



GSJ: Volume 14, Issue 4, April 2026, Online: ISSN 2320-9186

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**ASSESSMENT OF NURSES' AWARENESS AND PERCEPTION ON THE LEGAL
IMPLICATIONS OF NEGLIGENCE IN NURSING PRACTICE AT SPECIALIST
HOSPITAL SOKOTO.**

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UMAR FODIO

INDEX NUMBER:2023/3321/161300/N

EXAM NUMBER:N/25/18397

NOVEMBER, 2025

TITLE PAGE

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**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF
REGISTERED NURSE (RN) CERTIFICATE.**

NOVEMBER,2025

DECLARATION

This is to declare that this research project Titled ASSESSMENT OF NURSES' AWARENESS AND PERCEPTION ON THE LEGAL IMPLICATIONS OF NEGLIGENCE IN NURSING PRACTICE AT SPECIALIST HOSPITAL SOKOTO. this work is solely the result of my work except where acknowledged as being derived from other person(s) or resources.

Examination number: **N/25/18397**

In the Department of Nursing science Usumanu Danfodiyo University Sokoto



Signature _____

Date _____

CERTIFICATION

This is to certify that this project conducted by UMAR FODIO was duly supervised by Dr Yakubu Lawali (PhD) and was approved in accordance with the requirement for the award of registered nurse certificate. By the Nursing and Midwifery Council Of Nigeria.

Dr Yakubu Lawali

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ABSTRACT

Negligence is a conduct which falls below the standard established by law for the protection of others against unreasonable risk of harm; it is a departure from the conduct expectable of reasonably prudent person under similar circumstance. Negligence consist of omitting to do something which ought to be done either in a different manner or not at all. Nigeria is a society

where the awareness of patients/client's right is on increase. Therefore, the study examined the assessment of nurses' Awareness and perception on the legal implications of negligence in nursing practice in Specialist Hospital Sokoto. The purpose of this research work is to assess the level of awareness and examine the perception of nurses on legal implication of negligence in nursing practice, to identify causes/predisposing factors of negligence and to enlighten the nurses on legal implication of negligence in nursing practice. This research work will be beneficent to nurses in order to broaden their knowledge on legal implication of negligence and also to serve as a basis to anyone carrying out a research on same or related topic. The study is a descriptive survey design; structured questionnaire was developed by the researcher to elicit information from the respondents. Sixty (199) qualified nurses and midwives were chosen by convenient sampling ranging from the rank of nursing officer II to chief nursing officer. Simple percentages were used for data analysis and presented in a tabular form. The result showed that majority (96%)of the respondents are aware of legal implication of negligence in nursing practice in their educational institutions, seminars and fellow colleagues. Findings also showed that perception of nurses on legal implication of negligence influences the standard of services rendered to clients. The result also showed that most(70%) opined that lack of professional skills will lead to negligence. Thus, nurses are expected and required to conduct their task with reasonable degree of skills and knowledge. Based on the results of findings, it is therefore recommended that legal courses should be incorporated in the various nursing and midwifery council curricula to be taught at various level of nursing education.

DEDICATION

This research project is dedicated to my Late father, my lovely mom and my entire family.

ACKNOWLEDGEMENT

My immense praise and thanks goes to ALLAH subuhanahu wata'ala the creator of heaven and the earth for seeing me through and always blessing me with uncountable blessings. My profound gratitude goes to my project supervisor: Dr Yakubu Lawali whose tireless effort made this research work worthwhile. My sincere appreciation goes to my lecturers more especially Mal.Abdulrahman Maru, Dr Auwal Muhammad And Dr Nasiru Anka for their advice and support, may God reward them abundantly Ameen.

My sincere appreciation also goes to my parents: Late MALAM Umar Ango, and My mother MALAMA Aisha Bawa for their endless love, moral and financial support. To all my Uncles and Aunts I am forever indebted for all what you have Done for me, And I say a big thank you. My gratitude is incomplete without acknowledging the steam that keep my engine running – my dearest Father in person of ALH.Abubakar Dan-ige for his support and Contribution towards this journey To my best friends – Malam Hamza Salihu, Malam Mahmud Yusuf mode, Sheikh Dayyib Ismail, Faisal isah Alhaji ,Aminu Usman, Nasir M. yakubu Abubakar Salisu and entire set in the struggle, I say may God grant you your heart desire (Ameen) Also to other esteem colleagues and beings that I meet to be part of my Family: Safiyya Wali, Nr Muhammad isah and all members of the Novus Nutrix family, Thank you very much for the moments we shared.

My gratitude will never be completed without mentioning the Great friends and relatives if my Late Father who had Advised, support and encouraged me. I am forever indebted and say a big thank you. Jazakumullahu khairan.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

According to Black's law dictionary ,(2021) Negligence is a conduct which falls below the standard established by law for the protection of others against unreasonable risk of harm; it is a departure from the conduct expectable of reasonably prudent person under similar circumstance. While malpractice is referred to as failure of one rendering professional services to exercise that degree of skill and learning commonly applied under all the circumstances in the community by the average prudent reputable member of the profession, with the result of injury, loss or damage to the recipient of those services or those entitled to rely upon them. Negligence has been seen by Baron (2019) as the “omission to do something which a reasonable man would do or doing something which a prudent man would not do”.

The principles of law governing the liability of members of health profession for neglect acts in England are the same in Nigeria, for Nigeria, by reason of her history adopted the common law of England. However, the development of the law of medical negligence in Nigeria can neither match that of England nor that of United States of America where health professional are dragged to court so often and for most trivial reasons. In Nigeria, there are always cases of negligence caused by lack of prudence on the part of professional nurses (Akinbode,2022). Nurses interact with their clients throughout twenty-four hours of the day, most of the interactions between the clients, nurses and the legal system bother on civil law since health care usually has to do with relationship with the care provider and the recipient of care. Although in rare cases, a situation may arise where the interactions involve both civil and criminal laws. There are extreme

circumstances such as gross or criminal negligence or willful assault and battery. In as much as most of the interactions between the professional nurses and clients border on civil law in the legal implications of their activities directly affect them as providers of health care and their nursing practice. If nurses lack adequate knowledge of the legal implication of their role as nursing care givers, they stand at risk to be sued in court (Weiss et al. 2019 and O'Neill 2021.)

According to Pan-African Medical Journal – Nigeria (2020) Nursing negligence covers many areas from medication administration errors to failure to report changes in patient's condition and improper performance of various procedures. Hence, the consequences of nursing negligence should not be marginalized or minimized because it is nurses that care for the patient and are often the last line of defense in stopping errors.

The role a nurse plays in the medical care of his or her patient is a very special and important one. Doctors often state that nurses are their eyes and ears when they are not with their patients. Nurses are trained to understand the signs and symptoms of various diseases and ailments, as well as the importance of changes in these signs and symptoms so they can timely report them to the physician. Failing to fulfill the nurse's duty can result in injury and death. [Medical malpractice](#) can be committed by a nurse who departs from good and accepted standards of nursing care that causes harm to the patient either in a hospital setting or outside the hospital in another location such as a nursing home, doctor's office, or the patient's home. Nursing malpractice is generally seen as negligence on behalf of a nursing professional that causes emotional or physical injury or death to a patient under his/her cares. Any medical professional can be held accountable for medical malpractice. (Walter 2020)

According to the National Council of State Boards of Nursing (2021), the amount of nursing malpractice cases involving medication errors, documentation errors, or failure to intervene or assess, has risen in the last five years. Nursing malpractice could include that the nurse improperly uses an instrument, fails to carry out a physician's orders, fails to properly monitor the patient, makes improper notes, fails to recognize significant signs and symptoms of the patient, fails to notify the physician of the condition of the patient or changes in the condition of the patient, or negligently performs other tasks that are part of the nurse's duty.

As professional nurse, there are broad roles that they move in and out of and the process of attending to their professional and personal responsibilities: these include the role of provider of service, the role of employee or contractor for service and the role of private citizen. These roles are played simultaneously. Each of these roles in keeping with the underlying principles of law has two dimensions – the rights that are mandated by these rights (Joel 2021).

Considering the magnitude of professional negligence, nurses cannot afford to toy with adequate knowledge of the legal implications of nursing practice. This research therefore aims to assess nurses' awareness and perceptions of the legal implications of their duties, identify knowledge gaps, and ultimately promote a culture of accountability, patient safety, and legally sound nursing practice at Specialist hospital Sokoto.

1.2 Statement of Problem

The nursing profession today plays a vital role in meeting the healthcare needs of the population. However, despite this crucial role, many nurses lack a clear understanding of the legal implications of their practice. Legal knowledge is essential for the safe execution of nursing

duties because, without it, nurses may unknowingly engage in acts of negligence for which they can be held legally accountable (Huston, 2020)

In Nigeria, the Nursing and Midwifery Council of Nigeria (NMCN) regulates the practice of nursing and holds licensed nurses accountable for their professional conduct both on and off duty (NMCN, 2019). A nurse is therefore considered a professional at all times, and can be held liable for professional negligence even in informal settings. For instance, a clinical nurse specialist may be legally responsible for inaccurate or harmful health information given casually during a social conversation (NMCN, 2019; Adeniran et al., 2021).

There are numerous reported cases of negligence in Nigerian hospitals today (Adeleke et al., 2020). This suggests a significant knowledge gap regarding the legal responsibilities of nurses and the rights of clients. Most clients are unaware of their rights and thus cannot hold health professionals accountable. Likewise, many nurses are unaware of the legal implications of negligent acts within their scope of practice (Oyetunde & Ofi, 2020; Fadare et al., 2023)..

This apparent knowledge deficit among both nurses and clients highlights the urgent need to educate healthcare professionals and service users alike about the legal consequences of negligence in nursing practice. Addressing this gap in understanding is essential for improving patient safety, professional accountability, and legal compliance in healthcare delivery.

Therefore, this study seeks to assess nurses' awareness and perceptions of the legal implications of negligence in nursing practice at Specialist Hospital Sokoto.

1.3 Research Question

1. What is the level of awareness among Nurses on the legal implication of professional negligence at Specialist hospital Sokoto?
2. What are the perceptions of nurses on the legal implications of negligence in nursing practice at Specialist hospital Sokoto?
3. What are the factors that amount to negligence in nursing practice at Specialist hospital Sokoto?

1.4 Objectives of the Study

1. To assess the level of awareness among nurses regarding the legal implications of professional negligence in nursing practice at Specialist Hospital Sokoto.
2. To assess the perception of nurses on the legal implications of negligence in nursing practice at Specialist Hospital Sokoto.
3. To identify the causes/predisposing factors of negligence in nursing practice at Specialist Hospital Sokoto.

1.5 Significance of the Study

This study will unveil critical insights into the multifaceted factors contributing to professional negligence among nurses, including but not limited to work overload, inadequate staffing, emotional burnout, lack of proper supervision, and insufficient knowledge of professional standards. For instance, a nurse working a double shift without adequate rest may unintentionally omit administering medication or documenting vital signs correctly. Such omissions can have serious clinical implications. By identifying these contributing factors, health workers—including physicians, allied health professionals, and administrative personnel—will

gain a deeper understanding of how systemic issues influence clinical errors. These insights will help foster a collaborative effort in mitigating risks through enhanced staffing policies, stress management programs, and shared accountability frameworks that emphasize ethical and quality care.

This research is highly relevant to the nursing profession, as it not only highlights the most common forms and implications of negligence but also provides a platform for preventive action. For example, if documentation errors are found to be a recurrent form of negligence, nurses can be trained specifically on accurate and timely recordkeeping through continuous professional development programs. Furthermore, the study strongly advocates for the integration of legal education into the nursing curriculum, as nurses often operate in environments where decisions carry legal ramifications. A nurse who is unaware of her legal duties in patient care may unwittingly violate protocols, such as failing to obtain informed consent prior to a procedure. The incorporation of medico-legal studies by the Nursing and Midwifery Council of Nigeria (NMCN) would ensure that nurses are not only clinically competent but also legally aware, thereby reducing the incidence of malpractice and protecting both the nurse and the patient.

The community, as the end user of healthcare services, stands to gain considerably from the outcomes of this study. By reducing the rate of nursing negligence, communities can expect more reliable and safe healthcare services. For instance, in rural or under-resourced communities where healthcare infrastructure is minimal, a single negligent act—such as administering the wrong vaccine—could have widespread and devastating effects. Through public health education

informed by this study, community members can be encouraged to participate actively in their healthcare, ask critical questions about procedures, and hold providers accountable. Additionally, community health outreaches and town hall meetings can be used to disseminate findings from this study to create awareness, build trust, and promote a culture of transparency and mutual respect between health providers and the public.

Patients are at the heart of this study's significance. The findings will directly contribute to enhancing patient safety, dignity, and rights in healthcare settings. For example, a patient who suffers from pressure sores due to prolonged immobility without regular repositioning—a clear case of nursing negligence—endures avoidable pain, prolonged hospital stay, and potential complications. With increased awareness of such implications, nurses can adopt patient-centered care models that prioritize timely and appropriate interventions. Moreover, when nurses are aware of the legal and ethical consequences of negligence, they are more likely to maintain professional standards, seek clarification when unsure, and uphold best practices in patient care. This results in reduced medical errors, higher satisfaction levels, and better health outcomes for patients, thereby restoring trust in healthcare institutions and professionals.

1.6 Scope of the study

The study is delimited to Assess nurses perception on the legal implications of negligence in nursing practice in Specialist Hospital Sokoto.

1.7 Operational Definitions of Terms

1. Negligence: The failure to provide the expected standard of care, either by omission or careless action, which may result in harm or risk to a patient.

2. Malpractice: Improper, illegal, or unethical conduct by a healthcare professional, especially when such actions result in injury or harm to a patient due to professional misconduct or failure to perform duties competently.

3. Legal: Actions or behaviors that are officially recognized or authorized by law, especially those aligned with professional standards and statutory regulations in healthcare.

4. Ethics: A system of moral principles guiding nursing conduct, including concepts such as confidentiality, beneficence, and non-maleficence in the care of patients.

5. Accountability: The obligation of nurses to answer for their actions and decisions in the clinical setting, including adherence to professional standards and institutional policies.

6. Duty of Care: A legal and professional obligation imposed on nurses to provide competent, safe, and appropriate care to patients, based on accepted nursing practice.

7. Standard of Practice: The established level of care and professional performance expected from nurses in specific clinical scenarios, guided by national regulatory bodies and professional associations.

8. Informed Consent: A process whereby a patient voluntarily agrees to a proposed medical or nursing intervention after receiving adequate information about the risks, benefits, and alternatives.

9. Professional Misconduct: Behavior or actions by a nurse that violate established ethical, legal, or institutional standards, potentially leading to disciplinary measures or legal consequences.

10. Patient Safety: The avoidance of harm to patients during the process of healthcare delivery, through adherence to safety protocols, accurate documentation, timely interventions, and proper communication.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Patients have suffered due to nurses abuse and neglect, when a nurse has been named in a lawsuit for injuring to a patient while he or she was on duty; such a lawsuit is for “negligence.” Many times, it is also referred to as nursing malpractice because the nurse, in his or her role as a nurse, is accused of doing something that inflicted injury to a patient. Therefore, this chapter deals with the review of literature pertinent to the research topic.

2.1 Concept of Negligence

Negligence is a “tort” under English law. A tort is an act or omission, other than a breach of contract, that causes harm or loss to another person, resulting in legal liability. “Tort law” (which

would cover claims in negligence) aims to provide remedies for these wrongful acts or omissions, such those caused by one's negligence, to persons that have been harmed or otherwise caused loss. Negligence occurs when someone does not provide or adhere to the standard of care that a reasonable person would in similar circumstances, resulting in harm or loss to another person. It forms the basis for many personal injury and professional liability cases, emphasizing the importance of care and responsibility in various contexts. (Korcova,2024)

Negligence is therefore not susceptible of any precise definition which will be of universal application. It may consist in doing something which ought either to be done in a different manner or not at all or in committing to do something which ought to be done. Where there is a duty to take care of the degree of care required in the particular care depends on the accompanying circumstances and may vary according to the amount of risk to be encountered and to the magnitude of prospective injury, (Modupe, 2023).

Classic legal doctrine such as that from *Donoghue v. Stevenson* forms the basis for establishing negligence in healthcare: Duty of care, Breach of duty, Causation, and Damages.

The modern law of negligence dated from the famous case of Donogue Vs Stevenson. To establish negligence in a case the following ingredients have to be properly proved by the plaintiff; (a) The duty of care (b) Breach of that duty of care (c) Foreseeability, causation or remoteness of damages (d) Standard of care (e) Damages. Hence the equation of negligence can be:

Negligence = *Duty of care* + *Breach* + *Damage*.

Furthermore the plaintiff who alleges negligence from the nurse must prove the three ingredients:

(i) That the defendant owed him (plaintiff) a legal duty of care (ii) The defendant breach the duty of care and (iii) The plaintiff suffered damages as a result of the breach.

Elements of Negligence

In order to prove that malpractice or negligence has occurred four elements must be established - **duty, breach of duty, causation, and damages.** (Barbora 2024)

i. Duty

- ❖ This is the first element that must be proven in a malpractice case.
- ❖ In nursing, duty is the easiest to prove, especially in a hospital setting. Since the nurse is an employee of the hospital, and the patient is a "captive audience", duty arises.
- ❖ Duty in nursing usually involves standard of care for a nurse.
- ❖ Nursing standards are established in a variety of ways:
 - Internal standards such as job descriptions, policy and procedures of an institution, and continuing education.
 - Specific cases: Student nurse - The student nurse is held to the same standard as a graduate nurse and will be held responsible for those activities that have been studied.
 - Supervising nurse - Any nurse who oversees another nurse may be responsible for that person's negligent act. This does not remove responsibility from the individual nurse but rather extends the liability to those in supervisory positions. Nurses in unsupervised roles i.e. industrial nurse, school nurse, home health nurse- are held to same standard

as any other professional nurse but the most important duty may be to use valid judgments in determining the limitations of practice.

- Nurse practitioners and clinicians - The duty of the nurse acting in an expanded role will of necessity differ from that of the nurse working directly under supervision. Legal accountability increases to reflect the increase in duty.

ii. Breach of duty - Once the standard of care has been established and a legal duty is shown, the injured party must prove that a breach of this duty has occurred.

- Breach of duty often involves the matter of foreseeability. Foreseeability is the legal requirement that the case must be judged on the unique facts as they were at the time of the occurrence, since it is always easier to state what should have been done in retrospect.
- Certain events foreseeable cause a specific result. For example;
 - A Nurse fails to follow proper hand hygiene protocols, resulting to the transmissions of a hospital-acquired infection to the patient. Given the importance of hand hygiene in preventing infection, the risk for transmission of infection was foreseeable.
 - A nurse checking and taking the vitals signs before the actual or recommended time, missing signs of deteriorations. The patient's condition worsens and go undetected leading to serious complications, having knowing the standard, the potential for complications was foreseeable.
 - A nurse fails to check the patient's allergy history before administering medications, resulting in an allergic reaction. So the potential for an adverse reaction was foreseeable.

- If the nurse fails to check the ampoule of medications and wrongly administered the wrong drug at the wrong time due work over loads or the nurse was in a hurry to attend to other complains.
- A patient was identified as a fall risk due to either effect of medication or mobility issues and previous falls, the nurse fails to implement and adopt fall prevention measures e.g[bed sides rails,non slip socks] and the patient falls,sustaining injury. The risk of fall was foreseeable following the patient condition.
- Sometimes an injury occurs through a nurse's failure to assess properly a patient's situation and take appropriate precautions.

iii. Causation - Proving causation, the third criterion of negligence can be difficult. Causation means that the injury must have been actually caused by the breach of duty. Legally, this concept is frequently divided into two sub concepts - cause in fact and proximate cause.

- **Cause in fact** - The cause of the damage was the breach of duty. If it were not for the breach of duty, the injury would not have occurred.
- **Proximate cause** -Refers to legal cause - what the courts will consider as a basis for liability. This is much more difficult to understand and to prove. It encompasses the concept of foreseeability. The basic question is how far does the liability of the defendant extend for the consequences following the negligent activity? Proximate cause is sometimes a consideration in accident cases where the injury suffered in the accident is compounded by medical malpractice.

Damages - In order to recover damages in a malpractice action, actual damages must have occurred to the injured party. In most cases it is impossible to restore the patients to their original physical condition. Therefore financial damages are awarded. Patients may be unhappy and express dissatisfaction with their hospital care, but if they have not been damaged, there will be no recovery of damages. Compensatory damage include all expenses incurred as result of the injury such as medical bills and lost wages, pain and suffering and an award for any disfigurement or disability.

2.1.1 Legal Responsibilities of Nurses

According to wisely (2022), nurses function under three key legal roles:

- A. **Provider of Services:** This is the role that concerns the nurse most. Care is rendered directly when a nurse administers a medication or directly when he assigns a procedure to a subordinate. Any negligence in providing this service may grant an action in the law court. The care provided must meet the standard of care i.e. what would have been done by the reasonable and prudent professional nurse with similar preparation and education and under similar circumstances. Nurses are directly responsible for patient care and can be held liable if the service provided falls below expected standards.
- B. **Employee or Contractor:** This is the role that mandates the nurses' right and responsibilities in relation to his employers and other professional colleagues. The nurse must fulfill certain obligations and functions inherent in the contractual relationship between the employers and him/her. The service promised is performed within the terms

specified. The employee is bound to protect and promote the good name of the employer. On the other hand, the employer is obligated to fulfill the terms of employment and provide a safe, functional employment setting, should the worker be injured due to unsafe equipment attributed to the employer's negligence, damages may be awarded against the employers. Both the employee and the employer, or any party to a contract must observe the fundamental characteristics of contractual relationship; the service contracted or performed must be legal, the parties to the contract must have capacity to contract i.e. must have reached the age of maturity, there must be both offer and acceptance and there must be consideration or the promise of consideration (payment or return). Therefore Nurses are bound by employer policies and legal employment contracts and are responsible for fulfilling obligations within those limits.

C. **Private Citizen:** The rights and responsibilities of the nurse in the role of citizen are the same as those of any individual under the legal system. Rights of citizenship protect clients from harm and ensure consideration from their personal property rights, rights to privacy, confidentiality and other rights. These same rights apply to nurses. For example, nurses have the right to physical safety and need not to perform functions that are considered an unreasonable risk. Collectively, Nurses, like any citizen, enjoy rights and bear responsibilities under civil law and can be sued or prosecuted for personal or professional misconduct.

2.1.2 Causes of Negligence in Nursing Practice

Common causes of negligence include:

- **Understaffing:** Insufficient staff leads to fatigue and oversights, staff members to adequately care for all residents. This leads to a situation in which there are not enough staff members on hand to monitor residents. When an elderly nursing home resident is left unattended, he or she is put at risk of a wide range of accidents and injuries.: In order to cut costs, many nursing homes simply do not hire enough. (Zhang J,2020)
- **Inadequate Training:** Another dangerous situation arises when nursing home staff members receive minimal or inadequate training in providing care for residents. This is especially dangerous when residents are disabled and require special care and attention. Nurses who lack adequate preparation may make errors, in this case the issues of auxiliary nurses came in, some facilities mostly the private ones patronize the quack services of the auxiliary nurse, because the found it easy to pay and they think they can replace the real and standard role of a registered nurse, this has done more harm than good to the health care setting leading to increase rate of professional malpractice. (Folkman 2022).
- **Stress and Burnout:** When nurses are over stressed due to too much work load, they usually neglect their duties that seem simple. Physical and emotional stress impairs judgment just as in case of multiple patient care and limited equipment and inadequate staffing (Saul, 2020).

Poor Communication: Breakdowns in information flow can result in missed or incorrect care, increasing the risk of infection among both the nurses and the patients, in the same vein failure in adequate communication between healthcare providers and patients such as not informing patient about treatment risk or failing to obtain informed consent are prevalent issues that leads to high level of nursing negligence and malpractice. (Millenson 2021.)

High patient load; the high patient to nurse ratio in many Nigerian hospitals and lack support had contributed to more increased number of nursing negligence and malpractice. (khon 2021). In a particular unit I visited in a hospital I found out that there was only one nurse on duty throughout the shift and it was oncology where the patients there are on either daily wound dressing or on blood transfusions, oxygen therapy, fluid resuscitation and other procedures that needs close nursing watchout.

Raimi, (2019) also identified several factors that contributed to the increase in number of malpractice cases against nurses:

- **Delegation:** As a result of cost-contentment efforts in hospitals, nurses are delegating more of their tasks to unlicensed assistive personnel or early introduced students to the clical area to carry out certain duties without proper supervisions . Delegation of some of this task may be considered negligence according to a giving facility's standard of care or a state's nurse practice act.
- **Early Discharge:** Patients are being discharged from hospitals at earlier stages of recovery and with conditions requiring more acute and intensive nursing care. Hence, nurses may be sued for not providing care or not making referral appropriate to the patient's conditions.
- The nursing shortage and hospital downsizing have contributed to greater workload for nurses, increasing the likelihood of error and negligence.
- Advance in technology require nurses to have knowledge of a variety of technology capabilities, limitations and safety features. Thus ignorance about the proper use of this technology lead nurses to negligence.
- Increase autonomy and responsibility of hospital nurses in the exercise of advance nursing has brought about greater risk of error and liability.

2.1.3 Nursing Issues on Malpractice and Negligence

For a nursing negligence compensation claim to be successful, an injury must have occurred as a result of an action or lack of an action that was avoidable at the time. Where the symptoms of an injury due to the dereliction of duty are not apparent for a long time, or where incomplete notes have been made, proving that nursing negligence has occurred can be difficult. Further complications exist in busy general hospital, where one of any number of staff could be responsible for the lack of care which has resulted in an injury. At a time when you are in poor health, or emotionally traumatized because a loved one is hospitalized, your focus is not going to be on the person administering treatment, but on the end result of that treatment (Saul, 2019).

The legal and political issues of nursing explain the common doctrine as applied in nursing jurisprudence such as the criminal liability of medical malpractice and negligence. As studied the Bill of Rights on the “due process of law” it provides an understanding about the circumstances affecting criminal liability and the strategies to prevent malpractice litigation. On the medical malpractice cases involving nurses, Reid (2020) explains that the knowledge of real life situations involving nursing malpractice will bolster your knowledge of negligence and will help you to recognize high risk situations which expose the nurse to legal liability and lawsuits.

During the course of an average workday, the typical floor nurse carries out numerous treatments, passes out a large number of medications, performs frequent physical assessments, and makes multiple decisions that affect the health and well-being of patients. Nurses rarely have the time to fully investigate and consider all the ethical and legal implications of their actions. They often make critical decisions about patient care while in the midst of high-pressure situations that force them to act quickly. Sometimes nurses make mistakes. Fortunately, only a small percentage of the

mistakes made by nurses actually produce injury to patients. Of this small number of injured patients, an even smaller percentage goes on to seek compensation for damages through legal action. Nevertheless, the number of lawsuits filed against nurses continues to increase. Many of these suits are well publicized in the news media and give the impression that every action a nurse takes can leave that nurse open to a lawsuit. (Aiken, 2020)

2.1.4 Negligence in Nursing Profession

Basically, negligence is carelessness; professional malpractice is also negligence. As applied to nursing profession, malpractice can be defined as bad, wrong or injudicious treatment resulting in injury, unnecessary suffering or death of the patient and proceeding from carelessness, ignorance, lack of professional skill, disregard of established rules and principles, neglect, malicious intent or sheer recklessness. Where a nurse has failed to do what in the opinion of the plaintiff, could be expected of any reasonable and prudent nurse in similar circumstance, negligence occur, (Onyedinma, 2019).

Raimi, (2020) identify some specific duties or acts or omissions that amount to negligence which include the following:

- i. Leaving a wad of gauze in patient's body.
- ii. Leaving a broken needle in a patient's body in the course of giving injection.
- iii. Failure of sterilization or Inadequate infection control
- iv. Failure to provide adequate security for the patients.
- v. Violation of professional ethics.
- vi. Failure to provide privacy.

- vii. Lack of inform consent.
- viii. Problems relating to diagnoses and treatment.
- ix. Failure to communicate adequate information to the physician
- x. Inadequate patient assessment, nursing interventions, or nursing care
- xi. Patients fall and Medication error
- xii. Unsafe or improper use of equipment.
- xiii. Failure to follow standard principles of care
- xiv. Failure to use equipment in a responsible manner.
- xv. Failure to document patient care or administered medications.
- xvi. Failure to assess and monitor the patient condition.
- xvii. Failure to act as patient advocate.

2.1.5 Implication of Negligence to Nursing Profession

Inadequate nursing skills or attention to task may result in suit of negligence against a nurse who chronically fails to provide approved standard of care, such incidence include, but are not only limited to; habitual medication error, failure to follow protocols or orders and improper use of equipment. More and more nurses are being named defendants in malpractice lawsuits, according to National Practitioner Data Bank (NPDB), **from 2010-2022** the number of malpractice payments made by nurses increased **from 413 -4,598 cases**. The trends show no signs of stopping, despite efforts by nursing educators to inform nurses and student nurses of their legal and professional responsibilities and limitations. A charge of negligence against a nurse can arise from almost any action or failure to act that result in patient injury-most often, an unintentional failure adhere to standard of clinical practice-and may lead to a malpractice lawsuit. It is important for a nurse to document their action very closely and accurately at the time because sometimes negligence case

come about later when details are difficult to remember. Charting everything makes it easy to determine the details surrounding each actions or inaction and find logical reasons as to why it was done. This, in combination with a nurse who knows the legal implication of negligence and follows the proper scope of practice will likely keep a nurse from being prosecuted for nursing negligence. (Aiken, 2022)

Currently, there are lots of reports on social media and newspapers of harms incurred by patients as a result of the negligent care provided by medical practitioners. An empirical work by a researcher shows that 61.69% of Nigerian patients feel that medical practitioners in Nigeria are arrogant and careless about their conditions and plights. Also, 33.3% of Nigerian patients indicated that their doctor's treatment had caused them extra injury beyond the ones that took them to the hospital.(Ogundare 2019)



2.2 Theoretical Framework

The study on nurses' awareness and perception of the legal implications of negligence in nursing practice at Specialist Hospital Sokoto could be based on: Hildegard Peplau's theory of interpersonal relationship and Res Ipsa Loquitur Theory of Negligence. Peplau's theory of interpersonal relationship describes the interaction of patient with health care providers (nurses). While Res Ipsa Loquitur theory of negligence is based on inferential reasoning and applies only to accident of unknown cause and evidence of prove that injury does not occur without negligence.

Peplau's Interpersonal Relations Theory: According to Hildegard E. Peplau (1952), who propounded the theory of interpersonal relationship, Interpersonal means an event, incidence or

interaction existing between two or more people, and the term Relationship refers to social interaction existing among people. According to Peplau, a Client is an individual who requires or seeks health as a result of a disturbance in his or her usual state of health, and Nursing is maintaining force or a process of educating an individual through meaningful social interaction, this social interaction exists in the nursing profession and the client serves as an avenue for meeting the nurse client need. During interpersonal relationship, the nurse and client set some goals which need to be achieved in order to esteem the recovery of the client. Hildegard E. Peplau defined nursing as a human relationship between an individual (client) who is sick and requires health care service and the nurse who is trained and specially educated to respond and recognize the need of the client. Peplau identified four (4) phases of interpersonal relationship in which the nurse serve as an educator, a resource person, a counselor, a teacher, an advocator, a solicitor, while passing through the following phases.

Orientation Phase

During this phase, the nurse and the patient meet and learn to identify each other by name. It starts when the client enters into the clinical environment, the nurse assumes leadership role, and both engage each other in cooperative learning and agreement or contract about the new relationship that is established, the agreement may include the way personal information's will be handled, the nurse assures the client of confidentiality about the information provided. The nurse also orients the patient to other health agencies, the facilities available, the visiting hours, the topography of the ward environment, the rules and regulations put in place by the health care institution concerning the client, relation and health profession. In view of the above, if care is not taken malpractice will ensue as a result of nurses' negligence to orient their patients adequately about the therapeutic environment.

Identification Phase

During this phase, the nurse works hand in hand with the client and significant others e.g. relations, to uncover the problems of the patient by obtaining information about the onset of the problem and the possible actions that might have been taken. The nurse utilizes the knowledge of nursing process which is a problem solving technique by assessing the patient's general condition using the special senses (i.e. sight, hearing, smelling, and touching). The nurse must maintain highest level of privacy and confidentiality in handling the informations provided by the client, the information must only be shared with personnel's that have impact or input in client care. In line with the study "nurses' perception of the legal implication of negligence in nursing practice" some nurses are unable to assumed their duties such as assessing the patient's conditions, taking medical history, maintaining privacy and confidentiality due to negligence: these leads nurses to legal implication of malpractice.

Working Phase

This phase occurs when effort is made by both the nurse and the patient to achieve a common goal, the nurse plans the care modality with the client and even the relatives and uses professional skills to prioritize the clients care, the nurse also involves the client in decision making process in order to enlist clients participation and cooperation with other health professionals as demanded by clients condition.

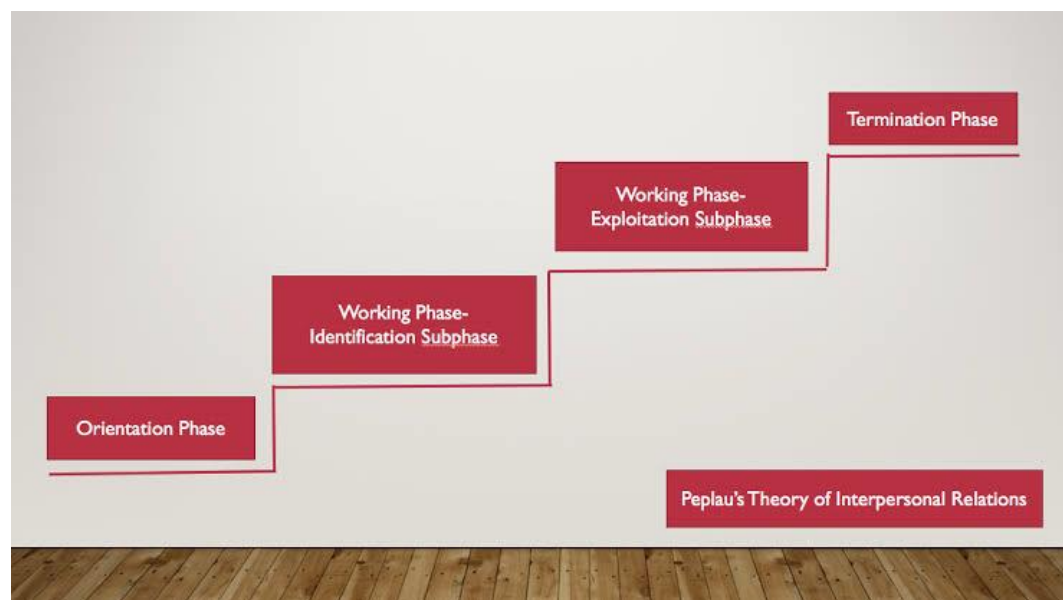
In view of the above, the nurses are expected to use their professional skills and avoid any issues of negligence that will lead to malpractice. Because this phase of relationship comes with problems associated with negligence in which a nurse neglect their duties in providing adequate nursing care. Thus, nurses are expected to work within the scope of their practice to avoid breach of duties.

Termination Phase

This is the end stage of the nurse-client relationship and it is characterized by the conclusion of initial agreement. The nurse must use her professional skills and knowledge to determine the termination on a meaningful and certifying note. As the nurse plays a leadership role, effort must be made to control emotions so as not to tarnish her professional image by expression of emotional ability but provide necessary information to reinforce the instructions given so as to prevent future occurrences of client problem.

In view of the above, nurses are expected to document everything regarding the patient from orientation to termination phase in order to serve as a legal document in case of any issues that may arise regarding negligence and malpractice.

This theory emphasizes nurse-client relationships and the phases of care. Any breach in communication, trust, or care delivery affects patient outcomes and may result in negligence.



Res Ipsa Loquitur Theory of Negligence

Baron Pallock (1863) formulated a Res Ipsa Loquitur theory of negligence meaning “things speak for itself”. This theory states that “the element of duty of care and breach can be sometimes inferred from the very nature of an accident or other outcome, even without direct evidence of how any defendant behaves. Meanwhile Res Ipsa theory is based on inferential reasoning and applies only to accident of unknown cause.

Res Ipsa Loquitur comes into interplay where an accident of unknown cause in one that would not normally happen without negligence on the part of the defendant in control of the object or activity which injured the plaintiff or damaged his property. In such situation, the court is able to infer negligence in the defendant’s part unless he or she offers an acceptable explanation consistent with his having taking reasonable care. The effect of Res Ipsa is strong influence in favor of the claimant that negligence has taking place.

Res Ipsa theory postulated three (3) elements that the patient or client must produce evidence to prove that his or her injury does not occur without negligence as follows:

1. There must be a reasonable evidence of negligence i.e. the event must be of a kind which ordinarily does not occur in the absence of someone negligence.
2. The circumstances must be under the direct control of the defender or his servants i.e. the event must be caused by an agency or instrumentality within the control of the defendant.
3. The event must not have been due to any voluntary action or contribution on the part of the plaintiff.

Patricia (2020) also presumed that to create negligence on Res Ipsa Theory, the patient must produce three evidences to prove negligent act. First, he or she must show that his or her injury just does not occur without physician negligence i.e. it must be within the common knowledge and understanding of ordinary people or experts that the injury could not have occurred without negligence of health care providers. Secondly, the patient must show that the physician was in control of whatever caused the injury. Finally, the patients conduct cannot in any way have caused the injury.

In view of the above theory, any negligence or malpractice must be proven by the client before legal implication will be mandated on the health care provider (nurse). Meanwhile any negligence or malpractice has a legal implication in nursing practice and the presumption shift the burden of negligence from patient to health care providers (nurses) i.e. the theory has a strong inference in favor of the client/patient that negligence has taken place.

Res Ipsa Loquitur Theory is also Translated as “the thing speaks for itself,” this legal principle allows the presumption of negligence based on the outcome, even without direct proof of fault. It strengthens the plaintiff’s case in situations where harm would not occur unless someone was negligent.

2.3 Empirical Studies

2.3.1 Awareness among nurses regarding the legal implications of professional negligence in nursing practice.

In a study conducted by Akinbode and Ogunfowokan (2020), 58.4% of nurses displayed awareness of general legal principles, but only 22.4% showed in-depth understanding of nursing-specific

laws. Moreover, although over half of the institutions had policies in place, a significant portion of nurses were unaware of them. This lack of practical legal education was flagged as a barrier to quality service delivery and legal safety.

In another study conducted by Akinbode and Ogunfowokan (2019), 58.4% of nurses displayed awareness of general legal principles at Ibadan, oyo state, but only 22.4% showed in-depth understanding of nursing-specific laws. Moreover, although over half of the institutions had policies in place, a significant portion of nurses were unaware of them. This lack of practical legal education was flagged as a barrier to quality service delivery and legal safety.

2.3.2 Perception of nurses on the legal implications of negligence in nursing practice.

A study by Onwuegbuchulam and Audu (2020) investigated the perception of nurses on the legal implications of negligence in Jos University Teaching Hospital (JUTH), Plateau State. It reported that 84% of respondents could define negligence, and 93.8% agreed that nurses could be legally punished for negligent behavior. Notably, 97.9% said that legal knowledge positively influenced their attitudes toward patient care. However, a major challenge was institutional factors, including poor communication with physicians and nurse shortages. The authors recommend policy reforms and regular legal training

In a similar study in Port Said, Egypt, Mohamed and Mahmoud (2023) examined nurses' perceptions of legal liabilities. Less than half demonstrated moderate understanding of malpractice and informed consent. The authors recommend integrating legal nursing courses in both undergraduate and postgraduate curricula to enhance legal consciousness in practice.

2.2.4 Causes/predisposing factors of negligence in nursing practice.

In a study conducted by Kalisch et al. (2019) found out that High patient-to-nurse ratios increase omission of critical care tasks, directly predisposing to negligence. Understaffing leads to missed care such as patient turning and monitoring due to workload overload.

In another study by O'Daniel & Rosenstein (2020) on Professional Communication and Team Collaboration found out that Ineffective communication among healthcare team members causes misunderstandings, wrong interventions, and negligent outcomes.

Another study of Rogers et al. (2021) on The Working Hours Of Hospital Staff Nurses and Patient Safety find out that Long shifts (over 12 hours) and overtime significantly increase error rates due to cognitive fatigue.

2.4 Summary of Literature Review

Existing literature supports that negligence in nursing is multifactorial—arising from human error, system deficiencies, and lack of legal education. Nurses' understanding of their legal obligations is crucial for patient safety and professional accountability. Despite being aware of negligence as a concept, many nurses are unfamiliar with its legal consequences, pointing to the need for enhanced legal education in nursing curricula.

The literature review highlighted the legal role of a nurse as provider of service, employee or contractor for service and private citizen as personal professional responsibilities. The literature described the negligence as malpractice and this will come into play when the plaintiff suffers damages. The literature also addressed elements of malpractice and negligence. The literature reviewed in detail the detrimental behavior/attitude of nurses that will lead to litigation and

malpractice. The literature also focused on causes/predisposing factors of negligence and factors increasing negligence among nurses and its implication to nursing practice.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter comprises of research design, research setting, target population, sample size determination, sampling techniques, instruments for data collection, validity of instruments, method of data collection, method of data analysis, measuring scale and ethical consideration

3.1 RESEARCH DESIGN

A descriptive cross sectional design was used for the study. This is because it is a study in which a group of people or items are measured by collecting data at a specific point in time for a defined population, (Nedarc, 2020).

3.2 RESEARCH SETTING

Sokoto state is located in the extreme north west of Nigeria, between longitudinal 11°30', and 13°50' east and latitude 4°0' to 6°0' north which covers approximately an area of 56,000 square kilometers and shares border with Niger Republic to the north, Kebbi state to the south and Zamfara state to the east. Based on the 2006 population census, it has a projected population of about 6,391,000 in 2022, (Iman, 2019). Sokoto state is in the dry Sahel surrounded by sandy savannah and isolated hills, with an annual average temperature of 28.3°C (82.9°F), Sokoto is on the whole a very hot

area, (Mamman, Oyebanji, and Peters, 2021). The indigenous tribes in the state are Hausa and Fulani, where majority of the Hausa's are farmers while Fulani's are nomadic and are engaged in animal rearing, (Iman, 2019).

The setting of the research work was carried out in Specialist hospital Sokoto. The hospital is situated along Sultan Abubakar road opposite Nagarta College. It was established since 1932 as college during the colonial government. It finally became a specialist hospital in 1989. The hospital has all components and renders tertiary healthcare services in various areas of specialization. It is a bed capacity of 570 and presently it has a number of 395 nurses. The institution render health services which comprises of medical care, surgical care, physiotherapy, radiotherapy, social services and psychological care. It is also an area for clinical experience for student nurses, midwives and other healthcare professionals, and also an area for clinical research.

3.3 TARGET POPULATION

The population chosen for this study will comprise of nurses who work at Specialist Hospital Sokoto state. Total number of nurses in the hospital is 395 and has 20 wards.

3.4 SAMPLE SIZE DETERMINATION

To determine the sample size, slovin's rule was used:

$$n = \frac{N}{1 + Ne^2}$$

Where n = the minimum sample size required

N = study population = 395

e = the margin of error at 95% confidence level.

The sample size is then calculated as:

$$n=395/(1+395 \times (0.05)^2)$$

$$n=395/(1+395 \times (0.0025))$$

$$n=395/(1+0.9875)$$

$$n=395/1.9875$$

$$n=198.74 = 199$$

Therefore, the calculated sample size is 199.

3.5 SAMPLING TECHNIQUE

Stratified sampling technique was used to stratify the hospital into 20 wards. Proportionate sampling technique was used to draw out the number of respondents needed from each ward.

Proportionate sample = ward population of nurses/total number of nurses in hospital × calculated sample size

S/N	Wards	Population	Proportionate Sample
1	Male medical	16	8
2	Female medical	18	9
3	Male surgical	12	6
4	Female surgical	18	9
5	Labor room	34	17
6	Pediatric	48	24

7	Female amenity	13	7
8	Theatre	39	20
9	Trauma	20	10
10	ENT	16	8
11	Orthopedic	17	9
12	A ward	14	7
13	B ward	17	9
14	C ward	15	7
15	Gynae	16	8
16	ANC	17	9
17	IDH	22	11
18	Physiotherapy	15	7
19	Male amenity	14	7
20	Ophthalmology	14	7
	Total: 20 wards	395	199

Thus, a sample of 199 respondents will be.

3.6 INSTRUMENT FOR DATA COLLECTION

The instruments used in the study include a checklist for Various Segments, The researcher developed a questionnaire which has the following sections:

Section 1: Biographical data

Section 2: Perception of Nurses on the legal implication of negligence in Nursing practice.

Section 3: Causes of negligence in nursing practice.

Section 4; Awareness nurses on legal implication of negligence in nursing practice

A close ended question was used to ascertain the agreement or non agreement between the questionnaire items.

3.7 VALIDITY OF INSTRUMENT

Validity of the instrument was ensure by submitting the instrument to the supervisor, who critically and constructively examined the items and necessary corrections were made which will be duly effected, to improve the research and content validity of the instrument.

3.8 METHOD OF DATA COLLECTION

An introduction letter was collected from the department to the hospital for permission to conduct the research. Data collection will be conducted using a self-administered questionnaire. The researcher administered the questionnaires and the data collection was completed within two weeks. The researcher however coordinated and supervised the data collection exercise.

3.9 DATA ANALYSIS

Data collected was organized and analyzed and presented in form of frequency and percentage was used to ascertain agreement or non- agreement to the questionnaire items.

3.10 ETHICAL CONSIDERATION

The study was approved by the Department of Nursing Sciences, Usman Danfodiyo University, Sokoto State. The management of Specialist Hospital was informed the nature of the study. Permission will be asked and taken from relevant persons in charge, to conduct the study. Informed consent was obtained from respondents after full explanation of what the project entails by the researcher in the letter accompanying the questionnaire. The respondents was assured that all information will be treated with utmost confidentiality and a copy of this work will only be found in the library for reference and further research only and for other academic purposes. All information received from the respondents will be strictly kept with utmost confidentiality, anonymity, and non-maleficence will be observed during the study.

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CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

This chapter shows the data presentation and analysis of the responses collected from the respondents, results are presented in frequency Distribution tables.

4.1 Result of this study are presented in tables below

Table 4.1: Distribution of socio demographic data

Variables	Frequency	Percentage
Age range in years		
20-29	113	59.5
30-39	38	20.0

40-49	31	16.3
50 and above	8	4.2
Total	190	100
Gender		
Male	40	21.0
Female	150	79.0
Total	190	100
Religion		
Christianity	59	30.0
Islam	131	70.0
Others	-	-
Total	190	100
Rank		
CNO	8	4.2
ACNO	10	5.3
SNO	27	14.2
PNO	15	7.9
NOI	80	42.1
NOII	50	26.3
Total	190	100
Years of service		
Less than a year	32	16.8
1-5 years	90	47.4

6-10 years	35	18.2
11-15 years	15	7.9
Above 15 years	18	9.5

Table 4.1: Above shows the age of the respondents, majority were within the age group 20 – 29 years (59.5%) and the least from age group 50 years and above (4.2%). Majority of the respondents were females 154 (79%). Majority of the respondents 131 (70%) practiced Islam and the least 59 (30%) Christianity. Majority of the respondents 80 (40.2%) were ranked NOI and the least 8 (4.2%) were ranked CNO. Majority of the respondents were within 1-5 years in service with 90 (47.4%), the least respondents were within 11-15 years with 15(7.9%)and above 15 years with 18 (9.5%).

Table 4.2 Perception of Nurses on the legal implication of negligence in Nursing practice.

VARIABLES	YES		NO	
	frequency	Percentage%	frequency	Percentage%
Are you aware that negligence in nursing practice has legal implications?	180	90.5	19	9.5
Do you know that negligence can lead to civil liability (lawsuit) against a nurse?	170	85.4	29	14.6
Do you know that negligence can lead to criminal charges against a nurse?	165	82.9	34	17.1
Do you know that negligence can result in disciplinary action such as license suspension?	175	87.9	24	12.1

Have you ever received training on legal implications of negligence in nursing practice?	120	60.3	79	39.7
Do you believe negligence in nursing practice is a serious professional issue?	190	95.5	09	4.5
Do you think legal actions against negligent nurses improve accountability in practice?	160	80.4	39	19.6
Does fear of legal implications make you more careful in your practice?	155	77.9	44	22.1
Do you think most negligence cases are caused by workload and system failure?	140	70.4	59	29.6
Have you ever witnessed or heard of a nurse facing legal issues due to negligence?	150	75.4	49	24.6
Do you believe nurses in your facility are at risk of facing legal action for negligence?	145	72.9	54	27.1
Do you think medication errors are the most common cause of negligence cases?	135	67.8	64	32.2
Do you believe continuous legal education should be mandatory for nurses?	185	92.9	14	7.1
Do you think adequate staffing can help prevent negligence in nursing practice?	188	94.5	11	5.5
TOTAL = 2786	2258	81.1%	528	18.9%

USE THE TOTAL TO MAKE DECISION OF POSITIVE OR NEGATIVE

Total number of respondents = 199

14 items \times 199 respondents = 2786;

Yes responses = $(2288 / 2786) \times 100 = 81.1\%$

No responses = $(490 / 2786) \times 100 = 18.9\%$

Since 82.3% of all responses were positive (Yes), this clearly indicates that:

Nurses have a strong positive perception regarding the legal implications of negligence in nursing practice.

They understand the seriousness of negligence, its legal consequences, and the need for awareness and preventive measures such as training, adequate staffing

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Table 4.3 Causes of negligence /factors that amount to negligence in nursing practice

S/N	Statements	Yes		No		COMMENT
		Freq.	Percent	Freq.	Percent	
1	Stress	199	100	0	0	YES
2	Laziness	120	60.3	79	39.7	YES
3	Understaffing	190	95.5	9	4.5	YES
4	Inadequate training	150	75.4	49	24.6	YES
5	Inadequate medical treatment	140	70.4	59	29.6	YES
6	Communication gap	135	67.8	64	32.2	YES

The above table 4.3 shows That Stress (100%)had the highest “Yes” response, indicating that the vast majority of respondents identified stress as a significant contributor to issues in Negligence and malpractice. This highlights the need for mental health support and workload management for Nurses at specialist Hospital sokoto.

Understaffing (95.5%)also received a high affirmation, showing that many participants believe inadequate staff is a major problem. This can directly affect patient care, increase burnout, and lead to errors in clinical settings.

Inadequate training (75.4%) shows that a considerable number of respondents feel that lack of proper training contributes to inefficiency or negligence. This suggests a gap in continuing professional education or insufficient preparation of personnel.

Inadequate medical treatment (70.4%) was also recognized as a challenge. This may reflect poor resource allocation, unavailability of drugs, or improper clinical practices.

Communication gap (67.8%) indicates that more than half of the respondents believe communication issues affect the quality of service delivery, which can lead to errors, misunderstandings, and delays in treatment.

Laziness (60.3%) had the lowest “Yes” response but still significant, suggesting that some level of attitudinal problem exists among Nurses

Overall, the aggregate suggests that the majority of respondents agree these factors are prevalent challenges. It points to a systemic issue that demands intervention in staffing, training, communication, stress management, and provision of adequate equipment to aid Nursing practice

Table 4.4 Awareness of nurses on legal implication of negligence in nursing

QUESTION/STATEMENT	YES		NO		Aware/not aware
	Freq.	Percent	Freq.	Percent.	
Are you aware that negligence in nursing practice has legal implications?	180	90.5	19	9.5	Aware
Do you know that negligence in nursing can lead to civil liability (lawsuit)?	170	85.4	29	14.5	Aware
Do you know that negligence in nursing can lead to criminal charges?	155	77.9	44	22.1	Aware
Do you know that negligence in nursing can result in disciplinary action (license issues)?	160	80.4	39	19.6	Aware
Have you ever received formal training on the legal implications of negligence?	165	82.9	34	17.1	Aware
Are you aware that improper documentation can expose a nurse to legal liability?	165	82.9	34	17.1	Aware

Do you know that medication errors are a common cause of legal negligence cases?	172	86.4	27	13.3	Aware
Are you aware that failure to obtain informed consent can be classified as negligence?	150	75.4	49	24.6	Aware
Do you know that negligence can lead to loss of professional license?	163	81.9	36	18.1	Aware
Do you think continuous legal education is necessary to maintain awareness?	185	92.9	14	7.1	Aware
TOTAL:1,990	1665	83.6%	325	16.4%	

The Above Table The findings reveal a high level of awareness among respondents regarding the legal implications of negligence in nursing practice, We have 10 questions, and each has 199 respondents

So:

Total responses = 199 × 10 = 1,990

Total Yes = 1,665

Total No= 1,990 – 1,665 = 325

The percentages are;

Yes (Aware): $(1,665 \div 1,990) \times 100 = 83.6\%$

No (Not Aware): $(325 \div 1,990) \times 100 = 16.4\%$

Based on the data gathered from 199 respondents across 10 awareness-based items, a total of 1,665 responses (83.6%) indicated awareness of the legal implications of negligence in nursing practice, while 325 responses (16.4%) indicated lack of awareness. This result reflects a strong positive Awareness among nurses regarding the legal dimensions of their professional responsibilities.

SUMMARY OF THE MAJOR FINDINGS

1. The findings show a high level of awareness of legal implications but highlight insufficient formal training. Most respondents favor ongoing legal education and systemic improvements (like staffing) to minimize negligence. Legal accountability mechanisms are widely accepted as essential for safe nursing practice.

2. The causes of negligence in nursing practice are: Stress, laziness, understaffing, inadequate training, inadequate medical treatment, and communication gap.
3. The respondents are fully aware on negligence in nursing practice.

CHAPTER FIVE

DISCUSSION, SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter deals with the discussion of findings, relationship with other studies, summary of findings, conclusion, implication for nursing, limitation of the study, recommendation and suggestions for further studies.

5.1 Socio Demographic Data

This study was conducted in Specialist hospital Sokoto on nurses' perception of the legal implications of negligence in nursing practice. The age of the respondents, majority were within the age group 20 – 29 years (59.5%) and the least from age group 50 years and above (4.2%). Majority of the respondents were females 154 (79%). Majority of the respondents 131 (70%) practiced Islam and the least 59 (30%) Christianity. Majority of the respondents 80 (40.2%) were ranked NOI and the least 8 (4.2%) were ranked CNO. Majority of the respondents were within 1-5 years in service with 90 (47.4%), the least respondents were within 11-15 years with 15(7.9%)and above 15 years with 18 (9.5%).

5.1.1 Perception of Nurses on the legal implication of negligence in Nursing practice.

The result analyzed from the responses of 199 nurses reveals that the majority are well aware of the legal dimensions of negligence in nursing practice. About 90.5% acknowledge that negligence carries legal implications, while 85.4% understand it can result in civil liability, and 82.9% are aware of potential criminal charges. Similarly, 87.9% agree that negligence can lead to license suspension. This finding is in agreement with the findings of Onyedinma (2019) on the nurses' awareness on the concept of negligence in Obafemi Awolowo University, Ile-Ife, which shows that 98% of the nurses studied are aware of the legal implications of negligence in nursing practice.

5.1.2 Causes of negligence

The response gotten indicates that the vast majority of respondents identified stress as a significant contributor to issues in Negligence and malpractice. This highlights the need for mental health support and workload management for Nurses at Specialist Hospital Sokoto.

Understaffing with (95.5%) also received a high affirmation, showing that many participants believe inadequate staffing is a major problem. This can directly affect patient care, increase burnout, and lead to errors in clinical settings, like wise Inadequate training (75.4%) shows that a considerable number of respondents feel that lack of proper training contributes to inefficiency or negligence. This suggests a gap in continuing professional education or insufficient preparation of personnel in the same vein, Inadequate medical treatment with (70.4%) was also recognized as a challenge. This may reflect poor resource allocation, unavailability of drugs, or improper clinical practices, furthermore, Communication gap with (67.8%) indicates that more than half of the respondents believe communication issues affect the quality of service delivery, which can lead to errors, misunderstandings, and delays in treatment. This relates to the finding of Saul (2022) who

said that: understaffing, inadequate training, stress and communication gap will amount to negligence.

It also obeyed the work of Raimi (2022) who identified several factors that contributed to the increase in number of negligence among nurses such as: delegation, early discharge, nursing shortage and downsizing.

5.1.3 Awareness of nurses on legal implication of negligence in nursing

The findings revealed a high level of awareness among respondents regarding the legal implications of negligence in nursing practice, with an average of over 80% responding “Yes” to most statements.

This is inline with the study conducted by the onyedima (2019) in Obafemi Awolowo Univeristy, Ile-Ife, on the awareness of negligence, were majority of the respondents, are aware of the legal implication of negligence in nursing practice.

5.2 Implication for Nursing

In view of the findings of this study, there is a need for nursing bodies and stakeholders to educate nurses on legal implication of negligence. The fact that nurses are not yet appearing in law courts does not mean it will not happen one day especially with increased accessibility to information and knowledge. The health insurance scheme should also create needs for better service which if not provided will give way to litigation. The profession needs to be conversant with the trends in healthcare and appreciates its uniqueness as one who the other team members count on for quality care.

5.3 Limitation of the Study

The limitation of the study was in the area of retrieving the questionnaires as some of the nurses are on off-duties and others running different shift as such, it gave me a tough time to compile all the administered questioners, and also during the process of collecting the ethical clearance where the due process was hectic and the financial involvement transportation constraints were also seen to be limitations.

5.4 Summary of Findings

The study on nurses' perception of the legal implications of negligence shows that majority of the respondent 92% have knowledge on legal implication of negligence in nursing practice and sees negligence as omitting to do something which ought to be done. Hence, the participants see medication error and delay in administering treatment to the patient as a major specific example of negligence in nursing practice. It also found that the knowledge on legal implication of negligence in nursing practice influences the standard of services rendered to clients. Hence, lack of professional skills could lead to negligence. Meanwhile, 76% of the respondents opined that legal courses must be taught in basic nursing schools.

The study suggested that: lectures and seminars should be organized on law and nursing practice in other to prevent malpractice in nursing practice.

5.5 Conclusion

Based on the findings the study concluded that

The nurses in specialist hospitals sokoto are fully aware of negligence in nursing practice. The perceptions of nurses on negligence are: omitting to do something which ought to be done, doing something which ought to be done in different manner, lack of given enough attention to someone or something, Illegal behavior or malpractice, failure to follow standard of care, failure to use

equipment in a responsible manner, failure to document, failure to communicate, lack of informed consent, and failure to assess and monitor, are negligence in nursing practice. The causes of negligence in nursing practice are Stress, laziness, understaffing, inadequate training, inadequate medical treatment, and communication gap, to be the causes of negligence in nursing practice

5.6 Recommendation

The researcher makes the following recommendations based on the findings:

- Legal courses should be incorporated into the various nursing and midwifery council curricula to be taught at various levels of nursing education.
- Conference should be organized frequently to expose nurses into current trends of education.
- Seminar should be continuously held at various level of nursing education on legal aspects of nursing practice.
- Hospitals should publish the rights of patients/clients.
- Nurses should be encouraged to have legal training as it is done by other professions.
- Nurses should give adequate information to their clients and protect their rights.
- Health institutions should employ adequate nurses to minimize burn out and ensure a good conductive working environment.
- Nursing regulatory bodies should regularly review and reinforce polices that address negligence and ensuring that they are well communicated to nurses

5.7 Suggestions for Further Studies

- Assessment of nurses' knowledge and attitude to malpractice litigation.
- The impact of religion on malpractice litigation in nursing practice.

- The researcher also suggest that same study should be replicated somewhere.
- Patients opinions and experiences related to nursing care negligence

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QUESTIONNAIRE

© G S J
Department of nursing sciences,
Faculty of clinical sciences’
Collage of health sciences,
Usmanu danfodio university sokoto
P.M.B 2023,
Sokoto state.

Dear respondent,

I am a 400Level student of the above named institution carryout a research work on the topic “ASSESSMENT OF NURSES’ PERCEPTION ON THE LEGAL IMPLICATIONS OF NEGLIGENCE IN NURSING PRACTICE IN SPECIALIST HOSPITAL SOKOTO.”. In partial fulfillment of the requirement of the nursing and midwifery council of Nigeria for the award of RN certificate in general Nursing.

The questionnaire is for academic research purpose only and the information gathered will only be used for research purpose with nothing to do with your personality. You are therefore requested to answer the questions objectively please. Thank you for your cooperation.

SETION 1: SOCIO-DEMOGRAPHIC DATA

1. Age: (a) 20-29 [] (b) 30-39 [] (c) 40-49 [] (d) 50 and above []
2. Sex: Male [] Female []
3. Religion: (a) Christianity [] (b) Islam [] (c) Others []
4. Rank: (a) CNO [] (b) ACNO [] (c) SNO [] (d) PNO [] (e) NOI [] (f) NOII []
5. Years of service:
 - (a) Less than a year []
 - (b) 1-5 years []
 - (c) 6-10 years []
 - (d) 11-15 years []
 - (e) Above 15 years []

Section 2: Perception of Nurses on the legal implication of negligence in Nursing practice.

S/N	Question / Statement	Yes	No
1	Are you aware that negligence in nursing practice has legal implications?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you know that negligence can lead to civil liability (lawsuit) against a nurse?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you know that negligence can lead to criminal charges against a nurse?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you know that negligence can result in disciplinary action such as license suspension?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you ever received training on legal implications of negligence in nursing practice?	<input type="checkbox"/>	<input type="checkbox"/>

6	Do you believe negligence in nursing practice is a serious professional issue?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you think legal actions against negligent nurses improve accountability in practice?	<input type="checkbox"/>	<input type="checkbox"/>
8	Does fear of legal implications make you more careful in your practice?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you think most negligence cases are caused by workload and system failure?	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you ever witnessed or heard of a nurse facing legal issues due to negligence?	<input type="checkbox"/>	<input type="checkbox"/>
11	Do you believe nurses in your facility are at risk of facing legal action for negligence?	<input type="checkbox"/>	<input type="checkbox"/>
12	Do you think medication errors are the most common cause of negligence cases?	<input type="checkbox"/>	<input type="checkbox"/>
13	Do you believe continuous legal education should be mandatory for nurses?	<input type="checkbox"/>	<input type="checkbox"/>
14	Do you think adequate staffing can help prevent negligence in nursing practice?	<input type="checkbox"/>	<input type="checkbox"/>
15	Do you trust your hospital management to defend you legally if accused of negligence?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Causes of negligence in nursing practice.

S/N	Statement	YES	NO
1	Stress		
2	Laziness		
3	Understaffing		
4	Inadequate training		

5	Inadequate medical treatment		
6	Communication gap		

SECTION 4 ; level of awareness of nurses on legal implication of negligence in nursing practice?

S/N	Question / Statement	Yes	No
1	Are you aware that negligence in nursing practice has legal implications?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you know that negligence in nursing can lead to civil liability (lawsuit)?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you know that negligence in nursing can lead to criminal charges?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you know that negligence in nursing can result in disciplinary action (license issues)?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you ever received formal training on the legal implications of negligence?	<input type="checkbox"/>	<input type="checkbox"/>
6	Are you aware that improper documentation can expose a nurse to legal liability?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you know that medication errors are a common cause of legal negligence cases?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are you aware that failure to obtain informed consent can be classified as negligence?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you know that negligence can lead to loss of professional license?	<input type="checkbox"/>	<input type="checkbox"/>
10	Do you think continuous legal education is necessary to maintain awareness?	<input type="checkbox"/>	<input type="checkbox"/>