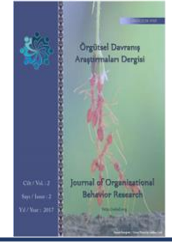
2528-9705

Örgütsel Davranış Araştırmaları Dergisi

Journal Of Organizational Behavior Research

Cilt / Vol.: 8, Sayı / Is.: S, Yıl/Year: 2023, Kod/ID: 23S0-928



Destructive Consequences of Emergency Nurses' Exposure to Potential Legal Issues: A Grounded Theory Study

1. Forough Rafii

Department(s) and institution(s): Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran.

E-mail address: rafiee.f@iums.ac.ir

ORCID ID: https://orcid.org/0000-0002-9424-3905

2. Hamid Abredari

Department(s) and institution(s): Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran.

ORCID ID: https://orcid.org/ 0000-0001-5078-1421

Corresponding Author:

Hamid Abredari

Address: Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Iran University of Medical Sciences, Rashid Yasemi St., Valiasr St., Tehran, 1996713883, IRAN

Phone numbers: + (98-21) 43651000

Facsimile numbers: + (98-21) 88201978

E-mail address: hamid_abredari@yahoo.com

ORCID ID: https://orcid.org/ 0000-0001-5078-1421

ABSTRACT

Background and Objective: *Due to the constant exposure of nurses, especially emergency department (ED) nurses to potential litigations in daily practice, they perceive their work environment to be threatening from a legal perspective, which can have a negative impact on this population, as well as nursing care and the healthcare system. This paper was extracted from a more extensive study to explore the destructive consequences of ED nurses' exposure to potential legal issues.*

Methods: *This qualitative study was conducted in the emergency departments of selected hospitals in Tehran, Iran during 2019-2021. The data collected from six observations (observer as participant) and in-depth semi-structured interviews (with 12 nurses, one head nurse, one ED physician, and two supervisors) were analyzed based on Strauss and Corbin's grounded theory approach (2008).*

Findings: *Based on the analysis of collected data, three subcategories of "Withdrawal from clinical care", "weakening of nurse's status", and "deviation of care" emerged as the negative consequences of ED nurses' exposure to potential legal issues; these three subcategories formed the main category of "marginalization of care".*

Conclusion: *The emerging prominence of legal issues and processes in nursing care has adversely affected the nurses' professional performance and diverted their attention from their main responsibilities. Therefore, it is essential for healthcare managers and policymakers, as well as legislators, to pay particular attention to potential litigations for developing a sense of legal security in nurses, besides promoting patient safety and quality of care.*

Keywords: *Emergency nursing, Qualitative research, Legal aspects*

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INTRODUCTION

The professional life of healthcare personnel is entangled with a set of rules and regulations, as healthcare services are delivered in a complex environment, where there is a great potential for errors[1]. Following a medical incident, the patient may seek legal actions against healthcare workers for several reasons, such as prevention of similar incidences in the future, investigating why and how the incident had occurred, receiving compensatory damages, or terminating the professional activity of the healthcare provider or organization[2]. According to global reports and statistics, despite significant scientific and technological advances in the field of health diagnostic and treatment services, besides the healthcare personnel's considerable efforts, the number of medical complaints is increasing around the world[3]. Similarly, in Iran, reports of the Forensic Medicine Organization suggest an upward trend in the number of complaints due to medical negligence[4].

Nurses are no exception to these complaints, and litigations have affected this population in different ways. To achieve high standards of care, nurses are required to meet the increasing demands of employers and to fulfill the expectations of patients and professional organizations in the absence of professional human resources and facilities. Consequently, any failure to meet the patients' expectations or professional standards can lead to medical complaints[5]. From a legal and ethical point of view, nurses, as specialized healthcare professionals, are held accountable for the quality of care provided[6]. Today, with the emergence and increasing cases of litigation, besides the increased professional accountability of healthcare providers in the healthcare system, nurses may be involved in litigations and even prosecuted in courts while providing care for patients in the clinical environment[7]. Although the nature of these complaints has not changed in the last decade, complaints against nursing staff have increased and become more complex. Generally, the unpredictability of nursing activities, nursing shortages, night shifts, long and mandatory working hours, and increased cost of care and medical errors have made the healthcare environment legally insecure, exposing nurses to potential litigations and legal conflicts[8].

Emergency Department (ED) nurses are at the forefront of healthcare delivery. Studies show that ED nurses are exposed to more litigations than other nurses[9]. The overcrowded and constantly changing environment of emergency departments, with their unique characteristics, can expose nurses to professional liability risks and exert a negative impact on this population and their professional skills[10]. In recent years, the increase in demands and referrals to EDs has created stressful situations for the emergency personnel and led to an increase in their workload, delays in care delivery, poor treatment outcomes, and patient dissatisfaction. On the other hand, patients and their families are often in stressful situations, which may change their normal coping mechanisms and behaviors and increase the risk of legal complaints for ED nurses[11].

Undoubtedly, fear of litigation encourages healthcare providers to function efficiently in their work environment; nevertheless, the possible negative effects of these litigations should not be neglected. Even in a legal case where the probability of winning is high, emotional and psychological harms to nurses, such as depression, anxiety, and adaptation disorders, are inevitable[12]. Additionally, the increasing trend of medical lawsuits encourages cautious behaviors more than creativity and innovation in clinical practice[13]. These complaints can also cause dissatisfaction with one's profession and lead to workplace deviation, work-related

obsessions, and compromise of professional status. In a study by Peyman et al., 28% of midwives who were summoned to court had decided to leave their job due to their fear of newborn or mother's death; besides, owing to the long judicial process, some of them had decided to resign[3]. Some studies also show that fear of litigations is one of the reasons for futile medical care and treatment[14]. Therefore, medical and work errors, in addition to being personally problematic for nurses, can damage their professional identity and cause the degradation of the nursing profession [8].

With the increasing number of medical lawsuits, the healthcare staff's fear of litigations has also increased. Although only a small number of healthcare workers may be involved in these litigations, studies show that the fear of legal issues affects clinical and professional performance more than the actual experience of litigations[15]. Consequently, nurses' understanding of the potential legal ramifications and their fear of prosecution determine their actions, reactions, and adoption of strategies to prevent or minimize the consequences of these litigations, some of which may have destructive effects on nurses, their care performance, and the healthcare system in general.

Despite the growing literature on legal issues in nursing care, there are very few qualitative studies on this phenomenon, most of which have focused on the nurses' experiences of litigations. The current article is derived from a more extensive grounded theory study, which explains the destructive consequences of nurses' exposure to possible legal issues in the ED.

Materials and Methods:

This qualitative study was conducted based on the grounded theory approach. Generally, qualitative research is suitable for exploring life experiences and basic social processes and seeks to identify and understand phenomena within their natural setting[16]. The grounded theory also aims to investigate phenomena and interactions in the natural environment from the perspective of people involved. Therefore, the grounded theory approach enables researchers to determine the causes, conditions, and consequences of a phenomenon under study[17].

Research Setting and Participants:

In this study, which was conducted in Iran during 2019-2021, in-depth semi-structured interviews were conducted with 16 ED nurses, clinical and educational supervisors, and ED physicians. Moreover, to complete the interviews and resolve some ambiguities, two participants were re-interviewed. The duration of each interview was 60-100 minutes, and the duration of supplementary interviews was 30-45 minutes.

The primary inclusion criteria for participation in the study were as follows: being a nurse in the EDs, affiliated to Iran University of Medical Sciences (Tehran, Iran); having at least two years of experience in the ED; and willingness to participate in the study. Nevertheless, as the study progressed, novice ED nurses, clinical and educational supervisors, head nurses, and physicians of the emergency department were also interviewed, according to the theoretical considerations. The exclusion criterion was the individual's unwillingness to continue the study.

Data generation methods:

Individual semi-structured interviews constituted the main method of data collection in this study. The interviews started with a general question: "Please tell me about a day at work in the

ED". Next, according to the participants' responses, further questions were asked in line with the objectives of the study and the phenomenon under investigation. Besides, supplementary questions (e.g., "What did you mean by this statement?", "Can you explain further?", and "Can you give an example of what you talked about??") were asked to clarify and deepen the interviews. The interviews were conducted in a private and quiet environment (during non-working hours). To conduct the interviews in accordance with the research objectives, an interview guide was also used. All the interviews were guided by the researcher according to the participants' responses, as well as verbal and non-verbal cues. All the interviews were recorded after obtaining the participants' written consent.

Gradually, as the study progressed, the interviews became more focused; the questions mainly focused on the further development and clarification of emerging prominent and main categories. First, the participants were selected using purposive sampling, and then, theoretical sampling was performed based on the analysis of collected data and requirements of the emerging theory. As the research progressed, we conducted six observations to substantiate and confirm the emerging concepts and categories. The observations continued for 3-4 hours and were performed using the observer-as-participant method in all morning, evening, and night work shifts; the participants were fully aware that they were being observed. In these observations, besides recording and documenting the observations, the researcher also recorded the conversations and interactions between the patients and the healthcare personnel and between the personnel themselves. In addition, some informal interviews were conducted with nurses during the observations and recorded as relevant data. To better understand the phenomenon under study, by using maximum variation sampling, the researcher included nurses from different age, sex, and occupational groups to not only maintain maximum diversity and capture the scope and complexity of the phenomenon, but also achieve theoretical saturation and reduce the need for theoretical sampling.

Ethical considerations:

After obtaining ethical approval from the Ethics Committee of Iran University of Medical Sciences (code: IR.IUMS.REC 1398.538), the researcher visited the EDs of the affiliated hospitals. After introducing himself, explaining the objectives of the study, and obtaining the consent of eligible participants, he set the time and place of the interviews based on the participant's opinion. Before conducting the interviews, written informed consent for participation in the study and audio recording was obtained. The participants were assured of the confidentiality of their information and were allowed to withdraw from the study at any time. Also, the participants were fully aware of the purpose of the study and being under observation.

Data Analysis:

Steps of data analysis proposed by Corbin and Strauss (2008), including data analysis for concepts, data analysis for context, bringing process into the analysis, and integration of categories, were carried out simultaneously with data collection[18]. The interview transcripts were entered in Microsoft Word software and analyzed manually.

In the process of data analysis to identify the main concepts, the researcher tried to understand the content of raw data through careful examinations. For this purpose, each interview was

carefully listened to and reviewed line by line, and a code was assigned to it based on the content of each section. The codes of each interview and observation were compared with previous observations and interviews, and similar codes were included in a single category with a more abstract underlying concept. The researcher gradually moved from raw data to more abstract concepts in order to extract relevant concepts and categories. During data analysis, the researcher used memos, which also became more abstract as the study progressed; these memos helped the researcher to understand the necessity of theoretical sampling, and to confirm or deny the relationships between the categories extracted in the interviews and observations. Diagrams and charts were also plotted to describe the process under study and understand the relationships between concepts and categories.
Simultaneously, data analysis for context was performed, and the researcher identified the contextual and structural factors, affecting the ED nurses' encounter with potential legal issues. Next, the researcher identified the hidden processes and similar patterns that individuals sought via constant comparative analysis, based on differences, similarities, and attributes of the concepts. Finally, the researcher merged the categories and identified the main category by writing a storyline, drawing a diagram, and reviewing the memos.

Data Trustworthiness:

In this study, the researcher used the Lincoln and Guba trustworthiness criteria to evaluate the credibility, transferability, dependability, and confirmability of the collected data[19]. The prolong engagement with the field of study ensured the credibility of data; to do this, the researcher remained in contact with the research environment and the participants for more than a year to collect relevant data. For an accurate and thorough understanding of the phenomenon under study, the researcher conducted observations in different care situations and concurrently used maximum variation sampling in the interviews. Under the supervisor's guidance in all stages of the study, the researcher considered the opinions of four experts to review the codes and analyses. The main concepts of the study were also provided to three participants to check and confirm the compatibility of these concepts with their experiences. Additionally, the researcher tried to enhance the transferability of data by providing deep, rich, and thorough descriptions of the context and background of the research and using direct excerpts by the participants. The confirmability of data was ensured by re-reviewing the codes, considering the supervisor's opinion in all stages, and recording all steps and decisions to facilitate follow-ups for others. Finally, by storing all the findings and presenting the results of data analysis to four external observers, the dependability of data was approved.

Findings

16 people participated in this study (11 women and 5 men), 12 of whom worked in public hospitals and four in private hospitals. Ten of them had a bachelor's degree, five participants had a master's degree in nursing, and one participant was a doctor. The age range of the participants was between 24 and 46 years and had 1-20 years of work experience in the ED (Table 1).

Table 1: Demographic characteristics of the participants

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	ED nurse	12
	ED head nurse	1
	Educational supervisor	1
	Clinical supervisor	1
	Emergency physician	1
	Average	Rang
Age (Y)	35.7	24-46
Work experience in ED (Y)	9.4	1-20

In this study, the theme of "marginalization of care" emerged as the consequence of ED nurses' exposure to potential legal issues. All the participants repeatedly mentioned their significant attention to potential legal issues, which resulted in their loss of focus at the patient's bedside and negligence of direct care delivery. This theme consisted of three subcategories: "withdrawal from clinical care", "weakening of nurse's status", and "deviation of care" (Table 2).

Table 2: Subcategories of "Marginalization of care

Theme	Subcategories	Initial categories
Marginalization of care	Withdrawal from clinical care	Feeling of legal insecurity
		Extremely heavy workload
		A feeling of discouragement in one's career
	Weakening of nurse's status	Gradual cautiousness
		Doubt and pessimism
		Physician dependency
	Deviation of care	Imposed costs
		Negligence of clinical care
		Violation of patient rights

1. Withdrawal from clinical care

The results of data analysis showed that potential legal issues as an "extremely heavy workload" could lead to the "feelings of discouragement in one's career" and create "a feeling of legal

insecurity" in nurses, resulting in their withdrawal from clinical environment. The legal insecurity perceived by nurses persuaded them to refrain from clinical environments, such as EDs, where there is a high probability of litigations, and to work in other departments or even non-clinical settings. In this regard, participant No. 3 stated:

"These issues (potential litigations) discourage many nurses from working in emergency departments."

Some nurses considered potential litigations as an "extra burden on the nurse's shoulders" and believed that attention to these legal issues would create feelings of obsession and eventually increase their workload and fatigue, while reducing their energy levels. Some nurses also reported that their mental concerns about potential litigations led to job-related stress and anxiety, loss of motivation, burnout and mental exhaustion, and ultimately, discouragement over their job. In this regard, participant No. 7 stated:

"Rather than having a positive impact, these problems make nurses anxious and tired. They demotivate me as a nurse. I feel reluctant to work."

2. Weakening of nurse's status

According to the results of data analysis, potential litigations could weaken the nurses' status by promoting "gradual cautiousness", "physician dependency", and "doubt and pessimism". Participant No. 12 stated:

"These problems always force me to work with fear and avoid taking risks; that's why I only do my job and do not get involved in other affairs."

Therefore, to prevent legal conflicts, nurses commonly called physicians and referred their patients to them; however, this process made nurses dependent on physicians and reduced their creativity. In this regard, participant No. 9 said:

"Because of these (legal) problems, I no longer make independent decisions. I refer everything to doctors! I don't get involved. For example, if a patient asks me a question, I tell him to ask his doctor."

Based on our observations, some nurses refused to answer the patients' questions and referred them to physicians. Also, some nurses, especially those with a previous experience of litigations, reported that these legal conflicts made them suspicious and pessimistic about their patients and even colleagues. Consequently, they tried to avoid the assistance of their colleagues, especially those who were less experienced, in performing their care duties. In this regard, participant No. 12, who had an experience of litigations, stated:

"I no longer allow my colleagues to help me with my job. I'm afraid they will make a mistake and get me into trouble! That's why I can't trust my colleagues."

3. Deviation of care

The analysis of collected data showed that potential litigations could lead to the "nurse's negligence at the patient's bedside", "violation of patient rights", and "imposed costs" on the patient and the healthcare system. Nurses reported that their excessive attention to potential litigations made them spend less time on direct patient care (at bedside); instead, they concentrated on accurate documentation of events and writing long detailed reports to prevent litigations or at least minimize their consequences. In this regard, participant No. 10 stated:

"Rather than attending to my patients and being at their bedside, I'm constantly preoccupied with these issues. I have to sit down and write long reports instead of doing my job, which is to take care of my patients! If you enter the ward right now, you'll see that everyone in the station is busy writing reports! You rarely see nurses at the patient's bedside."

Based on our observations, nurses devoted significant amounts of their time to non-clinical activities, such as registering and completing medical files, writing reports, and completing various forms, which would eventually pull them away from the patient's bedside. In other words, rather than providing care for patients to prevent potential litigations, nurses sought solutions in writing reports and files so that they could rely on them to exonerate themselves or at least mitigate the consequences. Some of these actions can lead to the violation of patient rights. For example, participant No. 15 said:

"One of the important responsibilities of a nurse is to support patients, but I'm constantly worried about my own rights rather than my patients'. I do everything to avoid getting into trouble. The patient rights may be no longer a priority to me."

Other consequences of nurses' fear of potential litigations were unnecessary tests and paraclinical procedures, overprescription of medications, and admission of patients to hospitals or intensive care units (ICUs), which impose costs on the patient and the healthcare system. In this regard, participant No. 9 stated:

"Sometimes, because of these issues, we have no option but to refer the patient for imaging studies; even some patients are hospitalized in ICU when it is not necessary at all."

Discussion

In the current study, based on the analysis of interviews with the participants, as well as observations, three main categories were extracted: "withdrawal from clinical care", "weakening of nurse's status", and "deviation of care".

- ***Withdrawal from clinical care***

Two major challenges facing the healthcare industry include burnout and leaving the profession, which are significantly associated with physical and psychological harms, as well as stress due to job insecurity and fear of litigations[12]. Involvement in legal proceedings and the associated stress can be a devastating experience for nurses, leading to job dissatisfaction, absenteeism, burnout, and change of profession (or leaving the profession) due to feelings of guilt and remorse. In a study by Mohsenpour et al., nurses reported that the impact of litigations could not be completely erased from their minds. Besides, their obsession made them more cautious (e.g., checking the medicine cards several times), resulting in mental and physical fatigue, as well as anxiety[20].

Additionally, litigations lead to frustration in nurses and disrupt their image, culminating in reduced quality of care and increased mental health problems among nurses[8]. Fear of litigations also impedes nurses from learning from their mistakes. Moreover, medical errors instill fear in nurses and intensify their concerns about their job security and future[21]. Physical and psychological harms, lack of support by healthcare officials, and inattention to the rights of people involved in litigations gradually reduce the nurses' motivation and increase their dissatisfaction with the profession; consequently, they cannot bear their work environment and tend to leave their job. In a study by Peyman et al., 28% of midwives who were summoned to court due to newborn or mother's death, had decided to quit their job. These nurses did not wish

to continue their clinical work and refused to provide services to high-risk patients. Meanwhile, they preferred to work in health clinics and low-risk environments from a legal perspective[3]. Another study also showed that 3% of midwives had chosen a job other than midwifery after facing legal problems, and 8% of them had taken on a new role in midwifery[22]. Additionally, Guidera et al., reported that 67% of nurses with at least one experience of litigation had been demoted or lost their position[15].

On the other hand, the increasing awareness of the public about medical litigations and their potential financial advantages has placed considerable pressure on the healthcare section. Generally, the growing trend of medical lawsuits has increased the annual compensation insurance costs and pushed students away from medical fields; if this trend persists, the quality of care may be negatively influenced[23]. Another study found that the high costs of litigations were associated with a lower quality of care[24].

- ***Weakening of nurse's status***

Detailed scrutiny of nursing practice through legal processes causes nurses to perceive their work environment as risky and threatening from a legal perspective. This problem reduces the nurses' self-confidence and makes them hesitant to rely on their own judgments. Consequently, they tend to take orders from physicians[22] and rely on policies, procedures, and protocols to ensure patient safety and avoid legal issues[10]. Adherence to clinical guidelines may be also associated with potential litigations, limiting the creativity of nurses, reducing their flexibility, and affecting their clinical judgment[25].

Overall, fear of medical litigations causes anxiety and obsession with work and results in the nurses' cautious performance; therefore, it reduces the possibility of risky decision-making in sensitive situations. According to a study by Peyman et al., the midwives' fear of litigations and the subsequent problems made them behave and act in a way that would reduce the future risk of legal issues. For instance, they avoided natural childbirth, encouraged pregnant women to undergo cesarean section, referred mothers to other medical centers, and requested unnecessary ultrasounds and diagnostic tests. Some of them also stated that due to the increased number of complaints, they avoided taking responsibility for their patients[3]. In another study, 69% of midwives believed that their legal concerns had a negative impact on their clinical decision-making and forced them to use more diagnostic tests and short-term interventions, besides faster referrals to specialists[26]. In a study by Robertson and Thomson, when facing litigations, nurses changed some of their clinical approaches by refusing high-risk patients, increasing patient referrals for cesarean section, improving their documentation and reporting techniques, and increasing consultation with physicians[22].

Another consequence of medical litigations is alteration in the relationship of nurses with their patients and colleagues. Owing to their anxiety, obsession, and caution, nurses distrust clinical interventions performed by their colleagues. Even some nurses with a past experience of medical litigation reported that they no longer trusted any physicians or colleagues[3]. Some nurses also considered complaints as people's indifference and ingratitude toward the services they provided, which in turn had a negative impact on their interpersonal relationships with the patients[27].

- ***Deviation of care***

Studies show that medical litigations not only fail to increase the quality of nursing care, but also decrease the quality of these services[24]. Concerns about potential medical litigations have led

to the overprescription of medications and tests. Also, fears and concerns promote a cautious approach among nurses when discharging patients and result in the increased ICU admission of patients, unnecessary medical care, and finally, high costs imposed on the patient and the healthcare system[14].

Patient satisfaction is an important aspect of healthcare quality, which represents respect for patient rights. Typically, patients file complaints when they are dissatisfied with the care they receive[28]; however, the potential risks of litigations can negatively influence patient safety, as fear of legal consequences and disciplinary measures prevent disclosure and reporting of errors. Consequently, despite extensive efforts to increase safety in hospitals, neither the number of accidents has decreased, nor hospitals have become safer. In other words, nurses tend to hide their mistakes if they are concerned about punitive actions[2].

Additionally, the growing trend of medical litigations has led to an increase in "paperwork" in nursing care. Some nurses believe that due to overdocumentation, they inevitably have devoted less time to direct patient care[29]. Some nurses who had improved their documentation and reporting techniques after facing a litigation claimed that it distracted them from providing proper care. Also, complaints and complaint handling diverted the nurses' attention from real clinical priorities[27].

Conclusion:

Principally, patient complaint is a unique and relatively low-cost indicator of healthcare quality. Overall, handling these complaints is considered an integral part of the healthcare system for improving health standards, as it enables healthcare workers to reconsider their performance and the care they provide to improve it. The present findings showed that the increasing importance of medical litigations in nursing care diverts their attention from direct patient care at bedside and promotes unnecessary measures, such as overdocumentation for prevention or management of potential litigations. In other words, care delivery, as the most important part of nursing responsibilities, is marginalized, and nurses start to prioritize legal issues and self-protection in litigations over patient care and safety. Meanwhile, anxiety and obsession caused by litigations gradually lead to the physical and mental fatigue of nurses, besides discouragement and job dissatisfaction, which culminate in their reluctance to attend the clinical environment or even their resignation.

Therefore, it is necessary to implement more in-depth training courses for nurses, especially novice nurses. Also, in case of errors or litigations, nurses should receive more support by hospital authorities and nurse managers. The main prerequisite for such improvements is a detailed examination of the underlying causes of nursing errors; however, this cannot be achieved as long as nurses are concerned about punitive measures and the consequences of reporting their errors. Primarily, it is necessary to enhance error reporting processes and structures to develop feelings of legal and occupational security in nurses for creating a safe care environment and allowing them to concentrate on their main care responsibilities. Qualitative studies have their own limitations in transferring findings. However, the findings can be used in similar contexts.

Acknowledgments

This article was extracted from a PhD dissertation in nursing. We would like to appreciate Iran University of Medical Sciences for granting the necessary permits, as well as the participants and our colleagues who helped us conduct this research.

Authors' Contributions

All authors contributed to the study design. 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.

Funding

This project was funded by Iran University of Medical Sciences, Tehran, Iran.

Conflict of Interest

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

References:

.1 Fry-Bowers, E.K., *Legal Issues in Nursing.* Issues and Trends in Nursing, 2017: p. 359.

.2 Renkema, E., M. Broekhuis, and K. Ahaus, *Conditions that influence the impact of malpractice litigation risk on physicians' behavior regarding patient safety.* BMC health services research, 2014. **14**(1): p. 1-6.

.3 Peyman, A., et al., *Legal complaints about midwives and the impact on the profession.* Nursing ethics, 2019. **26**(1): p. 148-160.

.4 Aghakhani, N., et al., *Study of causes of health providers' malpractices in records referred to Forensic Medicine Organization in Urmia, during 2009-2013.* Medical Law Journal, 2017. **11**(42): p. 83-100.

.5 Tingle, J., *Commentary on Young A (2009) Review: the legal duty of care for nurses and other health professionals. Journal of Clinical Nursing 18, 3071–3078.* Journal of clinical nursing, 2010. **19**(1-2): p. 297-299.

.6 Ghorbani, A.R., R. Etemadi, and N. Jafari Golestan, *Study the responsibility of nurses (professional ethics and human), the recovery rate of patients.* Military Caring Sciences Journal, 2014. **1**(1): p. 57-62.

.7 McBrien, B., *Exercising restraint: Clinical, legal and ethical considerations for the patient with Alzheimer's disease.* Accident and emergency nursing, 2007. **15**(2): p. 94-100.

.8 Ghodousi, A., E. MOHAMMADI, and M. Ziaeirad, *Nurses experiences of the problems caused by patient's litigation to law authorities.* 2013.

.9 Henderson, E., *Potentially dangerous patients: a review of the duty to warn.* Journal of emergency nursing, 2015. **41**(3): p. 193-200.

.10 Balestra ,M.L., *Liability in emergency departments and disciplinary exposure for nurse practitioners.* The Journal for Nurse Practitioners, 2016. **12**(2): p. 80-87.

.11 Wong, K.E., et al., *Emergency department and urgent care medical malpractice claims 2001–15.* Western Journal of Emergency Medicine, 2021. **22**(2): p. 333.

.12 Saquib, J., et al., *Job insecurity, fear of litigation, and mental health among expatriate nurses.* Archives of environmental & occupational health, 2020. **75**(3): p. 144-151.

.13 Young, A., *The legal duty of care for nurses and other health professionals.* Journal of Clinical Nursing, 2009. **18**(22): p. 3071-3078.

.14 Aghabarary, M. and N.D. Nayeri, *Reasons behind providing futile medical treatments in Iran: A qualitative study.* Nursing ethics, 2017 :(1)24 .p. 33-45.

.15 Guidera, M., et al., *Midwives and liability: results from the 2009 nationwide survey of certified nurse-midwives and certified midwives in the United States.* Journal of Midwifery & Women's Health, 2012. **57**(4): p. 345-352.

.16 Polit, D .and C. Beck, *Essentials of nursing research: Appraising evidence for nursing practice.* 2020: Lippincott Williams & Wilkins.

.17 Birks, M. and J. Mills, *Grounded theory: A practical guide.* 2015: Sage.

.18 Corbin, J. and A. Strauss, *Techniques and procedures for developing grounded theory.* Basics of Qualitative Research, 3rd ed.; Sage: Thousand Oaks, CA, USA, 2008: p. 860-886.

.19 Guba, E.G. and Y.S. Lincoln, *Competing paradigms in qualitative research.* Handbook of qualitative research, 1994. **2** :(194-163)p. 105.

.20 Mohsenpour, M., et al., *Iranian nurses' experience of "being a wrongdoer": a phenomenological study.* Nursing ethics, 2018. **25**(5): p. 653-664.

.21 Mokhtari, Z., et al., *Nurses' families' experiences of involvement in nursing errors: A qualitative study.* International journal of nursing sciences, 2019. **6**(2): p. 154-161.

.22 Robertson, J.H. and A.M. Thomson, *An exploration of the effects of clinical negligence litigation on the practice of midwives in England: A phenomenological study.* Midwifery .2016 , :33p. 55-63.

.23 Samlal, Y., *Factors influencing adverse events resulting in malpractice litigation in nursing practice in private hospitals in the Western Cape.* 2018, Stellenbosch: Stellenbosch University.

.24 Stevenson, D.G., M.J. Spittal, and D.M. Studdert, *Does litigation increase or decrease health care quality? A national study of negligence claims against nursing homes.* Medical care, 2013. **51**(5): p. 430.

.25 Rinaldi, C., et al., *Defensive practices among non-medical health professionals: an overview of the scientific literature.* Journal of Healthcare Quality Research, 2019. **34**(2): p. 97-108.

.26 McCool, W.F., et al., *Closed claims analysis of medical malpractice lawsuits involving midwives: lessons learned regarding safe practices and the avoidance of litigation.* Journal of Midwifery & Women's Health, 2015. **60**(4): p. 437-444.

.27 Adams, M., J. Maben, and G. Robert, *'It's sometimes hard to tell what patients are playing at': How healthcare professionals make sense of why patients and families complain about care.* Health, 2018. **22**(6): p. 603-623.

.28 Kelishami, F.G., et al., *Consequences of presence of forensic nurses in health care system: a qualitative study.* Iranian journal of nursing and midwifery research, 2020. **25**(3): p. 195.

.29 Mutshatshi, T.E., et al., *Record-keeping: Challenges experienced by nurses in selected public hospitals.* Curationis, 2018. **41**(1): p. 1-6.