

An Exploratory Study to Assess the Knowledge, Expressed Practices and Barriers in Protection of Patients' Rights among Nurses at MMIMS&R Hospital, Mullana, Ambala

Kiran Kumari, Vinay Kumari, Ashok Kumar Bishnoi

Abstract:

Introduction: Patients' rights are an integral component of human rights. An important tenet of nursing is respecting the human rights and dignity of all patients. Protecting the patient rights by the nurses only will be possible when they have gained necessary knowledge about it and suitable conditions be provided for respecting these rights.

Objective: To assess the nurses' knowledge, expressed practices and barriers in protection of patients' rights

Methodology: A Non Experimental Research Approach was used with Exploratory Survey Design. Data was collected from 206 nurses of MMIMS&R Hospital, Mullana, Ambala by using total enumeration sampling technique. Structured knowledge questionnaire, three point expressed practices rating scale and four point barriers rating scale were used to collect the data.

Results: Findings of the study revealed that that Mean knowledge score was 17.11 ± 5.13 . One third (33%) of nurses had poor level of Knowledge and minimum number (12%) of nurses had excellent level of knowledge regarding protection of patients' rights. Majority (74%) of the nurses had Good level of expressed practices and 99.5 % of the nurses had barriers in protection of patients' rights.

Conclusion: It was concluded that majority of nurses had moderate level of knowledge regarding protection of patients' rights therefore the teaching can be planned for the nurses to enhance their knowledge so that she/he can be an advocate for her/his patients' rights.

Key words: Knowledge, Expressed practices, Barrier, Protection of Patients' rights, , Nurses.

I. Introduction:

A right is a claim one person has to, a responsibility and duty on the part of another person. Rights and responsibility move on tandem. For every right, there is correlative duty or obligation (**Kunjumon Betty P**). Patients' rights are a recently introduced term in health sciences literature and practices. It has been included in the publications of world-wide organizations and introduced into national legislation (**Merakou K, Dalla-Vorgia P and Garanis-Papadatos T**). The 1995 Supreme Court declaration bringing hospitals under the purview of the Consumers Protection Act (CPA) of 1986 was possibly the start of the movement for the safety of the patient in India (**The national medical journal of India**).

Barbara, and Seema (2004) conducted a descriptive comparative study in India (Ludhiana). Major findings were, the B.Sc nursing graduates exhibited better legal responsibility knowledge score (mean % of 71.43) than diploma graduates (mean % 68.5).

According to **Hariharans, Jonnalagadda R, Walrond E, Moseley H (2006)** in West Indies, only 52% of the doctors and 37% of the nurses knew little of the law pertaining to their work. Quarter of nurses knew nothing about nurse's code of ethics.

Betty. P. Kunjumon (2006) conducted a descriptive study to investigate nurses' and protection of patient rights. More than half (56%) of the subjects have moderate level of knowledge about the patients' rights. Only one third of the subjects (37%) have high level of knowledge.

Hakan Ozdemir M et al (2009) conducted a cross-sectional descriptive survey in Turkey on midwives and nurses awareness of patients' rights. The result showed that violation of patients' rights and health professionals' ignorance of appropriate practices means that there is an urgent need to reconsider how to approach this issue.

Rajesh Kumar et al (2011) conducted descriptive study in Jaipur, Rajasthan on Knowledge of staff nurses regarding legal and ethical responsibilities in the field of psychiatric nursing. The findings of the study revealed that majority (90%) of the nurses possess moderate level of knowledge.

Hence, it was felt by the researcher that there is emerging need of study in this area and there are very few studies in Indian setting related to protection of patients' rights.

II. Methods

An exploratory study was conducted to assess the knowledge, expressed practices and barriers in protection of patients' rights among nurses at MMIMS&R Hospital, Mullana, Ambala. The pilot study was conducted on 10 nurses of Civil Hospital, Ambala, Haryana in the month of September, 2012. For final study, total sample of 206 nurses were selected by using total enumeration sampling technique.

Data was collected by using tools consisted of structured knowledge questionnaire, expressed practices rating scale and barriers rating scale. Validity and reliability was determined by expert's opinion, Kuder Richardson-20 (KR₂₀) method and test retest method on the content relevance and tool tryout. Written informed consent was taken from each study subject and permission taken from authorities of M.M College of Nursing Mullana, Ambala and M.M Institute of Medical Sciences and Research Hospital Mullana, Ambala, Haryana.

Final data was collected from Dec., 2012 to Jan., 2013 and analyzed by using both descriptive and inferential statistics. Frequency and percentages were calculated for demographic variables. Coefficient of correlation test was used to find out the relationship between knowledge scores, expressed practices and barriers scores of nurses regarding protection of patients' rights. Chi - square test was used to find out the association of levels of Knowledge, expressed practices and barriers of nurses with the selected variables.

Inclusion criteria

Nurses who were involved in direct care of patients, available at the time of data collection and willing to participate in the study.

Research Tools consists of:

Structured knowledge questionnaire comprised of 2 sections:

Section-I: It consists of Performa (11 items) to assess sample characteristics.

Section-II: It consists of 30 knowledge items to assess the knowledge of nurses regarding patients' rights.

Expressed practices rating scale:

Three point expressed practices rating scale to assess the expressed practices of nurses in protection of patients' rights.

Barriers rating scale:

Four point barriers rating scale to assess the barriers in protecting patients' rights.

Ethical approval was taken from institutional ethical committee of M.M. University, Mullana, Ambala, Haryana and written informed consent was taken from each nurses. Pilot study was conducted in the month of September, 2012 and findings of pilot study revealed that it was feasible to conduct the study.

Ten nurses were selected by convenience sampling technique. The purpose of study was explained to the nurses, confidentiality of their response was assured and their consent was taken before collection of data. Structured knowledge questionnaire, expressed practices rating scale and barriers rating scale were administered to the nurses to assess the knowledge, expressed practices and barriers among nurses regarding protection of patients' rights.

The analysis of the pilot study was done in accordance with the objectives of the study. Findings of the pilot study revealed that it was feasible to conduct the study. The plan for statistical analysis was also determined.

The reliability co-efficient for the structured knowledge questionnaire was calculated by using the Kuder Richardson-20 (KR₂₀). Kuder-Richardson₂₀ and it was found to be 0.797. Reliability of expressed rating scale was established by test retest method. It was computed by Karl Pearson formula and value obtained was 0.96. Reliability of barrier rating scale was established by test retest method. It was computed by Karl Pearson formula and value obtained was 0.95. The tools were found to be valid, reliable and feasible for the purpose of study.

Statistical analysis was done by SPSS version 17.0. For Descriptive statistics:- mean, standard deviation, frequency, percentages and for Inferential statistics:-coefficient of co-relation and chi square test was calculated. CI of 95%, $p < 0.001$ was considered as highly significant and $p < 0.05$ as significant.

III. Results

Objective wise results of the study are as follow:

Finding related to Frequency and Percentage distribution of sample characteristics.

Majority (94.7%) of the nurses belonged to 20-30 years of age; 61.7 % were Hindu; 50.5% of the nurse reside in urban area; 96.6% had done GNM; 88.8% had working experience less than 5 years; 74.3% were working in medical & surgical ward. None (100%) of nurses had any legal issue related to patients' rights; 91.7 % had not attended in service program regarding patients' rights; 41.3 % had used both broad cast & print media as a source of information and 99.5% nurses had no experience of working in abroad.

Finding related to knowledge of nurses regarding protection of patients’ rights.

Mean knowledge score of nurses was 17.11 ± 5.13 , mean% was 57.03 and median was 18 with the range of score between 2-28.

The data presented in table 1 represent that one third (32%) of nurses had poor level of knowledge regarding protection of patients’ rights. Only 12% of nurses had excellent level of knowledge regarding protection of patients’ rights

TABLE - 1
Frequency and Percentage Distribution of Nurses according to Level of Knowledge regarding Protection of Patients’ Rights

N=206

Level of Knowledge	Range of score	Frequency	Percentage
Excellent	23-30	24	12
Good	19-22	60	29
Fair	15-18	55	27
Poor	<15	67	32
Minimum score: 00		Maximum score: 30	

Findings related to area wise mean percentage of knowledge score of nurses regarding protection of patients’ rights

The highest (68.85%)mean percentage of knowledge score of nurses was in the area of Right to Compassionate care and lowest (40.68%) in the area of Right to Respect ,Dignity, Confidentiality &Privacy.

Finding related to expressed practices of nurses regarding protection of patients’ rights.

Mean expressed practice score of nurses was 48.56 ± 5.04 , mean% was 80.93 and median was 48.56 with the range of score between 33-59.

The data presented in table 2 represents the top five and least five expressed practices of nurses regarding protection of patients’ rights

TABLE – 2
Rank Wise distribution of Top Five and Least Five Expressed Practices of Nurses regarding Protection of Patients’ Rights

N=206

S.no	Expressed Practices	Mean	Mean %	Rank
Top five Expressed Practices in protection of patients’ rights:				
1.	Treat all patients with dignity.	2.94	98.06	I
2.	Give Complete information about the proposed treatment to the patient.	2.89	96.44	II
3.	Give patient care with full competence	2.86	95.63	III
4.	Maintain good working environment.	2.86	95.63	III
5.	Make the patient aware about his /her right’s as a Patient	2.86	95.47	V
Least five Expressed Practices in protection of patients’ rights:				
1.	Manage the patients with pain after completing routine work of ward.	1.85	61.81	XX
2.	Share information about name, education and experience of myself on demand of patient.	1.94	64.89	XIX
3.	Scold the patients if they do not follow the instructions.	1.96	65.37	XVIII
4.	Provide nursing care to all the patients according to their social status.	2.05	68.45	XVII
5.	Share personal information of patient with colleague	2.11	70.39	XVI

Table 3 shows good Practices as expressed by the nurses regarding protection of patients' rights.

TABLE - 3
Frequency and Percentage distribution of Nurses according to Level of Expressed Practice regarding Protection of Patients' Rights.

N=206

Expressed Practices	Range of score	Frequency	Percentage
Good	45-60	153	74
Fair	30-45	53	26
Maximum score: 60		Minimum score: 20	

The data presented in table 4 represents the top five barriers and least five barriers of nurses were evident by mean percentage.

Table – 4
Rank Wise Distribution of Top Five and Least Five Barriers among Nurses in Protection of Patients' Rights.

N= 206

S.no.	Barriers	Mean	Mean %	Rank
Top five Barriers in protection of patients' rights:				
1.	Low wages, incentive and compensation	2.17	72.65	I
2.	Lack of public awareness about patients' rights	2.01	67.15	II
3.	Society's poor attitude towards nurses	1.93	64.56	III
4.	Lack of resources	1.91	63.75	IV
5.	Lack of time, more no of patients and insufficient nursing staff	1.89	63.26	V
Least five barriers in protection of patients' rights:				
1.	Lack of competency in nurses		1.35	45.15
2.	Lack of awareness and sensitivity among supervisors, and colleagues.	1.36	45.47	XXI
3.	Lack of co-ordination among staff	1.43	47.90	XX
	Unsafe working environment.	1.55	51.94	XIX
4.	Lack of in service education program related to patients' rights.	1.57	52.43	XVIII

Finding related to barriers among nurses regarding protection of patients' rights.

Table 5 reveals that the majority (99.5 %) of nurses had Barriers in protection of patients' rights to some extent which prevent them to protect patients' rights.

TABLE – 5
Frequency and Percentage distribution of Nurses according to Level of Barriers regarding Protection of Patients' Rights

N=206

Level of Barrier	Range of score	Frequency	Percentage
Great Extent	45-66	67	32.5
Moderate Extent	23-44	108	52.4
Low Extent	1-22	30	14.6
No Barriers	0	01	0.5

The data presented in the Table 6 indicates significant moderate positive correlation between knowledge and expressed practice scores as obtained 'r' value (0.56) was higher than the table value (0.13) at 0.05 level of significance.

TABLE - 6
Correlation Computed between Knowledge, Expressed Practices and Barriers of Nurses regarding Protection of Patients' Rights

N=206

	Barriers	Expressed Practice
Expressed Practices	0.04 ^{NS} (p = 0.95)	
Knowledge	0.09 ^{NS} (p= 0.90)	0.56* (p = 0.01)
r (204)= 0.13 *Significant (p ≤ 0.05); ^{NS} Not-significant (p >0.05)		

Significant association was found between levels of barriers with area of work ($X^2=10.51$, $p=0.03$). Barriers regarding protection of patients' rights were higher in medical & surgical areas as compared as gynecology.& pediatric wards

IV. Discussion

In the present study, the findings suggests that majority of nurses (56%) had moderate level of knowledge regarding protection of patients' rights.

In the present study mean knowledge score was 17.11 ± 5.13 with mean percentage of 57.03%. Whereas, in another study done by Betty P Kunjumon (2006), the mean percentage of knowledge score was 78%**Error! Bookmark not defined.**

In the present study, one third (32%) of nurses had poor level of Knowledge regarding protection of patients' whereas study done by Betty P Kunjumon (2006), expressed that one third of subject had high level of knowledge regarding protection of patients' rights, which is not consistent to present study **Error! Bookmark not defined.**

In the present study, 56% nurses had moderate level (good & fair level) of knowledge regarding protection of patients' rights. Whereas , Buken & Buken (2004) described that nurses had only a moderate or low level of knowledge and Betty P Kunjumon (2006) found that more than half (56%) of nurses had moderate level of knowledge regarding protection of patients' rights. It is consistent to present study**Error! Bookmark not defined.** **Error! Bookmark not defined.** The findings of present study revealed that mean percentage of expressed practices score regarding protection of patients' rights was 80.93% which is consistent with 75% reported by Betty P Kunjumon (2006) **Error! Bookmark not defined.**

The majority of the nurses(99.5%) had barriers in protection of patients' rights to some extent, similar findings were described by Negarandeh Reza (2005) Joolae et al. (2006), Betty P Kunjumon (2006) and Buken and Buken (2004). Adib Hajbagheri & Salsali(2005); Dehghan & Nayeri et. al (2005) found that workload led to inability to protect patients' rights. **Error! Bookmark not defined.** **Error! Bookmark not defined.**

Implications of the study

Current study result has following implications:

- Treat patients and their families with respect, dignity and serve as a patient advocate.
- Practice according to nursing standards; maintain safety of patients and work to improve the workplace environment.
- Be compassionate, kind and accountable for each action and be sensitive to different cultures.
- Protection of patients' rights should be included in curriculum of all nursing education program as a basis to carry out the nursing services.
- In service education program regarding Protection of patients' rights should be planned so that nurses can upgrade their knowledge regarding Protection of patients' rights.
- Clinical instructor should ensure that student is protecting the rights of patients while giving care to the patients.
- Administrator should encourage staff to participate in conferences, workshops, symposiums, and seminars regarding protection of patients' rights.
- Patients' feedback responses about nursing practices regarding protection of patients' rights should be taken.

Limitation

1. Generalization was limited to select setting only.
2. Real practices were not assessed.
3. Items of expressed practice rating scale were direct towards an individual about compliance to patients' rights.

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