

Nurses' Knowledge of Legal Liability in the Clinical Nursing Practice

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Abstract: Background: The expanded scope of nursing practice has brought increased responsibility and legal accountability, along with it, increased exposure to liability. Moreover, with the explosion of societal knowledge, ordinary people know more about their health and the roles of health team members. Therefore, nurses are in need of education about the legal aspects of practicing their profession.

Aim: The study aims to assess nurses' knowledge of legal liability concerning their clinical nursing practice.

Method: A descriptive study was conducted at 2016 through distribution of Nurses' Knowledge and Views of Legal Liabilities Questionnaire to 650 nurses working in all General Care, Critical Care and Intensive Care Units at four hospitals affiliated to the University, the Health Insurance Organization, Ministry of Health and Population, the General Secretary of Specialized Medical Centers and the Private sector.

Results: The results revealed that the majority of nurses had poor/inadequate to fair/moderate levels of knowledge of the legal liability of their clinical practices. In specific, nurses' knowledge in relation to assault was the most deficit dimension followed by false imprisonment, battery, carrying out physician order, employment of nursing students, and dealing with suit prone patients.

Conclusion and Recommendations: The present study confirmed that there is a greater potential risk on nurses working in the study hospitals to be liable as they do not have the basic knowledge of laws and regulations governing their practice. Also, it implies that there is a need for continued and intensified efforts to ensure that nurses acquire knowledge necessary about the legal aspects and issues of nursing practice.

Keywords: nurses, knowledge, legal liability, nursing practice

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I. Introduction

The expanded scope of nursing practice has brought increased responsibility and legal accountability, along with it, increased exposure to liability^(1,2). Even though, nursing's primary goal to provide nursing care to those who are in need for, the functions, specific tasks and procedures which are performed have changed markedly. The newness and complexity of nursing practices have led to a dangerous potentially risky legal liability for nurses⁽³⁾. Therefore, the regulatory agencies and professional associations continued to redefine the roles, functions, and responsibilities of nurses and to broaden the scope of nursing practice to meet the growing demands of the public worldwide⁽⁴⁾. The attempts to meet these demands and keep up with increasing scientific and technological knowledge have resulted in emergence of nurses with advanced education, training, responsibilities and legal requirements^(5,6).

Criminal and civil laws are the most common laws used in dealing with deviation in nursing practice⁽⁷⁾. Criminal law attempts to protect the public from harm by threatening punishment or punishing those who commit crimes⁽⁸⁾. Violation of any law governing the practice of any licensed profession may be a crime even if no actual harm occurred⁽⁹⁾. Civil laws, on the other hand, are statutes that protect personal freedoms and rights and apply to disputes that arise between individual citizens^(7,10). The general category of civil law with which nurses are concerned is called the law of torts. Tort is defined as a legal or civil wrong committed by one person against the person or property of another person⁽¹¹⁾.

Torts can be classified into unintentional and intentional torts. Unintentional torts include negligence and malpractice. They are both conducts which fall below the standard of care. Negligence and malpractice are not interchangeable terms⁽⁷⁾. Negligence is a broad term and is defined as the failure to act as a reasonably prudent person would act in same or similar circumstances⁽⁷⁾. On the other hand, malpractice is a specific form

of professional negligence, and is defined as the failure to adhere to generally accepted standards of practice and act as a reasonably prudent professional would in same or similar circumstances⁽¹¹⁾.

Intentional torts are lawsuits in which a plaintiff charges that a defendant committed a deliberately aggressive act⁽³⁾. Intentional torts that can involve nurses include, among others, assault, battery, false imprisonment, invasion of privacy, defamation of character, and fraud⁽¹²⁾. Assault is an act in which there is a threat or an attempt to do bodily harm. Such harm may be in the form of physical intimidation, remarks, or gestures⁽¹³⁾. Battery (unauthorized physical contact), it includes touching a person's body, clothing, chair, or bed. A plaintiff can claim battery even if the contact does not actually cause him or her physical harm⁽¹⁴⁾.

False imprisonment is an unlawful intentional confinement of another person within fixed boundaries so that the confined person is conscious of or harmed by the confinement, e.g. keeping a patient hospitalized against his/her will, applying physical restraints without authorization⁽¹⁵⁾. Invasion of privacy refers to unnecessarily exposing an individual or revealing personal information about an individual without that person's consent⁽¹⁶⁾. Defamation of character is the damage caused to a person reputation through spoken (slander) or written words (libel)⁽¹⁷⁻¹⁹⁾. Fraud is another intentional misrepresentation that one knows is false and makes anyway, knowing that the deception could result in an unauthorized or illegal benefit to self or others^(20, 21).

Also, there are many other areas and issues in nursing practice that make nurses fall under the jurisdiction of law and increase their potential liabilities. They include but not limited to, obtaining a valid informed consent, carrying out physician orders, carrying out medical procedures, staffing issues (abandonment, improper delegation and supervision, nursing assignment, licensure and staff shortage), employment of nursing students and non-nursing unlicensed personnel, and dealing with suit prone patients⁽²²⁾.

With the explosion of societal knowledge, ordinary people know more about their health and the roles of health team members. If, in the course of health care provision, individuals are wronged or neglected, they are much more likely to raise issue^(5, 23). Clients are now aware of their rights as patients. They are prepared to enforce their claims. Hence, those who render the nursing care must be equally versed in the law with respect to nurses' responsibilities and client's rights⁽²⁴⁾.

Moreover, with increasing responsibilities and expanding accountability, nurses are in need of education about the legal aspects of practicing their profession^(25, 26). Therefore, the present study aims to assess nurses' knowledge of legal liability in the clinical nursing practice. It is hoped that the results of this study will have implications in nursing administration, clinical nursing practice, and nursing education. It might be the initial step to explore nurses' knowledge regarding legal liability concerning clinical nursing practice to expand evidence in such area then build on the current level of knowledge to increase nurses' knowledge regarding legal liability that hence decrease litigations for nurses, managers and the healthcare facilities in general.

II. Materials and Methods

Design: A descriptive research design was used in this study.

Settings

The study was conducted in all General Care Units (n= 28), Critical Care Units (n= 3), and Intensive Care Units (n= 23) at four hospitals affiliated to the University, the Health Insurance Organization, Ministry of Health and Population, the General Secretary of Specialized Medical Centers and the Private sector.

Subjects

Out of 1161 of the total population of nurses in the selected settings, a sample of 650 nurses was recruited by using simple random sampling through power analysis technique. The subjects are grouped into: 246 professional and 404 technical and practical nurses. In relationship to the studied hospitals, 375 nurses (126 professional and 249 technical and practical) were recruited from Alexandria Main University Hospital; 112 nurses (39 professional and 73 technical and practical) were recruited from Abo Qir General Hospital. Also, 85 nurses (45 professional and 40 technical and practical) were selected from Al Salama New Hospital. In addition, 78 nurses (36 professional and 42 technical and practical) were obtained from Shark El Madina Hospital.

Tool

One tool was used in this study; it is entitled **Nurses' Knowledge of Legal Liability Questionnaire** that was developed by the researchers based on review of current related literature⁽²⁷⁻³³⁾ to assess nurses' knowledge of the legal liability in their clinical nursing practice. The tool consists of two parts:

Part (I) includes nurses' personal and professional data in terms of their age, sex, years of experience since graduation, years of experience in the current unit, qualifications, hospital setting where nurses were recruited, unit, previous study of legal liability of nursing practice, desire to studying legal liability of nursing practice, attending of previous workshops and seminars regarding nursing legal liability, degree of importance of knowing legal liability, previous exposure to or involvement in illegal nursing practice, liability suits /claims and awareness with anyone involved in illegal nursing practice.

Part (II) includes 63 questions used to assess thirteen dimensions of legal liability as follows: negligence, malpractice, assault, battery, false imprisonment, defamation of character, fraud, invasion of privacy, informed consent, physician order and carrying out medical procedures by doctor order, staffing issues (nursing assignment, nursing shortage, abandonment, and improper delegation and supervision), suit-prone patients, and employment of nursing students and non-nursing unlicensed personnel. Nurses were asked about their knowledge regarding the 13 dimensions.

Questions are in the form of case studies (n=17), multiple choice questions (n=22), and true or false questions (n=24). Regarding case studies; each case study is comprised of a scenario that was selected from actual clinical nursing practices and includes nursing acts followed by one question in the form of multiple choice that asks the nurse about his/her knowledge of the type of nursing liability in the case study. In some case studies more than one question used to assess nurses' knowledge of the type of liability included in the case study. For all questions the researcher add (I don't know option) that put intentionally because some study subjects may don't have the knowledge to answer the questions so he /she can choose I don't know option.

Each question was assigned one for correct response and zero for incorrect response. The sums of all responses scores represent the total nurses' knowledge of nursing legal liability. Total score of knowledge of nurses regarding legal liability was classified as the following; less than 50% of the total related knowledge was considered poor, 50% to less than 75% of the total related knowledge was considered as fair, and equal or more than 75% of the total related knowledge was considered as good.

III. Method

The research plan was approved by Ethical Committee of the Faculty of Nursing, Alexandria University. An official permission was obtained from the hospitals administrators of the identified settings to collect the necessary data.

Tool development:

- The tool (initial version) was developed in English and then translated into Arabic based on review of the related literature. It consists of 77 questions that measure study variables and take the forms of case studies, multiple choice questions and true or false questions to assess nurses' knowledge of legal liability in clinical nursing practice.
- The initial version was tested for its face and content validity by a panel of nine experts from Faculty of Nursing, Alexandria University. The panel recommendations were focused on modifying grammar and structure of some statements and shorten the tool as it was too long. Modifications were done based on the panel recommendations and the researchers developed the second version of the tool. Moreover, it was submitted to a panel of three experts from Faculty of Law, Alexandria University who are specialized in Civil Law, Criminal Law and General Law in order to obtain their legal point of view regarding all acts involved in the tool, a consensus among members of the panel indicating that the acts included in the tool are legally valid with in the content of the Egyptian constitution and laws.
- A pilot study was carried out on 10% of nurses (n=65) rather than study subjects in order to check and ensure clarity of the tool (second version), identify limitations of the study, problems that may be encountered during data collection.
- A final version (third tool) was developed by excluding some vague and redundant questions as an attempt to make the tool more concise, more applicable and easy to be completed by study participants. The final version consists of 63 questions that are grouped into three parts: case studies (n=17), multiple choice questions (n=22), and true or false questions (n=24).
- Factor analysis was done on 100 nurses using the final version. Two ways were used to determine the factorability of an inter-correlation matrix; The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy, which is an index used to examine the appropriateness of factor analysis, it was 0.688 which was good. Also, Bartlett's test of sphericity is used to examine the hypothesis that the variables are uncorrelated in the population. The results of Bartlett's Test of Sphericity is significant (Approx. Chi-Square =2156.440/ Sig. = 0.000) which means that the sample inter-correlation matrix did not come from a population in which the inter-correlation matrix is an identity matrix. The tool explained variance for all extracted factors equal to 59.244 % which is good. This is reflective of the KMO of 0.688 a mediocre bordering on middling % of variance among dimensions and questions.
- The reliability of the final version of the tool was assessed using Kuder-Richardson Test - 20(KR-20)(Coefficient Alpha) for internal consistency and inter-item consistency. As the tool was multi-dimensional one, the overall score for tool reliability can't be obtained but reliability for each dimension was obtained. The final version of the tool which is consisted of 63 questions is reliable (Table 1).
- The construct validity was measured through discriminant validity and convergent validity, it was discriminatory valid.

Table 1: Reliability Coefficient of the dimensions of the final version of nurses' knowledge of legal liability Questionnaire using KR-20 test

	Legal liability knowledge dimensions	KR-20
		Final version
1	Negligence	0.885
2	Malpractice	0.927
3	Assault	0.776
4	Battery	0.710
5	False imprisonment	0.705
6	Defamation of character	0.726
7	Invasion of privacy	0.685
8	Fraud	0.810
9	Informed consent	0.763
10	Physician order	0.699
11	Staffing issues	0.896
12	Suit prone patients	0.713
13	Students and non-nursing unlicensed personnel	0.775

Data collection: A written informed consent of the study subjects was taken. Right to withdraw from participating in the research was assured. Confidentiality of data, and the privacy, anonymity of study subjects was maintained. Data collection was conducted by the one of the researchers using the questionnaire and was hand delivered to the study subjects at the study settings. It took five months at 2016.

Data coding and statistical analysis: All data collected were coded and then data were entered into the computer using the Statistical Package for Social Sciences (SPSS) version 21. The data were reviewed and checked for accuracy. Frequency tables and cross tabulations with percentages were used to illustrate the results of categorical data. Relationship between nurses' overall knowledge of legal liability of nursing practice and their demographic characteristics was done by using One-Way Analysis of Variance (A Monte Carlo probability (MCP)).

IV. Results

Description of the participants

The highest percentage of nurses (43.8%) was between 25 to less than 35 years old while the minority (11.1%) was more than 45 years old. Also, more than half of nurses (55.8%) were working in General Care Units which is more than those working in Intensive Care Units (44.2%). About three quarters of nurses (72.5%) were females and 40.2% of them had Technical Nursing Institute diploma whereas 1.4% had post graduate diploma in nursing, and a similar percentage had Master in Nursing Science Degree. In relation to nurses' years of experience since graduation, about 40% had from 1 to less than 5 years of experience while 14.2% had less than 1 year of experience. Furthermore, 46.2% of nurses had from 1 to less than 5 years of experience in the current work unit and only 13.2% of nurses had more than 10 years of experience in the current working unit.

Table 2 shows that 62.3% of nurses had inadequate/ poor knowledge on the overall liability dimensions. On individual dimensions nurses reflect poor knowledge in most of them except in dimensions related to fraud (37.50%) and staffing issues (32.60%) they had good knowledge. Dimensions such as assault (87.70%), false imprisonment (83.85%), battery (75.85%), carrying out physician's orders (72.30%), nursing students employment (70.47%), dealing with suit- prone patient (65.08%), and defamation of character (64.62%) recorded the highest ones that nurses had poor knowledge.

Table 2: Distribution of nurses according to their level of knowledge of legal liability of nursing practice

Legal liability knowledge dimensions	Inadequate knowledge /poor		Moderate / Fair knowledge		Adequate / Good knowledge	
	No.	%	No.	%	No.	%
Fraud	278	42.80%	128	19.70%	244	37.50%
Staffing issues	292	44.90%	146	22.50%	212	32.60%
Invasion of privacy	313	48.20%	177	27.20%	160	24.60%
Informed consent	343	52.80%	147	22.60%	160	24.60%
Negligence	358	55.10%	174	26.80%	118	18.20%
Malpractice	413	63.54%	167	25.70%	70	10.76%
Defamation of character	420	64.62%	161	24.77%	69	10.61%
Dealing with suit-prone patients	423	65.08%	160	24.62%	67	10.30%
Nursing student employment	458	70.47%	127	19.53%	65	10.00%
Carrying out physician's orders	470	72.30%	136	20.93%	44	6.77%
Battery	493	75.85%	124	19.08%	33	5.07%
False imprisonment	545	83.85%	83	12.77%	22	3.38%

Assault	570	87.70%	62	9.54%	18	2.76%
Overall knowledge	405	62.3%	233	35.9%	12	1.8%
Poor knowledge: Score% < 50%	Fair knowledge: Score % 50 % : < 75%		Good knowledge: Score % ≥75%			

Table 3 shows that there are statistically significant differences between nurses' overall knowledge of legal liability and all demographic data of nurses except their years of experience in the current working unit (P=0.091). It was found that 83.3% of those who were 45+ years old had poor/ inadequate knowledge compared with 16.7% who had fair/ moderate knowledge. On the other hand, 59.3% of those who were in the age group 25 to less than 35 years old had poor/ inadequate knowledge compared with 40.4% who had fair/ moderate knowledge (P=0.004).

Regarding sex, the highest percentage among those who had poor/inadequate knowledge were females (67.5%) while the highest percentage (39.7%) among those who fair/moderate knowledge were males (P=0.014). Also, 75.6% of nurses working in Shark El-Madina Hospital had poor /inadequate knowledge of legal liability compared with 60% of those who had fair/ moderate knowledge and working in Alsalama New Hospital (P=0.001). Moreover, 70% of nurses working in General Care Units had poor /inadequate knowledge of legal liability compared with 39.9% of those who had fair/ moderate knowledge and working in the intensive care units (P=0.008).

About 83.9% of nurses having Diploma of Secondary Technical Nursing School had poor / inadequate level of knowledge compared with 55.6% of nurses with Master in Nursing Science having fair/ moderate knowledge (P=0.001). Regarding years of experience since graduation, the highest percentage of poor knowledge was found in nurses with more than 10 years of experience (72.8%) compared with 47.8% of nursewho had less than one year of experience having fair/ moderate knowledge (P=0.032).

Table 3: Nurses' overall knowledge of legal liability of in the clinical nursing practice according to their demographic characteristics

Demographic characteristics	Overall knowledge						MCP	
	Poor / Inadequate knowledge		Fair / Moderate knowledge		Good/ Adequate knowledge			
	No	%	No	%	No	%		
Age	<25	123	62.8%	72	36.7%	1	0.5%	0.004*
	25-	169	59.3%	115	40.4%	1	0.4%	
	35-	72	74.2%	25	25.8%	0	-	
	45+	60	83.3%	12	16.7%	0	-	
Unit	General Care Units	254	70.0%	109	30.0%	0	-	0.008*
	Critical Care Units	170	59.4%	114	39.9%	2	0.7%	
Sex	Male	106	59.2%	71	39.7%	2	1.1%	0.014*
	Female	318	67.5%	153	32.5%	0	-	
Hospital name	Main University Hospital	252	67.2%	123	32.8%	0	-	0.001*
	Abo Qir Hospital	80	71.4%	32	28.6%	0	-	
	Alsalama New Hospital	33	38.8%	51	60.0%	1	1.2%	
	Shark El-Madina Hospital	59	75.6%	18	23.1%	1	1.3%	
Qualification	Diploma of Secondary Technical Nursing School	120	83.9%	23	16.1%	0	-	0.001*
	Diploma of Technical Nursing Institute	187	71.6%	74	28.4%	0	-	
	Bachelor of Nursing Science	108	47.4%	119	52.2%	1	0.4%	
	Post graduate Diploma in Nursing	6	66.7%	3	33.3%	0	-	
	Master in Nursing Science	3	33.3%	5	55.6%	1	11.1%	
Years of experience since graduation	< 1 year	48	52.2%	44	47.8%	0	-	0.032*
	1-	166	64.6%	89	34.6%	2	0.8%	
	5-	111	67.3%	54	32.7%	0	-	
	10+	99	72.8%	37	27.2%	0	-	
Years of experience in the current working unit	< 1 year	94	56.6%	71	42.8%	1	0.6%	0.091
	1-	197	65.7%	102	34.0%	1	0.3%	
	5-	68	69.4%	30	30.6%	0	-	
	10+	65	75.6%	21	24.4%	0	-	

MCP: Monte Carlo exact probability

* P < 0.05 (significant)

Table 4 shows that there was no significant difference between levels of nurses' overall knowledge of legal liability according to their professional data except their previous study of legal liabilityof nursing practice (P=0.001). It was found that 71.6% of nurses who did not study contents related to legal liability of nursing practice had poor level of knowledge compared with 52.8% of nurses who had studied courses or scientific materials about legal issues of nursing and had fair level of knowledge.

Table 4: Nurses' overall knowledge of legal liability in the clinical nursing practice in relation to their professional characteristics

Professional characteristics	Overall knowledge						MCP	
	Poor knowledge		Fair knowledge		Good knowledge			
	No.	%	No.	%	No.	%		
Previous study of legal liability of nursing practice	Yes (n=160)	73	45.6%	84	52.5%	2	1.3%	0.001*
	No (n=490)	351	71.6%	139	28.4%	0	-	
Desire to study legal liability of nursing practice	Yes (n=584)	380	65.1%	202	34.6%	2	0.3%	0.871
	No (n=66)	44	66.7%	22	33.3%	0	0.0%	
Previous attendance of workshops about legal liability of nursing	Yes (n=57)	34	59.6%	22	38.6%	1	1.8%	0.088
	No (n=593)	390	65.8%	202	34.1%	1	0.2%	
Degree of importance of knowing legal liability	Very important	245	62.5%	146	37.2%	1	0.3%	0.661
	Important	165	68.8%	74	30.8%	1	0.4%	
	Not important	10	76.9%	3	23.1%	0	-	
	Not important at all	4	80.0%	1	20.0%	0	-	
Previous involvement in illegal nursing practice	Yes	46	59.0%	31	39.7%	1	1.3%	0.136
	No	378	66.1%	193	33.7%	1	0.2%	

MCP: Monte Carlo exact probability

* P < 0.05 (significant)

V. Discussion

It is evident that there is necessity for well-informed nurses of the legal liability that may occur in their clinical practices⁽¹⁸⁾. Unfortunately, this was not the case in the present study, whereas the results showed that the majority of nurses had poor/low to moderate levels of knowledge of the legal liability of their clinical practice. The possible reasons for this might be that only few nurses have been formally educated and /or trained about law and legal liability as they reported. Also, unavailability of clear definite strategic plan from the Egyptian government to upgrade nursing profession; absence of laws, legislations that delineate professional rights and responsibilities of nurses might be another causes. In addition, there is no clear disciplinary system applied to all healthcare providers including nurses as well as standards and contributory mechanisms of clinical practice to avoid liability. This could explain why most of the studied nurses expressed their interest to study legal aspects and laws in formal designed courses at undergraduate level and training them frequently. Report of the World Health Organization (2012)⁽³⁴⁾ considered that nursing in Egypt is one of the skilled professions that has seen little change over the past 30 years. The primary challenges in nursing are centered on education, performance, accommodation, an image which is not highly appreciated. Also one of the most existing weaknesses is the absence of clear legislations of nursing that have left nurses with minimal social and human rights benefits. All these could help nurse leaders and politicians to change the culture to facilitate nurses' work and decrease errors that could happen due to lack of nurses' knowledge of legal responsibilities and potential liability.

Studies done in Africa (Nigeria, Barbados)^(35, 36) and Asia⁽³⁷⁻⁴⁰⁾ (India, Indonesia and Nepal) have also documented the serious deficiencies in undergraduate nursing education and in specific in nursing knowledge and attitudes related to nursing law and legal liability in nursing practice⁽³⁵⁻⁴⁰⁾. The study of Kumar et al. (2013)⁽⁴¹⁾ substantiated the fact that nurses had poor knowledge on the law that governed their profession and that in days to come, it would become increasingly difficult for them to avoid law suits which were prepared against them, unless remedial actions were taken. Nevertheless, other studies provided contradictory findings such as Kumar et al. (2011)⁽⁴²⁾, and Subhashini et al. (2016)⁽⁴³⁾.

It is important also to say that the poor knowledge of nurses in the present study related to legal implications in their clinical practice is clearly reflected in the 13 underlining dimensions. In specific, nurses' knowledge in relation to assault was the most deficit dimension followed by false imprisonment, battery, carrying out physician order, employment of nursing students, and dealing with suit prone patients. The dimensions of fraud, staffing issues, invasion of privacy, informed consent, negligence, malpractice, and defamation of character recorded better knowledge levels, however they are considered inadequate. In this respect, Oyetunde and Ofi (2013)⁽³⁶⁾ found that 43.5%, 60.9%, 52.8%, 74.5%, and 64.6% of nurses had good knowledge on assault, slander, libel, negligence, and malpractice respectively which show some differences with the findings of the present study that point out to 2.76%, 10.61%, 18.20%, 10.76% of nurses who had good knowledge in these areas respectively.

Furthermore, Kumar et al. (2011)⁽⁴²⁾ found that one-third of nurses had good knowledge of invasion of privacy, defamation of character and informed consent. Also, more than half of nurses had good knowledge of negligence and battery, the majority of nurses had good knowledge of malpractice, and two-thirds of them had good knowledge of assault and false imprisonment. In the study of Fulcher-Smith (1991)⁽⁴⁴⁾ the majority of nurses had good knowledge of false imprisonment and negligence, and one- half of them had good knowledge

of assault. In addition, Wirth (1984)⁽⁵⁾ found that the mean score percentage of nurses knowledge of negligence, malpractice, and dealing with suit prone patients were 84.5%, 85.4%, and 66.6% respectively.

The findings from this study had also confirmed remarkable differences between nurses' overall knowledge of legal liability in their clinical practice according to their age, type of units, gender, studied hospitals, qualifications and total years of experience. It was found that nurses who were young, working in ICUs, males, working in private hospital, Master and Bachelor holders and newly graduates (with less than one year of experience) had favorable level of knowledge than the others. It seems that novice nurses are more eager to acquire knowledge and be acquainted with new issues. At the same time, as much as nurses upgrade their educational level their awareness increases also. In addition, private hospital started to prepare its staff with new knowledge and skills related to their practice to avoid any liability that can cost hospital much money and influence its reputation.

These findings could be contradicted to some extent to Sharmil (2011)⁽³⁵⁾, Kumar et al. (2013)⁽⁴¹⁾ and Supriya (2014)⁽⁴⁵⁾ who reported that there is strong positive correlation of nurses' legal awareness about legal aspects with age and nursing experience. The awareness increases as age and experience increases. Also, Zarzeka et al. (2016)⁽⁴⁶⁾ in an attempt to assess the relationship between nurse's education and their knowledge of the legal regulations, taking into account nurses' performance at work reported that nurses had relatively good knowledge of legal regulations concerning their profession and concluded that nurses with higher education tend to have better awareness of the legal aspects than the nurses with medium-level education.

VI. Conclusion

The present study confirmed that there is a greater potential risk on nurses working in the selected hospitals to be liable as they do not have the basic knowledge of laws and regulations governing their practice. Also, they have a considerable poor knowledge of legal liability of nursing practice. The findings of the study imply that there is a need for continued and intensified efforts to ensure that nurses acquire knowledge necessary about the legal aspects and issues of nursing practice.

VII. Recommendations

Based on the findings of the present study it is recommended that well- structured formal courses to nurses about legal aspects of nursing practice during undergraduate study should be designed and much attention should be paid to its implications. Introduce formal orientation program to nurses at the beginning of their internship that should contains contents related to laws, regulations, and legal aspects governing nursing practice in order to provide nursing interns with the sound legal knowledge before graduation. Moreover, a nursing educational and training center should be established in the healthcare settings that focus continually on legal liability through different on job training and workshops. Also, legal nurse consultants should be present in both healthcare agencies as well as educational settings to act as references for nurses to guide them toward safe legal nursing practice and how to deal with any liability in their nursing practice.

Furthermore, nursing authorities and leadership must take faster steps to issue nursing law that regulates clinical nursing practice and help nurses to find the clear guidelines in which they built their healthcare decisions. The director of central nursing management in the Ministry of Health and Population in cooperation with nursing directors in all governorates should establish statistical methods in order to have accurate quantitative data about the number of nurses sued or even involved in illegal practice each year which is essential to build data infrastructures to support health policy making in Egypt.

In addition, further studies are needed to examine the effect of formal education course about legal practices on nurses' knowledge of legal liability and their clinical performance. The number and causes of legal claims made against nurses in Egypt, their associated and contributed factors are needed to be analyzed. On the other hand, there is a need to develop a proposal of nursing law that might regulate nursing practice after investigations of nurses' rights and responsibilities.

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