakar Akca, YelizYelen Akpınar, Turgay Habbani conducted a study in 2015 regarding knowledge and attitudes of nurses about patient rights. The aim of this study was to establish the foundation for a planned teaching programme and assess the knowledge and attitudes of nurses working in Corum/Turkey regarding patient rights. The sample consisted of all 939 nurses who worked during the course of the investigation. A

cross-sectional and descriptive methodology was applied. Surveys were employed as methods for gathering data. The various socio-demographic variables included in the study were educational status, number of children, marital status, working unit, total working time and did you receive any educational program regarding patient's rights. According to the survey, 92.3% of participants had received instruction regarding patient rights, 2.2% had never heard of the term, and 86.6% had learned about it via non-school sources. It has been determined that nurses' attitudes towards patients' rights vary depending on the patient, with a range of 35.8 to 98.1%. Given the significance of patient rights in the advancement of health care services, this study suggested that further research be done on the topic [5].

Megan Jane Johnstone, Cliff Da Costa, Sue Turale in 2004 conducted a study to explore and describe registered and enrolled nurse's experiences of ethics and human rights issues in nursing practice in the Australian State of Victoria. A descriptive survey of 398 Victorian nurses was done using the Ethical Issues Scale (EIS) survey questionnaire. The most frequent and the most disturbing ethical issue reported by the nurses surveyed included defending the human rights and dignity of patients, giving care that may put their own health at danger, informed consent, staffing arrangements that prevent patients from receiving nurse care, the application of chemical or physical restrictions, and the unwarranted prolongation of the dying process, working with unethical and impaired colleagues, caring for patients/families who are misinformed, not considering a patient's quality of life, poor working conditions, the study concludes that the Victoria's nurses regularly deal with troubling ethical dilemmas in their work, which call for policymakers, educators, and managers of health services to pay close attention to [6].

Yakov G, Shilo Y, Shor T conducted a study in 2010 on nurse's perceptions of ethical issues related to patient's rights law. During a seminar at the Shaare Zedek School of Nursing in Jerusalem: A qualitative research study was performed investigating ethical issues arising in the field of nursing and how nursing staff dealt with these issues in relation to the law. The research was conducted using semi structured questionnaires. The results revealed that the staff participants knew the law but did not differentiate between legal and ethical problems [7].

In a tertiary care hospital, Patel N, Desai M, Shah S, Patel P, Gandhi A studied the legal ramifications of prescription errors. From October 2012 to January 2014, a prospective, observational study was carried out in the general medicine and paediatric wards of the Civil Hospital in Ahmedabad. Prescription, dispensing, and administration errors were the three categories under which medication errors were divided. We looked over the treatment plans and case file. During the course of the trial, 1109 patients in total (511 in the medical ward and 598 in the paediatric ward) were involved. There were 403 (36%) medication mistakes in total, 195 (38%) in the medical ward and 208 (35%) in the paediatric ward. Prescription errors accounted for 262 (65%) of all pharmaceutical errors, with administration errors accounting for 126 (31%). The study came to the conclusion that in order to lower the prevalence of medication errors and enhance patient safety and care, a method for reporting them must be established [8].

### Objectives

1. To assess the pre-test knowledge scores regarding legal and ethical issues in care of children among staff nurses working in paediatric areas of SKIMS.

2. To assess the post- test knowledge scores regarding legal and ethical issues in care of children among staff nurses working in paediatric areas of SKIMS.
3. To assess the effectiveness of structured teaching programme on knowledge regarding legal and ethical issues in care of children among staff nurses working in paediatric areas of SKIMS by comparing pre-test and post-test knowledge scores.
4. To find out association of pre-test knowledge scores regarding legal and ethical issues in care of children among staff nurses working in paediatric areas of SKIMS with their selected demographic variables i.e. .Age, Gender, Professional qualification, Working experience, Whether attended any in-service educational programme.

**Materials & methods**

The pilot study was conducted in paediatric medicine ward of SKIMS to estimate the feasibility of the study. The purpose of the study was explained to the study subjects prior to the study and informed consent was obtained to get their cooperation. The 10% of the sample size I,e, 5 study subjects were assured of the confidentiality of their identity in a similar way as the

final data collection and they were selected by using purposive sampling technique. The pre-test was done by administering self-structured questionnaire among study subjects for 40-45 minutes. After pre-test the investigator administered structured teaching programme regarding legal and ethical issues in care of children among study subjects for 45-50 minutes using power point presentation. At the end of structured teaching programme, 10 minutes were allotted for discussion. The post-test was conducted on 7th day using same self-structured questionnaire.

Pilot study revealed that study was certainly feasible and helped the researcher in planning the statistical analysis for the final study. No major problems were faced by the researcher during the pilot study. The investigator decided to follow the same research design during data collection of main study.

A pre-experimental one group pre-test post-test research design was used for the study. The knowledge is denoted by  $O_1$  for the pre-test and  $O_2$  for post-test. The intervention is denoted by X. the symbolic presentation for the research design is shown below

**Research design**

Subjects	Pre-Test	Intervention	Post-Test
Staff nurses working in paediatric areas of SKIMS.	$O_1$	X	$O_2$
	Assessment of knowledge by administration of self-structured questionnaire.	Intervention by implementation of structured teaching programme.	Assessment of knowledge through same self-structured questionnaire.

**Key:**  $O_1$ - is the pre-test which is measured by the help of self-structured questionnaire.

**X-** Intervention by implementation of the structured teaching programme.

$O_2$  is the post-test which is measured by the help of same self-structured questionnaire.

The present study was aimed at understanding the effectiveness of an intervention I,e. structured teaching programme on knowledge regarding legal and ethical issues in care of children among staff nurses working in various paediatric areas of SKIMS.20. In the present study the independent variable was the structured teaching programme regarding knowledge on legal and ethical issues in care of children and the dependent variable was the knowledge of staff nurses regarding legal and ethical issues in care of children.

Setting is the physical location or environment in which data collection takes place during the study. The present study was conducted in various paediatric areas of SKIMS Soura Srinagar Kashmir. The criteria for selecting the setting were feasibility of conducting the study, availability of the sample and familiarity of the researcher with the setting. In the present study, the population consists of staff nurses working in various paediatric areas of SKIMS. The sample size for the present study comprised of 50 staff nurses working in various paediatric areas of SKIMS Soura Srinagar Kashmir. The sampling technique used for the study was non-probability purposive sampling.

**Results**

**Table 1** revealed that majority of staff nurses belong to the age group of 26-30 years (36%), 34% belong to the age group of > 36 years, 20% belong to the age group of 31-35 years, 10% belong to the age group of < 25 years.

**Table 1:** Frequency and Percentage distribution of study subjects according to their age.

Age in years	Frequency	Percentage
<25	5	10.0
26-30	18	36.0
31-35	10	20.0
≥36	17	34.0
<b>Total</b>	<b>50</b>	<b>100.0</b>

(N=50)

**Table 2:** revealed that majority of staff nurses were females (86%) and only 14% were males.

Gender	Frequency	Percentage
<u>Male</u>	7	14
Female	43	86.0
<b>Total</b>	<b>50</b>	<b>100.0</b>

(N=50)

**Table 2** revealed that majority of staff nurses were females (86%) and only 14% were males.

**Table 3** revealed that majority of staff nurses 24 (48%) were GNM, 23 (46%) were B.Sc./post-basic and only 3 (6%) were M.Sc.

**Table 3:** Frequency and percentage distribution of study subjects according to their professional qualification.

Professional qualification	Frequency	Percentage
GNM	24	48.0
BSC NURSING	23	46.0
MSC NURSING	3	6.0
Total	50	100.0

**Table 4:** Frequency and percentage distribution of study subjects according to their working experience.

Working experience	Frequency	Percentage
<5	22	44.0
6-10	10	20.0
>11	18	36.0
Total	50	100.0

**Table 4** revealed that majority of staff nurses 22 (44%) were having  $\leq 5$  years of experience, and 18 (36%) were having  $\geq 11$  years of experience and 10 (20%) were having 6-10 years of working experience.

**Table 5:** Frequency and percentage distribution of study subjects according to whether attended any in-service educational programme.

Whether attended any in-service educational programme.	Frequency	Percentage
NO	50	100.0

(N=50)

**Table 5** revealed that all staff nurses 50 (100%) have not attended any in-service educational programme.

**Table 6:** Comparison between pre-test and post-test knowledge of nurses regarding legal and ethical issues in care of children.

To test the significance following null hypothesis was formulated.

$H_{01}$ : there is no significant increase in post-test knowledge scores as compared to pre-test knowledge scores regarding legal and ethical issues in care of children among staff nurses working in paediatric areas of SKIMS at  $p \leq 0.05$  level of significance.

Level of knowledge	Pre-test		Post-test	
	frequency	Percentage	Frequency	Percentage
Inadequate ( $\leq 50\%$ ): 0-22	11	22%	0	0%
Moderately adequate (51-75%): 23-33	37	74%	0	0%
Adequate ( $> 75\%$ ): 34-43	2	4%	50	100%

**Table 6** revealed that in pre-test most of the study subjects 74% had moderately adequate knowledge, 22% had inadequate knowledge and only 4% had adequate knowledge, whereas in post-test all the study subjects 100% had adequate knowledge. This indicates all the subjects had gained knowledge in post-test.

**Table 7** revealed that there is a difference in the mean values of pre-test and post-test knowledge scores. The said table also indicates the effectiveness of structured teaching programme on knowledge regarding legal and ethical issues, thus rejecting the null hypothesis ( $H_0$ ).

**Table 7:** Comparison of Pre-test and Post-test Mean Knowledge Scores and SD of Study Subjects.

Knowledge	Mean $\pm$ SD	Mean difference	T Value	P -Value
PRETEST	25.4000 $\pm$ 1.293	13.74	51.91	0.001 *
POSTTEST	39.1400 $\pm$ 1.399			

**Table 8:** Association between pre-test and socio-demographic variables.

To find out the association, null hypothesis was formulated.

$H_{02}$ : there is no significant association of pre-test knowledge scores regarding legal and ethical issues in care of children among staff nurses working in paediatric areas of SKIMS with their selected demographic variables i.e, age, gender, professional qualification, working experience and whether attended any in-service educational programme at  $p \leq 0.05$  level of significance.

Variables	Categories	Adequate	Moderate	Inadequate	Chi Test	P Value	Result
Age in years	$\leq 25$	0	5	2	1.94	0.585	NS
	26-30	0	12	5			
	31-35	1	09	4			
	$\geq 36$	1	10	1			
Gender	male	0	05	4	2.763	0.251	NS
	female	2	31	8			
Professional qualification	GNM	0	21	3	15.40	0.002	S*
	BSc/ post basic nursing	2	14	7			
	MSC nursing	0	02	1			
In-service educational programme	YES	0	0	0	--	--	
	NO	2	37	11			
Working experience in years	$\leq 5$	0	14	7	5.748	0.218	NS
	6-10	1	09	0			
	$\geq 11$	1	14	4			

**Table 8** revealed that statistically significant association was found between pre-test knowledge scores of study subjects with their professional qualification ( $p=0.002$ ), whereas no association was found with age, gender, working experience in years. No data was found for calculating the association of pre-test knowledge scores for variable "whether attended any in-service educational programme" as none of the study subjects have attended any in-service educational programme related to legal and ethical issues in care of children.

Hence the researcher accepts the research hypothesis ( $H_2$ ; there is significant association between pre-test knowledge scores of study subjects with their selected demographic variables) for demographic variable professional qualification and rejects null hypothesis  $H_{02}$  at  $p \leq 0.05$  level of significance.

Also the researcher accepts the null hypothesis  $H_{02}$  for demographic variables age in years, gender and working experience in years at  $p \leq 0.05$  level of significance.

### Discussion

Majority of study subjects 18 (36%) were in 26-30 years of age group, 17 (34%) were in the age group of > 36 years, 10(20%) were in the age group of 31-35 years and only 5 (10%) were in the age group of < 25 years. Majority of study subjects 43 (86%) were females and only 7(14%) were males. Majority of study subjects 24 (48%) were GNM, 23 (46%) were B.SC/post-basic and only 3 (6%) were M.SC. Majority of study subjects 22 (44%) were having working experience of <5 years, 18 (36%) were having working experience of >11 years and only 10 (20%) were having working experience of 6-10 years. None of the study subjects (0%) had attended any in-service educational programme related to legal and ethical issues in care of children.

Overall knowledge score of nurses revealed that, 22% have inadequate knowledge 74% have moderate and only 2% have adequate level of pre-test knowledge. The mean percentage score obtained for overall knowledge is 25.4 with SD of 4.010, which showed nurses have inadequate knowledge regarding legal and ethical issues in care of children.

The findings of the present study revealed that, all the study subjects (100%) were having adequate knowledge regarding legal and ethical issues in care of children after implementation of the structured teaching programme.

The comparison of pre and post-test knowledge of nurses revealed that the overall mean knowledge for pre-test was 25.4 with SD of 4.010 and for post-test it is 39.14 with SD of 2.833. The calculated value of 't' is 51.91 which is very high than the tabulated value of 't', thus indicating the effectiveness of structured teaching programme.

The chi-square analysis showed that the socio-demographic variable I.e, professional qualification ( $p=0.002$ ) is significantly associated with the pre-test knowledge score, whereas age, gender, working experience and in-service educational programme are not associated with the pre-test knowledge scores.

### Conclusion

Pre-test findings showed that most of the study subjects possess poor knowledge regarding legal and ethical issues in care of children. So there was need to educate them. There was an improvement in knowledge of study subjects after the implementation of structured teaching programme regarding legal and ethical issues in care of children as was evident from post-test knowledge scores. The socio-demographic variable I.e, professional qualification was found to have significant association with the pre-test knowledge scores whereas, age, gender, working experience and in-service educational programme had no significant association with the pre-test knowledge scores of study subjects.

The study proved that structured teaching programme was effective in improving the knowledge of study subjects regarding legal and ethical issues in care of children.

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