Enhance Nurse Managers' Legal and Ethical Aspects at Benha University Hospital

Salwa Mahmoud Mohamed Mostafa[1], Eman Salman Taie[2] and Howida Hassan El-Sayed[3]

(1)MSc Nursing 2013, (2) Professor of Nursing Administration, Faculty of Nursing, Helwan University and (3) Assistant professor of Nursing Administration, Faculty of Nursing, Benha University

Abstract

Backgrounds: Nurse managers' are facing the challenges in their daily practice such as short of staffing, workload and maintenance of high quality and encounter many legal and ethical issues surrounding these area. Law defined as a legal document setting rules governing a particular kind of activity while ethics are moral principles that govern how the person or a group will behave. **Aim of the study:** Was to enhance nurse managers' in the legal and ethical aspects at Benha University Hospital. **Research design**: A quasi-experimental design was utilized. **Sample:** Composed of 79 nurse managers include nursing director (1), supervisors (14), and first line manager (64). **Setting**: The study was conducted in all units (44) at Benha University Hospital. **Tools for data collection** Two tools were used; **the first tool:** legal and ethical aspects knowledge questionnaire sheet. **The second tool:** legal and ethical aspects observational checklist. **Results:** Majority of the studied sample had unsatisfactory knowledge level about legal and ethical aspects at preprogram, while immediate post educational program the majority of them had satisfactory knowledge level. Also, the minority of the studied sample pre educational program demonstrated complete performance about legal and ethical aspects, while post program the majority of them improved their performance. Additionally there was astatistical significant positive correlation between nurse managerg's total knowledge scores and performance scores. **Conclusion:** There were an improvement in level of knowledge and performance of the nurse mangers about legal and ethical aspect immediately post and follow-up implementation of educational program compared to pre-program. **Recommendations:** Establish an ethical and legal committee within the organization for all ethical and legal aspects in nursing practice. Further research: effect of legal and ethical nurses' knowledge on patients outcome.

Key words: Ethical aspects, Legal aspects, Nurse managers.

Introduction

Health maintenance and healthcare provision are the primary functions of the healthcare delivery systems; the system is not isolated from society and therefore impacts and is impacted by societal value and beliefs. It is also accountable for maintaining legal and ethical standard established by society to apply at with health care providers, and the healthcare consumer **(El-bayome, 2017; Dagogo & Ehior, 2019).**

Healthcare providers such as the nursing and healthcare profession is faced with increasing legal and ethical challenges as a result of increased medical care, work load, and dynamic modes of communication and increased responsibilities for nursing professions. The role of professional nursing continues to expand and incorporate

increasingly higher levels of expertise, autonomy, and accountability from both legal and ethical perspectives. This evolving role has focused new concerns for nurse managers, nurse leaders and awareness of the interaction of legal and ethical principles (**Fukada, 2018; Karaca & Durna, 2019).**

Nurse managers are people who appointed to positions of authority, which enable their staff to perform their work effectively, who have responsibility for resource utilization and who are accountable for work results and what they do. It becomes apparent that the nurse managers needed to get work done through people is increasingly important for nurses to dispose their professional performance (**Younis, 2017; Salah et al., 2018).**

Nurse managers have a responsibility to the patients they serve by supporting an environment that promotes advocacy for health and healing of patients within their own emotional and psycho social support system. Setting the example of the professionalism, the manager leads by influence and models the behaviors that the direct care (**Daly et al., 2014 & Araby, 2018).**

Nurse managers is responsible for creating effective, safe and healthy environments that support the work of the healthcare team and contribute to patient engagement and satisfaction. The role is influential in creating a professional environment and fostering a culture where interdisciplinary team members are able to contribute to optimal patient outcomes and grow professionally, with full consideration to patients' rights, believe, value and way of communication. The nurse managers should be full oriented they retain personal liability for assignment, delegation,

and supervision activities (**Lundy & Jones, 2016 & Werberg et al., 2019).**

Nurse managers must know the applicable standards of care and ensure that all nursing staff of the hospital meets them. They are personal liability (it is the state of being legally responsible for something) for the reasonable exercise of assignment, delegation, and supervision activities. The failure to assign, delegate, and supervise within acceptable standard of professional nursing practice constitute malpractice (**Feather & Ebright, 2013; Hamid, 2016 & Alrobai, 2020).**

Nursing liability refers to a nurse legal responsibility for harm caused to a patient by an inappropriate nursing practice. Nurse managers is responsible for using sound judgment and making appropriate nursing decisions, they can hold liable if the nursing staff action result from manager decision and harm or injury the patient. A nurse manager is not liable if the nurse action is proved to be beyond the limits of expected professional behavior. So, nurse managers need to know certain definitions regarding area of law (**Ragon, 2016 & Demirhan et al., 2020).**

Law is a socially oriented discipline and is committed to the welfare of society. Laws tell us what one can and cannot do. However, laws are not static; they move with time and with new technology as needed of society. Nursing laws are not a separate entity it draws from general laws, rules, and regulation. Certain types of laws create rights and responsibilities for nursing staffs such as statutory law, public law, criminal law, and common law (**El-bayome, 2017; Singh & Mathuray, 2018).**

Law play critical role in guiding medical practices in nursing field it differentiates the nurses responsibilities from others health professional, provide framework for establishing which nursing actions to care of patients, and assists in maintaining a standard of nursing practice. The main goals to know law to educate nurse manager regarding their responsibilities and accountabilities to patient care, staff management, units management and the complex issues involved in basic legal situation **(Abo-Roman, 2019 & Gab-Allah et al., 2020).**

In the real clinical settings the nurse manager must encourage ethical practice, guide direct care staff in delivering excellent quality care, and sets professional philosophy should include the patient's rights. These rights have traditionally identified such basic elements as human dignity, integrity, safety, comfort, continuity, honesty, confidentiality, privacy, choice and informed consent **(Josef, 2017; Moline-Mula & Estrada, 2020).**

Ethics are rules that govern right conduct while ethical behavior means that a person behaves according to a code of ethics. A code of ethics is developed and accepted by members of a profession it provides a guide for what is good and bad and morally obligated, the first code of ethics was adopted by the American Nursing Association (ANA) in 1950 **(Donates, 2011; Mohamed, 2017; World Health Organization [WHO], 2019).**

The ethical principle such as (beneficence, non-maleficence, accountability, fidelity, veracity, and autonomy); Beneficence that

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mean assumes a fundamental duty to serve the best interest of their patients by treating/ preventing disease, non-maleficence that means that duty to benefit patients is the corresponding to refrain from harm, justice that mean acting with fairness to provide care to patients regardless of race, color, creed, gender, nationality and other irrelevant properties. Veracity is to be completely truthful with patients. Autonomy, the patient has the right to reject or accept all treatments **(Habimana, 2016; American Nurses Association [ANA], 2019; Haddad & Geiger, 2020).**

Significance of the Research

Nurse Managers in every day face legal and ethical dilemmas. One of the professional competencies for nursing status that nurses in any level should integrate knowledge of ethical and legal aspects of healthcare and professional values into nursing practice. In many clinical setting the nurse manger as a member of health care team and she is the most central to all nurses, patients' family, physician, and ancillary healthcare providers. So, in that position she needs to be able to promote in legal and ethical-decision making when questions arise about the care plan **(Shrestha, 2014; Mahran, 2017; Drucker, 2018).** Nurse Managers who are aware of their rights and responsibilities' in legal and ethical aspects are better able to protect themselves against lawsuit or loss of professional licensure. Therefore, this study will be conducted to enhance nurse mangers' in the legal and ethical aspects at Benha University Hospital.

Aim of study:

The present study aimed to enhance nurse managers' in the legal and ethical aspects at Benha University Hospital.

Research hypothesis

It was hypothesized that; there will be an improvement in nurse managers' knowledge, and performances regarding legal and ethical aspects in their work settings post the designated educational program.

Subjects and Methods:-

Research Design: A quasi experimental research design was used to conduct this study.

Study Setting:

The present study was conducted in all units (44) at Benha University Hospital. The total number of beds in all units were (506) beds. The hospital composed of three separated buildings; firstly, Medical Building consisted of 30 units (315 beds). Second, Surgical Building consisted of 12 unit (179 beds). Finally, Ophthalmology building includes 2 units (12 beds).

Sample:

All nurse managers who were available at the time of study. The subjects of this study sample were composed of (79) nurse managers who had at least one year of experience. This group consisted of three levels of Nurse Mangers; top-level nursing director/ matron (1), middle level supervisors /assistance director (14), and first line manager/head nurses (64) all of them participated in the study. They included those who more than one year of job experience in the current job in their work setting, and exclude those who were attended previously training program in the legal and ethical aspects in nursing.

Tools of data collection:

Data for the present study was collected through using the following two tools**;**

I, Legal and ethical aspects knowledge questionnaire: A structured questionnaire was developed by the researcher after review of related literature guided by (**Ashour, 2006; Yousef, 2010; Wise, 2015; Al-Breiki, 2017),** to assess the nurse managers' knowledge about legal and ethical aspects in their work settings. It was consisted of two parts. **Part 1**, personal and occupational data like (gender, age, educational level, departement, job postion, yeas of experience, working hours, and existence of legal and ethical commuittee in the hospital) and **part 2**, Legal and ethical aspects knowledge questionnaire. It consisted of (55) questions classified under six main categories; first (13) question related to entrance of laws, second (24) questions related to civil service law number 81 copy, (2016), third (7) question related to code of ethics, forth (6) question related to ethical principles, fifth (3) question related to patient's rights and sexth (2) question related to process in ethical dilemma.

Scoring system

The questions were scored as (1) for correct, and (zero) for incorrect or do not know. So, the total scores was (55), and the cut point was done at 70% = 38.5 grades. Total knowledge score was calculated as follows:

- Satisfactory score equal or more than 38.5 grades ($\geq$ 70 %).
- Unsatisfactory score less than 38.5 grades ($<$ 70%).

II, Legal and ethical aspects observational checklist for nurse manager: An obervational checklist developed by the researcher after review of related national and international literature

guided by (**Hariharan, 2013; Vati, 2014 ; Rich, & butts, 2016 &El-Byome, 2017),** to evaluate nurse manager's actual performance regarding legal and ethical aspect in their wok settings as observed by the researcher. It was consists of (69) items classified under seven main category, first (8) items related to legal aspect during area of supervision, second (9) item related to legal aspect toward drug management, third (8) items related to legal aspect toward equipment management, fourth (8) items related to legal aspect toward patient documentation, fifth (13) items related to ethical aspect toward the patients, sixth (19) items related to ethical responsibilities toward staffs, and seventh (4) items related to ethical responsibilities toward unit.

Scoring system

The items were scored as (2) for done complete, (1) for done incomplete and (Zero) for not done. The total scoring system of the observational checklist was divided into two dimensions:

- First, the legal aspect (33 items); total score was 66 grades and the cut point was done at 75% = 49.5 score.

- Done complete scores equal or more than 49.5 grades = ≥ 75%.

- Done incomplete scores equal (33-<49.5) grades = (50%- < 75%).

- Not done scores less than 33 grades = < 50%

- Second, the ethical aspect (36 items); total score (72) grades and the cut point was done at 75% = 54 grades.

- Done complete scores equal or more than 54 grades = ≥ 75%.

- Done incomplete scores equal (36-<54) grades = (50%- < 75%.

- Not done scores less than 36 grades = < 50%

variables was evaluated using Person's Correlation Coefficient. P values were

Field work

The field work of this study was executed in eight months. Data collection began on 1st of September (2018) and finished on the end of april(2019). Consist of three phases assessment phase, implamentation phase, and evaluation phase.

A Pilot study was conducted to assess study tools clarity and applicability. It has also served in estimating the time needed for fulfilling the study tools. The revised questionnaires were piloted with 10% from the subject: (8) nurse managers were included to investigate the feasibility of data collection tools. Collecting pilot study data lasts for one month. The time needed to fulfill legal and ethical knowledge questionnaire ranged between (25– 35) minutes. While, for observational checklist it was ranged between (30-40) minutes. No modification was occurred in the pilot study so it was included in the main study subject**.**

Ethical consideration:

Oral consent obtained from study subjects after explaining the purpose, nature and methods of data collection for them. Also, the study subjects were informed that they are allowed to participate or not in the study and they have the right to withdraw from the study at any time. Confidentiality anonymity and right to withdraw from the study at any time were guaranteed.

Statistical analysis:

Data collected from the studied sample was revised and coded. Computerized data entry and statistical analysis were fulfilled using the statistical package for social sciences (SPSS) version (20). Data were presented using descriptive statistics in the form of frequencies and percentages. Chi-square test (X^2) was used for comparison between qualitative variables. Correlation between considered statistically significant when P = <0.05**.**

Preparatory phase; served to develop the tools for data collection. Development of the tools was under supervisor guidance and experts' opinions were considered. The revision of study tools was done by a group of jury committee from different nursing specialties and faculty of law, department of social legislation to get their suggestions about validity and applicability of tool. The experts were asked to evaluate individual items and rate items as follows: (0) refer to disagree and (1) refer to agree. The study tools were subjected to assessment of internal consistency reliability using two methods: Alpha Chraumbach's test for internal consistency (0.889) and test-retest using personal correlation coefficient.

B. Implementation phase

According to the result of assessment phase the researcher designed nurse managers' legal and ethical educational program based on nurse managers needs and implemented it to study subjects. The trainees consisted of (79) nurse managers. In each educational program session the total numbers of trainees were (16) nurse managers except only one program trainees number were (15). Each group of trainees attended one day/ week for four weeks. Each day of training was consisted of three sessions; each session lasted for two hours. Each day of training was consisted of three sessions; each session lasted for two hours and the break time will be (30 minutes).

C. Evalution phase

Nurse managers legal and ethical educational program was evaluated to determine the extent to which nurse managers were changed their knowledge and actual performance related to nursing legal and ethical aspects.

Results:

Table (1): Shows that all of nurse managers (100%) were female, Less than half of the sample (44.3%) their age was more than 45 years old with mean age (36.58±6.49), most of them (81%) had Bachelor Degree, and work as head nurse. Also less than half (46.8% & 49.45) of nurse managers were working in critical care units and having years of experience ranged from (10 < 20) respectively with mean years of experience (16.49±6.38). The majority of them (75.9%) their weekly working hours were 36hours. More over most of nurse manager (96.2% & 91.1%) respectively reported that there is no ethical and legal committee in their work settings.

Figure (1): Clarifies that two third (63.3%) of the nurse managers had unsatisfactory knowledge level about legal and ethical aspects in preprogram, while immediate post program the majority (84.8%) of them had satisfactory knowledge level. Moreover, the majority (82.3%) of the study sample had satisfactory total knowledge level about legal and ethical aspects follow up implementation of the program respectively.

Table (2): Reveals that there was highly statistical significant difference between nurs managers total knowledge level about legal aspects pre and immediate post implementation of the program, while there was no-statistical significant difference between nurse managers total knowledge level about legal aspects immediate post and follow up implementation of the program.

Tables (3): Reveals that there was highly statistical significant difference between nurse managers' total knowledge level about ethical aspects in pre and immediate post implementation of the program. While, there

was no-statistical significant difference between nurse managers' total knowledge level about ethical aspects immediate post and follow up implementation of the program.

Table (4): Shows that all items related to legal and thical knowladge such as entarance of law, civil service law, code of ethics, ethical principle with patient right, and ethical dilemma was improved post-program and follow up compered to preprogram.

Figure (2): Clearifies that one quarter (24.1%) of nurse managers done complete performance toward legal and ethical aspects in preprogram, while majority of them (82.3%, 77.2%) had done complete performance toward legal and ethical aspects in post and follow up program .

Table (5): Reveals that one qurter (25.3%) of nurse managers done complete performance toward legal aspects in preprogram, while

the majority of them (81%, 77.2%) had done complete legal performance post and follow up implamentation of the program.

Table (6): Shows that majority (82.3%) of nurse managers done complete performance toward ethical aspects in post program, while it slightly decreased to (78.5%) in the follow up program.

Figure (3): Reveals that there was high statistical significant positive correlation between nurse managers' total legal knowledge score and total nurse managers' legal performance score post implementation of the program.

Figure (4): Shows that there was high statistical significant positive correlation between nurse managers' total ethical knowledge score and total nurse managers' ethical performance score post implementation of the program.

Table (1): Frequency distribution of the nurse managers' personal data. (No= 79)

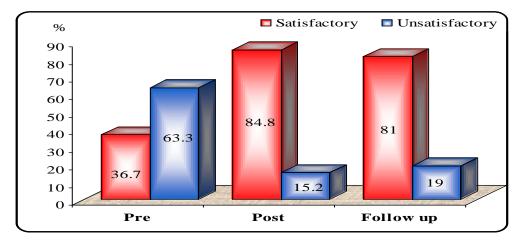| Items of personal data	No	%
Gender		
Female	79	100.0
Age in years		
25 : < 35	23	29.1
35 : < 45	21	26.6
45 +	35	44.3
Mean±SD	36.58±6.49	
Educational qualifications		
Secondary nursing education	9	11.4
Technical nursing education	1	1.3
Bachelor of nursing	64	81.0
Post graduate nursing education	5	6.3
Work department		
Nursing office	15	19.0
Critical care units	37	46.8
Wards	27	34.2
Job position		
Head nurse	64	81.0
Supervisor	14	17.7
Nursing director	1	1.3
Number of weekly working hours		
35 hours	9	11.4
36 hours	60	75.9
42 hours	6	7.6
48 hours	4	5.1
Mean±SD	37.12±5.23	
Years of experience		
< 5	3	3.8
5 < 10	12	15.2
10 < 20	39	49.4
20 +	25	31.6
Mean±SD	16.49±6.38	
The existence of ethical committee in the hospital		
Yes	3	3.8
No	76	96.2
The existence of legal committee in the hospital		
Yes	7	8.9
No	72	91.1

Figure (1): Nurse managers' total knowledge level about legal and ethical aspects pre, post and follow up implementation of program.

Table (2): Nurse managers' total knowledge level about legal aspects pre, post, and follow up implementation of program. (No=79)

Legal knowledge	Pre		Post		Follow up		Pre &post program		Post & follow up program	
	No	%	No	%	No	%	X^2	P-value	X^2	P-value
Satisfactory	24	30.4	68	86.1	66	83.5	50.37	<0.001**	0.19	0.65
Unsatisfactory	55	69.7	11	13.9	13	16.4				

** Highly statistically significant at P<0.01   (Non-significant or >0.05)

Table (3): Nurse managers' total knowledge level about ethical aspects pre, post, and follow up implementation of program. (No=79)

Ethical knowledge	Pre		Post		Follow up		Pre &post Program		Post & follow up program	
	No	%	No	%	No	%	X^2	P-value	X^2	P-value
Satisfactory	35	44.3	67	84.8	64	81.0	28.32	<0.001**	0.40	0.52
Unsatisfactory	44	55.7	12	15.2	15	19				

** Highly statistically significant   (Non-significant or >0.05)

Table (4): Nurse managers' knowledge level about legal and ethical aspects pre, post, and follow up implementation of program. (No=79)

Items		Pre		Post		Follow up		Test	Chi-square	
		No	%	No	%	No	%		X^2	P-value
Entrance of law	Correct	24	30.4	68	86.1	66	83.5	1	51.939	<0.001**
	Incorrect	36	45.6	10	12.7	11	13.9	2	0.411	0.814
	Don't know	19	24.1	1	1.3	2	2.5			
Civil cervices law	Correct	30	38	68	86.1	65	82.3	1	38.806	<0.001**
	Incorrect	35	44.3	8	10.1	10	12.7	2	0.433	0.805
	Don't know	14	17.7	3	3.8	4	5.1			
Code of ethics	Correct	32	40.5	68	86.1	64	81	1	35.367	<0.001**
	Incorrect	44	55.7	10	12.7	13	16.5	2	0.846	0.655
	Don't know	3	3.8	1	1.3	2	2.5			
Ethical principle and Pt. right	Correct	38	48.1	67	84.8	64	81	1	24.086	<0.001**
	Incorrect	40	50.6	12	15.2	14	17.7	2	1.223	0.543
	Don't know	1	1.3	0	0	1	1.3			
Ethical dilemma	Correct	34	43	67	84.8	64	81	1	29.890	<0.001**
	Incorrect	41	51.9	11	13.9	13	16.5	2	0.569	0.753
	Don't know	4	5.1	1	1.3	2	2.5			

Test (1) between pre and post program   ** Highly statistically significant
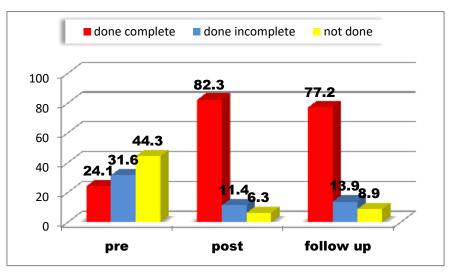**Test (2): between post and follow up the program**

Figure (2): Nurse managers' total performance level about legal and ethical aspects pre, post and follow up implementation of program.

Table (5): Nurse managers' performance in legal aspects pre, post, and follow up implimentation of the program (n=79)

Items		pre		Post		Follow up		Test	Chi-square	
		N	%	N	%	N	%		X^2	P-value
Legal aspect related to area of supervision	Done completely	18	22.8	64	81	62	78.5	1	55.766	<0.001**
	Done incompletely	33	41.8	12	15.2	13	16.5	2	0.215	0.898
	Not done	28	35.4	3	3.8	4	5.1			
Legal aspect toward drugs management	Done completely	30	38	65	82.3	63	79.7	1	33.633	<0.001**
	Done incompletely	18	22.8	8	10.1	9	11.4	2	0.167	0.920
	Not done	31	39.2	6	7.6	7	8.9			
Legal aspect toward equipment management	Done completely	18	22.8	62	78.5	59	74.7	1	49.791	<0.001**
	Done incompletely	27	34.2	10	12.7	11	13.9	2	0.372	0.830
	Not done	34	43	7	8.9	9	11.4			
Legal aspect toward patient documentation	Done completely	13	16.5	65	82.3	62	78.5	1	69.267	<0.001**
	Done incompletely	31	39.2	9	11.4	10	12.7	2	0.208	0.901
	Not done	35	44.3	5	6.3	6	7.6			
Total	Done completely	20	25.3	64	81.0	61	77.2	1	50.561	<0.001**
	Done incompletely	27	34.2	10	12.7	11	13.9	2	0.453	0.797
	Not done	32	40.5	5	6.3	7	8.9			

Test (1) between pre and post program   **** Highly statistically significant**
Test (2): between post and follow up the program

Table (6): Nurse managers' performance in ethical aspects pre, post, and follow up implimentation of the program (No=79)

Items		pre		Post		Follow up		Test	Chi-square	
		No	%	No	%	No	%		X^2	P-value
Ethical aspect toward patient care management	Done completely	22	27.8	62	78.5	60	75.9	1	42.983	<0.001**
	Done incompletely	26	32.9	12	15.2	13	16.5	2	0.164	0.921
	Not done	31	39.2	5	6.3	6	7.6			
Ethical Responsibilities toward staff management	Done completely	21	26.6	65	82.3	62	78.5	1	49.473	<0.001**
	Done incompletely	22	27.8	6	7.6	8	10.1	2	0.415	0.812
	Not done	36	45.6	8	10.1	9	11.4			
Ethical responsibilities toward unit management	Done completely	10	12.7	69	87.3	66	83.5	1	91.281	<0.001**
	Done incompletely	19	24.1	7	8.9	8	10.1	2	0.633	0.729
	Not done	50	63.3	3	3.8	5	6.3			
Total	Done completely	18	22.8	65	82.3	62	78.5	1	59.417	<0.001**
	Done incompletely	22	27.8	8	10.1	10	12.7	2	0.620	0.733
	Not done	39	49.4	6	7.6	7	8.9			

Test (1) between pre and post program   **** Highly statistically significant**

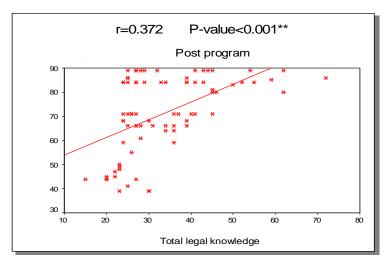**Test (2): between post and follow up the program**

r=0.372   P-value<0.001**

Figure (3) Correlation between nurse managers' total legal knowledge score and nurse managers' total legal performance score post implementation of program.
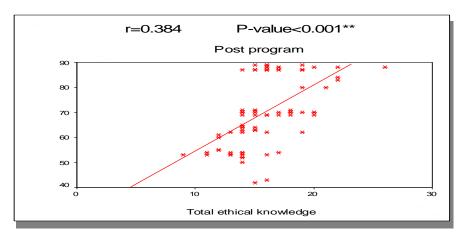

r=0.384   P-value<0.001**

Figure (4) Correlation between nurse managers' total ethical knowledge score and nurse managers' total ethical performance score post implementation of program.

Discussion

Regarding the gender of nurse managers the present study showed that all of nurse managers were females. This finding was in agreement with **Araby (2018),** who found that all of nursing management staff at Benha university Hospital were females. While the Finding of present study disagreed with **(Dehaghi et al., 2015)**, who revealed that two thirds of nurse managers at Social Security Organization in Tehran, Iran were females and one third were male. From the researcher's point of view this finding may be due to the highest ratio of female representation in healthcare sector in Egypt. From the date of the establishment of the first higher institute of nursing at Alexandria University in 1954 the nursing study was for females. In the future, the number of females will change compared to the number of males in the healthcare due to the high recruitment percentage of males to faculties of nursing all over Egypt compared to females.

As regards to age and level of education, the present study showed that less than half of the nurse managers' age were more than 45 years

old and most of them had Bachelor Degree. These findings were supported by **(Saleh et al., 2018),** who found the same results with present study in their study about the impact of nurse managers' leadership styles on ward staff in Saudia Arabia. While these findings were inconsistent with **(Aung & Jamel, 2017),** who found that the majority of the nurse managers at Tengku Ampuan Afzan Hospital were having A Diploma (secondry school of nursing) at their level of education. From the researcher's point of view the promotion to nurse mangers' in Egypt requires long period of work experience. Also in Egypt all levels of nursing education are available and the number of graduates from the faculty of nursing had become more than graduates from health technical institute especially after turning secondary schools of nursing into health technical institutes.

Concerning to years of experience of nurse managers, the present study indicated that less than half of nurse managers had ten to less than twenty years of work experince. This finding was supported by **(Warshawsky & Havens, 2015),** who found that less than fifty percentages of nurse managers in United States of America were had more than ten years' of experience. While this finding disagreed with **(Baddar et al., 2016),** who found that the majority of nurse managers had one to five years' of experience in the same position in the working place at King Khalid university hospitals and Saud Medical City in Saudi Hospitals. From the researcher's point of view this may be due to higher position like nurse managers need long period of time in work setting to reach the nurse mangers position.

The present study illustrated that more than two thirds of the nurse managers had unsatisfactory total knowledge level about

legal aspects before implementing the educational program, while post and follow up the educational program the majority had satisfactory total knowledge level. This finding was supported by **(Ibrahim et al., 2019),** who reported that the majority of nurses had poor to fair levels of knowledge about legal aspects. The study was about nurses' knowledge of legal liability in the clinical nursing practice at four hospitals affiliated to the Alexandria University. While the current study results incompatible with **(Kumar et al., 2011)** who reported that knowledge of nursing staff on various legal aspects were highest among those who have more than ten years of experience. The study was about knowledge of staff nurses regarding legal and ethical responsibilities in the field of psychiatric nursing at psychiatric center of Jaipur in Rajasthan. From the researcher's point of view, the improvement in the total level of knowledge and skills of nurse managers about legal aspects is due to the innovative teaching methods that have been used in the educational program. This has encouraged them to improve their knowledge and performance and helps to retain them too.

As regards nurse managers' knowledge about ethical aspects pre and post implementation of the program. The finding of present study clarifies that more than half of the study sample had unsatisfactory total knowledge level about ethical aspects in pre-program, while in the immediate post implementation of the program the majority had satisfactory knowledge level and slightly decreased in the follow-up program. This finding was supported by **(Maharjan et al., 2019),** who illistarate that around half of the nurses had adequate knowledge level of ethical aspects, and they emphasize on the need for making aware about legal aspects. The study was about awareness of nurses on

legal and ethical aspects of nursing in Hospitals of Lalitpur in Nepal.

This result was inconsistent with (**Aliyu et al., 2015**), who stated that the majority of the participants possess good knowledge of ethical dilemma. The majority of the participants had previous knowledge about ethical dilemma mostly through seminars/workshops followed by those who know from respective schools training. The study was about knowledge, attitude and practice of nursing ethics and law among nurses at Federal Medical Centre in Bida.

From the researcher's point of view, ethics plays significant role with nurse managers' responsibilities. Ethical problems are part of daily management process. The nurse manager should be honest and act with integrity and take responsibility for her own learning, proficiency and development herself beside in-service training program. Additionally the slightly decreased in knowledge level in the follow-up phase as compared to immediate post program but still more than preprogram this may be due to the knowledge is decrease with time and nurse managers need to periodic refreshing and updating of knowledge through continouning education.

The findings of the current study revealed that two thirds of the study sample had unsatisfactory knowledge level about legal and ethical aspects in preprogram, while immediate post and follow up educational program the majority had satisfactory knowledge level.

The current study disagreed with (**Hafez et al., 2016**), who concluded that more than half of nurses at Mansoura University Hospital had a satisfactory knowledge about ethical aspects, and most of them had adequate

professional practice regarding the ethics, their practice of professional ethics is much better than their knowledge. From the researcher's point of view, an educational program was beneficial to nurse managers' legal and ethical knowledge, and they gain good knowledge. After three months knowledge become little less but still high compared to pre-program that's why we need continuous educational program.

The current study showed that total level of nurse managers' performance in pre-implementation of the program that the minority of nurse managers done incomplete performance toward legal and ethical aspects. While in post program the majority of them done complete legal and ethical performance. These findings were supported by (**Devi, 2017**), who reported that nurses were lacking knowledge on legal responsibility in nursing which is one of the vital aspects of nursing practice and there is need to improve knowledge of the nurses on legal responsibility. The study was about nurse's awareness on legal and ethical responsibilities in nursing at Manipal Teaching Hospital in Nepal.

The study findings were incongruent with (**Kumar et al., 2011**), who reported that a majority of the respondents categorically denied having received any structured or unstructured training about legal aspect during their basic training through their employers and most of their study sample having legal knowledge. Lack of time, ignorance and lack of information technology skills were main reasons for not keeping themselves abreast with legal updates. From the researcher's points of view to work effectively with high quality you need enough knowledge. Knowledge helps nurse managers to feel satisfied and self-confidence during

their daily activity etheir with routine work or in emergency situation.

The present study showed that there were highly statistically significant positive correlation among nurse managers' legal and ethical total knowledge scores and nurse managers' legal and ethical total performance scores after implementation of the program. These findings were consistent with **(Safa & Hajbagheri, 2019),** who showed that there were a significant relationship between score of nurses' awareness of legal aspect related to caring for older adults and their previous training. The study was about how is nurses' awareness of ethical and legal Issues related to caring for older Adults. Additionaly this results were supported by **(Zakaria et al., 2016),** who revealed that there was high significance relation between knowledge of nursing ethics and ethical behavior after the in-service training program. The study was about effectiveness of ethical issues teaching program on knowledge at Mansoura emergency hospital.

From the researcher's point of view the nurse managers' responsibility is to create good working environment with high quality of care. Also, to work effectively with high quality nurse managers need enough knowledge. Knowledge helps them to feel satisfied and self-confidence during their daily activity. Good performance based on amount of knowledge can be used in clinical practice, stress, decision-making and emergency situation.

Conclusion:

There was an improvement in nurse managers' level of knowledge and performance about legal and ethical aspects immediately post implementation of the educational program and in follow-up compared to pre-program. There was high statistical significant difference between nurse managers knowledge and performance about legal and ethical aspects pre and immediate post implementation of the educational program. While there was no-statistical significant difference between nurse mangers knowledge and performance about legal and ethical aspects immediate post and follow up implementation of the educational program**.**

Recommendations:
I- Establish an ethical and legal committee within the organization for all ethical and ethical aspects in nursing practice.
2-Assess periodically the training needs of the nurse managers' to nursing legal and ethical aspects.
3-Design implement and evaluate training program based on nurse managers training needs.
4- Establish laws regarding types of medical and nursing torts (mal-practice or negligance) of all kinds with determine penalties for each medical or nursing error.

Enhance Nurse Managers' Legal and Ethical Aspects at Benha University Hospital

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تعزيز الجوانب القانونية والأخلاقية لمديرى التمريض بمستشفي بنها الجامعي

سلوى محمود محمد مصطفى- ايمان سالمان طايع – هويدا حسن السيد محفوظ

مديري التمريض هم العقل المدبر والمسئول عن الفريق التمريضي فى النظام الصحي، فهم مسؤولون عن تنظيم الوحدات والأقسام داخل المستشفى وهمزة وصل بين مقدمي الرعاية الصحية أطباء ،ومرضى واسر المرضى ، تبدأ مسؤولياتهم بتوزيع العمل ، وتمتد إلى جودة الخدمة المقدمة وضمان تطبيق الأسس والقواعد واللوائح المعمول بها داخل المستشفى ، مع كل هذا يجب أن تحرص على تطبق القيم والعادات والجوانب الأخلاقية. أجريت الدراسة الحالية في جميع الأقسام والوحدات بمستشفى بنها الجامعي ، ويبلغ اجمالي عددهم (٤٤) وحدة، أسفرت النتائج عن وجود تحسن في مستوى معرفة وأداء مديري التمريض عن الجوانب القانونية والأخلاقية مباشرة بعد تنفيذ البرنامج وعقب ثلاث اشهر من التنفيذ مقارنة بما قبل البرنامج . كما اوصت الدراسة: بأنشاء لجنة قانونية واخلاقية لحل المشكلات القانونية والأخلاقية بين اعضاء الفريق الطبي والمريض.