

NURSES' PERCEPTIONS REGARDING ETHICO-LEGAL TRAINING IN GHANA

by

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submitted in accordance with the requirements

for the degree of

MASTER OF ARTS

in

NURSING SCIENCE

at the

UNIVERSITY OF SOUTH AFRICA

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JUNE 2017

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DECLARATION

I declare that **NURSES' PERCEPTIONS REGARDING ETHICO-LEGAL TRAINING IN GHANA** is my own original work, and that all the sources that I have used or quoted have been duly acknowledged and referenced as per university requirements, and that this work has not been submitted before for any other degree at any other institution before.



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ABSTRACT

The purpose of the study was to examine the perceptions of nurses regarding ethico-legal training in Ghana. The study further determined whether there were any discrepancies regarding ethico-legal training of nurses in Ghana, using six hospitals in the Upper West Region (Province).

Data were collected through a quantitative, cross sectional research design. Out of 150 people constituting the study population, a sample size of 110 respondents was drawn. A self-developed questionnaire was used to collect data. Nurses who have been in practice for at least five years answered the questionnaires. The convenience sampling technique was found to be appropriate for this study. The Statistical Package for the Social Sciences (SPSS) was used to analyse data. The findings revealed that although ethico-legal topics were contained in the nursing training curriculum, majority of nurses did not receive teaching/training on them, making nurses vulnerable to litigation.

Keywords

Ethico-legal practices; perceptions; professional nurses; training curriculum.

ACKNOWLEDGEMENTS

I would like to appreciate the following who in many ways contributed to this study:

- I acknowledge the Almighty God for the protection and guidance throughout the compilation of this study.
- My profound gratitude goes to all the institutions and committees that have assisted me in different ways to make this work a success.
- My sincere thanks go to the respondents for accepting to contribute to the study. Their responses have helped reveal gaps regarding ethico-legal training in nursing practice in Ghana.
- I am indebted to my supervisor, Dr Rose Mmusi-Phetoe, for her patience, guidance and encouragement throughout the process of writing this dissertation.
- I am also grateful to the authors and publishers of the books and articles I used for my literature review.
- My special acknowledgement goes to my family for the love and support I received to enable me accomplish this mission.

Dedication

This project work has been dedicated to my former Principal, Mr Walter D Mwinbo who inspired me to pursue higher education and my family for the support given me to complete this study.

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LIST OF ABBREVIATIONS

ANA	American Nurses Association
BON	Board of Nursing
CAN	Canadian Nurses Association
CHRAJ	Commission of Human Rights and Administrative Justice
GHS	Ghana Health Service
ICN	International Council of Nurses
KNUST	Kwame Nkrumah University of Science and Technology
LI	Legislative Instrument
MOH	Ministry of Health
N&MC	Nurses and Midwives' Council
NCSBN	National Council of State Boards of Nursing
NHLBI	National Heart, Lung and Blood Institute
NHS	National Health Service
NPA	Nurse Practice Act
NRCD	National Redemption Council Decree
Sa	Sine anno
SANC	South African Nurses Association
SPSS	Statistical Package for the Social Sciences
UNISA	University of South Africa
USA	United States of America
WHO	World Health Organization

CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

It is an undeniable fact that nurses make decisions everyday that must take into account laws and ethical standards. The International Council of Nurses [ICN] (2012:6) states that nurses have the mandate of providing care that respects human rights and is sensitive to the values, customs and beliefs of people. The association has added that providing continuing education in ethical issues is an element in nursing practice.

Ethics is the science of right conduct; a system of rules or principles governing the conduct of a professional group planned by them for the common good of man (Gupta & Gupta 2015:318). It is considered as an essential element of all health care professions including nursing. Thus, it has a central role in nurses' moral behaviour toward patients (Dehghani, Mosalanejad & Dehghan-Nayeri 2015:16).

The International Council of Nurses (ICN) (2012:1) and the Code of Ethics for Nurses provides a framework within which nurses can make ethical decisions and fulfil their responsibilities to the public, to other members of the health team and to the profession. The four fundamental responsibilities of nurses according to the ICN preamble are: to promote health, to prevent illness, to restore health and to alleviate suffering (ICN 2012:1). It is important to ascertain whether student nurses receive adequate knowledge on these fundamental responsibilities especially in developing countries like Ghana.

The Code of Ethics of the Ghana Health Service (GHS) (2015:1) states that "the service shall be manned by persons of integrity, trained to a high standard to deliver a comprehensive equitable service for the benefit of patients/clients and society as a whole". This implies, as part of their training, that student nurses must receive adequate understanding of the ethical responsibilities before moving into the practical field.

Failure to meet the ethical standards in the discharge of duty predisposes the nurse to legal consequences. Legal practice implies doing something, which is required to be done

only by those who have the necessary training and expertise in the law (Law Institute of Victoria 2012:1). The legal implications of nursing practice are tied to licensure, state and federal laws, scope of practice and a public expectation that nurses practice at a high professional standard. The nurse's education, license and nursing standard provide the framework by which nurses are expected to practice. When a nurse's practice falls below acceptable standards of care and competence, this exposes her or him to litigation (National Commission on Correctional Health Care 2011:17).

The Canadian Nurses' Association (CAN) (2011:2) states that the ability of nurses to engage in ethical practice in everyday work and to deal with ethical situations, problems and concerns can be the result of decisions made at a variety of levels - individual, organisational, provincial, national and international. For all contexts and levels of decision-making, the code offers guidance for providing care that is congruent with ethical practice.

The public sometimes doubts the training background of a nurse whose practice falls below their expectations. Cavaye and Watts (2014:2) conducted a study in the United Kingdom (UK) and postulated that several reports pointed to inadequacies in knowledge, skills and education of nurses. Nurses who received quality training on ethics, tend to render quality nursing care to clients than those with poor training background. Osingada, Nalwadda, Ngabirano, Wakida, Sewankambo and Nakanjako (2015:8) added that whereas nursing ethics is critical to the quality of nursing care and guide nursing practice, little has been documented about nurses' knowledge in ethics, their formal and in-service ethics training in developing countries.

This study attempts to ascertain facts concerning the nature of ethical and legal training imparted on the nurse trainee. The training and retraining of nurses on ethico-legal issues in Ghana seems not to form managerial policies in the health institutions. In-service ethical training updates nurses on their ethical obligations.

Nurses are legally and ethically obligated to provide safe, competent care. Unfortunately, the nurses' focus is not always on patient respect, dignity, and well-being (Albina 2016:75). This focus could lead to medical or professional malpractice. Morales (2012:1) defines medical malpractice as a professional negligence by the hospital or its staff

(physicians, nurses or other health care professionals) whose actions have caused emotional, physical and monetary damage to a patient under care.

Dehghani et al (2015:16) added that nurses have poor attachment to professional ethics. Probably because of work pressure, some nurses contribute to ethical problems and patients' rights violations rather than preventing or resolving them (Erdil & Korkmaz 2009 cited in Albina 2016:75).

For example, in 2014 it was reported that three women could not find their alleged still-born babies from the Komfo Anokye Teaching Hospital in Ghana which led to the immediate suspension of a medical officer and two midwives for the roles they had played in the controversial missing babies' saga (Tawiah 2014:1).

Also in 2012, Los Angeles County the Board of Supervisors agreed to pay \$4.5 million to a man (Justin Malone) left paralysed after treatment at LA County/USC Medical Center due to delay in providing care (Merl 2015:1). This suggests an ethical lapse among these health professionals.

A study conducted In California, by Albina (2016:75) discovered that Incidents of verbal and physical patient abuse in health care settings continue to occur, with some making headline news. It is the mandate of the training institution to instill ethical discipline into the nurse trainee to help curb such patient's abuses. The ICN emphasises that nurses should provide care that is respectful of human rights and is sympathetic to the varied customs and beliefs of all people (ICN 2006 cited in Albina 2016:75).

A study conducted in Uganda regarding nurses' knowledge in ethics revealed that high disease burden, coupled with scarcity of health care resources present complex ethical issues for nurses working in developing countries such as Uganda, hence nurses encounter ethical challenges almost daily (Osingada et al 2015:8). Jie (2015:408) and Zahedi, Sanjari, Aala, Peymani, Aramesh, Parsapour, Bagher Maddah, Cheraghi, Mirzabeigi, Larijani, and Vahid Dastgerdi (2013:1) agree that nurses are undoubtedly confronted with various ethical challenges or dilemmas in their professional practice while responsible for providing their clients/patients with the high-quality care.

In countries, such as South Africa, a move has taken place in the delivery and “consumption” of health care where if clients and patients hold the opinion that the health care providers' behaviour has had a negative effect or outcome on them, they may lodge a complaint with the relevant health professional regulatory body (Nortje & Hoffmann 2015:46). Some of these negative behaviours of nurses include intentional and unintentional torts such as negligence of duty, malpractice, battery and assault.

In retrospect to the training background of nurses, studies conducted in Nigeria, Kenya and USA (Akenbor & Ibanichuka 2014:22; Maina, Oracha & Indoshi 2011:957; Tessema, Ready & Yu 2012:36) respectively outline curriculum contents, quality and medium of instruction as factors influencing students' academic performance. Inadequate ethico-legal curriculum contents coupled with poor teaching strategies or inadequate knowledge of the instructor may contribute to poor academic performance leading to poor nursing practices and violation of patient's rights.

Zahedi et al (2013:3) advise that nurses should be familiar with ethical codes of conduct and the essentials of ethical decision-making. However, the ethical and legal contents in the nursing curriculum in Ghana seem to be inadequate to enable student nurses understand and make effective ethical decisions to avoid legal issues against them in their nursing practice.

In addition, the knowledge level and skills of the health educator mandated to impart ethical and legal issues into nursing students is doubtful. Ethical standards in nursing practice are falling, while clients are becoming more aware of their legal rights to health care. The researcher thus deemed it necessary to conduct the study to ascertain these uncertainties.

1.2 STATEMENT OF THE RESEARCH PROBLEM

Legal education is typically not taught to any significant extent in nursing schools, yet many nurses want to know more about this topic and what is expected of them (Mathes & Reifsnnyder 2015:261). Being involved in a lawsuit can be a very stressful experience and nurses often feel poorly supported. A charge of negligence against a nurse can arise

from unintentional failure to adhere to a standard of nursing practice and lead to a malpractice lawsuit.

For example, in Scotland, a children's nurse who stole insulin and injected herself when she was meant to be looking after sick babies was struck off the Nursing and Midwifery Council's Register (Griffith & Tegnah 2013:6). In Ghana, two midwives at the Komfo Anokye Teaching Hospital were suspended for the roles they played in a controversial missing baby saga that rocked the hospital in 2014 (Tawiah 2014:1).

Another incidence in Ghana is the story of Dzifa Agborfortsi, 27 years, who died delivering her second baby. She was left unattended and ended up delivering her baby right onto the concrete floor of a District Hospital in the Volta region. She was further neglected by the hospital staff, resulting in her death a few days afterwards (Adotevi 2011:1).

Assessment of the current nursing education curriculum in Ghana reflects inadequate coverage of legal issues (Nursing & Midwifery Council of Ghana 2007 and revised edition 2015). This has the potential of exposing the nurses to the risk of litigation as the curriculum does not equip and support the nurses to stand firm against the possible lawsuits due to malpractice.

Even though the Nursing and Midwifery Council (N&MC) of Ghana in 2016 organised a Tailor-Made Training on legal issues in nursing for nurse managers, principals and some health tutors, the contents of the current training curriculum (the 2015 edition) on ethico-legal issues remain same (N&MC 2016:7). What is not known is how professional nurses perceive the adequacy of the training they received in ethico-legal aspects. Hence this state of affairs justifies the need for this study.

1.3 RESEARCH AIM/PURPOSE

The purpose of the study was to examine the perceptions of professional nurses on ethico-legal practices in Ghana.

1.4 RESEARCH OBJECTIVES

The following are the key objectives of the study:

- To explore and describe professional nurses' views regarding the ethico-legal content in the nursing curriculum in Ghana.
- To make recommendations for a nursing curriculum that includes appropriate ethico-legal practices to prepare nurses adequately.

1.5 RESEARCH QUESTIONS

Arising from the above-mentioned objectives are these research questions:

- What are the perceptions of professional nurses regarding ethico-legal training in Ghana?
- What recommendations can be made to adequately cover ethico-legal aspects in nursing training colleges?

1.6 SIGNIFICANCE OF THE STUDY

Understanding the perceptions of nurses on ethico-legal training will assist the nurse educators in the evolutionary development of ethics and legal education within the nursing curriculum. It will also evaluate, from their perspective, the quantum of the ethico-legal practices in the training curriculum in nursing.

1.7 DEFINITIONS OF KEY CONCEPTS

Ethico-legal practice: Ethics is defined as the science of right conduct; a system of rules or principles governing the conduct of a professional group planned by them for the common good of man (Gupta & Gupta 2015:318), while legal practice is defined as doing something which, in order that the public might be adequately protected, is required to be done only by those who have the necessary training and expertise in the law (Law Institute of Victoria 2012:1).

Law: Law is defined as “the sum of rules and regulations by which the society is governed” (Belal 2011:1). The law exists to regulate all persons.

Perceptions: Perceptions refer to seeing things from a specific frame of reference, worldview or theory (Burns & Grove 2009:68 cited in Motlatsi 2013:4).

Professional nurses: These are individuals with prolonged training and formal qualification expected to display competent and skillful behaviours in alignment with their profession (Gokenbach 2012:2).

Training curriculum: Curriculum refers to the means and materials with which students interact to achieve identified educational outcomes (Ebert, Ebert & Bentley 2013:1).

1.8 OPERATIONAL DEFINITIONS

Ethico-legal training: In this study, ethico-legal training refers to knowledge, skills, attitudes imparted in basic training to enable execution of nursing duties safely.

Professional nurses’ perceptions: In this study, perceptions refer to world views, understandings and opinions nurses have regarding the ethico-legal training they received.

1.9 STRUCTURE OF THE DISSERTATION

This dissertation has five chapters that are organised as follows:

Chapter 1 forms the introduction/background, which addresses the statement of the problem, aims of the study, significance of the study, the research questions and objectives.

Chapter 2 presents the literature review that will be used to inform analysis of data and information gathered. Learning points from case studies on ethico-legal practices and implications on the nursing profession are presented in this chapter.

Chapter 3 focuses on the methodology implored to gather data from the professionals in the five hospitals in Ghana.

The results and findings are presented in Chapter 4 while Chapter 5 discusses the conclusions and recommendations.

1.10 CONCLUSION

Chapter 1 gave introduction and background to the study. The importance of ethics as the science that regulate the conduct, rules and principles of the nursing professions are discussed. This chapter further outlined implications for failure to meet the ethical prescriptions hence the importance of training in ethics which seem to be inadequately covered in the current nursing training curriculum in Ghana. This chapter highlighted the need to solicit views from the professional nurses on how they perceive the adequacy of training they received in ethico-legal aspects. It ends with presentation of the structure of the dissertation. The next chapter, Chapter 2 will present the related literature that has been reviewed for this study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Literature review involves reviewing documents that have been published comparable to the topic under study. Terre Blanch, Durrheim and Painter (2007) cited in Magerman (2011:4) state that a literature review puts a research project into context by showing how it fits into a particular field of study. The literature review for this study covers ethical and legal aspects in nursing. The information was derived from books, journals, articles and the internet as indicated below.

2.2 ETHICAL ASPECTS IN NURSING

According to the Canadian Dental Hygienists' Association (2012:1), ethics is the study of moral values and moral reasoning. Ethical codes are formal statements that guide members of a profession in their obligations to clients, colleagues, the larger society, and to global health. Bjarnason and LaSala (2011:23) also state that ethical practices, values, and principles are the foundation on which moral action and moral decision making in professional practice are based.

Stevenson (2015:11) has added that the ethics of nursing is the correct professional behaviour of every nurse which includes respect for others, attitudes towards others and ways of addressing others. Nursing profession requires knowledge of ethics to guide performance.

Zakaria, Sleem and Seada (2016:126) state the principles of ethics as: respect for persons/autonomy, beneficence, non-maleficence, fairness, veracity, fidelity and confidentiality. Non-maleficence is acting in ways that do not inflict evil or cause harm to others, beneficence is acting in ways that promote good, veracity is the principle of truth telling, fidelity broadly requires that we act in ways that are loyal and justice requires that we act in ways that treat people equitably and fairly. Clients expect the above from nurses.

According to the American Nurses Association (ANA) (2015:1), Code of Ethics, Florence Nightingale was of the belief that a nurse's ethical duty is first and foremost to care for the patient, and this precept underpins every discussion of ethics in nursing. To care for the patient, the ICN (2012:1) states four fundamental responsibilities for nurses, which are: to promote health, to prevent illness, to restore health and to alleviate suffering. Nurses are expected to maintain these fundamental responsibilities.

The Canadian Nurses Association [CAN] (2011:1) also says that the ability of nurses to engage in ethical practice in everyday work and to deal with ethical situations, problems and concerns can be the result of decisions made at a variety of levels - individual, organisational, provincial, national and international. Any unethical decision made at these levels violates the ethical rules of the profession and may affect the care of the patient.

A study conducted in Nigeria by Aliyu, Adeleke, Omoniyi, Samaila, Adamu and Abubakar (2014:32) acknowledges that the nursing profession is guided by both ethical and legal principles, which are the tools for professional discipline which give the nurse a broad idea of what is expected of him/her as he/she moves from the protective ambience of school into the practical field. Nurse trainees are expected to receive adequate training on ethico-legal practices as a guide in their practice after completion of school.

From a moral and philosophical perspective, nursing ethics incorporates critical thinking and logical reasoning in clinical practice based on values (Dehghani et al 2015:16). Student nurses should be guided to develop their critical thinking capabilities and logical reasoning to instill standard of care to clients after training.

Aliyu et al (2014:32) state that social changes such as the right to health care, increasing cost of health care and conflicting institutional policies create ethico-legal problems for nurses. Zakaria et al (2016:125) added that daily ethical issues in nursing practice attract little attention but can create stress for nurses. An ethical issue can occur in any health care situation where profound moral questions of "rightness" or "wrongness" underlie professional decision-making and the beneficent care of patients.

The Global Competency Model of the World Health Organization (WHO) emphasises professional behaviour in accordance with health care ethics and values (Zakaria et al 2016:126). Nursing is guided by human rights, health care legislation and ethical guidelines in nursing. Stevenson (2015:25) has added that all nurses have certain legal obligations which include: legislation concerning all citizens in the country, requirements of the Nursing Act and regulations of the professional body such as the South African Nursing Council (SANC) or the N&MC of Ghana.

Kalaitzidis and Schmitz (2011:111) state that, teaching ethics to nursing students raises important questions about the content, the method of teaching and the complete relevance to the nursing students' future as practicing registered nurses. A study conducted in Egypt by Zakaria et al (2016:126) have concluded that although nursing schools have become more concerned with the ethical development of their students, education has not reflected reality and does not prepare newly qualifying nurses to deal effectively with a variety of ethical situations in the health care setting.

Turkmen and Savaser (2015:5) conducted a study in Iran and found that majority of nurses wanted to learn about ethical codes. For this reason, these researchers recommended that nurses working in clinics and nurse trainees be informed of the appropriate ethical behaviour and codes. This beckons the need for student nurses to receive adequate knowledge on ethics.

The research findings of Dehghani et al (2015:22) have shown that both internal and external factors affect professional ethics in clinical practice. External factors include instructors, administrators, health care providers, education, and culture. A study conducted in Kenya by Maina et al (2011:956) also identified curriculum factors such as content coverage and methods of teaching as factors affecting students' academic performance. The findings indicated that the ethico-legal content in the nursing training curriculum and the teaching/learning strategies can affect student nurses' understanding and practice of ethico-legal issues.

Rodmell (1988) cited in Dehghani et al (2015:22) suggest that a curriculum is an effective factor in shaping people's attitude and increasing their knowledge. It is also a framework to discuss and criticise the ethical issues. Inclusion of ethical issues in the curriculum is

an appropriate way to be assured of increased ability to solve ethical dilemmas as well as improve ethical judgment. In order to provide skilled nursing care, professional nurses must be educated and trained to master certain skills and be knowledgeable about the science of nursing. Nursing students need the appropriate knowledge and skills to enable them deliver safe and competent care to their patients (Magerman 2011:1).

Dehghani et al (2015:16) proposed that health care settings are changing rapidly nowadays. Thus, nurses are facing ethical challenges in health care that put them at risk of ethical conflict. Although meeting the requirements of professional ethics in patients' care is essential, studies revealed that standards of professional ethics are not observed in nursing practices. For example, a study conducted in South Africa by Nortje and Hoffmann (2015:50) found that most fraudulent misconduct involved fraudulent medical aid claims where claims are levied for services not rendered or where inappropriate codes were linked to specific procedures with the resultant higher medical aid claim. This type of fraudulent conduct results in indirect harm to the client/patient (i.e. a transgression of the ethical principle of non-maleficence) where the affected persons' medical aid benefits are put at risk of not covering future potential claims when their available funds are depleted (Ogubango & Knapp van Bogaert 2014 cited in Nortje & Hoffmann 2015:50).

According to the Code of Professional Conduct of the Nursing and Midwifery Council [N&MC] of Ghana (2011:3), a registered nurse or midwife shall be accountable for his/her professional practice; he/she shall be answerable for his/her actions and omissions regardless of advice or directions from another professional, have a duty to care for the clients and their relatives and must adhere to the laws of Ghana as enshrined in the constitution. This suggests that a registered nurse or midwife must not only understand the professional code of conduct, but also the Constitution of Ghana. Nurses stand a better chance of avoiding legal actions initiated against them if they understand and practise the ethical principles in the profession.

2.3 LEGAL ASPECTS IN NURSING

The practice of nursing is a right granted by a state to protect those who need nursing care, and safe, competent nursing practice is grounded in the guidelines of the State Nurse Practice Act (NPA), and its rules. All nurses have a duty to understand their NPA

and to keep up with ongoing changes as this dynamic document evolves and the scope of practice expands (Russell 2012:36). The NPA, in Ghana includes the Health Professions Regulatory Bodies Act 2013 (Act 857) and the Nurses' Regulation 1972 (LI 683] (Adzadi 2015:8 & Ofei 2016:2).

In an effort to practice safely, every nurse must not only possess a high degree of knowledge and skill, but must also possess a basic understanding of the law and its relationship to nursing practice. Awareness of potential liability forces nurses to evaluate their current practices and upgrade the quality of the care they provide, thus creating higher nursing standards (McGuire & Mroczek 2014:3). How could a law function as a guide to action if almost no one knows it? The laws of the nursing profession can only function properly if nurses know the current laws governing practice in their state (Howard 2011:30).

Health care personnel especially nurses have many responsibilities. Some of these responsibilities leave behind legal implications. It is important for nurses to be conversant with the legal aspects that accompany provision of care in the health care sector.

Most nurses are familiar with the Tort Law, which mainly deals with nursing malpractices and negligence cases. Many nurses are concerned with a deep understanding of this law because it constitutes one of the major fears in the health care fraternity (Alkaissi 2011 & Belal 2011 cited in Abbas 2012:5). The authors added that nursing law is meant to assist nurses in decision making process to ensure that they avoid instances that can lead to legal suits. In addition, it is meant to streamline provision of nursing care in such a way that nurses assume accountability or medical malpractices.

Torts are violations of civil law against a person or person's property (Nugent 2011:51). Torts may be intentional, such as defamation of character, fraud and trespassing, or unintentional harm, such as leaving a surgical sponge inside a body (negligence) (McGuire & Mroczek 2014:4).

Nurses are mobile and sophisticated and work in a society that is changing and asymmetrical for consumers. The result of this evolution is that the risk of harm is inherent in the intimate nature of nursing care. Thus, the state is required to protect its citizens

from harm (National Council of State Boards of Nursing [NCSBN] 1996:13 cited in Russell 2012:36). That protection is in the form of reasonable laws to regulate occupations such as nursing. Consequently, these laws include standards for education and scope of practice as well as discipline of professionals.

Nursing requires specialised knowledge, skill, and independent decision-making. “The practice of nursing involves behavior, attitude and judgment, and physical and sensory capabilities in the application of knowledge, skills, and abilities for the benefit of the client. Nursing careers take widely divergent paths — practice focus varies by setting, by types of clients, by different disease, therapeutic approach or level of rehabilitation. Nurses work at all points of service in the health care system” (NCSBN 1996 cited in Russell 2012:36).

Rules and regulations must be consistent with the Nurse Practice Act (NPA) and cannot go beyond it. Those rules and regulations undergo a process of public review before enactment (NCSBN 2011; Ridenour & Santa 2012:504). Once enacted, rules and regulations have the full force and effect of law.

Most nurses are competent and caring individuals who provide a satisfactory level of care. However, when a problem is experienced with a nurse and the nurse’s performance is not acceptable, a complaint may be filed with the Board of Nursing (BON). The BON, through its statutory authority specified in the NPA, is responsible for review and action regarding complaints (Russell 2012:39). A BON can take formal action only if it finds sufficient basis that the nurse violates state laws or regulations.

It is a common slogan that ignorance of the law is never an excuse! Thus, it is mandatory for every nurse to be conversant with the NPA to guide nursing practice. According to NCSBN (2012a:7) and NCSBN (2012b:1), the NPA is a dynamic document that evolves and is updated or amended as changes in scope of practice occur. It is not something one can study in a pre-licensure nursing education program and then put aside.

No one arrives at work planning to make an error, especially an error that has the potential to cause patient harm. When a potentially harmful event results in litigation, the stress evokes strong, sometimes painful, emotional and physical responses for the nurse

defendant. The often-adversarial litigation process can be traumatic to all participants and their significant others (Jaray 2012:1).

Nurses employed by a facility may be subjected to litigation as either an agent of the facility or personally named in a lawsuit. On any level, having to participate in a legal situation can feel threatening and stressful. Being named in a lawsuit does not mean that misconduct has occurred, and injury does not necessarily indicate that a nurse made an error (Roussel 2011 cited in Ryll 2015:35).

A practitioner may feel that a lawsuit, meritorious or not, is an assault on his or her personal honour. A sense of loss of control, worry about loss of livelihood, potential for loss of assets, and lack of knowledge of how legal proceedings work exacerbate the situation (Gorman 2013 cited in Ryll 2015:35).

Winland-Brown, Lachman and Swanson (2015:269) state that the nurse's primary commitment is to the patient, whether an individual, family, group, community, or population. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

As a registered nurse, you will be legally and professionally accountable for your actions, irrespective of whether you are following the instruction of another or using your own initiative. Health care litigation is growing and patients are increasingly prepared to assert their legal rights. Compensation payments in the National Health Service (NHS) are currently running at some £1.09 billion a year (NHS Litigation Authority 2012 cited in Griffith & Tegnah 2013:6).

Article 13 clause (1) of the Ghanaian constitution states that no person shall be deprived of his life intentionally except in the execution of a sentence of a court in respect of a criminal offence under the laws of Ghana, for which the nurse has been convicted. By necessary implication therefore, the intentional withholding of the necessities of life from a person under care with the intention of speeding up the death of the person would be an infringement of the provision (Republic of Ghana's Constitution 1992:12).

Gupta and Gupta (2015:319) state that euthanasia is against all the laws. Euthanasia refers to an intentional killing by act or omission of a person, whose life is no longer felt to be worth living (Nehra, Kumar & Nehra 2013:56). A study conducted in Ghana by Owusu-Dapaa (2013:1) postulates that Ghana's Supreme law explicitly guarantees the right to life but remains ambiguous on right to die particularly euthanasia and assisted dying. Thus, some of the other rights, such as the right to dignity and not to be tortured, can creatively be exploited to justify some instances of euthanasia. The author added that, notwithstanding proscription of euthanasia and assisted dying by the law in Ghana, empirical work undertaken in some of the communities in Ghana suggests that euthanasia is practised on the quiet in health facilities and private homes especially in the rural areas.

A practice-related disciplinary case in Ghana is one involving two midwives at the Komfo Anokye Teaching Hospital in Kumasi (the second largest hospital in Ghana) who were suspended for the roles they played in the controversial missing baby saga that rocked the hospital in 2014 (Tawiah 2014:1).

Again, Ghana News of Thursday, 24 November 2016 reported that a patient sued six medical doctors, the 37 Military Hospital, the Attorney General and the Ghana Health Service for medical negligence. The plaintiff, Mr Wisdom Tettey Narh, lost a limb owing to what he (patient) described as the negligence of his caregivers when he was taken to the hospital for treatment after an accident (GhanaWeb 2016:1).

2.4 BACKGROUND TO ETHICO-LEGAL TRAINING IN GHANA

In Ghana, the ethico-legal aspects (contents) in nursing are integrated in a course known as professional adjustment in nursing (N&MC Curriculum 2015:7) which is a one semester course per the nursing training curriculum designed for all the nursing training colleges in Ghana (see annexure G for the contents/topics). Meanwhile, the N&MC of Ghana Code of Professional Conduct Handbook (2006:3) states that a registered nurse (professional nurse) shall be accountable for his/her professional practice and must adhere to the laws of Ghana as enshrined in the constitution. One may expect that the ethico-legal aspects in the curriculum be restructured as a course/subject rather than an integration of a course looking at the expectations placed on the nurse.

As a wakeup call, the Nurses and Midwives' Council (N&MC) of Ghana organised a Tailor-Made Training on legal issues in nursing for nurse managers, principals and health tutors to assist in the teaching of legal issues in nursing (N&MC 2016). This suggests that the council has realised the legal gap between training and practice of nursing. However, research is still needed to assess the perceptions of the student nurses on the relevance and teaching/learning methodology of ethico-legal issues in nursing. During training as a student nurse, one is expected to live up to the standards of the Nursing and Midwifery Council's Code and the law and professional issues that underpin them (Griffith & Tengnah 2013:9).

2.5 BACKGROUND TO THE NURSING EDUCATION SYSTEM IN GHANA

In Ghana, a professional nurse is one who has passed through a successful three (3) – year training in the nursing training college to obtain a diploma certificate or has obtained a four (4) – year degree in nursing. These two categories of nurses are expected to pass the licensing examinations organised by the Nursing and Midwifery Council of Ghana and are duly registered and licensed by the council to practise nursing. To qualify as a nurse educator (health tutor), a diploma nurse will need a further two (2) – year training in nursing education (Bachelor of education in health science) at the university, while the degree nurse will need to specialise in nursing education as part of the 4-year training.

Aside the above, there are some post basic programmes (clinical nursing courses) that diploma nurses can specialise in. These include physician assistant programmes (i.e Medical Assistants and Nurse Anaesthetists), eye nursing, ear, nose and throat (ENT) nursing and perioperative nursing. The country also offers a two - year certificate programmes for students who do not have the educational qualification for either the diploma or degree programmes. These are the Nurse Assistant Curative (NAC) and the Nurse Assistant Preventive (NAP). All these categories of nurses need to have fair knowledge on ethico-legal aspects in nursing to enhance quality health care delivery.

2.6 CONCLUSION

The ethical and legal practices and their implications on the nursing profession were presented in this chapter. The next chapter, Chapter 3, focuses on the methodology used to gather data from the respondents for the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter discussed the research methodology which comprised of the research approach and design, the target population, sampling design the process of data collection and analysis and the ethical considerations. The essence of this chapter was to help the researcher and the reader understand the process of the research. These are discussed below.

3.2 RESEARCH APPROACH

The researcher used a quantitative approach to answer the research questions. According to Creswell (2014:32), quantitative research is an approach for testing objective theories by examining the relationship among variables. These variables, in turn, can be measured, typically on instruments, so that numbered data can be analysed using statistical procedures.

The study explored and described professional nurses' perceptions regarding the ethico-legal training in Ghana based on their experience in practice. It was expected that only the professional nurses in practice could tell the adequacy of training received aiming at preparing them against legal actions in their practices. With quantitative research approach, the higher the number of respondents accepting or rejecting an issue, the stronger the evidence.

3.3 RESEARCH DESIGN

A descriptive, cross-sectional study design was used for the study, to solicit and describe professional nurses' perceptions regarding ethico-legal training and practice in Ghana. Descriptive study design involves accurate portrayal of the characteristics of a particular individual, situation or a group (Mustapha 2014:45). The purpose of this design is to observe, describe and document aspects of a phenomenon as it naturally occurs and

sometimes to serve as a starting point for hypothesis generation or theory development (Polit & Beck 2017:206).

In cross-sectional study design, measurement of the independent variable and the dependent variable are taken at the same point in time (Mustapha 2014:136). Cross-sectional studies are appropriate for describing the status of phenomena or for describing relationships among phenomena at a fixed point in time (Polit & Beck 2017: 168).

Olsen and Marie (2015:7) indicate that in this type of research study, either the entire population or a subset thereof is selected, and from these individuals, data are collected to help answer the research questions of interest. The researcher thus used this design to assess and describe gaps regarding ethico-legal training in Ghana. The identified gaps could be used to strengthen the content of the nursing curriculum and teaching/learning of ethico-legal practices in health care provision.

3.4 SETTING AND POPULATION OF THE STUDY

3.4.1 Setting

The study was conducted in all the six (6) hospitals in the Upper West Region (Province) of Ghana. These hospitals were chosen as sites for the study in order to ensure sufficient participation. The choice of one region out of ten (10) in the country was also based on proximity to reduce cost and to ensure timely completion of the study. Data were collected from the nurses who had completed training and had been in practice for not less than five years. They were presumed to have enough experience and could provide information necessary for the study.

3.4.2 Study population

According to Burns and Grove (2014:366), a study population is an aggregate of elements sharing some common set of criteria. The population is described in terms of the target population, inclusion criteria, and sampling method.

The study population for this study was the professional nurses in the Upper West Region who had been practicing nursing for at least five years. This criterion was chosen based on their prolonged exposure to both the theoretical knowledge acquired on ethico-legal issues during their training and the experiences gathered on the ethico-legal issues; hence could provide adequate information on the topic under study. The accessible population of the study was: Upper West Regional Hospital, Wa = 54, Jirapa Hospital = 23, Nandom Hospital = 20, Nadowli Hospital = 17, Lawra Hospital = 21 and Tumu Hospital = 15; making a total of 150. However, 110 nurses responded and returned their questionnaires.

3.5 SAMPLE AND SAMPLING METHODS

3.5.1 Sample

A sample is a subset of the population elements, which are the most basic units about which data are collected (Polit & Beck 2012:275). Crossman (2014:2), however, admits that, when conducting research, it is almost always impossible to study the entire population that you are interested in due to extreme time and cost. Thus, researchers use samples to gather data.

For this study, small groups of nurses were selected from the six (6) chosen hospitals through non-probability sampling technique (convenience sampling) for accessing the respondents. Data generation was done based on the characteristics that fit the inclusion criteria for the study.

3.5.2 Sample size

The researcher aimed at achieving 95% confidence level. According to Israel ([Sa]:3), sample size table 2 for $\pm 5\%$ error of precision, the estimated sample size of 150 respondents is 110. In application, the sample size for the study was 110 respondents out of the accessible population of 150 respondents. This number (110) was shared proportionally among the six (6) hospitals to obtain the sample frame for each hospital as mentioned under study population above.

3.5.3 Sampling method

Convenience sampling technique was used to select a sample of professional nurses from each of the six (6) identified hospitals in the Upper West Region of Ghana.

Garson (2012:9) describes convenience sampling as a process of selecting subjects on the basis of availability. It is a sampling method through which the respondents are selected based on their availability, ease of access and willingness to participate (Curtis & Drennan 2013:343). The problem with convenience sampling is that those who are available might be atypical of the population regarding critical variables. The advantage of convenient sampling is that it is cheap easy and efficient (Polit & Beck 2012:280).

However, in this study the researcher made an effort to explicitly explain the essence of the study to the potential respondents and adhered to the inclusion criteria. The researcher established quotas to ensure that the sample included the appropriate number of respondents from each of the six (6) hospitals. This made it possible to get a sample that was large enough to enable the researcher to draw valid conclusions about the findings.

3.6 INCLUSION CRITERIA

In this study, all the six (6) hospitals in the Upper West Region were chosen to represent other hospitals in the other nine regions in the country. The research respondents were selected from each of the six (6) hospitals to obtain the sample size. The following were the inclusion criteria for the study, namely that the respondents were:

- qualified professional nurses
- in practice at the time of the research
- in practice for at least 5 years
- trained in Ghana prior to assuming their nursing professional duties

3.7 SELECTION OF RESPONDENTS FOR QUESTIONNAIRE ADMINISTRATION

Different strategies were followed to identify and recruit the respondents for the quantitative data generation. These strategies are discussed below.

A list of professional nurses who had been practicing nursing for at least 5 years was compiled with the help of the management staff working in the selected hospitals. This compilation gave a clear picture of the accessible population for each of the 6 hospitals (see 3.4.2 Study Population above). Out of 150 accessible population, the intention was to obtain a sample size of 110 using a convenient sampling method.

Each hospital was given a quota as follows: Upper West Regional Hospital, Wa = 40, Jirapa Hospital = 17, Nandom Hospital = 15, Nadowli Hospital = 12, Lawra Hospital = 15 and Tumu Hospital = 11; making a total of 110. The justification for the quota for individual hospitals was because the hospitals contained unequal number of nurses. The quota system was used to ensure equal cross-sectional data base.

Nurses within the inclusion criteria who were on morning and afternoon shifts were contacted to respond to the questionnaires after the ethical consideration process was followed. That is, obtaining ethical clearance, obtaining permission to conduct research, obtaining informed consent of respondents and ensuring confidentiality.

The information and consent sheets and confidentiality binding forms were first administered to the would-be respondents. Those who agreed to take part signed the forms, indicating their acceptance. The respondents were a mixture of the following ranks: senior staff nurses, nursing officers, senior nursing officers and principal nursing officers.

The contributions of respondents were important for this study to gauge their views on how the N&MC of Ghana in collaboration with the Ministry of Health can strengthen the teaching and learning of ethico-legal aspects in nursing practice.

3.8 DATA COLLECTION TOOL AND PROCEDURE

3.8.1 Data collection tool

The data were collected using a structured questionnaire that was formulated prior to the study and reflected issues to be explored. The questionnaire was in three sections (demographic data, nurses' perceptions on ethical practice and nurses' perceptions on legal practice). A likert scale, varying from strongly agree to strongly disagree was used (see Annexure G). The tool was developed after reading on the same and similar topics and in consultation with my supervisor.

3.8.2 Data collection procedure

After a written permission was granted by the six (6) hospitals' authorities through the Regional Director of Health Services (Annexure C), the researcher assured the research respondents of the confidentiality of the study before administering the questionnaires. The researcher and research assistant administered the consent and confidentiality binding forms to the respondents first.

In line with the ethical requirements, the research respondents were given an opportunity to choose whether to participate in the research or refuse, and to choose what should and should not happen to them during the process of obtaining data. Those who agreed to participate then signed the consent forms which were previously reviewed and cleared by the UNISA Ethics committee (Annexure A). The questionnaires were then distributed to 150 respondents for completion. A response rate of 73.3% was obtained.

3.9 DATA ANALYSIS

The answers from the questionnaires were compiled, sorted out, edited, classified and coded on a coding sheet and analysed using a computerised data analysis package known as Statistical Package for Social Science (SPSS) version 23. Basic descriptive analysis along with inferential statistics was elicited to offer insights into potential relationships between different identified variables. Bar charts, frequency tables and pie charts were used to present the results as illustrated in chapter 4.

3.10 DATA MANAGEMENT

The data extracted were kept securely in a computer using a password known only to the researcher to prevent unauthorised invasion, while the answered questionnaires were retained in the university with my supervisor for a period of five years according to the University's research data management policy. Thereafter, the data could be discarded with the approval of the appropriate University official if no query was laid against the study that demanded prolonged keeping of the data.

3.11 ETHICAL CONSIDERATIONS

The proposal of the study was forwarded to the ethics committee of UNISA for possible approval prior to data collection. Using the introductory letter (ethical clearance) from UNISA (Annexure A), the researcher obtained a written permission from the hospital authorities through the Regional Director of Health Services (Annexure C).

The purpose and benefits of the study were explained to these authorities and would-be respondents to solicit their commitment and cooperation. Ethical principles such as informed consent, confidentiality, respect for individual autonomy and anonymity were maintained as elaborated below.

3.11.1 Permission to conduct research

The ethical clearance was granted by the Research Ethics Committee of the University of South Africa (UNISA) (see Annexure A). The UNISA ethical clearance was then submitted to the Regional Director of health Services in Ghana seeking permission to conduct the research and permission was granted (see Annexure C).

3.11.2 Voluntary participation (autonomy)

In all cases and throughout the entire data collection period, participation was voluntary. Voluntary participation was encouraged as it was linked to disclosure of adequate factual information to potential respondents on details of the study including the risks and

benefits. It was expected that professional nurses could make informed decisions regarding their participation when sufficient information had been provided to them.

To ensure autonomy in this study, a written statement explaining the purpose of the study and procedure for data collection was developed. This was done to ensure consistency in information provided to all potential respondents. The respondents were informed of the purpose of the study and its implications. Respondents had the choice to either participate in the study or to decline.

3.11.3 Informed consent

When equipped with sufficient information, potential respondents were requested to provide signed consent for participation. Johnson and Christensen (2012:107) define an informed consent as “agreeing to participate in a study after being informed of its purpose, procedure, risks, benefit, alternative procedures and limits of confidentiality”. The consent form contained aspects presented in the definition of informed consent described above and those that were relevant to the study included: knowledge of the questions that were asked; the aspect of participation being voluntary and the respondent’s capability to withdraw from the study at any time during the study.

Prior to the data collection, the researcher made available an information sheet (see annexure D), which introduced the researcher, specified the topic and purpose of the study, the data collection procedures, the risks and benefits and the assurance of their anonymity and confidentiality (see Annexure E). Those who were willing to take part then signed the consent and confidentiality binding forms.

3.11.4 Non-maleficence

The American Nurses Association Ethics Advisory Board (2011:1) states that non-maleficence extends to making sure you are doing no harm in the beneficent act of using technology to extend life or in using experimental treatments that have not been well tested.

This principle of not acting in ways that will inflict evil or cause harm to respondents was adhered to. Respondents were not engaged in any activity as part of this research study that ran the risk of harming them.

3.11.5 Confidentiality

This requirement of respecting people's privacy applies to all nursing practices and is critical in conducting ethical research. It is the basis of appropriate interaction with human beings. According to Johnson & Christensen (2012:116) "confidentiality is not revealing the identity of the respondent to anyone other than the researcher and his or her staff." Data collected should be shared only with other researchers and should be kept without identifiers where identification is not required for further follow up research. Separating documents such as consent forms with respondents' names from the completed questionnaires is one way of ensuring confidentiality as was practised in this study.

Confidentiality and the protection from invasion of privacy was prioritised throughout the study. To further deepen this, a confidentiality binding form was signed between the researcher and respondents (see Annexure F). Respondents' names were not used on the questionnaires. All forms with information about the respondents were stored separately from the completed questionnaires and in secure storage.

3.11.6 Risks and benefits

No risk was anticipated in this research whether implicit in the topic or in the data collection procedure. Psychologically, however, respondents might feel wasting their working periods in answering the questionnaires. Hawthorne effect might also occur since they were either to speak for or against their training curriculum developed by the main nursing regulatory body (Nurses and Midwives Council, Ghana) responsible for their training and practice and how ethico-legal teaching was taught during their training. Hawthorne Effect means respondent's awareness of a researcher's presence during observation, which leads to change of behaviour because the respondent knows he/she is being studied (Brink, Van der Walt & Van Ransburg 2012:164). Respondents were however, made to understand that no direct benefit or payment was to be offered.

3.12 LIMITATIONS OF THE STUDY

The main limitation of this study was that only one region out of ten in Ghana was studied and the nurses in other regions might not share the same view. In addition, there were financial constraints on the researcher to acquire internet services and other study materials.

3.13 CONCLUSION

This chapter aimed at discussing the methodology for generating data and evidence that would support nurses' perceptions regarding ethico-legal training in Ghana. The research approach and design, the setting, the target population, sample and sampling technique, research instrument, data collection technique, data analysis and ethical considerations of the study were discussed. The following chapter discusses the findings of the study.

CHAPTER 4

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

4.1 INTRODUCTION

This chapter reports the results and findings of the study. The report commences with the description of the respondents' demographic information and background; it then reports the results. The bar charts, frequency tables and pie charts are used in presenting the results as reflected below.

4.2 DEMOGRAPHIC DATA

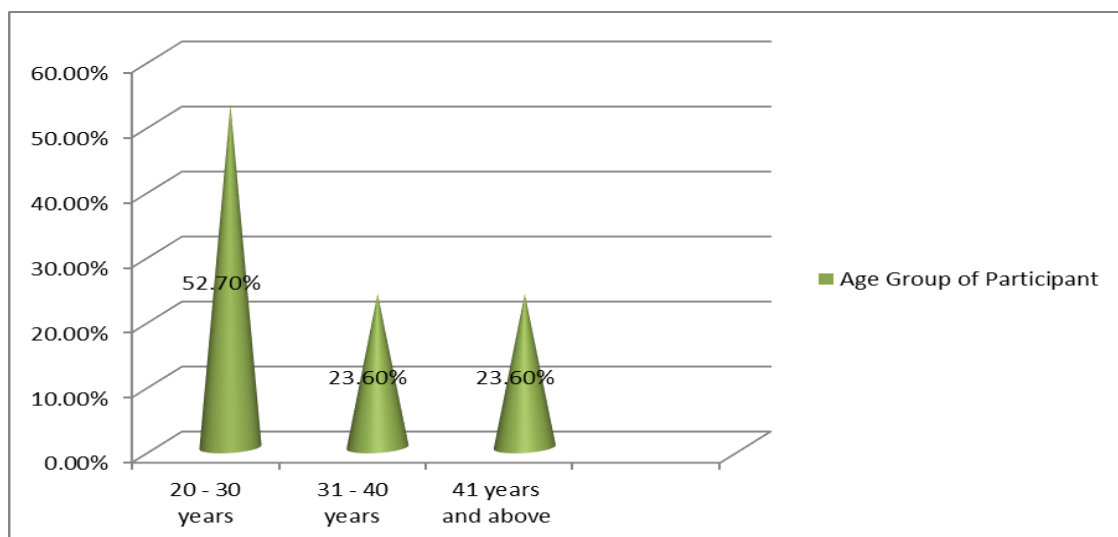


Figure 4.1: Percentage distribution of age groups of respondents in years

Figure 4.1 shows that 52.7% of the respondents were between the ages of 20 and 30 years, 23.6% were between 31 and 40 years and 23.6% were above 40 years. This suggests that majority of the nurses in each of the selected hospitals are in the youthful age, that is, below age 30.

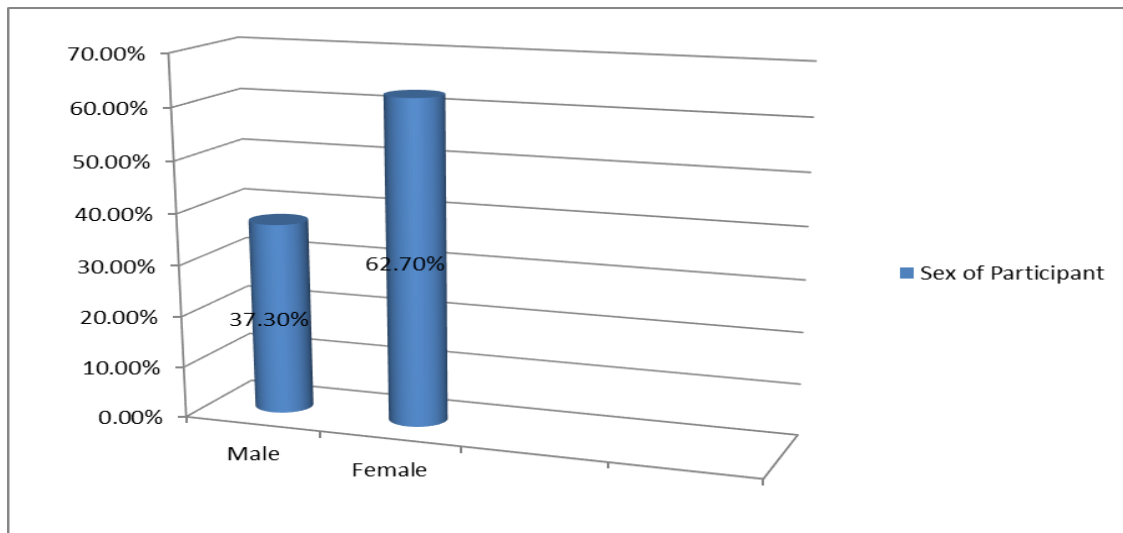


Figure 4.2: Percentage distribution on sex of respondents

Figure 4.2 indicates that 62.7% of the respondents were females, while 37.3% were males. This reveals that the nursing profession is predominantly female in the selected hospitals in Ghana, or that more females than males were willing to respond to the questionnaires.

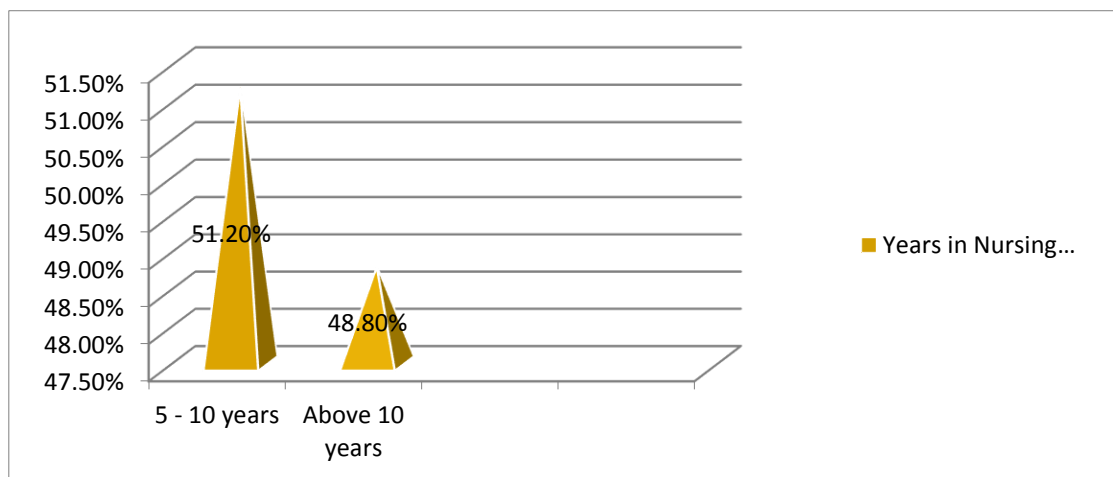


Figure 4.3: Percentage distribution of the number of years of respondents in nursing practice

Figure 4.3 reflects that 51.2% of the respondents have been working as nurses for a period of between 5 and 10 years, while 48.8% have been practicing nursing for more than ten (10) years. This reflects little difference (3%) between those who have been in the nursing practice for 5-10 and those that are 10 years and above.

4.3 PROFESSIONAL NURSES' PERCEPTIONS OF THE TRAINING

Table 4.1: Percentage distribution of training on nurse-patient confidentiality

Confidentiality in nursing	Percentage
Strongly agree	11.8
Agree	40.0
Neutral	13.6
Disagree	34.6
Total	100.0

Table 4.1 shows that out of the total respondents, 11.8% strongly agreed to have received adequate training on nurse-patient confidentiality while the majority, that is 40%, agreed to have been trained in nurse-patient confidentiality. This make up a total of 51.8% of the respondents who affirm training on nurse-patient confidentiality. Only 34.6% of the respondents disagreed to have received any nurse-patient confidentiality while 13.6% maintained a neutral stance, that is, those who did not comment as to whether they had received training or did not receive training on confidentiality. Even though the majority (51.8%) admitted to having received enough training, a rate of 34.6% is still high as this may have negative ethico-legal implications in their nursing practice.

Table 4.2: Percentage distribution of training on the patient's charter

Patient's charter	Percentage
Strongly agree	10.9
Agree	37.3
Neutral	8.2
Disagree	41.8
Strongly disagree	1.8
Total	100.0

Regarding Table 4.2, it was noticed that a total of 48.2% of the respondents made up of 10.9% and 37.3% strongly agreeing and agreeing respectively had received adequate training on *the patient's charter*. On the other hand, 41.8% disagreed and 1.8% strongly disagreed making a total of 43.6% of the respondents disagreeing to have received training on *the patient's charter*. Only 8.2% remained neutral. The 48.2% who affirm to have received training on *the patient's charter* raises concerns as it suggests that more than half, or an estimated 52%, that is, 43.8% and 8.2% disagree to have received training

on the patient's charter implying that they did not understand and could not implement effectively the patient's charter in their nursing practice.

Table 4.3: Percentage distribution of training on Individuality of man

Individuality of man	Percentage
Strongly agree	3.6
Agree	51.8
Neutral	20.0
Disagree	22.8
Strongly disagree	1.8
Total	100.0

According to Table 4.3, more than half, that is 55.4% (comprising 3.6% strongly agreed and 51.8% agreed) of the respondents admitted to have received enough training on individuality of man. 20% were neutral while 24.6% (comprising of 22.8% disagreed and 1.8% strongly agreed) of the respondents maintained that they did not received adequate training on individuality of man. To maintain ethics in the nursing profession and to improve nursing care rendered to clients, the coverage of teaching and learning of ethics is expected to exceed 55.4%.

Table 4.4: Percentage distribution of training on patient's consent to treatment

Patient's consent to treatment	Percentages
Strongly agree	13.6
Agree	46.4
Neutral	10.9
Disagree	27.3
Strongly disagree	1.8
Total	100.0

Table 4.4 shows that 13.6% of the respondents strongly agreed and 46.4% agreed making a total of 60% of those agreeing to have received training on patient's consent to treatment. Accordingly, 29.1%, made up of 27.3% disagreed and 1.8% strongly disagreed to have received training on patient's consent to treatment. However, 10.9% sat on the fence. Patient's consent to treatment is significant in nursing care since violation of it may lead to legal actions against the nurse. All practicing nurses are expected to receive

adequate training on patient's consent to treatment. Thus 29.1% of nurses who indicated not receiving adequate training should not be neglected.

Table 4.5: Percentage distribution of training on clinical trials

Clinical trials	Percentages
Strongly agree	2.7
Agree	16.4
Neutral	16.4
Disagree	60.9
Strongly disagree	3.6
Total	100.0

Table 4.5 indicates that 2.7% of the respondents strongly agreed and 16.4% agreed to having received training on clinical trials. Table 4.5 further shows that 64.5%, comprising of 60.9% and 3.6% disagreeing and agreeing respectively, of the respondents disagreed to have received training on the clinical trials. Only 16.4% remained neutral. Implied in table 4.5 is that a vast number of nurses in the region of 65% lacks knowledge and skill in clinical trials compared to a minimum of 19%. The results suggest that the majority of nurse trainees do not receive enough training on clinical trials as part of their ethical training.

Table 4.6: Percentage distribution of training on signing legal documents

Signing legal documents (witnessing wills etc.)	Percentages
Strongly agree	1.8
Agree	20.9
Neutral	18.2
Disagree	51.8
Strongly disagree	7.3
Total	100.0

On investigating training on signing legal documents, Table 4.6 reports 59.2%, that is, 7.3% and 51.8% strongly disagreeing and agreeing respectively to having received training on signing legal documentation compared to 22.7% comprising of 1.8% and 20.9%, who agreed to having received sufficient training the topic. 18.2% did not comment on the question. This suggests that the majority of nurses (about 59%) are

likely to have problems when it comes to signing legal documents such as witnessing a will.

Table 4.7: Percentage distribution of training on patient's property

Patient's property	Percentages
Strongly agree	20.0
Agree	58.3
Neutral	4.5
Disagree	12.7
Strongly disagree	4.5
Total	100.0

Table 4.7 reflects that 78.3% (that is, 20% strongly agreed and 58.3% agreed) of the respondents agreed to have received sufficient training on how to care for patient's property. 4.5% remained neutral and 17.2% of them were of the view that they did not get adequate teaching on patient's property. This suggests that the majority (78%) of nurses have received training on patient's property.

Table 4.8: Percentage distribution of training on qualities of a nurse

Qualities of a nurse	Percentages
Strongly agree	13.6
Agree	64.6
Neutral	4.6
Disagree	13.6
Strongly disagree	3.6
Total	100.0

As seen in Table 4.8, a large percentage 78.2% of the respondents, comprising 13.6% strongly agreed and 64.6%, agreed admitted to have received enough teaching/training on qualities of a nurse and the implications for nursing practice. 4.6% remained neutral with only 17.2% disagreeing to have received enough training on the topic. This implies that majority of the respondents (nurses) are aware of the qualities of being a nurse.

Table 4.9: Percentage distribution of training on personal appearance

Personal appearance	Percentages
Strongly agree	10.9
Agree	39.1
Neutral	1.8
Disagree	39.1
Strongly disagree	9.1
Total	100.0

As shown in Table 4.9, half (50.0%) of the respondents (that is 10.9% strongly agree and 39.1% agree) agreed to having received sufficient training on personal appearance to their understanding and ethical implications for the nursing practice. 48.2% however disagreed and only 1.8% remained neutral. As high as 48% of professional nurses admitting receiving poor or no training/teaching on personal appearance to duty may have a negative attitude in the nursing profession towards aspects such as their dressing code.

Table 4.10: Percentage of distribution of training the nurses' pledge

The nurses' pledge	Percentages
Strongly agree	27.3
Agree	45.5
Neutral	7.2
Disagree	18.2
Strongly disagree	1.8
Total	100.0

Table 4.10 indicates that 72.8% of the respondents made up of 27.3% and 45.5% strongly agreeing and agreeing respectively agreed to have received sufficient training on the nurses' pledge. However, 20% of them disagreed, with 7.2% being neutral. This suggests that about 20% of professional nurses did not receive adequate training/teaching on the essence of the nurses' pledge to the nursing profession.

Table 4.11: Percentage distribution on adequacy of ethical content coverage in the nursing training curriculum

The curriculum has covered enough ethical issues in nursing practice	Percentages
Strongly agree	2.7
Agree	37.3
Neutral	1.8
Disagree	49.1
Strongly disagree	9.1
Total	100.0

Table 4.11 reveals that only 40.0%, that is 2.7% and 37.3% of the respondents agreed that the nursing training curriculum in Ghana covered enough ethical topics. However, the majority, 58.2%, (comprising 9.1% strongly disagreeing and 49.1% agreeing) were of the view that the curriculum did not cover enough ethical contents. A tally of 1.8% neither agreed nor disagreed (see table 4.11). The implication is that, the majority (58%) of professional nurses feel the curriculum does not covered sufficient ethical issues for the nursing profession.

4.4 PROFESSIONAL NURSES' PERCEPTIONS OF THE TRAINING RECEIVED ON LEGAL ASPECTS IN GHANA

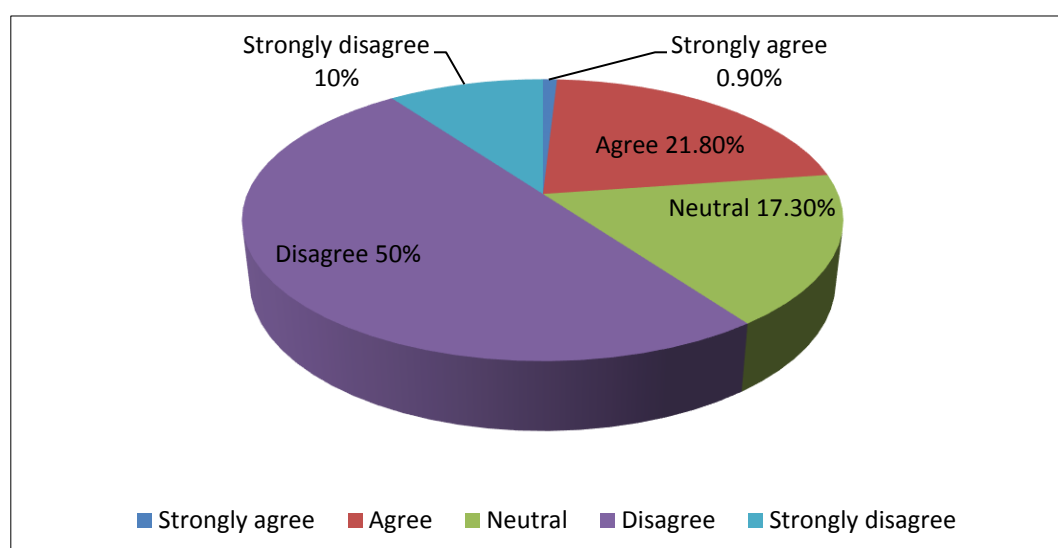


Figure 4.4: Percentage distribution of training on the Human Rights Charter

In Figure 4.4, it was observed that only few (22.7%) of the respondents affirmed to have received sufficient teaching on human rights charter for their nursing practice. The majority (60%) of them however disagreed to have received training on human rights charter, while 17.3% remained neutral. It therefore demonstrates that only few nurses (23%) received sufficient training on human rights charter and its implications to nursing practice.

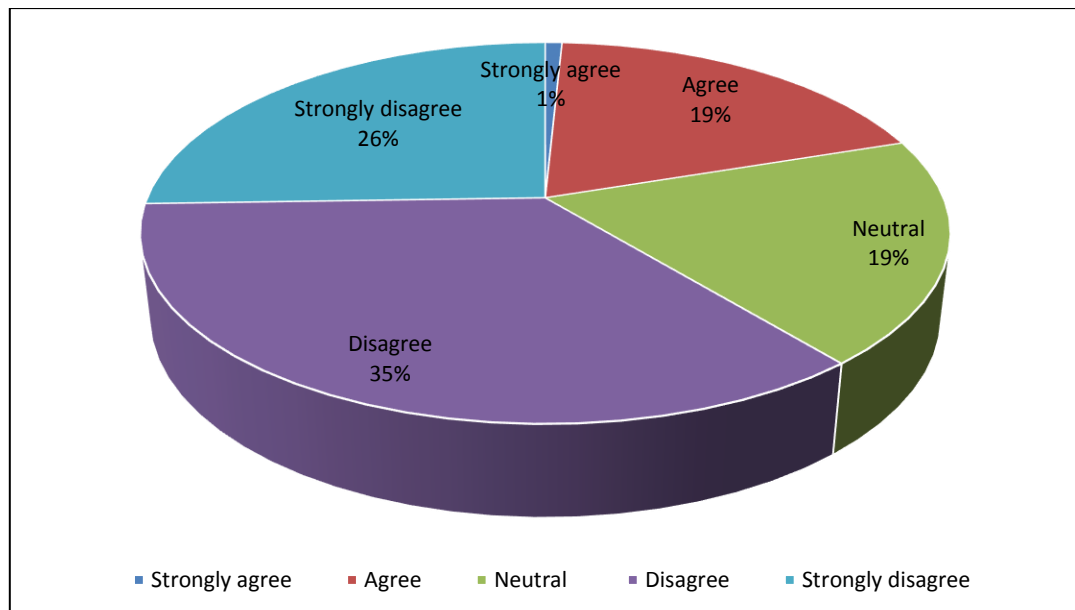


Figure 4.5: Percentage distribution of training on Nurses' Regulation LI 683 of 1971

As illustrated in Figure 4.5, only few (20%) of the respondents said they received adequate training on the Nurses' Regulation LI 683 of 1971 and its legal implications for nursing practice. Many respondents (61%) disagreed to having received training on the Nurses' Regulation LI 683 of 1971, while 19% did not comment. Statistically, this suggests that only minority of nurses (20%) received adequate teaching on the Nurses' Regulation LI 683 of 1971 and its implications to nursing practice.

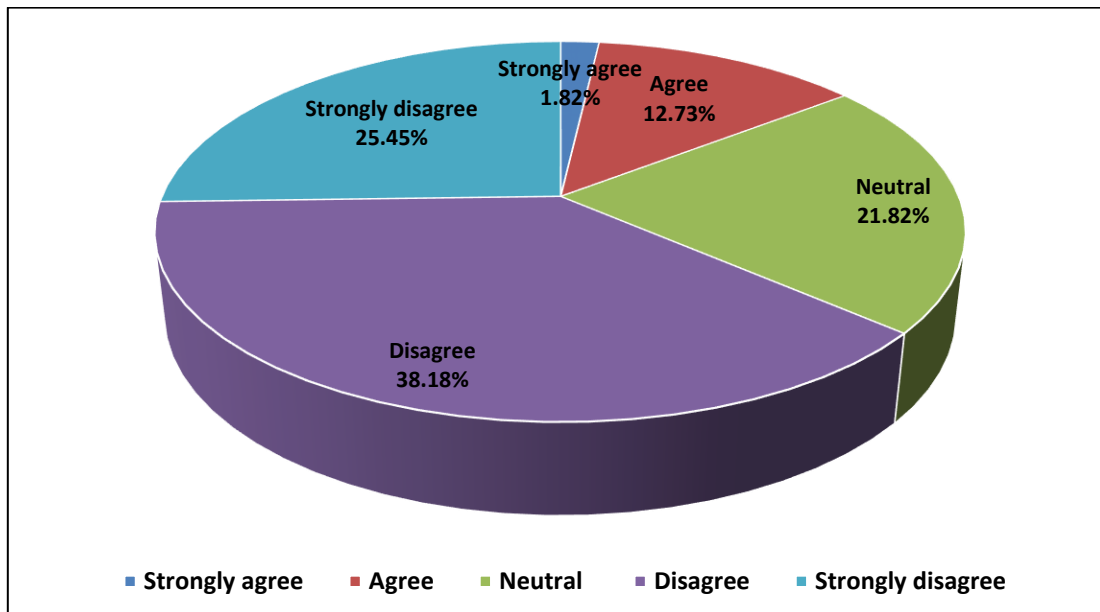


Figure 4.6: Percentage distribution of training on Nurses' and Midwives' Decree NRCD 117

Figure 4.6 shows that, only few (14.5%) of the respondents agreed to having received sufficient training on Nurses' and Midwives' Decree NRCD 117, 21.8% of them remained neutral, while 63.7% (comprising of 25.5% strongly disagreed and 38.2% disagreed) disagreed to having received training on the topic. It therefore suggests that majority (64%) of professional nurses did not receive sufficient teaching/training on the Nurses' and Midwives' Decree NRCD 117.

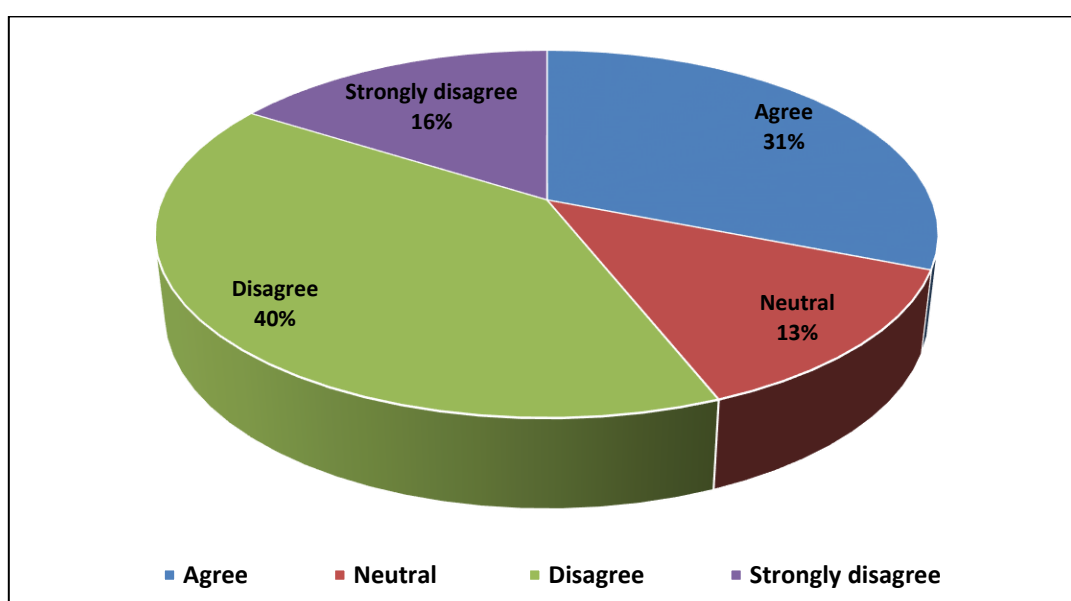


Figure 4.7: Percentage distribution of training on Health Professions Regulatory Bodies Act 2013, Act 857

It has been observed in Figure 4.7 that, far less than half (31%) of the respondents affirmed to have received adequate training on the topic: Health Professions Regulatory Bodies Act 2013, Act 857. Few (13%) of them remained neutral, while more than half (56%) said they did not receive adequate training on Health Professions Regulatory Bodies Act 2013, Act 857 to make to them understand its implications to nursing practice. It therefore suggests that the majority (56%) of nurses had poor or no training on Health Professions Regulatory Bodies Act 2013, Act 857 in Ghana.

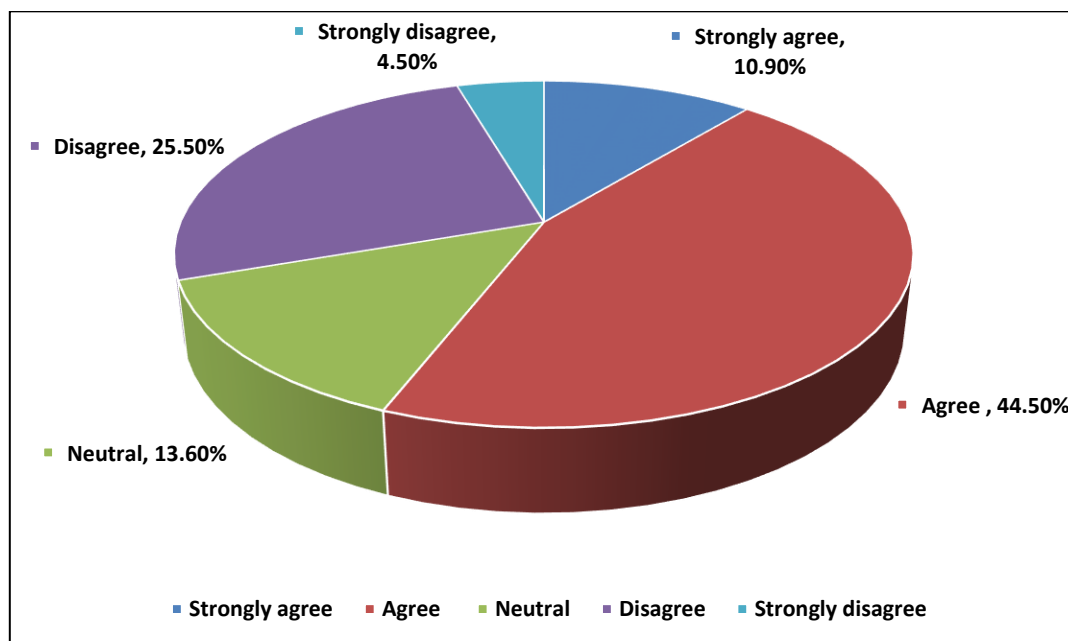


Figure 4.8: Percentage distribution of training on common offences: tort, negligence; intentional/unintentional

Figure 4.8 above reveals that more than half, 55.4%, agreed to have received enough training on common offences and their implications to nursing practice. Statistics showed that 30% of the nurses disagreed to have received training on common offences as reflected in Figure 4.8, while 13.6% did not give a remark (see Figure 4.8). Even though more than half of the respondents agreed to have received adequate teaching/training on common offences: tort, negligence; intentional/unintentional, 55% is not good enough to conclude that professional nurses receive adequate training on common offences such as torts and their legal implications to equip them practise professionally.

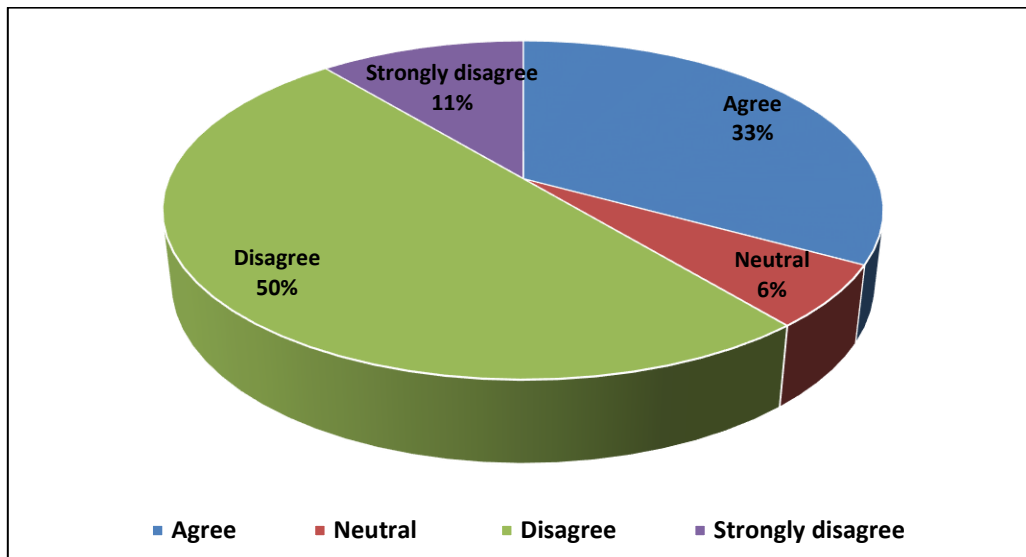


Figure 4.9: Percentage distribution of training on criminal offences to persons and property; murder, rape, manslaughter etc.

As observed in Figure 4.9, only a small percentage (33%) of the respondents agreed to have received enough teaching/training on criminal offences to persons and property; murder, rape, manslaughter etc. to make them understand their implications to nursing practice. Six percent (6%) of them were neutral, while a large percentage (61%) were of the view that they did not get enough training on the topic. The implication is that many professional nurses are likely to have a problem with issues concerning criminal offences to persons and property such as murder, rape and manslaughter.

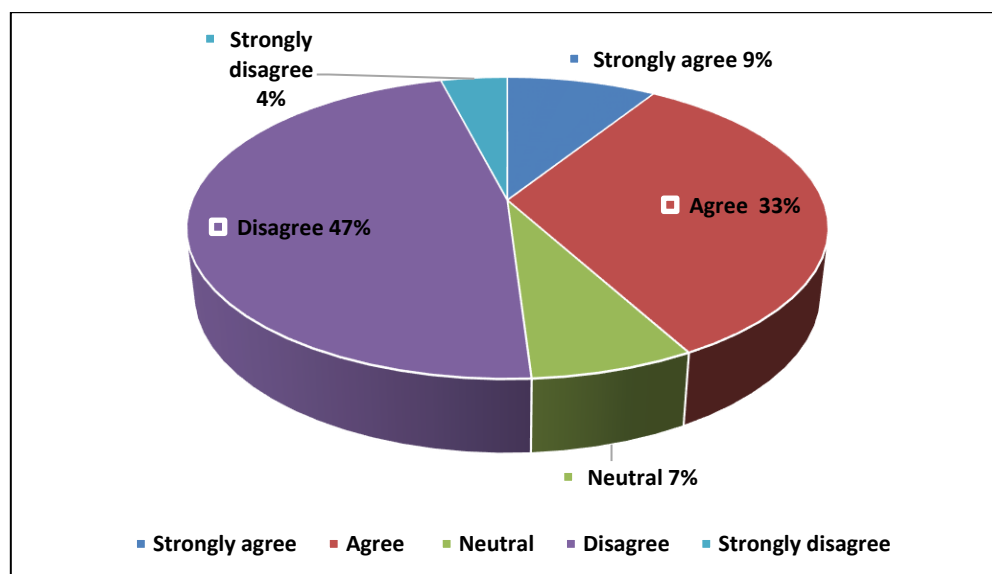


Figure 4.10: Percentage distribution of training on identification and notification of coroner's case, autopsy and inquest

The study found that 42% (comprising 9% strongly agreed and 33% agreed) of the respondents affirmed to have received enough teaching/training on identification and notification of coroner's case, autopsy and inquest. 7% of them were neutral, whilst slightly more than half (51%) of them disagreed to have received adequate training on the topic (see Figure 4.10). The implication is that the majority (58%) of professional nurses may lack knowledge regarding on identification and notification of coroner's case, autopsy and inquest and their legal implications to nursing practice.

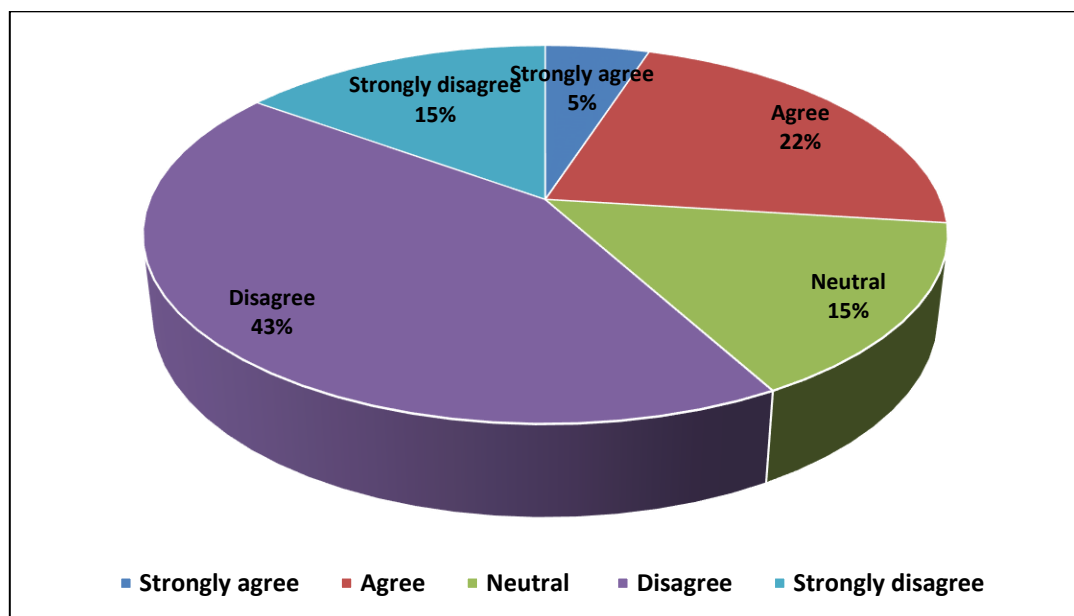


Figure 4.11: Percentage distribution of training on the nurse as a witness in court

Figure 4.11 illustrates that only 27% of the respondents (i.e. 5% strongly agreed and 22% agreed) did agree to have received sufficient training on the nurse as a witness in court. Quite a sizable number (15%) of them remained neutral, while as many as 58% were of the view that they did not receive adequate teaching/training on the topic to enable them practice effectively. This suggests that majority (58%) of professional nurses are likely to face challenges regarding nurses acting as witnesses in court.

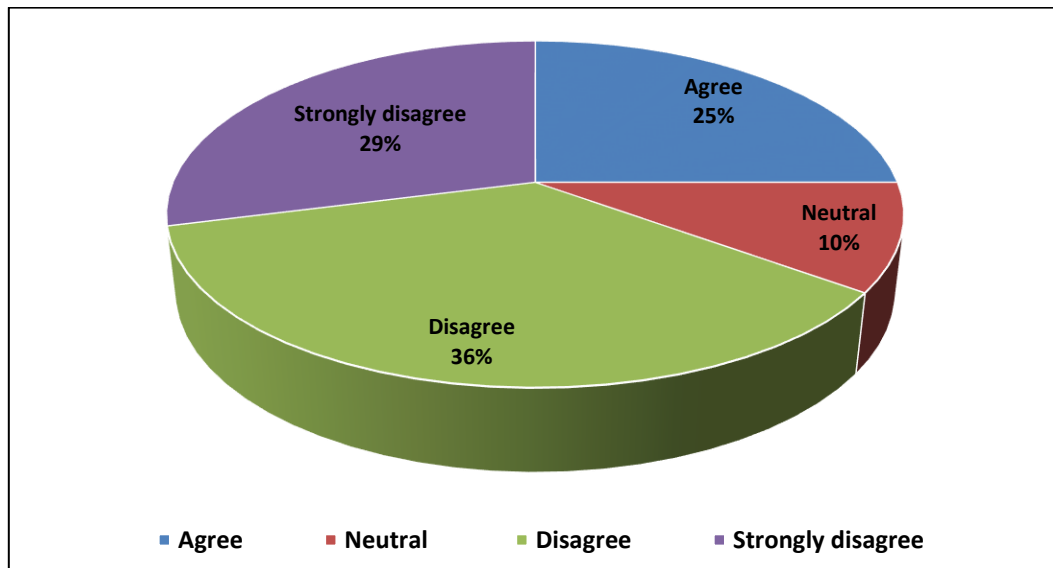


Figure 4.12: Percentage distribution of training on legal aspects of psychiatric nursing, NRCD 30 (Mental Health Act 2012, Act 846)

In Figure 4.12 it was noticed that only 25% of the respondents agreed to having received enough teaching/training on legal aspects of psychiatric nursing, NRCD 30 (Mental Health Act 2012, Act 846), majority (65%) of them disagreed to have received adequate training on the topic and 10% chose neither agree nor disagree. This suggests that a large number (65%) of student nurses complete training without receiving adequate teaching/training on legal aspects of psychiatric nursing, NRCD 30 (Mental Health Act 2012, Act 846), which is likely to affect their nursing practice.

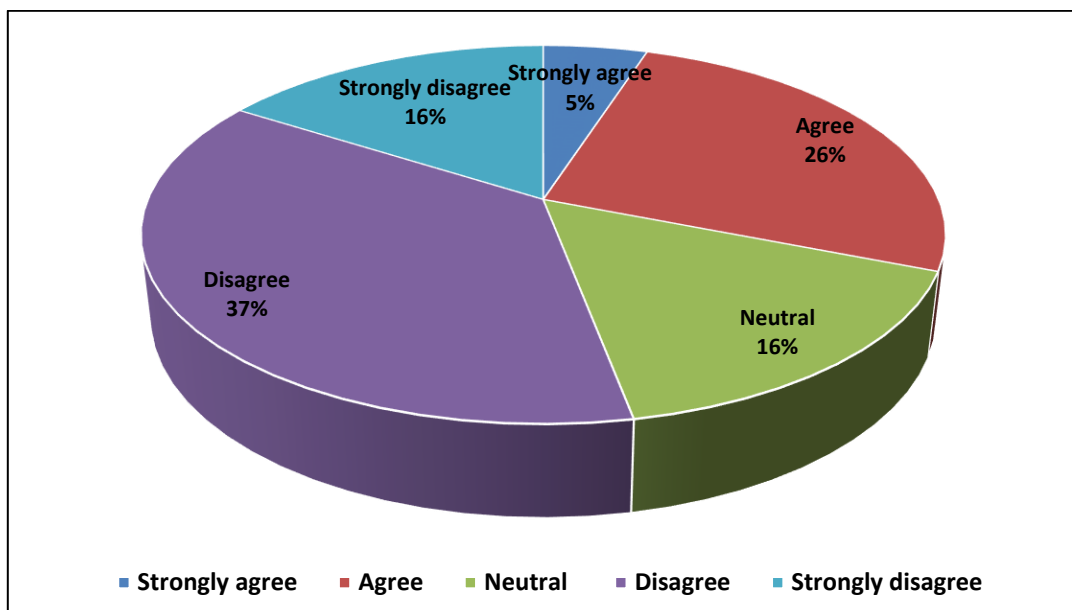


Figure 4.13: Percentage distribution of teaching on specialist Training and Plant Medicine Research Act 2011, Act 833

Figure 4.13 illustrates that, a small percentage (31%) of the respondents admitting to have received enough teaching/training on specialist Training and Plant Medicine Research Act 2011, Act 833 per the N&MC curriculum (2015:8). More than half (53%) of them disagreed to have received teaching/training on the topic and quite a sizable percentage (16%) of them were neutral. This suggests that only few (31%) of the professional nurses received adequate teaching/training on the topic: Specialist Training and Plant Medicine Research Act 2011, Act 833 to enable them practise effectively.

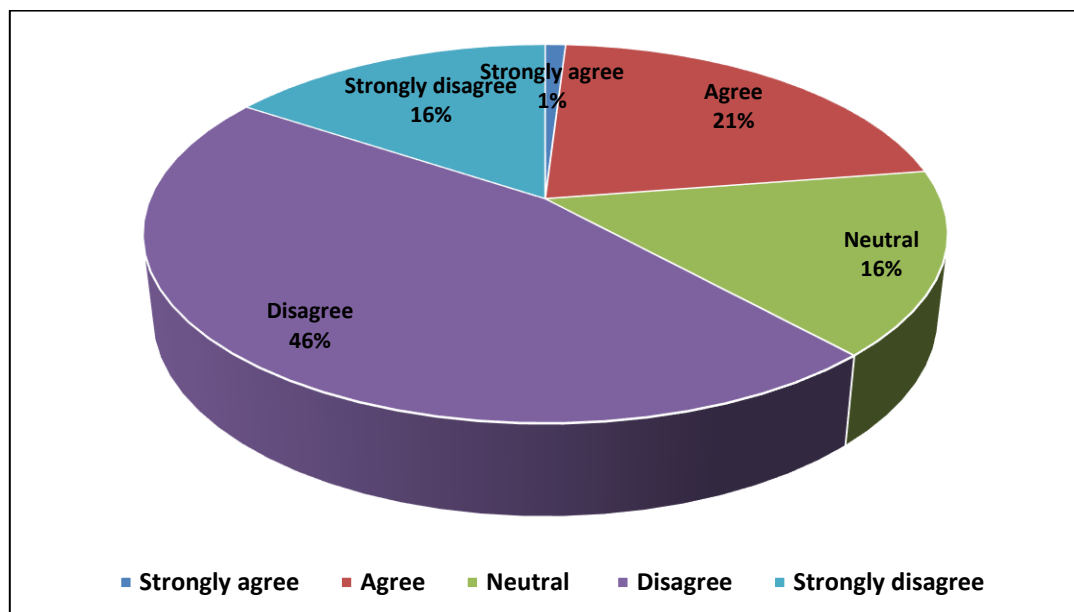


Figure 4.14: Percentage distribution on professional nurses' perceptions regarding adequacy of legal content coverage in the nursing training curriculum

The data collected from the respondents regarding the adequacy of legal content coverage in the nursing training curriculum in Ghana shows that, only 22% agreed that the current training curriculum covers enough legal topics. Many (62%) of the respondents perceived the curriculum to have limited legal contents to enlighten nurses' practice effectively, while 16% remained neutral (see Figure 4.14 above). This suggests that the nursing training curriculum in Ghana contains limited legal contents necessary to equip student nurses under-going training.

4.5 CONCLUSION

This chapter summarised the presentation, analysis and interpretation of the data under the headings; demography data, professional nurses' perceptions of the training received on ethical and legal aspects in Ghana. It indicates the summary of the responses for each of the questions asked in the questionnaire presented in bar charts, frequency tables and pie charts. The next and last chapter discusses the findings of the study as presented in this chapter, recommendations, limitations and conclusions.

CHAPTER 5

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter discusses the findings of the study as presented in Chapter 4. Based on the findings, the chapter also presents recommendations necessary to enhance teaching and learning of ethico-legal aspects in nursing practice. The limitations of the study as well as the conclusions made from the study will further be presented.

5.2 DISCUSSION OF FINDINGS

The purpose of the study was to examine and describe the perceptions of professional nurses regarding ethico-legal training in Ghana. The objectives of the study were to

- explore and describe professional nurses' views regarding the ethico-legal content in the nursing curriculum in Ghana
- make recommendations for a nursing curriculum that includes appropriate ethico-legal practices to prepare nurses adequately

Based on the objectives as listed above, this chapter addresses objective 1 under Section 5.2.1 while objective 2 will be addressed in Section 5.2.2.

5.2.1 Perceptions of professional nurses regarding ethico-legal training in Ghana

Limited training received on the patients' charter

The aim of adding the patients' charter to the nursing training curriculum is to educate student nurses on the rights and responsibilities of the patient/client. This knowledge acquired during training will equip nurses to respect and educate patients/clients on their rights and responsibilities.

However, this study found that more than half (52%) of professional nurses did not receive teaching/training on the patients' charter (see Table 4.2). All things being equal, majority of nurses stand the chance of violating the rights of patients since they lack adequate training in this regard. Gambhir, Dhaliwal, Anand and Bhardwaj (2015:350) caution that, patients have become more aware of their rights supplemented by modern legislation that has made the society increasingly compensation-oriented.

A study conducted by Erdil and Korkmaz (2009) as cited in Albina (2016:75) found that some nurses contribute to ethical problems and patients' rights violations rather than preventing or resolving them. This study has found poor ethical training as a factor contributing to patients' rights violations to support the above study.

Limited training on clinical trial

The study revealed that a high percentage (65%) of nurses in the selected region lack knowledge on clinical trials due to lack of teaching/training (see Table 4.5). Clinical trials explore how a treatment reacts in the human body and are designed to ensure a drug is tolerated and effective before it is licensed by regulatory authorities and made available for use by doctors (Hoffmann 2013:3).

An example is Milena's clinical trial in September 2014 (National Heart, Lung and Blood Institute (NHLBI) 2017). She developed persistent and debilitating angina and was a candidate for a (NHLBI) (2017) funded stem cell therapy clinical trial led by Dr Keith Horvath which was successfully performed.

However, the study findings suggest that most nurse trainees do not receive enough training on clinical trials as part of their ethical training which is a potential factor affecting quality health care in the country. The implication is that nurses will be unable to explain to clients the benefits and risks involved in clinical trials.

Limited training received on signing legal documents (witnessing wills etc.)

The majority (59.2%) of the respondents did not receive training on how to sign legal documents such as witnessing a will (see Table 4.6). Signing legal documents is very

important in health care settings. Terminally ill patients may want to indicate how their earthly acquired property will be shared when they finally pass on. Nurses have the legal right to facilitate this transitional process.

There are legal procedures involved in signing legal documents such as witnessing a will to make them valid. The majority of nurses in the selected region however exhibited lack of knowledge in this regards. This suggests that these nurses may sign documents without fully understanding their legal implications due to poor training. The quality of health care delivery in the country may be compromised.

Mayhew (2017:1), however, cautions that, whether buying a property or settling a lawsuit, it's essential to know how why one should sign a legal document. Signing your name to a binding document unknowingly or without an understanding of the contents of the document and intent can be a costly mistake in the sense that you can be litigated since ignorance is not an excuse in court.

Limited training on personal appearance

The study found that only half (50%) of the respondents had received sufficient training on personal appearance and its ethical implications for nursing practice (refer to Table 4.9).

Kiisel (2013:1) says that an individual is judged by his/her appearance, that is, the way you appear, how you dress, and how you carry yourself — and, if you are lucky, how you do your job. It is common to chance professional nurses indecently dressed while on duty, unfriendly facial appearance or uncontrolled hair which puts fear in clients and they wished they had never been attended to by such personnel. Poor ethical training on personal appearance may be a factor contributing to such behaviour. The implication is that patients/clients are likely to lose confidence in the profession.

Limited training on common offences such as intentional/unintentional torts

The study reveals that only 55% of the respondents received training on common offences such as torts and their legal implications in nursing practice (see Table 4.8).

Examples of these common offences or torts include negligence of duty, professional malpractice, battery, assault, invasion of privacy and fraud.

This does not show a positive image of the profession since as high as 45% of professional nurses in the country are likely to portray negative behaviours in committing these common offences. A reflection of this negative behaviour due to poor training is the Komfo Anokye Teaching Hospital missing baby incident, which led to the suspension of two midwives in 2014 (Tawiah 2014:1). Another example is a nurse in-charge of children in Scotland who stole insulin and injected herself when she was meant to be looking after sick babies and was struck off the Nursing and Midwifery Council's Register (Griffith & Tengnah 2013:6).

Limited curriculum coverage of ethical issues in nursing practice

With reference to Table 4.11, majority (58%) of the respondents were of the view that the ethical contents in the training curriculum was inadequate to make them understand. Limited ethical content coverage in the curriculum and poor teaching strategies were factors underpinning their disagreement. This study is supported by a study conducted in Kenya by Maina et al (2011:956), which identified curriculum factors (content coverage) and methods of teaching as factors affecting students' academic performance.

Generally, as observed in Chapter 4, a large percentage of nurses affirmed to have received poor training on ethical topics contained in the training curriculum. This implies that a large percentage of nurses trained in Ghana are likely to exhibit unethical behaviours in the discharge of duty. Poor exhibition of ethics will not expose the nurse only to legal actions, but also the health facility and the professional bodies regulating nursing practice in the country.

Dehghani et al (2015:16) state that ethics is an essential element of all health care professions including nursing which plays a central role in nurses' moral behaviour toward patients. Baykara, Demir and Yaman (2014:2) and Park, Kjervik and Crandell (2012:568) all affirm the significance of ethical training which enables professionals working in the health care field to reflect the role of moral values in their relations with individuals to

whom they serve. It is therefore important to review the ethical contents of the curriculum in order not to lose this valuable aspect in nursing practice.

Limited training on The Human Rights Charter

Only 27% of respondents agreed to have received training on the Human Rights Charter (see Figure 4.4). In the 1992 constitution of Ghana, Article 12 Clause (1) states that the fundamental human rights and freedoms shall be respected and upheld. The clause (2) added that every person in Ghana, whatever his race, place of origin, political opinion, colour, religion, creed or gender shall be entitled to the fundamental human rights and freedoms (Republic of Ghana 1992:12). Even paragraph two of the Nurses Pledge associates itself with the protection of human rights. In addition to the above, the ICN emphasises that nurses should provide care that is respectful of human rights and is sympathetic to the varied customs and beliefs of all people (ICN 2006 quoted in Albina 2016:75).

However, this study observes that the majority of professional nurses exhibit lack of knowledge regarding the training of Human Rights Charter. The implication is that nurses are most like to undermine the fundamental human rights and freedoms of patients, which could expose them to lawsuit.

In countries, such as South Africa, a move has been taken in the delivery and “consumption” of health care where if clients and patients hold the opinion that the health care providers' behaviour has had a negative effect or outcome on them. They may lodge a complaint with the relevant health professional regulatory body (Nortje & Hoffmann 2015:46).

Limited training received on the Nurses' Regulation LI 683 of 1971 and Health Professions Regulatory Bodies Act 857 (Act 2013)

More than half of the respondents affirmed they did not receive training on the state Nursing Practice Acts (NPA) in Ghana which are the Nurses' Regulation LI 683 of 1971 and Health Professions Regulatory Bodies Act 857 (Act 2013) (see Figures 4.5 and 4.7). It is an undeniable fact that nursing care poses a risk of harm to the public if practiced by

professionals who are unprepared or incompetent. For this reason, the state is required to protect its citizens from harm, thus the need to enact the NPA.

A study conducted by Russell (2012:36) recommends that all nurses have a duty to understand their Nursing Practice Acts and to keep up with ongoing changes as this dynamic document evolves and the scope of practice expands. This study reveals that many professional nurses are not even aware there are laws regulating their practice as nurses. The implication is that majority of nurses are bound to violate patients' rights since they are ignorant about the laws governing their practice. However, ignorance of the law is not an acceptable excuse. The laws of the nursing profession can only function properly if nurses know the current laws governing practice in their state.

Limited training on criminal offences to persons and property; murder, rape, manslaughter etc.

The study reveals that a large percentage (61%) of the respondents did not get enough training on criminal offences to persons and property (see Figure 4.9). A crime is an offense against the state committed or omitted in violation of a public law. Examples of criminal offences commonly occurring in the nursing profession include malpractice or negligence which may lead to permanent disabilities of clients or loss of lives.

Euthanasia is considered a criminal offence in some countries such as Ghana. Gupta and Gupta (2015: 319) even state that euthanasia is against the law. Professional nurses are therefore expected to familiarise themselves with these offences to avoid criminal charges laid against them. The implication of receiving limited training on criminal offences is that, many professional nurses are likely to violate the laws unintentionally, which may result in litigation against them.

Limited training of the nurse as a witness in court

Many respondents (58%) were of the view that they had not received adequate teaching/training on the topic: 'the nurse as a witness in court' (see Figure 4.11). This suggests that majority of professional nurses are likely to face challenges regarding nurses acting as witnesses in court. The National Commission on Correctional Health

Care (2011:17) states that, when a nurse's practice falls below acceptable standards of care and competence, it exposes the nurse to litigation. This implies that nurses can be dragged to court when their practices are doubtful, and should therefore be made to understand the consequences of their actions during training. The study findings show that majority of nurses in Ghana are exposed to lawsuit since they lack adequate training on the legal implications of their shortcomings.

Limited curriculum coverage of legal aspects in nursing practice

With reference to Figure 4.14, majority (63%) of the respondents affirmed that the legal content in the nursing training curriculum and the training they received on legal aspects in general and their implications to nursing practice were inadequate. This would have legal consequences for nurses practicing in the country since they received limited or poor teaching/training on legal issues regarding nursing practice. The inadequacy of training received could be traced back to the curriculum contents and the medium of instruction.

The findings of this current study corroborate the study conducted in UK by Cavaye and Watts (2014:2) which postulates that several reports document the inadequacies in knowledge, skills and education of nurses. Other studies conducted in Nigeria, Kenya and USA (Akenbor & Ibanichuka 2014:22; Maina et al 2011:957; Tessema, Ready & Yu 2012:36) respectively outline curriculum contents, quality and medium of instruction as factors influencing students' academic performance.

Jack, Singh and Ncama (2015:127), however, state that nurses require an understanding of how laws, ethics and nursing interface in order to make appropriate decisions, hence incorporation of ethics into all streams of nurse education is necessary. It is therefore important to restructure the training curriculum and incorporate the teaching of legal aspects in nursing training colleges in Ghana.

5.2.2 Recommendations

Teaching and learning of ethico-legal aspects in nursing should be intensified in the training colleges. With reference to the research findings discussed above, it was noted

that a high percentage of respondents (professional nurses) did not receive sufficient training on quite a number of the ethical and legal topics in nursing to enhance their performance. Besides inadequate curriculum content, the reason for this insufficient training is unclear. The researcher cannot also rule out the instructor's inadequate knowledge and medium of instruction, English, as other contributing factors to insufficient training on the ethical and legal aspects of the nursing profession. For the majority of instructors, English is a second or even a third language, so they tend to have limited English proficiency.

Studies conducted in Nigeria, Kenya and USA by Akenbor and Ibanichuka (2014:22), Maina et al (2011:957) and Tessema, Ready and Yu (2012:36) respectively affirm inadequate knowledge of the instructor and medium of instruction on ethico-legal as factors influencing students' academic performance.

To support this argument, the health tutors/instructors responsible for imparting knowledge on student nurses in Ghana are professional nurses with at least first degree educational background. This study suggests that majority of them had received insufficient training on ethico-legal aspects in nursing. Hence, the need to intensify the teaching and learning of ethico-legal aspects in the nursing training colleges.

The researcher again recommends that nurses who are already in the service should be given retraining on ethical and legal issues in nursing through short courses, in-service training or workshops. This is necessary because the study outlines significant professional nurses (respondents) in active service with insufficient training received in most of the ethical and legal topics outlined in the current nursing curriculum in Ghana. These personnel need retraining to update their knowledge on ethical and legal issues in nursing. Hospital Ethics Committees should further be established to facilitate this process.

Also, the ethico-legal contents in the nursing training curriculum need to be reviewed and restructured to cover enough ethico-legal issues in nursing. The study results indicate that the ethical and legal contents in the nursing training curriculum are inadequate to make nurses understand the ethico-legal implications in nursing practice (see Table 4.11 and Figure 4.14). It is therefore recommended that the curriculum be restructured to

enhance the training of nurses to meet contemporary ethico-legal standard. Professional ethics and legal issues in nursing could form a full course rather than being topics in a course as noted in the current curriculum (revised Curriculum 2015).

Further research is needed to explore the teaching strategies of ethico-legal aspects in nursing. The knowledge level of health tutors on ethico-legal issues and the teaching methodologies need to be re-assessed since these could be contributing factors to the insufficient training received.

5.3 LIMITATIONS

The major limitation of this study was limited generalisability of findings since it only involved one region/province from the ten (10) regions (provinces) of the country. Professional nurses in the other regions might hold different views even though the respondents were trained from different training colleges across the country.

Financial expenses were incurred in accessing the internet for study materials and communicating with my supervisor. It was difficult for the researcher to get reliable internet connectivity and any well stocked library with up to date study materials to hasten completion of the work.

5.4 CONCLUSIONS

The present study was designed to solicit the views and perceptions of professional nurses on whether the training on the ethico-legal issues teaching/training received was sufficient to make them understand their implications in nursing practice or not. The results indicated that there is insufficiency in teaching/training of ethico-legal aspects in nursing practice in Ghana especially. Insufficient training on the legal aspects, which particularly stood out.

The study noted with concern that although most of the ethico-legal topics were contained in the nursing training curriculum, many nurses did not receive teaching/training on them. These are the patients' charter, clinical trial, signing legal documents, the human rights

charter, the state Nursing Practice Acts in Ghana, criminal offences to persons and property and the nurse as a witness in court.

The main implication of this knowledge insufficiency is that standards of care and quality of nursing practice in Ghana remain compromised. The risk of nurses being sued or even being called as witnesses in a lawsuit is high since the poorly trained nurses are bound to violate patients' rights on daily basis.

The study should serve as a tool that could improve the standard of nursing care and quality of nursing practice in Ghana by strengthening the teaching/training of ethico-legal issues in nursing. This could be ensured by among others, reviewing and restructuring the training curriculum in such a way that it covers sufficient ethical and legal aspects. In the same spirit, the teaching strategies should also be reviewed and the training of tutors is also revisited.

The researcher is of the view that the study objectives have been met to an extent that the training gaps in ethico-legal aspects in nursing were identified and suggestions/recommendations to improve the training have been outlined for health authorities such as the Ministry of Health and the N&MC of Ghana to consider.

This study would have reached its goal if it succeeds in cautioning the nursing curriculum designers to protect the nurses from inadequate training, which leads to them suffering lawsuits in the process of health provision. More importantly, the patients need to be protected from exposure to poor nursing care due to inadequacy in training in nursing care. The insight arrived at in this study will hopefully add value to the nursing profession in Ghana.

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ANNEXURES

ANNEXURE A: UNISA ETHICAL CLEARANCE CERTIFICATE

	
RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES	
REC-012714-039 (NHERC)	
1 February 2017	
Dear Mr FX Konkamani	<div>HSRDC/579/2017 Mr FX Konkamani Student: 5852-779-6 Supervisor: Dr RM Mmusi-Phetoe Qualification: D Litt et Phil Joint Supervisor: -</div>
Decision: Ethics Approval	
<hr/>	
Name: Mr FX Konkamani	
Proposal: Nurses' perceptions regarding ethico-legal training in Ghana.	
Qualification: MPOHS94	
<hr/>	
Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.	
<div><p><i>The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 1 February 2017.</i></p><p><i>The proposed research may now commence with the proviso that:</i></p><ol style="list-style-type: none"><i>1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.</i><i>2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.</i></div>	
 Open Rubric	<div>University of South Africa Pretorius Street, Hellenburg Ridge, City of Tloane PO Box 393 UNISA 5003 South Africa Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150 www.unisa.ac.za</div>

ANNEXURE B: LETTER REQUESTING PERMISSION TO DO THE STUDY

NURSING TRAINING COLLEGE
POST OFFICE BOX 24
JIRAPA
UPPER WEST REGION
GHANA.
8TH FEBRUARY, 2017.

THE REGIONAL DIRECTOR OF HEALTH SERVICES
REGIONAL HEALTH ADMINISTRATION
P.O. BOX 298
WA, UPPER WEST REGION, GHANA.

Dear Sir,

**A REQUEST TO CONDUCT A RESEARCH USING THE REGISTERED NURSES OF
SIX HOSPITALS IN THE REGION, UWR
KONKAMANI FRANCIS XAVIER, STUDENT NO: 58527796 (UNISA)**

I am a health tutor at NTC, Jirapa and currently pursuing a Master's Programme in nursing at University of South Africa (UNISA). The study is on the topic: **Nurses' perceptions regarding ethico-legal training in Ghana.**

The proposed subjects are the registered nurses in six hospitals in the region. Namely: Wa, Jirapa, Lawra, Nandom, Nadowli and Tumu hospitals. Data will be collected using a structured questionnaire.

The outcome and recommendations of this study may enhance the teaching - learning process of ethico-legal practices in nursing. I therefore wish if you could kindly grant me permission to conduct this research in the hospitals stated above.

Attached is the ethical clearance certificate from the university (UNISA).

I count very much on your kind consideration and support.

Thank you.

Yours faithfully

KONKAMANI FRANCIS XAVIER

Mobile: 0207413126/ 0243966009


Email: francisx61@yahoo.com

ANNEXURE C: LETTER GRANTING PERMISSION TO DO THE STUDY

In case of the reply the number and date of this letter should be quoted.

My Ref. No GHS/UWR/TP 51
Your Ref. No.

Tel: +233 07 56 22 204 or 22 016
Fax: +233 07 56 22 471
Email: ghs-uwr@ihscconline.com.gh


GHANA HEALTH SERVICE
REGIONAL HEALTH ADMIN
P. O. BOX 298
WA UWR
GHANA

April 19, 2017

THE MED. DIR, UPPER WEST REGIONAL HOSP. WA
THE MED SUITS, JIRAPA, LAWRA, NANDOM, NADOWLI, TUMU.


INTRODUCTORY LETTER: MR. KONKAMANI FRANCIS XAVIER.

The above named is a student of the University of South Africa (UNISA) who is pursuing a Master's Programme.

He is seeking to conduct a research in your Hospitals on the topic: "Nurses' perceptions regarding ethico-legal training in Ghana".

Kindly accord him the necessary support and cooperation and take the necessary steps to ensure that the privacy and confidentiality of the clients and staff who will be participating in the study are guaranteed.

Thank you.


RICHARD BASADI
DEPUTY CHIEF HEALTH RESEARCH OFFICER
FOR: REGIONAL DIRECTOR OF HEALTH SERVICES

Cc:

1. Research file
2. Mr. Konkamani Francis Xavier ✓

ANNEXURE D: INFORMATION SHEET



Dear research respondent

I am a master's student at the University of South Africa (UNISA). As part of the requirements for my Master's Degree I should complete a research thesis. The title of my study is **"Nurses' perceptions regarding ethico-legal training in Ghana"**. If you agree to participate in this study, you will be given a questionnaire to answer. Please understand that **your participation is voluntary**. This means that you will not be forced to take part in this study. The choice of whether to participate, is yours alone. However, without your kind co-operation, I will not be able to find information about the teaching and learning of ethico-legal practices in nursing as required for this project work.

The study will be conducted using a questionnaire containing questions relating to your training curriculum and nursing practice. Please note that there are no right or wrong answers and you are not obliged to answer all the questions asked. The questionnaire will last approximately 20 minutes.

At all times, I shall keep your details safe and treat all information given to me as confidential. Your actual name or identity will not be known to anyone else related to the research. You are free to withdraw without any penalty.

There are no anticipated risks, compensation or other direct benefits to you as a respondent in this study. If you have any questions about this research protocol, please contact me at **+233 (0)207413126**.

Yours sincerely

.....

Konkamani Francis Xavier

ANNEXURE E: CONSENT FORM



INFORMED COSENT

Please sign and return this copy of the form. By signing this letter, you give me permission to report your responses anonymously in the final manuscript to be submitted to my supervisors.

[Name]_____

I have read the procedure described above for the proposed research study. I voluntarily agree to participate in the research and I have received a copy of this description.

Signature of respondent Date

I will like to receive a summary copy of the final report submitted for assessment.

YES NO

--	--

ANNEXURE F: CONFIDENTIALITY BINDING FORM

Date.....

Names:

1. Respondent.....2. Researcher: **Francis Xavier Konkamani**

Type of occupation of respondent

This is a study being undertaken by a Master of Arts in Nursing Science student who is studying with the University of South Africa (UNISA).

Reason for disclosure

Information collected from this research study will be kept in confidence. Besides the researcher, the only persons who may have access to this information if need arises are the research supervisors and examiners from UNISA.

Information to be protected

The information gathered will relate to the topic: **Nurses' perceptions regarding ethico-legal training in Ghana**

Signatures:

1. Respondent..... 2. Researcher.....

ANNEXURE G: DATA COLLECTION INSTRUMENT/QUESTIONNAIRE

A. Demographic Data

Please kindly tick the appropriate box to your option.

1. Age of respondent. 20 – 30 years ☐ 31 – 40 years ☐ 41 years and above ☐
2. Sex of respondent. Male ☐ Female ☐
3. For how long in years have you been practising nursing?
5 - 10 ☐ more than 10 ☐

B. Professional nurses' Perceptions of the training received on Ethical aspects in Ghana

Please indicate how far you agree/disagree with the following statements in relation to the ethical training you received during your training to equip you in your practice as a nurse using the **Likert scale below**. Write only the number to your option against the statement/topic.

1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

Statement/Topic	Option Number
4. I have received sufficient teaching/training on the topic: ' confidentiality in nursing ' to make me understand the ethical implications for the nursing practice	
5. I have received sufficient teaching/training on the topic: ' patient's charter ' to make me understand the ethical implications for the nursing practice	
6. I have received sufficient teaching/training on the topic: ' individuality of man ' to make me understand the ethical implications for the nursing practice	
7. I have received sufficient teaching/training on the topic: ' patient's consent to treatment ' to make me understand the ethical implications for the nursing practice	

Statement/Topic	Option Number
8. I received sufficient teaching/training on the topic: ' Clinical trials ' to make me understand the ethical implications for the nursing practice.	
9. I received sufficient teaching/training on the topic: ' Signing legal documents (witnessing wills etc.) ' and the ethical implications for the nursing practice	
10. I received enough teaching/training on the topic: ' patient's property ' and the ethical implications for the nursing practice	
11. I received enough teaching/training on the topic: ' Qualities of a nurse ' and the implications for the nursing practice.	
12. I received enough teaching/training on the topic: ' personal appearance ' to make me understand and ethical implications for the nursing practice.	
13. I received enough teaching/training on the topic: ' the nurses' pledge ' and ethical implications for the nursing practice.	
14. The training received adequately covered topics to make nurses practice ethically.	

C. Professional nurses' Perceptions of the training received on Legal aspects in Ghana

Please indicate how far you agree/disagree with the following statements in relation to the training you received on **legal issues**, during your training, to equip you in your nursing practice using the **Likert scale below**. Write only the number to your option against the statement/topic.

1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

Statement/Topics	Option Number
15. I received enough teaching/training on the topic: 'the Human Rights Charter' to make me understand the legal implications for the nursing practice	
16. I received enough teaching/training on the topic: 'Nurses' Regulation LI 683 of 1971' to make me understand the legal implications for the nursing practice	
17. I received enough teaching/training on the topic: 'Nurses' and Midwives' Decree NRCD 117 to make me understand its legal implications for the nursing practice nursing.	
18. I received enough teaching/training on the topic: 'Health Professions Regulatory Bodies Act 2013, Act 857' to make me understand the legal implication for the nursing practice.	
19. I received enough teaching/training on the topic: 'Common offences: tort, negligence; intentional/unintentional' to make me understand their legal implications for the nursing practice.	
20. I received enough teaching/training on the topic: 'Criminal offences to persons and property; murder, rape, manslaughter etc.' to make me understand the legal implications for the nursing practice	
21. I received enough teaching/training on the topic: 'Identification and notification of coroner's case, autopsy and inquest' to make me understand the legal implications for the nursing practice	
22. I received enough teaching/training on the topic: 'The nurse as a witness in court' to make me understand the legal implications for the nursing practice	

Statement/Topics	Option Number
23. I received enough teaching/training on the topic: ' Legal aspects of psychiatric nursing, NRCD 30 (Mental Health Act 2012, Act 846) ' to make me understand the legal implications for the nursing practice	
24. I received enough teaching/training on the topic: ' Specialist Training and Plant Medicine Research Act 2011, Act 833 ' to make me understand the legal implications for the nursing practice	
25. The training received adequately covered topics to make nurses practice according to the legal prescripts.	

26. What recommendation(s) do you have concerning adequate training on ethico-legal aspects?

.....
.....

ANNEXURE H: LETTER OF LANGUAGE EDITOR

Prof. S. Tichapondwa Modesto

DLitt et Phil (UNISA); MA-ESL (UZ); BEd Curr (UNISA); BA-Hons (Lond) DiP.Ed (UZ); DBM (INTEC); Cert.Law (UNISA)

P.O. Box 978AAD
[+267] 737 60 408



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EDITORIAL CERTIFICATE – LANGUAGE EDITING

NURSES' PERCEPTIONS REGARDING ETHICO-LEGAL TRAINING IN GHANA

by

KONKAMANI FRANCIS XAVIER

This serves to confirm that the above-named document has been edited for language. On the whole, the dissertation reads smoothly, and shows satisfactory control of the English language. Regarding the linguistic dimension, the following aspects were closely addressed :

1. General orthographic aspects, including the discourse of research, that is, the extent to which research discourse is accurately applied.
2. Spelling and punctuation, that is, the mainstay of communication.
3. Attention was accorded to repetition and paragraphing.
4. Tense usage in chapter contexts. Tense use is critical in terms of showing what has already been accomplished (past) ; what the researcher intends (future), and what is (present).
5. Logical flow of argumentation, where close attention has been paid to coherence of thoughts and avoidance of disjointedness.
6. Cohesion, which involves correct sequencing of parts of speech in order to communicate the intended messages in compliance with research problem and related questions was closely monitored and suggestions made to improve it.
7. Syntax as it relates to clarity, ambiguity and diction in sentences. Indications have been made to show that when the sentence is too complex, the intended meaning gets inevitably lost.

The red in square brackets stands for suggestions to be considered by the author.

Where there is ambiguity, the author has been requested to revise the given section.

Cancellations are made as suggestions to enhance both cohesion and coherence. The Editor either cancelled, and left it as is, or cancelled and suggested a replacement in red.

It is noteworthy that all is left to the researcher's discretion to factor in suggested changes, or not to do so. If in the researcher's view the changes are unwarranted, she/she is at liberty to leave them as they are.

Prof S Tichapondwa Modesto (Dlitt et Phil) Dated: 03 July 2017

ANNEXURE I: ACTS AND LEGISLATIVE INSTRUMENTS (LI) REFERRED TO IN THE DISSERTATION

Constitution of the Republic of Ghana (Act no NRCD 117 of 1972 and LI no 683 of 1971).

Health Professions Regulatory Bodies Act (Act no 857 of 2013).

Mental Health Act (Act 846 of 2012).

Nurses and Midwives Practice Act (Act no NRCD 117 of 1972 and LI no 683 of 1971).

Nurses' Regulation Act (LI no 683 of 1971).

Specialist Training and Plant Medicine Research Act (Act no 833 of 2011).