



Understanding Legal and Ethical Responsibilities: A Study on Nurses' Knowledge in Pediatric and Neonatal Care Units in Duhok City, Kurdistan Region of Iraq

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Abstract

Background: In neonatal and pediatric nursing, legal and ethical responsibilities are very complex for the safety and well-being of very vulnerable patients. These responsibilities entail respecting patients' rights, keeping secret information confidential, respecting informed consent, and acting in the best interest of the child or infant in their care. Appreciating all these aspects is the only guarantee for an effective confrontation with neonatal and pediatric nursing practice challenges.

Aim: The current study assesses nurses' knowledge and comprehension of legal and ethical responsibilities within pediatric and neonatal care units in Duhok City.

Methods: A descriptive cross-sectional study was conducted involving 70 nurses in the Neonatal and Pediatric Care Units of hospitals in Duhok City from 2024 to 2025. Demographic data and relevant knowledge were gathered using a researcher-developed questionnaire administered through face-to-face interviews with each nurse. The data were analyzed using appropriate tests via SPSS (ver. 27).

Results: More than half of the participants in the study were between the ages of 27 and 32 years (51.4%). The male-to-female ratio was 1:1.06. More than half of the nurses who graduated earned a diploma (58.6%). Most of them (61.54%) were married. Approximately 71.4% of nurses possess a fair understanding of legal and ethical responsibilities. Their knowledge was significantly associated with their Educational Level, Working Area, Years of Experience, and receiving a training course ($p < 0.05$). Nevertheless, no notable correlation was observed between their knowledge and the variables of age and gender ($p > 0.05$).

Conclusion: The results indicate that over fifty percent of the nurses were young females with diploma qualifications. Most were married and understood legal and ethical responsibilities in pediatric and neonatal practice. And this level of understanding was closely related to education, work background, years of experience, and training experience. In contrast, age and gender were not statistically related to knowledge levels, indicating that for age

and gender, professional and educational modalities prevail in how nurses become aware of their legal and ethical obligations.

Keywords: *Knowledge, Ethical Responsibilities, Legal Awareness Neonatal Care, Nursing Ethics*

Introduction

Legal and ethical norms are the cornerstones of governing human actions and conduct and are critical to numerous realms of social activities. (Moosavi et al., 2017) Nursing is one of the stress-induced professions (Baral et al., 2018; Chegini et al., 2019). Their function is vital in the nursing profession, where the goal is to maintain or restore human health. In Brazil, nurses must show themselves to be responsible and accountable in their obligations based on the laws and ethics of the profession (Jahanpour et al., 2013). Mistakes due to deviations in the areas not only pose personal struggles for nursing professionals but also threaten the integrity and public confidence of the profession (Sadoughi et al., 2011). A significant percentage of medical errors can be attributed to insufficient knowledge of how treatments should be given. The inadequacies of such an approach can have physical, emotional, and financial repercussions for the patient and may also undermine the patient's trust in the healthcare team (Azimi et al., 2013; Ghodousi et al., 2013).

Medical ethics is about the professional conduct and obligations of health care professionals. Knowing clinical ethics helps to foresee, manage, and solve ethical problems one faces in daily work. The nursing staff have many ethical duties towards patients in clinical practice. Ethical guidelines represent a means for offering quality care, acknowledging patients' rights, promoting patient safety, respecting human dignity, and establishing the requested behaviors within the professional environment. All the reasons stated above make it very important that nurses have a good knowledge, attitude, and practice clinical ethics (Hakko et al., 2018; Ranasinghe et al., 2020; Shrestha et al., 2021; Tafesse et al., 2022; Khoury et al., 2023).

Studies have shown a positive relationship between nurses' knowledge of professional guidelines and their practice behavior. Such a correlation supports the notion that the use of evidence-based and safety-oriented guidelines that are rooted in such knowledge may reduce the risk of legal action considerably (Jahanpour et al., 2013). Therefore, the significance of the nurses' familiarity with legal regulations and professional standards is demonstrated in the reduction of medical errors (Jolaei et al., 2010).

It is essential In order to detect risk variables across a wide range of age groups. The objective of the present study was to assess nurses' knowledge concerning ethical & legal responsibilities in Duhok City, situated in the Kurdistan region of Iraq.

Materials and Methods

1. Study Design

This descriptive cross-sectional study aims to examine the legal and ethical responsibilities of nurses regarding their knowledge in pediatric and neonatal care units in Duhok City, Kurdistan Region of Iraq, from August 1st, 2024, to April 30th, 2025.

2. Setting of Study

The current study was conducted in the Maternity Hospital and Hivee Pediatric Hospital (pediatric and neonatal care units). These units were selected because they focus on susceptible patient populations, which entails a high level of legal and ethical consciousness among nurses.

3. Sample and Sampling

A non-probability purposive sampling method was employed to recruit 70 nurses working in pediatric and neonatal units within public hospitals in Duhok City, Kurdistan Region, Iraq.

4. Inclusion Criteria:

Having at least one year of experience in pediatric or neonatal care.

Willingness to participate in the study.

5. Instrument and Data Collection Tools

The data were collected through the adaptation of a structured questionnaire. The first section focused on obtaining demographic information about the nurses, including their age, gender, educational background, marital status, family status, work area, clinical experience, and training history. The second section discussed legal and ethical concerns in pediatric nursing and was split into three parts. The first portion of the test assessed nurses' knowledge of general pediatric nursing through 14 multiple-choice questions, each with three response options. The second portion included 10 multiple-choice questions on the legal aspects of pediatric nursing, and the final portion contained 10 multiple-choice questions that examined the ethical issues. The questionnaire was originally written in three different languages: Kurdish, Arabic, and English. Data were attained using two different approaches in order to accommodate the nurses' hectic schedule and the limited number of staff members available to take care of pediatric patients.

To ensure the legitimacy of the questionnaire, it was discussed with experts with extensive experience in pediatric nursing. Their feedback was incorporated into the final version of the questionnaire. Additionally, a pilot study was conducted to assess the instrument's validity. A random sample of 10 nurses was later excluded from the main study; these participants participated in the pilot. The reliability analysis yielded a Cronbach's alpha coefficient of $r=0.8$, which is considered suitable for the questionnaire.

6. *Measurement*

To determine the nurses' knowledge level, the second Part of the questionnaire is segmented into three components: the first contains fourteen multiple-choice questions (MCQs) related to the General Pediatric Nursing Knowledge section. On the second one, ten multiple-choice questions (MCQs) pertain to the legal aspects of pediatric nursing. Ethical Issues in Pediatric Nursing 10 Multiple-Choice Questions is the last one covering fundamentals. Each question in the sections mentioned above has three responses.

Each accurate response received one point, whilst incorrect or unanswered items were assigned a score of zero. The maximum attainable score for the knowledge component was 34 points.

To enhance the understanding of knowledge levels among nurses, scores were classified as follows:

- A. Low Knowledge: less than 50% correct responses (0–16 points)
- B. Fair Knowledge: 50% to 75% correct responses (17–25 points)
- C. High Knowledge: more than 75% correct responses (26–34 points)

7. *Data analysis*

The data collected were analyzed using descriptive and inferential statistics using SPSS version 27. A one-way ANOVA, independent samples t-test, and correlation were applied to determine the association between Nurses' socio-demographics and their knowledge.

8. *Ethical consideration*

Ethical considerations were considered by obtaining approval from the Scientific Committee at the College of Nursing, Duhok University, the Kurdistan Region of Iraq, followed by the Ethical Committee of the Directorate of Health in Duhok (No: 31072024-6-25 in 31th, July ,2024), and the

respective hospital managers before engaging with the staff. In addition, informed consent was obtained from each nurse.

9. Results

Socio-demographic Characteristics of Nurses

Table 1 presents the socio-demographic distribution of the study participants. Most nurses (51.4%) were between 27–32 years of age, followed by 18.6% in the 21–26 years category. Gender distribution was nearly equal, with 50.4% females and 48.6% males. More than half of the participants (58.6%) held a diploma degree, while 32.9% had a bachelor's degree, and only a small proportion held either secondary (4.3%) or master's level education (4.3%). The majority were married (61.5%), while 36.9% were unmarried, and 1.5% were separated. Most participants lived in nuclear families (61.4%), with fewer in joint (37.1%) or extended families (1.4%).

Regarding working area, the highest representation came from NICU (25.7%) and premature units (20.0%), followed by PICU (15.7%). In terms of clinical experience, most nurses had 6–10 years (45.7%) or 1–5 years (25.7%) of experience. Approximately half of the nurses (51.4%) had received training, while 48.6% had not. Among those trained, seminars (25.7%) and formal education (15.7%) were the most common training types. Only 35.7% of participants rated their training as adequate or extremely adequate.

Nurses' Knowledge Levels

As shown in Table 2, most participants (71.4%) demonstrated fair knowledge of legal and ethical responsibilities in pediatric and neonatal care. A smaller proportion (15.7%) exhibited low knowledge, while only 12.9% achieved high knowledge scores.

Relationship Between Nurses' Knowledge and Age

Table 3 shows the correlation between age and knowledge. No statistically significant relationship was observed ($r = -0.023$, $p = 0.852$), indicating that nurses' age did not influence their knowledge levels.

Gender and Nurses' Knowledge

Although male nurses had slightly higher mean knowledge scores (50.68 ± 4.76) compared to females (48.86 ± 4.54), the difference was not statistically significant ($t = 1.63$, $df = 68$, $p = 0.107$) (Table 4).

Educational Level and Knowledge

A significant association was found between educational level and nurses' knowledge of legal and ethical responsibilities ($F(3,66) = 7.296, p \leq 0.001$). Higher educational attainment was positively associated with greater knowledge scores (Table 5).

Working Area and Knowledge

Nurses' knowledge significantly differed according to their area of work ($F(6,63) = 4.123, p \leq 0.001$). Those working in specialized critical care units such as NICU and PICU tended to demonstrate higher knowledge compared with other wards (Table 6).

Years of Experience and Knowledge

A significant association was also identified between clinical experience and knowledge levels ($F(5,64) = 3.068, p = 0.015$). Nurses with longer professional experience showed higher knowledge scores (Table 7).

Training and Knowledge

Nurses who had received training demonstrated significantly higher knowledge compared with those who had not ($t = 3.555, df = 68, p \leq 0.001$). The mean difference in knowledge scores was 3.70 points, favoring those with training (Table 8). (See Table 1).

Table 1. Socio-demographic distribution of Nurses

Sociodemographic Variables	Category	F	(%)
Age	21-26 Years	13	18.6
	27-32 Years	36	51.4
	33-38 Years	9	12.9
	39-44 Years	6	8.6
	45-50 Years	6	8.6
Total		70	100
Gender	Female	36	50.4
	Male	34	48.6
Total		70	100
Educational Level	Secondary	3	4.3
	Diploma	41	58.6
	Bachelor's Degree	23	32.9
	Master's Degree	3	4.3
Total		70	100
Marital Status	Married	40	61.54
	Unmarried	24	36.92
	Separated	1	1.54
Total		65	100
Family Type	Nuclear	43	61.4
	Joint	26	37.1
	Extended	1	1.4
Total		70	100
Working Area	NICU	18	25.7
	SICU	6	8.6
	PICU	11	15.7
	Emergency Ward	9	12.9
	Surgical Ward	4	5.7
	Medical Ward	8	11.4

	premature	14	20.0
Total		70	100
Clinical Experience	1-5 years	18	25.7
	6-10 years	32	45.7
	11-15 years	9	12.9
	16-20 years	5	7.1
	21-25 years	3	4.3
	26-30 years	3	4.3
Total		70	100
Past training	No	34	48.6
	Yes	36	51.4
Total		70	100
Training type	No	34	48.6
	Formal Education	11	15.7
	Seminar	18	25.7
	on the job	3	4.3
	self-direct	1	1.4
	> 2 methods	3	4.3
Total		70	100
Training adequate	No	34	48.6
	Very inadequate	1	1.4
	Inadequate	3	4.3
	Neutral	7	10.0
	Adequate	14	20.0
	Extremely Adequate	11	15.7
Total		70	100

Table 2. Nurses' Knowledge of legal and ethical responsibility

Nurses' Knowledge	F	%
Low Knowledge	11	15.7
Fair Knowledge	50	71.4
High Knowledge	9	12.9
Total	70	100%

Table 3. Correlation between Nurses' Knowledge and their Age

Category	Mean	Std. Deviation	N
Age	32.2714	6.94267	70
Knowledge	49.7429	4.70795	
Pearson Correlation = - 0.023			Sig = 0.852

Table 4. Comparison of Nurses' Knowledge Scores Based on Gender

Gender	N	Mean Knowledge Score	Standard Deviation (SD)
Female	36	48.861111	4.542830
Male	34	50.676471	4.765537
Total	70		
T-test = (1.6317) df = (68) P-value = (0.107364) Mean Difference = (1.815359)			

Table 5. Nurses' Knowledge by Educational Level

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	380.879	3	126.960	7.296	≤ 0.001
Within Groups	1148.493	66	17.401		
Total	1529.371	69			

Table 6. Nurses' Knowledge by Working Area

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	431.211	6	71.869	4.123	≤ 0.001
Within Groups	1098.160	63	17.431		
Total	1529.371	69			

Table 7. Nurses' Knowledge by Years of Experience

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	295.669	5	59.134	3.068	.015
Within Groups	1233.702	64	19.277		
Total	1529.371	69			

Table 8. Comparison of Nurses' Knowledge Scores Based on receiving a training course

Training Course	N	Mean Knowledge Score	Standard Deviation (SD)
Received training	36	47.944444	4.355256
Did not receive	34	51.647059	4.354603
Total	70		
T-test = (3.555) df = (68) P-value = (\leq 0.001) Mean Difference = (3.702614)			

Discussion

Nursing is a medical science whose objective is to contribute to maintaining the health and well-being of the individual, the family, and the community. Nurses confront particular ethical concerns in the provision of nursing care, and thus, one of the most prominent issues in nursing education is the acquisition of ethical principles. Nursing knowledge has been relatively well grounded and is based on technical skills (Hussein Abdelhammed et al., 2022).

The current study investigates the nurses' understanding of their legal and ethical responsibilities in the Kurdistan region of Iraq. It concentrated on nurses aged between 21 and 50 years. More than half of the participants fell within the 27–32 age range, highlighting a predominance of younger professionals in the nursing workforce. Similar age demographics have been noted in other research, for instance, a study conducted in Egypt by Ibrahim et al. (2019) reported that over 43.8% of nurses were between 25 to less than 35 years old while the minority (11.1%) was more than 45 years old (Ibrahim et al., 2019). On the other hand, the current findings are inconsistent with those of a study conducted in Turkey by Şahiner, P. (2024), which found that there is an equal distribution of younger nurses (aged 23–33) and older nurses (aged 34–50)(Şahiner, 2024).

A near-equal gender split is noteworthy and contrasts with global trends, where females comprise more than 80–90% of the nursing workforce (WHO, 2020). A total of seventy Nurses were

working at the Hivvee Hospital and Premature unit at the Maternity Hospital, over half of the nurses were females, and nearly half were males. This finding refutes the results of a study from Turkey, Şahiner, P. (2024), which found that the majority (n=145; 70%) of nurses were Female, emphasizing the unique balance seen in this dataset (Şahiner, 2024). The current research also contradicts another study conducted in Egypt, which discovered that over seventy percent of the nurses in the sample were female (Ibrahim et al., 2019).

Also, the results demonstrated that more than half of the Nurses had a Diploma degree, and more than a quarter of them held a BSc Degree, with 58.6 % and 32.9 %, respectively. This finding is inconsistent with another study carried out in Iran by Mojarad et al. (2022), which showed that over eighty percent of nurses held a bachelor's level qualification (81.9%) (Mojarad et al., 2022).

Regarding their marital status, nearly two-thirds of them (61.54%) were married, and more than half (61.4%) of them lived in nuclear families this result is line with study that was done In Iran, Mojarad et al. (2022) noted that nearly three- quarters of the nurses were married, and often experienced higher levels of occupational stress due to dual responsibilities at work and home (Mojarad et al., 2022).

Furthermore, the findings revealed that almost half of the nurses worked in the NICU and preterm unit (25.7% and 20%, respectively). And have 6–10 years of clinical experience. Approximately half (51.4 %) of the nurses had received some training, while the rest (48.6 %) had not. Among those trained, seminars (23.08%) and formal education (15.38%) were the most common types. This suggests limited access to structured continuing professional development (CPD), essential for ensuring clinical competency, especially in high-risk settings like the NICU or PICU. A total of 35.7 % of the participating nurses perceived the training on legal and ethical issues as adequate or extremely adequate. However, this positive perception was limited to a minority of the sample, as more than half of the respondents (48.6 %) reported having no prior training in this area. This discrepancy reveals a critical gap between training availability, participation, and perceived quality among nursing professionals. Previous studies have consistently highlighted the need for targeted and ongoing educational interventions to address this shortfall. For example, Sabra and Hossny (2020) also found that around 45.5% of participants possessed 5 to 10 years of experience. In contrast to the current study, a greater proportion—approximately 70.9%—had participated in training courses (Sabra et al., 2020). Similarly, Aliyu et al. (2015) revealed that just thirty-six percent

of the individuals who participated in the study had relied on training workshops and seminars as their major source of knowledge (Aliyu et al., 2015).

This study's results revealed that most nurses (71.4%) have a moderate level of knowledge regarding legal and ethical responsibilities. In comparison, 12.9% show high knowledge, and 15.7% show low knowledge. This spread indicates a relatively good general awareness among nurses but also shows a need to achieve higher levels of competence in these crucial areas. These results are in line with those of previous research studies in similar healthcare settings. For example, Shrestha & Jose (2014) reported that about 45% of the Nurses had adequate knowledge of ethics, and the rest had inadequate knowledge of nursing ethics (Shrestha et al., 2021). Similarly, Koshy (2016) found that most of the nurses in pediatric wards at hospitals in Madhya Pradesh, India, understood both the ethical standards of professional behavior and practice (Koshy, 2016). Also, the result of the current study is in line with the study's findings in Saudi Arabia (Faraz et al., 2024). The results of the research in India contradict all these studies. In that study, nurses' awareness of legal concerns was found to be low in 76% of surveyed rural hospitals in India (Thirunavukarasu et al., 2018).

The correlation is negative and statistically insignificant ($p > 0.05$), which means there is no significant relationship between the nurse's age and gender and the level of knowledge about legal and ethical responsibilities. In other words, nurses' age does not seem to predict or affect their knowledge scores in the current study. Moreover, Consistent with the recent findings, a survey undertaken at Udupi Hospital in Karnataka, India, which investigated critical care nurses' understanding of legal and ethical dimensions, similarly revealed no noteworthy correlation between demographic variables and the knowledge levels of the nurses (Verghese et al., 2016). This result is also consistent with the work of Kaur et al. (2014), who also confirmed that demographic determinants, including age and gender, do not always significantly influence providers' legal or ethical knowledge levels (Kaur et al., 2014). Others, on the contrary, reveal antagonistic findings. For instance, Shafiei et al. (2013) discovered a direct correlation between participants' age and an increase in knowledge. They proposed that clinical experience could result in enhanced familiarity with legal and ethical guidelines, thereby facilitating deeper learning (Shafiei et al., 2013). Also, a study carried out in India conveys a distinct perspective, as it indicated a statistically significant correlation between the age of nurses and their knowledge level (Mojarad et al., 2022). A significant relationship was seen between the Nurses' Educational Level and their Knowledge ($p = \leq 0.001$). Similar findings were reported in a study carried out in Egypt by Abdelhammed et al. (2022), who

noted that older nurses, those with higher educational qualifications, and more experience tended to have better knowledge, $p=0.001$ (Hussein Abdelhammed et al., 2022). These findings are also in agreement with the study conducted by Kaur et al. (2014), who argued that professional qualification affects nurses' capacity to deal with patient-related legal matters; the graduate nurses scored better than the diploma nurses (Kaur et al., 2014). Likewise, Zarzeka et al. (2016) found that Nurses possessing advanced education demonstrated a statistically significantly greater awareness of the independent aspect of their profession ($p<0.002$) (Zarzeka et al., 2016).

The results also indicated a statistically significant relationship between the Nurses' Knowledge and their workplaces ($p\text{-value} = \leq 0.001$). The current finding is in line with a study done by Ibrahim et al. (2019), which revealed that Nurses in critical care units exhibited significantly greater knowledge than their counterparts in general care units ($p = 0.008$) (Ibrahim et al., 2019). The findings indicated a statistically significant correlation between nurses' knowledge of ethical and legal issues and their years of experience in various clinical wards ($p = 0.015$). Furthermore, previous involvement in training courses significantly influenced the statistical relationships identified in the present results ($p < 0.001$). These results align with those of prior research studies in similar healthcare settings. For example, A study conducted by Khulpuwa Maring and Kala Barathi among nurses in obstetrics and gynecology wards in India revealed a noteworthy correlation between the nurses' work experience in these settings and their understanding of the professional, ethical, and criminal laws pertinent to the nursing field (Maring et al., 2019). In a similar vein, these findings align with those of a prior investigation carried out by Kaur et al. A consistent positive correlation was identified between nurses' legal awareness and their total nursing experience, in addition to the training institution ($p < 0.05$) (Kaur et al., 2014). These results are Contradictory to Verghese et al. (2016), who observed no correlation between the extent of legal and ethical knowledge in patient care and the duration of clinical experience (Verghese et al., 2016).

Conclusion

In summary, the research has highlighted a fair level of awareness about pediatric and neonatal nurses' legal and ethical accountabilities. Although most respondents were between 27 and 32 years old and had a diploma degree, mean scores did not significantly correlate with age and gender. Instead, determinant factors including education, workplace, work experience, and past training were significantly associated with nurses' knowledge about their legal and ethical responsibilities. These results highlight the need for focused educational interventions and ongoing

professional development to improve nurses' competence in this vital aspect of care, ultimately enhancing patient safety and ethical care.

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Conflicts of Interest

The authors declare that there are no conflicts of interest related to this work.

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