

Knowledge and Practice of Ethical and Legal issues among Doctors and Nurses in Plateau State Specialist Hospital, Jos, Nigeria

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Abstract

Background: There has been growing public concern regarding the moral behaviours of healthcare professionals. Complaints of poor ethical conduct and rise in litigation against healthcare practitioners is not uncommon. All qualified, healthcare personnel are expected to have adequate knowledge of ethical practice and legal issues (ELI). This study aims to explore the knowledge and practice of ELI among nurses and doctors of Plateau state specialist hospital, Nigeria.

Method: A cross-sectional survey was conducted among eighty-nine nurses and doctors working in the study site who gave written consent. Information on socio-demographic characteristics, knowledge and practice of ethical and legal issues (ELI) and influencing factors was collected using a semi-structured, interviewer- administered questionnaire. Data was analysed using descriptive statistics and chi-square test. Level of significance was set at $p \leq 0.05$.

Results: The modal age group was 31-40 years (40.4%). About 15% of participants were doctors. Majority (94.4%) had heard about ELI. A greater number (78.7%) of indicated being faced with ethical problems on daily basics. Roughly 40% indicated that they have not had enough training on ELI. Lack of time (68.5%), not having mentors (82%), lack of knowledge (75.3%), lack of awareness (83.1%) and lack of motivation (82%) were major factors influencing proper ethical conduct and practice. There was no significant association between socio-demographic characteristics, knowledge and practice of the participants.

Conclusion: There is need for continuing education on ELI in the study center. Medical ELI should be formulated to suit local context.

Keywords: Ethical, legal issues, knowledge, practice, doctors, nurses

Introduction

Health care delivery of recent is getting more complex, as patients are increasingly becoming aware of their rights and readily seek legal processes to address unethical conduct and practice from health care professionals. Due to globalization and information technology, today's patients have become more sentient and outspoken about the quality of health care delivered by their health care professionals. It is therefore very pertinent that health care practitioners become acquainted with the ethics and legal issues consistent with medical practice.

Before now, ethical principles in medical and nursing practice have been enunciated in number of guidelines; these include including the Hippocrates oath, Nuremberg code, Helsinki Declaration, to mention but a few. These principles have also been included in the training curriculum for health professionals in many countries with rise in the number of ethicists and ethical committees in clinical research domains today. However, escalating reports of unethical and illegal issues are still being reported, particularly in our third world regions. Many health care professionals are yet to fully come to terms with the demands and

complexities that characterize the morality of medicine and health care delivery. Many training curricula do not emphasize ethics of practice thus many health care professionals exhibit unethical behaviours and attitudes in their practice which has affected patients negatively, particularly the poor and marginalized populations who are not able to fight or speak for themselves.

In Nigeria, there has continued to be reports of unethical issues including negligence of responsibilities, delay and inappropriate referrals, substandard unregistered facilities with inadequately trained personnel, incessant strike, an unnecessary but typical evil which has gradually characterized communication link of health care professionals with the government; to mention but a few (B., O., & A., 2015; Oyetunde, 2011; Rodrigues, 2000). All these, no doubt occur at the cost of innocent lives. Some clinicians act as if they are litigation proof and display with impunity, gross malpractice and willful negligence (Oyetunde 2011). There is thus the dire need to re-visit our health care centers and hospitals to evaluate and assess the knowledge and practices of our health care professionals. This will help to ensure conformity to recommended ethical conduct thus reduce if not totally eradicate compromised patient care.

This study was therefore designed to understudy the knowledge and practice of ethical and legal issues among doctors and nurses in Plateau State Specialist hospital, Jos, Nigeria.

Methods

Study site

Plateau State Specialist hospital is located in Jos North Local Government Area of Plateau state, Nigeria. It is a tertiary health care institution comprising 9 wards with 177 beds and about 560 staff. It also serves as teaching hospital and training center for resident doctors, student doctors, nurses and other health care professionals. It is also a referral center for other hospitals within Plateau state and other adjacent states like Bauchi, Taraba, Kaduna and Nassarawa states. Plateau State has an area of 30,913km² (2006 population census) and a population of 3,178,712 people.

Study population

All nurses and doctors working in the study site who gave their written informed consent were recruited in to the study.

Study design

Descriptive, cross-sectional.

Study period

1 month (July, 2016)

Sample size determination

All doctors and nurses who were on duty during the period of recruitment were eligible.

Sampling method

Convenience sampling: study was carried out in wards where permission was granted by nursing department; subsequently, doctors and nurses in the selected wards (5) who were on duty during the period of recruitment and gave informed consent were enrolled into the study.

Inclusion criteria

All doctors and nurses working in any of the selected wards, who gave written and informed consent.

Exclusion criteria

All doctors and nurses who refused consent, or was ill or absent during the period of recruitment for each ward.

Instrument

A pre-tested self-administered questionnaire was used to obtain information from the participants on socio-demographic characteristics, awareness of ethical issues, knowledge and perception about ethical legal issues and hindrances to effective implementation of ethical legal issues in the study center. The questionnaire was designed in English language. Pre-test of the questionnaires was carried out among doctors and nurses at Dadin Kowa comprehensive health center, Jos.

Statement of confidentiality

All information obtained from this study has been kept confidential and will not be linked to the participants in anyway. They were not assigned any identification numbers neither nor identified by their names.

Data analysis

Data was entered and analyzed using SPSS (Statistical Package for Social Science) version 22.0. Descriptive statistics has been used to summarize the data while chi-square was used to test association between categorical variables, all analysis were done at a 5% level of significance ($p < 0.05$).

Limitation

Although consistently reminded, some of the respondents failed to complete or return the questionnaire due to the short study time, busy schedule and also self-administered nature of the instrument. Thus the targeted sample size was not reached and may limit the extent of generalizability of our findings. However considering scanty evidence available to understand the knowledge and practice of ethical and legal issues of healthcare practitioners, we propose that the findings from this study are valid and will provide useful information for larger studies, particularly among clinicians in public healthcare centers in Nigeria.

Ethical consideration

Ethical approval was obtained from the Plateau specialist State hospital /State ethical committee. Permission letter was also obtained from Chairman, Medical Advisory Committee (CMAC) and Heads of the chosen departments.

Also participation in the study was voluntary and detailed description of study were communicated to each participant. The respondents were assured of their confidentiality and written informed consent was obtained from each participant before the administration of the study instrument.

Results

Characteristics of the study population

Eighty-nine (89) questionnaires out of the one hundred and fifteen(115) given out were returned. The modal age group was 31-40 years (40.4%). There were 75 (84.3%), 14 (15.7%) nurses and doctors respectively. More than half 51(57.3%) of the respondents were females and there were fewer Muslims 20 (22.5%) than Christians. We also collected information on their cadre and wards. Table 1 summarizes the socio-demographic characteristics of the respondents.

Respondents' awareness of ethical and legal issues in medical practice

One hundred and ninety (190) respondents returned the filled questionnaires representing a response rate of 86.4%. Almost all the respondents 84 (94.4%) indicated that they had heard about ethical and legal issues in medical practice. Ethical journals 25 (28.1%) and workshops/conferences 24 (27%) were the two major sources of awareness mentioned. Other sources include books 17 (19.1%), media 15 (16.9%) and text messages 8 (9.0%). About 80 (78.7%) of the respondents affirmed that they are faced with ethical problems on daily basis.

Though the hospital had an existing and active ethical review board, about one-third 30 (33.7%) stated that they were not aware of existence of any ethics committee in their institution. Among those that were aware, 43(72.9%) asserted that the ethical committees were not fulfilling their roles. The institution carries out a regular pre-employment course for newly recruited staff; when asked, many 68 (76.4%) affirmed that the course improved their level of awareness on ethical issues.

Respondents' knowledge of ethical and legal issues in medical practice

Majority of the respondents gave correct responses with regards to questions assessing their level of knowledge. However it is note-worthy that some of the participants were ignorant of the fact that a civil law suit follows violation of ethical principles; 13 (14.6%) and that an illegal act is that which is against the law and is almost unethical, and 14 (15.7%).

An 8- point score was used to assess participants' knowledge of ethical and legal issues in medical practice. Each of the questions were given 1 mark for correct response and 0 for incorrect response.

Only very few, 5 (5.6%) failed to answer at least 4 of the questions correctly, they were classified as having poor knowledge whereas 84 (94.4%) corrected answered 5 questions and above, these were graded as having good knowledge of ethical and legal issues in medical practice. Details of their responses are shown in Table 2.

Respondents' practices and perceptions about ethical and legal issues in medical practice

Some issues that bothered on ethical and legal issues in health care service delivery were presented to assess the opinion of each participant about ethical and legal issues in medical practice.

A greater number of the respondents 75 (84.3%), supported the idea that doctors and nurses must do their best irrespective of patient's opinion, and about 69 (77.5%) agreed that they usually considered patient's wishes and views before taking any major decision for their care.

There were mixed reactions among participants on some of the ethical concerns: close relatives should always be told about patient's opinion, 53(59.6%) agreed whereas 36(40.4%) disagreed; children should never be treated without consent of parent(s), 49 (55.1%) agreed, 40 (44.9%) disagreed; If law permit, abortion doctors and nurses cannot refuse to do abortion, 43 (48.3%) agreed while 46 (51.7%) disagreed. About one-third 23(33.3%) supported the opinion that doctors and nurses should refuse to treat a violent patient. Many 65 (73.0%) disagreed that consent is only needed for surgeries and not for tests and other treatments. About 66 (74.2%), 69 (77.5%), 61(68.5%) disagreed with the opinions of: assisting a patient wishes to die to do so; dispose of a patient quickly whenever I am in a bad mood for personal reasons; always maintain a distance with leprosy, TB or AIDS patients as I am afraid of getting infected, respectively. Details of their responses are presented in Table 3. A 15-point score was designed to assess the practice and perception of ethical and legal issues by participants. Respondents were graded based on their responses to 15 practice questions, each question was given 1 mark for each correct response, giving a total of 15 marks. They were then grouped in two (≤ 7 marks – poor practice/perception, ≥ 8 marks – good practice/perception). In summary, majority, 75 (84.3%) of the respondents had good perceptions/practice of ethical and legal issues.

Factors affecting the adherence of practice of ethical legal issues

When asked about factors that influence their adherence to recommended ethical and legal practices; lack of awareness 74(83.1%), lack of motivation 73(82%), lack of mentors 73(82.0%), among others, were indicated as major factors. Table 4 illustrates their responses in more details.

There was insufficient evidence to conclude that participants' level of knowledge and practice were influenced by their socio-demographic characteristics.

Discussion

This study revealed a high level of awareness about ethical and legal issues in medical practice. A similar and recent study in Ghana also reported high awareness among participants (Barnie et al., 2015), this can be the positive impact of recent ethical programs specially within the training curriculum of health institutions. There is need for on-the-job workshops and structured seminars on ethical and legal issues as this could be the reason why a third of the respondents were not aware of existence of the ethical committee in the institution, even though majority were faced with ethical problems on daily basis, Hariharan et al., in a study in the Caribbean, also noted that some participants were not aware of their institution's ethical review committee (Hariharan, Jonnalagadda, Walrond, & Moseley, 2006)

Although generally, participants had a high level of knowledge of ethical and legal issues, it is noteworthy that some were ignorant of the consequence of violating ethical principles, this can be reason why some clinicians handle patients with impunity and willful negligence; there is thus need for the government and other human rights activists and stakeholders to put in stringent measures to ensure awareness and implementation of legal actions against such malpractices. Majority of respondents agreed that doctors and nurses must do their best irrespective of patient's opinion though paradoxically many still affirmed that they considered their patient's wishes and views before taking any major decision for their care. This draws attention to gaps in knowledge of basic medical ethics; this is however similar to findings of a study in northern Nigeria by Monsudi et al., (Monsudi, Oladele, Nasir, & Ayanniyi, 2015) and contrary to findings from another related study in India (Chopra et al., 2013). Further consideration of the responses of the participants buttress the fact that there is still gaps in knowledge of basic ethical and legal issues of medical practice, there were mixed reactions as to whether close relatives should always be told about patient's opinion, children should be treated without consent of parent(s), or doctors and nurses should refuse to do abortion as law permits.

Our study also found out that a considerable number of participants thought that doctors and nurses should refuse to treat a violent patient. This is probably due to reports about assaults faced by clinicians especially when managing psychologically injured patients. Clinicians have been advised to ensure safety management; make necessary inquiries about nature and severity of patient's illness before deciding to treat or manage the person as an outpatient. Caution should be applied in treating or managing such patients alone (Simon, 2011).

Conclusion

This study has shown that there are still gaps in knowledge and practice of ethical and legal issues among nurses and doctors of Plateau state specialist hospital, Nigeria. The need for periodic continuing education on ethical and legal issues in order to bridge the gap in ethical and legal practices among health care professionals cannot be overemphasized.

Larger studies should be designed and carried out regularly to monitor and evaluate the knowledge and practice of ethical and legal practices among health care professionals, this will provide evidence-based information to correct and improve upon the knowledge and practice of medical ethics in our health care centers and ensure quality health service delivery.

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Table 1 Socio – demographic characteristics of respondents

Variable	Frequency	Percentage (%)
(N = 89)		
Sex		
Male	38	42.7
Female	51	57.3
Age (years)		
< 30	18	20.2
31-40	36	40.4
41-50	17	19.1
51 and above	18	20.2
Marital Status		
Single	23	25.8
Married	57	64.0
Divorced	4	4.5
Widow	5	5.6
Years in practice		
< 5years	19	21.3
6-10 years	13	14.6
11-15 years	24	27.0
16-20 years	11	12.4
≥ 21 years	22	24.7
Religion		
Christianity	67	75.3
Islam	20	22.5
Traditional	2	2.2
Profession		
Nurse	75	84.3
Doctor	14	15.7
Professional Cadre		
Nursing Officer I/II	19	21.3
Senior nursing Officer	25	28.1
Principal nursing officer and above	7	7.9
Medical Officer	7	7.9
Senior Resident Doctors	7	7.9
House Officer	1	1.1
Area of practice		
Medical ward	27	30.3
Surgical ward	23	25.8
Gynaecological Ward	16	18.0
Children's Ward	14	15.7
Accident and emergency ward	9	10.1

Table 2 Respondents' knowledge about ethical and legal issues in medical practice

	(N=89)	Yes (%)	No (%)
1	Knowledge of ethics is important to my work everyday	80 (89.9)	9 (10.1)
2	Ethical issues require skill in decision making	80 (89.9)	9 (10.1)
3	When ethical principles are violated, a civil law suit often follows	76 (85.4)	13 (14.6)
4	Ethics relates to morality and moral principles, involving human character and conduct, decision between right and wrong	82 (92.1)	7 (7.9)
5	Health workers are to be held responsible when they delegate responsibility to junior staff	83 (93.3)	6 (6.7)
6	An illegal act is that which is against the law and is almost unethical	75 (84.3)	14 (15.7)
7	Do you know that the practical application of moral philosophy of good or bad right or wrong is called ethics	81 (91.0)	8 (9.0)
8	Ethics means moral principles or moral roles to be followed	85 (95.5)	4 (4.5)

Table 3 Respondents' knowledge and perception about ethical and legal issues in medical practice

	(N=89)	Strongly Agree (%)	Agree (%)	Strongly Disagree (%)	Disagree (%)
1	Doctors and Nurses must do their best irrespective of patient's opinion	42 (47.2)	33 (37.1)	11 (12.4)	3 (3.4)
2	Consent is needed only for surgeries and not for test and treatments	12 (13.5)	12 (13.5)	30 (33.7)	35 (39.3)
3	Close relative should always be told about patient's opinion	22 (24.7)	31 (34.8)	25 (28.1)	11 (12.4)
4	Children should never be treated without consent of parent(s)	28 (31.5)	21 (23.6)	18 (20.2)	22 (24.7)
5	Doctors and nurses should refuse to treat a violent patient	10 (11.2)	13 (14.6)	23 (25.8)	43 (48.3)
6	If law permit abortion doctors and nurses cannot refuse to do abortion	24 (27.0)	19 (21.3)	29 (32.6)	17 (19.1)
7	If a patient wishes to die should be assisted to do so	12 (13.5)	9 (10.1)	22 (24.7)	46 (51.7)
8	If patient refuse treatment due to belief, they should be instructed to find another doctor	24 (27.0)	33 (37.1)	21 (23.6)	11 (12.4)
9	I usually consider patient's wishes and views before taking any major decision for their care	32 (36.0)	37 (41.6)	9 (10.1)	11 (12.4)
10	I will dispose of a patient quickly whenever I am in a bad mood for personal reasons	11 (12.4)	9 (10.1)	31 (34.8)	38 (42.7)
11	I always maintain a distance with leprosy, TB or AIDS patients as I am afraid of getting infected	19 (21.3)	9 (10.1)	20 (22.5)	41 (46.1)
12	I always explain to patients the risk (physical, mental and social) involved in any investigation or treatment procedures	30 (33.7)	37 (41.6)	15 (16.9)	7 (7.9)

13	When there is the need to consult my seniors for patients care, I always take their views	31 (34.8)	36 (40.4)	7 (7.9)	15 (16.9)
14	I do not have a long time to listen to the stories of mine patients	20 (22.5)	14 (15.7)	27 (30.3)	28 (31.5)
15	I always obtain permission from patient before doing any physical or internal examination	46 (51.7)	26 (29.2)	7 (7.9)	10 (11.2)

Table 4 Factors affecting the adherence of practice of ethical legal issues

	(N=89)*	Yes (%)	No (%)
1	Lack of time	61 (68.5)	28 (31.5)
2	Lack of good mentors	73 (82.0)	16 (18.0)
3	Lack of knowledge	67 (75.3)	22 (24.7)
4	Lack of awareness	74 (83.1)	15 (16.9)
5	Lack of motivation	73 (82.0)	16 (18.0)
Multiple response included*			