

A Study to Assess the Effectiveness of Structured Teaching Program on Knowledge Regarding Legal and Ethical Aspects Related to Obstetrical Nursing Among Staff Nurses Working in Selected Hospitals at Udaipur, Rajasthan

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Abstract:

Introduction: Ethics are social values, morals, and principles that guide people in behaviors that are good, proper, and decent. Ethical values direct us in our everyday lives as they are ingrained in our society. Health care professionals must frequently make decisions based on ethical and legal issues.

Materials & Methods: An evaluative research approach with a pre-experimental one-group pre-test and post-test design was adopted. The study was conducted at Geetanjali Hospital, Udaipur, among 180 staff nurses selected using purposive sampling. Data were collected using a self-administered questionnaire consisting of seven socio-demographic items and 35 knowledge questions on the legal and ethical aspects of obstetrical nursing. The tool was validated by experts and had a reliability coefficient of 0.92. After obtaining ethical permission and informed consent, a pre-test was conducted, followed by a structured teaching programme. The post-test was administered after seven days. Data were analysed using descriptive statistics, paired *t*-test, and chi-square test.

Results: The mean knowledge score increased from 14.16 (40.46%) in the pre-test to 28.50 (81.42%) in the post-test. The percentage of respondents with adequate knowledge increased from 5.6% to 61.1% after the structured teaching programme. The improvement was statistically significant ($t = 30.48$, $df = 179$), indicating that the structured teaching programme was effective in improving knowledge regarding the legal and ethical aspects of obstetrical nursing.

Conclusion: The findings indicate that the structured teaching program was effective in improving the knowledge of staff nurses regarding legal and ethical aspects related to obstetrical nursing.

Keywords: knowledge, staff nurses, legal and ethical aspects, obstetrical nursing, structured teaching program

INTRODUCTION

The practice involves the use of clinical judgment in the provision of care to enable people to improve, maintain, or receive health, to cope with health problems, and to achieve the best possible quality of life. Good nursing practice requires that practical efficacy and ethics are given equal consideration.¹

Midwifery is health care profession in which midwives offer care to childbearing women during pregnancy, labor and childbirth and also during the postpartum period.

They also help in care of the newborn for their healthy growth and development.²

Midwife is a person who, having been regularly admitted to a

midwifery educational program, recognized by the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired and requisite qualification to be registered and /or legally licensed to practice midwifery.²

Obstetrical nurses helps to provide prenatal care and testing, care of patients experiencing pregnancy complications, care during labor and delivery, and care of patients following delivery. Obstetrical nurses work closely with obstetricians, midwives, and nurse practitioners. They also provide supervision of patient care

technicians and surgical technologists.³

Ethics are social values, morals, and principles that guide

people in behaviors that are good, proper, and decent. Ethical values direct us in our everyday lives as they are ingrained in our society. Health care professionals must frequently make decisions based on ethical and legal issues. It is important to learn the ethical principles, the professional code of ethics, and the legalistic, in order to be knowledgeable on ethical decisionmaking when dilemmas arise. Ethical and legal decisions are made daily by healthcare providers in the performance of their regular duties.⁴

Ethical principles consist of professional duties and patient rights. The guiding principles of ethical decision-making include: autonomy, veracity, nonmaleficence, beneficence, confidentiality, justice, and role-fidelity.⁴

In developing countries like India with worst maternal mortality rate at 250-300 per lakh. Maternal mortality rate levels are high and it is estimated that 515,000 women died annually due to pregnancy related causes in developing countries between 1980 and 1985, 90% in Africa and South Asia. A proportion of death among women of reproductive ages less than 1 % and 25-30% in low and high-mortality countries respectively due to lack of skilled attendants.⁵

Negligence of the nurses is the main cause for high maternal mortality rate due to unsafe deliveries and lack of health awareness. This was stated at a seminar was held on World Health Day 2005 for journalists on giving basic priority to women's health organized by the Pakistan Press Foundation (PPF).⁶

The main aim is to reduce maternal deaths by providing high quality delivery care to the women includes skilled care. So there is a need to plan to launch a campaign and suggesting legislations for legal action against quacks. The Pakistan Medical and Dental Council had taken strong action against nurses, held responsible for negligence during their performance and medical practices. Skilled attendance during labour and delivery must be ensured.⁷

Professional liability litigation is playing an increasing role in the practice of women's health care. A web-based survey of American College of Nurse-Midwives members about the experience of being involved in litigation. Out of 600 midwives, 152 had been named in a lawsuit at least once during their midwifery careers. Future surveys are needed to better define the relationship between the practices of midwives and medical malpractice litigation.⁸

Ethical role of counseling and legal aspect related to the knowledge of staff nurses in the management of high risk pregnancy to improve both maternal and fetal outcomes. Confidentiality is a basic ethical belief. Nurse may face with a decision to notify or not the sexual or IV needle partner who is placed at risk for HIV positive woman. This is an ethical dilemma involving personal and professional values regarding the patient's rights to privacy.⁸

OBJECTIVES OF THE STUDY

1. To assess the pre-test knowledge score regarding Legal and Ethical aspects related to Obstetrical Nursing among Staff Nurses.
2. To administer Structured Teaching Program regarding Legal and Ethical aspects related to Obstetrical Nursing

among Staff Nurses.

3. To assess the post-test knowledge score regarding Legal and Ethical aspects related to Obstetrical Nursing among Staff Nurses.
4. To determine the effectiveness of structured teaching program regarding Legal and Ethical aspects related to Obstetrical Nursing among Staff Nurses.
5. To find out the association between pre-test knowledge score with selected demographic variables regarding Legal and Ethical aspects related to Obstetrical Nursing.

HYPOTHESES

H1: There will be a significant difference between the mean pre-test and post-test knowledge score among staff nurses regarding legal and ethical aspects related to obstetrical nursing.

H2: There will be a significant association between the pre-test knowledge scores of staff nurses regarding legal and ethical aspects related to obstetrical nursing with selected socio-demographic variables.

MATERIALS & METHODS

Research approach and design: An evaluative approach was considered best suited to assess the knowledge of staff nurses. A pre-experimental one-group pre-test and post-test design was adopted.

Setting and population: The study was conducted in Geetanjali Hospital and Pacific Hospital, Udaipur. The population consisted of staff nurses working in Geetanjali Hospital, Udaipur.

Sample and sampling: The sample consisted of 180 staff nurses. Purposive sampling technique was used. Inclusion criteria were staff nurses available at the time of data collection and working in Geetanjali Hospital, Udaipur. Staff nurses unwilling to participate or unavailable at the time of data collection were excluded.

Tool: A self-administered questionnaire was used. Part I contained seven socio-demographic items. Part II contained 35 knowledge items covering general information (4), legal aspects (12), ethical aspects (15), and legal and ethical aspects (4). Each correct response scored one and the maximum possible score was 35.

Validity and reliability: The tool was reviewed by eight experts comprising five nursing experts in Obstetrics and Gynecological Nursing, two doctors and one statistician. Content validity was 100%; construct validity was 0.73. The reliability assessed by test-retest/internal consistency methods was 0.92.

ETHICAL CONSIDERATION

After obtaining permission from research committee of Geetanjali College of Nursing, prior permission was obtained from Nursing Superintendent of Geetanjali Hospital, Udaipur and consent was taken from each participant who had participated in the study.

Pilot study: A pilot study was conducted in GBH American Hospital, Udaipur, with 18 staff nurses. The pre-test was administered on 04/04/2016, the structured teaching program was given on the same day, and the post-test was conducted on

11/04/2016. The pilot study supported feasibility and practicability.

Data collection: The main study was conducted from 26/04/2016 to 25/05/2016. Written permission was obtained from the Nursing Superintendent of Geetanjali Hospital. Written informed consent was taken from each participant. The 180 respondents were divided into six groups; the pre-test and socio-demographic data were collected, the structured teaching program was administered, and the post-test was

conducted after seven days.

Data analysis: Descriptive statistics were used to describe demographic characteristics and knowledge scores. Mean, median, standard deviation and mean percentage were used for area-wise pre-test and post-test knowledge. A paired t-test was used to assess effectiveness and chi-square test was used to determine association between pre-test knowledge and selected demographic variables.

RESULTS

Age in years	Frequency	Percentage
a. 21-30 years	60	33.3%
b. 30-40 years	80	44.5%
c. 40.50 years	40	22.2%
d. Above 50 years	00	00%
Total	180	100%

Table:-2 Distribution of respondents by Gender

Gender	Frequency	Percentage
a. Male	70	38.9%
b. Female	110	61.1%
Total	180	100%

Table: -3 Distribution of respondents by Religion

Religion	Frequency	Percentage
a. Hindu	50	27.7%
b. Muslim	70	38.9%
c. Christian	30	16.7%
d. Other	30	16.7%
Total	180	100%

Table:-4 Distribution of respondents by Years of experience

Year of Experience	Frequency	Percentage
a. <1 year	40	22.2%
b. 1 to 5 year	50	27.7%
c. 5 to 10 years	60	33.3%
d. Above 10 year	30	16.8%
Total	180	100%

Table:-5 Distribution of respondents by Area of residence

Area of Residence	Frequency	Percentage
a. Urban	80	44.4%
b. Rural	100	55.6%
Total	180	100%

Table: -6 Distribution of respondents by Source of Information

Source of Information	Frequency	Percentage
a. Mass media	20	11.1%
b. In-service education	60	33.3%
c. Books & journals	70	38.9%
d. Peer group	30	16.7%
Total	180	100%

Table:-7 Distribution of respondents by In-service education

In-service education	Frequency	Percentage
a. Yes	90	50%
b. No	90	50%
Total	180	100%

Table 8: Area wise pre –test knowledge score of respondents regarding Legal and Ethical aspects related to Obstetrical Nursing.

N = 180

Knowledge aspects	No. of Items	Mean	Mean %	Median	SD
1.General info	4	1.7	42.5	2.0	1.09
2.Legal	12	5	41.7	5.0	2.73
3.Ethical	15	6	40	7.0	3.25
4.Legal & ethical	4	1.27	31.75	1.0	1.04
Total	35	14.16	40.46	16.50	7.21

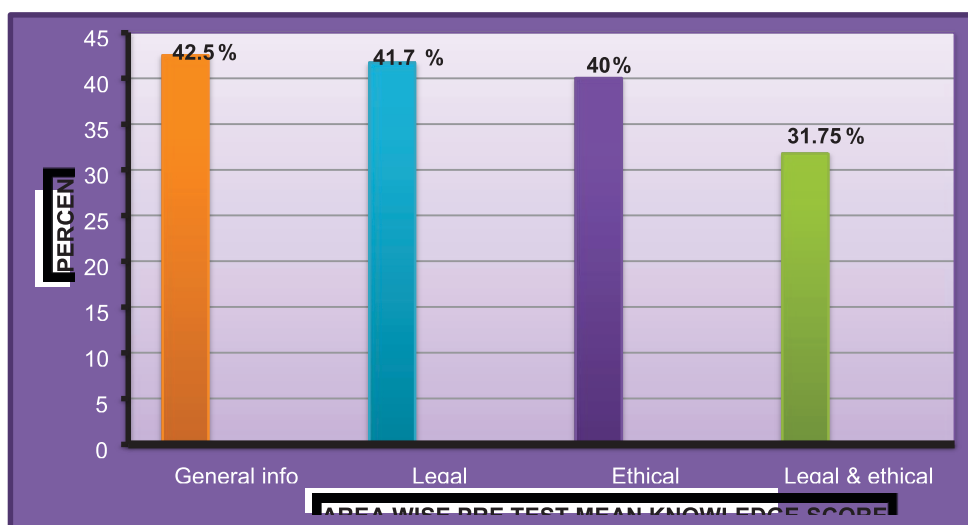


Figure 1 : Area wise pre -test mean knowledge score regarding Legal and Ethical aspects related to Obstetrical Nursing.

Table 9: Area wise post –test knowledge score of respondents regarding Legal and Ethical aspects related to Obstetrical Nursing.

Knowledge aspects	No. of Items	Mean	Mean %	Median	SD
1.General info	4	3.5	87.5	4.0	0.68
2.Legal	12	10.2	85.0	10.5	1.31
3.Ethical	15	12.4	82.7	12.5	1.50
4.Legal & ethical	4	2.33	58.25	2.0	1.06
Total	35	28.50	81.42	29	3.03

Table 10: Distribution of Respondents by level of Knowledge regarding Legal and Ethical aspects related to Obstetrical Nursing.

N=180

Knowledge level	Pre-test		Post-test	
	Frequency	Percent	Frequency	Percent
a. Inadequate knowledge (0-50%)	99	55%	00	0%
b. Moderate adequate knowledge (51-75%)	71	39.4%	70	38.9%
c. Adequate knowledge (76-100%)	10	5.6%	110	61.1%
Total	180	100%	180	100%

Table 11: Findings related to effectiveness of structured teaching programme regarding comparing pre and posttest knowledge score of respondents.

	Mean	Mean %	SD	Enhance-ment	Enhancement %	Df	t value	Inference
Pre test	14.16	30.46	7.21	14.34	40.96	179	30.48	S
Post test	28.50	81.42	3.03					

S = Significant

Preeti Sinha The results showed that of the 180 respondents, 44.5% were between the ages of 30 and 40, 61.1% were women, 38.9% were Muslims, 33.3% had five to ten years of experience, and 55.6% lived in rural areas. 38.9% of respondents cited books and journals as their primary source of information, and 50% reported having undergone in-service training. The mean knowledge score on the legal and ethical elements of obstetrical nursing was 14.16 ± 7.21 (40.46%) in the pre-test and 28.50 ± 3.03 (81.42%) in the post-test. Only 5.6% of respondents had adequate knowledge prior to the structured instruction program, while 55% had inadequate knowledge and 39.4% had fairly adequate knowledge. Following the program, 38.9% had relatively adequate knowledge, 61.1% had adequate knowledge, and none had deficient knowledge.

A statistically significant increase in knowledge was indicated by the mean knowledge score rising by 14.34 points (40.96%) and the computed t-value of 30.48 with 179 degrees of freedom. As a result, the responders' understanding of the ethical and legal facets of obstetrical nursing was enhanced by the structured instruction program.

DISCUSSION

The findings revealed that the majority of staff nurses were females (61.1%), aged 30–40 years (44.5%), and had 5–10 years of experience (33.3%). The overall pre-test knowledge score was 40.46%, indicating inadequate knowledge regarding the legal and ethical aspects of obstetrical nursing. After the structured teaching programme, the mean knowledge score increased to 81.42%, showing substantial improvement. The difference between pre-test and post-test scores was statistically significant ($t = 30.48$, $p < 0.05$), demonstrating the effectiveness of the programme. Significant associations were also found between pre-test knowledge and

age, gender, religion, professional experience, area of residence, and source of information, whereas no significant association was observed with in-service education.

CONCLUSION

The overall comparison of pre-test and post-test knowledge scores showed that the majority of respondents had adequate knowledge in the post-test. The enhancement in knowledge was 14.34 (40.96%) with a t-value of 30.48, and the research hypothesis H1 was accepted at the 0.05 level of significance. The study concludes that the structured teaching program was effective in improving the knowledge of staff nurses regarding legal and ethical aspects related to obstetrical nursing.

IMPLICATIONS

Nurses should create awareness regarding the code of ethics, ethical principles, legal issues and standards of nursing practice.

Nursing professionals need to improve and update knowledge regarding ethical principles and incorporate this knowledge in decision making in daily practice.

Nurses need to involve themselves more consciously in decision making during emergency conditions.

Nurse educators should emphasize legal and ethical issues, ethical principles, codes of ethics, guidelines and prevention of legal and ethical issues in patient care.

Nurse administrators should organize in-service education programmes and encourage nurses and health assistants to participate.

Education and administration should encourage nurses to read, discuss and conduct research on the code of ethics, INC standards, patients' rights and ethical principles.

RECOMMENDATIONS

On the basis of the findings of the study it is recommended that

- This study can be replicated in different settings with larger subjects.
- A comparative study can be done with private and government hospitals, urban and rural settings in nursing services.
- A similar study can be conducted on different health professionals to assess knowledge, and attitude towards ethical issues in patient care.
- Survey can be conducted to assess the number of legal and ethical issues in care of patients.

Conflict of interest: No

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