

## Assessment of the effect of training nurses with regard to patient right to access and safety in two teaching hospitals

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**ABSTRACT :** The awareness of the nurses on patients' rights bears greater influence on their practice and patient satisfaction. As hospitals reach towards standardization, positive changes in the awareness and practice among health care professionals is required, this has a positive impact on patient satisfaction. The objective was to assess and compare the level of awareness and practice of nurses in regard to patients' rights to access and safety in two teaching hospitals. The research design adopted is pre-test post-test design. The study sample consisted of 100 nurses each from two teaching hospitals. The sample also included 200 patients from each hospital i.e., two patients those received care from each nurse were selected, one patient for the pre-test and one patient for the post-test. The pre-test data on awareness of nurses was collected through a questionnaire given to nurses and nurses practice through a checklist administered to the patients under study. After the pre-test on nurses, they were trained on patient rights, in small groups, followed by the post-test using the same awareness questionnaire. Post-test on practice of nurses was done one week after training nurses. Data was analysed using SPSS software version 10. Data was analysed using descriptive statistics. Results showed that, in most of the parameters on patient right to access and safety, lower awareness and practice of nurses was observed in hospital II which was not accredited by NABH compared to hospital I, a NABH accredited hospital. The awareness and practice scores of nurses on right access with regard to creating a healthcare environment that encourages access and appropriately managing the facilities, equipment's and supplies increased after training nurses on patient rights. The awareness and practice of nurses on patient safety parameters such as creating awareness among patients on measures to be taken to avoid Hospital Acquired Infection, prevention of patient falls and maintaining food hygiene, also increased after training. This research has implications for the formal development of patient right training for healthcare professionals in hospitals.

**KEYWORDS:** *patient rights, right to access, right to safety*

### I. INTRODUCTION

In today's scenario the multitasking responsibilities and liabilities leave the professionals with less time and effort for patient interactions. Ample consideration on the part of health care policy makers and administrators is required to design employee friendly policies and educational programmes, to suit the current work scenario. Patients' rights have been a boon to the Health Care Organizations (HCO's) as well as patients. Efficient organizations strive to meet the standards of patients' rights and be safer in the web of the society. Most patients' bills of rights are derived from the medical ethics. These are concerned with right to respect, safety, informed consent, privacy, confidentiality, treatment choice, refusal to treatment and participation in the treatment plan (Seddon et al., 2001). However, the execution of patients' rights and their actual contents vary among different countries (Ducinskiene et al., 2007). The healthcare policy makers and accreditation bodies in India have laid down standards to realize patients' rights. Meeting patients' rights is crucial for the survival of the health care system at large.

Patients' rights are essential components of a current health care practice. Patients are the most vulnerable category of people in the hospital. Giving prime essentiality to protect the patients' rights is considered to be the indicator in health care practice (Davati et al., 2012). Health Care Organizations bear a clear responsibility in maintaining and preserving the health of the patient. In the context of patients' rights, care givers need to follow the standards related to health of the patient (Hatami et al., 2011). In relation to this, rights have been a crucial aspect in healthcare of patients, since there is a universal consensus on the necessity to build and take care of patients' rights, involving patients in taking active role in healthcare and enhancing the health care

Professional to patient interactions (Harris, 2001). Health care systems in order to be efficient in their functioning, need ongoing involvement and participation among health care providers and patients. HCO's should ensure that the care providers, patients and their families respect patients' rights (Larijani et al., 2009). The health care system as a whole requires a demanding behaviour from the health care professionals to support the patients with more of interaction and communication, which is very much lacking and is the need of the hour. In order to know the patients' rights, nurses need to acquire required knowledge. In other way, more the awareness, better is the understanding of patients' rights (Salimi, Yarmohammadiyan & Balochestani, 2006). When nurses are provided with the knowledge of patients' rights; they can render efficient patient care and enhance patient satisfaction. Therefore, a care incorporating respect to patients' rights entails nurses to gain more awareness in this regard (Bagchi, 2010). Attitude of employees on patients' rights can be improved by organizing in-service training courses (Rezaei, 2007). Nurses need to recognize ethical aspects such as patients' rights in their professional nursing practice and then execute it in their communications (Habibzadeh, Ahmadi & Vanaki, 2010). From the literature, it is evident that enhanced awareness will lead to improved practice. The patient has a statutory right to access medical records. The legal standards for practicing the medical profession include keeping medical records and making them available. Medical records may be made available only to authorized persons and in forms defined by law (Paszowska, 2018). Patient safety must be an essential priority of health care providers; and they should hold a higher level of knowledge regarding patient safety to better identify, interrupt and correct medical errors and safeguard patients (Safarpour et al., 2017). Nurses are the largest group of health care professionals that are the most interactive with patients. The action of nurses is imperative for the adoption of safe practices and better quality healthcare (Siman & Brito, 2017). Thus, the researcher focuses on the target group, the nurses in order to test the effect of training. The NABH standards provide guidelines for healthcare organizations for practice of patient rights. Right to access and patient safety are the prime rights of patients. These standards emphasize on accessibility of medical records to patients, appropriately managing hospital facilities to make accessible to patients, patient safety with regard to the responsibility of the nurse to create awareness among the patients on prevention of infection in the hospital environment, performing hand hygiene and prevention of falls. (NABH standards, 2013) The current study is proposed to explore the knowledge and practice of nurses based on these standards and measure these parameters after training nurses in patient rights. The information obtained from this research shall serve the basis for future research.

## II. METHODOLOGY

The study was conducted in two teaching hospitals in India. Pre-test post-test design was adopted in the study. The sample consisted of nurses (n=100) and patients (n=400) i.e., 200 patients from each of the 2 hospitals. Two patients who received care from each nurse were selected, one patient for the pre-test and one patient for the post-test. The respondents were provided with the information of the study and informed consent was obtained from them prior to conducting the study. Confidentiality of data was maintained. Questionnaire method was used to collect information on the awareness of the nurses with regard to patients right to access and safety. Checklist was used to measure the practice of the nurses on patient rights based on patients' perspective. Thereafter nurses were trained on right to access and safety using small group training and group discussions. Post-test was done using same research questionnaire and checklist one week after training nurses. Data was analysed using descriptive statistics, frequency and percentage were calculated for the right to access and safety variables.

## III. RESULTS

**Table 1: Distribution of the nurses based on their awareness on patients' right to access, pre and post training**

		(n=100+100)			
SI. No.	Right to access	Frequency / (%) of correct responses			
		Group I (n)		Group II (n)	
		Pre	Post	Pre	Post
1	The medical records must be made accessible to the patients	65	96	70	93

2	In order to create a healthcare environment that encourages access the nurse must, appropriately manage the facilities, equipment's and supplies	35	90	66	85
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*The data represented is frequency of nurses who gave the correct response to the parameter before (Pre) and after (Post) training. Percentage is equal to frequency since the sample size was 100 in each group. The nurses were from two hospitals. Group I comprised of nurses from hospital 1, which was in the process of NABH accreditation. Group II comprised of nurses from hospital 2, a NABH accredited hospital.*

Table 1 shows that 65% of the nurses in hospital 1 and 70% of the nurses in hospital 2 were aware that the medical records must be made accessible to the patient, after training nurses, the awareness scores increased to 96% and 93% in hospital 1 and 2 respectively. 35% of the nurses in hospital 1 and 66% of the nurses in hospital 2 were aware that in order to create a healthcare environment that encourages access the nurse must, appropriately manage the facilities, equipment's and supplies, the knowledge scores increased to 90% and 85% in hospital 1 and 2 respectively.

**Table 2: Distribution of the nurses based on their awareness about patients' right to safety, pre and post training**

		(n=100+100)			
SI. No.	Right to safety	Frequency / (%) of correct responses			
		Group I (n)		Group II (n)	
		Pre	Post	Pre	Post
1	The nurse is responsible to create awareness among the patients regarding measures to be taken for the safety of patients and their possessions	42	87	71	92
2	Nurse is responsible to create awareness among patients regarding prevention of Hospital Acquired Infection, prevention of falls, food hygiene and safety	54	89	71	95
3	Nurse should tell the patient how to perform hand hygiene	55	93	57	94

*The data represented is frequency of nurses who gave the correct response to the parameter before (Pre) and after (Post) training. Percentage is equal to frequency since the sample size was 100 in each group. The nurses were from two hospitals. Group I comprised of nurses from hospital 1, which was in the process of NABH accreditation. Group II comprised of nurses from hospital 2, a NABH accredited hospital.*

Table 2 shows that 42% of the nurses in hospital 1 and 71% of the nurses in hospital 2 were aware that the nurse is responsible to create awareness among the patients regarding measures to be taken for the safety of patients and their possessions, after training nurses, the awareness scores increased to 87% and 92% in hospital 1 and 2 respectively. 54% of the nurses in hospital 1 and 71% of the nurses in hospital 2 were aware that nurses are responsible to create awareness among patients regarding prevention of Hospital Acquired Infection, prevention of falls, food hygiene and safety, the awareness scores increased to 89% and 95% in hospital 1 and 2 respectively. 55% of the nurses in hospital 1 and 57% of the nurses in hospital 2 were aware that nurse should tell the patient how to perform hand hygiene, the knowledge scores increased to 93% and 94% in hospital 1 and 2 respectively.

**Table 3: Distribution of patients based on the response with regard to nurses' practice of patients' right to access pre and post training nurses**

(n=100+100+100+100)

Sl. No.	Right to access	Frequency / (%) of correct responses			
		Hospital 1		Hospital 2	
		Group I	Group II	Group III	Group IV
		Pre-training	Post-training	Pre-training	Post-training
1	Nurse sees in timely manner for health concerns	69	77	70	83
2	Maintain facilities to make them accessible during need	82	89	78	89

The data represented is frequency of patients who gave the correct response to the parameter before (Pre) and after (Post) training nurses. Percentage is equal to frequency since the sample size was 100 in each group. The patients were from two hospitals. Group I and Group II comprised of Pre-test and Post-test patients from hospital 1, which was in the process of NABH accreditation. Group III and Group IV comprised of Pre-test and Post-test patients from hospital 2, a NABH accredited hospital.

Table 3 shows that, prior to training nurses, 69% of the patients in hospital 1 and 70% of the patients in hospital II agreed that the nurse sees the patient in a timely manner for health concerns. After training nurses, the practice scores increased to 77% and 83% in hospital 1 and 2 respectively. Prior to training nurses, 82% of the patients in hospital 1 and 78% of the patients in hospital II agreed that the nurse maintains facilities to make them accessible to the patient during need. After training nurses, the practice scores increased to 89% in hospital 1 and 2.

**Table 4: Distribution of patients based on the response with regard to nurses' practice of patients' right to safety and post training nurses**

(n=100+100+100+100)

Sl. No.	Right to safety	Frequency / (%) of correct responses			
		Hospital 1		Hospital 2	
		Group I	Group II	Group III	Group IV
		Pre-training	Post-training	Pre-training	Post-training
1	Says about the measures to be taken to prevent patient's belongings from theft or loss	68	84	72	81
2	Creates awareness regarding prevention of Hospital Acquired Infections	43	66	75	85
3	Says about the role of patients towards hand hygiene	64	83	73	78
4	Takes adequate measures to prevent patients from falls	84	89	78	87

The data represented is frequency of patients who gave the correct response to the parameter before (Pre) and after (Post) training nurses. Percentage is equal to frequency since the sample size was 100 in each group. The patients were from two hospitals. Group I and Group II comprised of Pre-test and Post-test patients from hospital 1, which was in the process of NABH accreditation. Group III and Group IV comprised of Pre-test and Post-test patients from hospital 2, a NABH accredited hospital.

Table 4 shows that, prior to training nurses, 68% of the patients in hospital 1 and 72% of the patients in hospital II agreed that the nurse says to the patient about the measures to be taken to prevent patient's belongings from

theft or loss. After training nurses, the practice scores increased to 84% and 81% in hospital 1 and 2 respectively. Prior to training nurses, 43% of the patients in hospital 1 and 75% of the patients in hospital II agreed that the nurse creates awareness regarding prevention of Hospital Acquired Infections. After training nurses, the practice scores increased to 66% and 85% in hospital 1 and 2 respectively. Prior to training nurses, 64% of the patients in hospital 1 and 73% of the patients in hospital II agreed that the nurse the says about the role of patients towards hand hygiene. After training nurses, the practice scores increased to 83% and 78% in hospital 1 and 2 respectively. Prior to training nurses, 84% of the patients in hospital 1 and 78% of the patients in hospital II agreed that the nurse takes adequate measures to prevent patients from falls. After training nurses, the practice scores increased to 89% and 87% in hospital 1 and 2 respectively.

#### **IV. DISCUSSION**

Patients right to access health care and the right to safety in the hospital environment are the crucial rights of patients. Even if patient safety is the responsibility of all health care providers, the value of ward nurses' ability to recognize and respond to deteriorations of patient safety cannot be understated (Massey, Chaboyer, & Anderson, 2017). The study revealed that majority of the nurses were aware and practiced the patients right to access care. Similarly, research conducted by (Mohammed, Seedhom & Ghazawy, 2018) revealed that 77.6% of the patients confirmed that most of the nurses uphold of patient rights related to accessing health care at any time, this finding also approximates that reported by Ghanem et al., 2015. Accessing one's own health care records is essential right of the patient. Majority of the nurses were aware that medical records must be made accessible to the patients. Providing patients with access to their medical records may facilitate a more collaborative relationship between provider and patient. (Tang, Ash & Bates et al., 2006). A narrative review on the effects of patient access to medical records found that access improves communication between provider and patient, patient adherence, patients' knowledge about their own health, and is unlikely to cause patient harm (Ross & Lin, 2003). Training on patient rights caused improvement in awareness and practice of nurses on patient safety, with reference to the nurse creating awareness to patients regarding prevention of Hospital Acquired Infections, hand hygiene and measures to prevent patients from falls. Similarly, another research revealed that nurses who received information about patient safety during their continuing educational program were more likely to have good knowledge as compared to those who had not. (Brasaite et al., 2017). Participants who had received training about patient safety were more likely to have a favorable attitude as compared to those who had not. (Ongun & Intepeler, 2017). The training programme on patient rights showed positive change in knowledge and practice of nurses on patients right to access health care and right to safety.

#### **V. CONCLUSION**

The research reflects the essentiality of developing effective training strategies for nurses on patients' rights, this contributes towards enhancing nurses practice and ultimately, improves quality of care and patient satisfaction. The study provides a patients' right training modality for the nurses. Right training interventions need to be developed and delivered to the hospital staff using audiovisual aids coupled with supportive material and with constant support supervision, evaluation for positive changes related to fulfillment of patients' rights. The outcome of the study has several organizational implications in various areas of hospital administration such as employee education and training and meeting quality standards.

#### **REFERENCES**

1. Bagchi, N., & Kohestani, H. (2010). KR Comparison of lecture and group discussion teaching method on nursing students' communication skills with patients. *Iranian Journal of Medical Education*, 3, 7-10.
2. Brasaite, I., Kaunonen, M., Martinkenas, A., Mockiene, V., Suominen, T. (2017). Health care professionals' knowledge regarding patient safety. *Clinical nursing research*, 26(3), 285-300.
3. Davati, A., Seidmortaz, S. S., Zafarghandi, N., Azimi, A., Solimani, S. (2012). An assessment of Tehran graduated general physicians' knowledge about the charter of patients' rights. *Int Res J*. 3(4), 357-61.
4. Ducinskiene, D., Vladickiene, J., Kalediene, R., & Haapala, I. (2007). Awareness and practice of patient's rights law in Lithuania. *World hosp health Serv*, 43(3), 22-6.
5. Ghanem, M., Megahed, H., Aly, N.A., & Branch, M. (2015). Practice of patient's rights among physicians and nurses in two Egyptian hospitals from patients' perspective. *Practice*, 5(16), 6.
6. Habibzadeh, H., Ahmadi, F., Vanaki, Z. (2010). Ethics of professional nursing function. *Journal of Medical Ethics and History of Medicine*, 39(5), 26-36.
7. Harris, M. (2001). Patient privacy rights extend beyond electronic records. *American medical news*, 44(12), 19.

8. Hatami, H., Hatami, M., Abbaszade, M. R., & Hatami, N. (2011). The principles of patients' rights in traditional medicine resources. *Medical Law Journal*, 5(16), 11-38.
9. Larijani, B., Delavari, A., Damari, B., Moghadam, A., Majdzadeh, R. (2009). Health policy making system in Islamic Republic of Iran: review an experience. *Iranian J Publ Health*. 38(1), 1-3.
10. Massey, D., Chaboyer, W., & Anderson, V. (2017). What factors influence ward nurses' recognition of and response to patient deterioration? An integrative review of the literature. *Nursing open*, 4(1), 6-23.
11. Mohammed, E. S., Seedhom, A. E., & Ghazawy, E. R. (2018). Awareness and practice of patient rights from a patient perspective: an insight from Upper Egypt. *International Journal for Quality in Health Care*, 30(2), 145-151.
12. National Accreditation Board for Hospitals and Health Care providers. (2013). *Standards for Nursing Excellence*. First Edition, 50-55.
13. Ongun, P., & Intepeler, S. S. (2017). Operating room professionals' attitudes towards patient safety and the influencing factors. *Pakistan journal of medical sciences*, 33(5), 1210.
14. Paszkowska, M. (2018). The patient's right to access the medical records and the doctor's obligation to make it available. *Wiadomosci Lekarskie (Warsaw, Poland: 1960)*, 71(8), 1621-1627.
15. Rezaei, K. (2007). Professional competence of members of the Scientific Board, *Journal of Educational Leadership and Management*. Islamic Azad University of Garmsar, 4, 151-166.
16. Ross, S. E., & Lin, C. T. (2003). The effects of promoting patient access to medical records: a review. *Journal of the American Medical Informatics Association*, 10(2), 129-138.
17. Safarpour, H., Tofighi, M., Malekyan, L., Bazayr, J., Varasteh, S., & Anvary, R. (2017). Patient safety attitudes, skills, knowledge and barriers related to reporting medical errors by nursing students. *International Journal of Clinical Medicine*, 8(01), 1-11.
18. Salimi, G., Yarmohammadiyan, M. H., & Balochestani, M. (2006). Patient rights awareness and respect by staff health centers in Isfahan. *Health Info Manag*, 3(2), 63-79.
19. Seddon, M. E., Marshall, M. N., Campbell, S. M., & Roland, M. O. (2001). Systematic review of studies of quality of clinical care in general practice in the UK, Australia and New Zealand. *BMJ Quality & Safety*, 10(3), 152-158.
20. Siman, AG, Brito MJ. (2016). Cambios en la práctica de enfermería para mejorar la seguridad del paciente. *Revista Gaúcha de Enfermagem*. 37(spe
21. Tang, P. C., Ash, J. S., Bates, D. W., Overhage, J. M., & Sands, D. Z. (2006). Personal health records: definitions, benefits, and strategies for overcoming barriers to adoption. *Journal of the American Medical Informatics Association*, 13(2), 121-126.