A glance into legal literacy in nursing practice: - Assessing medico-legal knowledge and awareness among nursing officers

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Abstract- Back ground: Nursing officers are responsible not only for delivering patient care but also for maintaining accurate documentation, obtaining valid consent and safeguarding patient rights. With increasing legal awareness among the public, medico-legal competence has become an essential component of nursing practice. In Armed Forces hospitals, nursing officers frequently encounter trauma and other medico-legal cases that require proper documentation and reporting. However, limited information is available regarding the medico-legal preparedness of nursing officers in such settings.

Objectives: To assess the level of knowledge and awareness regarding medico-legal aspects among nursing officers and to determine their association with selected demographic variables.

Methods: A cross-sectional descriptive study was conducted in a tertiary care Armed Forces hospital in Western Maharashtra. The study population comprised registered nursing officer's working in the selected hospital. A total of 116 nursing officers(n=116) participated in the study and were selected using convenience sampling. Data were collected using a self-administered semi-structured questionnaire consisting of knowledge and awareness components. A pilot study was conducted among 12 subjects to assess the feasibility and clarity of the tool. Ethical approval was obtained from the Institutional Ethics Committee of AFMC and informed consent was taken from all participants. Data were analysed using descriptive statistics, Fisher's Exact test and Spearman's rank correlation coefficient, with $p < 0.05$ considered statistically significant.

Key Results: Among the participants, 67.24% demonstrated good knowledge while 32.76% had poor knowledge regarding medico-legal aspects. More than 88% of participants showed good awareness. No statistically significant association was found between knowledge or awareness and demographic variables. A positive but statistically non-significant correlation was observed between knowledge and awareness ($p = 0.078$).

Conclusion: Nursing officers demonstrated satisfactory awareness but gaps were identified in detailed medico-legal knowledge. The present study showed that nursing officers had comparatively higher awareness but lower detailed knowledge regarding medico-legal aspects. Awareness refers to general understanding of professional responsibilities, whereas knowledge involves specific legal rules, procedures and documentation requirements. Periodic in-service education, structured training programmes and reinforcement of documentation practices are necessary to strengthen legally safe nursing practice in Armed Forces hospitals.

Keywords: Medico-legal aspects; Nursing officers; Legal knowledge; Awareness; Documentation; Patient rights; Informed consent; Armed Forces hospital; Nursing practice.

I.INTRODUCTION

Nursing officers, as licensed health-care professionals, are ethically responsible and legally accountable for the care they provide.[1] Their role extends beyond clinical procedures to include accurate documentation, obtaining valid consent, maintaining confidentiality and ensuring patient safety.[2] Nurses fulfil these responsibilities through competent care, effective communication and meticulous record-keeping in accordance with professional regulations.[3] Failure in these duties may result in negligence claims arising from communication gaps, documentation errors, unsafe practices or improper delegation.[4]

Nursing records also serve as legal evidence in judicial proceedings and therefore must be clear, accurate and complete.[5] Disclosure of patient information is permissible only under legally justified circumstances such as public health reporting, notification of abuse, court orders, or risk of harm to self or others.[6] Failure to report child abuse under statutory provisions, including the

Protection of Children from Sexual Offences (POCSO) Act, may invite legal and disciplinary consequences.[7]

Legal regulations in nursing practice not only protect patient rights but also guide professional behaviour and safeguard practitioners from liability. [8] Statutory laws, judicial precedents and professional guidelines influence clinical decision-making related to medico-legal issues in day-to-day practice. [9]

II.BACKGROUND:

In nursing practice, legal frameworks protect patient rights while simultaneously guiding professional conduct and reducing professional vulnerability.[9] Statutory regulations, court judgments and regulatory guidelines collectively shape clinical decision-making regarding consent, confidentiality, documentation, patient safety and statutory reporting.[10] With increasing legal scrutiny in health-care delivery, adequate medico-legal competence has become an essential component of safe and defensible nursing practice.

Previous studies have demonstrated deficiencies in medico-legal knowledge among nurses. A study among hospital nurses in South India reported that 64% had only average knowledge and 36% had poor knowledge regarding medico-legal documentation and record handling.[11] Research among emergency nurses has similarly shown only moderate levels of legal knowledge and attitude toward legal responsibilities.[12] These findings indicate that nurses often possess general awareness of professional duties but lack detailed understanding of legal procedures, particularly documentation standards, consent validity and statutory reporting requirements.

The need for medico-legal competence is particularly important in Armed Forces hospitals, where trauma, assault injuries and poisoning cases frequently require accurate documentation and reporting. Nursing officers are directly involved in admission procedures, maintenance of records and communication with patients and attendants. Errors in documentation or reporting may therefore have legal implications for both the individual practitioner and the institution. However, published evidence regarding medico-legal preparedness of nursing officers in Armed Forces health-care settings in India remains limited. Hence, assessment of their knowledge and awareness is necessary to identify training needs and strengthen legally safe nursing practice.

Research Question:

What is the level of medico-legal knowledge and awareness among nursing officers working in a tertiary care Armed Forces hospital, and is it associated with selected demographic variables?

Objectives:

1. To assess the medico-legal knowledge of nursing officers.
2. To assess awareness regarding medico-legal responsibilities.
3. To determine the association between knowledge with awareness and selected demographic variables.

III.METHODS

Study Design:
A quantitative cross-sectional descriptive research design was adopted to assess medico-legal knowledge and awareness among nursing officers. No intervention was administered, and data were collected at a single point in time.
Setting:
The study was conducted in a tertiary care Armed Forces hospital located in Western Maharashtra, India.
Population and Sample:
The study population consisted of all registered nursing officers working in the selected hospital. A total of 116 nursing officers participated in the study. Participants were selected using convenience sampling based on availability during the data collection period.
Sample size justification:
Sample size was estimated using the single population proportion formula ($n = Z^2pq/d^2$). Assuming 50% expected adequate medico-legal knowledge (to obtain maximum sample size), 95% confidence level and 10% absolute precision, the minimum required sample was 96. Considering 10% non-response, 116 nursing officers were recruited by convenience sampling.

Inclusion Criteria:

- ❖ Minimum of six months clinical experience
- ❖ Registered nursing officers currently working in various clinical areas.

Exclusion Criteria:

- ❖ Nursing officers on long leave (maternity, medical or study leave) during the study period
- ❖ Nursing students and interns

IV.DATA COLLECTION TOOL

Information was gathered using a self-administered semi-structured questionnaire consisting of 35 parameters (Section l- Knowledge, Section ll - Awareness). The knowledge section contained multiple-choice questions with one correct response. Each correct answer was awarded one mark, and incorrect or unanswered items were scored zero. The total knowledge score was calculated by summing the individual item scores.

Knowledge Scoring:

- Good knowledge: ≥ 75% of total score
- Average knowledge: 50–74% of total score
- Poor knowledge: < 50% of total score

V.AWARENESS SCORING

The awareness section consisted of statements related to medico-legal responsibilities. Responses were recorded on a five-point Likert scale. For positively worded statements, higher scores indicated greater awareness (Strongly disagree = 1 to Strongly agree = 5). For negatively worded statements, reverse scoring was applied to avoid response bias (Strongly disagree = 5 to Strongly agree = 1). The total awareness score was obtained by summing the scores of all items after reverse coding of negative statements. Awareness levels were categorized based on percentage of total obtainable score as follows:

- Good awareness: ≥ 75% of total score
- Moderate awareness: 50–74% of total score
- Poor awareness: < 50% of total score

VI.VALIDITY AND RELIABILITY

Content validity of the tool was established through expert review. Internal consistency reliability was assessed using Cronbach's alpha coefficient, which was found to be acceptable ($\alpha \approx 0.7–0.8$).

Ethical approval was obtained from the Institutional Ethics Committee of the hospital. Written informed consent was obtained from all participants prior to data collection, and confidentiality of responses was maintained.

VII.PILOT STUDY

A pilot study was conducted before the main data collection to determine the feasibility and clarity of the research tool and procedure. It was carried out among 12 nursing officers from a similar setting who met the inclusion criteria and were not included in the final sample.

Participants completed the questionnaire under conditions similar to the actual study. The average time required was 15–20 minutes. Feedback obtained helped to identify minor issues in wording and sequence of a few items, which were corrected to improve clarity. The scoring method and data collection process were found to be feasible and no major difficulties were encountered. Thus, the tool and methodology were finalized for the main study.

VIII.DATA ANALYSIS

Data were coded, entered into Microsoft Excel, and analysed using descriptive and inferential statistics. Fisher's Exact Test was applied to examine associations between categorical variables, as some expected cell frequencies were less than five. The relationship between knowledge and awareness scores was assessed using Spearman's rank correlation coefficient. All tests were two-tailed. A p-value < 0.05 was considered statistically significant at a 95% confidence interval. Data were checked for completeness and accuracy prior to analysis.

IX.RESULTS

SECTION I: SOCIO DEMOGRAPHIC VARIABLES

n=116

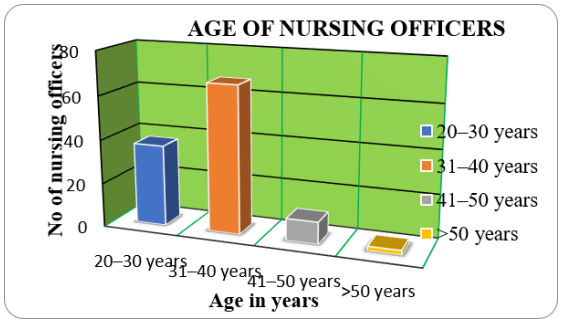

Fig. 1: Age Distribution of Nursing Officers

Fig. 1 depicts the age distribution of nursing officers (n = 116). The majority (67) belonged to the 31–40 years group (57.76%), followed by 20–30 years37 (31.90%), while only a few (10) were 41–50 years (8.62%) and above 50 years 02participants (1.72%). Overall, most participants were within the 20–40 years age range, indicating a predominantly young to middle-aged workforce.

n =116

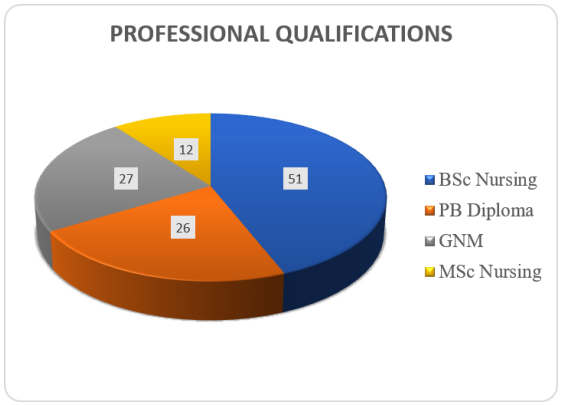

Fig. 2: Professional Qualification of Nursing Officers

Fig.2 illustrates the distribution of nursing officers (n = 116) according to professional qualification. The majority were BSc Nursing graduates (51; 43.97%). PB BSc (Nursing) and GNM were represented by 27 (23.28%) and 26 (22.41%) participants respectively. A smaller proportion held MSc Nursing (12; 10.34%). The findings indicate predominance of graduate qualification, with comparatively fewer participants having postgraduate education.

n=116

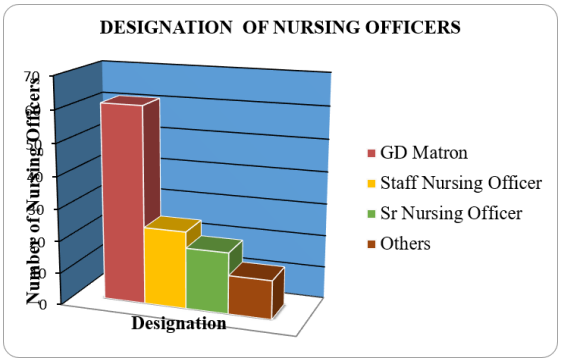

Fig.3: Designation of Nursing Officers

Fig.3 depicts the distribution of participants (n = 116) according to designation. More than half were GD Matrons (61; 52.59%). Staff Nursing Officers constituted 24 (20.69%), while Senior Nursing Officers accounted for 19 (16.38%). The remaining 12 (10.34%) were categorized as others. The findings indicate that most participants belonged to mid- to senior-level positions, with GD Matrons forming the predominant group.

n =116

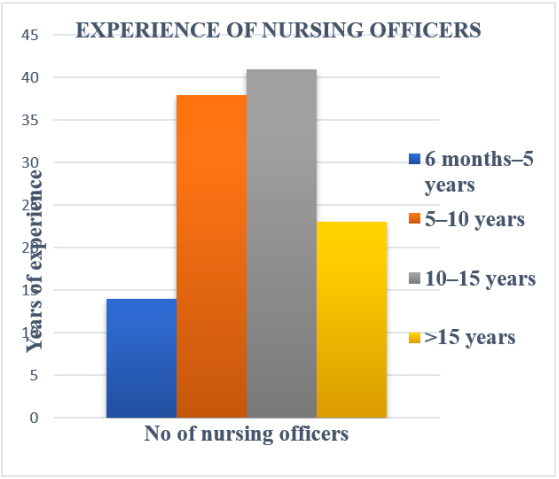

Fig. 4: Experience of Nursing Officers

Fig.4.presents the distribution of participants (n = 116) according to years of work experience. The largest group had 10–15 years of experience (41; 35.34%), followed by 5–10 years (38; 32.76%). Those with more than 15 years accounted for 23 (19.83%), while 14 (12.07%) had 6 months to 5 years of experience. Overall, most participants had over five years of clinical experience, indicating an experienced workforce.

n=116

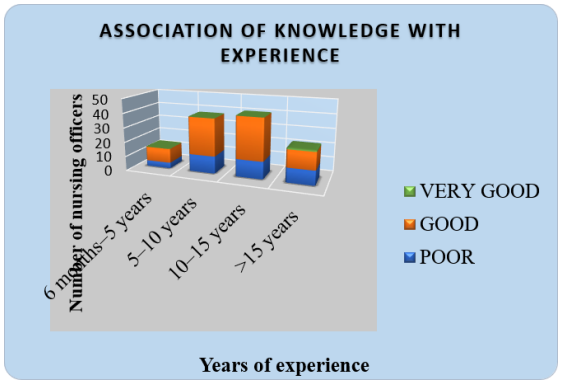

Fig .5: Association of knowledge with Experience

Fig .5 illustrates among the 116 nursing officers, the majority demonstrated good knowledge (77, 66.4%), while 38 (32.8%) had poor knowledge and only 1 (0.9%) had very good knowledge. Good knowledge was observed across all experience groups, with very good knowledge seen only among those with more than 15 years of experience. Fisher's Exact Test revealed no significant association between years of clinical experience and knowledge level (p = 0.4877).

n=116

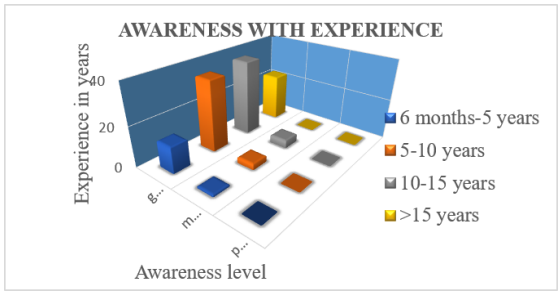

Fig .6: Association of Awareness with experience

Fig .6 depicts the distribution of awareness levels according to years of work experience among nursing officers. Adequate awareness was consistently high across all experience groups, observed in 13 (92.86%) participants with 6 months–5 years of experience, 35 (92.11%) with 5–10 years, and 37 (90.24%) with 10–15 years of experience.

Since the expected cell frequency was less than 5, Fisher's Exact Test was applied. The obtained p-value (0.4881) was greater than 0.05, indicating that there was no statistically significant association between years of experience and level of awareness among nursing officers.

n =116

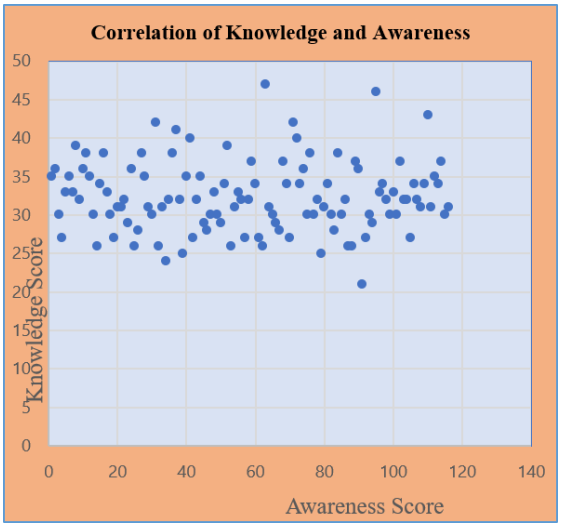

Fig.7: Correlation of Knowledge and Awareness

Fig.6 illustrate, Spearman's correlation showed a positive but statistically non-significant relationship between knowledge and awareness (p = 0.078). A scatter plot was constructed to examine the relationship between knowledge score and awareness score among nursing officers. Visual inspection of the scatter diagram demonstrated a mild positive trend indicating that higher awareness scores were generally associated with higher knowledge scores. Pearson's correlation analysis revealed a weak positive correlation between knowledge and awareness scores (p = 0.078). This suggests that although awareness and knowledge are related, awareness alone does not strongly predict knowledge regarding medico-legal aspects of nursing practice.

X.DISCUSSION

The study revealed majority of nursing officers belonged to the 20–30 years age group. Within this category, 78.38% demonstrated good knowledge regarding medico-legal aspects. This suggests that younger nurses in the selected setting possess satisfactory understanding of legal responsibilities in nursing practice. The higher knowledge proportion in this age group may be attributed to recent academic exposure and updated curriculum content related to medico-legal principles.

The findings of study highlighted that a substantial proportion of nursing officers had less than 5 years of clinical experience, indicating that early-career nurses formed a major segment of the study population. Knowledge levels were relatively uniform across different experience categories and statistical analysis showed no significant association between years of experience and knowledge level. This suggests that clinical exposure alone does not necessarily translate into improved medico-legal understanding.

The present investigation demonstrated that 67.24% (78 participants) possessed good knowledge whereas 32.76% (38 participants) of nursing officers had poor knowledge regarding medico-legal aspects in nursing practice. This indicates that more than two thirds of the nursing officers have satisfactory understanding while nearly one-third require improvement through structured educational interventions.

In the present study awareness regarding medico-legal aspects was consistently high across all demographic categories. More than 88% of participants exhibited good awareness, and notably, no participant was categorized under poor awareness. Statistical analysis revealed no significant association between awareness and demographic variables such as age ($p = 0.7773$), educational qualification ($p = 0.552$), or years of experience ($p = 0.4881$), suggesting uniformly satisfactory awareness levels.

The investigation further indicated that a positive but statistically non-significant correlation between knowledge and awareness regarding medico-legal aspects (Spearman's correlation, $p = 0.078$). While participants with higher knowledge scores generally showed better awareness, the relationship did not achieve statistical significance.

The present study demonstrated that most nursing officers possessed good awareness of medico-legal responsibilities, whereas knowledge scores were comparatively lower. This suggests that participants generally recognised their legal accountability in clinical practice but lacked detailed understanding of specific medico legal provisions.

The higher awareness observed may be related to the working environment of a military hospital. The Armed Forces health-care system functions within a disciplined administrative structure where adherence to protocol, accountability and documentation is consistently emphasised. Routine supervision, administrative inspections, medico-legal case scrutiny and audit procedures repeatedly reinforce the importance of consent, confidentiality and accurate record-keeping [13.] Continuous exposure to these practices likely improves practical awareness among nursing officers. The observed difference between awareness and knowledge therefore reflects the distinction between experiential learning and theoretical competence [14].

In the Armed Forces Medical Services, nursing practice is guided by service rules, ethical conduct standards, hospital administrative instructions and national health legislation applicable to health-care institutions. Hospital standing operating procedures emphasise proper documentation, maintenance of confidentiality, consent procedures and handling of medico-legal cases. These systems promote responsible practice and accountability, thereby strengthening awareness. Nevertheless, because medico-legal aspects are usually embedded within general administrative training rather than addressed as a dedicated competency area, factual knowledge may remain incomplete.

XI.POLICY IMPLICATIONS

Military hospitals operate within a high-accountability framework where professional lapses may lead to administrative, disciplinary or legal consequences. Inadequate medico-legal knowledge may expose both personnel and the institution to avoidable complaints or litigation. The findings therefore highlight the need for structured medico-legal education within the Armed Forces Medical Services.

Periodic medico-legal orientation programmes, documentation workshops and case-based discussions should be incorporated into continuing nursing education. Refresher sessions during in-service training and induction programmes for newly commissioned nursing officers would help ensure updated understanding of legal responsibilities and procedural requirements.

XII.RESPONSE BIAS

Because data were collected using a self-administered questionnaire, response bias is possible. Participants may have selected answers perceived to be professionally appropriate, particularly within a service environment where legal competence is expected. Social desirability may therefore have contributed to higher reported awareness levels, while uncertainty regarding factual information may have influenced knowledge scores.

XIII.LIMITATIONS

The study used convenience sampling and was conducted in a single tertiary care military hospital, limiting generalisability to other settings. The cross-sectional design assessed knowledge and awareness at one point in time and does not account for the effect of training or experience over time. Additionally, questionnaire-based assessment measures perceived understanding rather than actual clinical behaviour.

XIV.RECOMMENDATIONS

Regular in-service education programmes focusing specifically on medico-legal aspects of nursing practice are recommended. Training should include statutory regulations, documentation standards, consent procedures and reporting responsibilities. Case discussions and simulation-based learning may improve practical application. Inclusion of medico-legal competency assessment in continuing nursing education and professional appraisal may further strengthen knowledge retention.

XV.SERVICE IMPLICATIONS

Strengthening medico-legal competence among nursing officers will improve documentation practices, enhance patient safety and reduce institutional vulnerability to complaints or legal disputes. Standardised training aligned with hospital protocols will promote uniform and accountable nursing practice within military hospitals.

CONCLUSION

Structured medico-legal education and periodic reinforcement are necessary to bridge the gap between awareness and knowledge and to support safe, ethical and legally compliant nursing care within the Armed Forces Medical Services.

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