International Journal of Advanced Psychiatric Nursing

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An exploratory study to assess the knowledge regarding legal responsibilities in nursing care of mentally ill among B.Sc. nursing final year students in selected colleges of Bhilai (Chhattisgarh)

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Abstract
Introduction: A legal responsibility in nursing practice means the way in which you are obligated to obey the law & ethics in professional activities. The low is the final authority for regulating activities of all citizens including professional practitioner. Many of lawsuits against nurses fall into the scope of negligence.
Objectives: The study is to assess the level of knowledge regarding legal responsibilities in nursing care of mentally ill among B. Sc. nursing final year students. Other objectives were to find out the association of knowledge regarding legal responsibilities in nursing care of mentally ill with selected socio demographic variables, and to prepare and give a structured information booklet regarding legal responsibilities in nursing care of mentally ill.
Methods and Materials: To attain the goal 100 sample was recruited from B. Sc. nursing final year student nurses studying in selected colleges through purposive sampling technique. Self-structured questionnaire was developed regarding legal responsibilities in nursing care of mentally ill among B.Sc. nursing final year student nurses studying in selected colleges of Bhilai.
Result: The result of this study shows that overall level of knowledge of legal responsibilities regarding nursing care of mentally ill among B. Sc. nursing final year students ie. 86% of the nursing students are having average knowledge and 14% of them are having good knowledge and none of them are having poor/excellent knowledge score.
Conclusion: The present study conclude that the group of B.Sc. nursing final year students of colleges of Bhilai are having more knowledge of nursing practice than other domains.

Keywords: Knowledge, legal responsibilities, mentally ill, nursing care

Introduction

Laws are changing constantly to reflect changes in society, changes in the delivery of the healthcare, advancement in medical science & technology, political involvement better awareness of community etc. therefore the role of the nurses and the ethical dilemmas associated with client care have increased and after becomes legal issues. Nurses have to abide by laws and regulations when practicing nursing. All of the regulations and legal aspects of nursing are taught and explained to nurses throughout nursing school. Not abiding by the code of ethics could cost the nurse his or her nursing license and result in a malpractice suit. A nurse has the legal responsibility to be the advocate for the patient in all health care instance, including emergencies. The nurse will be the liaison between the physician and the patient. The nurse has the legal duty to monitor the patient and watch for any abnormalities or complications that may occur. If any occur, the nurse must access a physician to provide immediate care for the patient. WHO provides support to countries in developing and implementing progressive mental health laws that promote and protect the rights of people with mental disorder, through direct technical assistance to countries, regional and national training workshops, and distance learning programmes, WHO provides technical information and training on international human rights standards related to the rights of people with mental disorders, as well as guidance on steps required to assess, development progressive mental health law.

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Need of the study

Daily new legal updates are coming up, so nurses have to keep themselves updated to avoid litigation. As a nurse, investigator encountered the problems faced by student nurses due to lack of knowledge in these areas. So the investigator felt the need to conduct this study to empower the nurses to perform their advocacy role for patient and their family. Recommended that neglect is more common among staff nurses in psychiatric hospitals and need in – service education for students and staff nurse in his study "knowledge assessment on selected psychotropic drugs among staff nurses working at NIMHANS Bangalore & Human rights implications". Also recommended that urban community needs education through frequent mental health campaigns and disseminating information regarding mental illness.

Conceptual framework

The conceptual framework formalizes the thinking process, so that others may read & know the forms of reference basis to research problem. It deals with elements that are assembled by virtue of their relevance to a common theme. Conceptual framework helps to think, observe, and interpret & to adopt strategies for research. Modified conceptual frame work based on systems theory by Van Ludwig Bertanlanffy was used in the study.

Assumption

In this study the assumption was that the B.Sc. nursing final year students have limited knowledge regarding legal responsibilities in nursing care of mentally ill, and lack of knowledge regarding legal responsibilities in nursing care of mentally ill can increase the nurses to become a victim of legal issues.

Methodology

A non-experimental exploratory research design was found to be effective for the present study. In this study the target population was consist of B. Sc. nursing final year student nurses studying in selected colleges of Bhilai. The sampling technique used in this study was purposive sampling technique. Samples were consist of 100 B. Sc. nursing final year student nurses. There are 60 Self-structured questionnaire was developed regarding legal responsibilities in nursing care of mentally ill. The content validity of tool was established in consultation with guide and experts from field of psychiatric department, suggestions of the experts were considered and changes were made accordingly. The collected data was coded, tabulated and analyzed by using descriptive statistics (mean, percentage, standard deviation) and coefficient correlation to find out the association between the demographic variables and knowledge score.

Research approach

An exploratory research approach was considered appropriate for the present study as it is aimed to assess the knowledge of student nurses regarding legal responsibilities in nursing care of mentally ill among B. Sc. Nursing final year students.

Results

The result of this study shows that overall level of knowledge of legal responsibilities regarding nursing care of mentally ill among B. Sc. nursing final year students i.e.

86% of the nursing students are having average knowledge and 14% of them are having good knowledge and none of them are having poor/excellent knowledge score.

Statistical analyses

Analysis and interpretation were based on the responses of the subjects to items in questionnaire. The data was entered in a master sheet then analyzed and interpreted using descriptive and inferential statistics. In order to achieve the above objectives the analysis of the data was organized and presented in different sections. Like description of sample characteristics based on frequency and percentage, assessment of knowledge score regarding legal responsibilities in nursing care of mentally ill, and association between the knowledge score regarding legal responsibilities in nursing care of mentally ill with selected socio – demographic variable.

Table 1: Percentage distribution of subjects according to Age

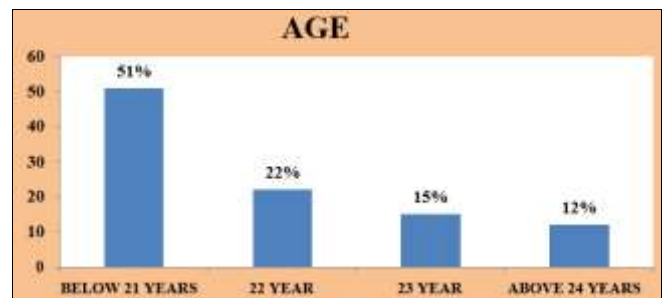| S. No.	Age (In years)	N = 100	
		Frequency (f)	Percentage (%)
1.	Below 21	51	51%
2.	22	22	22%
3.	23	15	15%
4.	Above 24	12	12%
	Total	100	100

Fig 1: Clustered column diagram showing the percentage distribution subjects according to age.

Table 1.1, It shows that majority of students 51 (51%) belongs to the age group below 21 years of age, 22 (22%) belongs to age group 22 years of age, and 15 (15%) were belongs to 23 years and above 24 years of age 12 (12%).

Table 2: Percentage distribution of subjects according to Gender

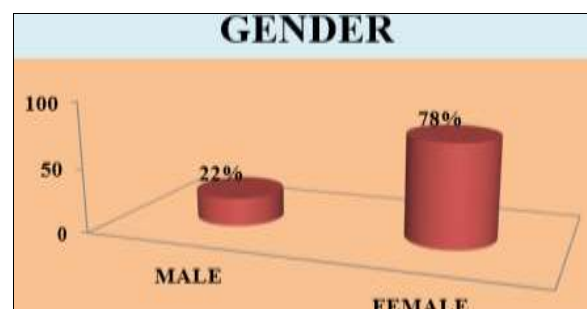| S. No.	Gender	N = 100	
		Frequency (f)	Percentage (%)
1.	Male	22	22%
2.	Female	78	78%
	Total	100	100

Fig 2: Clustered column diagram showing the percentage distribution of subjects according to Gender.

Table 1.2, It shows that majority of students 78 (78%) were female and 22 (22%) were male.

Table 3: Percentage distribution of subjects according to Marital Status

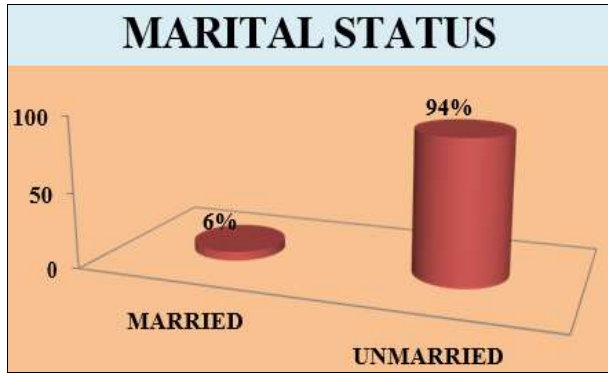| S. No.	Marital Status	N = 100	
		Frequency (f)	Percentage (%)
1.	Married	6	6%
2.	Unmarried	94	94%
	Total	100	100

Fig 3: Clustered column diagram showing the percentage distribution of subjects according to Marital Status.

Table 1.3, It shows that majority of students 94 (94%) were unmarried and 6 (6%) were married.

Table 4: Percentage distribution of subjects according to Religion

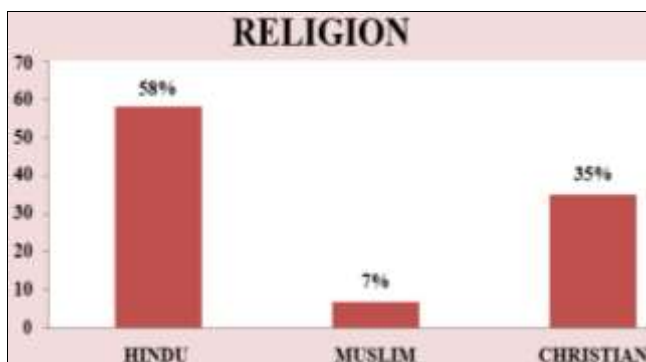| aS. No.	Religion	N = 100	
		Frequency (f)	Percentage (%)
1.	Hindu	58	58
2.	Muslim	7	7
3.	Christian	35	35
	Total	100	100

Fig 4: Clustered column diagram showing the percentage distribution of subjects according to Religion.

Table 1.4, It shows that majority of students 58 (58%) were Hindu, 35 (35%) were Christian and 7 (7%) were Muslims respectively.

Table 5: Percentage distribution of subjects according to Area of Living

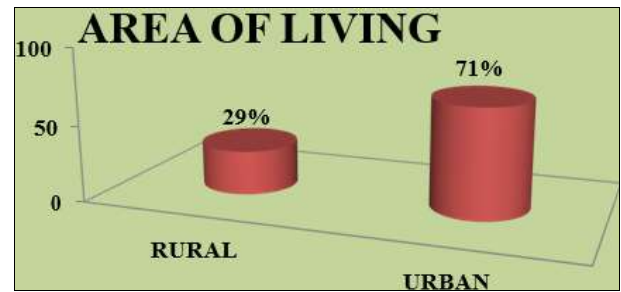| S. No.	Area of living	N = 100	
		Frequency (f)	Percentage (%)
1.	Rural	29	29
2.	Urban	71	71
	Total	100	100

Fig 5: Clustered column diagram showing the percentage distribution subjects according to of Area of living.

Table 1.5, It shows that majority of students 71 (71%) were from urban area, and 29(29%) were from rural area.

Table 6: Percentage distribution of subjects according to Clinical Experience

S. No.	Clinical Experience	N = 100	
		Frequency (f)	Percentage (%)
1.	Below 15 days	34	34
2.	15 – 30 days	26	26
3.	Above 30 days	40	40
	Total	100	100

Fig 6: Clustered column diagram showing the percentage distribution of subjects according to Clinical Experience

Table 1.6, It shows that majority of students 40 (40%) were having above 30 days of clinical experience, 34 (34%) were below 15 days, and 26 (26%) were 15-30 days of clinical experience respectively.

Table 7: Percentage distribution of subjects according to Mass media exposure

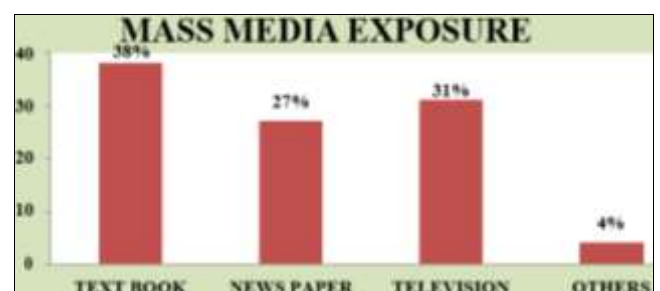| S. No.	Mass media exposure	N = 100	
		Frequency (f)	Percentage (%)
1.	Text Book	38	38
2.	News paper	27	27
3.	Television	31	31
4.	Others	4	4
	Total	100	100

Fig 7: Clustered column diagram showing the percentage distribution of subjects according to Mass media exposure.

Table 1.7, It shows that majority of students 38 (38%) were using text book, 31 (31%) were using television, and 27 (27%) were using new paper, and 4 (4%) were using other mass media.

Table 8: Each Domain wise Percentage of knowledge among Nursing Students

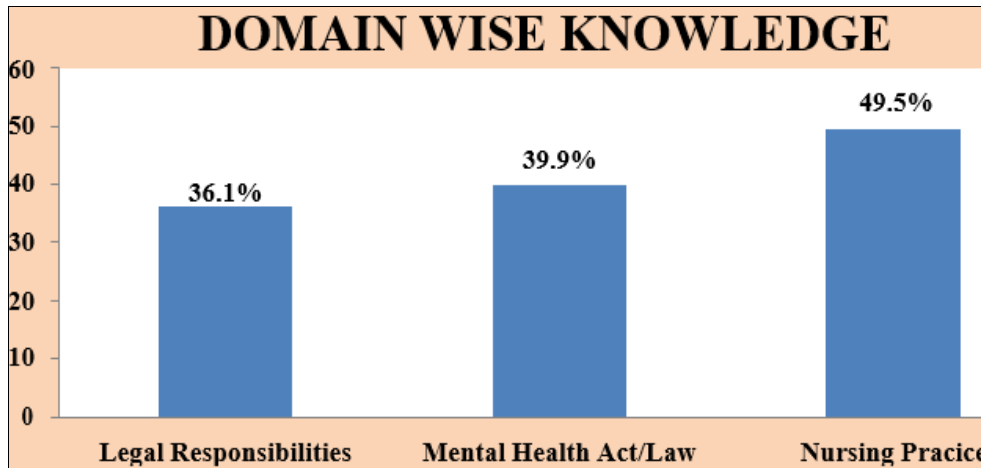| S. No.	Domains/ Knowledge on	No of questions	Min-Max score	Knowledge score	
				Mean score	(%)
1.	Legal responsibilities	20	0 – 20	7.21	36.1
2.	Mental Health Act/Law	20	0 – 20	7.98	39.9
3.	Nursing Practice	20	0 – 20	9.89	49.5
	Overall	60	0 - 60	25.8	41.8

Fig 8: Clustered column diagram showing the domain wise percentage of knowledge among nursing students.

Table 2, It shows majority of students having (49.5%) mean knowledge score percentage and mean score (9.89) regarding nursing practice and (39.9%) mean knowledge score percentage and mean score (7.98) regarding mental health act/law and minimum (36.1%) mean knowledge score percentage and mean score (7.21) regarding legal responsibilities in nursing care of mentally ill among B. Sc. Nursing final year students. Hence it is concluded that maximum students have knowledge regarding nursing practice.

Table 9: Association between level of knowledge on legal responsibilities & their demographic variables.

S. No.	Demographic Variables	Level of Legal Responsibilities						Total	Value of Chi square
		Poor		Average		Good			
		n	%	n	%	n	%		
1.	**Age**								$X2=14.82$ P=0.01** df=4 significant
1.1	Below 21 years	14	27.5	35	64.7	2	7.8	51	
1.2	22 – 23 years	5	13.5	30	75.7	2	10.8	37	
1.3	Above 24 years	1	8.3	7	58.3	4	33.3	12	
2	**Gender**								$X^2=3.97$ P=0.14 df=2 not significant
2.1	Male	4	18.2	14	63.6	4	18.2	22	
2.2	Female	16	20.5	58	74.4	4	5.1	78	
3.	**Marital Status**								$X^2=0.66$ P=0.72 df=2 not significant
3.1	Married	1	16.7	5	83.3	0	0.0	6	
3.2	Unmarried	19	20.2	67	71.3	8	8.5	94	
4	**Religion**								$X^2=8.94$ P=0.06 df=4 not significant
4.1	Hindu	9	15.5	45	77.6	4	6.9	58	
4.2	Muslim	0	0.0	5	71.4	2	28.6	7	
4.3	Christian	11	31.4	22	62.9	2	5.7	35	
5	**Area of living**								$X^2=0.43$ P=0.80 df=2 not significant
5.1	Rural	5	17.2	21	72.4	3	10.3	29	
5.2	Urban	15	21.1	51	71.8	5	7.0	71	
6	**Clinical experience**								$X^2=5.47$ P=0.24 df=4 not significant
6.1	Below 15 days	9	26.5	23	67.6	2	5.9	34	
6.2	15 – 30 days	6	23.1	16	61.5	4	15.4	26	
6.3	Above 30 days	5	12.5	33	82.5	2	5.0	40	
7	**Mass media exposure**								$X2=13.25$ P=0.01* df=4 significant
7.1	Text book	3	7.9	30	78.9	5	13.2	38	
7.2	News paper	11	40.7	14	51.9	2	7.4	27	
7.3	TV/others	6	17.1	28	80.0	1	2.9	35	

*significant at $p \leq 0.05$ **highly significant at $p \leq 0.01$ ***very high significant at $p \leq 0.001$

Table 10: Association between level of knowledge on Mental Health Act/Law & their demographic variables.

S. No.	Demographic Variables	Level of Mental Health Act/Law						Total	Value of Chi square
		Poor		Average		Good			
		n	%	n	%	n	%		
1.	Age								X^2=1.38 P=0.84 df=4 not significant
1.1	Below 21 years	9	17.6	35	68.6	7	13.7	51	
1.2	22-23 years	5	13.5	29	78.4	3	8.1	37	
1.3	Above 24 years	2	16.7	8	66.7	2	16.7	12	
2	Gender								$X2$=8.70 P=0.01** df=2 significant
2.1	Male	8	36.4	12	54.5	2	9.1	22	
2.2	Female	8	10.3	60	76.9	10	12.8	78	
3.	Marital Status								$X2$=5.99 P=0.05* df=2 significant
3.1	Married	3	50.0	3	50.0	0	0.0	4	
3.2	Unmarried	13	13.8	69	73.4	12	12.8	94	
4	Religion								X^2=8.84 P=0.07 df=4 not significant
4.1	Hindu	4	6.9	45	77.6	9	15.5	58	
4.2	Muslim	2	28.6	4	57.2	1	14.2	7	
4.3	Christian	10	28.6	23	65.7	2	5.7	35	
5	Area of living								X^2=2.36 P=0.31 df=2 not significant
5.1	Rural	7	24.1	18	62.1	4	13.8	29	
5.2	Urban	9	12.7	54	76.1	8	11.3	71	
6	Clinical experience								X^2=8.27 P=0.08 df=4 not significant
6.1	Below 15 days	8	23.5	20	58.8	6	17.6	34	
6.2	15 – 30 days	5	19.2	17	65.4	4	15.4	26	
6.3	Above 30 days	3	7.5	35	87.5	2	5.0	40	
7	Mass media exposure								X^2=6.71 P=0.15 df=4 not significant
7.1	Text book	6	15.8	29	76.3	3	7.9	38	
7.2	News paper	4	14.8	22	81.5	1	3.7	27	
7.3	TV/others	6	17.1	21	60.0	8	22.9	35	

*significant at $p \leq 0.05$ **highly significant at $p \leq 0.01$ ***very high significant at $p \leq 0.001$

Table 11: Association between level of knowledge on Nursing Practice & their demographic variables.

S. No.	Demographic Variables	Level of Nursing Practice						Total	Value of Chi square
		Poor		Average		Good			
		n	%	n	%	n	%		
1.	Age								X^2=4.86 P=0.30 df=4 not significant
1.1	Below 21 years	5	9.8	21	41.2	25	49.0	51	
1.2	22 – 23 years	1	2.7	22	59.5	14	37.8	37	
1.3	Above 24 years	2	16.6	5	41.7	5	41.7	12	
2	Gender								X^2=7.78 P=0.02* df=2 significant
2.1	Male	3	13.6	15	68.2	4	18.2	22	
2.2	Female	5	6.4	33	42.3	40	51.3	78	
3.	Marital Status								$X2$=5.57 P=0.06 df=2 not significant
3.1	Married	2	33.3	2	33.3	2	33.3	6	
3.2	Unmarried	5	6.4	46	48.9	42	44.7	94	
4	Religion								X^2=6.57 P=0.16 df=4 not significant
4.1	Hindu	5	8.6	25	43.1	28	48.3	58	
4.2	Muslim	2	28.6	3	42.9	2	28.6	7	
4.3	Christian	1	2.9	20	57.1	14	40.0	35	
5	Area of living								$X2$=7.29 P=0.03* df=2 significant
5.1	Rural	5	8.6	16	55.2	8	27.6	29	
5.2	Urban	3	4.2	32	45.1	36	50.7	71	
6	Clinical experience								$X2$=15.47 P=0.01** df=4 significant
6.1	Below 15 days	2	5.9	25	73.5	7	20.6	34	
6.2	15 – 30 days	3	11.5	11	42.3	12	46.2	26	
6.3	Above 30 days	3	7.5	12	30.0	25	62.5	40	
7	Mass media exposure								X^2=5.58 P=0.23 df=4 not significant
7.1	Text book	3	7.9	16	42.1	19	50.0	38	
7.2	News paper	1	3.7	18	66.7	8	29.6	27	
7.3	TV/others	4	11.4	14	40.0	17	48.6	35	

*significant at $p \leq 0.05$ **highly significant at $p \leq 0.01$ ***very high significant at $p \leq 0.001$

Table 12: Association between overall level of knowledge regarding Legal Responsibilities & their demographic variables.

S. No.	Demographic Variables	Level of Knowledge regarding Legal Responsibilities				Total	Value of Chi square
		Average		Good			
		n	%	n	%		
1.	Age						
1.1	Below 21 years	48	94.1	5	5.9	51	$X2$=8.51 P=0.04* df=3 significant
1.2	22 years	19	86.4	3	13.6	22	
1.3	23 years	11	73.3	4	26.7	15	
1.4	Above 24 years	8	66.7	4	33.3	12	
2	Gender						X^2=2.25 P=0.13 df=1 not significant
2.1	Male	21	95.5	1	4.5	22	
2.2	Female	65	83.3	11	16.7	78	
3.	Marital Status						X^2=1.98 P=0.16 df=1 not significant
3.1	Married	4	66.7	2	33.3	6	
3.2	Unmarried	82	87.2	12	12.8	94	
4	Religion						X^2=4.06 P=0.13 df=2 not significant
4.1	Hindu	52	89.7	6	10.3	58	
4.2	Muslim	7	100.0	0	0.0	7	
4.3	Christian	27	77.1	8	22.9	35	
5	Area of living						$X2$=3.84 P=0.05* df=1 significant
5.1	Rural	28	96.6	1	3.4	29	
5.2	Urban	58	81.7	13	18.3	71	
6	Clinical experience						$X2$=7.60 P=0.02* df=2 significant
6.1	Below 15 days	33	97.1	1	2.9	34	
6.2	15 – 30 days	23	88.5	3	11.5	26	
6.3	Above 30 days	30	75.0	10	25.0	40	
7	Mass media exposure						X^2=4.38 P=0.22 df=3 not significant
7.1	Text book	30	78.9	8	21.1	38	
7.2	News paper	26	96.3	1	3.7	27	
7.3	TV	27	87.1	4	12.9	31	
7.4	Others	3	75.0	1	25.0	4	

Significant at $p \leq 0.05$ **highly significant at $p \leq 0.01$ ***very high significant at $p \leq 0.001$

Table 3, It shows the association between level of knowledge regarding legal responsibilities and their demographic variable. Association is computed by applying 'chi square test'. The calculated value of $X2$ = 14.82, P = 0.01, df = 4 and knowledge was significantly associated with their age. According to association of gender there was no significant association as value of $X2$ = 3.97, P = 0.14, df = 2. In marital status there was no significant association as value of $X2$ = 0.66, P = 0.72, df = 2. As per religion there was no significant association as value of $X2$ = 8.94, P = 0.06, df = 4. According to area of living there was no significant association as value of $X2$ = 0.43, P = 0.80, df = 2. As per clinical experience there was no significant association as value of $X2$ = 5.47, P = 0.24, df = 4. In mass media exposure there was significant association as value of $X2$ = 13.25, P = 0.01, df = 4. Hence it is concluded that there is significant association between level of knowledge regarding legal responsibilities in nursing care of mentally ill with age and mass media exposure.

Table 4, It shows the association between level of knowledge regarding Mental Health Act/Law and their demographic variable. Association is computed by applying 'chi square test'. The calculated value of $X2$ = 1.38, P = 0.84, df = 4 and knowledge was not significantly associated with their age. According to association of gender there was significant association as value of $X2$ = 8.70, P = 0.01, df = 2. In marital status there was significant association as value of $X2$ = 5.99, P = 0.05, df = 2. As per religion there was no significant association as value of $X2$ = 8.84, P = 0.07, df = 4. According to area of living there was no significant association as value of $X2$ = 2.36, P = 0.31, df = 2. As per clinical experience there was no significant association as

value of $X2$ = 8.27, P = 0.08, df = 4. In mass media exposure there was no significant association as value of $X2$ = 6.71, P = 0.15, df = 4. Hence it is concluded that there is significant association between level of knowledge regarding Mental Health Act/Law in nursing care of mentally ill with gender and marital status. Table 5, It shows the association between level of knowledge regarding Nursing Practice and their demographic variable. Association is computed by applying 'chi square test'. The calculated value of $X2$ = 4.86, P = 0.30, df = 4 and knowledge was not significantly associated with their age. According to association of gender there was significant association as value of $X2$ = 7.78, P = 0.02, df = 2. In marital status there was no significant association as value of $X2$ = 5.57, P = 0.06, df = 2. As per religion there was no significant association as value of $X2$ = 6.57, P = 0.16, df = 2. According to area of living there was significant association as value of $X2$ = 7.29, P = 0.03, df = 2. As per clinical experience there was significant association as value of $X2$ = 15.47, P = 0.01, df = 4. In mass media exposure there was no significant association as value of $X2$ = 5.58, P = 0.23, df = 4. Hence it is concluded that there is significant association between level of knowledge regarding nursing practice in nursing care of mentally ill with gender, area of living and clinical experience.

Table 6, It shows the association between overall level of knowledge regarding legal responsibilities in nursing care of mentally ill and their demographic variable. Association is computed by applying 'chi square test'. The calculated value of $X2$ = 8.51, P = 0.04, df = 3 and knowledge was significantly association of knowledge with their age. According to association of gender there was no significant

association as value of $X2 = 2.25$, $P = 0.13$, df $= 1$. In marital status there was no significant association as value of $X2 = 1.98$, $P = 0.16$, df $= 1$. As per religion there was no significant association as value of $X2 = 4.06$, $P = 0.13$, df $= 2$. According to area of living there was no significant association as value of $X2 = 3.84$, $P = 0.05$, df $= 1$. As per clinical experience there was no significant association as value of $X2 = 7.60$, $P = 0.02$, df $= 2$. In mass media exposure there was significant association as value of $X2 = 4.38$, $P = 0.22$, df $= 3$. Hence it is concluded that there is significant association between overall level of knowledge regarding legal responsibilities in nursing care of mentally ill with age, area of living and clinical experience.

Discussion
A legal responsibility in nursing practice means the way in which you are obligated to obey the law & ethics in professional activities. The law is the final authority for regulating activities of all citizens including professional practitioner. Many of lawsuits against nurses fall into the scope of negligence. Above findings of the present study was supported by study conducted by Baranbas S, (2004) a comparative survey on 100 graduates to assess the knowledge of legal responsibilities in patient care. The B.Sc. Nursing graduate exhibited better (mean %=71.43) knowledge score than the diploma graduates (mean%= 50.14). The B.Sc. Nursing graduates in the age group of 20 – 30 years scored higher mean (50.18) diploma graduates (43.73). The in – service education does play an important role in enhancement of knowledge of nurses.

Conclusion
After the detailed analysis, this study leads to the following conclusions. It is concluded that there is significant association between level of knowledge regarding legal responsibilities in nursing care of mentally ill with age and mass media exposure. There is significant association between level of knowledge regarding Mental Health Act/Law in nursing care of mentally ill with gender and marital status. There is significant association between level of knowledge regarding nursing practice in nursing care of mentally ill with gender, area of living and clinical experience. There is significant association between overall level of knowledge regarding legal responsibilities in nursing care of mentally ill with age, area of living and clinical experience.

Implications: The findings of the study have implications for nursing practice, nursing education, nursing administration & nursing research. Implications drown from the study is a vital concern to health care team including professional nurse, nurse practitioner, nurse educators and administrators.

Recommendation: The similar study may be replicated for a longer period & at a larger scale. Also a study can be conducted to know the attitude of nursing personnel regarding nursing care of mentally ill.

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