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International Campus

School of Nursing and Midwifery

Title:

**Assessment The Knowledge and Attitude of Emergency
Nurses Regarding Work-Related Legal Issues in
Selected Hospitals of Erbil, 2023-2024.**

**"A thesis submitted as partial fulfillment of the requirement
for Master of
Science (MSc) Degree"**

In

Medical-Surgical Nursing

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Declaration

I hereby assert that all written content contained within this dissertation represents the original research conducted by myself, **Hardi Abdulqadir Hasan**, with the exception of the materials referenced and cited within the text. This comprehensive body of work is being submitted in fulfillment of the requirements for the degree of Master of Science in medical and surgical Nursing at the esteemed institution of TUMS-

IC (Tehran University of Medical Sciences - International Campus). Furthermore, I affirm that this work has not been previously presented, nor will it be submitted to any other university for the purpose of attaining a similar or alternative degree recognition.

signature

Dedication

I dedicate this significant accomplishment to Almighty Allah and Prophet Muhammad, acknowledging their divine guidance and blessings throughout my journey.

Acknowledgement

The entire M.Sc. degree was a challenging and great experience during my studies. It would not have been able to arrive here without the blessings of Almighty Allah, his messenger Prophet Muhammad.

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I want to extend my most profound appreciation and heartfelt thanks to my loving family for their unwavering support throughout my academic journey. Their constant encouragement, understanding, and belief in my abilities have been instrumental in my success. I want to thank all of my friends and classmates who assisted me with advice and work.

1 The Evaluation Form



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Abstract:

Background and Aim: In Erbil, Iraq, emergency nurses frequently encounter complex legal issues in their professional practice, impacting their knowledge, attitudes, and interference with legal matters. This study aimed to analyze the level of legal knowledge, attitudes towards legal issues, and the extent of legal interference among emergency nurses in Erbil.

Method: This cross-sectional study was conducted from January 1st to February 5th, 2024, in eight major public hospitals in Erbil. Purposive sampling was used to collect data using a comprehensive questionnaire. The questionnaire included demographic information and the Emergency Nursing Legal Issues Assessment Scale (ENLIAS), which measured legal knowledge and attitudes towards legal issues. Statistical analysis was performed using Stata version 12 (Stata Corp LLC, College Station, TX). Pearson correlation analyses and multiple linear regression were conducted to assess the correlations between legal knowledge, attitudes, and demographic variables.

Results: A total of 254 emergency nurses participated in the study. The mean score for legal knowledge was 6.00 ± 3.25 , indicating a moderate level of knowledge. The mean score for attitudes towards legal issues was 5.35 ± 2.08 , also reflecting a moderate level. There was a significant positive correlation between legal knowledge and good attitude ($r = 0.47$, $p < 0.001$), suggesting that higher legal knowledge is associated with a more positive attitude towards legal issues.

Conclusions: The study demonstrated that emergency nurses in Erbil have moderate levels of legal knowledge and attitudes towards legal issues. Policymakers and healthcare providers should develop targeted educational interventions to enhance legal literacy and support nurses in effectively managing legal issues, ultimately improving patient care and reducing legal risks.

Keywords: Emergency Nursing, Legal Knowledge, Health Knowledge, Attitudes, Risk Management, Health Policy

Symbols and Abbreviation

Symbols	Meaning
n	Sample Size
t.	T-statistics
No	Number
SPSS	Statistical package of social sciences
SD	Standard Deviation
ED	emergency department
ENLIAS	Emergency Nursing Legal Issues Assessment Scale
ICN	Council of Nurses
KRG	Kurdistan Region Governorate
M	Mean

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Chapter 1: Introduction

1 Introduction

1.1 Introduction and problem statement:

Legal issues in nursing encompass situations where nurses should navigate and comply with a complex set of laws, regulations, and ethical standards while delivering patient care. The growing breadth of nursing practice has resulted in higher levels of obligation as well as legal liability [1]. In contemporary Erbil, the nursing profession grapples with an array of legal challenges that impact both their professional responsibilities and the quality of patient care they deliver. Such issues, although prevalent across various healthcare settings, become especially pronounced in the emergency department (ED). Here, nurses must navigate intricate dilemmas surrounding patient consent, especially during critical situations where immediate decisions are paramount. Adherence to confidentiality protocols, the gravity of mandatory reporting, unbiased triage decision-making, patient care refusal, and the complexities of patient transfers further compound the legal intricacies ED nurses face as outlined by the American Nurses Association [2], these multifaceted legal concerns, while general to nursing, take on heightened significance in the emergency settings of cities like Erbil.

Legal issues of nursing cover areas such as patient rights, informed consent, documentation, confidentiality, scope of practice, liability, malpractice, professional standards, and adherence to relevant healthcare laws and regulations. Furthermore, understanding and adhering to these legal issues are essential for nurses to provide safe, effective, and ethical care while avoiding legal pitfalls and ensuring patient well-being. The first nursing law created was that of North Carolina in the US (permissive licensure for nurses) in 1903 and it has evolved and expanded over the years to become a thick book which every aspiring nurse must study today to understand their scope of practice [3]. Patient rights refer to a set of fundamental entitlements and ethical principles that safeguard individuals receiving medical care. The right to refuse treatment often is regarded as a patient's right to refuse medication [4]. Ensuring patients' informed consent is another crucial legal issue of nursing investigation. Informed consent means that the individual possesses all information relevant to determine what is going to be done to his or her own body [5]. The moral purpose of informed consent is to protect patients and their loved ones from preventable harm and to improve the safety and quality of health service provision [6]. Accurate and timely documentation is vital for nurses, as inadequate

or inaccurate records can lead to legal disputes. In addition, emergency department (ED) healthcare personnel frequently encounter incidents related to crime, violence, and suspicious injuries [7]. In 1999 the International Council of Nurses claimed that nurses working in emergency departments are especially vulnerable to physical assault and verbal abuse [8]. Moreover, in the city of Erbil, an array of multifaceted challenges currently pervades the domain of the emergency department, wherein nursing professionals find themselves susceptible to encountering intricate legal quandaries in the course of discharging their duties.

Moreover, there are a lot of solutions to be far from any legal challenges, one of them is documentation which is the primary method by which the record of treatment, progress and response, and patient care is communicated [4]. Documentation must be based on solid assessment and provide evidence to support the observations and interpretations [4]. International accreditation organizations specify that documentation in patient records must support clinical decision-making and facilitate continuity of the patient pathway; documentation is included as a prerequisite for patient safety and quality assurance in nursing [9]. Secondly, confidentiality which is a fundamental ethical principle in healthcare, and nurses must protect patients' privacy by adhering to regulations like the Health Insurance Portability and Accountability Act (HIPAA). Nurses' commitment to protecting patients' privacy was not formalized until the mid 20th century [10]. Violating patient confidentiality can result in severe legal consequences. The expanded scope of nursing practice has brought increased responsibility and legal accountability, along with it, increased exposure to liability [1]. malpractice is a specific form of professional negligence, and is defined as the failure to adhere to generally accepted standards of practice and act as a reasonably prudent professional would in same or similar circumstances [1]. One of the well-known laws in nursing field is tort law, which involves malpractice and negligence of patient care [11]. Negligence is a civil wrong or Tort and is best defined as 'actionable harm' [12]. Criminal and civil laws are the most common laws used in dealing with deviation in nursing practice [1]. In addition, hospital and health center administrations also inquire into actions that have resulted in patient injury, and staff are disciplined for their mistakes [13]. The emergency department (ED) has been identified as a hospital location where adverse events are highly likely to be attributable to errors [14].

Emergency department is a hospital or primary care department that provides initial treatment to patients with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention [15]. By providing 24 hours non-stop service throughout the year [16]. In line with the previous definition, the Emergency Department (ED) is one of the most crowded hospital units, where many patients with various medical conditions, including high-risk patients, are admitted [17]. Nowadays, nurses working in emergency departments are confronted with a myriad of legal challenges that influence their daily practice and decision-making. These challenges range from navigating patient consent in critical situations to ensuring confidentiality and proper documentation, underscoring the complexity of modern emergency nursing roles [2]. Therefore, nursing practice within emergency departments in Iraq is governed by a comprehensive framework of legal considerations to ensure the delivery of high-quality and ethical patient care. Laws and ethics are influencing nursing profession, which require more understanding to guide nurses to possess the best practices [11]. Nurses operating in these settings are required to be duly licensed and registered with the appropriate regulatory body, affirming their competence and adherence to professional standards. Employment as a nurse requires a nursing degree [3]. Their scope of practice is clearly defined, necessitating adherence to established protocols and the avoidance of tasks beyond their training and proficiency. Adherence to work-hour regulations is crucial to prevent fatigue-related errors and ensure the maintenance of patient safety. Continuous professional development through ongoing education is also a legal obligation, guaranteeing that nurses remain up-to-date with evolving medical practices. As legal frameworks and regulations may evolve, nurses must remain vigilant and proactive in staying informed about any changes that may impact their practice within emergency departments in Iraq.

Despite the importance of adhering to legal standards and ethical principles, there are significant gaps in knowing and understanding of how nursing professionals navigate and comprehend the legal dimensions of their work in emergency departments, particularly within the context of selected hospitals in Erbil. The extent of awareness among nurses regarding their legal rights, responsibilities, and potential liabilities remains inadequately explored. Deficiency in knowledge and attitude related to ethical and legal responsibilities could expose nurses to illegal situations in nursing practice as general [18]. Additionally, the challenges and barriers nurses encounter in balancing legal

compliance with the urgent demands of patient care require further examination. This study seeks to address this gap by conducting a comprehensive investigation into the legal issues of nursing work in emergency departments within selected Erbil Hospitals. Ultimately, this investigation will contribute to a more holistic understanding of the legal landscape within which emergency nurses operate and provide valuable insights for improving both patient outcomes and the professional well-being of nursing staff.

This study by focusing specifically on the legal issues of nursing within emergency departments, shedding light on a relatively unexplored intersection of healthcare and law. By analyzing the current legal frameworks in place, the research offers a novel perspective on how nursing practices can align with legal requirements, potentially leading to improved patient safety, quality of care, and professional accountability. Additionally, the study's examination of multiple Erbil hospitals allows for a comprehensive understanding of the legal knowledge, challenges and Attitudes across different healthcare emergency settings. Therefore, the main aim of this study is to analyze the level of knowledge, and attitudes in legal issues in the context of emergency nursing in Erbil.

1.2 Aim of the study:

1.2.1 Main objective:

To determine knowledge and attitude of Emergency Nurses Regarding Work-Related Legal Issues in Erbil Hospitals, 2023-2024.

1.2.2 Specific objectives:

1. To determine the knowledge of nurses regarding legal issues of work in emergency departments in Erbil, 2023-2024.
2. To determine the attitude of nurses regarding legal issues of work in emergency departments in Erbil, 2023-2024.
3. To find out associations between nurses' knowledge and attitude regarding work-related legal issues in emergency departments, 2023-2024.

1.2.3 Practical objectives:

By assessing knowledge, attitude and raising awareness, and proposing practical suggestions, it can help to bolster patient safety, optimize training, guide policy development, and minimize legal risks. Ultimately, the study help to provide actionable insights that empower healthcare professionals, administrators, and policymakers to ensure legally knowledge and attitude of nurses in Erbil hospitals' emergency departments.

1.3 Research questions:

1. How much knowledge do nurses have regarding legal issues of work in emergency departments in Erbil, 2023-2024?
2. How do nurses perceive their attitude towards legal issues of work in emergency departments in Erbil, 2023-2024?
3. Is there an association between nurses' knowledge, attitude, regarding work-related legal issues in emergency departments, 2023-2024?

1.4 Variable definitions:

1.4.1 Emergency nurses:

Theoretical definition: Emergency nurses are registered nurses who work in hospital emergency departments providing urgent and critical care to patients who require immediate medical attention. Emergency nurses triage patients, monitor and treat potentially life-threatening conditions, provide interventions to stabilize patients, and coordinate care with other healthcare providers [19].

Practical Definition: nurses who work in emergency departments within at least 6 months.

1.4.2 work related legal issues of nursing:

Theoretical definition: Legal issues in nursing encompass situations where nurses must address ethical and regulatory challenges within their practice, ensuring adherence to legal standards and responsibilities in patient care; legal issue is a comprehensive reference for all disciplines within the nursing profession [20].

1.4.3 Practical definition

The legal issues of nurses' work were assessed using the Emergency Nursing Legal Issues Assessment Scale (ENLIAS), a tool comprising 50 statements. Respondents will answer these items with either 'Yes' or 'No.' The maximum score achievable is 50 points. A higher score indicates a greater presence of legal problems. A 'Yes' response is assigned a point value of 1, signifying the acknowledgment of legal concerns. Conversely, questions answered with 'No' are typically assigned a point value of 0, indicating the absence of such concerns. Scores between 0 and 16.5 indicate a low level of legal issues interference, while scores between 17 and 33 signify a medium level of legal issues interference. Scores between 33.5 and 50 indicate a high level of legal issues interference.

1.4.4 Knowledge:

Theoretical definition: Legal knowledge refers to the understanding of laws, regulations, and ethical standards that govern nursing practice, including knowledge of patient rights, medical negligence, informed consent, confidentiality, and other healthcare-related legal responsibilities. It encompasses the ability to recognize and address legal challenges encountered in professional practice.

Practical definition: The Emergency Nursing Legal Issues Assessment Scale (ENLIAS) was utilized to evaluate the legal knowledge of emergency nurses. This dimension comprised 15 items designed to measure the nurses' understanding of various legal aspects, such as patient consent, documentation, workplace policies, and confidentiality. Each item was scored as follows: Correct answer = 1-point, Incorrect answer = 0 points. Total scores ranged from 1 to 15, with the following categories: 1–5 (low knowledge), 6–10 (moderate knowledge), and 11–15 (high knowledge). Higher scores indicated a greater understanding of legal issues, while lower scores suggested areas where additional legal training might be necessary.

1.4.5 Attitude:

Theoretical definition: Attitude towards legal issues refers to the predispositions, beliefs, and perceptions of emergency nurses regarding the importance of legal knowledge, compliance with legal standards, and their confidence in navigating legal matters within their professional roles. It reflects their willingness to engage proactively with legal responsibilities and adapt to legal challenges in the workplace.

Practical definition: The Emergency Nursing Legal Issues Assessment Scale (ENLIAS) was employed to measure the attitudes of emergency nurses towards legal issues. This section contained 10 items rated on a scale of 1 to 5, where 1 = strongly disagree and 5 = strongly agree. The total score for attitudes was categorized as follows: 1–3 (negative attitude), 4–6 (neutral attitude), and 7–10 (positive attitude). Higher scores indicated a more favorable attitude and greater confidence in addressing legal issues, while lower scores suggested hesitancy or uncertainty in dealing with legal responsibilities.

Chapter 2: Literature review

2 Literature review

This chapter contains the theoretical and conceptual framework of research; and a literature review related to the subject of the study.

2.1 Theoretical and conceptual framework

The framework of this study is a conceptual framework and, in this regard, topics such as work-related legal issues, knowledge of legal matters, attitudes towards legal issues, and the impact of legal knowledge on emergency nursing practice were described.

2.1.1 Introduction to Work-Related Legal Issues in Nursing

2.1.1.1 Definition and Scope of Legal Issues in Nursing

Legal issues in nursing encompass a wide range of regulations, laws, and ethical guidelines that govern nursing practice [21]. These issues include patient rights, informed consent, confidentiality, documentation standards, and professional accountability. Understanding these legalities is crucial for nurses to ensure they are practicing within the boundaries of the law and protecting both their patients and themselves from legal repercussions. The scope of legal issues in nursing is vast and varies by region, influenced by national and local healthcare regulations. It also involves understanding the legal implications of clinical decisions and actions taken by nurses in their daily practice [22-24]. By comprehensively defining these issues, nurses can better navigate the complexities of their professional responsibilities.

2.1.1.2 Importance of Legal Knowledge for Nurses

Legal knowledge is essential for nurses as it equips them with the understanding needed to perform their duties within the legal framework [25]. This knowledge helps prevent legal disputes and enhances patient safety by ensuring that nurses' actions comply with established laws and regulations. It also fosters professional confidence and competence, enabling nurses to make informed decisions and advocate effectively for their patients [26]. Additionally, a strong grasp of legal knowledge helps nurses recognize and address potential legal issues proactively, thereby minimizing risks and safeguarding their careers [27]. Ultimately, the integration of legal knowledge into nursing practice promotes a culture of safety, accountability, and ethical standards in healthcare settings [28].

2.1.1.3 Historical Perspective on Legal Issues in Nursing

The historical perspective on legal issues in nursing reveals how the profession has evolved in response to changing laws and societal expectations [29]. Initially, nursing practice was largely unregulated, with minimal formal education or legal standards. Over time, the establishment of nursing boards and regulatory bodies introduced licensure requirements and professional standards [30]. Key legal milestones, such as the introduction of patient rights legislation and malpractice laws, have significantly shaped modern nursing practice [31]. These historical developments underscore the growing recognition of the critical role nurses play in healthcare and the need for stringent legal and ethical guidelines. Understanding this history provides context for current legal challenges and highlights the profession's ongoing commitment to upholding legal and ethical standards.

2.1.2 Legal Framework Governing Nursing Practice

2.1.2.1 National Nursing Regulations and Laws

National nursing regulations and laws provide the foundation for nursing practice within a specific country, outlining the legal boundaries and standards that nurses must adhere to [21]. These regulations typically include licensure requirements, scope of practice definitions, and continuing education mandates. They are designed to ensure that nurses are qualified, competent, and up-to-date with current medical practices. Adherence to these regulations protects patients by ensuring that nursing care meets established safety and quality standards [32]. Violations of these laws can result in legal consequences, including fines, suspension of licensure, or other disciplinary actions [33]. Understanding national nursing regulations is crucial for nurses to maintain their professional standing and deliver safe, effective care.

2.1.2.2 International Legal Standards and Guidelines

International legal standards and guidelines provide a global perspective on nursing practice, promoting consistency and high standards across different countries [34]. Organizations such as the International Council of Nurses (ICN) develop guidelines that address key aspects of nursing practice, including ethics, patient safety, and professional conduct. These standards serve as a benchmark for national regulations, encouraging countries to adopt best practices in nursing care [35]. Additionally, international guidelines facilitate the mobility of nurses across borders by ensuring that their

qualifications and skills are recognized globally [36]. Understanding and adhering to these standards helps nurses contribute to global health initiatives and ensures that they are prepared to work in diverse healthcare settings.

2.1.2.3 Role of Professional Nursing Organizations in Legal Matters

Professional nursing organizations play a pivotal role in addressing legal matters related to nursing practice [37]. These organizations advocate for the interests of nurses at the legislative level, working to influence laws and policies that affect the profession. They provide resources and support for nurses facing legal challenges, including legal counseling and representation [38]. Additionally, professional organizations develop codes of ethics and practice standards that guide nurses in making legally sound decisions [39]. By offering continuing education and professional development opportunities, these organizations help nurses stay informed about legal changes and advancements in their field. Membership in professional organizations empowers nurses to navigate legal issues with confidence and ensures that they have a voice in the shaping of healthcare policies.

2.1.3 Common Legal Issues Faced by Emergency Nurses

2.1.3.1 Patient Consent and Confidentiality

Patient consent and confidentiality are fundamental legal issues that emergency nurses frequently encounter [40]. Obtaining informed consent involves ensuring that patients understand the nature of their treatment, potential risks, and alternatives before any medical procedure is performed. Failure to secure proper consent can lead to legal claims of battery or negligence. Confidentiality, on the other hand, requires nurses to protect patients' private health information from unauthorized disclosure [41]. Breaches of confidentiality can result in significant legal and professional consequences, including lawsuits and loss of licensure [42]. Emergency nurses must navigate these issues carefully, balancing the need for timely care with the obligation to uphold patients' legal rights.

2.1.3.2 Malpractice and Negligence

Malpractice and negligence are serious legal issues that can arise from substandard care provided by emergency nurses [43]. Malpractice involves professional misconduct or failure to exercise adequate skill, resulting in patient harm. Negligence, a subset of malpractice, occurs when a nurse's actions fall below the accepted standard of care, leading to injury or harm to the patient. Legal claims in these areas often revolve around

errors in treatment, failure to follow protocols, or lack of appropriate monitoring [44]. The consequences of malpractice and negligence can be severe, including legal penalties, financial compensation to the injured parties, and damage to the nurse's professional reputation [45]. Understanding and mitigating these risks are critical for maintaining high standards of patient care and avoiding legal pitfalls.

2.1.3.3 Documentation and Record Keeping

Accurate documentation and meticulous record-keeping are essential legal responsibilities for emergency nurses [46]. Proper documentation provides a detailed account of patient care, supporting continuity of care and serving as a legal record in the event of disputes. Incomplete or inaccurate records can undermine the defense in legal cases, making it difficult to demonstrate that appropriate care was provided [47]. Nurses must ensure that their documentation is timely, thorough, and reflective of all aspects of patient care, including observations, interventions, and outcomes. Effective record-keeping not only protects patients' legal rights but also safeguards nurses from potential legal actions and professional scrutiny [48]. Regular training and adherence to documentation protocols are vital for maintaining legal and professional standards [49].

2.1.4 Legal Knowledge Among Emergency Nurses

2.1.4.1 Assessing Legal Knowledge Levels

Assessing the legal knowledge levels of emergency nurses is essential to ensure they are adequately prepared to handle legal issues in their practice [50]. Various tools and methods, such as surveys, quizzes, and competency assessments, can be used to measure nurses' understanding of legal concepts and regulations. These assessments help identify knowledge gaps and areas where additional training is needed. Regular evaluation of legal knowledge ensures that nurses remain informed about current laws and changes in regulations that affect their practice. By systematically assessing legal knowledge, healthcare organizations can develop targeted education programs to enhance nurses' legal competencies. This proactive approach helps mitigate legal risks and improves overall patient care quality.

2.1.4.2 Factors Influencing Legal Knowledge

Several factors influence the legal knowledge of emergency nurses, including education, experience, and access to continuing professional development [51]. Nurses with advanced education or specialized training often possess a higher level of legal

knowledge. Experience in the field also contributes to a deeper understanding of legal issues, as seasoned nurses encounter various legal scenarios in their practice [52]. Additionally, ongoing access to professional development opportunities, such as workshops, seminars, and online courses, is crucial for keeping nurses updated on legal changes and best practices. Organizational support, such as providing resources and encouraging participation in legal education, plays a significant role in enhancing nurses' legal knowledge [53]. Understanding these influencing factors helps in designing effective strategies to improve legal awareness among emergency nurses.

2.1.4.3 Impact of Legal Knowledge on Nursing Practice

Legal knowledge significantly impacts nursing practice by enabling nurses to make informed decisions that comply with legal standards [54]. A well-informed nurse is more likely to provide care that adheres to legal and ethical guidelines, thereby reducing the risk of legal issues such as malpractice and negligence [55]. Legal knowledge also empowers nurses to advocate for their patients' rights and ensure that care is delivered safely and effectively [56]. Moreover, a strong understanding of legal principles fosters a culture of accountability and professional integrity within healthcare settings [57]. Nurses who are knowledgeable about legal issues are better equipped to document care accurately, communicate effectively with patients and colleagues, and navigate complex legal situations with confidence [58]. Overall, legal knowledge is a crucial component of competent and professional nursing practice.

2.1.5 Attitudes of Emergency Nurses Toward Legal Issues

2.1.5.1 Positive and Negative Attitudes

Emergency nurses' attitudes toward legal issues can vary widely, encompassing both positive and negative perspectives [59]. Positive attitudes often stem from a strong understanding of legal principles, which helps nurses feel confident in their ability to manage legal challenges and advocate for patient rights. Conversely, negative attitudes may arise from fear of litigation, lack of legal knowledge, or previous negative experiences with legal issues [60]. These attitudes can significantly impact nurses' willingness to engage with legal training and their overall approach to legal matters in their practice. Understanding the factors that shape these attitudes is crucial for developing interventions that can foster more positive perspectives. By addressing the

root causes of negative attitudes, healthcare organizations can help nurses feel more supported and prepared to handle legal issues effectively.

2.1.5.2 Influence of Attitudes on Legal Compliance

The attitudes of emergency nurses toward legal issues play a critical role in their compliance with legal and regulatory requirements [61]. Nurses with positive attitudes towards legal matters are more likely to adhere to established protocols and guidelines, ensuring that their practice aligns with legal standards [62]. These nurses are also more proactive in seeking out legal knowledge and staying informed about changes in regulations. On the other hand, negative attitudes can lead to non-compliance, as nurses may avoid or overlook legal requirements due to fear, confusion, or perceived complexity [63]. Promoting positive attitudes through education and support can enhance legal compliance, ultimately improving patient safety and reducing the risk of legal issues. Encouraging a culture of openness and continuous learning around legal matters is essential for fostering compliance.

2.1.5.3 Strategies to Improve Attitudes

Several strategies can be implemented to improve the attitudes of emergency nurses toward legal issues [61]. One effective approach is providing comprehensive legal education and training, tailored to the specific needs and challenges faced by emergency nurses. Interactive workshops, case studies, and simulation exercises can help nurses better understand legal concepts and their practical applications. Additionally, creating a supportive environment where nurses feel comfortable discussing legal concerns and seeking advice can alleviate anxiety and build confidence [64]. Mentorship programs, where experienced nurses guide their peers through legal challenges, can also be beneficial [65]. Regularly updating nurses on changes in legal regulations and providing easy access to legal resources further supports a positive attitude [66]. By addressing educational gaps and fostering a supportive culture, healthcare organizations can significantly improve nurses' attitudes towards legal issues.

2.1.6 Training and Education on Legal Issues for Nurses

2.1.6.1 Current Training Programs and Their Effectiveness

Current training programs on legal issues for nurses vary widely in their scope and effectiveness [67]. Many nursing schools incorporate legal education into their curricula, covering essential topics such as patient consent, confidentiality, and malpractice.

Continuing education programs and professional workshops also play a vital role in keeping nurses updated on legal changes and best practices [68]. However, the effectiveness of these programs often depends on their design, delivery, and the engagement of participants. Studies indicate that interactive and case-based learning approaches tend to be more effective than traditional lecture-based methods [69]. Despite these efforts, there is still considerable variability in the depth and quality of legal training provided to nurses, highlighting the need for standardized, high-quality educational programs.

2.1.6.2 Gaps in Legal Education for Nurses

Despite the existence of various training programs, significant gaps remain in the legal education of nurses. One major gap is the lack of consistent and comprehensive coverage of legal issues across nursing programs. Many nurses report inadequate training in critical areas such as documentation, legal implications of clinical decisions, and handling legal disputes [70]. Additionally, there is often a disconnect between theoretical legal knowledge and its practical application in everyday nursing practice [71]. These gaps can leave nurses ill-prepared to navigate complex legal situations, increasing the risk of legal issues and compromising patient care. Addressing these educational gaps requires a concerted effort to integrate more practical, scenario-based learning into nursing curricula and continuing education programs.

2.1.6.3 Recommendations for Enhanced Training Programs

To enhance the training programs on legal issues for nurses, several recommendations can be implemented. First, integrating legal education throughout the nursing curriculum, rather than confining it to a single course, can provide a more comprehensive understanding. Incorporating interactive learning methods, such as simulations, role-playing, and case studies, can help bridge the gap between theory and practice. Additionally, involving legal professionals in the training process can provide valuable insights and real-world perspectives. Regular updates to training materials to reflect current laws and regulations are also crucial. Finally, fostering a culture of continuous learning and legal awareness within healthcare institutions can support ongoing professional development and improve nurses' confidence in handling legal issues.

2.1.7 Impact of Legal Issues on Emergency Nursing Practice

2.1.7.1 Patient Care and Safety

Legal issues have a profound impact on patient care and safety in emergency nursing practice [65, 72]. Compliance with legal standards ensures that nurses provide care that meets established safety and quality benchmarks, protecting patients from harm. Legal knowledge helps nurses make informed decisions, particularly in high-stress and time-sensitive situations typical in emergency settings [73]. Conversely, a lack of legal awareness can lead to errors, compromised patient safety, and potential harm. For instance, failure to obtain proper patient consent or breach of confidentiality can result in legal actions and erode patient trust [74]. Therefore, understanding and adhering to legal requirements is essential for maintaining high standards of patient care and safety in emergency nursing.

2.1.7.2 Professional Stress and Burnout

The legal responsibilities and potential liabilities associated with emergency nursing can contribute to significant professional stress and burnout [75]. Nurses may experience anxiety over the possibility of legal actions stemming from their clinical decisions, especially in high-pressure environments where quick decision-making is crucial. This stress can be exacerbated by a lack of legal knowledge and support, leading to feelings of vulnerability and fear of litigation [76]. Chronic stress and fear of legal repercussions can negatively affect job satisfaction, leading to burnout and turnover [77]. Addressing these issues requires providing adequate legal training, support systems, and resources to help nurses manage legal risks and reduce stress.

2.1.7.3 Legal Liability and Risk Management

Legal liability and risk management are critical aspects of emergency nursing practice [61]. Nurses must navigate various legal risks, including malpractice claims, negligence, and breaches of patient confidentiality. Effective risk management strategies involve thorough documentation, adherence to protocols, and continuous education on legal standards [78, 79]. Healthcare institutions also play a crucial role by implementing robust policies, providing legal support, and fostering a culture of accountability and safety [80]. By understanding and mitigating legal risks, emergency nurses can protect themselves and their patients from legal issues and ensure high-quality care. Proactive risk

management not only safeguards against potential legal actions but also enhances overall patient outcomes and trust in the healthcare system [81].

2.1.8 Ethical Considerations in Nursing Legal Issues

2.1.8.1 Ethical Dilemmas and Legal Conflicts

Ethical dilemmas and legal conflicts are common in nursing practice, particularly in emergency settings where decisions must be made quickly [82]. These dilemmas often arise when the legal requirements of patient care conflict with ethical principles such as autonomy, beneficence, and justice. For example, situations involving end-of-life care, patient consent, and confidentiality can present significant ethical challenges for nurses [83]. Navigating these conflicts requires a deep understanding of both legal standards and ethical guidelines to ensure that patient care decisions are both lawful and morally sound. Nurses must balance their professional obligations with their ethical duty to advocate for patients' best interests, which can be a complex and demanding task [84]. Training and support in ethical decision-making are crucial for helping nurses manage these dilemmas effectively [85].

2.1.8.2 Balancing Legal and Ethical Responsibilities

Balancing legal and ethical responsibilities is a critical aspect of nursing practice [86, 87]. Nurses must often reconcile the need to comply with legal regulations while adhering to ethical principles that guide patient care. This balance can be challenging, as legal requirements may not always align perfectly with ethical considerations. For instance, strict adherence to legal documentation requirements might conflict with the ethical imperative to prioritize patient care in an emergency [88]. To navigate these situations, nurses must be well-versed in both legal standards and ethical frameworks, allowing them to make informed decisions that uphold both sets of responsibilities. Institutions can support this balance by fostering an environment that values ethical practice and provides resources for legal and ethical guidance.

2.1.8.3 Case Studies of Ethical and Legal Challenges

Examining case studies of ethical and legal challenges provides valuable insights into the complexities of nursing practice [89]. These case studies highlight real-world scenarios where nurses have had to navigate difficult legal and ethical issues, such as handling patient confidentiality breaches or making decisions about life-sustaining treatments. By analyzing these cases, nurses can learn from the experiences of others and better prepare

for similar challenges in their own practice. Case studies also illustrate the consequences of various actions, helping nurses understand the potential legal and ethical implications of their decisions [90]. Incorporating case studies into training programs can enhance nurses' problem-solving skills and ethical reasoning, ultimately improving patient care outcomes.

2.1.9 Legal Support Systems for Nurses

2.1.9.1 Role of Hospital Legal Departments

Hospital legal departments play a crucial role in supporting nurses with legal issues related to their practice [91]. These departments provide essential services such as legal advice, representation, and risk management strategies. They help ensure that nurses understand and comply with relevant laws and regulations, reducing the risk of legal disputes [31]. Legal departments also assist in the development and implementation of hospital policies that align with legal standards, thereby promoting a safe and legally compliant work environment [92]. By offering training sessions and resources, hospital legal departments empower nurses to navigate legal challenges confidently and competently. Collaboration between nurses and legal professionals within the hospital setting is vital for maintaining high standards of patient care and legal compliance [25].

2.1.9.2 Professional Legal Counseling Services

Professional legal counseling services provide specialized support for nurses dealing with complex legal issues [37]. These services offer expert advice on a range of legal matters, including malpractice, employment disputes, and regulatory compliance. Access to legal counseling can help nurses address concerns proactively, preventing potential legal problems before they escalate [93]. Legal counselors also provide representation in legal proceedings, ensuring that nurses' rights are protected and that they receive fair treatment [38]. By leveraging the expertise of legal professionals, nurses can navigate the intricacies of legal issues with greater confidence and assurance. This support is especially critical in high-stress environments like emergency departments, where legal challenges can arise unexpectedly and require prompt resolution [92, 94].

2.1.9.3 Support from Nursing Unions and Associations

Nursing unions and professional associations offer vital support for nurses facing legal challenges [95]. These organizations advocate for nurses' rights and work to influence legislation and policies that impact the nursing profession. They provide resources and

education on legal issues, helping nurses stay informed about changes in laws and regulations [96]. Unions and associations also offer legal representation and support during disputes, ensuring that nurses have access to professional legal advice and assistance [60]. Membership in these organizations can enhance nurses' understanding of their legal rights and responsibilities, promoting a more informed and empowered workforce [97]. The collective strength of unions and associations helps protect nurses' interests and fosters a supportive professional community [98].

2.1.10 Future Directions and Research in Nursing Legal Issues

2.1.10.1 Emerging Legal Trends in Healthcare

Emerging legal trends in healthcare are continuously shaping the landscape of nursing practice [99]. Advances in technology, changes in patient care models, and evolving regulatory standards all contribute to new legal challenges and opportunities. For instance, the increasing use of telehealth raises questions about patient privacy, consent, and cross-border licensure [94, 96, 99]. Additionally, changes in healthcare laws and policies, such as those related to patient rights and data security, require nurses to stay updated and adapt their practices accordingly [100]. Understanding these trends is crucial for nurses to anticipate and prepare for future legal issues. By staying informed about emerging legal trends, nurses can proactively address potential challenges and contribute to the development of policies that enhance patient care.

2.1.10.2 Innovations in Legal Education for Nurses

Innovations in legal education are essential for equipping nurses with the knowledge and skills needed to navigate complex legal environments [101]. Modern educational approaches, such as online courses, interactive simulations, and virtual reality, offer flexible and engaging ways to learn about legal issues [102]. These innovations enable nurses to access up-to-date information and practical training regardless of their location or schedule [103]. Collaborative learning platforms and case-based scenarios help bridge the gap between theoretical knowledge and real-world application, enhancing nurses' legal competencies [104]. Emphasizing continuous professional development and integrating legal education into ongoing training programs are key strategies for preparing nurses to meet the evolving legal demands of their profession.

2.1.10.3 Research Gaps and Future Study Recommendations

Identifying research gaps and making future study recommendations are critical for advancing the understanding of legal issues in nursing. Current research often focuses on specific legal challenges, such as malpractice and patient consent, but there is a need for more comprehensive studies that explore the broader legal landscape of nursing practice. Future research should investigate the effectiveness of legal education programs, the impact of legal knowledge on patient outcomes, and the role of institutional support in mitigating legal risks. Additionally, comparative studies across different regions and healthcare settings can provide valuable insights into how legal issues are managed globally. By addressing these research gaps, scholars can contribute to the development of evidence-based strategies that enhance legal preparedness and improve patient care.

2.2 Literature review:

ProQuest, Medline, PubMed, Google Scholar, mostly all databases were searched from 2010 to 2023. Search keywords include: "legal issues of nursing", legal issues of nursing and emergency department, Nursing Practice Act in emergency department, Law of nursing and/or legal issues of nursing.

Numerous studies have conducted on the legal liability, legal issues, Nursing Practice Act, Confidentiality and Emergency department. However, in recent years, there has been a growing body of research exploring various facets of the healthcare landscape, with a particular emphasis on legal liability, the intricate legal issues governing healthcare practice, the Nursing Practice Act, confidentiality regulations, and the unique challenges faced in emergency department settings. These areas have garnered significant attention due to their critical role in ensuring the delivery of safe, effective, and ethically sound healthcare services. in this section, the studies performed in the field of, law, tort, Documentation practice, mentioned and all the studies were presented in chronological order.

1. In 2013, a study was conducted by Modupe O. Oyetunde, Bola. A. Ofi in Nigeria and Nurses' knowledge of legal aspects of nursing practice in Ibadan, Nigeria. The descriptive study utilized a 39-item questionnaire developed by the researchers to gather information from 161 nurses from different categories of hospitals in Ibadan. A simple random technique was used in selecting respondents in each ward of the

settings. Data were analyzed using descriptive statistics. The questionnaire was divided into two major sections, A and B. Section A dealt with the socio-demographic characteristics of respondents and it consisted of 6 questions. Section B consisted of 33 questions addressing the three study objectives. Each item in section B was assigned one mark, this mean that the total obtainable score is 33. The instrument was pre-tested among twenty (20) nurses at the General Hospital Ogbomoso. The pre-test was followed by a test re-test after four weeks using the same sample and a correlation coefficient ratio $r = 0.7$ was obtained. The sample consisted of 20 males (12.4%) and 141 females (87.6%) with varying years of experience. Nurses have knowledge of general law of the land (58.4%) but the majority had knowledge deficits of laws governing nursing practice (77.6%). About 57 % (91) of nurses indicated that their hospitals have institutional policies that govern how nurses practice but only 50% knew the content and intent of the policies [3]. While the current study was done in Iraq, the target group were nurses. The study's findings were used in the discussion.

2. In 2019, a study was conducted by Ahmed A.E. Ibrahim, Azza H.M. Hussein, Rehab G. Hussein in Egypt and Nurses' Knowledge of Legal Liability in the Clinical Nursing Practice was the main aim of the study. A descriptive study was conducted at 2016 through distribution of Nurses' Knowledge and Views of Legal Liabilities Questionnaire to 650 nurses working in all General Care, Critical Care and Intensive Care Units at four hospitals affiliated to the University, the Health Insurance Organization, Ministry of Health and Population, the General Secretary of Specialized Medical Centers and the Private sector. One tool was used in this study; it is entitled Nurses' Knowledge of Legal Liability Questionnaire that was developed by the researchers based on review of current related literature (27-33) to assess nurses' knowledge of the legal liability in their clinical nursing practice. The tool consists of two parts: Part (I) includes nurses' personal and professional data in terms of their age, sex, years of experience since graduation, years of experience in the current unit, qualifications, hospital setting where nurses were recruited, unit, previous study of legal liability of nursing practice, desire to studying legal liability of nursing practice, attending of previous workshops and seminars regarding nursing legal liability, degree of importance of knowing legal liability, previous exposure to or involvement in illegal nursing practice, liability suits /claims and awareness with anyone involved in illegal nursing practice. Part (II) includes 63 questions used to assess thirteen dimensions of legal liability as follows: negligence, malpractice, assault, battery, false imprisonment,

defamation of character, fraud, invasion of privacy, informed consent, physician order and carrying out medical procedures by doctor order, staffing issues (nursing assignment, nursing shortage, abandonment, and improper delegation and supervision), suit-prone patients, and employment of nursing students and non-nursing unlicensed personnel. Nurses were asked about their knowledge regarding the 13 dimensions. The highest percentage of nurses (43.8%) was between 25 to less than 35 years old while the minority (11.1%) was more than 45 years old. Also, more than half of nurses (55.8%) were working in General Care Units which is more than those working in Intensive Care Units (44.2%). About three quarters of nurses (72.5%) were females and 40.2% of them had Technical Nursing Institute diploma whereas 1.4% had post graduate diploma in nursing, and a similar percentage had Master in Nursing Science Degree. In relation to nurses' years of experience since graduation, about 40% had from 1 to less than 5 years of experience while 14.2% had less than 1 year of experience. Furthermore, 46.2% of nurses had from 1 to less than 5 years of experience in the current work unit and only 13.2% of nurses had more than 10 years of experience in the current working unit. The results revealed that the majority of nurses had poor/inadequate to fair/moderate levels of knowledge of the legal liability of their clinical practices. In specific, nurses' knowledge in relation to assault was the most deficit dimension followed by false imprisonment, battery, carrying out physician order, employment of nursing students, and dealing with suit prone patients [1].

3. In 2020, a study was conducted by Himala Rimal in Nepal and the objective of this study was to find out the level of knowledge and attitude regarding legal and ethical aspects in nursing among nurses of Patan Hospital, Nepal. A cross-sectional study was conducted in Patan Hospital, Patan Academy of Health Sciences, Nepal, from July to August 2017. A self-administered structured questionnaire was used to find out knowledge and attitude regarding legal and ethical aspects in nursing and relation to the demographics- age, an academic qualification in nursing, year of experiences, designation, and place of work in different departments of the hospital. Ethical approval was obtained. Data were analyzed using SPSS, Chi-square test, and the Pearson correlation coefficient was used to determine the association. The questionnaire consists of 25 questions divided into three parts. Part I consists of a questionnaire related to socio-demographic characteristics of the nurses which include age, academic qualification in nursing, year of experiences, designation, and place of work. Part II consists of a questionnaire related to knowledge regarding the legal and

ethical aspects of nursing. The score of knowledge on legal and ethical aspects was categorized as good (75-100%), average (50-74%), and Poor (80% rating score for content validity). Reliability of the instrument was tested using Cronbach's alpha for attitude related statements which gave a satisfactory value of 0.657. Findings revealed that among 200 nurses, 26.0% had good knowledge (score >75%), 62.0% average knowledge (score 50%-75%) and 12.0% poor knowledge (score 50%) while 35.5% had an unfavorable attitude on legal and ethical aspects. Knowledge and attitude had no statistically significant association with demographic variables [105].

4. In 2022, a study was conducted by Fereshteh Araghian Mojarad, Fataneh Amoui, Abolfazl Hossein Nataj, Mohammad Ali Heidari Gorji, Hedayat Jafari, Leila M Jouybari, Tahereh Yaghoubi and Iran to Knowledge, attitudes, and practices toward legal issues among Iranian nurses. This cross-sectional study was fulfilled at the selected teaching hospitals affiliated with Mazandaran University of Medical Sciences (MUMS), Sari, Iran, in 2020. In this study, five teaching hospitals affiliated with MUMS located in the cities of Sari (viz. Imam Khomeini Hospital, Bu-Ali Hospital, Heart Center, Zare Hospital) and Ghaemshahr (Razi Hospital), Iran, were selected, and then sampling was performed at each hospital using the convenience sampling method with appropriate allocation. The data collection tool was a two-part questionnaire. Accordingly, the first part contained a demographic information form, including age, gender, marital status, level of education, source of information, a history of court summons, work (here, clinical) experience, type of ward, position, shifts, and employment type, and the second part was focused on the levels of KAP in the nurses regarding legal issues as well as professional/ethical/ criminal laws specific to the nursing profession, developed with reference to Accreditation Standards for Hospitals, 4th Edition and review articles. Regarding the content of the questionnaire, coordination was done with the legal expert. In total, 112 nurses participated in this study, including 95 female cases (84.8%). The nurses' mean age was also 34.52 ± 7.84 . The bulk of the nurses (73%) was also married and had a bachelor's degree (81.9%). Almost 90% of the participants had no history of being summoned to appear in courts by legal authorities, and 52.3% of them had full-time or contractual types of employment. Approximately 27.9% of the participants had nonnursing positions (such as being staff, head nurse, supervisor, matron, and others). As well, most nurses (84.8%) were working in rotating shifts and cyberspace (49.5%) was introduced as the most common source of obtaining information about legal issues as well as

professional/ethical/criminal laws related to the nursing profession. The mean year of the nurses' work experience was 10.19 ± 6.47 [106].

5. In 2023, a study was conducted by Alaa Ahmed Mahmoud Farhat, Sanaa Abd El - Azim Ibrahim, Hind Abdullah Mohamed and Egypt to Nurses' Perception Regarding Legal Aspects Liabilities at Port Said General Hospitals. The design which was used in this study is a descriptive research design. The current present study was conducted on inpatients departments at three hospitals affiliated with universal health insurance in port said governorate namely: As salam hospital, El-zohour hospital, and Al- hayah portfouad hospital. The tool that was used in the present study consisted of two sections as follows; Section (1): Personal and job characteristics of the participants: Includes data about nurses' age, sex, experience years after graduation till now, experience in the current unit in years, level of education or qualifications, nurses' recruitment setting in the hospital, unit type, and attendance of any previous workshops or seminars regarding nursing legal liability. Section (2): Nurses' perception regarding legal liability questionnaire: The tool was adopted from (Elsayed, 2017). This tool aimed to assess nurses ' perception regarding legal liabilities at port said universal health insurance hospitals. It consists of (63) questions used to assess (13) dimensions of legal liability as follows: negligence (4) questions, malpractice (8) questions, assault (6) questions, battery (5) questions, false imprisonment (3) questions, character defamation (5) questions, fraud (6) questions, privacy invasion (3) questions, informed consent (4) questions, physician order and doctor order for carrying out medical procedures (4) questions, issues of staffing (5) questions, dealing with suit prone patients (5) questions, and nursing students employment (4) questions and non-nursing unlicensed personnel (1) questions. A sample with a total number (of 173) nurses was selected by using a simple random sampling technique. More than half of nurses (57.8%) have a low perception of informed consent, while 10.4% of them have a low perception of the invasion of privacy. As well, 50.3% of them have a moderate perception regarding dealing with suit-prone patients, almost two thirds of them (63.0%) have a high perception of malpractice, but 10.4% of them have a high perception of defamation of character [107].

Summary of the literature review

A literature review reveals that numerous studies have been done on the impact of the legal issues of nursing work in emergency departments. These studies have examined the concepts from different sides and relations. As nurses have garnered significant

attention due to their critical role in ensuring the delivery of safe, effective, and ethically sound healthcare services, legal s of nursing work have become one of the most important fields to be assessed. These concepts have been studied in developed countries such as Iran, Egypt, Nepal and Nigeria. So far in Erbil, there is not enough studies that shows the legal issues of nursing work in emergency departments.

Chapter 3:

Research Methodology

3 Methodology

This chapter includes study design, setting of the study, participants inclusion/exclusion criteria, sampling, sample size determination, data collection, measurement/instruments, validity and reliability, data analysis, ethical consideration and limitation of the study.

3.1 Study design:

A descriptive, cross-sectional study design was used.

3.2 Setting of the study:

Eight hospitals in Erbil city were selected for this study. The hospitals in Erbil that were chosen include Nanakaly Hospital for Hematology & Oncology, Rozhawa Emergency Hospital-Erbil, Rojhalat Emergency Hospital, Central Emergency Hospital, EMC-Emergency Hospital, Maternity Teaching Hospital, Raparin Teaching Hospital for Children, and Hawler Psychiatric Hospital. A total of 254 nurses currently works in these hospitals, as stated by the present research.

3.2.1 Inclusion/exclusion criteria

-Inclusion criteria:

1. Preparatory as diploma and bachelor qualifications were included.
2. All nursing staff who worked in the emergency department were included.
3. Nurses who had more than 6 months of experience in the emergency department were included.

-Exclusion Criteria

1. Nurses who didn't agree to participate in the study
2. Nurses who were absent during the days of data collection period.

3.3 Sampling:

The research was conducted in the geographical context of Iraq/Kurdistan, specifically focusing on Erbil. To determine the study's target population, a convenience sampling methodology was used. This method was selected for its effectiveness in identifying specific characteristics relevant to our research question. The selection of hospitals was strategically based on their size and the number of employed nurses, ensuring a representative and diverse sample. Within each chosen hospital, emergency nurses were intentionally selected based on their direct involvement in situations related to our study's

focus on legal issues in their profession. The goal was to gather in-depth, context-specific insights from individuals who, due to their roles and experiences, could provide valuable perspectives on knowledge and attitudes towards work-related legal matters. Within the context of each hospital, the research exclusively included nurses actively working in the emergency department. A carefully selected sample size of 254 cases was used, as listed below:

Hospital names	Number of nurses
Nanakaly Hospital for Hematology & Oncology	36
Rozhawa Emergency Hospital-Erbil	40
Rojhalat Emergency Hospital	23
Central Emergency Hospital	34
EMC-Emergency Hospital	37
Maternity Teaching Hospital	39
Raparin Teaching Hospital for Children	20
Hawler Psychiatric Hospital	25
Sum	254

3.3.1 Method of assignment to study groups:

Purposive Convenience sampling method was used.

3.4 Measures/instruments:

- The questionnaire of this study contained socio-demographic data of nurses and the Emergency Nursing Legal Issues Assessment Scale (ENLIAS) for assessing knowledge, attitude, and nurses' interference with legal issues in nursing work.
- Socio-demographic data: included, Date of Birth, Gender, Highest Educational Qualification, Current Employment Status, Type of Hospital, Number of Years Working in Healthcare. (Appendix No 1)
- Emergency Nursing Legal Issues Assessment Scale (ENLIAS): To assess work-related legal issues among emergency nurses in selected hospitals of Erbil, we used the Emergency Nursing Legal Issues Assessment Scale (ENLIAS). This questionnaire, consisting of 50 questions, was carefully designed to evaluate three dimensions: level

of knowledge, attitude towards legal issues, and extent of interference with legal matters among emergency nurses. To quantitatively measure nurses' level of knowledge on legal issues, specific questions (2, 4, 5, 7, 12, 14, 15, 23, 24, 26, 32, 34, 36, 38, and 46) were aggregated. The knowledge scale, containing 15 items, was categorized as follows: scores of 1-5 indicated low knowledge, 6-10 indicated medium knowledge, and 11-15 indicated high knowledge. Similarly, the assessment of attitudes was based on the aggregation of responses to questions 2, 7, 10, 17, 21, 30, 33, 35, 44, and 50. The attitude scale, containing 10 items, was categorized as follows: scores of 1-3 indicated low attitude, 4-6 indicated medium attitude, and 7-10 indicated high attitude. The degree of interference with legal issues was categorized as low (0% to 16.5%), medium (17% to 33%), and high (33.5% to 50%). This categorization was determined by summing up responses to all questions, with each 'Yes' answer scoring 1 point, indicating acknowledgment of legal concerns. 'No' responses generally scored 0 points, indicating the absence of such concerns. However, for specific questions (2, 4, 5, 7, 8, 10, 12, 14, 15, 19, 23, 24, 26, 28, 32, 34, 36, 37, 38, 42, 43, 46, 48, 50), a 'No' response was assigned 1 point, suggesting that a negative response in these instances indicated interference with legal issues. The reliability of the ENLIAS was thoroughly evaluated. To ensure the instrument's reliability, a Cronbach's alpha test was conducted [108], resulting in an excellent alpha coefficient of 0.91. (Appendix No 2)

3.5 Validity and Reliability (Pilot Study):

The study questionnaire, called the Emergency Nursing Legal Issues Assessment Scale (ENLIAS), was initially tested with a group of 25 nurses who had previous experience working in emergency departments. The testing took place between October 2nd and November 2nd, 2023, and aimed to assess the internal consistency and reliability of the questionnaire items before using them in the actual study. The internal consistency of the items was calculated using Cronbach's alpha [108]. The overall Cronbach's alpha was calculated as 0.91, indicating an excellent level of internal consistency and reliability. It is important to note that the data from this initial study were excluded from the final analysis. For the validity of the content, the study questionnaire was shown to 10 nursing professors.

3.6 Study Tools and Data Collection:

The questionnaire was divided into two main parts. The first part gathered demographic data, including Date of Birth, Gender, Highest Educational Qualification, Current Employment Status, Type of Hospital, and Number of Years Working in Healthcare. The second part was a self-structured questionnaire, the Emergency Nursing Legal Issues Assessment Scale (ENLIAS), which contained 50 questions designed to evaluate three distinct dimensions: the level of knowledge, attitude towards legal issues, and the extent of interference with legal matters among emergency nurses. The questionnaire was provided in English, as the nurses' education was conducted in English, and any unclear questions were explained by the researchers. Data were collected by distributing questionnaires to participants who met the inclusion criteria. Each participant was allotted a total of 10-15 minutes to complete the questionnaire.

3.7 Statistical considerations:

Sample size: The sample size for this study was determined based on the total number of emergency nurses available in the eight selected hospitals in Erbil. There were 254 nurses in these hospitals, and we collected data based on the availability of the nurses. We were able to include all 254 available nurses in our study.

3.8 Data analysis:

Data were summarized and reported with frequency and percentage for qualitative variables. Quantitative variables were presented with mean and standard deviations. The data were weighted to the population and standardized according to WHO population estimates for 2000–2025 using survey analysis. The relationships between nurses' knowledge, attitudes, and involvement in legal issues were assessed using Pearson's correlation coefficient. The adjusted association between these variables and other confounding factors was evaluated using multiple linear regression analysis. Data analysis was performed using Stata version 12 (StataCorp LLC, College Station, TX), with significance levels considered at $P < 0.001$.

3.9 Ethical consideration:

1. Secured approval and licenses from the Ministry of Health for the Kurdistan Region Governorate (KRG).

2. Obtained official permissions from the Ethics Committee at the School of Nursing and Midwifery/Tehran University of Medical Sciences, with the code IR.TUMS.FNM.REC.1402.185 granted on December 16th, 2023.
3. Received a letter of introduction and research environment access permission.
4. Clearly communicated the study's objectives to all nurses.
5. Ensured participants' voluntary participation and their right to withdraw.
6. Obtained informed oral consent from all participants.
7. Safeguarded participant information by using codes instead of names in the questionnaire.
8. Shared research results with hospitals if desired.
9. Upheld honesty in sampling, data collection, and analysis.

Chapter 4: Result

4 Results

The aim of this study was to extensively analyze the level of knowledge, and attitudes in legal issues in the context of emergency nursing in Erbil during 2023-2024. To achieve the objectives of this research, data were analyzed using SPSS software version 26. The results are presented in a series of tables that depict descriptive and analytic statistics. Pearson's correlation coefficient and multiple linear regression were employed to elucidate the relationships among the three key variables.

Tables 4.1 to 4.8 detail the demographic characteristics of emergency nurses, such as age, gender, marital status, educational qualifications, employment status, and professional experience both in the emergency department and other departments.

Tables 4.9 to 4.14 focus on the primary specific objectives of the study. These tables analyze the legal knowledge of emergency nurses (Table 4.9 and 4.10), their attitudes toward legal issues (Table 4.12 and 4.13).

Tables 4.14 to 4.15 were designed to assess the relationships among the variables of legal knowledge, attitudes toward legal issues, and interference of nurses to legal issues. These tables align with the specific objectives to understand the interplay between these variables in the context of emergency nursing in Erbil.

Finally, Tables 4.16 to 4.18 provide a comprehensive view of the associations between legal knowledge, attitudes toward legal issue, and the demographic variables of emergency nurses. This analysis is crucial for understanding the broader implications of these factors on nursing practices in emergency departments.

Table 4.1: Mean and Standard Deviation of Age among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Category	Range		M	SD
	Min.	Max.		
Age	21	60	36.98	7.99

Note: N=254

The results above show that the emergency nurses in selected hospitals of Erbil have a mean age of approximately 36.98 years, with a diverse age range spanning from 21 to 60 years. This indicates a workforce with a broad age spectrum, predominantly centered in the mid to late thirties.

Table 4.2: Frequency and Percentage of Gender Distribution among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Gender	Frequency	Percentage %
Female	116	45.7
Male	138	54.3
Total	254	100

The data above indicates that among the emergency nurses surveyed in the selected hospitals of Erbil, there are 116 females and 138 males, representing 45.7% and 54.3% of the total sample, respectively. This gender distribution shows a slightly higher proportion of male nurses (54.3%) compared to female nurses (45.7%) in the emergency nursing workforce.

Table 4. 3: Frequency and Percentage of Marital Status among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Marital Status	Frequency	Percentage %
Single	55	21.7
Married	189	74.4
Divorced	10	3.9
Total	254	100

The data above reflects the marital status of emergency nurses in selected hospitals of Erbil. It shows that out of the total 254 nurses surveyed, 189 (74.4%) are married, 55 (21.7%) are single, and 10 (3.9%) are divorced. This distribution indicates that a significant majority of the nurses are married, while a smaller proportion are single or divorced.

Table 4. 4: Frequency and Percentage of Highest Educational Qualifications among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Highest Educational Qualifications	Frequency	Percentage %
High School Diploma	29	11.4
Bachelor's Degree	131	51.6
Master's Degree	7	2.8
Doctorate	2	0.8
Others	85	33.5
Total	254	100

The data presents the highest educational qualifications of emergency nurses in selected hospitals of Erbil. Out of 254 nurses surveyed, the majority, 131 (51.6%), hold a Bachelor's degree. A significant portion, 85 nurses (33.5%), falls under the 'Others' category, which might include various types of nursing or medical qualifications. Those with a High School Diploma represent 29 nurses (11.4%), while only a small fraction has advanced degrees: 7 (2.8%) with a Master's degree and 2 (0.8%) with a Doctorate. This indicates a diverse range of educational backgrounds among the emergency nursing staff, with the predominant qualification being a Bachelor's degree.

Table 4. 5: Frequency and Percentage of Current Employment Status among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Current Employment Status	Frequency	Percentage %
Full-time	179	70.5
Part-time	39	15.4
Not employed	31	12.2
Student	5	2.0
Total	254	100

The data above outlines the current employment status of emergency nurses in selected hospitals of Erbil. Among the 254 nurses surveyed, a majority, 179 (70.5%), are employed full-time. Part-time workers constitute 39 nurses (15.4%), while 31 nurses (12.2%) are not currently employed. Additionally, 5 nurses (2.0%) are identified as students. This distribution indicates that the predominant employment status among these emergency nurses is full-time, with a smaller but notable number engaged in part-time work or currently not employed.

Table 4. 6: Frequency and Percentage of Nurses' Experiences in the Emergency Department in Selected Hospitals of Erbil, 2023-2024

Nurses' Experiences in the Emergency Department	Frequency	Percentage %
6 months -1 year	74	29.1
1-5 years	63	24.8
5-10 years	35	13.8
More than 10 years	82	32.3
Total	254	100

In the data regarding the experiences of nurses in the emergency department, the highest proportion of nurses, 82 (32.3%), have more than 10 years of experience. The lowest group is those with 5-10 years of experience, representing 35 nurses (13.8%). A notable middle group comprises 74 nurses (29.1%) with 6 months to 1 year of experience. This distribution highlights a significant presence of highly experienced nurses alongside a substantial number of relatively new entrants to emergency nursing.

Table 4. 7: Frequency and Percentage of Nurses' Experiences in Other Departments in Selected Hospitals of Erbil, 2023-2024

Experiences of Nurses in Other Departments	Frequency	Percentage %
Less than 1 year	49	18.3
1-5 years	76	29.9
5-10 years	48	18.9
More than 10 years	81	31.9
Total	254	100

In the data on nurses' experiences in other departments, the highest percentage is those with more than 10 years of experience (31.9%), followed by those with 1-5 years (29.9%). The group with the least experience, less than 1 year, comprises 18.3% of the nurses.

Table 4. 8: Frequency and Percentage of Emergency Nurses by Hospital in Erbil, 2023-2024

Names of hospitals	Frequency	Percentage %
Nanakaly Hospital for Hematology & Oncology	36	14.17
Rozhawa Emergency Hospital-Erbil	40	15.75
Rozhalat Emergency Hospital	23	9.06
Central Emergency Hospital	34	13.39
EMC-Emergency Hospital	37	14.57
Maternity Teaching Hospital	39	15.35
Raparin Teaching Hospital for Children	20	7.87
Hawler Psychiatric Hospital	25	9.84
Total	254	100

In the data concerning the distribution of emergency nurses across hospitals in Erbil, Rozhawa Emergency Hospital-Erbil has the highest percentage of nurses at 15.75%. The lowest is Raparin Teaching Hospital for Children with 7.87% of nurses. A middle figure in terms of percentage is Central Emergency Hospital with 13.39%. This shows a diverse distribution of emergency nurses across various hospitals in the region.

Table 4. 9: Mean and Standard Deviation of Knowledge Scores among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Category	Range		M	SD
	Min.	Max.		
Knowledge Scores	0.00	15.00	6.00	3.25

Note: N=254

In the data regarding Knowledge Scores, the range extends from a minimum of 0.00 to a maximum of 15.00. The mean (average) score among the group is 6.00, suggesting that the central tendency of knowledge levels falls around this value. The standard deviation, measuring the spread of the scores around the mean, is 3.25, indicating a moderate variability in knowledge scores among the individuals.

Table 4. 10: Frequency and Percentage Distribution of Knowledge Levels among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Knowledge Levels	Frequency	Percentage %
Poor	108	42.5
Moderate	127	50.0
Good	19	7.5
Total	254	100

In the data on Knowledge Levels among emergency nurses, the highest frequency is observed in the 'Moderate' category with 127 nurses, accounting for 50.0% of the total. The 'Poor' category follows closely with 108 nurses, representing 42.5%. The 'Good' category has the lowest frequency, comprising only 19 nurses or 7.5% of the total.

Table 4. 11: Association Between Demographic Information and Legal Knowledge among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Demographic Information	Categories	Knowledge Levels			N	χ^2 test
		Poor	Moderate	Good		
		Knowledge	Knowledge	Knowledge		
Age	21-30	10 (9.3%)	37 (29.1%)	6 (31.6%)	53	$\chi^2=24.58$ p<0.001
	31-40	69 (63.9%)	54 (42.5%)	5 (26.3%)	128	
	41-50	25 (23.1%)	25 (19.7%)	5 (26.3%)	55	
	51-60	4 (3.7%)	11 (8.7%)	3 (15.8%)	18	
Gender	Male	53 (49.1%)	76 (59.8%)	9 (47.4%)	138	$\chi^2=3.13$ P=0.21
	Female	55 (50.9%)	51 (40.2%)	10 (52.6%)	116	
Marital status	Single	21 (19.4%)	31 (24.4%)	3 (15.8%)	55	$\chi^2=2.98$ P=0.56
	Married	81 (75.0%)	92 (72.4%)	16 (84.2%)	189	
	Divorced	6 (5.6%)	4 (3.1%)	0 (0.0%)	10	
Highest Educational Qualification	High School	10 (9.3%)	15 (11.8%)	4 (21.1%)	29	$\chi^2=7.20$ P=0.52
	Diploma					
	Bachelor's Degree	58 (53.7%)	66 (52.0%)	7 (36.8%)	131	
	Master's Degree	2 (1.9%)	5 (3.9%)	0 (0.0%)	7	
	Doctorate	0 (0.0%)	2 (1.6%)	0 (0.0%)	2	
	Others	38 (35.2%)	39 (30.7%)	8 (42.1%)	85	
Current Employment Status	Full-time	84 (77.8%)	85 (66.9%)	10 (52.6%)	179	$\chi^2=16.16$ P=0.01
	Part-time	10 (9.3%)	25 (19.7%)	4 (21.1%)	39	
	Not employed	14 (13.0%)	14 (11.0%)	3 (15.8%)	31	
	Student	0 (0.0%)	3 (2.4%)	2 (10.5%)	5	
	6 months - 1 year	27 (25.0%)	40 (31.5%)	7 (36.8%)	74	
Nurses' Experiences	1-5 years	31 (28.7%)	31 (24.4%)	1 (5.3%)	63	$\chi^2=6.56$ P=0.36
	5-10 years	16 (14.8%)	17 (13.4%)	2 (10.5%)	35	

in the Emergency Department	More than 10 years	34 (31.5%)	39 (30.7%)	9 (47.4%)	82
	Less than 1 year	14 (13.0%)	26 (20.5%)	9 (47.4%)	49
	1-5 years	38 (35.2%)	33 (26.0%)	5 (26.3%)	
Experiences of nurses in other departments					$\chi^2=14.66$ P=0.02
					76
	5-10 years	21 (19.4%)	26 (20.5%)	1 (5.3%)	48
	More than 10 years	35 (32.4%)	42 (33.1%)	4 (21.1%)	81

The analysis of the association between demographic information and knowledge levels among emergency nurses reveals significant findings. Age shows a notable association ($\chi^2=24.58$, $p<0.001$) with knowledge levels, particularly evident in the 31-40 age group which predominantly falls under 'Poor Knowledge'. Interestingly, no significant differences are observed in knowledge levels based on gender ($P=0.21$) or marital status ($P=0.56$). Educational qualifications also do not significantly influence knowledge categorization ($P=0.52$). However, current employment status displays a significant relationship ($\chi^2=16.16$, $P=0.01$), with full-time nurses mostly falling into the 'Poor' and 'Moderate' knowledge categories. Additionally, significant differences in knowledge levels are evident among nurses with varying experiences in other departments ($\chi^2=14.66$, $P=0.02$), but not in their experiences in the emergency department ($P=0.36$). This indicates that while certain demographic and professional experiences are associated with knowledge levels, others do not exhibit a substantial impact.

Table 4. 12: Mean and Standard Deviation of Attitude Scores among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Category	Range		M	SD
	Min.	Max.		
Attitude Scores	p<0.001	10.00	5.35	2.08

Note: N=254

The analysis of the attitude scores among the study's participants shows that the scores range from a minimum of p<0.001 to a maximum of 10.00. The mean (average) attitude score is 5.35, indicating that, on average, the attitudes of the participants fall around the mid-point of the scoring range. The standard deviation of the scores is 2.078, which suggests a moderate level of variability in attitudes among the participants. This variability indicates that while some participants may have very positive or very negative attitudes, most are clustered around the central average value.

Table 4. 13: Frequency and Percentage Distribution of Attitude Levels among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Attitude Levels	Frequency	Percentage %
Poor	50	19.7
Moderate	135	53.1
Good	69	27.2
Total	254	100

The data on attitude levels among emergency nurses shows that out of 254 participants, the majority, 135 nurses (53.1%), fall into the 'Moderate' attitude category. The 'Good' attitude category is the next most common, comprising 69 nurses (27.2%). The 'Poor' attitude category has the lowest frequency, with 50 nurses (19.7%). This distribution indicates that more than half of the nurses have a moderate attitude towards the subject of the study, with a significant proportion also displaying good attitudes, and a smaller group categorized as having poor attitudes.

Table 4. 14: Association Between Demographic Information and Attitudes Toward Legal Issues among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Demographic Information	Categories	Attitude Levels			N	χ^2 test
		Poor Attitude	Moderate Attitude	Good Attitude		
Age	21-30	8 (16.0%)	29 (21.5%)	16 (23.2%)	53	$\chi^2=9.48$ P=0.15
	31-40	29 (58.0%)	68 (50.4%)	31 (44.9%)	128	
	41-50	13 (26.0%)	29 (21.5%)	13 (18.8%)	55	
	51-60	0 (0.0%)	9 (6.7%)	9 (13.0%)	18	
Gender	Male	27 (54.0%)	76 (56.3%)	35 (50.7%)	138	$\chi^2=0.58$ P=0.75
	Female	23 (46.0%)	59 (43.7%)	34 (49.3%)	116	
Marital status	Single	5 (10.0%)	37 (27.4%)	13 (18.8%)	55	$\chi^2=9.00$ P=0.06
	Married	41 (82.0%)	94 (69.6%)	54 (78.3%)	189	
	Divorced	4 (8.0%)	4 (3.0%)	2 (2.9%)	10	
Highest Educational Qualification	High School Diploma	9 (18.0%)	14 (10.4%)	6 (8.7%)	29	$\chi^2=13.89$ P=0.09
	Bachelor's Degree	32 (64.0%)	62 (45.9%)	37 (53.6%)	131	
	Master's Degree	1 (2.0%)	4 (3.0%)	2 (2.9%)	7	
	Doctorate	1 (2.0%)	1 (0.7%)	0 (0.0%)	2	
	Others	7 (14.0%)	54 (40.0%)	24 (34.8%)	85	
	Full-time	35 (70.0%)	95 (70.4%)	49 (71.0%)	179	

Current Employment Status	Part-time	4 (8.0%)	25 (18.5%)	10 (14.5%)	39	
	Not employed	11 (22.0%)	12 (8.9%)	8 (11.6%)	31	
	Student	0 (0.0%)	3 (2.2%)	2 (2.9%)	5	
Nurses' Experiences in the Emergency Department	6 months -1 year	15 (30.0%)	38 (28.1%)	4 (30.4%)	74	
	1-5 years	15 (30.0%)	37 (27.4%)	4 (15.9%)	63	$\chi^2=7.74$
	5-10 years	9 (18.0%)	14 (10.4%)	4 (17.4%)	35	P=0.26
	More than 10 years	11 (22.0%)	46 (34.1%)	4 (36.2%)	82	
	Less than 1 year	12 (24.0%)	22 (16.3%)	15 (21.7%)	49	
	1-5 years	28 (36.0%)	40 (29.6%)	18 (26.1%)		
Experiences of nurses in other departments					76	$\chi^2=4.02$
	5-10 years	8 (16.0%)	26 (19.3%)	14 (20.3%)	48	P=0.67
	More than 10 years	12 (24.0%)	47 (34.8%)	22 (31.9%)	81	

The analysis of the association between demographic information and attitude levels among emergency nurses reveals that age, gender, marital status, educational qualification, current employment status, and nursing experience do not show statistically significant differences in attitudes. Specifically, age ($\chi^2=9.48$, $P=0.15$), gender ($\chi^2=0.58$, $P=0.75$), marital status ($\chi^2=9.00$, $P=0.06$), highest educational qualification ($\chi^2=13.89$, $P=0.09$), and current employment status ($\chi^2=9.18$, $P=0.16$) have no significant impact on whether nurses have a poor, moderate, or good attitude. Additionally, the length of

experience in the emergency department and in other departments ($\chi^2=7.74$, $P=0.26$ and $\chi^2=4.017$, $P=0.67$, respectively) also do not significantly influence attitude levels. This suggests that factors like age, gender, marital status, education, employment status, and professional experience do not play a crucial role in determining the attitude levels of emergency nurses in this study.

Table 4. 15: Relationship between Legal Knowledge and Attitude towards Legal Issues among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Variables	Pearson	Legal Knowledge	Good attitude
Legal Knowledge	Correlation Coefficient	1.00	0.47**
	Sig. (2-tailed)	.	p<0.001
	N	254	254
Good attitude	Correlation Coefficient	0.47**	1.00
	Sig. (2-tailed)	p<0.001	.
	N	254	254

The Pearson correlation analysis between 'Legal Knowledge' and 'Good Attitude' among 254 emergency nurses reveals a moderate positive correlation coefficient of 0.466, which is statistically significant with a p-value of <0.001. This significant correlation suggests that as emergency nurses' legal knowledge increases, so does their positive attitude toward legal aspects of their work. The moderate strength of this correlation indicates a noticeable relationship, implying that enhancing legal knowledge could be a key strategy in improving nurses' attitudes towards legal issues in their practice.

Table 4.16: Multiple Linear Regression for Assessing the Association between Legal Knowledge, Attitudes Toward Legal Issues, and Interference of Nurses to Legal Issues among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Variables	Coefficient standardized (B)	Coefficient Unstandardized (B)	95% Confidence Interval		P value	R square
			Lower	Upper		
Good attitude	0.43	0.68	0.54	0.81	<0.001	0.70

Note: Legal Knowledge is the dependent variable

In the multiple linear regression analysis assessing the association between legal knowledge (as the dependent variable), and attitudes toward legal issues among emergency nurses in selected hospitals of Erbil, significant relationships are found. The model, which explains 70.2% of the variance ($R^2 = 0.70$), indicates that 'Good Attitude' positively influences legal knowledge with a standardized coefficient of 0.43 and an unstandardized coefficient of 0.68 ($p < 0.001$), suggesting that as the attitude toward legal issues becomes more positive, legal knowledge increases.

Table 4.17: Univariate Association Between Legal Knowledge, Attitudes Toward Legal Issues, and Demographic Variables among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Variables	Coefficient standardized (B)	Coefficient Unstandardized (B)	95% Confidence Interval		P value
			Lower	Upper	
Age	-0.01	-0.07	-0.06	0.05	0.82
Gender	-0.10	-0.65	-1.45	0.15	0.11
Marital status	-0.04	-0.28	-1.13	0.57	0.52
Highest Educational Qualification	0.02	0.05	-0.22	0.31	0.71
Current Employment Status	0.16	0.66	0.15	1.17	0.01
Nurses' experiences in ED	-0.01	-0.02	-0.36	0.31	0.89
Experiences of nurses in other departments	-0.15	-0.42	-0.78	-0.07	0.02
Good attitude	0.47	0.73	0.56	0.90	p<0.001

Note: Legal Knowledge is the dependent variable

In the univariate analysis assessing the relationship between legal knowledge (as the dependent variable) and various factors among emergency nurses in Erbil, significant findings emerge for certain variables. 'Good Attitude' shows a strong positive association with legal knowledge, indicated by a standardized coefficient of 0.47 and an unstandardized coefficient of 0.73 ($p < 0.001$). However, other demographic variables like age, gender, marital status, highest educational qualification, and nurses' experiences in the emergency department do not show significant associations with legal knowledge. Notably, 'Current Employment Status' and 'Experiences of Nurses in Other Departments' are significant, with p-values of 0.01 and 0.02, respectively, suggesting their influence on

legal knowledge. The confidence intervals for significant variables reinforce the reliability of these estimates.

Table 4.18: Final Model of Multiple Linear Regression for Assessing the Association Between Legal Knowledge, Attitudes Toward Legal Issues, and Demographic Variables among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Variables	Coefficient standardized (B)	Coefficient Unstandardized (B)	95% Confidence Interval		P value
			Lower	Upper	
Age	-0.02	-0.01	-0.06	0.04	0.70
Gender	-0.12	-0.77	-1.37	-0.17	0.01
Marital status	0.02	0.12	-0.55	0.79	0.72
Highest Educational Qualification	-0.05	-0.10	-0.30	0.09	0.29
Current Employment Status	0.05	0.22	-0.22	0.67	0.33
Nurses' experiences in ED	0.04	0.09	-0.17	0.36	0.49
Experiences of nurses in other departments	-0.10	-0.29	-0.59	0.01	0.06
Good attitude	0.45	0.70	0.56	0.85	p<0.001

Note: Legal Knowledge is the dependent variable

In the final model of multiple linear regression focusing on emergency nurses in selected hospitals of Erbil, significant associations are observed between legal knowledge (the dependent variable) and various predictors. 'Good Attitude' shows a strong positive impact on legal knowledge, indicated by a standardized coefficient of 0.45 and an unstandardized coefficient of 0.70 ($p < 0.001$), implying a substantial increase in legal knowledge as attitude improves. Gender also emerges as a significant factor ($p = 0.01$), indicating a potential difference in legal knowledge based on gender. Other variables, including age, marital status, highest educational qualification, current employment status, nurses' experiences in the emergency department, and experiences in other departments, do not show statistically significant impacts on legal knowledge. The

confidence intervals for the significant predictors underline the reliability of these estimates in this context.

Table 4.19: Final Model of Multiple Linear Regression by Background Approach for Assessing the Association Between Legal Knowledge, Attitudes Toward Legal Issues, and Demographic Variables among Emergency Nurses in Selected Hospitals of Erbil, 2023-2024

Variables	Coefficient standardized (B)	Coefficient Unstandardized (B)	95% Confidence Interval		P value
			Lower	Upper	
Gender	-0.12	-0.77	-1.37	-0.17	0.01
Good attitude	0.45	0.70	0.56	0.85	p<0.001

Note: Legal Knowledge is the dependent variable

In the final multiple linear regression model, which examines the association between legal knowledge and various factors among emergency nurses in Erbil, significant relationships are found with three variables. 'Good Attitude' strongly positively influences legal knowledge, indicated by a standardized coefficient of 0.45 and an unstandardized coefficient of 0.70 ($p<0.001$). This suggests a significant increase in legal knowledge as attitudes become more positive. 'Interference of Nurses to Legal Issues' shows a substantial negative impact, with coefficients of -0.50 (standardized) and -0.32 (unstandardized) ($p<0.001$), implying that higher levels of interference are associated with lower legal knowledge. Additionally, 'Gender' emerges as a significant variable ($p = 0.01$), pointing to a potential difference in legal knowledge based on gender. The confidence intervals for these predictors affirm the reliability of these findings, highlighting the crucial roles of attitude and interference in shaping legal knowledge, alongside the influence of gender.

Chapter 5: Discussion and Recommendation

5 Discussion

In this chapter research findings, the conclusions, the application of the findings and suggestions for future research will be discussed and interpreted.

First, the sociodemographic characteristics of emergency nurses in selected hospitals of Erbil were analyzed. This section provides a comprehensive overview of the demographic data, including age, gender, educational qualifications, and years of experience of the participants.

Next, the discussion focuses on the study findings according to the first objective: determining the knowledge of nurses regarding legal issues in emergency departments. This part of the discussion delves into the overall level of knowledge among the nurses and highlights any significant gaps or strengths identified.

Following this, the second objective is addressed: determining the attitude of nurses towards legal issues in emergency departments. Here, the attitudes of nurses towards legal issues are explored, examining both positive and negative perspectives and their potential impact on nursing practice.

Subsequently, the discussion covers the fourth objective: finding out associations between nurses' knowledge and attitude. This part of the analysis explores the relationships between the nurses' knowledge, attitudes, and their actual interference in legal matters, providing insights into how these factors interrelate.

Finally, the relationships between the nurses' demographic characteristics and their knowledge and attitude are examined, highlighting any significant associations and their implications for practice and policy.

5.1 Socio-Demographic Characteristics

The study conducted in Erbil included 254 nurses, with a mean age of 36.98 years ($SD = 7.99$). This average age was found to be higher than that reported in studies from Iran (32.8 years) [109] and Saudi Arabia (33.5 years) [110], indicating a potentially more experienced nursing workforce in Erbil. The largest age group in the Erbil study, 31-40 years (50.39%), closely aligns with findings from Singapore, where 48.2% of nurses fell within the same age range [111]. However, a more even distribution across age groups was observed in Erbil compared to a study in the Philippines, where 70.2% of nurses were under 30 [112]. This variation might be attributed to differences in nursing education systems, career progression opportunities, or cultural factors affecting workforce

retention. The proportion of nurses aged 51-60 (7.09%) in the Erbil study was notably lower than in developed countries like the US, where 19% of nurses were reported to be over 55 [113]. This discrepancy could reflect differences in retirement policies, work conditions, or the relatively recent development of nursing education in Erbil. The age distribution observed in the Erbil study suggests a balance between experienced and younger nurses, which may be beneficial for knowledge transfer and succession planning. However, the lower percentage of older nurses might indicate challenges in retaining experienced staff or could reflect the evolving nature of the nursing profession in the region.

Regarding gender distribution, the study revealed a slight majority of male nurses (54.3%) compared to female nurses (45.7%). This finding contrasts with global trends reported by the World Health Organization (2020) [114], where females typically constitute about 70% of the healthcare workforce. The higher proportion of male nurses in this study aligns more closely with findings from certain Middle Eastern countries, such as Saudi Arabia, where Qattan (2021) [115] reported a male-to-female ratio of 50:50 among nursing staff. The marital status of participants showed a predominance of married nurses (74.4%), which is comparable to findings from a study in Jordan by Suleiman (2019) [116], where 71% of nurses were married. However, this proportion is higher than that reported in a Turkish study by Durmuş (2018) [117], where 58.7% of nurses were married. The percentage of single nurses (21.7%) in the current study is lower than that found in some Western countries, such as the United States, where Oates et al. (2017) reported approximately 33% of nurses were single [118]. These differences in gender and marital status distributions may be attributed to cultural norms, societal expectations, and the evolving nature of the nursing profession in different regions.

In terms of educational qualifications, the study revealed that more than half of the participating nurses held a Bachelor's degree (51.6%). This finding aligns with a study conducted in the United States by Parry et al. (2017) [119], which reported that 45.2% of registered nurses held a Bachelor's degree. However, the proportion in the current study is lower than that found in a Canadian study by Bernstein (2006) [120], where 70% of nurses had a baccalaureate degree. The percentage of nurses with other qualifications (33.5%) and high school diplomas (11.4%) in the present study differs from findings in more developed countries, reflecting potential differences in nursing education systems and professional requirements. The employment status of nurses showed a majority (70.5%) working full-time, which is comparable to findings from an Australian study by

Heywood et al. (2018) [121], where 71.5% of nurses worked full-time. Regarding experience in the emergency department, the current study found that 32.3% of nurses had more than 10 years of experience, which is higher than the 25% reported in a study of emergency nurses in the United States by Wolf et al. (2018) [122]. The proportion of nurses with 6 months to 1 year of experience (29.1%) in the present study is notably higher than the 10% reported for novice nurses in a Canadian study by Enns et al. (2016) [123]. These differences in experience levels may be attributed to variations in staff retention strategies, career development opportunities, and the overall maturity of emergency nursing as a specialty in different healthcare systems.

5.2 Knowledge of Legal Issues

The findings of the study revealed varying levels of knowledge among the participating nurses regarding work-related legal issues. A significant proportion (42.5%) demonstrated poor knowledge, which is higher than the 30% reported in a similar study by Lasebikan (2012) in Nigeria [124]. Half of the nurses (50.0%) exhibited moderate knowledge, aligning closely with findings from a study in Iran by Zeydi et al. (2022) [125], where 52.3% of nurses had moderate knowledge of professional laws. Only a small percentage (7.5%) showed good knowledge, which is considerably lower than the 22% reported by Shrestha and Jose (2014) in their study of nurses in India. The mean knowledge score of 6.00 (SD = 3.25) indicates a generally moderate level of understanding, but falls short of the mean score of 7.5 (SD = 2.1) reported in a study of emergency nurses in the United States by Ruesch (2017) [126]. These disparities in knowledge levels might be attributed to differences in nursing education curricula, the emphasis placed on legal aspects in professional development programs, and the varying complexity of healthcare legal frameworks across different countries. The relatively low percentage of nurses with good knowledge in the current study suggests a potential need for enhanced legal education and training programs for emergency nurses in Erbil hospitals.

5.3 Relationship Between Knowledge and Demographic Data

The study findings revealed significant associations between nurses' knowledge levels regarding work-related legal issues and several demographic variables. Age demonstrated a significant relationship with knowledge levels ($\chi^2=24.58$, $p<0.001$). This finding aligns with a study by Lesbian (2012) in Nigeria [124], which also reported a significant correlation between age and legal knowledge among nurses. However, the current study's

observation that nurses aged 31-40 years had the highest proportion of poor knowledge (63.9%) contrasts with findings from Gandhi (2019) in India [127], where middle-aged nurses demonstrated better legal knowledge. The higher percentage of good knowledge (15.8%) among older nurses (51-60 age group) in the present study is consistent with findings from Rezaei et al. (2018) in Iran [128], where increased age was associated with better knowledge of professional laws. Current employment status and experiences in other departments were also found to be significantly related to knowledge levels, although specific statistics were not provided. This association aligns with findings from a study by Xu (2008) in the United States [129], which reported that nurses with diverse clinical experiences demonstrated better understanding of legal issues. The observation that nurses aged 21-30 years had a notable percentage of moderate knowledge (29.1%) differs from findings by Medves et al. (2015) in Canada [130], where younger nurses generally showed lower levels of professional knowledge. These variations in knowledge levels across age groups and professional experiences may be attributed to differences in educational curricula, on-the-job training opportunities, and the emphasis placed on legal aspects in continuing education programs across different healthcare systems and cultural contexts.

The study findings revealed a significant association between current employment status and knowledge levels among nurses regarding work-related legal issues ($\chi^2=16.16$, $p=0.01$). Full-time nurses predominantly demonstrated poor (77.8%) and moderate (66.9%) knowledge levels. This finding contrasts with a study in Nigeria, where full-time nurses generally exhibited better knowledge of legal issues [131]. Part-time nurses in the current study showed a mix of poor (9.3%) and moderate (19.7%) knowledge, which partially aligns with findings from India, where part-time nurses demonstrated varied levels of legal knowledge [132]. Interestingly, a higher percentage of students (10.5%) exhibited good knowledge compared to those who were not employed (15.8%). This observation differs from findings reported in Iran, where employed nurses generally demonstrated better knowledge of professional laws compared to nursing students [133]. The unexpected result of students showing good knowledge might be attributed to recent changes in nursing curricula that emphasize legal aspects, as suggested in a study of emergency nurses in the United States [134]. The varied knowledge levels across different employment statuses could be influenced by factors such as exposure to diverse clinical scenarios, access to continuing education programs, and the emphasis placed on legal issues in different work settings. The relatively poor performance of full-time nurses, who

presumably have more clinical experience, suggests a potential gap in ongoing legal education and training in the workplace. These findings highlight the need for targeted educational interventions and regular updates on legal issues for all categories of nurses, regardless of their employment status.

The study findings revealed a significant relationship between nurses' experiences in other departments and their knowledge levels regarding work-related legal issues ($\chi^2=14.66$, $p=0.02$). Nurses with 1-5 years of experience in other departments predominantly demonstrated poor knowledge (35.2%), which contrasts with findings in the United States, where nurses with similar experience levels showed better understanding of legal aspects [135]. Conversely, nurses with more than 10 years of experience in other departments exhibited moderate knowledge (33.1%), aligning more closely with results reported in Canada, where increased years of diverse clinical experience correlated with improved professional knowledge [136]. This observation suggests that varied experiences across different departments may contribute to the development of legal knowledge among nurses, possibly due to exposure to a wider range of clinical scenarios and associated legal considerations. However, the finding that nurses with 1-5 years of experience showed poor knowledge indicates that mere exposure to different departments may not be sufficient for developing adequate legal understanding. This discrepancy highlights the potential need for more structured and consistent legal education across various nursing specialties and career stages, as emphasized in a study of Iranian nurses' knowledge of professional laws.

5.4 Attitude Towards Legal Issues

The study findings revealed that the majority of nurses demonstrated moderate attitudes towards work-related legal issues, with 53.1% falling into this category. This result aligns with a study in Nigeria, where a similar proportion of nurses exhibited moderate attitudes towards legal aspects of nursing practice [124]. The percentage of nurses with good attitudes (27.2%) in the current study is lower than that reported in India, where 35% of nurses demonstrated positive attitudes towards legal and ethical issues [137]. Conversely, the proportion of nurses with poor attitudes (19.7%) is higher than the 15% reported in a study in Iran [138]. The mean attitude score of 5.35 (SD = 2.08) indicates a generally moderate level of attitude, which is comparable to findings in the United States, where emergency nurses demonstrated similar attitude scores towards legal issues [139]. These variations in attitude levels across different studies may be attributed

to factors such as cultural differences, the emphasis placed on legal aspects in nursing education and practice, and the overall awareness of legal issues in different healthcare systems. The predominance of moderate attitudes in the current study suggests that while there is a foundation of awareness regarding legal issues among nurses in Erbil hospitals, there is still room for improvement in fostering more positive attitudes towards work-related legal matters.

5.5 Relationship Between Good Attitude and Demographic Data

The study findings revealed no statistically significant relationships between nurses' attitude levels towards work-related legal issues and most demographic variables. The chi-square test for age ($\chi^2=9.48$, $p=0.15$) did not reach statistical significance, which contrasts with findings in Nigeria, where age significantly correlated with nurses' attitudes towards legal aspects [140]. Despite the lack of statistical significance, some trends were observed. Nurses aged 31-40 years predominantly exhibited moderate attitudes (50.4%), aligning with results in India, where middle-aged nurses showed balanced attitudes towards legal and ethical issues [141]. The higher proportion of good attitudes (23.2%) among nurses aged 21-30 years differs from findings in Iran, where younger nurses generally demonstrated fewer positive attitudes towards professional laws [142]. Notably, none of the nurses aged 51-60 years showed poor attitudes, with a considerable proportion demonstrating good attitudes (13.0%). This observation partially aligns with findings in the United States, where more experienced nurses tended to have more positive attitudes towards legal issues [143]. The lack of significant relationships between attitudes and demographic variables in the current study, contrary to some previous research, may be attributed to factors such as the homogeneity of nursing education, standardized workplace policies, or cultural influences that shape attitudes uniformly across different demographic groups in Erbil hospitals.

The study findings indicated no significant associations between gender or marital status and nurses' attitude levels towards work-related legal issues. This lack of significant relationship contrasts with findings in Nigeria, where gender was found to influence nurses' attitudes towards legal aspects of practice [144]. In the current study, both male and female nurses demonstrated similar distributions across attitude categories, with males slightly more represented in moderate attitudes (56.3%) compared to females (43.7%). This minimal gender difference aligns with results in India, where gender did not significantly impact attitudes towards legal and ethical issues in nursing [125].

Regarding marital status, although not statistically significant ($\chi^2=9.00$, $p=0.06$), married nurses predominantly exhibited moderate (69.6%) and good (78.3%) attitudes. This trend partially corresponds with findings in Iran, where married nurses tended to show more positive attitudes towards professional laws, albeit with statistical significance in their study [145]. The absence of significant associations between these demographic variables and attitude levels in the current study may suggest that factors such as standardized nursing education, uniform workplace policies, or overarching cultural influences in Erbil hospitals might be more influential in shaping nurses' attitudes towards work-related legal issues than individual demographic characteristics.

The study findings revealed important trends in nurses' attitudes towards work-related legal issues in relation to educational qualifications and employment status, although these associations did not reach statistical significance. Nurses with a Bachelor's degree predominantly demonstrated moderate (45.9%) and good (53.6%) attitudes. This trend aligns with findings in Canada, where higher educational qualifications were associated with more positive professional attitudes [146]. Full-time employment status was consistently linked with moderate (70.4%) and good (71.0%) attitudes, which partially corresponds with results in Australia, where full-time nurses showed more positive work-related attitudes [147]. Interestingly, nurses with less than 1 year of experience in the emergency department exhibited varied attitudes, with 21.7% demonstrating good attitudes. This finding contrasts with findings in the United States, where novice emergency nurses generally showed less confident attitudes towards legal issues [148]. Regarding experiences in other departments, nurses with more than 10 years of experience predominantly exhibited moderate (34.8%) and good (31.9%) attitudes. This observation aligns with findings that increased clinical experience across various settings was associated with more positive attitudes towards legal aspects of nursing practice [149]. Although not statistically significant, these trends suggest that higher education, full-time employment, and diverse clinical experiences may contribute to more positive attitudes towards work-related legal issues among nurses in Erbil hospitals. The lack of statistical significance, contrary to some previous studies, might be attributed to factors such as standardized workplace policies, uniform continuing education programs, or cultural influences that shape attitudes consistently across different groups in this specific healthcare context.

5.6 Relationship Among Knowledge and Good Attitude

The study demonstrated significant relationships between legal knowledge, good attitude, and interference of nurses with legal issues. Legal knowledge showed a moderate positive correlation with a good attitude ($r = 0.47$, $p < 0.001$), indicating that as nurses' legal knowledge increases, their attitudes towards work-related legal issues tend to improve. This suggests that nurses who are more knowledgeable about legal matters are likely to develop more positive and proactive attitudes towards handling these issues in their practice. Conversely, legal knowledge showed a moderate negative correlation with interference in legal issues ($r = -0.55$, $p < 0.001$). This inverse relationship implies that higher levels of legal knowledge are associated with lower levels of perceived interference from legal issues, meaning that knowledgeable nurses feel less hindered by legal concerns in their daily work, potentially because they are better equipped to manage and navigate these challenges. However, there was a weak and non-significant negative correlation between a good attitude and interference with legal issues ($r = -0.07$, $p = 0.30$). This suggests that the attitude of nurses towards legal issues does not significantly impact their perception of interference from these issues. In other words, having a positive attitude towards legal matters does not necessarily translate to a reduced feeling of interference from legal concerns in their work. To our knowledge, there are no studies that have shown the relationship between legal knowledge, attitude, and nurses' interference together. These findings suggest a complex nature of these relationships in nursing practice, where knowledge appears to play a crucial role in shaping both attitudes and perceptions of interference, but attitudes alone may not be sufficient to mitigate the impact of legal issues on nursing practice. This underscores the importance of enhancing legal knowledge among nurses as a strategy to improve their attitudes and reduce the perceived interference from legal matters in their professional duties.

5.7 Conclusion

The study demonstrated that emergency nurses in Erbil have moderate levels of legal knowledge and attitudes towards legal issues, along with medium levels of interference in legal matters. This suggests that while there is a foundational understanding, significant improvements are necessary. Policymakers and healthcare providers should develop targeted educational interventions to enhance legal literacy among nurses. These programs should focus on key legal principles and practical applications to ensure nurses are well-prepared to handle legal challenges. By improving legal knowledge, nurses can

provide better patient care, reduce legal risks, and feel more confident in their professional roles. Enhanced legal literacy will ultimately lead to a safer and more effective healthcare environment.

5.8 Strengths and Limitations of the study

Strengths

- The study's substantial sample size of 254 nurses across eight different hospitals in Erbil enhances the robustness and credibility of the findings. A larger sample size increases the statistical validity of the results and provides a comprehensive overview of the issue within the context of Erbil.
- The extensive questionnaire, covering three primary variables (knowledge, attitude, and interference) along with demographic data, allowed for a detailed and nuanced understanding of the complex interplay between legal issues and nursing practice.
- The process of obtaining informed consent was thorough, involving approvals from both the Ministry of Health for Kurdistan Region Governorate (KRG) and the Ethics Committee at the School of Nursing and Midwifery/Tehran University of Medical Sciences. This approach ensured high ethical standards in the study, contributing to the reliability and integrity of the research.
- Concentrating on a specific group of emergency nurses within Erbil provided in-depth insights into this particular demographic, which is essential for targeted interventions and policy formulations in this context.

Limitations

- The extensive nature of the questionnaire could have led to participant fatigue or boredom, potentially affecting their attention and accuracy in responding. This might have influenced the quality of the data collected.
- Conducted exclusively in Erbil, Iraq, the findings of the study might not be generalizable to nurses in other cities or regions. This limits the broader applicability of the study's insights beyond the local context.

5.9 Recommendations

- Hospitals in Erbil city, particularly healthcare educators and administrative staff, should introduce awareness programs emphasizing the importance of legal knowledge and the proper attitude towards work-related legal issues. These programs should highlight the implications of legal awareness for nursing practice and patient

care.

- Regular training sessions should be provided to emergency nurses to update them on the latest legal standards, regulations, and best practices in their field. This can include workshops, seminars, and online courses tailored to legal issues in emergency nursing.
- Establish a mentorship system where experienced nurses can guide and support their colleagues in understanding and navigating legal issues in their practice. This can foster a supportive environment and enhance overall legal competency among nurses.
- Hospitals should develop and implement clear policies and procedures regarding legal issues in nursing practice. These policies should be communicated effectively to all staff members and regularly reviewed to ensure compliance with current legal standards.

5.10 Implication for nursing management

- Nursing managers should take the lead in developing and implementing policies that address legal issues in emergency nursing. These policies should be designed to protect both patients and healthcare providers and should be integrated into the hospital's overall management strategy.
- The results of this study underscore the need for continuous education and training on legal issues in nursing. Nursing management should ensure that all nurses receive comprehensive training on legal matters, including case studies and practical applications to reinforce learning.
- Establish support systems within the hospital to assist nurses in dealing with legal issues. This could include legal advisors or a dedicated legal team that nurses can consult when faced with legal challenges in their work.
- Regularly monitor and evaluate the effectiveness of training programs and policies related to legal issues. Use feedback from nurses to make necessary adjustments and improvements to these programs and policies.

5.11 Implication for research

- Future research should explore the barriers that prevent nurses from fully

understanding and addressing legal issues in their practice. This can help identify areas that require targeted interventions and support.

- Investigate the impact of enhanced legal knowledge and attitudes on nursing practice and patient outcomes. Longitudinal studies could provide valuable insights into how improved legal awareness affects the quality of care over time.
- Test the efficacy of different intervention strategies designed to improve legal knowledge and attitudes among emergency nurses. Research could assess whether specific programs or educational approaches are more effective in enhancing legal competency.
- Conduct comparative studies to examine how legal knowledge and attitudes among emergency nurses in Erbil differ from those in other regions or countries. This can provide a broader perspective on the issue and highlight best practices that can be adopted locally.

5.12 Titles for future research

- Assessing the Impact of Legal Education Programs on Emergency Nurses' Knowledge and Attitudes in Erbil Hospitals.
- Exploring the Relationship Between Legal Awareness and Clinical Practice Among Emergency Nurses in Iraq.
- Evaluating the Effectiveness of Continuous Legal Training on Emergency Nurses' Performance and Patient Safety.
- Comparative Study of Legal Knowledge and Attitudes Among Emergency Nurses in Urban and Rural Hospitals in Iraq.

6 References:

1. Ibrahim, A., A. Hussein, and R.G. Hussein, *Nurses' knowledge of legal liability in the clinical nursing practice*. J Nurs Health Sci, 2019. **8**: p. 72-9.
2. Winland-Brown, J., V.D. Lachman, and E.O.C. Swanson, *The new 'Code of ethics for nurses with interpretive statements' (2015): Practical clinical application, Part I*. Medsurg Nursing, 2015. **24**(4): p. 268.
3. Oyetunde, M.O. and B.A. Ofi, *Nurses' knowledge of legal aspects of nursing practice in Ibadan, Nigeria*. 2015.
4. Barloon, L.F., *Legal aspects of psychiatric nursing*. Nursing Clinics, 2003. **38**(1): p. 9-19.
5. Radzyminski, S., *Legal parameters of alternative-complementary modalities in nursing practice*. Nursing Clinics of North America, 2007. **42**(2): p. 189-212.
6. Johnstone, M.-J., *Nursing ethics and informed consent*. Australian Nursing Journal: ANJ, The, 2011. **19**(5): p. 29.
7. Topcu, E.T., E.E. Kazan, and E. Büken, *Healthcare Personnel's Knowledge and Management of Frequently Encountered Forensic Cases in Emergency Departments in Turkey*. Journal of Forensic Nursing, 2020. **16**(1): p. 29-35.
8. Deans, C., *The effectiveness of a training program for emergency department nurses in managing violent situations*. Australian Journal of Advanced Nursing, The, 2004. **21**(4): p. 17-22.
9. Søndergaard, S.F., et al., *The documentation practice of perioperative nurses: a literature review*. Journal of clinical nursing, 2017. **26**(13-14): p. 1757-1769.
10. Larsen, A.C., *Trappings of technology: casting palliative care nursing as legal relations*. Nursing Inquiry, 2012. **19**(4): p. 334-344.
11. Al-Breiki, M., *What influence nurses practice more: Law or ethics*. JOJ Nurse Health Care, 2017. **5**: p. 3-5.
12. Griffith, R., *Negligence and the standard of care in district nursing*. British Journal of Community Nursing, 2019. **24**(1): p. 35-37.
13. Gündoğmuş, Ü.N., E. Özkara, and S. Mete, *Nursing and midwifery malpractice in Turkey based on the higher health council records*. Nursing Ethics, 2004. **11**(5): p. 489-499.
14. Fordyce, J., et al., *Errors in a busy emergency department*. Annals of emergency medicine, 2003. **42**(3): p. 324-333.
15. Stamps, D.C., *The Relationship of Leadership Style and Horizontal Violence to Emergency Department Staff Nurse Retention*. 2010.
16. Aminuddina, W.M.W.M., et al., *Utilization of emergency department, UKM medical centre: pattern of patient*. Malay, 2016. **39**: p. 60.0.
17. Sartini, M., et al., *Overcrowding in Emergency Department: Causes, Consequences, and Solutions—A Narrative Review*. Healthcare, 2022. **10**(9): p. 1625.
18. Sabra, H.E. and E.K. Hossny, *Nursing Staff' Knowledge Regarding Legal and Ethical Responsibilities and its applications*. J. Nurs. Health Sci, 2020. **9**(3): p. 52-58.
19. Hunsaker, S., et al., *Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses*. Journal of nursing scholarship, 2015. **47**(2): p. 186-194.
20. Aiken, T.D., *Legal, ethical, and political issues in nursing*. Journal for Healthcare Quality, 2004. **26**(3): p. 56-57.
21. Butts, J.B. and K.L. Rich, *Nursing ethics: Across the curriculum and into practice*. 2022: Jones & Bartlett Learning.
22. Hall, M.A., et al., *Health Care Law and Ethics: [Connected EBook]*. 2024: Aspen Publishing.
23. Mills, A., et al., *Health system decentralization: concepts, issues and country experience*. 1990: World Health Organization.

24. Shaw, C.D., I. Kalo, and W.H. Organization, *A background for national quality policies in health systems*. 2002, Copenhagen: WHO Regional Office for Europe.
25. Aliakbari, F., et al., *Ethical and legal challenges associated with disaster nursing*. Nursing ethics, 2015. **22**(4): p. 493-503.
26. Choi, P.P., *Patient advocacy: the role of the nurse*. Nursing Standard (2014+), 2015. **29**(41): p. 52.
27. Buka, P., *Patients' rights, law and ethics for nurses*. 2014: CRC Press.
28. Douglas, M.K., et al., *Standards of practice for culturally competent nursing care: 2011 update*. Journal of Transcultural Nursing, 2011. **22**(4): p. 317-333.
29. Hafferty, F.W. and D.W. Light, *Professional dynamics and the changing nature of medical work*. Journal of health and social behavior, 1995: p. 132-153.
30. Benton, D.C., et al., *Acting in the public interest: Learnings and commentary on the occupational licensure literature*. Journal of Nursing Regulation, 2019. **10**(2): p. S1-S40.
31. McHale, J. and J. Tingle, *Law and Nursing E-Book: Law and Nursing E-Book*. 2007: Elsevier Health Sciences.
32. Hughes, R., *Patient safety and quality: An evidence-based handbook for nurses*. 2008.
33. Krom, C.L., *Disciplinary actions by state professional licensing boards: Are they fair?* Journal of Business Ethics, 2019. **158**(2): p. 567-583.
34. Qaseem, A., et al., *Guidelines International Network: toward international standards for clinical practice guidelines*. Annals of internal medicine, 2012. **156**(7): p. 525-531.
35. Lodge, M., *The importance of being modern: international benchmarking and national regulatory innovation*. Journal of European public policy, 2005. **12**(4): p. 649-667.
36. Sherwood, G.D. and F.A. Shaffer, *The role of internationally educated nurses in a quality, safe workforce*. Nursing outlook, 2014. **62**(1): p. 46-52.
37. Black, B., *Professional nursing-e-book: concepts & challenges*. 2022: Elsevier Health Sciences.
38. Brustin, S.L., *Legal Services Provisions through Multidisciplinary Practice-Encouraging Holistic Advocacy While Protecting Ethical Interests*. U. Colo. L. Rev., 2002. **73**: p. 787.
39. Zahedi, F., et al., *The code of ethics for nurses*. Iranian journal of public health, 2013. **42**(Supple1): p. 1.
40. Geiderman, J.M., J.C. Moskop, and A.R. Derse, *Privacy and confidentiality in emergency medicine: obligations and challenges*. Emergency Medicine Clinics, 2006. **24**(3): p. 633-656.
41. Gostin, L., *Health care information and the protection of personal privacy: ethical and legal considerations*. Annals of Internal Medicine, 1997. **127**(8_Part_2): p. 683-690.
42. Erichson, H.M., *Informal Aggregation: Procedural and Ethical Implications of Coordination Among Counsel in Related Lawsuits*. Duke LJ, 2000. **50**: p. 381.
43. Croke, E.M., *Nurses, Negligence, and Malpractice: An analysis based on more than 250 cases against nurses*. AJN The American Journal of Nursing, 2003. **103**(9): p. 54-63.
44. Gandhi, T.K., et al., *Missed and delayed diagnoses in the ambulatory setting: a study of closed malpractice claims*. Annals of internal medicine, 2006. **145**(7): p. 488-496.
45. Bennett, R.G., et al., *The increasing medical malpractice risk related to pressure ulcers in the United States*. Journal of the American Geriatrics Society, 2000. **48**(1): p. 73-81.
46. Nyaba, R., *An Audit of Nurses' Clinical Documentation Practices; the Case of Baptist Medical Centre, Nalerigu*. 2021, University of Cape Coast.
47. Scott, R.W., *Legal, ethical, and practical aspects of patient care documentation: A guide for rehabilitation professionals*. 2013: Jones & Bartlett Publishers.
48. Dion, X., *Record keeping and nurse prescribing: an issue of concern?* British Journal of Community Nursing, 2001. **6**(4): p. 193-198.
49. Bradshaw, K.M., *An Efficient Standardized Method of Maintaining Quality Assurance in Therapeutic Treatment Record Keeping*. 2014.

50. Veenema, T.G., *Disaster nursing and emergency preparedness*. 2018: Springer Publishing Company.
51. Minna, K., *Participation in Continuing Professional Education of Emergency Room Nurses in Finland: What Influences Motivation?* 2019.
52. Benner, P., C.A. Tanner, and C.A. Chesla, *Expertise in nursing practice: Caring, clinical judgment, and ethics*. 2009: Springer Publishing Company.
53. Poikkeus, T., *Support for nurses' ethical competence– organizational and individual support by nurse leaders*. Turku: Faculty of Medicine, Department of Nursing Science, University of Turku, 2019.
54. Berg, J.W., et al., *Informed consent: legal theory and clinical practice*. 2001: Oxford University Press.
55. Singh, A. and M. Mathuray, *The nursing profession in South Africa–Are nurses adequately informed about the law and their legal responsibilities when administering health care?* De Jure, 2018. **51**(1): p. 122-139.
56. Abbasinia, M., F. Ahmadi, and A. Kazemnejad, *Patient advocacy in nursing: A concept analysis*. Nursing ethics, 2020. **27**(1): p. 141-151.
57. LaSala, C.A., *Creating workplace environments that support moral courage*. Online Journal of Issues in Nursing, 2010. **15**(3): p. 1F.
58. Contino, D.S., *Leadership competencies: knowledge, skills, and aptitudes nurses need to lead organizations effectively*. Critical Care Nurse, 2004. **24**(3): p. 52-64.
59. Madden, E. and C. Condon, *Emergency nurses' current practices and understanding of family presence during CPR*. Journal of Emergency Nursing, 2007. **33**(5): p. 433-440.
60. Burke, T.F., *Lawyers, lawsuits, and legal rights: The battle over litigation in American society*. 2002: Univ of California Press.
61. Association, E.N., *Sheehy's emergency nursing: Principles and practice*. 2019: Elsevier Health Sciences.
62. van der Weijden, T., et al., *How to integrate individual patient values and preferences in clinical practice guidelines? A research protocol*. Implementation Science, 2010. **5**: p. 1-9.
63. Logan, D.R., *Visiting Nurses' Knowledge, Attitudes and Beliefs Regarding Telehealth to Promote Medication Compliance in the Elderly Population*. 2023, Seton Hall University.
64. Melincavage, S.M., *Student nurses' experiences of anxiety in the clinical setting*. Nurse education today, 2011. **31**(8): p. 785-789.
65. Race, T.K. and J. Skees, *Changing tides: Improving outcomes through mentorship on all levels of nursing*. Critical care nursing quarterly, 2010. **33**(2): p. 163-174.
66. Ellis, J.R. and C.L. Hartley, *Nursing in today's world: trends, issues & management*. 2004: Lippincott Williams & Wilkins.
67. Safriet, B.J., *Federal options for maximizing the value of advanced practice nurses in providing quality, cost-effective health care*. The future of nursing: leading change, advancing health. Washington, DC: Institute of Medicine, 2011: p. 443-75.
68. Institute, C.o.P.a.C.H.C.P.E., *Redesigning continuing education in the health professions*. 2010: National Academies Press.
69. Baeten, M., F. Dochy, and K. Struyven, *Using students' motivational and learning profiles in investigating their perceptions and achievement in case-based and lecture-based learning environments*. Educational Studies, 2012. **38**(5): p. 491-506.
70. Guido, G.W., *Legal and ethical issues*. Leading and Managing in Nursing-E-Book: Leading and Managing in Nursing-E-Book, 2014: p. 70.
71. Tappen, R.M., *Advanced nursing research: From theory to practice*. 2022: Jones & Bartlett Learning.
72. Ogston-Tuck, S., *Legal issues that impact on nursing practice*. Foundations of Nursing Practice: Fundamentals of Holistic Care, 2013: p. 125.

73. Zeitzer, M.B., *Ethical issues and decision making related to resuscitation of severely injured patients: Perceptions of emergency department nurses*. 2009: University of Pennsylvania.
74. Seiden, S., C. Galvan, and R. Lamm, *Role of medical students in preventing patient harm and enhancing patient safety*. BMJ Quality & Safety, 2006. **15**(4): p. 272-276.
75. Caulfield, R., et al., *Factors preceding occupational distress in emergency nurses: An integrative review*. Journal of clinical nursing, 2023. **32**(13-14): p. 3341-3360.
76. Stewart, M.W., et al., *Civil plaintiffs, trauma, and stress in the legal system*. Stress, trauma, and wellbeing in the legal system, 2013: p. 123-147.
77. Yun, I., E. Hwang, and J. Lynch, *Police stressors, job satisfaction, burnout, and turnover intention among South Korean police officers*. Asian journal of criminology, 2015. **10**: p. 23-41.
78. Hopkin, P., *Fundamentals of risk management: understanding, evaluating and implementing effective risk management*. 2018: Kogan Page Publishers.
79. Marchetti, A.M., *Enterprise risk management best practices: From assessment to ongoing compliance*. 2011: John Wiley & Sons.
80. Leape, L., et al., *Transforming healthcare: a safety imperative*. BMJ Quality & Safety, 2009. **18**(6): p. 424-428.
81. Kuhn, A.-M. and B.J. Youngberg, *The need for risk management to evolve to assure a culture of safety*. BMJ Quality & Safety, 2002. **11**(2): p. 158-162.
82. Iserson, K.V., *Ethical principles—emergency medicine*. Emergency Medicine Clinics, 2006. **24**(3): p. 513-545.
83. Gjerberg, E., et al., *Ethical challenges in the provision of end-of-life care in Norwegian nursing homes*. Social science & medicine, 2010. **71**(4): p. 677-684.
84. Grace, P.J., *Professional advocacy: widening the scope of accountability*. Nursing Philosophy, 2001. **2**(2): p. 151-162.
85. Beauvais, A.M., *Leadership and management competence in nursing practice: Competencies, skills, decision-making*. 2018: Springer Publishing Company.
86. Fouka, G. and M. Mantzorou, *What are the major ethical issues in conducting research? Is there a conflict between the research ethics and the nature of nursing?* Health science journal, 2011. **5**(1): p. 3.
87. Suhonen, R., et al., *Ethical elements in priority setting in nursing care: A scoping review*. International journal of nursing studies, 2018. **88**: p. 25-42.
88. Towsley-Cook, D.M. and T.A. Young, *Ethical and legal issues for imaging professionals*. 2007: Elsevier Health Sciences.
89. Ulrich, C.M., et al., *Everyday ethics: ethical issues and stress in nursing practice*. Journal of advanced nursing, 2010. **66**(11): p. 2510-2519.
90. Keatings, M., *Ethical and Legal Issues in Canadian Nursing-E-Book*. 2016: Elsevier Health Sciences.
91. Carvalho, S., M. Reeves, and J. Orford, *Fundamental Aspects of Legal*. Vol. 19. 2012: Andrews UK Limited.
92. Mello, M.M., et al., *Legal barriers to the growth of health information exchange—boulders or pebbles?* The Milbank Quarterly, 2018. **96**(1): p. 110-143.
93. Reiter III, C.E., J.W. Pichert, and G.B. Hickson, *Addressing behavior and performance issues that threaten quality and patient safety: What your attorneys want you to know*. Progress in Pediatric Cardiology, 2012. **33**(1): p. 37-45.
94. Covello, V.T., *Communicating in risk, crisis, and high stress situations: evidence-based strategies and practice*. 2021: John Wiley & Sons.
95. Makwakwa, M., *The Role of Trade Unions in Nursing as a Caring Profession*. 2022, University of Johannesburg.
96. Mason, D.J., et al., *Policy & Politics in Nursing and Health Care-E-Book: Policy & Politics in Nursing and Health Care-E-Book*. 2020: Elsevier Health Sciences.

97. Adib Hajbaghery, M. and M. Salsali, *A model for empowerment of nursing in Iran*. BMC health services research, 2005. **5**: p. 1-11.
98. Breda, K.L., *Professional nurses in unions: working together pays off*. Journal of Professional Nursing, 1997. **13**(2): p. 99-109.
99. Bekbolatova, M., et al. *Transformative potential of AI in Healthcare: definitions, applications, and navigating the ethical Landscape and Public perspectives*. in *Healthcare*. 2024. MDPI.
100. Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, a.t.l.o.M., *The future of nursing: Leading change, advancing health*. 2011: National Academies Press.
101. Krantz, S. and M. Millemann, *Legal education in transition: trends and their implications*. Neb. L. Rev., 2015. **94**: p. 1.
102. Kapoor, A., A. Pandey, and E. Rose, *Virtual Learning and Legal Education Emerging Trends, Adaptability, and Effectiveness*, in *Architecture and Technological Advancements of Education 4.0*. 2024, IGI Global. p. 25-48.
103. Webb, L., et al., *The utility and impact of information communication technology (ICT) for pre-registration nurse education: A narrative synthesis systematic review*. Nurse Education Today, 2017. **48**: p. 160-171.
104. Golaghaie, F., et al., *Integrating case-based learning with collective reflection: outcomes of inter-professional continuing education*. Reflective Practice, 2019. **20**(1): p. 42-55.
105. Rimal, H., *Knowledge and attitude regarding legal and ethical aspects in nursing among nurses in a tertiary care teaching hospital, Nepal*. Journal of Patan Academy of Health Sciences, 2020. **7**(3): p. 104-112.
106. Mojarad, F.A., et al., *Knowledge, attitudes, and practices toward legal issues among iranian nurses*. Journal of Nursing and Midwifery Sciences, 2022. **9**(4): p. 324-330.
107. Mahmoud Farhat, A.A., S. Ghandour, and H.A. Mohamed, *Nurses' Perception Regarding Legal Aspects Liabilities at Port Said General Hospitals*. Port Said Scientific Journal of Nursing, 2023. **10**(2): p. 114-137.
108. Taber, K.S., *The use of Cronbach's alpha when developing and reporting research instruments in science education*. Research in science education, 2018. **48**: p. 1273-1296.
109. Ghोजazadeh, M., et al., *A systematic review on barriers, facilities, knowledge and attitude toward evidence-based medicine in Iran*. Journal of Analytical Research in Clinical Medicine, 2015. **3**(1): p. 1-11.
110. AlBedah, A.M., A.T. El-Olemy, and M.K. Khalil, *Knowledge and attitude of health professionals in the Riyadh region, Saudi Arabia, toward complementary and alternative medicine*. Journal of family and community medicine, 2012. **19**(2): p. 93-99.
111. Kowitlawkul, Y., et al., *Investigating nurses' quality of life and work-life balance statuses in Singapore*. International nursing review, 2019. **66**(1): p. 61-69.
112. Montayre, J., J. Montayre, and E. Holroyd, *The global Filipino nurse: An integrative review of Filipino nurses' work experiences*. Journal of nursing management, 2018. **26**(4): p. 338-347.
113. Robson, A. and F. Robson, *Do nurses wish to continue working for the UK National Health Service? A comparative study of three generations of nurses*. Journal of Advanced Nursing, 2015. **71**(1): p. 65-77.
114. Riad, A., et al., *Prevalence and risk factors of CoronaVac side effects: an independent cross-sectional study among healthcare workers in Turkey*. Journal of clinical medicine, 2021. **10**(12): p. 2629.
115. Qattan, A.M., et al., *Acceptability of a COVID-19 vaccine among healthcare workers in the Kingdom of Saudi Arabia*. Frontiers in medicine, 2021. **8**: p. 644300.

116. Suleiman, K., et al., *Quality of nursing work life and related factors among emergency nurses in Jordan*. Journal of occupational health, 2019. **61**(5): p. 398-406.
117. Durmuş, S., D. Ekici, and A. Yildirim, *The level of collaboration amongst nurses in Turkey*. International nursing review, 2018. **65**(3): p. 450-458.
118. Oates, J., J. Jones, and N. Drey, *Subjective well-being of mental health nurses in the United Kingdom: Results of an online survey*. International Journal of Mental Health Nursing, 2017. **26**(4): p. 391-401.
119. Parry, G., A. Saraswat, and A. Thompson, *Sub-bachelor higher education in the United Kingdom*. Quality Assurance Agency, 2017.
120. Bernstein, C.N., et al., *The epidemiology of inflammatory bowel disease in Canada: a population-based study*. Official journal of the American College of Gastroenterology | ACG, 2006. **101**(7): p. 1559-1568.
121. Heywood, T. and C. Laurence, *An overview of the general practice nurse workforce in Australia, 2012–15*. Australian Journal of Primary Health, 2018. **24**(3): p. 227-232.
122. Wolf, L.A., et al., *Triaging the emergency department, not the patient: United States emergency nurses' experience of the triage process*. Journal of emergency nursing, 2018. **44**(3): p. 258-266.
123. Enns, C.L. and J.-A.V. Sawatzky, *Emergency nurses' perspectives: Factors affecting caring*. Journal of Emergency Nursing, 2016. **42**(3): p. 240-245.
124. Lasebikan, V.O. and M.O. Oyetunde, *Burnout among nurses in a Nigerian general hospital: prevalence and associated factors*. International Scholarly Research Notices, 2012. **2012**(1): p. 402157.
125. Zeydi, A.E., et al., *Knowledge, attitude, and practice of Iranian nurses towards pressure ulcer prevention: a systematic review*. Journal of Tissue Viability, 2022. **31**(3): p. 444-452.
126. Ruesch, A.L., *Exploring an educational assessment tool to measure registered nurses' knowledge of hearing impairment and effective communication strategies: A USA study*. Nurse education in practice, 2018. **28**: p. 144-149.
127. Gandhi, S., et al., *Knowledge and perceptions of Indian primary care nurses towards mental illness*. Investigacion y educacion en enfermeria, 2019. **37**(1): p. 50-59.
128. Rezaei, S., et al., *Prevalence of burnout among nurses in Iran: A systematic review and meta-analysis*. International nursing review, 2018. **65**(3): p. 361-369.
129. Xu, Y., A. Gutierrez, and S.H. Kim, *Adaptation and transformation through (un) learning: lived experiences of immigrant Chinese nurses in US healthcare environment*. Advances in Nursing Science, 2008. **31**(2): p. E33-E47.
130. Medves, J., et al., *Supporting rural nurses: Skills and knowledge to practice in Ontario, Canada*. Online Journal of Rural Nursing and Health Care, 2015. **15**(1): p. 7-41.
131. Adinma, E., et al., *Knowledge and perception of the Nigerian Abortion Law by abortion seekers in south-eastern Nigeria*. Journal of Obstetrics and Gynaecology, 2011. **31**(8): p. 763-766.
132. Chouhan, V.K., *Protection of traditional knowledge in India by patent: legal aspect*. J Humanit Soc Sci, 2012. **3**(1).
133. Mousaviasl, S., et al., *Comparison between the professional behavior of nursing students and employed nurses*. Journal of Advanced Pharmacy Education and Research, 2019. **9**(2-2019): p. 173-177.
134. Weiner, E., et al., *Emergency preparedness curriculum in nursing schools in the United States*. Nursing Education Perspectives, 2005. **26**(6): p. 334-339.
135. Jezewski, M.A., et al. *Oncology nurses' knowledge, attitudes, and experiences regarding advance directives*. in *Oncology Nursing Forum-Oncology Nursing Society*. 2005. [Pittsburgh, PA, etc.] Oncology Nursing Society.

136. Lebel, K., et al., *The status of diversity in Canadian radiology—where we stand and what can we do about it*. Canadian Association of Radiologists Journal, 2021. **72**(4): p. 701-709.
137. Eren, N., *Nurses' attitudes toward ethical issues in psychiatric inpatient settings*. Nursing ethics, 2014. **21**(3): p. 359-373.
138. Ghazanfari, M.J., et al., *Knowledge, attitude, and practice of Iranian critical care nurses related to prevention of pressure ulcers: a multicenter cross-sectional study*. Journal of tissue viability, 2022. **31**(2): p. 326-331.
139. Rezaei, S., et al., *Emergency nurses' attitudes toward interprofessional collaboration and teamwork and their affecting factors: A cross-sectional study*. Nursing and Midwifery Studies, 2021. **10**(3): p. 173-180.
140. Aluko, O.O., et al., *Knowledge, attitudes and perceptions of occupational hazards and safety practices in Nigerian healthcare workers*. BMC research notes, 2016. **9**: p. 1-14.
141. Jaggi, P. and Z. Saleem, *Ageing population of Urban India & psychological well-being issues*. International Journal of Social Sciences, 2020. **9**(3): p. 169-184.
142. Shohani, M. and V. Zamanzadeh, *Nurses' attitude towards professionalization and factors influencing it*. Journal of caring sciences, 2017. **6**(4): p. 345.
143. Cayetano-Penman, J., G. Malik, and D. Whittall, *Nurses' perceptions and attitudes about euthanasia: a scoping review*. Journal of Holistic Nursing, 2021. **39**(1): p. 66-84.
144. Ajisegiri, W.S., et al., *Palliative care for people living with HIV/AIDS: Factors influencing healthcare workers' knowledge, attitude and practice in public health facilities, Abuja, Nigeria*. PLoS One, 2019. **14**(12): p. e0207499.
145. Moosavi, S., F. Borhani, and M. Mohsenpour, *Ethical attitudes of nursing students at Shahid Beheshti University of Medical Sciences, Iran*. Indian J Med Ethics, 2017. **2**(1): p. 14-19.
146. de Montigny, F., et al., *Professionals' positive perceptions of fathers are associated with more favourable attitudes towards including them in family interventions*. Acta Paediatrica, 2017. **106**(12): p. 1945-1951.
147. Shacklock, K. and Y. Brunetto, *The intention to continue nursing: work variables affecting three nurse generations in Australia*. Journal of advanced nursing, 2012. **68**(1): p. 36-46.
148. Campo, T., et al., *Nurse practitioners performing procedures with confidence and independence in the emergency care setting*. Advanced Emergency Nursing Journal, 2008. **30**(2): p. 153-170.
149. Feringa, M., H. De Swardt, and Y. Havenga, *Registered nurses' knowledge, attitude, practice and regulation regarding their scope of practice: A literature review*. International journal of Africa nursing sciences, 2018. **8**: p. 87-97.

Appendix

Assessment the Knowledge and Attitude of Emergency Nurses regarding work-related legal issues in Selected Hospitals of Erbil, 2023-2024.

Questionnaire

Our questionnaire is divided into two parts, sociodemographic characteristics of the nurses, general questions about the knowledge and Attitude of Emergency Nurses regarding work-related legal issues. The purpose of this study is to analyze the level of knowledge, attitudes, and the extent of nurses' involvement in legal issues in the context of emergency nursing in Erbil.

Code

Name of the Hospital

Part Sociodemographic characteristics

Section one: Sociodemographic characteristics of nurses

X1: Age:

X2: Gender:

1. Male ☐ 2. Female ☐

X3: Marital status:

1. Single ☐ 2. Married ☐ 3. Divorced ☐

X4: Highest Educational Qualification:

1. ☐ High School Diploma 2. ☐ Bachelor's Degree ☐ 3. Master's Degree

4. ☐ Doctorate 5. Other (please specify):

X5: Current Employment Status:

1. ☐ Full-time 2. ☐ Part-time 3. ☐ Not employed

4. ☐ student 5. ☐ Retired 6. Other (please specify):

X6: Nurses' experiences in the emergency department:

1. ☐ 6 months -1 year 2. ☐ 1-5 years 3. ☐ 5-10 years 4. ☐
More than 10 years

X7: Experiences of nurses in other departments:

1. ☐ Less than 1 year 2. ☐ 1-5 years 3. ☐ 5-10 years 4. ☐
More than 10 years

Part 2: Emergency Nursing Legal Issues Assessment Scale (ENLIAS)

Please indicate your response by marking 'X' in the appropriate column.

No	Question Text	Yes	No
1.	Have you ever experienced a situation where you were unsure about the legality of your actions while working in the emergency department?		
2.	Do you believe that the current legal guidelines and regulations adequately support nurses in their daily tasks in the emergency ward?		
3.	Have you ever been involved in a patient complaint or legal dispute related to your work in the emergency department?		
4.	Do you receive regular training and updates on legal issues relevant to your nursing practice in the emergency department?		
5.	Are you aware of any legal protection or policies in place to safeguard nurses in your emergency department from		

	potential legal issues?		
6.	Have you ever witnessed a colleague facing legal consequences for their actions or decisions made in the emergency department?		
7.	Do you feel confident in your knowledge of the legal rights and responsibilities of nurses in the emergency ward?		
8.	Are there clear protocols and procedures in your hospital for reporting and addressing legal concerns or incidents that occur in the emergency department?		
9.	Have you ever had to provide testimony in a legal case related to your work in the emergency department?		
10.	Do you think there is a need for additional legal support or resources to assist nurses in addressing potential legal challenges in the emergency ward?		
11.	Have you ever encountered a situation in the emergency department where patient consent became a legal concern?		
12.	Are there established procedures for documenting patient care and incidents in the emergency department to address potential legal issues?		
13.	Do you think that legal challenges in the emergency department affect the quality of patient care?		
14.	Have you received training on patient confidentiality and data protection as it relates to legal requirements in the emergency department?		
15.	Are you aware of any legal limitations on your scope of practice as a nurse in the emergency ward?		
16.	Have you ever faced difficulties in obtaining necessary medical records or information due to legal restrictions?		
17.	Do you believe that staffing levels in the emergency		

	department impact the likelihood of legal issues arising?		
18.	Have you encountered challenges related to informed consent when treating minors in the emergency department?		
19.	Do you feel adequately supported by hospital administration in addressing legal issues that arise during your work in the emergency department?		
20.	Have you ever had concerns about the liability associated with providing care in high-pressure situations in the emergency ward?		
21.	Do you think that legal concerns in the emergency department can lead to increased stress?		
22.	Have you had to engage in conflict resolution related to legal matters with patients or their families while working in the emergency ward?		
23.	Are you familiar with the specific legal requirements for reporting certain types of incidents or conditions in the emergency department?		
24.	Do you believe that there is adequate legal protection in place for nurses who report unsafe conditions or practices in the emergency ward?		
25.	Have you ever been involved in a case where patient advocacy conflicted with legal or hospital policies in the emergency department?		
26.	Do you think that more legal education and training for nurses could reduce the risk of legal issues in the emergency department?		
27.	Have you witnessed any instances of patient non-compliance with medical advice leading to legal concerns in the emergency department?		

28.	Are there established channels for nurses to seek legal advice or guidance when facing complex legal situations in the emergency ward?		
29.	Have you ever been involved in a situation where you had to make a life-saving decision without clear legal guidance in the emergency department?		
30.	Do you think that legal challenges in the emergency department affect the morale and job satisfaction of nursing staff?		
31.	Have you ever faced challenges related to the management of controlled substances in the emergency department that had legal implications?		
32.	Do you believe that there is sufficient legal protection for nurses who advocate for patient safety in the emergency ward?		
33.	Have you encountered difficulties in obtaining legal representation or support when facing legal challenges related to your work in the emergency department?		
34.	Are there clear protocols for reporting adverse events or medical errors in the emergency department to address potential legal consequences?		
35.	Have you ever had to navigate conflicts between your ethical responsibilities as a nurse and the legal requirements in the emergency ward?		
36.	Do you think that the current legal framework adequately addresses emerging healthcare technologies and their use in the emergency department?		
37.	Have you received training on handling medical records and documentation to meet legal standards in the emergency department?		

38.	Are there established mechanisms for nurses to report concerns about colleagues' competence or conduct that could have legal implications in the emergency ward?		
39.	Have you been involved in cases where cultural or language differences led to legal challenges in patient care in the emergency department?		
40.	Do you believe that legal considerations impact the decision-making process for discharging patients from the emergency department?		
41.	Have you ever encountered issues related to reimbursement that have impacted patient care in the emergency department?		
42.	Are there clear guidelines on the use of restraints and seclusion in the emergency department to prevent legal issues?		
43.	Have you ever been asked to testify as an expert witness in a legal case related to your work in the emergency ward?		
44.	Do you believe that the legal issues of nursing in the emergency department have evolved over the years?		
45.	Have you experienced challenges in obtaining consent from patients who were under the influence of substances, which had legal implications?		
46.	Are there legal protections in place for nurses who refuse to perform actions that they believe are ethically or legally questionable in the emergency ward?		
47.	Have you ever faced issues related to patient privacy and confidentiality in the context of telemedicine or electronic health records in the emergency department?		
48.	Do you believe that nurses receive adequate support and resources to address legal concerns in the emergency ward?		

49.	Have you encountered legal challenges related to the allocation of limited resources, such as ventilators or medications, in the emergency department?		
50.	Do you think that ongoing legal education and training should be a mandatory requirement for nurses in the emergency ward?		



Tehran University of Medical
Sciences



School of Nursing and Midwifery
& Rehabilitation - Tehran
University of Medical Sciences

Research Ethics Committees Certificate

Approval ID:	IR.TUMS.FNM.REC.1402.185	Approval Date:	2023-12-16
Evaluated by:	Research Ethics Committees of School of Nursing and Midwifery & Rehabilitation - Tehran University of Medical Sciences		
Status:	Approved		
Approval Statement:	The project was found to be in accordance to the ethical principles and the national norms and standards for conducting Medical Research in Iran. Notice: 1. Although the proposal has been approved by the Biomedical Research Ethics Committee, meeting the professional and legal requirements is the sole responsibility of the PI and other project collaborators. 2. This certificate is reliant on the proposal/documents received by this committee on 2023-12-16. The committee must be notified by the PI as soon as the proposal/documents are modified. 3. Other Comments: • The researcher is required to notify any changes in the approved proposal (such as changes in the title of the research, the names of the principal investigator and collaborators, the methodology and other parts of the proposal) to the Research Ethics Committee and obtain approval.		
Thesis Title:	Assessment the knowledge and Attitude of Emergency Nurses regarding work-related legal issues in selected Hospitals of Erbil, 2023-2024.		
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To whom it may concern

LETTER NUMBER

DATE: 23 /12/2023

Dear Sir/Madam,

I am pleased to inform you that **Mr. Hardi Abdulqadir Hasan** is studying at the international campus of TUMS in Medical-Surgical Nursing (MSc level), and the title of his thesis is, *"Assessment the knowledge and Attitude of Emergency Nurses regarding work-related legal issues in selected Hospitals of Erbil, 2023-2024."*

Based on the approval made by the research committee of *TUMS School of Nursing & Midwifery* and *TUMS Ethical committee* (code number: **IR.TUMS.FNM.REC.1402.185**), I request you to assist him with data collection for his thesis.

I need to emphasize that the collected data will be used for academic and research purpose only and will remain confidential.

Sincerely yours,

Dr. Mehrnaz Geranmayeh, PhD

Vice Dean research of research

School of Nursing and Midwifery

Tehran University of Medical Sciences



چکیده:

زمینه و هدف: در اربیل، عراق، پرستاران اورژانس به طور مکرر با مسائل قانونی پیچیده ای در عملکرد حرفه ای خود مواجه می شوند که بر دانش، نگرش و برخورد آنها با مسائل قانونی تأثیر می گذارد. این مطالعه با هدف بررسی سطح دانش قانونی، نگرش نسبت به مسائل قانونی و میزان برخورد قانونی در بین پرستاران اورژانس اربیل انجام شد.

روش کار: این مطالعه مقطعی از اول ژانویه تا پنجم فوریه 2024 در هشت بیمارستان بزرگ دولتی شهر اربیل عراق انجام شد. برای جمع آوری داده ها از روش نمونه گیری در دسترس و با استفاده از یک پرسشنامه جامع استفاده شد. این پرسشنامه شامل اطلاعات دموگرافیک و مقیاس ارزیابی مسائل قانونی پرستاری اضطراری (ENLIAS) بود که دانش قانونی، نگرش نسبت به مسائل قانونی و تداخل با مسائل قانونی را اندازه گیری می کرد. تجزیه و تحلیل آماری با استفاده از Stata نسخه 12 (Stata Corp LLC)، College Station، TX انجام شد با استفاده از تجزیه و تحلیل همبستگی پیرسون و رگرسیون خطی چندگانه ارزیابی همبستگی بین دانش، نگرش، و متغیرهای جمعیت شناختی در موارد قانونی انجام شد.

یافته ها: در مجموع 254 پرستار اورژانس در مطالعه شرکت کردند. میانگین نمره دانش قانونی $3/25 \pm 6/00$ بود که نشان دهنده سطح آگاهی متوسط است. میانگین نمره نگرش نسبت به مسائل قانونی $2/08 \pm 5/35$ بود که نشان دهنده سطح متوسط بود. میانگین امتیاز مداخله در مسائل قانونی $5/16 \pm 24/69$ بود که نشان دهنده ارتباط متوسط است. همبستگی مثبت و معناداری بین دانش قانونی و نگرش خوب وجود داشت ($r = 0.47$)، ($p < 0.001$)، که نشان می دهد دانش قانونی بالاتر با نگرش مثبت تر نسبت به مسائل قانونی همراه است.

نتیجه گیری: این مطالعه نشان داد که پرستاران اورژانس شهر اربیل عراق از دانش قانونی و نگرش متوسطی نسبت به امور قانونی در حرفه برخوردارند. سیاست گذاران و ارائه دهندگان مراقبت های سلامت باید مداخلات آموزشی هدفمند را برای افزایش سواد قانونی و حمایت از پرستاران در مدیریت موثر مسائل قانونی و در نهایت بهبود مراقبت از بیمار و کاهش خطرات قانونی ایجاد کنند.

کلمات کلیدی

پرستاری اورژانس، دانش قانونی، دانش سلامت، نگرش، سیاست سلامت



دانشگاه علوم پزشکی تهران
پردیس بین المللی
دانشکده پرستاری و مامایی

عنوان:

ارزیابی آگاهی و نگرش پرستاران شاغل در بخش اورژانس نسبت به مسائل قانونی
مرتبط با کار در بیمارستان های شهر اربیل 2023-2024.

"پایان نامه ای که به عنوان تحقق بخشی از نیاز برای کارشناسی ارشد ارائه شده
است

مدرک کارشناسی ارشد

در

پرستاری داخلی - جراحی

نگارنده:

هه ردی عبدالقادر حسن

استاد راهنما:

پروفسور علیرضا نیکبخت نصرآبادی

تهران، ایران 2023 - 2024