



Effectiveness of Patient Rights Education Program on Knowledge among Nurses in a Selected Hospital at Mangalore

Smita Halder¹ Nalini M.¹ Sukesh Shetty¹

¹ Department of Mental Health Nursing, Nitte Usha Institute of Nursing Sciences, Nitte (Deemed to be University), Mangaluru, Karnataka, India

J Health Allied Sci^{NU}

Address for correspondence Nalini M, PhD(N), Department of Mental Health Nursing, Nitte Usha Institute of Nursing Sciences, Nitte (Deemed to be University), Mangalore 575018, Karnataka, India (e-mail: nalini@nitte.edu.in).

Abstract

Background Patient rights are basic rules of conduct between patients, medical care providers, and the institutions and the people supporting them. Patient Right Education program provides an opportunity to improve nurses knowledge about patient rights. It fosters communication between patients and nurses, which helps achieve patient satisfaction and reduce the number of violations cases of patient's rights in the hospital. This study aims to find the effectiveness of patient rights education programs among nurses.

Materials and Methods A quasiexperimental approach and one group pretest posttest design were adopted for this study. One hundred subjects were selected through a convenient sampling technique in the selected tertiary Hospital, Mangaluru, Karnataka, India. A pretest was conducted on the first day using a structured knowledge questionnaire, and the patient rights education program was conducted for the participants on the same day. The posttest was conducted on the 7th day after the education program.

Results Among 100 nurses, the posttest knowledge score ($9.67 + 1.67$) regarding patients' rights was more than the pretest knowledge ($7.43 + 1.67$) score. The paired *t*-test showed that the calculated *p*-value was 19.381, more than the *t*_{ab} value of 1.98. Hence, it was found that the program effectively improved the knowledge by showing the difference in mean knowledge score at a 5% significance level. For item-wise comparison, McNemar's test was used, and there was an improvement in 50% of patient rights items.

Conclusion This study concluded that nurses need a proper awareness system about patient rights for nurses in hospital settings.

Keywords

- ▶ hospital
- ▶ education program
- ▶ nurses
- ▶ patient rights
- ▶ satisfaction

Introduction

Rights are those essential conditions of social life that one morally or legally has or is entitled to enjoy. In 1948, the inherent dignity and the equal and inalienable rights of all

people were recognized by the Universal Declaration of Human Rights.¹ It is based on the fundamental dignity and equality that the notion of patient rights was developed.² Patients' rights are the lists of guarantees for those receiving medical care from a health care setting.³ World Health

DOI <https://doi.org/10.1055/s-0044-1779023>.
ISSN 2582-4287.

© 2024. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited. (<https://creativecommons.org/licenses/by/4.0/>)
Thieme Medical and Scientific Publishers Pvt. Ltd., A-12, 2nd Floor, Sector 2, Noida-201301 UP, India

Organization defines patient rights as those owed to the patient as a human being by physicians and the state.⁴ Patients' rights are influenced by the patient's status, family, society, and country-related factors.⁵ Human rights and nurses' roles have focused on the values embodied in the code of ethics developed by the Indian Nursing Council.⁶ Patients' rights vary from one country to another and from jurisdiction to others, often depending upon prevailing cultural and social norms.⁷ Patient rights are practical measures for patient satisfaction in health care services.⁸ Patient rights are an integrated component of human rights, and hence, nurses should adhere to them. Comprehensive knowledge and suitable conditions should be provided for the nurses to reduce the practice of violating patient rights.⁹ A wide range of abuses against patients and individuals under medical supervision happens in day-to-day health care settings.¹⁰ An exploratory study result showed that 33% of the nurses had a poor level of knowledge and 99.5% of them expressed that various barriers were preventing them from following the patients' rights in practice.¹¹ A survey conducted on inpatient satisfaction with nursing care among the 100 subjects revealed a massive gap in communication among nurses and their patients, which led to dissatisfaction among patients.¹² There is a need to improve the communication skills and the therapeutic relationship among nurses with their patients.¹³ Awareness about patient rights and observing them leads to satisfaction among patients, physicians, and other health care providers and spreads excellent morals among them.¹⁴ If health care providers fail to follow the patient's rights, it may lead to distrust among patients. Nurses' knowledge about patient rights can help to improve the relationship of nurses with their patients and increase satisfaction among the patients.¹³

In India, 77 severe health care denial cases and rights violations suffered by patients in various public and private hospitals have been reported to the National Human Rights Commission from Maharashtra, Gujarat, and Rajasthan. More than 33 are from Maharashtra alone. A total of 17 cases concern the public healthcare system, and 16 are from the private medical sector. In this context, the level of knowledge among nurses about patient rights is an essential aspect. Hence, patient rights education program improves patient satisfaction and the quality of nursing care. Thus, this study was planned to assess the effectiveness of the planned teaching program on patient rights.

Materials and Methods

A quantitative research approach and one group pretest and posttest design were used in this study. A convenient sampling technique was used to select 100 nurses working in the selected hospital in Mangaluru, Karnataka, India, as per predetermined inclusion criteria. The selected staff nurses were working in different specialty wards. The staff nurses aged 22 to 40 years were included in the study irrespective of their gender. The staff nurses who had higher education like M.Sc. or Ph.D. and other additional qualifications on human rights such as MBA were excluded from the study. The

knowledge of the staff nurses on patient's rights was assessed by a knowledge questionnaire, and a planned structured teaching on patients' rights education as an intervention was provided to the selected study subjects. The study subject's sociodemographic data were collected, including age, gender, marital status, work experience, number of children, and working unit. The demographic proforma, self-administered knowledge questionnaire, structured teaching program on the patient rights education module, and audio-visual aids were checked for content validity and reliability. The suggestions given by the experts were incorporated based on the percentage analysis. The reliability of the data collection instruments was ($r = 0.927$). It indicates that the tools were reliable. The demographic profile and self-administered knowledge questionnaire were administered to the study participants on the first day. After administering the pretest, the structured education program was conducted for 40 minutes with the help of powerpoint presentation. The post-test was conducted on the 7th day to assess the effectiveness of the education program. The statistical analysis was done using the Statistical Package for the Social Science (SPSS, Version 16). The demographic data of the study were analyzed using frequency and percentage. The effectiveness of the patient rights education program was analyzed by using paired t-test. McNemer's test was used to compare the domain-wise knowledge of the nursing professionals.

Ethical Consideration

The investigator presented the study proposal to the Institutional Ethics Committee (IEC) of Nitte Usha Institute of Nursing Sciences, Nitte (Deemed to be) University, and obtained permission from the IEC. The selected study subjects were explained about the data collection procedure and the participant's information sheet, and informed consent was obtained. Confidentiality and anonymity were maintained during and after data collection and dissemination of findings.

Results and Discussion

Out of 100 subjects, 57 study participants were in the age group of 22 to 25 years and 93 subjects were female. Sixty-six subjects were single, and 51 subjects had 1 year of clinical experience. Among 100 subjects, 99 subjects did not attend an educational program on patient's rights, and 22 subjects worked in a critical care unit. This finding was supported by another descriptive study that most of the participants (94.7%) belonged to the 20 to 30 age group, and 88.8% of the subjects had less than 5 years of working experience.⁷ The findings emphasized the high chances of nursing professionals changing their workplace frequently. Another finding suggests a need to create awareness of patients' rights among nurses. This finding was contradicted with the findings of another study which revealed that more than half of the nurses belonged to the above 30 years of age group.¹⁰

Table 1 Comparison of knowledge in domain wise before and after the educational program (N = 100)

Sl. no	Domain	Pretest	Posttest	Pretest & posttest	McNemar's "p"-values
1	Number of patient rights as per the medical council of India, 2002, is- 8.	4	39	46	<0.001 ^a
2	A patient is diagnosed with a brain tumor. First-hand information should be given to the patient.	2	36	9	<0.001 ^a
3	Informed consent should be taken for-patient safety.	13	36	21	0.001 ^a
4	A staff nurse who is working in ICU gave injection dobutamine instead of injection dopamine to a patient; this incident is called medical malpractice.	19	21	54	0.875
5	Advances directives are the power of attorney.	14	33	13	0.008 ^a
6	A nurse can discuss about patient's health condition with- health care providers.	14	15	65	1
7	Mr. y, 28 years old male patient admitted in the medicine ward, he is unwilling to take an afternoon dose of his antibiotics, but it is needed for his betterment, in this situation the nurse's action is to explain benefits of taking medicine.	8	16	71	0.152
8	A patient who is 18 years old, does not want to undergo surgery, he wants to take medication, but the doctor advised him to go for surgery, in this case, the decision will be taken by- patient.	10	28	31	0.005 ^a
9	Privacy for an unconscious patient is-necessary.	1	4	93	0.375

Among the 100 nursing professionals, 25 study participants had poor knowledge during the pretest, while during the posttest, only one subject remained in the same group. In total, 46 of them had an average level of knowledge in the pretest, whereas 26 of them were in the posttest. About 29 subjects had a good level of knowledge regarding patient rights during the pretest, and 73 of the subjects showed a good level of knowledge in the posttest.

The pretest knowledge score was 7.43 ± 1.67 , and the posttest score was 9.67 ± 1.67 . The calculated value was 19.381, which is more than t_{ab} 1.98 ("t" critical value for degrees of freedom 99) at a 5% level of significance, and the "p" value was <0.001. It indicates that there was an improvement (mean difference = 2.24) in the mean knowledge score, and hence, the educational program was effective in gaining the knowledge.

► **Table 1** indices the domain-wise comparison of knowledge of the staff nurses on patient's rights using McNamara's test. The obtained "p" values were <0.05 for domains 1, 2, 3, 5, and 8 in the above-mentioned table. Hence, there was a difference in these domains of knowledge.

This result was parallel with another study results that programs help enhance nurse's knowledge of patient's rights.¹³ These findings show that hospitals should have a policy to conduct regular educational programs for staff nurses, which will improve their knowledge and also help them to incorporate these into their practice. In the current study, no association was found between the demographic characteristics and pretest knowledge scores at 5% significance level.

Conclusion

Every health care provider should know the patient's rights and safeguard the patient from violating these rights. Nursing professionals should have appropriate knowledge and conduct regular induction training and in-service education program, continuing education program to improve patient rights and education knowledge. Nurses are the leading care providers and first-hand informants for the patients. They are also available to the patients 24/7. Hence, they should possess knowledge of patients' rights and have a positive attitude to the prevention of violation of patients' rights by other health care providers. The present study helps the researchers to undertake various research related to patient's rights to improve the knowledge among nursing students, nursing staff, patients, and their family members. There is a massive necessity for nursing research in public education and forensic nursing. The present study concluded that the nurse's knowledge of the patient's rights was enhanced after attending the Patient Rights Education Program. This study also emphasized on the need for nurses and other health care professionals to possess knowledge of patients' rights and attend regular educational programs.

Conflict of Interest

None declared.

References

- 1 Assembly UG. Universal declaration of human rights. UN General Assembly. 1948;302(02):14–25

- 2 Heidari S, Nayeri ND, Ravari A, Sabzevari S. How organizational learning is associated with patient rights: a qualitative content analysis. *Glob Health Action* 2016;9:30939
- 3 Al-Saadi AN, Slimane SBA, Al-Shibli RA, Al-Jabri FY. Awareness of the importance of and adherence to patients' rights among physicians and nurses in Oman: an analytical cross-sectional study across different levels of healthcare. *Sultan Qaboos Univ Med J* 2019;19(03):e201–e208
- 4 Crane D. Sociological perspectives on biologicals research in human populations. *Bull World Health Organ* 1977;55(Suppl 2): 91–99
- 5 Czajkowska M, Janik A, Zborowska K, Plinta R, Brzek A, Skrzypulec-Plinta V. Knowledge and opinions of patients and medical staff about patients' rights. *Ginekol Pol* 2021;92(07): 491–497
- 6 Sabzevari A, Kiani MA, Saeidi M, et al. Evaluation of patients' rights observance according to patients' rights charter in educational hospitals affiliated to mashhad university of medical sciences: medical staffs' views. *Electron Phys* 2016;8(10): 3102–3109
- 7 Kumari K, Kumari V, Bishnoi AK. An exploratory study to assess the knowledge, expressed practices and barriers in protection of patients rights among nurses at MMIMS&R Hospital, Mullana, Ambala. *IOSR-JNHS*. 2013;2(05):55–60
- 8 Mohammad Nejad E, Begjani J, Abotalebi G, Salari A, Ehsani SR. Nurses awareness of patients rights in a teaching hospital. *J Med Ethics Hist Med* 2011;4:2
- 9 Dzomeku VM, Ba-Etilayoo A, Perekuu T, Mantey RE. Inpatient satisfaction with nursing care: a case study at Kwame Nkrumah University of Science and Technology Hospital. *IJMRHS* 2013;2 (01):19–24
- 10 Sheikhtaheri A, Jabali MS, Dehaghi ZH. Nurses' knowledge and performance of the patients' bill of rights. *Nurs Ethics* 2016;23 (08):866–876
- 11 Abedian K, Bagheri Nesami M, Shahhosseini Z. The effect of an education-based intervention on self-reported awareness and practice of Iranian nurses in observing patients' rights. *Glob J Health Sci* 2014;7(03):98–104
- 12 Makarem J, Larijani B, Joodaki K, Ghaderi S, Nayeri F, Mohammad poor M. Patients' satisfaction with inpatient services provided in hospitals affiliated to Tehran University of Medical Sciences, Iran, during 2011. *J Med Ethics Hist* 2013;2016:9–11
- 13 Ibrahim SA, Hassan MA, Hamouda SI, Abd Allah NM. Effect of patients' rights training sessions for nurses on perceptions of nurses and patients. *Nurs Ethics* 2017;24(07):856–867
- 14 D'Souza S, Qadiri G, Leena KC. Patient rights: a study on patient's knowledge and nurse's practice in a multispecialty teaching hospital. *Int J Educ Res* 2016;2:25–26