

INDIRANI COLLEGE OF NURSING

LEVEL OF STUDENT - B.SC(N) I yrs

NURSE AS A PROFESSION - 2

Presented by

Mrs. Dhanasundari. G

Lecturer in Nursing (MSN)

ICON

NURSE AS A PROFESSION

- 7. History of Nursing in India**
- 8. Values: Definition, Types, Values Clarification and values in professional Nursing: Caring and Advocacy**
- 9. Ethics:**
- 10. Definition and Ethical Principles**
- 11. Code of ethics and professional conduct for nurses**

HISTORY OF NURSING IN INDIA

INTRODUCTION

The early history of nurses suffers from a lack of source material, but nursing in general has long been an extension of the wet-nurse function of women. 300 AD - Entry of women into nursing. Women began nursing as an expression of Christianity (acts of mercy). Women were recognized as important members of community. 1633 - Sisters of Charity founded by Louise de Marillac - established the first educational program to be affiliated with a religious nursing order 1809 - Mother Elizabeth Seton introduced the Sisters of Charity into America, later known as the Daughters of Charity.

1. Modern nursing began in the 19th century in Germany and Britain, and spread worldwide by 1900. 1836 - Deaconess Institute of Kaiserwerth, Germany, founded. This was the institute where Florence Nightingale received her initial education in nursing. 1860 - establishment of the Nightingale Training School for Nurses at St. Thomas Hospital in London, England. The first organized program for training nurses
2. **DARK PERIOD OF NURSING** - From 17th century – 19th century. Also called the Period of Reformation until the American Civil War. Hospitals were closed. Nursing were the works of the least desirable people (criminals, prostitutes, drunkards, slaves, and opportunists). Nurses were uneducated, filthy, harsh, ill-fed, overworked. • 1854 - 1856 (CRIMEAN WAR)- On Oct. 21, 1854,

Nightingale left with 38 women for the Crimean War—British casualties were high; within 6 months, death rate cut in half. Made rounds at night with a lamp “Lady of the Lamp”. Compiled the “Notes on Nursing: What it is and What is not” and became the first nurse theorist.

3. 1884 - Mary Snively assumed directorship of Toronto General Hospital and began to form the Canadian National Association of Trained Nurses. Later became the Canadian Nurses Association. 1890 - establishment of the Nurses Associated Alumni of the United States and Canada & this later became the American Nurses Association.
4. 1901 - first university affiliated nursing program, Army Nurse Corps established. 1901 - New Zealand was the first country to regulate nurses nationally, with adoption of the Nurses Registration Act on the 12 September 1901. It was here in New Zealand that Ellen Dougherty became the first registered nurse. 1911 - formed American Nurses Association.
5. 1920 - graduate nurse-midwifery programs were established. 1926 - ANA Code of Ethics approved. 1948 - Brown report says all nursing programmes must be affiliated to the university, should have independent budget. 1953 - National League for Nursing in collaboration with other universities, developed graduate nursing education. 1960 – Yale University defined Nursing as a Profession.
6. 1965 - National commission on nursing and nursing education was established. Nursing role and responsibility clarified. Increased financial support and career opportunities. 1969 - American Association of Critical Care nurses formed 1975 - Oncology Nurses Society formed 1985 - ANA published code for nurses
7. In the ancient era, until 17th century, formalized nursing was not traced. Every village had a dai/traditional birth attendant to take care of maternal and child health needs of the people. Military nursing was the earliest type of modern nursing introduced by the Portuguese in the 17th century. 1664 - East India Company started a hospital for soldiers at Fort St. George, Madras. Florence Nightingale was the first woman to have great influence over nursing in India and brought reforms in military and civilian hospitals in 1861. St. Stevens Hospital at Delhi was the first one to begin training Indian women as nurses in 1867.
8. 1871 - The government General Hospital at Madras was started with the first school of nursing for midwives with four students. Many nursing schools were started in different states of India between 18th and 19th century mostly by mission hospitals, which trained Indians as nurses. 1907-1910 - in

North India, United Board of Examiners for mission hospitals was set up which formulated training standards and rules.

9. Later Mid India (1926) and South India (1913) boards (boards of CMAI) were set up which conducted examination and gave diplomas. The first school of Health visitors was started in 1918 by Lady Reading Health School, Delhi. 1946 - The first four-year Basic B.Sc. program was established at RAK College of Nursing in Delhi and CMC College of Nursing in Vellore. 1951 - a two-year ANM course was established in St. Mary's Hospital at Punjab. 1960 - M.Sc. was established in RAK College of Nursing, Delhi.
10. 1963 - the School of Nursing in Trivandrum, instituted the first two-year post certificate bachelor's degree programme. 1980 - RAK college of nursing started an MPhil programme as a regular and part time course. Doctorate Of Philosophy In Nursing (PhD in Nursing. Earlier Indian nurses were sent abroad for Ph. D programme. PhD programmes in nursing was first started in India in 1992 under Department of Nursing, University of Delhi through RAK.
11. 1992 - Post Basic BSc Nursing programme was launched by IGNOU, which is three years duration course is recognized by INC. Post-Basic/Post Certificate Short-Term Courses And Diploma Programmes: During 1948-50 four nurses were sent to the U.K.by Govt. of India for mental health nursing diploma. During 1954 Manzil Medical Health centre, Lucknow gave psychiatric nursing orientation course of 4 – 6weeks duration. In 1951 a one year course in public health was started at college of nursing Delhi. Govt. of India felt urgent need for psychiatric nurses during 1953-54,this resulted in first organized course at All India Institute of Mental Health. In 1962 diploma in peadatric nursing was established at J.J. Group of Hospitals, Bombay. At present there are many other courses of three months duration which are monitored and recognized by INC.
12. NURSING COUNCILS – 1890 - Bombay Presidency Nursing Association was the first state nursing association. 1908 - the Trained Nurses Association was formed to uphold the dignity and honor of nursing profession. The first state registration council at Madras Nursing Council was constituted in 1926 and Bombay Nursing Council was constituted in 1935. In 1949, Indian Nursing Council (INC) was established to maintain a uniform standard of training for nurses, midwives and health visitors and regulate the standards of nursing in India. INC act was passed in 1947 that was amended in 1950 and 1957.

13. By 2000, nursing advisor post was instituted at the national level; three nursing posts were increased to five with the introduction of Asst. Director General Nursing and Dy. Asst. Director General. 2003 - The College of Nursing PGI, Chandigarh and College of Nursing, CMC Vellore were designated as WHO collaborating centers for nursing and midwifery development.
14. Nursing education have expanded considerably post independence. University education in nursing brought about changes in nursing education. The type of nurses required today is an “all round personality”. Education brings changes in behavior of the individual in a desirable manner. It aims at all round development of an individual to become mature, self - sufficient, intellectually, culturally refined socially efficient and spiritually advanced.

8. Values: Definition, Types, Values Clarification and values in professional Nursing: Caring and Advocacy

Values have major influence on a person's behavior and attitude and serve as broad guidelines in all situations.

Dictionary Definitions: • The moral principles and beliefs or accepted standards of a person or social group.

• The principles that help you to decide what is right and wrong, and how to act in various situations

Definitions: Values are enduring beliefs or attitudes about the worth of a person, object, idea, or action. Values are important because they influence decisions and actions, including nurses’ ethical decision making.

A Definition Of Values: Values are principles that allow us to guide our behavior to fulfill ourselves as individuals. They are fundamental beliefs that help us prefer, accept and choose one thing over another or a behavior over another.

They are also a source of satisfaction and fulfillment. They provide a guideline to formulate goals and objectives, whether personal or collective. They reflect our keenest interests, feelings and convictions. Values refer to human needs and represent ideals, dreams and aspirations. Their importance is independent of the circumstances. For example, even though we may be unfair, fairness still has a value. The same happens with wellbeing or happiness.

Types Of Values

Types Of Values We can speak of universal values, because ever since human beings have lived in community, they have had to establish principles to guide their behavior towards others. In this sense, honesty, responsibility, truth, solidarity, cooperation, tolerance, respect and peace, among others, are considered universal values.

However, in order to understand them better, it is useful to classify values according to the following criteria: **Personal values:** These are considered essential principles on which we build our life and guide us to relate with other people. They are usually a blend of family values and social-cultural values, together with our own individual ones, according to our experiences.

Types Of Values

Family values: These are valued in a family and are considered either good or bad. These derive from the fundamental beliefs of the parents, who use them to educate their children. They are the basic principles and guidelines of our initial behavior in society, and are conveyed through our behaviors in the family, from the simplest to the most complex.

Social-cultural values: These are the prevailing values of our society, which change with time, and either coincide or not with our family or personal values. They constitute a complex mix of different values, and at times they contradict one another, or pose a dilemma. For example, if work is not valued socially as a means of personal fulfillment, then the society is indirectly fostering “anti-values” like dishonesty, irresponsibility, or crime.

Material values: These values allow us to survive, and are related to our basic needs as human beings, such as food and clothing and protection from the environment. They are fundamental needs, part of the complex web that is created between personal, family and social-cultural values.

Spiritual values: They refer to the importance we give to non- material aspects in our lives. They are part of our human needs and allow us to feel fulfilled. They add meaning and foundation to our life, as do religious beliefs. Moral values: The attitudes and behaviors that a society considers essential for coexistence, order, and general well.

Values In Professional Nursing : Professional values are the guiding beliefs and principles that influence your work behaviour. Your professional values are usually an extension of your personal values such as honesty, generosity and helpfulness. These values may change over time and around different life events, your core beliefs should stay the same. Nurses professional values are acquired during socialization into nursing from codes of ethics, nursing experiences, teachers and peers.

Values In Professional Nursing : Professional nursing values were defined as important professional nursing principles of human dignity, integrity, altruism, and justice that serve as a framework for standards, professional practice, and evaluation. Schank and Weis stated that these are “standards for action that are accepted by the practitioner and/or professional group and provide a framework for evaluating beliefs and attitudes that influence behavior”.

Values In Professional Nursing : The American Association of Colleges of Nursing (AACN, 1998) identified five values essential for the professional nurse: Altruism Autonomy Human dignity Integrity Social justice

Values professional behavior

1. **Altruism:** Nurse's concern for the welfare of patients, other nurses, and other health care providers
 - Understands cultures, beliefs, and perspectives of others.
 - Advocates for patients.
 - Take risks on behalf of patients and colleagues.
 - Mentors other professionals.
2. **Autonomy:** Nurses respects patient's right to make decisions about their health care.
 - Plans care in partnership with patients.
 - Honors the rights of patients and families to make decisions.
 - Provides information so patients can make informed choices.
3. **Human dignity:** Nurses values and respects the inherent worth and uniqueness of all patients and colleagues.
 - Provides culturally competent and sensitive care
 - Protects patient's privacy.
 - Designs care with sensitivity to individual patient needs.
4. **Integrity:** Nurses acts honestly and provides care based on an ethical framework.
 - Provides honest information to patients and the public.
 - Document care honestly and accurately.
 - Seeks to remedy errors made by self or others.
 - Demonstrates accountability of own actions
5. **Social justice:** Nurse upholds moral, legal, and humanistic principles by ensuring equal treatment under the law and equal access to quality health care
 - Supports fairness and nondiscrimination in the delivery of care.
 - Promotes universal access to health care.
6. **Core Values of Nurse Advocacy** Three core values help form the basis of nursing advocacy: preserving human dignity; patient equality; and freedom from suffering. The values every nurse or midwife should work to, known as the 'six Cs'. The six Cs - care, compassion, competence, communication, courage and commitment - are the other core nursing values.

Other Values In Professional Nursing :

7. A method whereby a person can discover his or her own values by assessing, exploring, and determining what those personal values are and how they affect personal decision making.

χ It is a process by which people identify, examine and develop their own individual values

Values Clarification:

Principles: No one set of values is right for everyone.

Goal: The goal of "values clarification" is for you to become fully conscious of their influence, and to explore and honestly acknowledge what you truly value at this time in your life. This promotes personal growth by fostering awareness, empathy and insight.

Steps/Theory of Value Clarification:

One widely used theory was developed by Rath, Harmin and Simon (1978). They described a valuing process of thinking, feeling and behaviour that they termed 'choosing', 'prizing' and 'acting'

Value Process Description Choosing (Cognitive) Chosen beliefs are:

- Freely, without outside pressure
- From among alternatives
- After reflecting and considering consequences. Prizing (Affective) Chosen beliefs are prized and cherished.

Acting (Behavioural) Chosen beliefs are:

- Affirmed to others
- Incorporated into one's behaviour
- Repeated consistently in one's life.

Clarifying the Nurse's Values Nurses and nursing students need to examine the values they hold about life, death, health and illness. One strategy for gaining awareness of personal values is to consider one's attitudes about specific issues such as abortion or euthanasia, asking: "Can I accept this, or live with this?" "Why does this bother me?"....

- Clarifying the Client Values To plan effective care, nurses need to identify client's values as they influence and relate to a particular health problem. For Eg:- A client with lose of eye sight will place

high value on the ability to see. When clients hold unclear or conflicting values that are detrimental to their health, the nurse should use values clarification as an intervention.

- Clarifying the Client Values Examples are:-
 1. List alternatives: make sure that the client is aware all the alternative actions.
 2. Examine possible consequences of choice: make sure the client has thought about the possible results of each action.
 3. Choose freely: to determine whether the client chose freely.
 4. Feel good about the choice: to determine how the client feels.
 5. Affirm the choice: ask “What will you say to others about this?”
 6. Act on the choice: to determine whether the client is prepared to act on the decisions made.
 7. Act with a pattern: to determine whether the client consistently behaves in a certain way. When implementing these seven steps to clarify values, the nurse assists the client to think each question through, but does not impose personal values.
- Behaviors that may indicate unclear values. Behaviors Examples Ignoring a health professionals advice. A client with family problem and heart disease ignores advice to take rest. Inconsistent communication or behavior. A pregnant women says she wants a healthy baby, but continue to drink alcohol.

ETHICS

The word ethics is derived from the Greek word “ethos”, which means custom or guiding beliefs. Ethics is defined as a set of rules or principles that govern right conduct and is designed to protect the rights of a human being. Ethics is a branch of philosophy; it is moral philosophy or philosophical thinking about morality, moral problems, and moral judgements.

DEFINITIONS: Nursing ethics is the values and ethical principles governing nursing practice, conduct, and relationships. Nursing Ethics refers to the moral code of nursing & is based on obligation to service & respect for human life.

ETHICAL PRINCIPLE:

The ethical principles that nurses must adhere to are:- The principles of justice Beneficence Non – maleficence Accountability Fidelity Autonomy Veracity

The principles of justice: Justice is fairness. Nurses must be fair when they distribute care. Care must be fairly, justly, and equitably distributed among a group of patients. **Beneficence:** Beneficence is doing good and the right thing for the patient. **Non – maleficence:** Nonmaleficence is doing no harm, as stated in the historical Hippocratic Oath. Harm can be intentional or unintentional.

Accountability: Accountability is accepting responsibility for one's own actions. Nurses are accountable for their nursing care and other actions. They must accept all of the professional and personal consequences that can occur as the result of their actions. **Fidelity:** Fidelity is keeping one's promises. The nurse must be faithful and true to their professional promises and responsibilities by providing high quality, safe care in a competent manner.

Autonomy: Autonomy and patient self- determination are upheld when the nurse accepts the client as a unique person who has the innate right to have their own opinions, perspectives, values and beliefs. Nurses encourage patients to make their own decision without any judgments or coercion from the nurse. The patient has the right to reject or accept all treatments. **Veracity:** Veracity is being completely truthful with patients; nurses must not withhold the whole truth from clients even when it may lead to patient distress.

CODE

Systematic collection of statutes, body of laws so arranged as to avoid inconsistency

CODE OF ETHICS:

A code of ethics is a set of ethical principles that are accepted by all members of a profession. Potter←verlapping ; set of rules on any subject. & Code of ethics is a guideline for performance←Perry & standards & personal responsibilities.

PURPOSES :

Set standards for the behaviours of nurse & provide general guidelines for nursing action
Helps to distinguish between right & wrong Enables a correct decision Protect the rights of individual

- An international code of ethics for nurses was first adopted by the International Council of Nurses (ICN) in 1953. It has been revised and reaffirmed at various times since, most recently with this review and revision completed in 2012.
- The ICN Code of Ethics for Nurses has four principal elements that outline the standards of ethical conduct.

ELEMENTS OF THE CODE:

1. Nurses and people
2. Nurses and practice
3. Nurses and the profession
4. Nurses and co-workers

1. **Nurses and people**

The nurse's primary professional responsibility is to people requiring nursing care. In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected. The nurse ensures that the individual receives accurate, sufficient and timely information in a culturally appropriate manner on which to base consent for care and related treatment.

Nurses and people The nurse holds in confidence personal information and uses judgement in sharing this information. The nurse shares with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations.

The nurse advocates for equity and social justice in resource allocation, access to health care and other social and economic services. The nurse demonstrates professional values such as respectfulness, responsiveness, compassion, trustworthiness and integrity

2. Nurses and practice

The nurse carries personal responsibility and accountability for nursing practice, and for maintaining competence by continual learning. The nurse maintains a standard of personal health such that the ability to provide care is not compromised.

The nurse uses judgement regarding individual competence when accepting and delegating responsibility. The nurse at all times maintains standards of personal conduct which reflect well on the profession and enhance its image and public confidence.

The nurse, in providing care, ensures that use of technology and scientific advances are compatible with the safety, dignity and rights of people. The nurse strives to foster and maintain a practice culture promoting ethical behaviour and open dialogue.

3. **Nurses and the profession**

The nurse assumes the major role in determining and implementing acceptable standards of clinical nursing practice, management, research and education. The nurse is active in developing a core of research-based professional knowledge that supports evidence-based practice. The nurse is active in developing and sustaining a core of professional values.

The nurse, acting through the professional organisation, participates in creating a positive practice environment and maintaining safe, equitable social and economic working conditions in nursing. The nurse practices to sustain and protect the natural environment and is aware of its consequences on health. The nurse contributes to an ethical organisational environment and challenges unethical practices and settings.

4. **Nurses and co-workers**

The nurse sustains a collaborative and respectful relationship with co-workers in nursing and other fields. The nurse takes appropriate action to safeguard individuals, families and communities when their health is endangered by a co-worker or any other person. The nurse takes appropriate action to support and guide co-workers to advance ethical conduct.

CODE OF ETHICS FOR NURSES IN INDIA BY INC:

1. The nurse respects the uniqueness of individual in provision of care - Nurse
 - 1.1 Provides care of individuals without consideration of caste, creed, religion, culture, ethnicity, gender, socio-economic and political status, personal attributes, or any other grounds
 - 1.2 Individualizes the care considering the beliefs, values and cultural sensitivities
 - 1.3 Appreciates the place of individual in the family and community and facilitates participation of significant others in the care.
 - 1.4 Develops and promotes trustful relationship with individual(s)
 - 1.5 Recognizes uniqueness of response of individuals to interventions and adapts accordingly

2. The nurse respects the rights of individuals as partner in care and help in making informed choices

– Nurse

2.1 Appreciates individual's right to make decisions about their care and therefore gives adequate and accurate information for enabling them to make informed choices

2.2 Respects the decisions made by individual(s) regarding their care

2.3 Protects public from misinformation and misinterpretations

2.4 Advocates special provision to protect vulnerable individuals/groups.

3. The nurse respects individual's right to privacy, maintains confidentiality, and shares information judiciously- Nurse

3.1 Respects the individual's right to privacy of their personal information

3.2 Maintains confidentiality of privileged information except in life threatening situations and uses discretion in sharing information.

3.3 Takes informed consent and maintains anonymity when information is required for quality assurance/ academic/legal reasons

3.4 Limits the access to all personal records written and computerized to authorized persons only.

4. Nurse maintains competence in order to render Quality Nursing Care

4.1 Nursing care must be provided only by registered nurse

4.2 Nurse strives to maintain quality nursing care and upholds the standards of care

4.3 Nurse values continuing education, initiates and utilizes all opportunities for self development.

4.4 Nurses values research as a means of development of nursing profession and participates in nursing research adhering to ethical principles.

5. The nurse is obliged to practice within the framework of ethical, professional and legal boundaries

- Nurse

5.1 Adheres to code of ethics and code of professional conduct for nurses in India developed by Indian Nursing Council

5.2 Familiarizes with relevant laws and practices in accordance with the law of the state

6. Nurse is obliged to work harmoniously with members of the health team – Nurse

6.1 Appreciates the team efforts in rendering care

6.2 Cooperates, coordinates and collaborates with members of the health team to meet the needs of people

7. Nurse commits to reciprocate the trust invested in nursing profession by society __Nurse

7.1 Demonstrates personal etiquettes in all dealings

7.2 Demonstrates professional attributes in all dealings

PROFESSIONAL CONDUCT FOR NURSES:

Professional conduct refers to the manner in which nurses and midwives behave while acting in a professional capacity. This code is not intended to give detailed professional advice on any specific issues and / or any specific areas of practice, rather it identifies the minimum requirements for conduct in the profession.

A breach of the Code of Professional Conduct may represent professional misconduct or unprofessional conduct. The profession expects that all levels of nurses and midwives will conduct themselves personally and professionally in a way that will maintain strong public confidence and care excellence in the profession. Nurses and midwives have a responsibility to provide safe and competent care which is responsive to the individual, family, community needs and the profession.

1. Professional Responsibility and accountability - Nurse

1.1 Appreciates sense of self-worth and nurtures it

1.2 Maintains standards of personal conduct reflecting credit upon the profession

1.3 Carries out responsibilities within the framework of the professional boundaries

1.4 Is accountable for maintaining practice standards set by Indian Nursing Council

1.5 Is accountable for own decisions and actions

1.6 Is compassionate

1.7 Is responsible for continuous improvement of current practices

1.8 Provides adequate information to individuals that allows them informed choices

1.9 Practices healthful behaviour

2. Nursing Practice – Nurse

2.1 Provides care in accordance with set standards of practice

2.2 Treats all individuals and families with human dignity in providing physical, psychological, emotional, social and spiritual aspects of care

2.3 Respects individuals and families in the context of traditional and cultural practices, promoting healthy practices and discouraging harmful practices

2.4 Presents realistic picture truthfully in all situations for facilitating autonomous decision-making by individuals and families

2.5 Promotes participation of individuals and significant others in the care

2.6 Ensures safe practice

2.7 Consults, coordinates, collaborates and follows up appropriately when individuals' care needs exceed the nurse's competence

3. Communication and Interpersonal Relationships - Nurse

3.1 Establishes and maintains effective interpersonal relationships with individuals, families and communities

3.2 Upholds the dignity of team members and maintains effective interpersonal relationship with them

3.3 Appreciates and nurtures professional role of team members

3.4 Cooperates with other health professional to meet the needs of the individuals, families and communities

4. Valuing Human Being – Nurse

4.1 Takes appropriate action to protect individuals from harmful unethical practice

4.2 Considers relevant facts while taking conscience decisions in the best interest of individuals

4.3 Encourages and supports individuals in their right to speak for themselves on issues affecting their health and welfare

4.4 Respects and supports choices made by individuals

5. Management - Nurse

5.1 Ensures appropriate allocation and utilization of available resources 5.2 Participates in supervision and education of students and other formal care providers

5.3 Uses judgment in relation to individual competence while accepting and delegating responsibility

5.4 Facilitates conducive work culture in order to achieve institutional objectives

5.5 Communicates effectively following appropriate channels of communication

5.6 Participates in performance appraisal

5.7 Participates in evaluation of nursing services

5.8 Participates in policy decisions, following the principle of equity and accessibility of services

5.9 Works with individuals to identify their needs and sensitizes policy makers and funding agencies for resource allocation

6. Professional Advancement -Nurse

6.1 Ensures the protection of the human rights while pursuing the advancement of knowledge

6.2 Contributes to the development of nursing practice

6.3 Participates in determining and implementing quality care

6.4 Takes responsibility for updating own knowledge and competencies 6.5 Contributes to core of professional knowledge by conducting and participating in research

As a nurse, it has become an important necessity to be aware of the legal aspects associated with caring and helping people in the healthcare industry today. The first nursing law created was that of nursing registration in 1903. Liability: As an educated professional, nurses are always legally responsible or liable for their action. Although each person is legally responsible for his or her own

actions, there are also situations in which a person or organization may be held liable for actions taken by others. Some of the liabilities are personal, employers, supervisors etc.

Informed consent: Every person has the right to either consent to or refuse medical treatment. The law requires that a person give voluntary and informed consent to treatment. This consent may be either verbal or written. Written consent usually is preferred in health care to ensure that a record of consent exists. The patients also have the right to withdraw the consent which in the case may notify the concerned authority. The consent of minor is usually given by a parent or legal guardian. If a true emergency exists, consent for care is considered to be implied. The law holds that if a reasonable person were aware that the situation was life-threatening, he or she would give consent for care.

Fraud: Fraud is a deliberate deception for the purpose of personal gain and is usually prosecuted as crime situations but fraud in nursing care are not common. One example would be trying to obtain a better position by giving incorrect information to a prospective employer. Medication errors: Some errors result from drugs with similar names, lookalike medication containers, poor systems for communication in which handwriting problems may contribute to lack of clarity. It may be charged and may contribute to the awarding of punitive damages as well as ordinary damages.

Torts: Torts are civil wrongs committed by one person against another. The wrong may be physical harm, psychological harm or harm to reputation, livelihood or some other less tangible value. Assault: Assault is an intentional threat to bring about harmful or offensive contact. No actual contact is necessary. It is an assault for a nurse to threaten to give a client for an X-ray procedure when the client has refused consent. Battery: Battery is a un-consented or unlawful touching of a person. For battery to occur, the touching must occur without consent.

False imprisonment: The tort of false imprisonment occurs with unjustified restraining of a person without a legal warrant. For example, this occurs when nurses restrain a client in a bounded area to keep the person away from freedom.

Invasion of privacy: It is the intrusion into the personal life of another, without just cause, which can give the person whose privacy has been invaded a right to bring a lawsuit for damages against the person or entity that intruded. Negligence: It refers to the act of doing something or refraining from doing something that any other reasonable medical professional would do or refrain from doing in a similar situation. Eg. Breach of duty, Injury, Performance failures, etc,

Malpractice: It is defined as improper or negligent practice by a lawyer, physician, or another professional who injures a client or patient. Medical malpractice is defined as a wrongful act by a physician, nurse, or another medical professional in the administration of treatment or at times, the omission of medical treatment, to a patient under his or her care. Nursing malpractice takes many forms, including medication errors, failure to follow physician's order, delaying patient care etc.

. **Registration:** Licensing is a mandatory procedure for practice of nursing. Registration aims at protecting patients by providing qualified nurses. The nurse is responsible to obtain registration in the respective State Nursing Registration Council. Legal Liability/Act Of Negligence: License of a nurse can be suspended or cancelled for any act of negligence or mal practice, following a specified procedure.

Medico — Legal case (M.L.C.): A medico legal case is a patient who is admitted to the hospital with some unnatural pathology and has to be taken care of in concurrence with the police and/or court. Correct identity: A nurse/midwife is responsible to make sure that all the patients especially the newborns are to be correctly identified and labelled. A nurse who is working with various instruments/swabs at OT have to check before closure it is returned.

Leave Against Medical Advice (L.A.M.A.): Inform medical officer in charge. Signatures of both patients and witness to be taken as per institutional policy.

Patient's Property: Inform patient on admission that hospital does not take responsibility of his belongings. If patient is unconscious/ or otherwise required then a list of items must be made, counter checked by two staff nurses and kept under safe custody.

Dying Declaration: Doctor or nurse should not involve themselves in dying declaration, in case where police records the dying declaration. Dying declaration is to be recorded by the magistrate. But if condition of patient becomes serious then medical officer can record it along with two nurses as witness. Dying Declaration can be recorded by the nursing staff with two nurses as witness when medical officer is not present. Then the declaration has to be sent immediately in a sealed cover to the magistrate.

Wills: For this, doctor has to be present there, he can recode if requested. Examination of rape case: Female attendant/female nurse must be present during the examination. Artificial human insemination: Written consent should be obtained from both donor and recipient. Donor and recipient must have the same blood group. Donor and recipient's identity should be kept confidential. All related documents should be kept confidential & safe.

Poison case: Do not give either verbal or written opinion. Do not allow to take photos unless special permission is granted by appropriate authority. Do not give any information to public or press. Preserve all evidence of poisoning. Collect and preserve all excreta, vomits and aspirates, seal them immediately and send to forensic laboratory at the earliest. Consumer protection act (1986)

“An Act to provide for better protection of the interests of consumers and for that purpose to make provision for the establishment of consumer councils and other authorities for the settlement of consumers' disputes and for matters connected therewith.”(According to Consumer Protection Act, 1986). Consumer Protection Act, 1986 seeks to promote and protect the interest of consumers against deficiencies and defects in goods or services. It also seeks to secure the rights of a consumer against unfair or restrictive trade practices.

Objectives of CPA

- To prevent the marketing of goods and services which are hazardous to life and property.
- To protect the consumer on their right to be informed about the quality, quantity, potency, purity, standard and price of goods and services.
- The right to access to a variety of goods and services at competitive prices as per the availability.
- The right to use grievance redressal management system against unfair trade/service practices. The consumer is assured that their voice is heard.

Consumer Rights Vs Responsibilities

Rights Responsibilities

1. Right to be heard

1. Ensure that the company has provided you the contact details of the consumer grievance handling system and are easily accessible.

2. Avoid purchase of products/services from a company which do not provide details of the consumer grievance officers to handle consumer grievances.

2. Right to Redress

1. File a complaint even for a small loss. File only a genuine complaint.

2. Claim the penalties/compensation as provided under rules and regulations to ensure that the quality delivery system improves.

3. Study carefully all terms and conditions related to return/replacement of defective goods, refund and warranty policies.

3. Right to Safety

1. While purchasing the goods or services, Consumer must look for standard quality mark such as ISI, Hallmark, Agmark, ISO, FSSAI, etc.

2. Do not buy any spurious/ fake/duplicate/ hazardous products

4. Right to Consumer Education / Right to be Informed

1. Do not get carried away by advertisements only or believe on the words of the seller. Consumer must look market reviews/feedback. Similarly inform offers if product and services of companies are of substandard.

2. Consumer must insist on getting complete information on the quality, quantity, utility, price etc. of the product or services.

3. Ask for complete contact details of the consumer grievance mechanism of the company the consumer wish to buy from

5. Right to Choose

1. Access the information available on various alternatives available for the product and services under purchase consideration.

2. Compare specifications, competition and fair prices of the goods and services before finalizing on the purchase.

3. Study various feedbacks/reviews of the products/services

The Patient's Bill of Rights was first adopted by the American Hospital Association in 1973 and revised in October, 1992. Patient rights were developed with the expectation that hospitals and health care institutions would support these rights in the interest of delivering effective patient care. The American Hospital Association encourages institutions to translate and/or simplify the bill of rights to meet the needs of their specific patient populations and to make patient rights and responsibilities understandable to patients and their families.

DEFINITION OF PATIENT'S BILL OF RIGHTS:

Patient rights encompass legal and ethical issues in the provider- patient relationship, including a person's right to privacy, the right to quality medical care without prejudices, the right to make informed decisions about care and treatment options, and to right to refuse treatment. - US ADVISORY COMMISSION (1998)

To stress the key role of patients play in staying healthy by laying out rights and responsibilities for all patients and health care providers.

- To stress the importance of a strong relationship between patients and their health care providers.
- To help patients feel more confident in the health care system.

GOALS OF PATIENT'S BILL OF RIGHTS:

WHAT ARE PATIENTS RIGHTS?

Patients rights emanate from human rights, constitutional rights, civil rights, consumer rights, codes of ethics of medical and nursing profession. The Indian Constitution bestows certain rights on the citizens. One of them is Right to life. Right to a healthy life is an integral part of the Right to life. Basic optimal health care is the right of every Indian citizen and it is the responsibility of the state to provide it. The Government in the country has legislated certain laws to protect the citizens. Some of these are, The Drugs and Cosmetics Act, The Medical Council Act and The Consumer Protection Act. The codes of ethics of medical and nursing councils define the duties of the doctors and nurses towards the patients. Thus these duties form the basis of patient's rights.

RIGHTS OF THE PATIENT Right to considerate and respectful care. Right to information on diagnosis, treatment and medicines. Right to obtain all the relevant information about the professionals involved in the patient care. Right to expect that all the communications and records pertaining to his/her case be treated as confidential. Right to every consideration of his/her privacy concerning his/her medical care programme. Right to get quality health care without discrimination because of race, creed, gender, religion or source of payment.

Right to expect prompt treatment in an emergency. Right to refuse to participate in human experimentation, research, project affecting his/her care or treatment. Right to get copies of medical records. Right to know what hospital rules and regulations apply to him/her as a patient and the facilities obtainable to the patient. Right to get details of the bill. Right to seek second

opinion about his/her disease, treatment, etc. Complain or compliment without the fear of retaliation or compromise of access or quality of care.

- Nursing is one of the most exciting and in- demand jobs today. Nurses work to promote health, prevent disease and help patients cope with illness.

- They are advocates and health educators for patients, families and communities. When providing direct patient care, they observe, assess and record patient symptoms, reactions and progress.

- Nurses collaborate with physicians in the performance of treatments and examinations, the administration of medications and the provision of direct patient care in convalescence and rehabilitation.

- Nurses work in an environment that is constantly changing to provide the best possible care for patients.

- They are continuously learning about the latest technology and medication as well as considering the evidence that their nursing practice is based upon. Because they will actually spend more face- to-face time with a patient than doctors, nurses must be particularly skilled at interacting with patients, putting them at ease, and assisting them in their recovery. It is often said that physicians cure, and nurses care.