



Malpractice Tendency of Nursing Students at a Public University

Bir Devlet Üniversitesi Hemşirelik Bölümü Öğrencilerinde Malpraktis Eğilimi

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Abstract: This is a descriptive study conducted to determine medical malpractice tendencies of nursing students. The target of the research was composed of 2nd grade, 3rd grade and 4th grade students of a public university nursing department, and the sample of the study was 322 volunteer students who participated in the research. The research data were collected between 1 and 30 January 2018. A Personal Information Form and the Malpractice Tendency Scale were used to collect the data. Collected data were then analyzed using percentage, mean, t-test, ANOVA, and Pearson correlation tests. This study also reported by following one the clinical practice guidelines of 'agree' (See Supplementary File 1). It was determined that nursing students' average score from Malpractice Tendency Scale was found as 195.7 ± 24.5 and their tendency to make medical errors was found as low. It was determined that the sub-dimension that nursing students had the least error tendency among the sub-dimensions of the Malpractice Tendency Scale was "drug and transfusion applications", and the sub-dimension they had the most error tendency was "falls". The malpractice tendency of female students was lower than that of male students and the tendency to malpractice decreases as the level of satisfaction with the profession increases ($p < 0.05$). It has been observed that nursing students have a low tendency to malpractice. In addition, it was suggested that these issues should be reviewed in relation to patient safety and medical errors in the curriculum, as students' tendency to 'falls' is higher.

Structured Abstract: Malpractice is defined as the damage caused by medical professionals working in medical and related fields due to erroneous and bad practices (Şahin & Özdemir, 2015). Even the smallest violation of scientific and healthcare standards can lead to dangerous and potentially fatal complications (Taghizadeh et al., 2017). The awareness of the individual is increasing, which has led to an increasing number of legal complaints (Beigi et al., 2015). The importance of patient rights and the increasing number of medical malpractice cases have led many to the conclusion that healthcare workers are not paying enough attention to the issue concerned (Ertem, 2009; Kuşoğlu, 2009; Ersoy, 2014). Nurses have a greater risk of

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causing medical errors due to the relationships they have with their patients which are both closer and longer in duration compared to other healthcare professionals. Patients' quality of life decreases due to preventable medical malpractices caused by health professionals; their life spans can become shorter and they may even die. Although many studies on medical malpractices by or involving physicians exist, there are fewer studies on medical malpractices relating to nursing practice. Furthermore, very few studies exist that show the utilization of existing nursing malpractices to inform the development of nursing education curriculums (Miller, 2011; Brocket al., 2017).

Concerning nursing education in Turkey, some have asserted that, despite a comprehensive focus on drug applications, insufficient information exists about medications and medical malpractices (Polat & Pakiř, 2011; Bayındır-Çevik et al., 2015). In light of this information, it is believed that, increasing the knowledge and awareness of students who are prospective nursing professionals about medical malpractices is of great importance.

This study was carried out to determine malpractice tendencies of nursing students of a public university. The study population comprised second, third, and fourth grade nursing students. First grade nursing students were not included in this study since they had not participated in the hospital practice at the time of the research data collection. The research questionnaires were distributed to nursing students of the School of Health between 1 January 2018 and 30 January 2018 (N=322). In the days when the data were collected, 16 students who were not in the class were not included in the study. Written permission was obtained from the School of Health administration before the research began. Students were informed about the purpose of this research, by which they were made, that their data would be kept confidential, and that no personal information would be requested in the research. Verbal approval was obtained from all students in the sampling group, and data were collected in the classroom environment. This study also reported by following one the clinical practice guidelines of 'agree'.

The results of this study determined that nursing students saw the following as reasons for mid-level malpractices: inexperience, negative physical environment (heat, light, noise), absence of a fault prevention system, absence of unclear protocols and procedures, inattention on watch duty shifts, missing or forgotten information about the patient's treatment and care, keeping records irregularly and dissatisfaction about managers (Table 2). The results of this research revealed that nursing students saw the following as reasons for high-level malpractices: professional inexperience, long working hours, fatigue, lack of communication, misunderstanding about physician's request (bad writing or language), unclear duties, authorizations and responsibilities, inconstant units where nurses are working, dislike on the profession, none in-service training for the profession (Table 2). The results of this research revealed that nursing students saw the following a reasons for very high-level malpractices: burnout, stress, excessive workload, giving non-duty jobs to nurses (secretary), too many monthly watch duties, low number of working nurses (Table 2). The mean scores for the Malpractice Tendency Scale's subscales are given in Table 3. According to this, while the "drug and transfusion applications" subscale had the highest mean value (83.4 ± 10.4), the "prevention of falling" subscale had the lowest mean value (18.3 ± 4.0). Concerning the other subscales of the Scale "prevention of nosocomial infections" revealed a score of 38.7 ± 6.5 , "patient monitoring and security of materials-devices" revealed a score of 35.3 ± 6.5 , and "communication" revealed a score of 19.6 ± 4.4 ; the total mean score was revealed to be 195.7 ± 24.5 .

It was found that differences between the groups in terms of age, grade, graduated school, occupational choice status, and thoughts of future profession and malpractice tendency scores was not statistically significant ($p > 0.05$). In addition, it was determined that the malpractice tendencies of female students was lower than that of male students, and that, as the level of occupational satisfaction increased, the tendency toward malpractice decreased ($p < 0.05$) (Table 4).

This study found that nursing students have a low tendency to malpractice. When nursing students responses to Malpractice Tendency Scale were examined, the lowest tendency of malpractice was "drug and transfusion applications"; the highest tendency towards malpractice was reported in the subscale "falls". Although the results of this research can be evaluated as a positive result, the possibility that nursing students may have given overly high scores to scale items, by considering the ideal nursing practices rather than practical ones, must be considered. Given that most students who participated in this study plan to enter the nursing profession in the future, it is very important that they stay informed about malpractices and the legal responsibilities that can arise as a result.

Since the sample of the current study includes a limited number of students, other studies with larger sample groups are recommended. However, since students' tendency to "falls" is higher, it is recommended to review these issues in the curriculum regarding patient safety and medical errors.

Keywords: Nursing, Malpractice, Tendency, Nursing Student, Nursing Care.

Öz: Bu araştırma hemşirelik öğrencilerinin tıbbi uygulama hatası eğilimlerini belirlemek amacıyla tanımlayıcı tipte yapıldı. Araştırmanın evrenini bir devlet üniversitesi hemşirelik bölümü 2.sınıf, 3.sınıf ve 4.sınıf öğrencileri, araştırmanın örneklemini ise bu öğrenciler arasından araştırmaya katılmaya gönüllü öğrenciler oluşturdu. Araştırma verileri 1 Ocak 2018-30 Ocak 2018 tarihleri arasında toplandı(n:322). Verilerin toplanmasında Kişisel Bilgi Formu ve Malpraktis Eğilim Ölçeği kullanıldı. Toplanan veriler; yüzde, ortalama, t-testi, ANOVA ve Pearson korelasyon testleri kullanılarak analiz edildi. Bu çalışma 'agree' adında bir uygulama yönergesi kullanılarak bildirilmiştir (Bkz.Ek.1). Araştırmaya katılan hemşirelik öğrencilerinin Malpraktis Eğilim Ölçeği'nden aldıkları toplam puan ortalamasının 195,7±24,5 olduğu ve tıbbi hata yapma eğilimlerinin düşük düzeyde olduğu belirlendi. Hemşirelik öğrencilerinin Malpraktis Eğilim Ölçeği'nin alt boyutlarından en az hata eğilimine sahip oldukları alt boyutun "ilaç ve transfüzyon uygulamaları", en fazla hata eğilimine sahip oldukları alt boyutun ise "düşmeler" olduğu belirlendi. Kadın öğrencilerin malpraktis eğiliminin erkek öğrencilere göre daha düşük olduğu ve meslekten memnuniyet düzeyi arttıkça malpraktis eğiliminin düştüğü belirlendi (p<0.05). Araştırma sonunda hemşirelik öğrencilerinin malpraktis eğilimlerinin düşük olduğu belirlendi. Bununla birlikte öğrencilerin "düşmeler" hata eğilimi daha yüksek olduğu için bu konuların müfredatta hasta güvenliği ve tıbbi hatalarla ilgili olarak gözden geçirilmesi önerilmektedir.

Anahtar Kelimeler: Hemşirelik, Malpraktis, Eğilim, Hemşirelik Öğrencisi, Hemşirelik Bakımı.

Introduction

Malpractice is defined as the damage caused by medical professionals working in medical and related fields due to erroneous and bad practices (Şahin & Özdemir, 2015). Malpractices are caused by such situations as lack poor attentiveness, omission, and lack of skills (Polat & Pakiş, 2011). Even the smallest violation of scientific and healthcare standards can lead to dangerous and potentially fatal complications (Taghizadeh et al., 2017). Every year, millions of people are adversely affected by medical malpractice (Şahin & Özdemir, 2015). It has been reported that medical malpractice has been ranked eight among in causes of death in Turkey, and that 95% of these cases are preventable (Taghizadeh et al., 2017). The situation is even more serious in the United States (US). Approximately 400,000 medical malpractice cases result in death each year (Sweeney et al., 2017).

The awareness of the individual is increasing, which has led to an increasing number of legal complaints (Beigi et al., 2015). Complaints from medical malpractices are a major source of stress for health care professionals (Beigi et al., 2015). Studies show that anxiety over medical mistakes tops the list of concerns for healthcare professionals and that, as legal complaints increase, the number of insurers for medical errors increases also (Beigi et al., 2015; Şahin & Özdemir, 2015). The importance of patient rights and the increasing number of medical malpractice cases have led many to the conclusion that healthcare workers are not paying enough attention to the issue concerned (Ertem, 2009; Kuşuoğlu, 2009; Ersoy, 2014).

Nurses have a greater risk of causing medical errors due to the relationships they have with their patients which are both closer and longer in duration compared to other healthcare professionals. The most common mistakes in nursing care services include drug mistakes, hospital infections, falls, insufficient monitoring, communication problems, and mistakes related to the use when investigating these (Şahin & Özdemir, 2015). When considering these types of malpractice, especially those that can cause injury or damage to the patient, it appears that a majority of such defects originate in surgical departments, particularly operating rooms. In the US, 258 cases, 58%

of the 444 cases investigated by Kachalia, were reported to have sued due to surgical errors (Dalton, 2008).

Patients' quality of life decreases due to preventable medical malpractices caused by health professionals; their life spans can become shorter and they may even die. Various means of avoiding medical malpractices, or reducing the damage done by such practices to minimal levels, are currently being sought and investigated by health professionals. The first of these solutions is to highlight the importance of this subject in nursing education. Although many studies on medical malpractices by or involving physicians exist, there are fewer studies on medical malpractices relating to nursing practice. Furthermore, very few studies exist that show the utilization of existing nursing malpractices to inform the development of nursing education curriculums (Miller, 2011; Brocket al., 2017).

Concerning nursing education in Turkey, some have asserted that, despite a comprehensive focus on drug applications, insufficient information exists about medications and medical malpractices (Polat & Pakiř, 2011; Bayındır-Çevik et al., 2015). In light of this information, it is believed that, increasing the knowledge and awareness of students who are prospective nursing professionals about medical malpractices is of great importance. This study aims to:

- Determine the malpractice tendencies of nursing students.
- Define the most common types of malpractice tendencies in nursing students

Materials And Methods

The Purpose and the Type of the Study

This descriptive study was conducted to determine the malpractice tendencies among nursing students.

The Place and Time of the Research

The research was carried out in a public university health college between January 1 and 30, 2018.

The Target and the Sample of the Research

The study population comprised second, third, and fourth grade students; the sample population consisted of 322 students chosen from the aforementioned grades. First grade nursing students were not included in this study since they had not participated in the hospital practice at the time of the research data collection.

The Data Collection

All students in this research were studying at the School of Health and Nursing at the time the study was conducted, and all agreed to participate in this research. In the days when the data were collected, 16 students who were not in the class were not included in the study. Students were informed about the purpose of this research, by which they were made, that their data would be kept confidential, and that no personal information would be requested in the research. Data were collected in the classroom environment. It took about 10 minutes to complete the questionnaire and scales. This study also reported by following one the clinical practice guidelines of 'agree' (See Supplementary File 1).

Data Collection Instruments

A personal information form developed by researchers and the Malpractice Tendency Scale were used to collect data for this research.

Information Form

The Personal Information Form comprises two parts. The first part consists of a total of seven questions. In this section, students were asked about their ages, genders, grades, the type of high school they graduated, whether they chose their profession voluntarily or not, their level of satisfaction with their profession, and whether they would do their profession in the future or not. The second part consists of 23 questions that were used to evaluate the opinions of student participants on the causes of medical errors in the units in which they were practicing. Participants responded to each item by responding to each item with one of the following responses: 'never', 'rarely', 'sometimes', 'often', and 'always'.

Malpractice Tendency Scale (MTS): The Malpractice Tendency Scale was developed by Özata and Altuncan (2010) to evaluate nurses' malpractice tendencies in 2010 in Turkey. The Scale consists of 49 items and five subscales. Responses are given according to a five-point Likert-type scale. 1: 'never', 2: 'rarely', 3: 'sometimes', 4: 'often' and 5: 'always'. The lowest score that can be taken from the scale is 49, while the highest score is 245. The scale comprises five subscales: Drug and Transfusion Applications (18 items), Prevention of Nosocomial Infections (12 items), Patient Monitoring and Security of Materials–Devices (nine items), Prevention of Falling (five items) and Communication (five items). Score means are used when evaluating the scale. (Özata & Altuncan, 2010).

Evaluation of Data

The research data were coded using the SPSS 15.0 software program. Percentile distributions, means, t-test, one-way analysis of variance (ANOVA), and Pearson correlation tests were used to analyze the data

Ethical Dimension of the Research

Before this research commenced, all the necessary permissions were obtained from the non-interventional ethics committee of a State University and from the rectorate of the university where the research was carried out. In addition, verbal permission was obtained from the students who participated in this research.

Limitations of the Research

The fact that the research was conducted only with the students of the nursing department of a university constitutes the limitation of the research. Research results cannot be generalized to all nursing students.

Results
Table 1: Distribution of Student Nurses According to Sociodemographic Characteristics

Variables	Number	Percentage (%)
Age		
17–20	119	37.0
21–24	196	60.9
25 and older	7	2.2
Sex		
Female	217	67.4
Male	105	32.6
Grade		
2 nd Grade	70	21.7
3 rd Grade	139	43.2
4 th Grade	113	35.1
Graduated School		
Anatolian High School	187	58.1
Other	135	41.9
Occupational Choice Status		
Willingly	196	60.9
Unwillingly	126	39.1
Occupational Satisfaction Level		
1	37	11.5
2	58	18.0
3	126	39.1
4	65	20.2
5	36	11.2
Thoughts on Future Profession		
Thinking about doing the profession	267	82.9
Not thinking about doing the profession	55	17.1

It was found that 60% of the nursing students were 21–24 years of age, 67.4% were female, 43.2% were 3rd grade students, 58.1% were graduates of an Anatolian High School, 60.9% reported that they had chosen their occupation willingly, 31.9% had a level three occupational satisfaction, and 82.9% reported that they were planning to enter the nursing profession in the future (Table 1).

Table 2: Situations Seen by Nursing Students as Reasons for Malpractice

	None		Low		Mid		High		Very High	
	Num	%	Num	%	Num	%	Num	%	Num	%
1- Inexperience	8	2.5	33	10.2	113	35.1	108	33.5	60	18.6
2- Lack of professional experience	6	1.9	47	14.6	97	30.1	106	32.9	66	20.5
3- Long working hours	6	1.9	17	5.3	67	20.8	117	36.3	115	35.7
4- Fatigue	7	2.2	16	5.0	50	15.5	125	38.8	124	38.5
5- Sense of burnout	9	2.8	27	8.4	50	15.5	115	35.7	121	37.6
6- Stress	10	3.1	27	8.4	69	21.4	99	30.7	117	36.3
7- Negative physical environment (heat, light, noise)	15	4.7	56	17.4	121	37.6	71	22.0	59	18.3
8- Absence of fault prevention system	7	2.2	43	13.4	116	36.0	91	28.3	65	20.2
9- Absence of, or unclear protocols and procedures	9	2.8	69	21.4	101	31.4	88	27.3	55	17.1
10- Lack of communication	8	2.5	42	13.0	89	27.6	110	34.2	73	22.7
11- misunderstanding about physician's request (bad writing or language)	10	3.1	62	19.3	90	28.0	97	30.1	63	19.6
12- Excessive workload	7	2.2	13	4.0	52	16.1	118	36.6	132	41.0
13- Unclear duties, authorizations and responsibilities	8	2.5	52	16.1	88	27.3	101	31.4	73	22.7
14- Giving non-duty jobs to nurses (secretary)	11	3.4	39	12.1	51	15.8	91	28.3	130	40.4
15- Too many monthly watch duties	9	2.8	32	9.9	67	20.8	104	32.3	110	34.2
16- Low number of working nurses	10	3.1	17	5.3	50	15.5	104	32.3	141	43.8
17- Inconstant units where nurses are working	13	4.0	45	14.0	86	26.7	94	29.2	84	26.1
18- Inattention on watch duty shifts	17	5.3	51	15.8	94	29.2	92	28.6	68	21.1
19- Missing or forgotten information about the patient's treatment and care	10	3.1	48	14.9	103	32.0	96	29.8	65	20.2
20- Keeping records irregularly	21	6.5	79	24.5	126	39.1	67	20.8	29	9.0
21- Dissatisfaction regarding managers	25	7.8	61	18.9	104	32.3	84	26.1	48	14.9
22- Dislike of the profession	25	7.8	47	14.6	84	26.1	89	27.6	77	23.9
23- No in-service training for the profession	14	4.3	62	19.3	95	29.5	103	32.0	48	14.9
Other:.....	0	0	0	0	0	0	0	0	0	0

The results of this study determined that nursing students saw the following as reasons for mid-level malpractices: inexperience, negative physical environment (heat, light, noise), absence of a fault prevention system, absence of unclear protocols and procedures, inattention on watch duty shifts, missing or forgotten information about the patient's treatment and care, keeping records irregularly and dissatisfaction about managers (Table 2).

The results of this research revealed that nursing students saw the following as reasons for high-level malpractices: professional inexperience, long working hours, fatigue, lack of communication, misunderstanding about physician's request (bad writing or language), unclear duties, authorizations and responsibilities, inconstant units where nurses are working, dislike on the profession, none in-service training for the profession (Table 2).

The results of this research revealed that nursing students saw the following a seasons for very high-level malpractices: burnout, stress, excessive workload, giving non-duty jobs to nurses (secretary), too many monthly watch duties, low number of working nurses (Table 2).

Table 3: Distributions of Subscale Mean Scores

Subscales of the Scale	Item Count of the Scale	Lowest and Highest Scores of the Subscales	X±SD
Drug and Transfusion applications	18	18–90	83.4±10.4
Prevention of Nosocomial Infections	12	12–60	38.7±6.5
Patient Monitoring and Security of Materials–Devices	9	9–45	35.3±6.5
Prevention of Falling	5	5–25	18.3±4.0
Communication	5	5–25	19.6±4.4
Total	49	49–245	195.7±24.5

The mean scores for the Malpractice Tendency Scale's subscales are given in Table 3. The total mean score was revealed to be 195.7±24.5. While the "drug and transfusion applications" subscale had the highest mean value (83.4±10.4), the "prevention of falling" subscale had the lowest mean value (18.3±4.0). Concerning the other subscales of the Scale "prevention of nosocomial infections" revealed a score of 38.7±6.5, "patient monitoring and security of materials-devices" revealed a score of 35.3±6.5, and "communication" revealed a score of 19.6±4.4.

Table 4: Sociodemographic Characteristics and Scale Score Correlation

		Mean and SD	P value
Age	17–20	4.08±0.47	0.297
	21–24	4.05±0.53	
	25–28	4.36±0.22	
Sex	Female	197.6±24.0	0.044
	Male	191.7±25.0	
Grade	2 nd Grade	196.6±24.5	0.067
	3 rd Grade	192.2±26.7	
	4 th Grade	199.3±20.8	
Graduated School	Anatolian High School	194.3±24.8	0.242
	Other	197.5±23.9	
Occupational Choice Status	Willingly	197.4±22.3	0.114
	Unwillingly	193.0±27.4	
Occupational Satisfaction Level	1	185.1±36.3	0.014
	2	197.3±24.1	
	3	194.2±22.6	
	4	198.7±18.4	
	5	203.5±23.2	
Thoughts on Future Profession	Think about doing the profession	196.4±23.8	0.221
	Not thinking about entering the profession	192.0±27.3	

It was determined that the malpractice tendencies of female students was lower than that of male students, and that, as the level of occupational satisfaction increased, the tendency toward malpractice decreased ($p < 0.05$) (table 4). In addition, it was found that differences between the groups in terms of age, grade, graduated school, occupational choice status, and thoughts of future profession and malpractice tendency scores was not statistically significant ($p > 0.05$).

Discussion

Nursing students cause a variety of nursing malpractices (Öztürk et al., 2017). This study was conducted to investigate the tendency of malpractice of nursing students who frequently spent time with patients, both in hospitals and in various health institutions. Existing literature in the related field includes several studies that were conducted to determine malpractice tendencies of nursing/midwifery students and actively working nurses. The results of the current research involving students shall be discussed alongside those of other studies in the field.

Mankan et al. (2017) conducted a study that evaluated student responses as to the causes of malpractice; the responses “Keeping records irregularly” (77.2%) and “Inattention on watch duty shifts” (76.7%) were seen to yield the lowest percentages among participant responses, while the remaining choices yielded very high percentages. Cebeci et al. (2012), conducted a study with nursing students who had participated in hospital practice at least once, and stated that factors such as lack of information, lack of communication, violations of rights, excessive workload, and stress and fatigue were considered to be the cause of malpractice at a very high level. Nursing students in the current study, stated that the sensation of burnout, stress, excessive workload, nurses having to undertake non-duty jobs (secretary), too many monthly watch duties, and low number of working nurses were considered causes of malpractice at a very high level (Table 2). In the results of the study, it was observed that stress and workload excess were determined as a high rate of malpractice. In the study of Işık et al. (2012) conducted with nurses, nurses stated that excessive workload and stress increased their tendency to malpractice.

Conducted by Mankan et.al. (2017) about malpractice tendencies among midwifery and intern nursing students, the mean of total MTS score was found to be low (Table3). The subscale “Drug and Transfusion Applications” was revealed to have the least level of malpractice tendency, while the “Falling” subscale was revealed to have the most malpractice tendency (Mankan et al., 2017). In a study using used intern nurses conducted by Er and Altuntaş (2016), nurses’ mean scores of all the MTS subscales were found to be very close to each other and of a “low level” (Er & Altuntaş, 2016). In the current study, which is similar to that of Mankan et al. (2017), “Drug and Transfusion Applications” was revealed to be the area with the lowest tendency toward malpractice and “Falling” was found as the area with of highest malpractice tendencies. It is known that among the main causes of injuries in hospitals, falls are both significant and important(Savcı et al., 2009). These conditions can lead to serious injuries, a prolonged hospital stay, or disability and death. For this reason, there has been an increasing focus on issues of patient safety within the framework of human error when assessing quality of care in recent years (Gökdoğan & Yorgun, 2010). Taking into consideration the fact that nurses should be informed about their legal responsibilities regarding falls and related complications of patients, it is clear that one of the most important legal and ethical responsibilities of nurses is to protect their patients from injury by maintaining a safe environment in the hospital (Savcı et al., 2009; Gökdoğan & Yorgun, 2010).

Bayındır-Çevik et al. (2015) conducted a study using 1st and 2nd grade nursing students, and determined that 2nd grade students made drug application mistakes most frequently when evaluating the difference, if any, between the malpractice rates according to grade levels (Bayındır-Çevik et al., 2015). The study by Öztürk et al. (2017) determined that the rate of malpractices was higher among first- and second-year students (Öztürk et al., 2017). In this study, it was determined that the tendency to malpractice did not differ between classes (Table 4). It was expected that the rate of making medical errors will decrease in parallel with the education period of the students. In line with this result, it was recommended to provide nursing students with repeated training on drug applications and to evaluate the reflections of these training on practice.

In this study, it is seen that the nursing students with high profession satisfaction had less malpractice tendencies ($p<0.05$) (Table 4). This result shows parallelism with those concerning students’ indications as to the causes of malpractices; these are: the sensation of burnout, stress, excessive workload, giving nurses non-duty jobs (secretary), too many monthly watch duties, and low number of working nurses. Reducing the workload of nurses, decreasing the number of monthly watch duties, and ensuring that nurses are not given any jobs outside their official duties will reduce the frequency of malpractices by increasing the level of occupational satisfaction.

Conclusion

This study found that nursing students have a low tendency to malpractice. When student nurses’ responses to Malpractice Tendency Scale were examined, the lowest tendency of malpractice was “drug and transfusion applications”; the highest tendency towards malpractice was reported in the subscale “falls”. Although the results of this research can be evaluated as a positive result, the possibility that nursing students may have given overly high scores to scale items, by considering the ideal nursing practices rather than practical ones, must be considered. Given that most students who participated in this study plan to enter the nursing profession in the future, it is very important that they stay informed about malpractices and the legal responsibilities that can arise as a result.

Conflict of Interest

The authors have no conflicts of interest to report.

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