

# **Assess Nurses' Performance Regarding Patients' Rights at Health Care Setting**

*Thesis*

*Submitted In Partial Fulfillment of the Requirements for the  
Master Degree in Nursing Administration*

*By*

***Mona Mostafa Mohammed***  
**(B.Sc. Nursing)**

**Faculty of Nursing  
AinShamsUniversity  
2015**

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*Supervisors*

**Prof. Dr. Samia Adam**

*Professor of Nursing Administration  
Faculty of Nursing  
AinShamsUniversity*

**Dr. Mona Mostafa Shazly**

*Assistant Professor of Nursing Administration  
Faculty of Nursing  
AinShamsUniversity*

**Faculty of Nursing  
AinShamsUniversity  
2015**



*First of all, all gratitude is due to **God** almighty for blessing this work, until it has reached its end, as a part of his generous help, throughout my life.*

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*Last but not least, I dedicate this work to my family, whom without their sincere emotional support, pushing me forward this work would not have ever been completed.*



**Mona Mostafa Mohamed khalil**

# *Dedication*

*I would like to dedicate this thesis  
to **My husband, parents, Sisters  
and who I love** for their Love,  
care, support and encouragement  
that allowed me to accomplish this  
work.*

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*With deep thanks*

A decorative illustration of a green vine with leaves and two pink flowers, positioned to the right of the 'With deep thanks' text.

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## List of Abbreviations

<b>Abb.</b>	<b>Full term</b>
<b>ACSQH</b>	Australian Commission on Safety and Quality in Health care
<b>A H A</b>	American Hospital Association
<b>A M A</b>	American Medical Association
<b>A N A</b>	American Nurses Association
<b>ICOE</b>	International Code of Ethics
<b>IMCQC</b>	Institute of Medicine, Committee on Quality of health Care
<b>IOIM</b>	International Organization of Islamic Medicine
<b>N H S</b>	National Health Services
<b>JCAHO</b>	Join Commission on Accreditation of Healthcare Organization
<b>PPACA</b>	Patient Protection and Affordable Care Act
<b>UKCCN</b>	United Kingdom Central Council for Nursing
<b>WHO</b>	World Health Organization

## Abstract

The nurses' profession has a duty to gain the appropriate knowledge and develop the necessary awareness of the rights of their patients. **Aim:** The aim of this study was assessing nurses' knowledge regarding patients' rights, assessing nurses' attitudes regarding patients' rights and assessing nurses' performance regarding patients' rights at health care. **Research design :** comparative descriptive. **Setting;** the study was conducted at two hospitals namely Nasser institute affiliated to Specialized Medical Centers and Al-Demerdash affiliated to Ain shams. **Subject:** 45 nurses from each of Al-Demerdash Hospital and Nasser Institute. **Tools** the data were collected using. The data were collected using a self-administered questionnaire for nurses' knowledge and attitude, and an observation checklist for their practice. **The fieldwork** lasted from November 2013 to January 2014. **Results:** the study finding demonstrated that a high percentage of the nurses in Al-Demerdash Hospital and Nasser institute have satisfactory knowledge of patient rights, with no significant difference between them. Nurses' attitude towards patient rights was significantly higher among those in Nasser institute. Nurses' practice of patient rights was low in both settings, particularly in Al-Demerdash Hospital. Nurses' knowledge and attitude scores are significantly positively correlated. Nurses' attitude score is significantly related to their qualification, age, and experience years. However, in multivariate analysis, the positive predictors of nurses' scores of attitude towards patient rights were only the higher qualification, and the knowledge score. None of the nurses' characteristics has a significant association with their knowledge or practice. **Conclusion:** the nurses in two hospitals had satisfactory knowledge and positive attitudes towards patients' rights, but, they had inadequate practice based on these findings. **Recommendation:** in-depth and specific training for nurses in patient rights, with practical application. The hospital administration should provide facilities and supplies necessary to fully implement patient rights. Further research is proposed to assess the effect of implementation of patient rights on patient outcomes, including patient satisfaction.

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**Keywords:** Nurses knowledge, attitudes and performance, patient's rights

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## INTRODUCTION

Health as a fundamental human right was recognized in the World Health Organization's Constitution stating that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition. During the last fifteen years, an increasing number of European countries have adopted laws or other legal instruments respecting and protecting the rights of patients. This reflects the progressive recognition of the inherent dignity and of the equal and inalienable rights of all potential users of the health care system (*Ducinskiene, Vladickiene, Kalediene, Haapala, 2006*).

Human being is a creature with physical, mental and spiritual dimensions which has rights during the health and illness. Patient rights are the very expectations he has from the health care services and must encompass his physical, mental, spiritual and social needs which are manifested as criteria, standards, rules and laws. Emphasis on patient rights in the health care services particularly maintains patient dignity as a rank of a human, and is considered important especially when patient's vulnerability easily expose him to the violations and weaknesses of the health care system (*Nejad, Begjani,*

*Abotalebi, Salari, Ehsani., 2011*).Patients have the right to: accessible, equal and constant health services; receive information; make decisions freely regarding the methods of treatment and their physicians; privacy; have their psychosocial and spiritual values respected (**Erer, 2008**).

The implementation of patient's rights, as an extension of human rights, is an important index for health service quality. Individual countries have enacted their own legislation in accordance with international declarations as well as local characteristics and values (**Joolae, Tschudin, Nikbakht, Parsa., 2008**). Nowadays, healthcare systems in many countries have defined certain rights for patients, and the healthcare providers are obligated to abide by these rights when providing service (**Joolae, 2008**).

The notion of patient rights has been developed on the basis of concept of the person, and the fundamental dignity and equality of all human beings recognized in the Universal Declaration of Human Rights in 1948 (**Millar, 2011**). Since, numerous declarations and professional ethical codes have sought to ensure the protection of fundamental human rights and to promote the humanitarian treatment of all patients. Despite the efforts to prepare and spread the charter of patient rights,

studies from different countries have reported infringement of patients rights, such as not aware of the regulation about patient rights (**Ducinskiene2006; Su, 2012; Rowe, 2013**).

Patient rights are considered as a reflection of human rights in our modern day. New elements of advanced technology medicine have added new dimensions to patient rights. There have been many declarations defining the importance of the right to lead a healthy life (**European Convention for the protection of Human Rights and Fundamental Freedoms, 2005; WHO Basic Documents, 2006**). The American Medical Association Code of Medical Ethics includes a number of patient rights, and the Australian Commission on Safety and Quality in Healthcare published the Charter of Healthcare Rights in 2010. In January 2009, the English National Health Service (NHS) Constitution was launched, which includes a number of patient rights (**American Medical Association, 2010**) (**Australian Commission on Safety and Quality in Healthcare2010**).

Different aspects of the relationships between nurses and patients have been under scrutiny in a manner paralleling that of relationships between patients and physicians. The ethical codes all make the point that nurses, being both health professionals and

citizens, should initiate and support the action needed to meet the health and social needs of members of the public. Among health professionals, it is accepted that the greatest responsibility for preserving patients' rights lies with physicians, midwives and nurses. Therefore, the nurses' profession has a duty to gain the appropriate knowledge and develop the necessary awareness and sensitivity to uphold the rights of their patient (**Ozdemir, Ergonen, Sonmez., 2006**).

A review of the historical course of “patients’ rights” issue reveals its global importance in the arena of health system management. Developing the “Patient’s Rights Charter” can be considered as the starting point for moving toward comprehensive attention to securing patients’ rights and providing an accurate definition of relation between healthcare providers and recipients. However, taking into account the interest groups’ views concerning the necessity of these rights and the impact of different factors such as professional status and environmental differences on evaluation of this necessity will guide policymakers in planning promotional and supervisory programs to improve the observance of patients’ rights (**Parsapoor Mohammad, Malek, Ala, Larijani., 2012**).