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The process of emergency nurses' encounter with potential legal issues: A grounded theory study

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Abstract---Aims: Considering the continuous rise in legal complaints against nurses, especially emergency nurses, they consider their work environment to be a threatening place, negatively affecting their professional care performance. This study aimed to explain the process of confrontation of emergency department nurses with potential legal issues. Methods: In this qualitative study data were collected from six observations and in-depth semi-structured interviews with 15 nurses and one emergency physician in the emergency departments. The participants were initially selected by purposeful sampling, followed by theoretical sampling. Data were finally analyzed based on Corbin and Strauss grounded theory approach (2008). Results: The core variable in this study was “perceived fear of litigation risk” and consisted of four categories: “avoidance of involvement in legal issues”, “cautious performance”, “double-checking”, and “acquitting oneself”. Emergency nurses face these issues after assessing the likelihood of legal problems, based on the severity of their perceived fears. This assessment is an ongoing and dynamic process, and increasing the likelihood of a legal issue occurring and thus increasing fear can lead to a change in the approach used or the simultaneous (cumulative) use of several

approaches. Conclusion: Possible legal issues largely influence nursing professional care performance and distract them from their main roles and responsibilities. Therefore, it is necessary for healthcare managers, policymakers, and stakeholders to pay more attention to these issues and support nurses to ensure a safer work environment and improve the quality of care and patient safety.

Keywords---emergency nursing, legal aspects, medical liability, qualitative research.

Introduction

Despite significant scientific and technological advances in diagnostic and treatment services and major efforts of physicians and nurses, the rate of patient dissatisfaction and complaints is increasing worldwide. Similarly, in Iran, according to the Forensic Medicine Organization, the rate of these complaints has been on the rise in recent years[1]. Along with the expansion of nurses' responsibilities and roles, their legal responsibilities have increased, as well. Generally, nurses work in a legal environment, where a balance is needed between maintaining patient safety and providing satisfactory patient care; therefore, there is a possibility of professional, moral, and legal problems for nurses[2]. The inadequate number of nurses and ancillary nursing personnel, night shifts, inflexible working hours, long shifts, increased healthcare costs, penalties for medical errors, and unpredictability of nurses' activities have made the nurses' work environment legally high-risk, increasing the possibility of legal issues[3, 4]. Nursing Organization of Iran has estimated the share of nurses in medical errors to be 38%[5].

Today, with the increasing emergence of lawsuits and professional responsibilities in the healthcare system, nurses face legal problems related to patient care delivery more than ever before; therefore, they need to be prepared to defend themselves in a legal court. Meanwhile, emergency nurses, who are at the forefront of healthcare delivery, face legal problems more than their peers[6, 7]. Generally, the emergency department has a unique environment with an unpredictable workload and various complex factors such as time limitations, inadequate or uncertain information, potentially harmful conditions, and recurrent exposure to traumatic events, has distracted nurses from providing optimal patient care and has increased their errors. On the other hand, patients and their families are often exposed to stressful situations in the hospital environment, which may change their normal coping mechanisms and behaviors and cause an increase in the risk of legal complaints against emergency nurse[8]. Studies show that legal problems not only lead to increased financial costs, reduced job credibility, and increased stress, anger, and frustration in nurses, but also negatively affect their identity and degrade the nursing profession[9]. However, nurses, especially in the emergency department, are constantly exposed to these issues on a daily basis[10].

The increasing incidence of legal problems in nursing care has led nurses to consider their work environment to be threatening. Overall, nurses'

understanding of potential legal conflicts and fear of prosecution determine their actions and reactions. In this regard, Guidera et al. reported that fear of involvement in legal issues had a greater impact on the midwives' clinical and professional performance than actual involvement in these issues. Therefore, the perceived risk and fear cause nurses to adopt different strategies to prevent or minimize the consequences of these legal issues which is referred to as confrontation[11]. Regardless of whether these concerns are logical or illogical, they need to be addressed as common problems by scientific, social, and medical communities. A prerequisite for improving nurses' encountering strategies in the face of potential legal conflicts is to acquire a deep and accurate understanding of the process. Despite the rapidly expanding literature on the legal issues of nursing care, there is a scarcity of qualitative research and information on how emergency department nurses deal with probable legal issues and what reactions and strategies they adopt in such situations.

The Study

Aims

In this qualitative study, by using the grounded theory approach, we aimed to explain the process of confrontation of emergency department nurses with potential legal issues.

Design

This qualitative study was conducted based on the grounded theory approach, providing new insights into the participants' experiences and phenomena in a systematic manner, enables the researcher to study related issues and behaviors from different aspects and find the hidden theory in the data or provide a theoretical explanation for the phenomenon[12].

Participants

This study is the result of 18 interviews with emergency nurses, the educational and clinical supervisors, and physician of the emergency department and six observations in this department during 2019-2021 in Iran. To resolve some ambiguities and increase the clarity of data, two of the participants were interviewed twice. Each interview continued for 60 to 100 minutes; the duration of complementary interviews was 25 to 35 minutes. The primary inclusion criteria were working in the emergency departments of hospitals, affiliated to Iran University of Medical Sciences, expressing willingness to participate in the study, and having at least two years of work experience in the emergency department. However, with the study progress, due to theoretical requirements, novice nurses, clinical and educational supervisor, head nurse, and emergency department physician were also interviewed. The exclusion criterion was the participant's unwillingness to continue the study. None of the participants dropped out during the study.

Data Collection

The main data generation method was semi-structured interviews. It should be noted that each interview was conducted individually and started with a general question: "Would you describe a day working at the emergency department?" The interviews were conducted in a private place when the interviewee was not working a shift. First, purposeful sampling method was applied, followed by theoretical sampling. With the study progress and according to theoretical requirements, the observation method using the "observer as participant" approach was used to collect first-hand data from the research setting and confirm the findings of the interviews. To better understand this process and to ensure that they represent a large proportion of the community, the researcher included nurses of both sexes with different age and job characteristics, using maximum variation sampling. Data collection based on theoretical sampling continued until reaching data saturation.

Ethical Considerations

After obtaining ethical approval from the Ethics Committee of Iran University of Medical Sciences (code: IR.IUMS.REC1398.538 and grant number: 15678), and explaining the objectives and methods of the study, and obtaining an initial consent form, the time and place of the interview was coordinated on the participant's volition. Before the interviews, the participants were asked to sign a written informed consent form regarding their participation and voice recording. They were assured about the confidentiality of their information and that they could withdraw from the study at any time. Besides, the participants who were under observation were fully aware of the objectives of the study and the fact that they were under observation.

Data Analysis

Data analysis was performed simultaneously with data collection, based on Corbin and Strauss analytical approach (2008), involving analysis of data for concepts, analysis of data for the context, bringing process into the analysis, and integrating the categories [13]. It is noteworthy that the interviews were transcribed in Microsoft Office Word software and then analyzed manually. Simultaneously with the coding process, the researcher used memos, as well. These memos helped the researcher to gain a deeper understanding of the data and relationships between the concepts and categories, selecting the next participants through theoretical sampling, and finally, giving more focus to the interviews.

Rigor

In this study, the researcher used Lincoln and Guba's approach to evaluate the rigor and trustworthiness of the data. To ensure credibility, the researcher used prolonged engagement with the research setting and dedicated more than a year to data collection. Also, by using maximum variation sampling to conduct interviews, besides the simultaneous use of observation method in all work shifts, the researcher tried to investigate the nurses' confrontation process from different

aspects. The results of data analysis were presented to four experts and three of the participants to increase its credibility. Also, to increase transferability, the researcher tried to describe the main context of the study and decision trail and present a detailed and thorough description of the participants' experiences. Besides, confirmability was achieved by reviewing the codes and considering the supervisor's perspectives in all processes of data collection, analysis, and reporting. Finally, dependability was achieved by presenting the data and the results of analyses to four outsider observers. Also, the COREQ reporting guideline for reporting results was used.

Findings

The participants' demographic characteristics are shown in (Table 1).

Table 1
Participants' demographic characteristic

Demographic characteristics		N
Sex	Male	6
	Female	10
Education	Bachelor	10
	MSc	5
	Medical doctor	1
Type of hospital	Public	12
	private	4
Job position	Emergency nurse	12
	Emergency head nurse	1
	Educational supervisor	1
	Clinical supervisor	1
	Emergency physician	1
Age (Year)	Average	Rang
	35.7	24-46
Work experience in ED (Year)	9.4	1-20

The central concept (core category) of this study was "perceived fear of litigation risk". All of the participants repeatedly expressed their fear of possible legal issues. The intensity of perceived fear was directly related to the likelihood of the occurrence of legal issues, based on the nurses' evaluations. Nurses reacted to these issues depending on the intensity of perceived fear (negligible, moderate, high, or very high). This central concept consisted of four main categories: "avoidance of involvement in legal problems", "cautious performance", "double-checking", and "acquitting oneself" (Table 2).

Table 2
The main categories and subcategories of the main variable (perceived fear of litigation risk)

Main variable	Main categories	Subcategories
	Avoidance of	Prevention
		Guarding

Perceived fear of litigation risk	involvement in legal problems	Situation management
	Cautious performance	Foresight
		Conservatism
	Double-checking	Purposeful recording
		Obsessive behaviors
		Warning
	Acquitting oneself	Convince
		Innocence planning

Avoidance of involvement in legal problems

Avoidance of conflict is the first and the simplest approach used by nurses to deal with all the patients. In this approach, the nurse tries to avoid possible legal issues, using “prevention”, “guarding”, and “situation management” strategies. The net outcome of this approach would be the prevention of real legal problems.

- **Prevention**

Prevention refers to the nurse’s attempts to avoid patients who are more likely to file legal complaints (called “legally high-risk patients” in this study) and to “keeping calm” when dealing with these patients. Nurses avoid these encounters by taking measures, such as avoidance of patient admission and referring them to other medical centers or colleagues. In this regard, participant No. 2 said: *“I do not admit some of the patients who seem troublesome and try to refer them to another medical center.”*

- **Guarding**

Nurses try to avoid possible legal problems by “maintaining communication and accountability” and “paying attention to legally high-risk patients and their families” to protect themselves from being involved in legal issues. One of the participants stated: *“I visit my patients regularly, and I do not neglect them. If my patients tell me that they feel sick, I will definitely check and monitor them.”*

- **Situation management**

Nurses do this by performing “safe care” and “patient management”. It seems that expertise, especially in the emergency department, and management skills are highly effective in this regard. Participant No. 4, with 18 years of work experience in the emergency department, said: *“In the emergency department, besides care and treatment, it is highly important to manage the department. As a nurse, I need to know how to manage the ward and patients, without causing any legal issues.”*

Cautious performance

As the likelihood of legal problems increases, nurses besides using strategies described in the previous section, use strategies, such as “foresight” and “conservatism”, to predict the occurrence of legal problems in the future. Therefore, they avoid taking measures or actions that increase the likelihood of legal problems. On the other hand, they take precautions during care delivery to

reduce the possibility of legal problems. The final outcome of this approach is a reduction in the likelihood of actual legal problems.

- **Foresight**

Nurses, by evaluating the situation, perform "possible risk estimation" and "documentation". Accordingly, they either take precautions or avoid some actions and write their reports. Participant No. 9 said: *"I always consider the risk when a patient is admitted to the emergency department, and how probable a legal problem is."*

- **Conservatism**

Conservatism refers to the nurse's avoidance of taking actions that may increase the likelihood of a legal problem. This strategy included "acting within the boundaries" and "non-disclosure of errors". As stated by most of the participants, they commonly avoided taking actions other than their job descriptions and refused to record, report, or disclose their errors to their patients or their colleagues. In this regard, participant No. 14 stated: *"All nurses are prone to making mistakes. However, it is not necessary to let everyone know about them. If I cannot resolve a problem myself, I will eventually tell a colleague of mine and ask for help. It is not certain how a patient may react to my mistake."*

Double-checking

Based on the results of data analysis, given the high risk of legal problems, nurses, in addition to the strategies described earlier, try to protect themselves against possible legal problems and bridge the legal gap and overcome care delivery shortcomings by taking some additional complementary measures, such as "purposeful recording", "obsessive behaviors", and "warning". The outcome of this approach would be appropriate confronting with a possible legal problem.

- **Purposeful recording**

Nurses, while documenting and completing their reports, may use strategies, such as "writing meeting minutes", "legal reporting", "consultative reporting", and "fictitious documentation", according to the circumstances. Based on this, they considered legal points in the reports and using the opinions and experiences of other colleagues in completing important reports. For example, based on one of our observations, "after writing her report, the nurse asked for a colleague's opinion to ensure that it was thorough and accurate". Moreover, in some cases, nurses may use fictitious documentation. In this regard, participant No. 9 stated: *"...For example, an end-stage patient may be admitted to the hospital, for whom CPR is not effective. Here, CPR only becomes a formality. In other words, although nothing especial has been done for the patient, the report is written as if all necessary legal actions have been taken."*

- **Obsessive behaviors**

In this approach, unreasonable attention is paid to some actions, leading to either "obsessive behaviors and measures at work and during documentation" or "performing additional paraclinical measures". In this regard, participant No. 8 said: *"These legal issues have affected us so immensely that we are now mostly worried about them rather than the*

patients. I mean, sometimes, it cannot be called 'caution' anymore; it is more of an obsession. I check everything several times. I'm becoming restless." Moreover, these obsessive behaviors may develop in another form and lead to additional paraclinical procedures for the patient. One of the emergency department physicians said: "I do not deny the fact that some medical prescriptions are due to legal issues. For example, when a patient is visited with a mild head injury and no symptoms, although we know that a CT scan is not necessary, we perform this procedure because of the fear of legal issues."

- **Warning**

Warning is another strategy that includes "informing" and "alerting colleagues about legally high-risk patients". In these cases, nurses inform and warn each other about these potential threats. In this regard, participant No. 12 stated: "...I told all of my colleagues to be cautious about one of the patient's companions. It is obvious that they were looking for trouble. I told them to be cautious."

Acquitting oneself

The nurses used this approach along with other strategies when a legal problem and the fear of it were the highest. In this approach, initially by "convince" and ultimately by "innocence planning", nurses try to acquit themselves of an imminent prosecution or reduce its effects and consequences. The final outcome of this approach would be minimizing the consequences of a probable legal problem.

- **Convince**

In this strategy, nurses seek to convince the patients or their companions not to fill a legal complaint against them through "negotiations". In this regard, one of the clinical supervisors said: "One of the hardest things that I do as a supervisor is talking to the patients or their families. For example, when a patient dies in the emergency room, I have to inform the family and ensure them that we did everything we could and that there was no medical negligence." Nurses may even use some "demonstrative measures" to convince the patients and their families. Participant No. 10 stated: "...We know that the patient is gone; his/her body is completely cold. But we cannot say it to the patient's family. We even had to perform shocks for a patient with asystole so that his family would finally accept it. After all, nobody wants to be sued for no reason; we are sometimes forced to do such things."

- **Innocence planning**

To plan their acquittal, nurses first "mentally review the event", and according to the given situation, they manipulate the files and acquit themselves by blaming their colleagues. In this regard, participant No. 1 said: "When I predict a problem, I do my best to keep away from it in any way possible. Of course, it is not specific to me; everyone tries to blame others and acquit oneself. For example, doctors may quickly change their prescription. I also write my reports in a way that it does not cause any problems for me."

Discussion

In this study, the analysis of data derived from the interviews and observations led to the emergence of four main categories, including “avoidance of involvement in legal issues”, “cautious performance”, “double-checking”, and “acquitting oneself”, each explaining the process by which emergency department nurses dealt with possible legal issues.

Avoidance of involvement in legal issues

According to the majority of nurses participating in this study, legal issues are not completely predictable in the nursing profession, caused all nurses to consider the probability of legal issues at all times for all patients. Studies have indicated the rising trend of complaints against nurses, which can justify their concerns about these problems[3]. The present study showed that the higher the likelihood of a legal problem is, the greater the nurse’s fear of a legal issue will be. In a previous study, 3% of midwives reported that they stopped participating in childbirth and labor procedures due to their fear of being involved in actual legal problems; half of them had changed their field of clinical practice to avoid legal conflicts (e.g., non-attendance in the vaginal deliveries in mothers with a history of cesarean section, referral of mothers who may require cesarean section to other medical centers, and unwillingness to deal with high-risk patients). Overall, change in clinical practice was more common among midwives with fears of legal problems compared to those who had experienced actual legal conflicts[11]; which indicates the notable impact of fear of involvement in legal issues on the professional and clinical performance of midwives. This finding also supported the central category of “perceived fear of litigation risk” in the present study.

In the current study, some of the nurses believed that it is possible to avoid legal problems by providing safe care for the patients and paying attention to legally high-risk patients. The analysis of an emergency center complaints also showed that inadequate care, negligence, and not giving enough information were among important causes of dissatisfaction and complaints by patients and their families[14]. Also, in another study, more than one-third of patient complaints were related to the staff’s communication problems; 25% were related to disregard for safe care standards; and 9% were due to inadequate attention to patients. Also, more than 38% of communication problems were related to nurses. The same study reported that 88% of registered patient complaints were resolved with oral explanations, apologies, and commitment to redress[15]. In the present study, nurses also believed that remaining calm and establishing proper communication with the patients, besides addressing their questions and concerns, would effectively prevent patient dissatisfaction and complaints. In a previous study more than 60% of these complaints were resolved by providing explanations and offering apologies[3].

Cautious performance

The results of data analysis showed that with an increase in the fear of legal issues, due to the increased risk of their occurrence, nurses might consider some precautions, such as writing more accurate reports based on the circumstances,

avoidance of activities beyond their responsibilities, predicting and estimating the risks of different measures, and avoiding high-risk actions and disclosing or reporting errors. In a study, midwives attending a court of law because of legal problems tended to act more cautiously after the patient complaint by avoiding natural childbirth, encouraging mothers toward cesarean section, avoiding responsibility for their patients, and entrusting the patient care responsibility to their coworkers to reduce the likelihood of legal conflicts in the future[16]. Also, some of nurses believed that in the absence of their colleagues or hospital officials' support, writing accurate and thorough nursing reports would be their only rescue tool and they referred to it as "nurse's weapon", "nurse support", "nurse's lawyer" and "nurse's only property".

In a study by Robertson and Thomson, midwives believed that adherence to clinical guidelines would keep them away from these issues. The midwives tended to follow organizational policies, hold frequent counseling sessions, and contact physicians to receive medical advice. They also stated that in response to legal problems, they started to improve their documentation techniques and write reports more frequently, causing them to spend less time on delivering direct care at the patient's bedside[17]. In this study, nurses avoided disclosing or reporting their errors for reasons, such as "legal conflicts", "inappropriate behavior of the patient and his/her family", "being blamed and ridiculed by colleagues", "lack of support by authorities", and "loss of job credibility and security". Various factors can influence the incidence of these errors, such as the overcrowding of the emergency department, high workload, nursing shortage, stressful work environments, high-risk patients, time constraints, immediate need for decision-making, ineffective interactions and communication between the patient and the healthcare team, and multitasking of nurses[8].

Studies show that even though reporting errors improves communication skills, patient trust, and care safety and quality, not enough support is provided for the healthcare staff regarding error disclosure[18]. Besides, these errors and subsequent complaints not only affect the psychological and emotional health of nurses, but also cause stress and emotional disturbances for the patients' families [19]. Another study on the strategies used by emergency nurses to encounter errors revealed that they tended to hide their mistakes and were hesitant to report them to the patients or the organization for reasons, such as preserving their reputation or fear of its consequences and losing their job[20].

Double-checking

With an increase in the likelihood of legal problems, nurses, besides taking precautionary measures, use other strategies that are classified as "double-checking", in this, they try to reduce or resolve legal gaps and weaknesses in care delivery by taking some complementary measures, such as "purposeful documentation", "obsessive behaviors", and "warning", to secure themselves in the event of legal conflicts. The distinctive feature of this category is that nurses look at issues through a legal lens, which helps them perceive the events from the perspective of a court of law and resolve the existing shortcomings. In the process of legal reporting, nurses try to consider all legal requirements in their reports. Another strategy employed by the nurses participating in this study was fictitious

documentation. In other words, the measures taken did not exactly correspond to those recorded in the patient's file. All of the nurses believed that fictitious documentation would violate patients' rights. One of the experienced nurses referred to this action as a "survival instinct". However, previous studies suggest the poor quality of nursing reports in Iran[21]. In this regard, some nurses declared that "if an action has not been recorded, it has not been done".

Due to excessive caution, some nurses developed an obsession in both documentation and care delivery. Some nurses described that this obsession made them seek help from their colleagues less frequently. Also in a study, the midwives' involvement in legal problems led to obsessions in a way that they would not even approve their colleagues' actions and developed distrust in them, leading to their own mental and physical exhaustion[16]. Unnecessary paraclinical procedures were also carried out mostly to avoid "possible legal issues in the future". These measures have been reported in various studies, especially by physicians, a phenomenon that is known as "defensive medicine". Emergency physicians have been reported to resist decisions to end patients' lives due to legal issues, request too many tests, tend to admit the patient to the ICU, and prescribe medications excessively. These results are consistent with the main category of "double-checking" in this study. In addition to imposing additional costs on patients, these measures waste their time and resources and increase the workload of the healthcare staff. A study by Panella et al. revealed that these measures accounted for 10% of the total annual health costs in Italy[22].

Acquitting oneself

"Acquitting oneself" was observed when the nurses perceived the highest level of fear of legal problems. Besides using the mentioned approaches, by performing some "demonstrative actions in the presence of the patient's family", such as using shock and prolonging the resuscitation process despite its ineffectiveness, nurses try to convince the patients or their families that they have made maximum efforts for the patients and that there has been no negligence or errors by the treatment team. Besides, experienced nurses, head nurses, and supervisors try to resolve any ambiguities or uncertainties for the patient's family by psychologically preparing them and explaining the actions taken to persuade them not to fill a complaint. In this regard, in a study by Adams et al., emergency department nurses perceived patient complaints as misjudgements due to their limited understanding of care and treatment priorities and considered these complaints as a tool by which the patient or the family tries to gain advantage over others; consequently, they tended to deny these complaints. They also believed that nurse-patient negotiations to prevent possible complaints would waste the time that could be dedicated to other patients and would increase the nurses' vulnerability[23]. These negotiations, however, might be effective in resolving the ambiguities or misunderstandings of the patients and their families. A study exploring the reasons for undertaking futile medical procedures indicated a theme, called "having an obligation to provide medical treatments despite knowledge of their futility" and most participants had a lot of experience in providing such treatments, especially to patients in the later stages of life, due to the patient's family's demand, personal motivations and organizational climate.

Overall, fear of involvement in legal conflicts was among the individuals' personal motivations for such actions[24].

Finally, besides the abovementioned measures, when nurses expect imminent legal problems, they start to take some measures to acquit themselves. By reviewing the incident, they seek ways to acquit themselves and try to avoid problems to receive the least harm. The majority of the nurses in this study, when exposed to legal issues, were trying to "paddle their own canoe", believing that their colleagues, especially emergency department physicians, also sought ways to acquit themselves or blame others; in some cases, they might even try to manipulate the reports and documents. A retrospective study reported that only 3.6% of errors leading to temporary or permanent disabilities, death, or extended hospitalization were recorded in the electronic medical reports, which was due to the fear of punishment or possible legal problems[25]. Regarding negligence issues, medical and nursing reports are the primary sources of evidence and an accurate record is equivalent to safe nursing care and more [26].

According to the abovementioned studies, while few nurses experience actual legal problems, fear of legal problems can have a significant impact on the nurses' actions and reactions, which somewhat approves the central category of this study. Moreover, the results of data analysis showed that the emergency nurses' encountering with possible legal issues was closely related to risk management. The process of risk management involves identifying and analyzing the risk and ultimately, responding to or resolving it. Risk assessment involves evaluating two factors: the probability of risk occurrence and its consequences. Response to risk comprises avoidance, control, transmission, and acceptance[27]. In the present study, encountering a legal problem was assumed as a type of risk that should be identified and then analyzed by nurses in terms of probability and consequences. The avoidance of involvement is a risk avoidance strategy, in which a nurse tries to eliminate the risk by taking measures, such as refusal to admit legally high-risk patients. The approaches of "cautious performance" and "double-checking" refer to risk control, aiming to reduce the risk of legal problems and their consequences. Finally, acquitting oneself is a risk acceptance strategy, meaning that the risk has been admitted, and efforts are directed to reduce its consequences. The nurses' use of liability insurance is also a type of risk transfer to insurance companies, used by most nurses participating in this study.

Implication for emergency clinical care

Nurses faced with these possible legal issues during clinical care that have affected their care and career aspects. Therefore, it is necessary to study and recognize these issues and its latent processes in order to increase the focus of nurses on its important and main job duties.

Conclusion

Based on the present findings, although emergency nurses may be never involved in actual legal issues, they perceive them as potential and continuous threats due to the fear of legal processes and significant physical, psychological, emotional, social, and occupational consequences. Inevitably, nurses spend considerable

amounts of their time and energy, both physical and mental, on this important issue. In response to the perceived threat, they use avoidance, precautionary measures, double-checking, and acquittal approaches to avoid, reduce, or manage the problem. This can have both positive and negative impacts on care performance and its outcomes. It was found that some of the strategies adopted by nurses not only does not increase the quality of care, rather, it may endanger the patient's safety and impose additional costs on the patient and the health system. The importance of legal issues in nursing is apparent to everyone. However, overemphasis on these issues on a daily basis has turned the treatment environment into a legally high-risk and stressful place for the staff, leading to mental and physical exhaustion among nurses. Because of the adverse effects of nurses' change of focus from treatment and care practice to legal issues on the quality of patient care and safety, it is important that managers, policymakers, and legislators of the healthcare system pay special attention to this problem. Patient complaint or satisfaction is considered as an indicator of care delivery quality.

Therefore, investigating the reasons for patient complaints and dissatisfaction can help improve patient safety and quality of care. It is clear that if nurses fear punishments, they will hide their errors. The nurses' efforts to avoid disclosing or reporting errors and to silence criticisms through negotiation, besides many other strategies described in this study, can be great barriers to identifying care problems and improving patient safety and quality of care; this is because many of these errors and complaints are not caused by a single individual, but rather the healthcare system, processes, and circumstances. Therefore, if these complaints are not recorded or evaluated, the processes will not be modified. It is essential that nurses receive more support by managers, policymakers, and legislators of the healthcare system to encourage approaches with positive outcomes and avoid or modify approaches with negative consequences. Therefore, it is possible to provide a safer work environment for nurses so that they can focus on their care responsibilities as much as possible.

Author contributions

Both authors were involved in the conceptualization of the study. Hamid Abredari conducted the interviews and data analysis and also prepared the initial manuscript. Forough Rafii supervised the study and guided all steps of the research, especially data analysis and preparation of the final version of the manuscript. All authors read and approved the final version of the manuscript.

Conflict of Interest

The authors declare that they have no actual or potential conflicts of interest regarding the publication of this article.

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