# **ORIGINAL RESEARCH**

# Nurses' knowledge of legal aspects of nursing practice in I badan, Nigeria

#### Modupe O. Oyetunde, Bola. A. Ofi

Department of Nursing, University of Ibadan, Nigeria

**Correspondence:** MODUPE. O. OYETUNDE. Address: Department of Nursing, University of Ibadan, Nigeria. Email: modupeoyetunde@gmail.com.

**Received:** June 3, 2012 **DOI:** 10.5430/jnep.v3n9p75 Accepted: July 15, 2012 Online Published: March 6, 2013 URL: http://dx.doi.org/10.5430/jnep.v3n9p75

## Abstract

Knowledge of law that establishes a profession is essential for the professional. Nurses practice within an environment in which accountability is demanded by the professional body as well as the communities they serve. This implies that the very nature of nursing practice requires nurses to be vigilant about understanding of the law. However, there is paucity of empirical evidence of nurses' knowledge of legal aspects of nursing. This paper presents a report of a survey of nurses' knowledge of legal aspects of nursing.

The descriptive study utilized a 39-item questionnaire developed by the researchers to gather information from 161 nurses from different categories of hospitals in Ibadan. A simple random technique was used in selecting respondents in each ward of the settings. Data were analyzed using descriptive statistics.

The sample consisted of 20 males (12.4%) and 141 females (87.6%) with varying years of experience. Nurses have knowledge of general law of the land (58.4%) but the majority had knowledge deficits of laws governing nursing practice (77.6%). About 57 %( 91) of nurses indicated that their hospitals have institutional policies that govern how nurses practice but only 50% knew the content and intent of the policies.

The hallmark of professionalism is accountability. The best way to practice nursing effectively is being highly knowledgeable about the science and art of nursing coupled with sound knowledge of the laws that establish; control and promote nursing practice. It is therefore recommended that the stake holders in nursing be more involved in ensuring adequate knowledge of legal aspects of nursing practice to achieve the Nursing goal of quality care.

### Key words

Nurses, Nursing practice, Legal aspects, Ibadan, Nigeria

## **1** Introduction

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles <sup>[1]</sup>. Nursing also includes the use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health

problems, and to achieve the best possible quality of life, whatever their disease or disability, until death <sup>[2]</sup>. Nursing involves the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human responses; and advocacy in health care for individuals, families, communities, and populations <sup>[3]</sup>. The nurse assists the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that s/he would perform unaided if s/he had the necessary strength, will or knowledge <sup>[4]</sup>.

Nursing practice varies both through its various specialties and countries; however, the authority for the practice of nursing is based upon a social contract that delineates professional rights and responsibilities as well as mechanisms for public accountability. In almost all countries, nursing practice is defined and governed by law, and entrance to the profession is regulated at the national or state level.

From all the perspectives of nursing above, it is evident that nursing is highly interactive. It then becomes an important necessity for the nurse to be aware of the legal aspects associated with caring and helping people in the health care industry today <sup>[5]</sup>. Unfortunately, more negligence cases are occurring <sup>[6-9]</sup> and in western societies, less people want to get into the health care field, fearing legal aspects and the inevitable law suits <sup>[10]</sup>.

The first nursing law created was that of North Carolina in the US (permissive licensure for nurses) in 1903 <sup>[11]</sup> and it has evolved and expanded over the years to become a thick book which every aspiring nurse must study today to understand their scope of practice.

This is because every nursing specialty has legal considerations/implications for the practitioner <sup>[12-15]</sup>. Apart from the interactions, documentation of such activities/interactions is very important. Documentation is legal tender for any nursing interaction and care. It is usually treated as a legal issue which the nurse must take very seriously <sup>[16, 17]</sup>.

In Nigeria, the regulation of nursing profession is by legislation and this is based on the code of ethics of the International Council of Nurses. The Professional Association of Trained Nurses of Nigeria succeeded in convincing the Nigerian government to regulate Professional Nursing by legislation as in other countries and the first law was in 1946<sup>[18]</sup>. The Nurses' Act was reviewed in 1970<sup>[19]</sup>. The Act translated the basic principles of the Nurses' code of ethics to enforceable rules of law. However this Act was reviewed and re-written in 1979 under the then Federal Military Government and is cited as the Nursing and Midwifery decree 1979<sup>[20]</sup>. It is also known as the Nursing and Midwifery Principal Act. The Act was further amended in 1988 and 1992 respectively<sup>[21]</sup>. The Decree established the Nursing and Midwifery Council of Nigeria and saddled it with the responsibility of regulating and controlling the practice of the profession in its entire ramification as put in paragraph (d) subsection 2 of section (1) of the decree <sup>[20]</sup>. In addition to the above, the Council is also to maintain discipline, establish and maintain a register of those entitled to practice the profession.

Employment as a nurse requires a nursing degree as well as knowledge of the Nursing laws that will apply should there be a misunderstanding or challenge by a patient or their family. Many hospitals are not willing to hire nurses without the legal knowledge now that legal issues are becoming more problematic <sup>[22]</sup>. In order to avoid liability and guard against negligence or malpractice suits, the nurse must be aware of the legal responsibilities of each aspect of the nursing role <sup>[23]</sup>. The primary goals of professional accountability in nursing are to maintain high standards of care and to prevent the patients from harm <sup>[24]</sup>. Nurses should be aware of and be responsible for each action taken, be able to defend their actions and be willing to accept the consequences of their actions. Personal accountability increases with the degree of autonomy, the higher the degree of autonomy, the greater the accountability. The public trust in a profession increases proportionately to the degree in which the professional members guard and protect the public's interest. Therefore it is imperative for nurses to be accountable to themselves for proper use of their knowledge and skill in providing care. The Tort Law is the aspect of the law that most nurses are more familiar with <sup>[25]</sup>. This is the law that involves malpractice and negligence cases. Basically a Tort is a wrongful act which produces harm, whether it is unintentional or intentional <sup>[25]</sup>. Malpractice is a specific type of Tort where the standards of care are not met. Common ground for torts is invasion of privacy; assault; *ISSN 1925-4040 E-ISSN 1925-4045*  battery; false imprisonment; fraud and defamation either as libel or slander. Nurses are affected by law as citizens; as employees and as service providers<sup>[26]</sup>.

As important as the law appears to be in nursing practice, experience in Nigeria has shown that nurses in the health care institutions (i.e. Primary, Secondary and Tertiary) behave as if they are above the law and carry out nursing care as they deem fit. They have created an environment of power relationship (i.e. superior-inferior relationship). A literature search revealed quite a lot of information on nursing and the law but no studies were found on nurses' knowledge of legal aspects of nursing.

Presently, in Nigeria, there is an ongoing campaign on the National Health Insurance Scheme (NHIS). This will further put demands on nurses because if the scheme is finally and fully embraced it will create room for litigation by the consumers of health care. It is against this background that it becomes imperative to find out what knowledge practicing nurses in Nigeria possess on legal aspects of nursing practice.

## Aim and objectives

The general aim of the study was to examine Nigerian nurses' knowledge of the legal aspects of nursing practice. To achieve this aim, the following objectives were pursued.

- Assess Nurses' knowledge of general law of the land.
- Examine Nurses' knowledge of law which establishes and governs nursing practice in Nigeria.
- Examine Nurses' knowledge of the functions of law in Nursing practice

# 2 Methodology

The study was a descriptive survey on nurses' knowledge of legal aspects of nursing practice in 4 settings. The choice of hospitals was informed by the ownership and types of services rendered by each of the hospitals. The hospitals were as follows: University College Hospital (UCH), Ibadan; Jericho Nursing Home (JNH), Jericho, Ibadan; Adeoyo Maternity Hospital, Ibadan; Ring Road State Hospital, Ring Road, Ibadan; Alaafia Hospital, Mokola, Ibadan; and Catholic Mission Hospitals, Oluyoro & Oke-Ofa. The study was intended to cover at least 30% of the 1,260 (target population) nurses who were in these settings. However, a total of 161 respondents' questionnaires were finally analyzed due to incomplete responses of the target population. This figure eventually constitutes 13% of the target population. A simple random sampling technique was employed in each ward at the various settings. One out of every three nurses whose names appeared on the duty roster was selected in each ward. A table of random numbers was used in selecting the nth nurse after the first nurses had been selected using the same instrument.

The survey instrument was a 39-item questionnaire designed by the researchers after a series of literature reviews. The questionnaire was divided into two major sections, A and B. Section A dealt with the socio-demographic characteristics of respondents and it consisted of 6 questions. Section B consisted of 33 questions addressing the three study objectives. Each item in section B was assigned one mark, this mean that the total obtainable score is 33. The instrument was pre-tested among twenty (20) nurses at the General Hospital Ogbomoso. The pre-test was followed by a test re-test after four weeks using the same sample and a correlation coefficient ratio r = 0.7 was obtained.

Ethical approval was obtained from the UI -UCH IRB. Permission to carry out the study was also obtained from each of the participating hospitals. Ethical issues such as informed consent: freedom to participate or not to participate; anonymity of person and confidentiality of information of participants were given due considerations and attention. At the individual level, participation was voluntary based on informed consent. There was 100% retrieval rate even though so many questionnaires were not completed thus limiting sample size. Data were analyzed descriptively using Statistical Package for the Social Sciences (SPSS) version 16.

# 3 Results

The below table shows the socio-demographic characteristics of respondents. The majority (87.6%) of the respondents were females thus reflecting the preponderance of women in nursing. The majority (87%) had more than five years of experience as nurses and only a few (8.1%) had a single nursing qualification as against the practice in Nigeria where a nurse should have additional qualification either as a registered midwife (RM) or registered in any other nursing specialty.

| Variables  | Male                             |   | Female                                 |  | Total                                  |  |  |
|--|----------------------------------|---|--|--|--|--|--|
| 1. Age   | NO                               | %   | NO                                     | %  | NO                                     | %  |  |
| < 30 yrs<br>31 - 40 yrs<br>41-50 yrs<br>> 50 yrs<br>Age- unknown               | 2<br>1<br>11<br>6<br>-           | 10.0<br>5.0<br>55.0<br>30.0                   | 12<br>49<br>51<br>24<br>5              | 8.51<br>32.75<br>34.17<br>17.02<br>3.55                | 14<br>50<br>62<br>30<br>5              | 8.70<br>31.06<br>38.51<br>18.63<br>3.1                 |  |
| Total 2. Religion  | 20                               | 100.0   | 141                                    | 100.0  | 161                                    | 100.0  |  |
| 2. Religion<br>Christianity<br>Islam<br>Others<br>Total                        | 11<br>9<br>-<br>20               | 55.0<br>45.0<br>-<br>100                      | 115<br>15<br>11<br>141                 | 81.6<br>10.6<br>7.8<br>100                             | 126<br>24<br>11<br>161                 | 72.3<br>14.9<br>6.8<br>100                             |  |
| 3. Marital status  | F                                | %   | F                                      | %  | F                                      | %  |  |
| Single<br>Married<br>Out of Marriage<br>Total                                  | 5<br>15<br>-<br>20               | 25.0<br>75.0<br>-<br>100                      | 33<br>103<br>5<br>141                  | 23.4<br>23.4<br>3.5<br>100                             | 38<br>38<br>5<br>161                   | 23.6<br>23.6<br>3.1<br>100                             |  |
| 4. Years of experience   |                                  |   |  |  |  |  |  |
| < 5 yrs<br>6-10 yrs<br>11-15 yrs<br>16-20 yrs<br>21-30 yrs<br>Unknown<br>Total | -<br>2<br>3<br>7<br>8<br>-<br>20 | -<br>10.0<br>15.0<br>35.0<br>40.0<br>-<br>100 | 21<br>14<br>34<br>35<br>42<br>5<br>151 | 14.89<br>9.93<br>24.11<br>17.73<br>29.79<br>3.5<br>100 | 21<br>16<br>37<br>32<br>50<br>5<br>161 | 13.04<br>9.94<br>22.98<br>19.88<br>31.06<br>3.1<br>100 |  |
| 5. Professional<br>Qualification   |                                  |   |  |  |  |  |  |
| RN only<br>RN, RM<br>RN with others<br>Total                                   | 6<br>-<br>14<br>20               | 30.0<br>-<br>70.0<br>100                      | 7<br>115<br>19<br>141                  | 5<br>81.5<br>13.5<br>100                               | 13<br>115<br>33<br>161                 | 8.1<br>71.4<br>20.5<br>100                             |  |
| 6. Work place  |                                  |   |  |  |  |  |  |
| Teaching hospital<br>State hospital<br>Mission hospital                        | 3<br>12<br>4                     | 15.0<br>60<br>20                              | 72<br>48<br>12                         | 51.1<br>34<br>8.5                                      | 75<br>60<br>16                         | 46.6<br>37.3<br>9.9                                    |  |
| Private hospital<br>Total  | 1<br>20                          | 5.0<br>100                                    | 9<br>141                               | 6.4<br>100   | 10<br>10<br>161                        | 6.2<br>100   |  |

 Table 1. Socio-Demographic Characteristics of respondents

| Characteristics of Variable tested | Good knowledge |      | Poor kno | Poor knowledge |     |     |
|------------------------------------|----------------|------|----------|----------------|-----|-----|
|                                    | NO             | %    | NO       | %              | NO  | %   |
| Law defined                        | 149            | 92.5 | 12       | 7.4            | 161 | 100 |
| Sources of law                     | 103            | 64   | 58       | 36.1           | 161 | 100 |
| Right to punish violation          | 147            | 91.3 | 14       | 8.7            | 161 | 100 |
| No Ignorance in law                | 133            | 82.6 | 28       | 17.4           | 161 | 100 |
| Public law                         | 38             | 23.6 | 123      | 76.4           | 161 | 100 |
| Common law                         | 10             | 6.2  | 151      | 93.8           | 161 | 100 |
| Administrative law                 | 52             | 32.3 | 109      | 67.7           | 161 | 100 |
| Criminal law                       | 33             | 20.5 | 128      | 79.5           | 161 | 100 |
| Civil law                          | 94             | 58.4 | 67       | 41.6           | 161 | 100 |
| Nursing Council (N&MCN)            | 31             | 19.2 | 130      | 80.8           | 161 | 100 |
| Statutory law                      | 45             | 28.0 | 116      | 72.0           | 161 | 100 |
| Tort law                           | 99             | 61.5 | 62       | 38.5           | 161 | 100 |
| Assault                            | 70             | 43.5 | 91       | 56.5           | 161 | 100 |
| Slander                            | 98             | 60.9 | 63       | 39.1           | 161 | 100 |
| Defamation                         | 85             | 52.8 | 76       | 47.2           | 161 | 100 |
| Negligence                         | 120            | 74.5 | 41       | 25.5           | 161 | 100 |
| Malpractice                        | 104            | 64.6 | 57       | 35.4           | 161 | 100 |
| Law from N&MCN                     | 26             | 16.1 | 135      | 83.9           | 161 | 100 |

#### Table 2. Respondents' knowledge of general law

The table shows that respondents have varying knowledge of the concept of law. However, respondents demonstrated poor knowledge in common law (93.8%); Nursing and Midwifery Council of Nigeria as an established administrative agency (80.8%); criminal law (79.5%); statutory law (72.0%); and Administrative law (67.7%).

| Characteristics                                 | Good knowledge |      | Poor knowledge |      | Total |     |
|---|----------------|------|----------------|------|-------|-----|
| Variables tested                                | NO             | %    | NO             | %    | NO    | %   |
| Legal foundation of nursing                     | 41             | 25.5 | 120            | 74.5 | 161   | 100 |
| Registration act                                | 136            | 84.5 | 25             | 15.5 | 161   | 100 |
| Years of Nursing & Midwifery decrees            | 14             | 8.7  | 147            | 91.3 | 161   | 100 |
| The principal Act                               | 47             | 29.2 | 114            | 70.8 | 161   | 100 |
| Schedule of the Act                             | 32             | 19.9 | 129            | 80.1 | 161   | 100 |
| Amendment of the Act                            | 22             | 13.7 | 139            | 86.3 | 161   | 100 |
| Awareness of Institutional policies             | 91             | 56.5 | 70             | 43.5 | 161   | 100 |
| Knowledge of contents of institutional policies | 81             | 50.3 | 80             | 49.7 | 161   | 100 |

Table 3. knowledge of law establishing Nursing in Nigeria

The above table shows respondents knowledge of law establishing nursing in Nigeria. The majority of the respondents had poor knowledge of the legal foundation of nursing in Nigeria while almost all respondent (91.3%) did not know the years the nursing and midwifery decrees were promulgated.

| Characteristic                                | Good knowledge |      | Poor knowledge |      | Total |     |
|---|----------------|------|----------------|------|-------|-----|
| Variable tested                               | NO             | %    | NO             | %    | NO    | %   |
| Protection of the society against malpractice | 114            | 70.8 | 47             | 29.2 | 161   | 100 |
| Framework for nursing actions                 | 115            | 71.4 | 46             | 28.6 | 161   | 100 |
| Delineation of nursing actions                | 66             | 41.0 | 95             | 59.0 | 161   | 100 |
| Ensures standard of practice                  | 134            | 83.2 | 27             | 16.8 | 161   | 100 |
| Protection of the professional nurse          | 55             | 34.2 | 106            | 65.8 | 161   | 100 |
| Regulation of inter professional interaction  | 126            | 78.3 | 35             | 21.7 | 161   | 100 |
| Enhancement of professionalism                | 120            | 74.5 | 41             | 25.5 | 161   | 100 |

#### Table 4. Function of law in Nursing

This table shows nurses' knowledge of the function of law in nursing. Respondents showed good knowledge in the following areas: standards of practice (83.2%); regulation of inter professional interaction (78.3); enhancement of professionalism (74.5); framework for nursing actions (71.4); and protection of the society against malpractice (70.8%).

| Characteristics                         | Good knowledge |      | Poor kn | Poor knowledge |     |     |
|---|----------------|------|---------|----------------|-----|-----|
| Variables                               | F              | %    | F       | %              | F   | %   |
| Knowledge of general law                | 94             | 58.4 | 67      | 41.6           | 161 | 100 |
| Knowledge of law governing nursing      | 36             | 22.4 | 125     | 77.6           | 161 | 100 |
| Knowledge of function of law in nursing | 127            | 78.9 | 34      | 21.1           | 161 | 100 |

**Table 5.** Summary of result of the study

This table shows the summary of the results of the study. About 58.4% of respondents demonstrated good knowledge of general law while 78.9% had good knowledge of the function of law in nursing. Poor knowledge of law governing nursing was demonstrated by 77.6% of the respondents.

## 4 Discussion

This study was designed to elicit how much nurses know about the laws that affect their practice. The discussion will be treated according to the objectives of the study

## 4.1 Knowledge on general law

The law affects the nurse in many ways and ignorance is not an excuse in law. In the summary of this section of the study, about 58.4% of the respondents have knowledge of the general law of the land; while 41.6% have knowledge deficit on general law. However, the various scores on the variables tested are shown in Table 2. If more nurses are knowledgeable about the laws of the land and apply them, there will be little or no problems in nursing practice since laws guide human conduct <sup>[27]</sup>. Though there are various claims that nurses are not assertive enough to influence legislative process in favour of nursing <sup>[28]</sup> with this result, one is hopeful that since the majority know the law of the land, the next step is for nurses to strive towards influencing legislation in favour of nursing profession.

In the U.S., many pleas have gone to nurses to be politically inclined to vote for people who have the interest of nursing in mind and also to be voted for. This is done because the law enacted by the legislators become the laws of the land and such is binding on every citizen including nurses. It is important also to state here that the percentage of those who have knowledge deficits about the law of the land is very high and this confirms the observations of other scholars <sup>[29, 30]</sup>.

## 4.2 Law governing nursing practice

One expects a professional to have vast knowledge of the laws that governs his or her practice. The Nigerian situation shows clearly that this is not so. Adelowo <sup>[18]</sup> asserts that the backbone or taproot of any profession is the law that establishes and governs it. Probably, if nurses were interested and knowledgeable about this law, or being able to understand the intent of the laws, nursing would have achieved a great deal more than it has in Nigeria. In a situation where about 77.6% have significant knowledge deficits, one is apt to think that such topics were not duly emphasized in the nursing school curriculum. However, with reference to the result of knowledge of general law of the land, one expects that more nurses should have knowledge of laws governing nursing practice.

One of the most important safe tools against litigation is strict adherence to the institutional policy. The study shows that only 56.5% claimed that their institutions have policies. This result creates a concern about nurses' vulnerability to litigation and could justify the increase in malpractice litigation. If there are no policies or where the policies are not known or well understood, the nurses may not know what to do in particular circumstances and this will affect their decisions and jeopardize the care of clients. Protection against malpractice begins by understanding terms and concepts

that are essential in instituting legal action against the nurse and incorporating the appropriate risk reduction practices into daily practice <sup>[31]</sup>.

## 4.3 Knowledge of functions of law in nursing

Law has been described as that which guides human conduct <sup>[27]</sup>. The study result (see Table 4) shows that about 90% of the nurses know the functions of law in Nursing. Nursing care involves great interaction and the ethics of nursing stressed the need to respect individuals for whom they are, keep information confidential and always act to protect the clients. This may account for why there is good knowledge of function of law in nursing. This could further explain the low rate of malpractice litigation in Nigeria. When a nurse knows the function of law in nursing, abides by the code of conduct for nurses, and then s/he is bound to practice safely. Although it has been argued that ethical codes are not law, if they are not observed, it may result in situations where the client may seek redress in the law court. In most cases, the professional tribunal uses the ethical code and standards of practice as the basis for which a professional is liable to disciplinary acts or not, but when they fail such is referred to the law court.

## 5 Conclusion

This study surveyed nurses' knowledge of legal aspects of nursing practice; it presented the results and discussed the findings. The results showed that Nigerian nurses have varying knowledge of the legal aspects of nursing. Essentially, there were knowledge deficits on laws that govern nursing practice and the various hospital or institutional policies among the nurses under study. The results of the study imply that Nigerian nurses have left what should be the foundation stone and built on a weak structure. There is no way one can practice nursing effectively without being knowledgeable on the laws that establish, control and promote nursing practice. A nurse with sound knowledge of the legal aspects of nursing will remain an asset to the profession.

# 6 Implications for nursing

Nursing practice is highly interactive; hence it's increasing vulnerability to litigation. In a related concept, nursing's quest for quality care, patients' satisfaction and dignifying care implies that the profession ensures that members are knowled-geable on their rights and privileges, patients' clients' rights; and conformation to the standards of practice. This becomes very important because every individual wants his/her rights protected and would do anything should such be infringed upon. With the advent of new technology, changing state and federal laws, and new court decisions, the ethical and legal issues nurses will encounter when taking care of patients will not remain the same. Continuing education will be essential if nurses are to remain current, lower their malpractice liability, and deliver quality care. This is even more important in this era of multinational nursing practice resulting from recruitment of nurses from different parts of the world as part of the efforts to reduce nurse-shortage. It is with the achievement of litigation–free service that nursing practice can be seen to be achieving its purpose in society.

# 7 Recommendations

In view of the findings of this study, the investigators recommend the following:

- 1) Emphasis should be placed on legal aspects of nursing in the first year of nursing education and much attention should be paid to its understanding.
- 2) Nurses should participate in Continuing Education Programmes Organised by the Professional body for retraining on contemporary issues in Nursing such as legal aspects of nursing.

## References

- International Council of Nurses (ICN) Definition of Nursing © 2011. Available from: http://www.icn.ch/about-icn/icn-definition-of-nursing updated 2010 retrieved 10/2/2012
- [2] Royal College of Nursing UK. Available from: http://www..rcn.org.uk.definingnursing. 2003.
- [3] American Nurses Association (ANA). Considering nursing. Available from: http://www.nursingworld.org retrieved 10/2/2012
- [4] Henderson V. A. Contemporary Nurse. Available from: http://www.contemporarynurse.com/archives/vol5/issue3/article/3027 retrieved 10/2/2012
- [5] Tingle J, McHale J. Specialist healthcare law for nurses: an introduction. Br J Nurs. 2009; 18(1): 38-9. PMid:19127230
- [6] Mendelson D. Australian tort law reform: statutory principles of causation and the common law. J Law Med. 2004; 11(4):492-509. PMid:15214134
- [7] Tingle J. Clinical negligence and the need to keep professionally updated.Br J Nurs. 2002; 11(20): 1304-6. PMid:12476139
- [8] Dunn PA, Gies ML, Peters MA. Perinatal litigation and related nursing issues. Clin Perinatol. 2005 Mar; 32(1): 277-90, ix-x. PMid:15777833 http://dx.doi.org/10.1016/j.clp.2004.11.001
- [9] Ryan M. Medical malpractice: a review of issues for providers. Hematol Oncol Clin North Am. 2002 Dec; 16(6): 1331-50. http://dx.doi.org/10.1016/S0889-8588(02)00061-8
- [10] Büken NO, Büken E. The legal and ethical aspects of medical malpractice in Turkey. Eur J Health Law. 2003 Jun; 10(2): 201-13. PMid:14635460 http://dx.doi.org/10.1163/092902703769681623
- [11] Dahanayake C. The nurse and the law (Part 1).Med Law. 1991; 10(3): 249-67. PMid:1943511
- [12] Lowrey KM. Legal and ethical issues in cancer genetics nursing. Semin Oncol Nurs. 2004; 20(3): 203-8. PMid:15491030 http://dx.doi.org/10.1053/j.soncn.2004.04.007
- [13] Brenner RJ. Breast cancer evaluation: medical legal issues. Breast J. 2004 Jan-Feb; 10(1): 6-9. PMid:14717753 http://dx.doi.org/10.1111/j.1524-4741.2004.09512.x
- [14] Matzo ML, Sherman DW, Nelson-Marten P, Rhome A, Grant M. Ethical and legal issues in end-of-life care: content of the End-of-Life Nursing Education Consortium curriculum and teaching strategies. J Nurses Staff Dev. 2004 Mar-Apr; 20(2): 59-66. PMid:15071336 http://dx.doi.org/10.1097/00124645-200403000-00001
- [15] Bennett RG, O'Sullivan J, DeVito EM, Remsburg R. J The increasing medical malpractice risk related to pressure ulcers in the United States Am Geriatr Soc. 2000 Jan; 48(1): 73-81.
- [16] Teytelman Y. Effective nursing documentation and communication Semin Oncol Nurs. 2002 May; 18(2): 121-7. PMid:12051163 http://dx.doi.org/10.1053/sonu.2002.32509
- [17] Frank-Stromborg M, Christensen A, Do DE. Nurse documentation: not done or worse, done the wrong way--Part II. Oncol Nurs Forum. 2001 Jun; 28(5): 841-6. PMid:11421143
- [18] Adelowo, E. O. 1989 The Nursing Profession in Nigeria, Ikeja, Lagos Lantern Books
- [19] Babajide, O. 1991 A Decade of the Nursing and Midwifery Council in Nigeria in the Web of Government Decrees (1979-89) Ibadan: New Era Nursing Image Publications
- [20] Law of the Federation of Nigeria 1979
- [21] Law of the Federation of Nigeria 1992. The Nursing and Midwifery Amendment Act
- [22] Croke EM. Nurses, negligence, and malpractice. Am J Nurs. 2003 Sep; 103(9): 54-63. PMid:14501474 http://dx.doi.org/10.1097/00000446-200309000-00017
- [23] Weld KK, Garmon Bibb SC Concept analysis: malpractice and modern-day nursing practice. Nurs Forum. 2009 Jan-Mar; 44(1):
   2-10. PMid:19187048 http://dx.doi.org/10.1111/j.1744-6198.2009.00121.x
- [24] Tingle J. An introduction to clinical negligence: nurses and the law. Br J Nurs. 2002; 11(15):1033-5.
- [25] Ganschow JR. Introduction to the law.Semin Oncol Nurs. 2002 May; 18(2):99-104. PMid:12051170 http://dx.doi.org/10.1053/sonu.2002.32506
- [26] Winck DR, Brüggemann OM. Legal responsibilities of the nurse in obstetrical nursing Rev Bras Enferm. 2010; 63(3): 464-9. PMid:20658084 http://dx.doi.org/10.1590/S0034-71672010000300019
- [27] Ashton, R. W. 1987 Legal and ethical issues. In: Vestral, K. W. (Ed) Management concept for the New Nurse, Philadelphia, J. B. Lippincott Company, 271 – 301.
- [28] Vosburgh, M. A. 1987. Licensure, Legislation and Health Policy in Vestral, K. W. (Ed). Management Concept for the New Nurse, Philadelphia, J. B. Lippincott Company. 241 – 258
- [29] Fabayo, O. 1989. Legislation of Nursing in Nigeria (An unpublished paper)
- [30] Christensen A. Legal issues of Brazilian hyperbaric nursing: why regulate? Semin Oncol Nurs. 2002 May; 18(2):86-98. PMid:12051169 http://dx.doi.org/10.1053/sonu.2002.32505
- [31] Nepps ME. The basics of medical malpractice: a primer on navigating the system. Chest. 2008 Nov; 134(5): 1051-5. PMid:18988780 http://dx.doi.org/10.1378/chest.08-0186