PROFESSIONAL NURSES' KNOWLEDGE OF LAW AND MALPRACTICE INSURANCE

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CHAPTER 1

INTRODUCTION

In recent years in the United States, the number of malpractice litigations encompassing the health care industry has risen sharply. At one time, nurses were considered in secondary-risk positions, since primary liability fell on the employing institution or the physician. This no longer holds true. The role of the professional nurse has changed from one of legal dependency to one of legal accountability. Nursing has attained professional status where neither the employer nor physician is responsible for the nurses' accountability.

Professional status implies that nurses are accountable for their own actions. This also implies accountability to oneself and the right to all knowledge and tools that will protect one's rights as well as the rights of others. The capability of the law to either limit or extend nursing action in certain situations demonstrates that knowledge of the law should be an integral part of nursing awareness. Clinical judgment is not always sufficient to move the nurse from assessment to

the decision that precedes action. This judgment must be considered within the realm of its applicability to other factors--principally, traditions and professional standards, institutional policies and procedures, and relevant statutory and common law (Murchison, Nichols, & Hanson, 1982).

Many nurses refrain from purchasing their own malpractice insurance based on a variety of factors. Often the assumption is made that nurses are protected by an employer's malpractice insurance. The individual nurse's personal values usually judge which factors are most important. According to Greenlaw (1981), legal, ethical, and professional perspectives are the most prevalent factors.

Due to an increase in public awareness of law and malpractice, nurses, as well as other professionals and institutions, are being sued. This study reflected the nurse's knowledge of legal aspects of nursing related to one aspect of individual protection--possession of a individual malpractice insurance policy. This study replicated, with modification in a geographical location, a study done by Thompson (1983) concerning nurses'

knowledge of law and their decision to obtain malpractice insurance.

Problem of Study

The problem of this study was to determine if there was a difference in knowledge concerning law and malpractice in nursing among a group of registered nurses who possessed an individual malpractice insurance policy and those who do not possess an individual malpractice insurance policy, after controlling for the factors of age and number of years in practice.

Justification of Problem

Accountability is synonymous with commitment. Responsibility to another person or to oneself is implied by both words. Historically, the nursing profession has struggled to gain recognition, to build curricula that would provide the foundation for autonomous, accountable practice, and to provide the means for perpetual intellectual maturation that would ensure the right and obligation of nurses to share in the expansion of health care services. Today, the professional nurse demands the right to think and act responsibly and, in so doing, must and does stand ready to be held accountable (Murchison et al., 1982).

Fundamental concern for the patient's safety and welfare has always been the nurse's prime focus, but the ability to achieve this objective depends upon a knowledge of the legal parameters in patient care as well as a knowledge of nursing practices (Creighton, 1980). Anderson (1970) found in reviewing court cases that the most common acts of nursing negligence are the failure to recognize and report a patient's symptoms, failure to carry out the proper orders of a physician, failure to protect the patient from faulty equipment or hazards attendant to its use, and failure to recognize dangers inherent in carrying out the orders of the physician. The nurse must bear in mind at all times that she is required to perform duties assumed by her exercising legal and ethical judgment. The nurse may be personally responsible for negligence or wrongful acts even if performed under the authority of a phyician or other employer. Thus, in order to function effectively, today's nurse must fully understand the legal rules and doctrines that govern her daily activities (Bernzweig, 1975).

In 1973, the American Nurses' Association (ANA) published nationwide Standards of Nursing Practice. Included were general standards, specialty standards, and

assessment criteria. The standards provide a mechanism for analyzing whether the nursing action in question complies with what the profession considers the appropriate standard of care. Lawyers and courts are looking to the ANA Standards of Practice as well as state nurse practice acts to determine nurse liability for malpractice (Creighton, 1980).

The nursing process was developed to provide a logical, orderly approach to nursing care. Evaluation of a patient's response to nursing action is multidimensional. Nursing goals must be considered within the framework of their relationships to other dimensions such as professional standards and traditions, institutional policies and procedures, and relevant statutory and common law. In reality, these dimensions often control nursing action and may produce far-reaching outcomes for the nurse and the nursing profession. Intense legal scrutiny of nursing conduct can set or extend limits for professional practice as well as evaluate the status of nursing and establish precedents which may or may not be desired by the profession as a whole (Murchison et al., 1982).

Kimberly, Krekler, and Katz (1982) emphasized that professional standards, legal standards, and knowledge of

law must become an educational priority. Findings of this study revealed that nurses with the most recent education have a significantly greater understanding of the legal aspects of nursing. This outcome was based upon completion of a basic knowledge test regarding legal aspects of nursing. Nurses who graduated within the previous 2 years scored significantly higher on the knowledge test. It is interesting to note that the overall mean score was only 60% out of 100%, certainly not passing by most nursing school standards.

> Until all professional curricula and continuing education programs recognize the law as an essential component of nursing practice, the positive force of the law is missing from the decision-making process, and both nurse and patient are the losers. (Murchison et al., 1982, p. 2)

Thompson (1983) conducted a study of an 8-county area in a southwestern state to determine if knowledge of law and malpractice has a bearing on the nurse's choice to obtain an individual malpractice insurance policy. In reviewing that state's statutes regulating the practice of professional nursing (Texas State Practice of Professional Nursing, 1981), no mention of law, legal aspects, liability, or malpractice was found with regard to curriculum requirements in educational institutions for professional nursing. The results of Thompson's study

of Thompson's study showed that nurses possessing an individual insurance policy had significantly greater knowledge of the law, based on Fedric's (1980) tool, The Law in Nursing Practice. This significance was attributed to knowledge gained in basic educational programs.

Research assessing the practicing nurse's knowledge of the legal aspects of nursing will provide documentation to establish whether the need exists to incorporate legal aspects within basic educational programs. Further, research of this nature can be utilized as a foundation to guide the nursing profession in the development of other educational programs designed for the population of nurses currently in practice.

Little research has been conducted to determine what motivates a nurse to obtain an individual malpractice insurance policy. It is felt that as nurses begin to realize their own legal vulnerability they will incorporate legal judgment into their practice. As financial vulnerability results from legal vulnerability, the nurse's awareness of law may motivate the nurse to obtain her own malpractice insurance policy.

This study replicated Thompson's (1983) study with variation in location and focused on registered nurses in

a northwestern state to try to determine if knowledge of law and malpractice in nursing is associated with the nurse's decision to obtain an individual malpractice insurance policy. Since 1976, this northwest state's Nurse Practice Act has required nursing law courses in basic curricula for certification.

Theoretical Framework

The theoretical framework on which this study was based is Festinger's (1957) theory of cognitive dissonance. Festinger proposed that dissonance, or nonfitting relations, exist among cognitions and considers dissonance a motivation factor. The term cognition means any knowledge, opinion, or belief one holds concerning self, behavior, or environment. Festinger further clarified that a person does not hold an opinion, belief, value, or attitude unless he thinks it is correct.

Cognitive dissonance is seen as the preceding condition which leads to an activity directed toward the reduction of dissonance. This is based on the assumption that a person strives to establish internal harmony, congruency, or consistency among his attitudes, beliefs, knowledge, opinions, and values (cognitions). In essence, there exists a drive toward consonance among cognitions.

In order to reduce the dissonance, the person involved may be expected to change the cognition about the behavior by changing the action or change the knowledge about the event. Difficulties may be encountered by the individual in trying to change either the behavior or the cognition, in hopes of reaching some degree of consonance (Festinger, 1957).

How and why does dissonance arise? The most common situation in which dissonance may occur involves exposure to new events. New events or information may become known to a person creating momentary dissonance with knowledge, opinion, or cognition concerning behavior (Festinger, 1957). To illustrate this, a nurse may believe that she is covered by her employer's malpractice insurance policy. She may attend a continuing education program on the legal aspects of nursing and receive information documenting that only 10% of the health care institutions in the United States cover their employees via a paramedical endorsement (Creighton, 1981). At least momentary dissonance is created for this nurse. In order to reduce the dissonance, the nurse may choose to examine a copy of the employer's malpractice insurance policy to determine the extent of her coverage. A second option to reduce

dissonance may be to obtain an individual malpractice insurance policy. The nurse may choose a third option, no action, and dissonance will remain present.

The existence of dissonance is an everyday condition. Dissonance may occur even in the absence of new events or information. Very few situations are clear enough so that opinions or behaviors are not to some degree a mixture of contradictions. Where an opinion must be formed or a decision made, some dissonance is almost always created. Discrepancies may exist between the conditions of the action taken and those opinions or knowledges which tend to point to a different action (Festinger, 1957). For example, the nurse in the continuing education class may further learn that the law recognizes the practice of nursing as a profession. As such, nurses have no dependent functions. Rather, the nurse is accountable for any and all nursing actions based on her nursing judgment regardless of who ordered the action. If a physician orders an injection of penicillin for a patient with a known penicillin allergy and the nurse administers the drug, the nurse can be held liable for malpractice. Even though the physician ordered the medication, an element of nursing judgment is involved in choosing to administer the

drug vs. questioning the order given by the physician. Thus, a discrepancy exists between the nurse's independent role and the perceived dependent role functions, creating dissonance.

The existence of dissonance gives rise to pressures to reduce or eliminate the dissonance. The strength of the pressure to reduce the dissonance is a function of the magnitude of the dissonance. Stated otherwise, dissonance acts in the same way as a state of drive or need. The presence of professionals usually leads to action to reduce or eliminate it by changing one of the elements that enhances the dissonance (Festinger, 1957).

Festinger's (1957) theory of cognitive dissonance supports the premise that the greater the knowledge a nurse has regarding nursing law and malpractice, the greater the likelihood a nurse will feel increased legal and financial vulnerability, creating dissonance, and will, therefore, obtain an individual malpractice insurance policy to promote consonance.

Assumptions

The assumptions of this study were:

1. Registered nurses have had some exposure to the basic concepts of nursing law and malpractice.

2. Dissonance is reduced by the acquisition of an individual malpractice insurance policy.

Hypothesis

The hypothesis of this study, after controlling for the factors of age and number of years in practice, was: There is no difference in the level of knowledge of law and malpractice in nursing in a group of professional nurses who possess an individual malpractice insurance policy and professional nurses who do not possess an individual malpractice insurance policy.

Definition of Terms

For the purpose of this study, the following terms were defined.

1. A nurse's level of knowledge of law and malpractice--measured by Fedric's (1980) Law and Nursing Practice tool, a 20-question, true-false test.

2. Professional nurse--a registered nurse who is licensed and actively practicing in the state chosen for the study.

3. Individual malpractice liability insurance policy--a malpractice insurance policy acquired from a carrier other than the employing agency and not required by the employing agency.

Limitations

The limitations for this study were:

1. There was no attempt to control the subjects for (a) area of nursing practice and (b) exposure to nursing law seminars or workshops.

2. The study was limited to one geographic location.

Summary

Knowledge about the legal apects of nursing may vary greatly among nurses in the United States. Little research was conducted to determine if a need exists to provide education regarding legal aspects of nursing within basic curricula. Further, a dearth of research was available which examined the motivational forces which may guide a nurse in obtaining self-protection in the form of an individual malpractice insurance policy. This study focused on a northwestern state to investigate legal aspects of nursing and possession of an individual malpractice insurance policy. Both are necessary and important to protect the patient and the nurse.

CHAPTER 2

REVIEW OF LITERATURE

Little nursing research has been conducted or published regarding the nurse's level of knowledge of nursing law and its influence on the decision to obtain an individual malpractice insurance policy. The first section discusses the concepts of professional and statutory regulations of nursing practice. The second section delineates specific legal doctrines governing the practice of nursing. A review of employer/employee malpractice insurance coverge and its concommitant problems are presented in the third section. The fourth section covers nurse's acquisition of knowledge of legal issues. Finally, research regarding cognitive dissonance is discussed in the fifth section.

Professional and Statutory Regulations

Catalyzing agents, such as the rapid expansion of science and technology, increased public awareness and indepth coverage by the news media have led to questions regarding the degree of accountability, knowledge, and quality of service delivered by health care providers (Christman, 1978). In nursing, accountability is a

personal, professional concept. This assumes that the individual nurse is perceived as a professional person--as a member of a profession. The nurse's individual perceptions of her status is based upon the degree to which she accepts professional accountability to the patients. The nurse who perceives oneself as a professional person accepts the status and all the rights and responsibilities that accompany the status. The question that follows is whether or not nurses are fully aware of the implications of their professional status and accountability (White, 1977).

Nursing practice is governed by regulations or standards established from within the nursing profession itself. The profession is concerned with establishing boundaries of nursing practice through the delineation of professional standards. The body of common law created a standard known as "the conduct of the reasonably prudent person" (Murchison et al., 1982, p. 33). This standard is applied to nursing through the requirement that the professional nurse must perform at a level that equals or exceeds that of a reasonably prudent practitioner, utilizing the knowledge and skills of the profession. The American Nurses' Association (1966) determines through

membership participation what the profession maintains to be acceptable standards of practice. These standards were originally based on the following definition of professional nursing:

> The practice of professional nursing means the performance for compensation of acts in the observation, care, and counsel of the ill, injured or infirmed, or in the maintenance of health or prevention of illness of others, or in the supervision and teaching of other personnel, or in the administration of medications and treatments as prescribed by a licensed physician or dentist; requiring substantial specialized judgment and skill and based on knowledge and application of the principles of biological, physical, and social science. The foregoing shall not be deemed to include acts of diagnosis or prescription of therapeutic or corrective measures. (Section II, b)

Since 1966, a long-range program objective of the American Nurses' Association states that the professional nurse must assure the public that professional nursing service of high quality and in sufficient quantity will be available for the sick of the country. As a consequence, nurses must have the autonomy necessary to determine the scope of their own professional activities (Maas, 1973).

In 1973, the American Nurses' Association published nationwide generic and specialty standards applicable to all nurses in all areas of practice. These standards included general standards and assessment factors that

provided a framework for judging whether a particular nursing action fell within the realm of acceptable practice. For example, collection of data such as vital signs is something expected of all nurses according to the generic standards of nursing care, while both generic and specialty standards apply to those nurses who work in specialized areas (Creighton, 1980).

Many states have greatly expanded the legal definition of nursing, or scope of practice, in recent years. This action imposes long-range ramifications on the license to practice professional nursing within each state. A license is a legal document that permits a nurse to practice her profession within the state and gives the privilege of representing oneself as a registered nurse. Exceeding the limits of one's license or scope of practice increases the chance of liability for the nurse. Therefore, all nurses must review their work periodically in the light of the scope of practice as defined by their license (Creighton, 1981).

In addition to professional standards, the nursing profession and states have shared the responsibility in the development of a nurse practice act. The 1966 American Nurses' Association definition of nursing

provided the foundation for the legal definition for nursing practice found in each state's nurse practice act. These legal regulations are mandatory, and, as law, there are penalties imposed for violation. Although the exact language of this definition varied from state to state, all were originally based on the 1966 American Nurses' Association definition cited earlier. Since adoption of nurse practice acts, the nurse has a legal statutory source to guide her professional actions. All nurse practice acts typically contain the following:

1. Definition of professional and practical nnursing.

2. Composition and responsibilities of the state board of nursing.

3. Requirements for licensure as a professional or practice nurse.

4. Grounds for revocation of licensure.

5. Provisions for reciprocity for persons licensed in other states.

6. Regulation of study programs offered nurses.

7. Penalties for practicing without a license (Willig, 1970).

The scope of practice as defined by licensure is governed by statutory regulations or law. An understanding of the general principles of law as they apply to a given set of facts will guide the nurse in one's judgment of the appropriate legal response to a given situation (Bullough, 1975).

Nurses are most frequently involved in an area of law referred to as the law of torts. A tort is a legal wrong arising from a person's failure to use care in his contact with other persons, or failure to refrain from injuring the person or property of another (Willig, 1970).

The law distinguishes unintentional torts from intentional torts. An intentional tort is one in which a person "does damage to another willfully and intentionally, and without just cause or excuse" (Willig, 1970, p. 22). To be intentional, the act must be both deliberate and conscious. As legally defined, an intentional tort need not be hostile. Most nurses could be acting with good intentions but if they invade a legally protected interest of the patient, it may lead to charges of intentional tort. Assault and battery, false imprisonment, invasion off privacy, and defamation of character are examples of intentional torts.

The concepts of malpractice and negligence are classified as unintentional torts. Although the terms malpractice and negligence are often used interchangeably, the term malpractice is used to denote carelessness or negligence of professional, or licensed personnel. The determination of carelessness is measured utilizing the standard of care. In law, the standard of care is determined by deciding what a reasonably prudent person would do acting under similar circumstances. This reasonably prudent person is a hypothetically average person with average education, skills, and training in the relevant field, possessing a hypothetically average amount of judgment and good sense (Cazales, 1978). The law applies this standard of care to the nurse's performance of professional duties.

Every nurse is required to exercise reasonable care to prevent harm or injury to the patient. Reasonable care is measured by that degree of care ordinarily exercised by nurses possessing comparative education, skills, and training; using an element of judgment. This standard judges what any reasonably prudent nurse is expected to do at a given point in time, under the immediate circumstances, in the performance of a particular duty.

Questions of what constitutes the standard of care and whether a nurse deviated from it must be proven by the testimony of nursing and/or medical experts. Professional standards of nursing are also a tool utilized by nurse-experts and the courts to determine liability (Creighton, 1980).

Doctrines Governing Nursing Practice

In addition to the law of torts, there are principles defined as fundamental truths or basic doctrines which can be consistently applied to health care situations. The doctrines are available to nurses as guidelines to be selected appropriately according to the specific set of circumstances one encounters (Hemelt & Mackert, 1982). A brief review of the current concepts in nursing and law that are considered essential by society to the safe practice of nursing are as follows:

1. Doctrine of Personal Liability--the fundamental rule of law that every person is liable for his own negligent conduct (Hemelt & Mackert, 1982). As a professional, the nurse must always do what her education, training, and experience indicate is best for the patient. If one knowingly performs an act which does not meet the required standard of care, one will be held personally

liable regardless of other circumstances (Bernweig, 1975).

2. Doctrine of Respondeat Superior--this holds an employer liable for the negligent acts of employees which occur within the scope of employment. The law perceives that the employer should be held legally responsible for the conduct of employees whose actions are directed or controlled by the employer (Hemelt & Mackert, 1982). It must be noted that this doctrine does not relieve the nurse of personal liability for negligent conduct in question (Creighton, 1981).

3. Doctrine of Res Ipsa Loquitur--literally translated, "the thing speaks for itself." This doctrine applies when injury is apparent and the patient has no control or recollection, as in a surgical case. Three conditions must be present before this rule can be applied: (a) during the ordinary course of affairs the accident would not have occurred if reasonable care were exercised, (b) the cause of the accident was under exclusive control of the defendant, and (c) the plaintiff did not contribute to the accident (Creighton, 1981).

4. Doctrine of Foreseeability of Harm--the principle of this law is that an individual could reasonably foresee

that certain action or inaction on his part could result in injury to another individual (Hemelt & Mackert, 1982). This standard applies when a nurse has the knowledge that failure to meet a certain standard of care will cause harm to the patient.

5. Doctrine of Outrageous Conduct--this principle involves behavior which shocks the sensibilities of the ordinary person. It reaches beyond the boundaries of decency and is viewed as intolerable in a civilized community. The elements of this doctrine state that there must be outrageous conduct intentionally causing emotional distress to another to the degree that severe or extreme emotional distress is suffered as a result of the outrageous conduct (Hemelt & Mackert, 1982).

6. Nurse-Patient Relationship--the legal status of this relationship begins whenever a nurse renders nursing care to another person. A contractual agreement exists immediately upon giving nursing care and the law imposes certain legal responsibilities upon the nurse with respect to the patient. How the nurse's services are engaged, by whom they are engaged, or whether they are technically engaged at all has no bearing in this relationship. The

mere act of providing care is the action necessary to create the relationship (Creighton, 1981).

7. Doctrine of Informed Consent--this mandates that every patient has the right to all knowledge concerning proposed health care, its potential risks, benefits, and all viable alternatives to that health care in order to be a voluntary participant. Informed consent is required so the patient may make an intelligent and rational decision regarding his own health care (Willig, 1970). Once consent is given, the patient may withdraw consent either verbally or in writing anytime prior to the implementation of the care in question. The refusal is binding regardless of the rationality of the reason. The law recognizes that written consent may be verbally rescinded (Creighton, 1981).

In attempting to familiarize oneself with the legal aspects of health care, the nurse can only hope to understand the general priniciples of law as they apply to a set of facts. The application of the principles of these doctrines to a work situation will usually result in an appropriate legal response. It is necessary to act within the framework of the law at the particular time one is reviewing the facts (Hemelt & Mackert, 1982).

Institutional vs. Individual Malpractice Coverage

The increasing public recognition of nursing as a health care profession and the expansion of nursing practice have increased the likelihood of malpractice suits against nurses. If a suit against a nurse is successful, the judgment will be fulfilled from the nurse's personal assets unless an insurance policy is in force to cover the liability. Therefore, nurses in all types of practice need to have some insurance protection (Greenlaw, 1981).

Malpractice suits may arise many years after an incident has occurred, long after the specifics of care have been forgotten. Involvement in malpractice litigation cannot be predicted, nor the resultant financial loss foreseen. Financial protection is available via malpractice insurance. Professional nurses have essentially one option for malpractice insurance protection, individual coverage (Creighton, 1982).

Many nursing law authors do not recommend relying solely on institutional coverage for the following reasons. Many institutions carry policies designed to protect the interests of the institution rather than

employee interests (Greenlaw, 1981). This attitude reflects the legal premise of Respondeat Superior. If the employee commits an act of negligence as a result of an employer directive, the employer will be held liable for negligence as a result of the directive. However, many employer malpractice insurance carriers reserve the option to seek restitution (subrogation) from the employee responsible for the act of negligence (Creighton, 1982).

Many institutional malpractice policies do not provide coverage for employees assigned to specific areas. Further, coverage may not be applicable if the employee voluntarily agrees to assume another role such as charge nurse if such a role has never been designated by the institution (Titus, 1976).

Institutional policies have many restrictions that are not readily apparent to the nurse employee. The institution may have the right to settle malpractice claims against a nurse out of court regardless of any guilt or innocence (Williams, 1976).

Nurses are professionally accountable 24 hours a day, 365 days a year, as long as they maintain a current license to practice nursing (Creighton, 1982). With rare exception, institutional malpractice policies do not cover

the employee once outside the institution. The government-employed nurse, and indeed all nurses, must understand that any volunteer service or afterhours nursing care increases exposure to potential lawsuits which the employer will not cover (Regan, 1982).

Any nurse who has obtained an individual malpractice insurance policy must not rely on the false belief that one is no longer at risk. Greenlaw (1981) asserted that the nurse must continue to keep accurate, precise, legible documentation; use informed common sense; and keep abreast of new, pertinent health care knowledge.

It has been found that 60-80% of all lawsuits stem from poor public relations. The patient who is convinced that everything possible is being done will rarely sue. Any health practitioner who chooses to transmit an attitude of hostility and indifference rather than emphathisize with the patient's condition, will enhance the risk of litigation (Creighton, 1982).

Nurses' Acquisition of Knowledge of Legal Issues

Each nurse is responsible for incorporating legal guidelines and related knowledge into their everyday practice. This responsibility is echoed through continual reminders written in nursing law texts. It is ironic,

however, that nursing education pays little attention to the professional and legal implications of nursing practice, as documented by several authors (Creighton, 1982; Helmet & Mackert, 1982). The frequent neglect of legal aspects of health care is reflected by consumer dissatisfaction, discontent practitioners, and health care industry's growing involvement in legal entanglements in the course of delivering health care (Fenner, 1980).

A study completed by Titus (1976) assessed the level of attention given within professional nursing curricula toward nursing law, litigation, and predisposing factors. The study assessed the three basic types of professional nursing programs within the United States: the associate degree, diploma, and bachelor degree program. Major findings of this study concluded:

1. There was a steady decline in attention paid to nursing law by schools of professional nursing beginning in 1971.

2. There had not been enough attention given to determine the proper timeframe needed to teach a nursing law course in schools of nursing and the amount of time given reflected the importance within the curriculum framework.

3. The majority of nurses who attended a course or seminar in nursing law in school or after employment were instructed by nurse-educators or nurse directors who were not adequately prepared to teach in the area of nursing law.

4. Attendance at nursing law classes, either in school or employing agencies, was mandatory in less than half of those studied.

5. Nursing law content in courses studied leaned toward the interests of the hospital system rather than personal protection and personal gain of the employee.

6. More than half of the 500 nurses sampled who had a course or seminar in nursing law felt that their acquired knowledge had helped them in their professional careers and also felt that more nursing law courses should be incorporated into nursing school curriculums.

7. A higher percentage of nurses who did not have courses in nursing law carried malpractice insurance than those who had courses (Titus 1976).

Titus (1976) attributed finding number 7 to the lack of attention given in nursing law courses to areas such as self-protection and/or malpractice insurance.

A study by Aroskar (1977) of ethics in nursing curricula of 89 accredited baccalaureate nursing programs found that many programs combined certain legal guidelines with ethical principles. Only 1 of the 89 programs stated a program objective related to professional ethics and legal implications in implementation of the nursing process. Aroskar concluded that when legal and ethical aspects are taught together, they should be presented in a manner that distinguishes and enhances the two areas.

Bernzweig (1975) noted that nursing educators are unanimous in the view that nursing law is a vital part of formal nursing education. Bernzweig further noted that increased curriculum and work demands, as well as teacher shortages, are frequently cited as obstacles in the adequate development and delivery of a nursing law course. Bernzweig proposed that nursing law be taught in the form of programmed instruction since most nursing schools are unable to adequately meet the need for nursing law courses.

A study conducted by Kimberly et al.(1982) of 105 staff nurses in 21 midwestern hospitals revealed how little nurses understood the professional standards their own performance would be measured against in the event of

a lawsuit. Twenty situations based on actual court cases were presented in the form of a questionnaire to the nurses. Each situation required a yes answer if the respondent thought a court would consider the nurse liable and a no answer if the respondent thought a court would not consider the nurse liable. A score of 100% was given for 20 correct answers. Respondents scored highest in the areas regarding legal implications of patient confidentiality (70.8%), liability coverage (75%), responsibility in the operating room (81.3%), and responsibility for unsafe equipment and environments (75%). Lowest scores occurred on situations which required reporting a patient's need for treatment more than one time (34%) and questioning a treatment ordered by a physician (19.4%). Demographic data correlated with response scores showed nurses with less than 6 years experience had a higher mean score (13.2 correct answers) than nurses with over 20 years experience (9.2 correct answers). Although nurses with less than 6 years experience were more recently graduated from their basic nursing programs, the average score of 66% revealed a poor understanding of their legal accountability by most nursing school standards. The results of this study led the author to indicate that

emphasis on legal accountability and professional standards must become an educational priority.

Fedric (1980) examined the relationship between professional nurses' knowledge of nursing law and their application of this knowledge to specific nursing care functions. The findings of this study demonstrated that all nurses in the sample had some knowledge of nursing law as it related to nursing practice. However, those who had high knowledge scores did not necessarily have high application scores. Further, it was found that there was no difference in professional nurses' knowledge of law or ability to apply law to nursing practice that could be attributed to their level of education.

Thompson (1983) conducted a study to determine if the registered nurse's level of knowledge of nursing law was a factor in the decision to obtain an individual malpractice insurance policy. It was found that those nurses possessing an individual malpractice insurance policy scored significantly higher on the nursing law tool than those nurses who did not possess an individual malpractice insurance policy. A significant relationship was found relative to age, with those nurses in the 26-35-year age group having the highest incidence of possession of an

individual malpractice insurance policy, while the 36-45-year age group had the lowest incidence of possession of an individual malpractice insurance policy. Nurses who received course content pertaining to nursing law in their basic program also had a higher incidence of possessing an individual policy than those nurses who had no basic nursing law content.

Major textbooks utilized in teaching basic concepts of nursing areas such as medical-surgical, obstetrics, pediatrics, and psychiatric nursing were reviewed by this researcher for reference to legal guidelines of practice. Broad, general statements imparting little basic information regarding legal aspects pertinent to each area were found in most texts. A basic nursing text by Brill and Kilts (1980) was found to be an exception. These authors conscientiously included information relative to professional accountability, licensing, nurse practice acts, and several pertinent legal doctrines.

Summary

This chapter presented a review of the literature of the concepts of professional standards and statutory regulations as they govern the practice of professional

nursing. Pertinent basic legal doctrines applicable to the delivery of nursing care were also reviewed.

An overview of institutional vs. individual malpractice insurance coverage was presented. Benefits of individual protection were discussed relative to the inadequacies apparent in relying on institutional liability protection.

Studies concerning nurses' acquisition of nursing law knowledge and some current problems regarding this issue were also discussed. Research findings presented demonstrate that, in general, nurses lack specific knowledge of nursing law, professional standards, and their influence on nursing practice.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

The research design for this study is classified as an ex-post facto, nonexperimental survey. The basic purpose of ex-post facto research is to determine the relationship among variables. However, it is difficult to infer causal relationships due to the lack of control of the independent variable--knowledge of law and malpractice. The independent variable has already occurred, hence, this examination is done retrospectively (Polit & Hungler, 1978). In this study, the independent variable, knowledge of law, cannot be controlled because manifestations of the varibles have already occurred.

Setting

This study was conducted in a northwestern area of the United States. As a replication of Thompson's (1983) survey in a southwestern state, this study surveyed subjects in a different geographical area of the United States. Data collection was carried out by mailing questionnaires to the homes of randomly-selected participants for completion in a manner selected by the subject.

Population and Sample

The accessible population for this study included all registered nurses licensed to practice in the state in which the research was conducted. A list of names was obtained from the State Board of Nursing licensure roster.

Systematic sampling, a form of random sampling, involves the selection of every kth person or case from a group or list (Polit & Hungler, 1978). This type of sampling was utilized to collect the research data.

The sample included 200 nurses selected from a sampling frame of 42,000 nurses actively registered in this northwestern state. Each page of the nurses' names was assigned a number. The numbers were then placed in a bowl, mixed, and one number was drawn by the researcher. A random point on the page corresponding to the number drawn was designated as the starting point. Every 210th name was chosen until 200 names were obtained. Analysis of data was performed on those subjects who graduated in 1976 or later from an accredited school of nursing in the northwestern state.

Protection of Human Subjects

This study did not necessitate review by the Human Subject's Review Committee (Appendix A) as it complied with Category I of the Federal Register published January 16, 1981, Part X, effective July 27, 1981. The only risk to human subjects involved the possibility of improper release of data. No names appeared on the questionnaires, and the questionnaires were destroyed after final tabulation of the data.

Completion and return of the questionnaires were interpreted as informed consent. Each questionnaire included the statement "Completion of this questionnaire construes consent to participate in this study" at the top. Completed questionnaires were returned in preaddressed and stamped envelopes.

Instruments

Two instruments were utilized for the purpose of collecting data. The first was a demographic tool (Appendix B), and the second was a test that measured knowledge concerning legal aspects of nursing (Appendix C).

The demographic tool (Appendix B) was developed by the researcher. It consisted of a number of items

requesting specific categories of age, number of years in practice, malpractice insurance coverage status, year of graduation, and the state in which the basic nursing program was undertaken. These variables were asked because Thompson (1983) found a significant difference in possession of an individual malpractice insurance policy attributable to these factors. This study attempted to see if the same significance held true.

The second instrument, The Law in Nursing Practice (Appendix C), was developed by Fedric (1980) based on the concept of accountability. This instrument was used to test the professional nurse's knowledge of the law by presenting 20 questions to be answered true or false. Written permission was obtained to utilize this instrument for the purpose of this research study (Appendix D).

Content validity and reliability were established by Fedric (1980) for The Law in Nursing Practice test utilizing a panel of experts and test-retest methodology. The panel consisted of two practicing attorneys, one specializing in malpractice litigation for an insurance company, the other practicing general law, and a nurse-practitioner in private practice who also serves as an expert witness in malpractice cases.

A list of 30 items was sent to the panel. The panel was instructed to rank the items from 1 to 30, 1 being best. They were also asked to evaluate the content of the instrument for the following criteria: clarity, phraseology, and correctness of the answers. The best 20 items were used in the instrument. Each question and answer had to be acceptable to two of the three panel members (Fedic, 1980).

Reliability of the instrument was previously established in a pilot study utilizing a test-retest methodology (Fedric, 1980). A group of 10 nurse-practitioner students was tested, then retested 2 days later. The product moment correlation of their score was .758 ($p < .018$), which was considered acceptable reliability for use in research.

Each question in The Law and Nursing Practice (Appendix C) tool was evenly weighted (Fedric, 1980). One point was given for each correct answer, for a possible total score of 20. Scores ranging from 17 to 20 points indicated a high level of knowledge concerning legal aspects, 13 to 16 points indicated an average level of knowledge, and 12 points and below indicated a low level of knowledge.

Data Collection

A random sample of registered nurses was obtained from the State Board of Nursing licensure roster of a northwestern state through the process of systematic sampling. An introductory letter (Appendix E) introduced the researcher and briefly explained the study being conducted. The subjects were informed of the precautions taken to assure anonymity. The subjects were informed that return of the questionnaire and test indicated informed consent as a participant in the study. A return deadline date, allowing 10 days for completion, was also indicated. All data were destroyed at the end of the study.

Treatment of Data

The demographic data were utilized to describe the sample, determine possession of individual malpractice insurance not required by the employer, and control for the variables of age and number of years in practice. Descriptive statistics, such as frequency counts and percentages, were used on ordinal and nominal variables. Scores on The Law in Nursing Practice (Appendix C) tool were then correlated with the demographic data using the Spearman rho.

The hypothesis, there is no difference in the level of knowledge of level and malpractice in nursing in a group of professional nurses who possess an individual malpractice insurance policy and professional nurses who do not possess an individual malpractice insurance policy, was tested utilizing analysis of covariance. Analysis of covariance was used to remove potential sources of bias in situations where the researcher cannot assign individual units at random to the study conditions. Measurements of the covariates were made for the purpose of adjusting the measurement of the criterion variable (Winer, 1971). The grouping variables were the groups (individual malpractice insurance or no individual malpractice insurance). The criterion variable was the scores on The Law in Nursing Practice (Appendix C) tool. The covariates were age and number of years in practice. The level of significance was set at .05. Analysis of data was performed on computer.

CHAPTER 4

ANALYSIS OF DATA

This chapter presents a complete description of the sample based on demographic data provided by the subjects. Findings are presented and summarized according to the hypothesis.

Description of Sample

Systematic random sampling was utilized to gain access to the population of nurses under study. The original population consisted of 200 registered nurses who were currently employed in nursing. Of the 200 questionnaires mailed, 114 (57%) registered nurses returned questionnaires. Six returned the questionnaire unanswered. Twenty-five (12.5%) of the questionnaires returned met criteria for inclusion in the analysis (graduation in 1976 or later from a basic nursing program in the state in which this study was conducted).

As a means of gaining access to the specific population under study, the following demographic data were obtained: age, number of years in practice, malpractice insurance status, year of graduation from a

basic nursing program, and the state in which the basic program was completed.

Ages of the respondents were requested according to categories. Of the 25 respondents, 3 (12%) were from 20 to 25 years; 12 (48%) were from 26 to 30 years; 2 (8%) were from 31 to 35 years; 3 (12%) were from 36 to 40 years; 3 (12%) were from 41 to 45 years; and 2 (8%) were over 45 years of age. A comparison of age to malpractice insurance status is reported in Table 1.

Table 1

Comparison of Age to Malpractice Insurance Status

Age (Years)	Group 1[a] (n=15)	Group 2[b] (n=10)	Total (n=25)
20-25	1 (7%)	2 (20%)	3 (12%)
26-30	8 (53%)	4 (40%)	12 (48%)
31-35	2 (13%)	0 (0%)	2 (8%)
36-40	1 (7%)	2 (20%)	3 (12%)
41-45	1 (75)	2 (20%)	3 (12%)
46-50	2 (13%)	0 (0%)	2 (8%)

[a]Individual malpractice insurance policy possession.

[b]No individual malpractice insurance policy possession.

Of the 25 respondents, 15 (60%) possessed an individual malpractice insurance policy, while 10 (40%) did not possess an individual malpractice insurance policy. Of the 10 (40%) who did not possess an individual malpractice insurance policy, 7 respondents reported employer malpractice insurance coverage and 3 reported no malpractice insurance coverage.

A comparison of number of years in practice to malpractice insurance status is shown in Table 2. Of the 25 respondents, 16 (64%) had been in practice 0-5 years; and 9 (36%) had been in practice 6-10 years. No other categories were reported.

Table 2

Comparison of Number of Years in Practice to Malpractice Insurance Status

Years in Practice	Group 1[a] (n=15)	Group 2[b] (n=10)	Total (n=25)
0-5	8 (53%)	8 (80%)	16 (64%)
6-10	7 (47%)	2 (20%)	9 (36%)

[a]Individual malpractice insurance policy possession.

[b]No individual malpractice insurance policy possession.

Knowledge scores on The Law in Nursing Practice (Appendix C) were compared to the respondents' age and number of years in practice. Each question on the 20-question tool was evenly weighted, 1 point for each correct answer. Those nurses in the 26-30-year age group who possessed an individual malpractice insurance policy scored highest with 16.2 (81%) correct answers. These data are reported in Table 3.

Table 3
A Comparison of Age, Malpractice Insurance Status, and Mean of Knowledge Scores

Age (Years)	Knowledge Scores	
	Group 1[a] (n=15)	Group 2[b] (n=10)
20-25	17 (85.0%)	13.5 (67.5%)
26-30	15.3 (76.0%)	14.7 (73.5%)
31-35	14.5 (72.5%)	0 (0.0%)
36-40	16 (80.0%)	14 (70.0%)
41-45	12 (60.0%)	13.5 (67.5%)
46-50	14 (70.0%)	0 (0.0%)

[a]Individual malpractice insurance policy possession.

[b]No individual malpractice insurance policy possession.

A comparison of number of years in practice and malpractice insurance status relative to knowledge scores showed that nurses with an individual malpractice insurance policy and less than 6 years in practice scored highest with 15.3 (76%) correct answers. These data are shown in Table 4.

Table 4

Comparison of Number of Years in Practice, Malpractice Insurance Status, and Knowledge Scores

No. of Years in Practice	Group 1[a] (n=15)	Group 2[b] (n=10)
0-5	15.3 (76.0%)	14.7 (73.5%)
6-10	14.5 (72.5%)	11.5 (57.5%)

[a]Individual malpractice insurance policy possession.

[b]No individual malpractice insurance policy possession.

Findings

The findings of this study are discussed as they relate to the hypothesis, after controlling for the covariates of age and number of years in practice. The hypothesis was stated as follows: There is no difference

in the level of knowledge of law and malpractice in nursing in a group of professional nurses who possess an individual malpractice insurance policy and professional nurses who do not possess an individual malpractice insurance policy. The hypothesis was tested using a one-way analysis of covariance.

One assumption of the analysis of covariance (ANOCOVA) is that the slopes of the covariates in each group are equal. This assumption was fulfilled ($F(2,19) = 17.6$, $p = 0.199$). Thus, the ANOCOVA can be performed. The factors of age and number of years in practice do have a significant effect upon the knowledge score ($F(2,21) = 3.52$, $p = 0.04$). No significant difference in the adjusted knowledge score was found between the two groups ($F(1,21) = 3.64$, $p = 0.07$). Therefore, the null hypothesis, which was tested at the .05 level of significance, was accepted. The adjusted means showed no significant difference but tended toward a difference. These data are reflected in Table 5.

Number of years in practice is the most significant covariate ($t(24) = 2.06$, $p = 0.05$), while the effect of age did not reach significance ($t(24) = 1.56$, $p = 0.13$). These data are shown in Table 6.

Table 5

Analysis of Covariance Table

Source of Variance	SS	df	MS	F	p
Equality of slopes	8.9947	2	4.4973	1.7590	0.1991
Residual	48.5774	19	2.5567		
Covariates[a]	19.3280	2	9.6640	3.5250	0.0479
Residual	57.5720	21	2.7415		
Between groups[b]	9.9835	1	9.9835	0.6416	0.0701
Within groups	57.5720	21	2.7415		

[a]Age and number of years in practice.

[b]Adjusted knowledge score.

Table 6

Covariate Table

Covariate	Regular Coefficient	Standard of Error	T-Value	p
Years	-1.48140	0.71786	-2.064	0.05
Age	-0.34521	0.22049	-1.565	0.131

The adjusted means of the knowledge scores showed that the individual policyholder correctly answered an average of 1.3 questions more than the other group. The means of the knowledge scores, after adjusting for the

covariates and the standard error for each group, are given in Table 7.

Table 7

Means Adjusted for Covariates and Standard Error

Group	Number (n=25)	Group Mean	Adjusted Group Mean	Standard Error
Individual policy	15	15.00	15.18	0.434
No individual policy	10	14.10	13.84	0.536

Summary of Findings

The null hypothesis was supported by the analysis of the data. After controlling for age and number of years in practice, the level of knowledge of law and malpractice in nursing was not significantly higher in the group of nurses who did possess an individual malpractice insurance policy as compared to those nurses who did not possess an individual malpractice insurance policy. This result was computed using analysis of covariance. The findings were not significant. The adjusted means between the groups was not different but tendency towards higher scores in the insurance possessors was noted.

A significant relationship was found between the number of years in practice and possession of an individual malpractice insurance policy. No significant difference was found relative to age; however, the younger the nurses, the more likely an individual malpractice insurance policy was possessed.

Analysis of the testing instrument, The Law in Nursing Practice (Appendix C), revealed that five questions were answered incorrectly by at least 50% of the respondents, while four questions were answered correctly by all respondents. The total test performance and comparison by malpractice insurance status is presented in Appendix F.

CHAPTER 5

SUMMARY OF THE STUDY

As a replication of Thompson's (1983) study, this study was designed to identify the professional nurse's knowledge of the law and malpractice in nursing and to examine this variable in relation to the possession of individual malpractice insurance coverage. This study differed from Thompson's study with respect to geographical location and control for the variables of age and number of years in practice on the independent variable.

Summary

The problem of this study was to determine if there was a significant difference in knowledge concerning law and malpractice in nursing among a group of professional nurses who possess an individual malpractice insurance policy and those who do not possess an individual malpractice insurance policy, after controlling for the factors of age and number of years in practice.

Two instruments were used for data collection. The first was a demographic data instrument (Appendix B). Information received from this instrument was correlated with scores on the second instrument, a test which

measured knowledge about legal aspects of nursing and malpractice (Appendix C).

The sample consisted of 200 registered nurses currently licensed to practice in a northwestern state. Of the 200 nurses that were mailed questionnaires, 114 responded by returning the questionnaires within 10 days. Twenty-five of the 114 respondents met criteria controlling for place of basic nursing education and year of graduation. These controls were imposed to insure homogeneity in all respondents relevant to acquiring knowledge in nursing law as part of their basic program.

The respondents' current level of knowledge of law and malpractice was measured utilizing The Law in Nursing Practice (Appendix C). The variables of age and number of years in practice were examined relative to the independent variable, level of knowledge of law and malpractice. This was done using analysis of covariance to determine their effects, if any, on the independent variable prior to testing the hypothesis. The hypothesis, stated in the null, was accepted.

Discussion of Findings

All nurses in this study received a nursing law course as part of their basic education program. Thompson (1983) found that nurses who received a nursing law course as part of their basic program had a significantly higher incidence of possessing an individual malpractice insurance policy than those nurses who did not receive a nursing law course. A comparison of test scores between groups in the two studies showed this variable did not appear to create a marked difference in the level of knowledge scores.

The factors of age and number of years in practice did have a significant effect upon the knowledge scores. Number of years in practice was the most significant factor, with those nurses in practice less than 6 years having a greater level of knowledge than those in practice more than 6 years. Kimberly et al.(1982) conducted a similar study utilizing a 20-question knowledge test based on specific court cases. Findings from that study concluded that as a group, those nurses in practice less than 6 years scored significantly higher than any other group. Kimberly et al. did not control for age. Although Thompson (1983) did not control for the factors of age or

number of years in practice in testing the hypothesis of that study, the factor of age proved to have a significant relationship to possession of an individual malpractice insurance policy. Thompson (1983) found those nurses in the 26-35-year age group had the highest incidence of possession of an individual malpractice insurance policy. This finding suggests that an indirect relationship exists between the factors of age and number of years in practice. While number of years in practice may be of greater significance to the knowledge scores, it may also be related indirectly to possession of an individual malpractice insurance policy.

Findings from a study conducted by Titus (1976) suggested that the legal content in most basic nursing programs did not provide a sufficient focus on self-protection and malpractice issues. Kimberly et al. (1982) also found that nurses most recently graduated from their basic nursing program (0-6 years) possessed a greater knowledge regarding liability than nurses who had graduated earlier. These finding suggest that a greater emphasis is being placed on self-protection and malpractice issues, as well as legal aspects of nursing in the basic educational curricula. Additionally, these

findings support Festinger's (1957) theory of cognitive dissonance.

Conclusions and Implication

Based on the results of this study, the following conclusions were made:

1. Number of years in practice has a significant influence on knowledge scores.

2. Age is indirectly associated with knowledge scores.

3. Those nurses who have been graduated from their basic nursing program less than 6 years show a higher level of knowledge of legal aspects of nursing.

4. A tendency exists to reduce dissonance through possession of an individual malpractice insurance policy in those nurses possessing a high level of knowledge about legal aspects in nursing and practicing less than 6 years.

Based on the conclusions of this study, the following implication was drawn: Nurses who have been graduated from their basic nursing program less than 6 years may have received more adequate course content pertinent to legal aspects of nursing, self-protection, and malpractice than those who graduated earlier.

Recommendations for Further Study

The following are recommendations for further study:

1. Repeat the study using a larger population of nurses in the same geographical location.

2. Repeat the study using a larger population of nurses in different geographical locations to obtain a more diverse population in regard to years of employment and nursing law education.

3. Conduct a study of the amount and type of nursing law content taught in basic nursing programs to determine its relevance to current nursing/medical legislation, as well as emphasis on self-protection and malpractice.

4. Conduct a study to determine the barriers to acquisition of an individual malpractice insurance policy such as financial/ethical/moral constraints.

APPENDIX A

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

PROSPECTUS FOR THESIS/DISSERTATION/PROFESSIONAL PAPER

This prospectus proposed by: Priscilla C. Culp

_____ and entitled:

PROFESSIONAL NURSES' KNOWLEDGE OF LAW & MALPRACTICE INSURANCE

Has been read and approved by the members of (his/hers) Research Committee.

This research is (check one):

___X___ Is exempt from Human Subjects Review Committee review because there is no physical risk to subjects

_____

_____

_____ Requires Human Subjects Review Committee review because _____

_____

Research Committee: Date: _____

Chairperson, Sandra Strickland

Member Gaie Watson

Member Susan Goad

Dallas Campus ____ Denton Campus ____ Houston Campus ____

APPENDIX B

RETURN OF THIS QUESTIONNAIRE WILL BE CONSTRUED AS INFORMED CONSENT

BACKGROUND DATA SHEET

Please fill in or check the appropriate spaces.

1. Number of years actively employed in nursing:

0- 5 years _____	16-20 years _____
6-10 years _____	21-25 years _____
11-15 years _____	26-30 years _____

Over 30 years _____

2. Your age:

20-25 years _____	36-50 years _____
26-30 years _____	41-45 years _____
31-35 years _____	46-50 years _____

Over 50 years _____

3. Is your malpractice insurance:

Provided by your employer_____

Required by your employer_____

Purchased by self_____

Do not have malpractice insurance_____

4. What year did you graduate from your basic nursing program? _____

5. In what state did you graduate from your basic nursing program? _____

APPENDIX C

RETURN OF THIS QUESTIONNAIRE WILL BE CONSTRUED AS INFORMED CONSENT

THE LAW IN NURSING PRACTICE

Please mark either T (true) or F (false) under the appropriate column for each of the following statements:

True	False		
____	_____	1.	Even though no harm has come to the patient, a nurse may be guilty of negligence if the care she gives that patient is not up to the standards of her profession.
____	_____	2.	A nurse is not expected to possess knowledge that has yet to be introduced in the community in which she works.
____	_____	3.	If a doctor orders medication which may cause harm to the patient, the nurse may be held liable for the action if she gives it.
____	_____	4.	If, in having a consent form signed, a nurse finds that the doctor failed to tell a patient all the risks involved in a procedure, it is her duty to provide full disclosure before having the patient sign the form.
____	_____	5.	If a nurse administers an injection which causes damage to the patient's sciatic nerve, the physician who ordered the injection is also liable under the "Captain of the Ship" doctrine.
____	_____	6.	The blanket consent form signed by most patients at the time of admission is valid for virtually anything that is necessary for care for that patient.

____ _____ 7. A nurse has legal authority to refuse to carry out a physician's order if in her judgment carrying out the order will harm the patient.

____ _____ 8. Whether a nurse acted with reasonable care in a given situation is judged mainly by the conduct compared with that of other nurses with similar training under comparable circumstances.

____ _____ 9. To be legally effective, permission to perform surgery must be in writing.

____ _____ 10. If a doctor assumes personal responsibility for the acts of his nurse, that nurse cannot be held liable for her negligent acts.

____ _____ 11. In a life-threaatening emergency, a nurse may make a medical diagnosis and undertake whatever treatment is necessary until a physician arrives.

____ _____ 12. A competent adult patient has the right to refuse medication or treatment at any time.

____ _____ 13. It is unnecessary to obtain an informed consent to treat an unconscious patient brought to the emergency room.

____ _____ 14. A health care practitioner who fails to act reasonably and prudently is considered to be negligent in the eyes of the law.

____ _____ 15. Restraints applied against a patient's will constitutes false imprisonment.

____ _____ 16. Under the law every patient who fibrillates or goes into cardiac arrest must be defibrillated in an attempt to resuscitate him.

____ ____ 17. A nurse giving medication or treatment to a patient contrary to that patient's stated wishes could be held liable for assault and battery.

____ ____ 18. If, in assessing a patient's pain, the nurse finds it milder than previously, it is permissible to reduce the ordered dosage.

____ ____ 19. Professional nurses who have the responsibility of caring for children are required by the law to report suspected child abuse to the proper authority.

____ ____ 20. If changes in a patient's conditions are noted in the patient's chart, the nurse has no further responsibility to notify the attending physician.

THE LAW IN NURSING PRACTICE

Answers

1. false
2. false
3. true
4. false
5. false
6. false
7. true
8. true
9. false
10. false
11. true
12. true
13. true
14. true
15. false
16. false
17. true
18. false
19. true
20. false

APPENDIX D

TEXAS WOMAN'S UNIVERSITY
DALLAS CENTER-INWOOD CAMPUS
1810 INWOOD ROAD
DALLAS, TEXAS 75235

COLLEGE OF NURSING

April 6, 1983

Priscilla Culp
1810 Inwood Road, #513
Dallas, Texas 75235

Dear Ms. Culp:

I received your request for permission to use my instrument "The Law in Nursing Practice" for collection of data for your thesis. I am very pleased to grant you my permission for its use as developed.

If I can be of further assistance feel free to call on me. I would be interested in receiving an abstract of your findings if this is possible.

Sincerely,

Tara N. Fedric

Tara N. Fedric

TNF:mm

APPENDIX E

LETTER TO REGISTERED NURSES

Dear Colleague:

As nurses become more accountable, knowledge of law and malprctice has become an important professional issue. How knowledgeable are nurses about law and malpractice? As a registered nurse and a graduate student completing my thesis, I would like to enlist your assistance in an attempt to answer this question.

Your cooperation in completing the enclosed survey will be appreciated. It will take approximately 10-15 minutes to complete. All information will be kept confidential. Your name will not appear on the survey and anonymity of all participants will be maintained throughout the study. All questionnaires will be opened by a noninterested third party to protect anonymity. All questionnaires will be destroyed following completion of the statistical analysis.

A stamped, return addressed envelope is enclosed for return of the completed instrument. Return of the completed questionnaire will be construed as your consent to act as a participant in this study. I would appreciate it very much if you would return the survey by _____.

If you would like the results of my study, please include a self-addressed envelope when you return the questionnaire.

Thank you for taking the time to participate in my study. For statistical reasons, please return the questionnaire if you are unable or unwilling to participate.

Sincerely yours,

Priscilla C. Culp, R.N., B.S.N.
Graduate Student
Texas Woman's University

Enclosures

APPENDIX F

Table 8

Test Performance and Malpractice Insurance Status

Question Number	Total Number Correct (n=25)	Malpractice Insurance Status	
		Group 1[a] (n=15)	Group 2[b] (n=10)
1	8 (8%)	1 (7%)	1 (10%)
2	18 (72%)	11 (73%)	7 (70%)
3	23 (92%)	13 (87%)	10 (100%)
4	11 (44%)	7 (47%)	4 (40%)
5	18 (72%)	9 (60%)	9 (90%)
6	23 (92%)	15 (100%)	8 (80%)
7	23 (92%)	13 (87%)	10 (100%)
8	22 (88%)	14 (93%)	8 (80%)
9	6 (24%)	4 (27%)	2 (20%)
10	23 (92%)	14 (93%)	8 (80%)
11	11 (44%)	6 (40%)	5 (50%)
12	25 (100%)	15 (100%)	10 (100%)
13	16 (64%)	11 (73%)	5 (50%)
14	25 (100%)	15 (100%)	10 (100%)
15	12 (48%)	8 (53%)	4 (40%)
16	22 (88%)	14 (93%)	8 (80%)
17	20 (80%)	11 (73%)	9 (90%)
18	19 (76%)	13 (87%)	6 (60%)
19	25 (100%)	15 (100%)	10 (100%)
20	25 (100%)	15 (100%)	10 (100%)

[a]Individual malpractice insurance policy possession.

[b]No individual malpractice insurance policy possession.

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