

## **Barriers of Applying the Ethical and Legal Issues in Psychiatric Nursing and Its Relation to Staff Nurses' Knowledge**

*<sup>1</sup>Saida El Sayed Hassan Ibrahim El-Azzab, <sup>2</sup>Safa Mohamed Amin Mohamed*

*<sup>1</sup>Assistant Professor of Psychiatric/Mental Health Nursing, Faculty of Nursing, Beni-Suef University, Beni-Suef, Egypt.*

*<sup>2</sup>Lecturer of Psychiatric/Mental Health Nursing, Faculty of Nursing, Beni-Suef University, Beni-Suef, Egypt.*

**The corresponding author:** Saida Ibrahim El-Azzab, E-mail address:

saida\_hassan@yahoo.com.

**Orcid ID:** <https://orcid.org/0000-0002-8615-8591>

### **Abstract**

**Background:** Nurses who work in psychiatry settings encounter important ethical and legal challenges in practice and caring for patients with mental disorders. **This study was aimed** to determine barriers of applying the ethical and legal issues in psychiatric nursing and its relation to staff nurses' knowledge. **Methods:** Descriptive design was used in this study. Purposive sample of 120 psychiatric nurses at Beni-Suef and Benha Mental Health Hospital was recruited for this study. A structured questionnaire developed by researchers was used for data collection. **Results:** Revealed that the majority (80.0%) of the subjects had unsatisfactory knowledge regarding the legal aspects. There is a highly positive statistically significant relationship between legal knowledge and ethical practices among participating psychiatric nurses ( $r=0.289$ ,  $p<0.000$ ). **Conclusion:** The results showed that, the barriers most frequently observed by the nurses who work in psychiatric hospitals are lack of time, the frequent number of patients with fewer nurses the community's perception of inferiority towards nursing profession, and lack of authority to make decisions. There is a negative statistically significant relationship between ethical practices and barriers among participating psychiatric nurses. **Recommendations:** Develop nursing education programs that are specifically focused on ethical problems in the fields of mental health and psychiatry to increase their awareness regarding ethics-legal aspects.

**Keywords:** Psychiatric nursing care, Nurses' awareness, Ethics-legal aspects, Barriers.

## Introduction

Legal and ethical concerns in the psychiatric nursing profession are a significant subject as context of care is important for all psychiatric nurses because it focuses concern on the rights patients and the quality of care they receive. They are scientific concerns, for that reason the nursing profession must have its private professional ethics and laws. Understanding basic legal concepts and professional ethics help nurses develop a structure to deal effectively with complex client issues by which they can get the power to influence daily exclusion when they are dealing with psychiatric patients<sup>(1)</sup>. Ethical and legal concerns are critical for all health care workers. Ethics focuses on “right and wrong”, though it can be challenging to agree on what is “right”. Ethical and Legal Practice is a principle for nurses involved in ethical concerns on a daily foundation. The major ethical principles are fidelity, autonomy, beneficence, justice, veracity, and non-maleficence<sup>(2)</sup>.

The ethical issue deals with standards of conduct and moral judgment<sup>(3)</sup>. The role of professional nurses has grown rapidly over the past decades to include expertise, specialization, autonomy, and accountability, both legally and ethically. This expansion has caused new concerns for nurses and increased awareness of the

interaction of legal and ethical principles. Areas of concern contain qualified nursing practice, ethical principles, and legal concerns<sup>(4)</sup>. Every patient has the right to achieve his/her own decisions in accordance with his/her own beliefs and values. This is identified as autonomy. A patient's need for independence can conflict with care guidelines<sup>(5)</sup>.

Psychiatric nursing is an extremely complicated and difficult field to handle because they are persons with different psychiatric disorders who are vulnerable to mistreatment and abuse. As a consequence, laws have been adopted to guarantee them legal protection. A registered nurse with psychiatric nursing experience should have full knowledge of the legal rights and responsibilities of a psychiatric nurse, the ethical and legal issues that affect the care, the laws that control and regulate the care, and the ethical nursing principles to be followed<sup>(6)</sup>. Consequently, understanding ethics allows nurses to distinguish the right way to deal with the patient. This involves respect, humanized behavior, and highlighting of the principles of bioethics and the right of health services<sup>(7)</sup>.

Nurses are responsible for their individual activities in relative to legal concerns, and violations can cause malpractice lawsuits opposed to the doctor, hospital, and nurse<sup>(8)</sup>. The acquirement of professional ethics is facilitated by internal and external

influences. These issues could lead to legitimate norms and standard governs the professional behavior of nurses in their relationships with patients. Additionally, good quality of communication among health care team, development of organizational conditions, suitable supportive system, and enhancement of education and culture might lead to monitoring professional ethics in clinical practice <sup>(9)</sup>.

Understanding ethics is critical to provide skilled professional practice. It is important for nurses to be conscious of the significance of ethics in their workplaces. Health care ethics is essential because team members have to identify health care dilemmas, make decisions, and make good judgments based on their values while recognizing the laws that govern them <sup>(2)</sup>. Professional ethics grow from a combination of social norms, morality, and the parameters of the relationship people have decided to have. Knowledge of ethical principles supports psychiatric nurses avoids ethical struggles (which can be defined as tension between what one wants to do and what is ethically right to do) and thinks through ethical dilemmas (conflicts between ethical perspectives or values) <sup>(10)</sup>.

A barrier implies an obstacle or challenge that affects or hinders providing nursing care to psychiatric patients <sup>(11)</sup>. Some of the

barriers to provision of psychiatric nursing care included lack of sufficient skills and knowledge, lack of motivation and uncertainty of role, lack of appropriate and specific training and education, lack of acquired skills used due to huge workload, time limitations and lack of psychiatric nurse's role knowledge within the psychiatric team and in the accomplishment of organizational goals <sup>(12)</sup>. The impact of these barriers on psychiatric nurses has also been reported that role conflict and stress are products of these barriers and contribute greatly to the decision by psychiatric nurses to stay in practice <sup>(13)</sup>. In this study, the researchers are trying to explore to which extent the psychiatric nurses have knowledge about legal, and ethical aspects that are important in dealing with psychiatric patients considering as a principal part of the nursing process in psychiatric nursing and distinguishing the barriers that affect nursing care.

**Significance of the Study:** A psychiatric nurse plays a very significant role from the time of admission to discharge in which orientation, meeting all types of needs, especially biological and emotional needs, explaining rights to patient, maintaining confidentiality, taking informed consent, and following so many roles when the patient goes to parole, all come under legal responsibilities of a psychiatric nurse <sup>(4)</sup>.

Nurses need to know their legal obligation as they have to update with the fast changing and advancing professional knowledge to provide safe nursing care to their patients on the basis of their requirements. Nurses are in doubt about the ‘right’ approach to perform if they do not have in-depth interpretation of law and ethics concerning to the nursing profession<sup>(14)</sup>.

Staff nurses have a critical role in mental health since well-qualified nurses (with both theoretical knowledge and practical experience) can perform assessments, provide help to clinical and psychosocial aspects of persons, as well as help develop health policies in their own country<sup>(15, 16)</sup>. To practice psychiatric/mental health nursing, nurses need to understand the basic legal aspects of caring for psychiatric patients. The laws regulate the care and treatment of the mentally ill. Such laws attempt to balance the protection of the mentally ill patients’ civil rights with the preservation of community safety. Nursing competency and patient care responsibility are compromised when the nurse has insufficient knowledge about the laws that adjust the performance of nursing. Therefore, knowledge of the legal and ethical aspects will enhance the quality of care the provider in his or her psychiatric/mental health nursing practice and will protect the nurse<sup>(8)</sup>.

Though, many barriers are mostly related to ethical issue in mental health care, a number of barriers have contributed to this respect; these barriers contain stigma, lack of resources and difficulty in accessing mental health services<sup>(17, 18)</sup>. Therefore, it is important to determine ethical problems to prevent their negative effects on nurses<sup>(19)</sup>. Ethical problems emerge as nurses care for patients. These problems may be incompatible with the code of ethics or with the nurse’s ethical values<sup>(2)</sup>. Nurses usually face ethical circumstances that are not handled consistently enough and thus find themselves in an ethical dilemma. Ethical conflict is often stated to as moral disagreement and/or barriers<sup>(20)</sup>. Ethical conflict is well-defined as “any condition wherever normative factors such as moral values or principles clash and require incompatible actions<sup>(21, 22)</sup>. Nurses are continually challenged to make difficult decisions about right and wrong or life and death. Complex situations frequently arise in caring for patients with psychiatric disorders, and nurses are admitted to the maximum level of legal and ethical responsibility in their professional practice<sup>(23)</sup>. Actually, the application of ethical and patients’ legal rights when delivering care is essential for all nurses because it is not only emphasizes on the patients’ rights, but also, the quality of care that, they will receive. The reason

for conducting this study is lacking studies done in Egypt about the integrated ethical and legal obligations among psychiatric nurses. Consequently, this study was undertaken to provide a unique identification of staff nurses' level of knowledge about the ethical and legal responsibilities and identify barriers that affecting inpatient psychiatric care.

**Aim of the Study:**

To determine barriers of applying the ethical and legal issues in psychiatric nursing and its relation to staff nurses' knowledge

**Research Questions:**

- What are barriers of applying the ethical and legal issues in psychiatric nursing?
- To what extent are the relationship between barriers, staff nurses' knowledge and ethical practices?

**Subjects and Methods**

**Study Design:** A descriptive research design was used in the present study.

**Settings:** The study was implemented in the inpatient and outpatient departments of the Beni-Suef and Benha Psychiatric Mental Health Hospitals, both of them are government hospitals, affiliated to the Ministry of Health, Egypt. The mental health service in these hospitals provides free services for urban and rural regions and for all age groups. The hospital in Beni-Suef Governorate consists of three floors, the first floor of the hospital's

administrative offices and the pharmacy: the second floor for critical, and males' sections, the third floor for females' unit and ECT room. The hospital has 130 beds, 97 patients, 78 nurses. The second hospital in Benha City, it has four floors; the hospital capacity is 277 beds, 232 patients, 163 nurses. It includes 6 departments (5 for males and 1 for females).

**Subjects:** A purposive sample of 120 psychiatric nurses who have agreed to participate in this study, working in the inpatient departments and outpatient clinics in the above mentioned two hospitals during the time of data collection. An equal number of 60 nurses from each psychiatric hospital were recruited for the study sample.

**Inclusion and Exclusion Criteria:**

**Inclusion Criteria:** Nurses who were involved in the direct patients' care, staff nurses having work experience of more than one month in the current area, no age limit, both genders, and willing to contribute to the study.

**Exclusion Criteria:** Staff nurses having work experience of less than 1 month.

**The Sample Size** was statistically calculated by using the equation of Steven Thompson equation at 95% confidence power.

$$n = \frac{N \times P(1 - P)}{\{(N - 1) \times (d^2 / z^2) + P(1 - P)\}}$$

Where:

n = Sample size

N = Total psychiatric nurse's size

d = Error percentage

P = Percentage of availability of the character and objectivity

Z = The corresponding standard class of significance 95% = (1.96)

The sample size was calculated to be 120 psychiatric nurses.

### Data Collection Tool

**Structured questionnaire** was utilized to collect the required information. Self-administered structured interviewing questionnaire was developed by the researchers based on the literature review. It was divided into four parts:

#### Part I: Personal and job characteristics data sheet

This part included data related to the personal and job characteristics of the studied nurses such as age, qualifications, years of experience in the nursing profession.

**Part II: Self-Administered knowledge questionnaire.** Developed by the researchers based on the literature review (1, 3, 4, 10). It was used to assess the knowledge regarding legal aspects of psychiatric nursing. It consisted of 21 multiple choice statements that focused on: Admission (4 items), discharge (5 items), rights of mentally ill (8 items), and treatment (4 items).

**Scoring system:** The questions included items related to nurse's knowledge about legal aspects of psychiatric nursing. The nurse's knowledge was calculated for each item as follows: The right answer was recorded "1" point, while the wrong answer was scored, "0" point. The total scores ranging from 0 to 21, was summed-up and split by the number of items, providing a mean score. It is categorized as the following: Less than 60% = unsatisfactory knowledge and 60% or more = satisfactory knowledge.

**Part III: Psychiatric nurses' practice checklist regarding professional ethics aspects.** Developed by the researchers based on the literature review (6, 7, 8, 9). It was used to observe psychiatric nurses' practices related to utilizing the professional ethics. It included thirteen items.

**Scoring system:** The items noticed to be performed were scored "1" and the items not performed were scored "0". The total scores ranging from 0 to 12, was summed-up and divided by number of items, giving a mean score. These scores were converted into percentage scores. The practice was considered adequate if the percentage score was 60% or more and inadequate if less than 60%.

**Part IV: Barriers in nursing practice regarding the ethical aspects.** Developed by the researchers based on the literature

review<sup>(11,17,18,19)</sup>. It was used to determine psychiatric nurse's barriers related to utilizing the ethical aspect. It includes 12 items, to be replied by a four-point Likert scale for each item, Strongly agree "3", Agree "2", Disagree "1", Strongly disagree "0". The total score ranging from 0 to 36, was summed-up and split by the number of items, providing a mean score. These scores were converted into percentage scores. The higher the score it was considered a high barrier if the percentage score was 60% or more and low barrier if less than 60%.

#### **Methods:**

- Official letters to conduct the study were issued from the Dean of Faculty of Nursing and submitted to the directors of the identified study settings to take their agreements to collect data.

#### **Ethical Considerations:**

The researchers obtained official permission for data collection, by submitting official letters from the Faculty of Nursing, Beni-Suef University to the directors of the selected hospitals. Consent and agreement from the nurses to contribute to the study was established by completion of the questionnaire after explaining the goal of the study. Anonymity of subject and confidentiality of the gathered information were secured by data coding. The researchers also emphasized that participation is voluntary

and that the subjects have the right to withdraw at any time without giving any reasons and that the study nature will not cause any harm to all patients/nurses. As well they were reassured that the whole collected data will be used only for the aim of scientific research.

#### **Content Validity:**

The study tool was submitted to a jury of five experts in the psychiatric nursing field to investigate the content validity, clarity, relevance, and adequacy of the questionnaires in order to achieve the present study objectives. The experts' recommendations were taken into attention. So far, modifications were done, and the final form of the constructed instrument was completed to be an appropriate tool for conducting the study. In addition, the time needed to fill in the questionnaire was estimated.

**Reliability** was done by Cronbach alpha coefficient test which revealed that each item of the utilized tools consisted relatively homogenous items. The internal consistency of self-administered knowledge questionnaire was 0.81, the nurses' practices checklist regarding the ethical aspects was 0.87, and barriers in nursing practices regarding the ethical aspects was 0.89.

#### **Pilot Study:**

A pilot study was conducted to assess the clarity and understanding of the study tool before introducing it to the nurses.

Furthermore, to evaluate the usability of the study in terms of appropriateness to the participants. It also was used to estimate the approximate time required for interviewing the participants as well as to find out any problem or obstacle that might interfere with data collection. The pilot study was conducted for 12 nurses (10%) and according to its results, no modifications were made, and therefore they were included in the main study sample.

#### **Data Collection:**

Data have been collected through the utilization of the self-administered questionnaire as a means of data collection. The self-administered questionnaire was distributed to nurses working in the mental health settings and showed willingness to participate in the study; all of the subjects were cooperative with the researchers. Filling in the questionnaire takes approximately 15-30 minutes. Collection of data lasted six months in the period from the beginning of Augustus 2019 to the end of February 2020.

#### **Data Analysis:**

All data collected were tabulated and statistically analyzed by the Statistical Package for Social Science (SPSS), version 22.0 for windows, using descriptive and inferential statistics. They were analyzed by “Chi-square” “ $\chi^2$ ” and Pearson correlation test was used to

compare mean scores and correlations between psychiatric nurses' knowledge and practices regarding ethics and legal responsibilities and barriers affecting psychiatric patients' care. P-Value < 0.05 was considered as statistically significant and P-Value <0.001 was considered highly significant.

#### **Results**

Table (1) displays the personal and job characteristics of nurses. This table shows that female nurses are more than male nurses who are working in psychiatric hospitals (81.7%). Their age group shows that the highest percentage is in the age group > 30 to 40 years old (46.7%). Concerning educational levels, the majority of them (71.7%) had a secondary nursing diploma; only two had a bachelor's degree in nursing. More than half of them (58.3%) had experience in nursing for more than 15 years. Almost two-thirds of them (65.0%) had a training course in psychiatric nursing and only 13.3% had a training course specified in dealing psychiatric patients (psychiatric ethical and legal aspects).

Table (2) shows nurses' knowledge regarding the legal aspects of the study sample. It is clear from the table that the total mean score about the legal knowledge of psychiatric nurses was  $11.28 \pm 2.72$ . The majority (80.0%) of the

subjects had unsatisfactory knowledge. The table also shows that nurses had satisfactory knowledge scores in areas like discharge (90%) and treatment (78.3%) of mentally ill patients, with a mean  $\pm$  SD knowledge score of  $2.433 \pm 0.871$  and  $2.483 \pm 0.930$  respectively.

Table (3) reflects the nurses' practices regarding professional ethics. More than (58.3%) of the studied subjects had unsatisfactory practices. The highest percentage (80.0%) for "Satisfactory" was related to "support the patient to participate in making decisions regarding the treatment plan", while the lowest percentage was (38.3%) for "Satisfactory" and this was related to "the patient has the right to refuse treatment in some cases".

As declared in table (4) the barriers most frequently observed by the nurses who work in a psychiatric hospital are: Lack of time, frequent number of patients with fewer nurses (55.1%), the community's perception of inferiority towards nursing profession (43.4%); and lack of authority to make decisions (41.7%).

Table (5) represents that there is a positive statistically significant relationship between legal knowledge and ethical practice among participating psychiatric nurses ( $r = 0.289, p < 0.000$ ). Also, the result displays that there is a negative statistically significant correlation between ethical practices and barriers among

participating psychiatric nurses ( $r = -0.199, p < 0.029$ ).

Table (6) demonstrates that there is a statistically significant correlation between ethical practices' aspects and education level ( $r = 0.323, p < 0.012$ ); and highly statistically significant correlations with years of experience ( $r = 0.492, p < 0.000$ ); had training courses in psychiatric nursing ( $r = 0.616, p < 0.000$ ); had training courses in communication with patients ( $r = 0.471, p < 0.000$ ); and had training course specified in dealing with psychiatric patients ( $r = 0.486, p < 0.000$ ) among participating psychiatric nurses. As well, there are highly statistically significant correlations between knowledge and age ( $r = 0.557, p < 0.000$ ), had training courses in psychiatric nursing ( $r = 0.610, p < 0.000$ ); had training courses in communication with patients ( $r = 0.645, p < 0.000$ ); and had training course specified in dealing with psychiatric patients ( $r = 0.655, p < 0.000$ ) among studied psychiatric nurses.

**Table (1): Personal and Job Characteristics of the Nurses in the Study Sample (n=120).**

Variables	No	%
<b>Gender</b>		
- Male	22	18.3
- Female	98	81.7
<b>Age (years)</b>		
- < 20	10	8.3
- 20 to 30	32	26.7
- > 30 to 40	56	46.7
- > 40	22	18.3
<b>Mean±SD</b>	<b>27.5 ± 8.52</b>	
<b>Educational level</b>		
- Secondary nursing diploma	86	71.7
- Technician	32	26.7
- Bachelor's degree	2	1.6
<b>Years of experience in</b>		
- < 5	6	5.0
- 5: 10	38	31.7
- 10: 15	6	5.0
- >15	70	58.3
<b>Had training courses in psychiatric nursing:</b>		
- Yes	78	65.0
- No	42	35.0
<b>Had training courses in communication with patients.</b>		
- Yes	78	65.0
- No	42	35.0
<b>Had training course specified in dealing with psychiatric patients.</b>		
- Yes	16	13.3
- No	104	86.7

**Table (2): Nurses' Knowledge Regarding the Legal Aspects in the Study Sample (n=120).**

Variables	Knowledge score					
	Unsatisfactory		Satisfactory		Mean	± SD
	No	%	No	%		
<b>Admission</b>	58	48.3	62	51.7	2.300	1.124
<b>Discharge</b>	10	10.0	110	90.0	2.433	0.871
<b>Rights of mentally ill patient</b>	62	51.7	58	48.3	4.067	1.471
<b>Treatment</b>	26	21.7	94	78.3	2.483	0.930
<b>Total Legal Knowledge</b>	<b>96</b>	<b>80.0</b>	<b>24</b>	<b>20.0</b>	<b>11.28</b>	<b>2.72</b>

**Table (3): Nurses' Practices Regarding Professional Ethics Used by the Study Subjects (n=120).**

Items	Unsatisfactory		Satisfactory		Mean	±SD
	No	%	No	%		
1.The patient is entitled to participate in the treatment program and is free to add or cancel part of the treatment plan.	58	48.3	62	51.7	0.52	0.50
2.Support the patient to participate in making decisions regarding the treatment plan.	24	20.0	96	80.0	0.80	0.40
3.The patient has the right to refuse treatment in some cases.	74	61.7	46	38.3	0.38	0.49
4.When the patient moves from one stage to another during the treatment plan, he/she is entitled to participate fully in the decisions of the new plan.	60	50.0	60	50.0	0.50	0.50
5.The patient is entitled to receive treatment in an environment designed to maintain his or her privacy.	60	50.0	60	50.0	0.50	0.50
6.To maintain the confidentiality of the information of each patient so that only those who have a direct relationship with his treatment can see it.	36	30.0	84	70.0	0.70	0.46
7.Treatment of patients, according to the condition of each patient.	52	43.3	68	56.7	0.57	0.50
8.Equal to all patients irrespective of race, sex, marital status, religion or cultural belief.	52	43.3	68	56.7	0.57	0.50
9.The meeting promises dealing with patients.	36	30.0	84	70.0	0.64	0.44
10. Nurses should not conceal the whole truth about patients (honesty with patients in sharing information and informing the patient of any attempt related to him).	46	38.3	74	61.7	0.62	0.49
11. Do not harm the patient intentionally or unintentionally, such as the nurse stopping the medicine required when suspected adverse consequences (sensitivity or negative reaction) with the consent of the doctor.	44	36.7	76	63.3	0.63	0.49
12. Perform the daily tasks of patients who are unable to implement them individually (personal hygiene) through the moral principle to achieve everything that is good for the patient.	46	38.3	74	61.7	0.62	0.49
13. The patient should be informed and approved of any nursing procedure.	64	53.3	56	46.7	0.47	0.50
<b>Total</b>	<b>76</b>	<b>58.3</b>	<b>44</b>	<b>41.7</b>	<b>6.936</b>	<b>2.137</b>

**Table (4): Barriers of Applying the Ethical Aspects in Nursing Practices as Reported by Study Subjects (n=120).**

Items	Strongly disagree		Disagree		Agree		Strongly agree		Mean	±SD
	No	%	No	%	No	%	No	%		
1.Low wages, incentives, and compensation	4	3.3	14	11.7	76	63.3	26	21.7	2.03	0.69
2.Lack of public awareness of patients' rights	6	5.0	16	13.3	60	50.0	38	31.7	2.08	0.81
3.The community's perception of inferiority towards nursing profession	0	0.0	16	13.3	52	43.3	52	43.4	2.30	0.70
4.Lack of hospital resources	0	0.0	30	25.0	48	40.0	42	35.0	2.10	0.77
5.Lack of time, frequent number of patients with fewer nurses	4	3.3	22	18.3	28	23.3	66	55.1	2.30	0.89
6.Lack of efficiency among nurses	0	0.0	16	13.3	62	51.7	42	35.0	2.22	0.67
7.Lack of awareness and sensitivity between nursing supervisors and nurses.	0	0.0	22	18.3	54	45.0	44	36.7	2.18	0.72
8.Lack of authority to make decisions.	2	1.7	28	23.3	40	33.3	50	41.7	2.15	0.84
9.The working environment with the patient is unsafe.	12	10.0	18	15.0	42	35.0	48	40.0	2.05	0.98
10. Lack of adequate support from the hospital	0	0.0	16	13.3	74	61.7	30	25.0	2.12	0.61
11. Difficulties in dealing with patients or health care personnel	6	5.0	18	15.0	64	53.3	32	26.7	2.02	0.79
12. Lack of training programs related to mental health rights	2	1.6	20	16.7	60	50.0	38	31.7	2.12	0.74
Total Scores of Barriers	3	2.5	20	16.7	55	45.8	42	35.0	25.67	4.62

**Table (5): Correlations between Legal and Ethical Aspects Practices and the Nurses' Knowledge, (n = 120).**

Items	Legal knowledge		Barriers	
	r	p value	r	p value
Ethical practices	0.289	0.000**	- 0.199	0.029*
Barriers	0.061	0.645	-	-

\* Significant at  $P < 0.05$ \*\* Highly statistically significant at  $P < 0.001$ **Table (6): Correlation between Nurses' Knowledge, Practices and Barriers Regarding the Legal, Ethical Aspects by Personal and Job Characteristics using the Mean of Scores.**

Personal and Job Characteristics Variables	Knowledge		Practices		Barriers	
	R	p	r	p	r	p
Age	0.557	0.000**	0.02	0.877	0.000	1.000
Sex	0.040	0.761	0.003	0.982	- 0.022	0.870
Education	0.074	0.575	0.323	0.012*	- 0.118	0.368
Experience	0.228	0.080	0.492	0.000**	- 0.080	0.541
Had training courses in psychiatric nursing	0.610	0.000**	0.616	0.000**	0.079	0.549
Had training courses in communication with patients	0.645	0.000**	0.471	0.000**	0.105	0.425
Had training course specified in dealing with psychiatric patients	0.655	0.000**	0.486	0.000**	0.172	0.190

\* Significant at  $P < 0.05$ \*\* Highly statistically significant at  $P < 0.001$

**Discussion:**

Psychiatric nurses must become familiar with the legal provisions of the state in which they practice. This knowledge enhances the freedom of both the nurse and the patients and ultimately results in better care for psychiatric patients. Nursing practice harmoniously consist of practical efficacy and ethics. At this time legal and ethical problems associated with caring for patients with mental disorders are rising from day to day. Consequently, nurses must have a satisfactory understanding of essential legal concepts and issues important to nursing profession in order to safeguard the rights of the patients and nursing staff<sup>(14)</sup>. The current study was carried-out to explore the staff nurses' awareness of legal and ethical aspects, and barriers affecting in psychiatric nursing practice.

The findings of the present study cleared that the total mean knowledge score of psychiatric nurses is  $11.28 \pm 2.72$ . As well, the findings of the study displayed that for the majority of the subjects their total legal knowledge was unsatisfactory. However, the outcomes of the study stated that nurses had satisfactory knowledge scores in areas like discharge and treatment of mentally ill patients, with a mean  $\pm$  SD knowledge score of  $2.433 \pm 0.871$  and  $2.483 \pm 0.930$  respectively. In this respect, the nurses had inadequate knowledge of legal and ethical responsibilities. Furthermore, nurses who

hold negative attitudes toward psychiatric patients easily neglect that they have rights as other patients. Nurses' knowledge is very low in relation to basic knowledge of ethical patients' rights.

These previous results were parallel to those of a study done in Nigeria showed that more than two-thirds of nurses, had a knowledge deficit in legal concerns of nursing practice <sup>(24)</sup>. Meanwhile, the Egyptian study conducted by **Helmy and Soliman (2003)** <sup>(25)</sup> determined that most nurses had satisfactory knowledge about professional ethics. It is obvious from the present study result that nurses' knowledge about professional ethics varied in specific areas; it was poor in some areas, as respect patient rights, sincerity, and integrity. This may be result from a deficiency of training programs about professional nursing ethics.

In a similar study conducted in India, results indicated that nearly two-thirds of psychiatric nurses have a moderate information about patients' rights, with one-third possessing a great level of knowledge about the rights <sup>(26)</sup>. This finding is incongruent with **Koshy (2016)** <sup>(27)</sup> who concluded that nurses having good and excellent knowledge concerning legal and ethical concept, while a previous study showed that less than half of nurses had satisfactory knowledge about ethical principles <sup>(28)</sup>.

The findings of the current study showed that almost three-fifths of nurses had unsatisfactory practices. The highest satisfactory percentage was to support the patient to participate in making decisions regarding the treatment plan, while the lowest satisfactory percentage was for the patient has the right to refuse treatment in some cases. These outcomes go online with, those a study done in 443 (numerous specialists qualified nurses) about the responsibilities of nursing staff in administration of patient management in Trust Hospital <sup>(29)</sup>. This study result revealed that nursing staff had inadequate knowledge of patients' rights and similarly on their legal responsibilities for patients. This study substantiated the fact that nurses had poor knowledge of the law that regulating their profession. In dissimilarity, the study results stated that the subjects had average level of knowledge ( $17.44 \pm 4.44$ ) concerning legal and ethical aspects in nursing while only 7 (14.00%) had poor knowledge and maximum 43 (86.00%) nurses had good level of practice ( $13.36 \pm 1.66$ ) concerning legal and ethical aspects of medication administration whereas none had poor level of practice.

The legal rights of those with mental disorders and ethical health care practices of mental health providers are ongoing concerns for psychiatric nurses. People with mental disorders are vulnerable to

maltreatment and abuse; subsequently, laws have been passed that guarantee them legal security. Staff nurses have a vital role in health care setting. They can provide knowledge and favorable attitude to other professionals, family members and community <sup>(4)</sup>.

The importance of psychiatric nursing ethics has been established as it supervises the performing of nurses as professionals in providing care for patients. As well, in the clinical setting of a study on suicidal persons detected that, nurses are holding a derogatory attitude toward patients despite the regulation made by the Ministry of Health in Saudi Arabia, which emphasizes their tasks toward the patients' ethical and legal rights <sup>(30)</sup>. Nurses should be experienced in lawful and ethical attributes of patients' nursing interventions. In fact, the application of ethical and patients' legal rights when delivering care is critical for all nurses because it is not only importance on the patients' rights, but also, the superiority of interventions that, they will receive <sup>(31)</sup>.

Concerning barriers in nursing practice, regarding ethical aspects the current study results showed that barriers most frequently observed by the nurses who are working in the two selected psychiatric hospitals are lack of time, frequent number of patients with fewer nurses, the community's perception of inferiority

towards nursing profession; and lack of authority to make decisions. In the same line, a study in Iran suggested a minimal number of health professional workers<sup>(32)</sup>. Another study added that the lack of nurses' number are not protecting nurses' autonomies and their employment in the wrong areas<sup>(33)</sup>. Furthermore, several studies clarified that lack of time is considered the main barrier in the implementation of evidence-based practice in nursing profession<sup>(34, 35)</sup>. Previous studies stated further barriers as low salary<sup>(36)</sup>, shortage of facilities and future uncertainty<sup>(37)</sup>. Other barriers associated to psychiatric care are the stigma<sup>(38)</sup>, treatment price, deficiency of knowledge, and loneliness<sup>(39)</sup>. However, another study revealed that stigma is an unimportant barrier<sup>(40)</sup>. In addition, a previous study carried out by **Hanson et al. (2013)**<sup>(41)</sup> revealed that the health professional workers' attitude about people with mental disease is the most pronounced negative attitude compared with those in other inpatient wards.

The current study results showed that the most common barriers in nursing practice regarding ethical aspects are the community's perception of inferiority towards nursing profession; and lack of authority to make decisions. As well, in a recent study by **Blackwood and Chiarella (2020)**<sup>(42)</sup> which mentioned what was

stated by a Greek nurse; "Basically, I get the impression that we do not appreciate ourselves. We count on other professionals, like psychologists and doctors". Also, another study explained how much nurses in Gambia have been refused and that the same levels of authority and autonomy were approved to other healthcare specialists. As well a consequence of nursing's low prestige in culture, they claim that nurses are less concerned with supporting the integrity of the profession<sup>(43)</sup>.

Inappropriate head nurse staff communication as lack of awareness and sensitivity between as supervisors and nurses were other important management barriers to observing professional ethics from the nurses' perspectives. This is concerned with the responsibilities of nursing managers in producing a work atmosphere for nurses appropriate enough to provide effective care<sup>(44)</sup>. Research findings of a previous survey on the difficulties to psychiatric treatment, highlighted that negative experience with the provider will cause the users to stop the treatment that they are receiving or select another health service for the care of people with mental illness. These problems can result in decreased patients' care management<sup>(45)</sup>.

As well, the findings of the current study indicated that there is a positive

statistically significant correlation between legal knowledge and ethical practices among participating psychiatric nurses ( $r = 0.289$ ,  $p < 0.000$ ). Considering the association between knowledge and practices relating to legal and ethical aspects, a study showed that the mean knowledge and practice scores were 17.44 and 13.36 respectively. The statistical testing showed a correlation coefficient, ( $r = 0.54$ ) and therefore there was a moderately positive association between knowledge and practice levels of <sup>(46)</sup>.

In addition, the current study results stated that there are a statistically significant correlations between ethical practice aspects and education level ( $r = 0.323$ ,  $p < 0.012$ ); and years of experience ( $r = 0.492$ ,  $p < 0.000$ ). As well, the present study finding showed that there are statistically significant correlation between ethical practice aspects among participating psychiatric nurses and had training courses in psychiatric nursing ( $r = 0.616$ ,  $p < 0.000$ ); had training courses in communication with patients ( $r = 0.471$ ,  $p < 0.000$ ); and had training course specified in dealing with psychiatric patients ( $r = 0.486$ ,  $p < 0.000$ ). In a previous study, that the nurses reported the lack of training on ethical issues during the undergraduate nursing education to be the most important management barrier to observance of the codes of professional ethics <sup>(47)</sup>. This

highlights the emphasis on nursing education as a practical and effective approach to eliminate existing barriers <sup>(48)</sup>. Other available findings indicated that correct and continuous education of ethics, including its education to health care staff, in health care systems is necessary <sup>(49)</sup>.

Regarding to correlations between nurses' total knowledge and practices of professional ethics and their personal characteristics, results of the current study showed that there were no statistically significant correlations between staff nurses' knowledge and their sex, educational qualification, and experience concerning ethical and legal practices in the field of psychiatric nursing. In the same manner, the study findings conducted by **Kumar et al. (2011)** <sup>(26)</sup> clarified that no correlations were detected between nurses' knowledge of ethics and their sex, marital status, or designation.

The results of current study showed that there are highly a statistically significant correlations between knowledge among participating psychiatric nurses and had training courses in psychiatric nursing ( $r = 0.610$ ,  $p < 0.000$ ); had training courses in communication with patients ( $r = 0.645$ ,  $p < 0.000$ ); and had training course specified in dealing with psychiatric patients ( $r = 0.655$ ,  $p < 0.000$ ).

These findings go with those of **Demirsoy and Kirmlioglu (2016)** <sup>(50)</sup> which showed

the importance of continuing education and intensified efforts to ensure that staff nurses acquired the necessary knowledge that was needed to reduce the effects of misuse of law and negligence of psychiatric nursing performance.

The healthcare professionals at the Training and Research Hospital of the Faculty of Medicine, in Turkey, with the aim of determining nurses' attitudes towards the right of privacy and confidentiality, which are important components of patient rights. The research data reported that nurses were informed about patients' rights and strongly agree to protect the privacy and confidentiality of patient data as a patient's right. Then, with a view to protect and implement patients' rights, it is a must to inform and raise awareness of healthcare professionals about patients' rights, legal responsibilities of healthcare professionals, and communication techniques<sup>(51)</sup>.

A comparative study of nurses' experiences of ethical dilemmas achieved in China and Switzerland showed that there were variations in some ethical conceptions containing belief and culture. The Chinese nurses were more dissatisfied, sad, and nervous during and after the worktime associated to nurses from Switzerland. Nevertheless, two groups experienced ethical problems of poor communication with patients due to heavy

workload<sup>(52, 53)</sup>. Thus, ethical issues would be taken seriously as a basic prerequisite.

**The Indian Mental Health Care Act (2017)** declared the discussions about the rights of patients with psychiatric disorder and laid down the ethical and legal accountabilities of mental health professionals and the government. The human rights of patients with mental disorders are at par with the basic rights of human and want to be talk about them clearly as they belong to a susceptible group of treatment, evaluation, and research perspectives<sup>(54)</sup>. Such rights decode to the ethics of mental care that transmit to respect for autonomy, the principles of beneficence, justice, non-maleficence, confidentiality disclosure, boundary violations, informed consent, and involuntary treatment<sup>(55,56)</sup>. Disability in mental disorder is the situation in which the patient has disclosed symptomatic recovery with the existing treatment modalities, though, has insufficiencies that lead to important problems with self-care, interpersonal, occupational functioning, social, and impaired quality of life that may want aggressive rehabilitation<sup>(57)</sup>.

#### **Conclusions:**

According to the findings of the present study, the following conclusion can be deduced:

- The barriers most frequently observed by the nurses who work in psychiatric

hospitals are lack of time, the frequent number of patients with fewer nurses, the community's perception of inferiority towards nursing profession, and lack of authority to make decisions.

- There is a highly statistically significant positive relationship between legal knowledge and ethical practices among participating psychiatric nurses.
- There is a negative statistically significant relationship between ethical practices and barriers among participating psychiatric nurses.
- There is no statistically significant relationship between legal knowledge and barriers among participating psychiatric nurses.

#### **Recommendations:**

**Based on the findings of the current study, the following recommendation can be suggested:**

- There is a need to improve the knowledge of the nurses on legal and ethical responsibilities so that they can improve their practices, overcome barriers affecting inpatient psychiatric nursing care and uplift the quality of nursing services and effective nursing care that lead to patients' satisfaction.
- Develop nursing education programs that are specifically focused on ethical problems in the fields of mental health and psychiatry to increase their awareness regarding ethics-legal aspects.

-The nursing managers of psychiatric hospitals should value and respond promptly to the motivational, educational, psychological, social and career development needs of psychiatric nurses.

#### **References**

1. American Nurse Association. Code of ethics for nurses with interpretive statements silver spring, Maryland 2014. Available at: <https://www.vcuhealth.org/for-health-professionals/nursing/about-nursing-at-vcu/ana-code-ethics>.
2. Haddad L, and Geiger R. Nursing ethical considerations. Treasure Island (FL): StatPearls. 2020. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK526054>.
3. Epstein B, and Turner M. The nursing code of ethics: Its value, its history. Online Journal of Issues in Nursing. 2015; 20(2): e 4.
4. Wankhar M, and Singh B. A study to assess the knowledge regarding legal aspects in psychiatric nursing among nurses in a selected tertiary care center. International Journal of Science and Research (IJSR). 2017; 6(6): 2319-2364.
5. Morrell T, Konda S, and Grant-Kels J. Response to a letter to the editor regarding "The ethical issue of cherry picking patients". Journal of the American Academy of Dermatology.

- 2019; 80(5): e127. Available at: <http://www.doi.org/10.1016/j.jaad.2018.07.053>
6. Celment N. Nursing ethics: Concepts, trends and practices. Chapter 21. India: Pearson. 2016; p 323. Available at: <https://www.amazon.com/Nursing-Ethics-Concepts-Trends-Practices/dp/B01CO4I812>.
  7. Aliyu D, Adeleke I, and Omoniyi S. Knowledge, attitude and practice of nursing ethics and law among nurses at Federal Medical Centre, Bida. American Journal of Health Research. 2015; 3: 32-37. Available at: <https://www.doi.org/10.11648/j.ajhr.s.2015030101.15>.
  8. Townsend M, and Morgan K. Concepts of care in evidence-based practice. (9<sup>th</sup> ed.). Philadelphia: Lippincott Williams & Wilkins. 2018; p 87.
  9. Dehghani A, Mosalanejad L, and Dehghan-Nayeri N. Factors affecting professional ethics in nursing practice in Iran: A qualitative study. BMC Medical Ethics. 2015; 16: 61. Available at: <http://www.doi.org/10.1186/s12910-015-0048-2>.
  10. Sadock B, and Sadock V. Synopsis of psychiatry: Behavioral sciences clinical psychiatry. Chapter 36: Ethics in psychiatry. (11<sup>th</sup> ed.). New York: Wolters Kluwer. 2015; p 2927.
  11. Gimba, S. Barriers to provision of psychiatric nursing care: A case study of a teaching hospital, Nigeria. University of Cape Town. 2014. Available at: <http://hdl.handle.net/11427/13137>
  12. Wong, O. Contextual barriers to the successful implementation of family centered practice in mental health care. A Hong Kong study. Archives of Psychiatric Nursing. 2014; 28(3): 212-219. Available at: <http://www.doi.org/10.1016/j.apnu.2014.02.001>.
  13. Hercelinskyj G, Cruickshank M, Brown, P and Philips B. Perceptions from the front line: Professional identity in mental health nursing. International Journal of Mental Health Nursing. 2014; 23(1): 24-32. Available at: <http://www.doi.org/10.1111/inm.12001>
  14. Paudel-Subedi K, Timalisina K, and Bhele R. Nurse's awareness on ethico-legal aspects of nursing profession. Journal of Nepal Health Research Council. 2018; 16: 49-52. Available at: <http://www.doi.org/10.3126/jnhrc.v16i1.19363>.
  15. Oliveira R, Júnior A, and Furegato A. Perceptions on psychiatric nursing care at a general hospital inpatient unit. Acta Scientiarum, Health Sciences. 2016; 38. Available at:

- <http://www.redalyc.org/articulo.oa?id=307245984006>.
16. El-Azzab S, and Abd El-Aziz A. Nurses' knowledge, attitudes, and skills towards psychiatric patients' safety. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*. 2019; 8(6): 01-13. Available at: <https://www.doi.org/10.9790/1959-0806090113>.
  17. Schierenbeck S, Johansson P, Andersson L, and Rooyen D. Barriers to accessing and receiving mental health care in Eastern Cape, South Africa. *Health and Human Rights Journal*. 2013; 15: 110-123.
  18. Tristiana R, Yusuf A, Fitriyarsi R, Wahyuni S, and Nihayati H. Perceived barriers on mental health services by the family of patients with mental illness. *International Journal of Nursing Sciences*. 2018; 5: 63-67. Available at: <https://www.doi.org/10.1016/j.ijnss.2017.12.003>.
  19. Aydin R, and Ersoy N. Ethical problems experienced by nurses who work in psychiatry clinics in Turkey. *Journal of Psychiatric Nursing*. 2017; 8(2): 77-85. Available at: <http://www.doi.org/10.14744/phd.2017.97720>.
  20. Pishgooie A, Barkhordari-Sharifabad M, Atashzadeh-Shoorideh F, and Falcó-Pegueroles A. Ethical conflict among nurses working in the intensive care units. *Nursing Ethics*. 2019; 26: 2225-2238.
  21. Fourie, C. Who is experiencing what kind of moral distress? Distinctions for moving from a narrow to a broad definition of moral distress. *American Medical Association Journal of Ethics*. 2017; 19: 578-584.
  22. Kim M, Oh Y, and Kong B. Ethical conflicts experienced by nurses in Geriatric Hospitals in South Korea: “If you can’t stand the heat, get out of the kitchen”. *International Journal of Environmental Research and Public Health*. 2020; 17(12): 4442. Available at: <http://www.doi.org/10.3390/ijerph17124442>.
  23. Townsend M. *Psychiatric mental health nursing: Concepts of care in evidence-based practice*. (8<sup>th</sup> ed.). Philadelphia: Lippincott Williams & Wilkins. 2015: pp 80-83.
  24. Oyetunde M, and Ofi B. Nurses knowledge of legal aspects of nursing practice in Ibadan Nigeria. *Journal of Nursing Education and Practice*. 2013; 3(9): 82203-82208.
  25. Helmy F, and Soliman S. Student's knowledge, student's attitude, nursing ethics, patient's right issue. *The New Egyptian Journal of Medicine*. 2003; 29, 6.
  26. Kumar R, Mehta S, and Kalra R. Knowledge of staff nurses regarding

- legal and ethical responsibilities in the field of psychiatric nursing. *Nursing and Midwifery Research Journal*. 2011; 7, 1.
28. Koshy P. A study to assess the knowledge regarding legal and ethical concepts in care of children among staff nurses in a selected hospital in m.p. *International Journal of Science and Research (IJSR)*. 2016; 5(9): 1454-1457.
29. Shrestha S, and Jose P. Knowledge & practice of nursing ethics and laws. *Journal of Universal College of Medical Sciences* 2014; 2(7): 30-33.
30. Hemant K, Kalpana J, and Mathur D. Legal awareness and responsibilities of nursing staff in administration of patient care in Trust Hospital. *Journal of Clinical & Diagnostic Research*. 2013; 7, 12. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3919375>.
31. Cutcliffe J. Whose life is it anyway? An exploration of five contemporary ethical issues that pertain to the psychiatric nursing care of the person who is suicidal: Part one. *International Journal of Mental Health Nursing*. 2008; 17(4): 236-245. Available at: <https://www.doi.org/10.1111/j.1447-0349.2008.00539.x>.
32. Khalil A. (2019). Impact of an educational intervention in enhancing nurses' knowledge towards psychiatric patients' ethical and legal rights. *Journal of Nursing Education and Practice*. 2019; 9 (10): 1-14. Available at: <http://jnep.sciedupress.com>.
33. Kiadaliri A, Najafi B, and Haghparast-Bidgoli H. Geographic distribution of need and access to health care in rural population: An ecological study in Iran. *International Journal Equity Health*. 2011; 10. Available at: <https://www.doi.org/10.1186/1475-9276-10-39>.
34. Yildirim A. Nursing services are under the legal protection. *Journal of Hospital*. 2011; 70: 23-29.
35. Azmoude E, Aradmehr M, and Dehghani F. Midwives' attitude and barriers of evidence-based practice in maternity care. *Malaysian Journal of Medical Sciences*. 2018; 25(3): 120-128. Available at: <https://www.doi.org/10.21315/mjms2018.25.3.12>.
36. Alatawi M, Aljuhani E, Alsufiany F, Aleid K, Rawah R, Aljanabi S, and Banakhar M. Barriers of implementing evidence-based practice in nursing profession: A literature review. *American Journal of Nursing Science*. 2020; 9: 35. Available at: <https://www.doi.org/10.11648/j.ajns.20200901.16>.
37. Gunawan J. Unequal distribution of nurses in Indonesia: A perspective

- from a nurse. *Belitung Nursing Journal*. 2016; 2: 8-9.
38. Rowan K, McAlpine D, and Blewetta L. Access and cost barriers to mental health care by insurance status, 1999 to 2010. *Health Affairs*. 2013; 32: 1723-1730.
39. Shidhaye R, and Kermode M. Stigma and discrimination as a barrier to mental health service utilization in India. *International Health*. 2013; 5: 6-8. Available at: <https://www.doi.org/10.1093/inthealth/ihs011>.
40. Braun B. Barriers to mental health access for rural residents. *Maryl Fam Policy Impact Semin*. 2013. Available at: <http://www.cehd.umn.edu/FSoS/projects/ruralspeak/pdf/md-mental-health-task-force>.
41. Grohol J. Barriers to mental health treatment: stigma or self-sufficiency? *World Psychology*. 2014. Available at: <http://psychcentral.com/blog/archives/2014/03/04/barriers-to-mental-health-treatment-stigma-or-self-sufficiency/>.
42. Hansson L, Jormfeldt H, Svedberg P, and Svensson B. Mental health professionals' attitudes towards people with mental illness: Do they differ from attitudes held by people with mental illness? *International Journal of Social Psychiatry*. 2013; 59.
43. Blackwood S, and Chiarella M. Barriers to uptake and use of codes of ethics by nurses. *Collegian*. 2020; 27(4): 443-449. Available at: <https://www.doi.org/10.1016/j.colegn.2019.11.005>.
44. Bah H, and Sey-Sawo J. Teaching and practicing nursing code of ethics and values in the Gambia. *International Journal of Africa Nursing Sciences*. 2018; 9: 68-72. Available at: <http://dx.doi.org/10.1016/j.ijans.2018.08.005>.
45. Khaki I, Abbasi M, Khalajinia Z, and Momenyan S. Barriers to observance of the codes of professional ethics in clinical care: Perspectives of nurses and midwifery of hospitals affiliated with Qom University of Medical Sciences in 2016. *Health Spiritual and Medical Ethics*. 2018; 5: 33-39.
46. Motjabai R, Olfson M, Sampson N, Jin R, Druss B, and Wang P. Barriers to mental health treatment: Results from the national comorbidity survey replication (NCS-R). *Psychological Medicine*. 2011; 41: 1751-1761.
47. Kaur S. A descriptive study to assess the knowledge and practice regarding legal and ethical aspects among staff nurses. *International Journal of Health Sciences and Research*. 2017; 7(5): 243-246.
48. Mohammadi M, Parandin S, and Benefit P. Barriers to the application of principles of professional ethics in

- clinical nurses' perspectives Kermanshah University of Medical Sciences in 2014. *Journal of Ethics and Culture in Nursing and Midwifery*. 2014; 1(2): 1-8.
49. Rasht-Abadi R, Borhani F, and Abbaszadeh A. Knowledge of patient rights charter, its compliance with the views of nurses and their effective factors in Kerman. *Journal of Medical History*. 2014; 5(17): 37-62.
50. Dehghani A, Dastpak M, and Gharib A. Barriers to respect professional ethics standards in clinical care perspectives of nurses. *Iranian Journal of Medical Education*. 2013; 13(5): 421-430.
51. Demirsoy N, and Kirimlioglu N. Protection of privacy and confidentiality as a patient right: Physicians' and nurses' viewpoints. *Biomedical Research*. 2016; 27(4): 1437-1448.
52. Wojtowicz B, Hagen B, and Daalen-Smith C. No place to turn: Nursing students' experiences of moral distress in mental health settings. *International Journal of Mental Health Nursing*. 2013; 23,3. Available at: <https://www.doi.org/10.1111/inm.12043>.
53. Price R. An ethical reflection. *Whitireia Nursing Journal*. 2008; 15: 50-53.
54. Silen M, Tang P, and Ahlstrom G. Swedish and Chinese nurses' conceptions of ethical problems: A comparative study. *Journal of Clinical Nurse*. 2008; 18(10): 1470-1479. Available at: <https://www.doi.org/10.1111/j.1365-2702.2008.02422.x>.
55. Ministry of Law and Justice. The mental healthcare act. *Gazette of India*. 2017. Available at: <http://www.egazette.nic.in/WriteReadData/2017/175248.pdf>.
56. Bipeta R. Legal and ethical aspects of mental health care. *Indian Journal of Psychological Medicine*. 2019; 41(2): 108-112. Available at: [https://www.doi.org/10.4103/ijpsym.ijpsym\\_59\\_19](https://www.doi.org/10.4103/ijpsym.ijpsym_59_19).
57. Molanguri U. Ethics in psychiatric society. *Telangana Journal of Psychiatry*. 2017; 3: 57- 60.
58. Balakrishnan A, Kulkarni K, Moirangthem S, Kumar C, Math S, and Murthy P. The rights of persons with disabilities Act 2016: Mental health implications. *Indian Journal of Psychological Medicine*. 2019; 41: 119-125.