

Research Article

Knowledge and Attitudes Towards Patients' Rights Among Nurses in Two Selected Teaching Hospitals in Colombo, Sri Lanka

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Abstract

Introduction: Patients' rights are one of the major components of human rights. As health professionals, nurses are bound to care for patients while safeguarding their rights. This study aimed to describe the knowledge and attitudes towards patients' rights among nurses in two selected teaching hospitals in Sri Lanka. **Methods:** A descriptive cross-sectional study was conducted among nurses from two selected teaching hospitals in Sri Lanka, using a pre-tested and self-administered questionnaire. Data analysis was carried out using SPSS version 26.0. **Results:** The response rate was 71.0% and 300 nurses participated in the study. The majority of the participants were from surgical wards (71.0%) and had less than six years of service (44.3%). Their mean overall knowledge regarding patients' rights was 81.90 ± 12.48 . When considering the levels of knowledge, 67.7% had good (>75%), 31.7% had moderate (50-75%), and 1.0% had poor (<50%) levels. A good level of knowledge was evident by the responses received on the right to have respectful care (89.3%), right to maintain privacy (91.7%), and right to receive good quality health services (91.0%). However, 19.9% showed a poor level of knowledge regarding the right to obtain prior consent. The mean attitude score on patients' rights was 31.21 ± 0.25 , and only 48.3% showed positive attitudes towards patients' rights. Nurses' overall knowledge levels were significantly associated with the current working unit in the hospital ($p=0.015$). **Conclusion:** A majority of the nurses had a good level of knowledge but showed negative attitudes towards patients' rights. Therefore, continuing education programs for nurses should focus on improving their knowledge and attitudes towards patients' rights to enhance the quality of care for patients.

Keywords: Attitudes, Knowledge, Nurses, Patients' rights, Sri Lanka

Introduction

Patients' rights are one of the major aspects of human rights, which is to support patients in social terms [1]. It is a decisive human right because patients are one of the vulnerable groups in society with many requirements in physical, mental, and social aspects of care than other individuals during hospitalisation [2].

Patients' rights received high demand and more concern for equitable access to health and social services after World War II, which led to an established welfare status in different countries [3].

As a response to an increase in medical malpractices, campaigns against such activities were launched by consumer rights and patient advocacy groups globally in the 1970s [4]. In 1973, The American Hospital Association codified 12

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rights for patients. They included; right to considerate and respectful care, right to obtain current and understandable information, right to refuse a recommended treatment, right to have an advance directive, right to privacy, right to confidential communications and records, right to review records, right to indicate medical care including transfer to another facility, right to be informed of business relationships that influence care, right to refuse participation in research, right to reasonable continuity of care, and right to be informed of charges as well as policies for patient responsibilities and resolution of conflicts [5].

The purposes of these rights include; ensuring ethical treatment for all patients, developing their satisfaction with the treatment process, protecting patients against discrimination, and preventing legal problems that might arise for patients and health care workers [6]. In addition, these rights help to guide health care workers by improving and regulating relationships with patients, maintaining mutual support and respect, and making them conscious of their responsibilities [3]. Nurses being the largest workforce in hospitals [7], having responsibility for the provision of direct patient care, should be aware of those rights to maintain the standards of clinical services [8] and to establish patients' satisfaction with health services in a country [9]. Health care organizations in most countries, including United Kingdom, Canada, United States of America, Germany, Switzerland, Australia, Sweden, Iran, Turkey, Saudi Arabia, Egypt, and India have established their regulations or charters for regulating patients' rights [10-13].

In the Sri Lankan context, the draft of a bill of rights was prepared by a committee reporting to the Ministry of Disaster Management and Human Rights and mandated by the National Human Rights Action Plan adopted by the cabinet in 2011. It included; the right to human dignity, right to freedom of thought, right to access information

and right to have health [14]. Further, the National Institute of Mental Health, Sri Lanka, has declared a set of patients' rights to ensure the protection of persons with mental illnesses [15].

The declaration on the promotion of patients' rights in Europe has emphasized the need to display patients' rights in a place visible to everyone for awareness [16]. However, there is no published evidence of such regulations or charters available for nurses in Sri Lanka. As members of the multidisciplinary health care team, nurses have a responsibility to preserve patients' rights [17]. Many research studies conducted in other countries to assess knowledge, attitudes, and associated factors on patients' rights among nurses have concluded that most nurses lack sufficient knowledge about patients' rights [1,2,18-20].

Several studies have found that nurses' attitudes toward patients' rights were at poor levels [6,21,22]. A study conducted in Nepal has shown that nurses have an unfavourable level of attitudes regarding patients' rights [6]. A study conducted in Iran has reported that nurses' have less emphasis on the right to access personal medical records [21]. A study conducted in Turkey reported that the positive responses by nurses to the attitudinal statements regarding patients' rights ranged from 35.8% to 98.1% [22]. Further, another study from the same country has reported a gap between knowledge of patients' rights and the performance of nurses [23]. Inappropriate behaviours of nurses due to inadequate knowledge and attitudes may lead to violation of the patients' rights, compromising the quality of patient care [24].

It was reported that nurses in Sri Lanka uphold the International Council of Nurses (ICN) Code of Ethics [25] which incorporates respect for human rights [26]. However, different aspects of patients' rights have not been well studied in Sri Lanka, especially about how nursing services have incorporated patients' rights in-hospital care. Also,

there is no published research evidence yet, related to Sri Lankan nurses' awareness of the protection of patients' rights. Therefore, it is worth exploring whether Sri Lankan nurses have been adequately informed about patient rights and practice them. This study aimed to assess the knowledge and attitudes of nurses regarding patients' rights and the factors associated with their level of knowledge in two selected state teaching hospitals in Colombo District, Sri Lanka.

Methods

Study design and study setting

A descriptive cross-sectional study was carried out among a convenience sample of nurses working in medical and surgical wards of the National Hospital of Sri Lanka, Colombo and the Colombo South Teaching Hospital from November 2020 to December 2020.

Study participants and sampling

The sample size was calculated assuming a 95% confidence level, 50% prevalence of knowledge and a degree of precision of 0.05. A convenience sample of nurses from the medical and surgical wards with more than six months of work experience were recruited. The sample size was distributed between the recruited nurses in the selected two teaching hospitals, including 200 nurses from the National Hospital of Sri Lanka and 100 nurses from the Colombo South Teaching Hospital.

Data collection

A pre-tested and self-administered questionnaire was developed by the investigators for the study through an extensive literature review [6,23], and six questions were adapted from a previously conducted research with permission from the authors [27]. Knowledge questions regarding five out of twelve patient rights: the right to have respectful care, the right to be informed, the right to privacy, the right to prior consent, and the right to receive high-quality health services were

included according to a previous study [2]. Content validity of the questionnaire was established using the expert opinion of two nursing academics. The changes suggested by the experts were incorporated. Pre-testing of the questionnaire was done using ten nurses from the Apeksha Hospital, Maharagama, Sri Lanka, with the permission of the Director and the Chief Special Grade Nursing Officer of the hospital. Changes were made to the wordings and the sequence of questions.

The final questionnaire consisted of three parts. Part I consisted of eight questions on demographic parameters. Part II included ten questions to assess the knowledge (answers could be yes, no, or don't know). Part III consisted of ten statements on nurses' attitudes towards the five aspects mentioned above of patients' rights on a 5-point Likert scale ranging from "0= strongly disagree" to "4= strongly agree". The highest possible attitude score was 40, and the lowest was 0. The highest possible knowledge score was 100 and the lowest was 0. Informed consent was obtained prior to data collection and the participants were instructed to answer the questions individually and not to discuss answers with each other.

Data analysis

Data were analysed using the Statistical Package for Social Sciences (SPSS) version 26.0 and presented using descriptive statistics in the form of frequencies and percentages. The normal distribution of socio-demographic factors was determined through skewness and kurtosis being in the range of -1 to +1. Factors associated with demographic variables were determined by the Chi-square test and independent-sample *t-test*. A probability of $p < 0.05$ was considered significant. Knowledge levels were categorized as good (>75), moderate (50-75) and poor (<50) [19]. The responses for positive attitude statements were coded as 0, +1, and +2. The negative statements were reverse coded. The overall attitude score was

categorized as positive (≥ 31.21) and negative (< 31.21), considering the possible mean attitude score (31.21 ± 0.25) of the study.

Ethical consideration

The study was approved by the Ethics Review Committees of the Faculty of Medical Sciences, University of Sri Jayewardenepura (NUR/15/20), the Colombo South Teaching Hospital and the National Hospital of Sri Lanka, Colombo. The participants were informed about the aim of the study, the voluntary nature of participation,

anonymity, and confidentiality of data before obtaining informed consent.

Results

Socio-demographic characteristics of the participants

A total of 300 nurses participated in the study with a response rate of 71.0%. Among them, 71.0% were from surgical wards, and 29.0% were from medical wards. The highest number of participants (43.7%) were from 30–39-year age group, while 32.0% were from 20-29 year age group (Table 1).

Table 1: Socio-demographic and work-related characteristics of nurses (n=300)

| Variable | Characteristic | Frequency (n) | Percentage (%) |
|--|---------------------------------|---------------|----------------|
| Working place | National Hospital of Sri Lanka | 200 | 66.6 |
| | Colombo South Teaching Hospital | 100 | 33.3 |
| Current working unit | Surgical ward | 213 | 71.0 |
| | Medical ward | 87 | 29.0 |
| Experience in nursing practice (years) | 0-5 | 133 | 44.3 |
| | 6-10 | 68 | 22.7 |
| | 11-15 | 34 | 11.3 |
| | 16-20 | 35 | 11.7 |
| | 21-25 | 14 | 4.7 |
| | >25 | 16 | 5.3 |
| Age categories (years) | 20-29 | 96 | 32.0 |
| | 30-39 | 131 | 43.7 |
| | 40-49 | 54 | 18.0 |
| | 50 -59 | 19 | 6.3 |
| Gender | Male | 37 | 12.3 |
| | Female | 263 | 87.7 |
| Marital status | Married | 207 | 69.0 |
| | Single | 91 | 30.3 |
| | Widowed | - | - |
| | Divorced | 2 | 0.7 |
| Ethnicity | Sinhala | 296 | 98.7 |
| | Tamil | 3 | 1.0 |
| | Muslim | 1 | 0.3 |
| | Burgher | - | - |
| | Other | - | - |
| Religion | Buddhist | 281 | 93.7 |
| | Christian | 15 | 5.0 |
| | Islam | 1 | 0.3 |
| | Hindu | 3 | 1.0 |
| | Other | 0 | - |
| Highest educational qualification (in nursing) | Diploma | 247 | 82.3 |
| | Bachelor's Degree | 53 | 17.7 |

Sources of prior knowledge on patients’ rights

All participants had learnt about patients’ rights during their basic nursing education, either at their diploma (86.7%), or undergraduate level (16.7%). Also, 34.7% had obtained knowledge on patients’ rights during their in-service education programs or other specific training after being qualified as a nurse. Among other sources of prior knowledge, books (29.7%), electronic media such as internet (43.3%) and television (35.0%), and hospital facilities such as display boards (20.7%) and seminars or workshops (35.3%) were reported, indicating electronic media as the primary source for prior knowledge on patients’ rights.

Nurses’ knowledge of patients’ rights

The mean knowledge score regarding patients’ rights of the participants was 81.9±12.48. Based on the results, 67.3% had a good level of knowledge, 31.7% had a moderate level of knowledge, and 1.0% had a poor level of knowledge of the tested items of the patients’ rights. As shown in Table 2, a satisfactory level of knowledge was found in the areas of right to have respectful care (89.3%), right to privacy (91.7%), and right to receive high-quality health services (91.0%). However, 19.3% showed a poor level of knowledge of right to prior consent.

In response to the questions related to the above rights, most of the participants correctly agreed with; the right to receive respectful care regardless of culture, gender, age or ethnicity (97.3%), the

right to protect patients’ privacy during a medical examination (98.7%), the right to receive appropriate health care which meets their needs (98.7%), the right to receive understandable information about their diagnosis, treatment and disease process (92.7%), the right to preserve confidentiality of medical records (92.0%), the right to complain in case of patients’ rights violation (92.7%), and right to ask patients’ opinion and recognize the importance of their values (91.3%). Most participants knew that patients have the right to reject any treatment and procedures at any time (61.3%), and health care providers are required to talk to the patient about the possible complications of any treatment before obtaining the patient’s consent (56.0%). However, less than half (45.7%) of the participants were unaware of the right to receive essential information about health care providers and their qualifications.

Attitudes of participants towards patient rights

The mean attitude score of the study sample was 31.21±0.25. Based on the overall attitude levels of participants, 48.3% of nurses had positive attitudes (≥31.21±0.25), and 51.7% of nurses had negative attitudes (<31.21±0.25) on patients’ rights. As shown in Table 3, the majority of the participants agreed (54.0%), and strongly agreed (34.3%) with the statement regarding the right of a patient who is Human Immunodeficiency Virus (HIV) positive to be treated equally without discrimination (57.3%). Similarly, most participants agreed

Table 2: Frequency distribution of knowledge on selected items of patients’ rights (n=300)

| Category | Knowledge levels | | |
|---|------------------|-------------------|---------------|
| | Good n (%) | Moderate n (%) | Poor n (%) |
| Right to have respectful care | 268 (89.3) | 30 (10.0) | 2 (0.7) |
| Right to be informed | 134 (44.7) | 146 (48.7) | 20 (6.7) |
| Right to privacy | 275 (91.7) | 23 (07.7) | 2 (0.7) |
| Right to prior consent | 99 (33.0) | 143 (47.7) | 58 (19.3) |
| Right to receive high-quality health services | 273 (91.0) | 25 (08.3) | 2 (0.7) |

(57.3%) and strongly agreed (34.7%) that nurses should provide understandable information about a patient’s illness. Of the participants, 32.7% strongly disagreed and 48.7% disagreed with the statement about the need to give information regarding complications of treatment when taking consent, while 15.0% agreed and 7.0% strongly agreed. The majority of the participants strongly disagreed (76.0%), and disagreed (57.3%) with the statement “I am not concerned about giving appropriate care to a patient who always complains about me,” while 19.3% agreed with the above.

Factors associated with knowledge of patients’ rights

Among the demographic variables given in Table 4, the current working area was significantly associated with the nurses’ knowledge of patients’ rights (p<0.05) but not with others.

Discussion

Findings of this study indicate that the majority of the participants had a good knowledge of patients’ rights but, showed negative attitudes toward the rights assessed in this study. All the participants had obtained knowledge on patients’ rights during their basic nursing education, such as diploma (86.7%), and degree programmes (16.7%). However, a study from Turkey has revealed that most of the participants have been educated about patients’ rights after their graduation [22]. Further, it was evident that the majority of nurses in the current study did not receive any training on patients’ rights after their basic training.

Knowledge of nurses regarding patient rights

The findings of the current study showed a higher overall mean knowledge score (81.9±12.48) compared to the overall mean scores obtained in similar studies from Iran (69.85±11.7) [23] and

Table 3: Nurses' attitudes towards patients’ rights (n=300)

| Statement | Strongly disagreed n (%) | Disagreed n (%) | Neutral n (%) | Agreed n (%) | Strongly agreed n (%) |
|--|-----------------------------|--------------------|------------------|-----------------|--------------------------|
| I believe that a patient who is HIV positive has the right to be treated equally without discrimination | 7 (1.7) | 28 (9.3) | - | 162 (54.0) | 103 (34.3) |
| I believe that nurses should provide all understandable information about patient’s illness | 3 (1.0) | 16 (5.3) | 5 (1.7) | 172 (57.3) | 104 (34.7) |
| I believe that a female patient should be accompanied by another female when undergoing physical examination by a male healthcare provider | 9.9 (3.3) | 2 (0.7) | 16 (5.3) | 109 (36.3) | 163 (54.3) |
| I feel there is no need to give information regarding complications of treatment when taking consent | 98 (32.7) | 146 (48.7) | 6 (2.0) | 45 (15.0) | 21 (7.0) |
| I am not concerned about giving appropriate care to a patient who always complains about me | 228 (76.0) | 172 (57.3) | 8 (2.7) | 58 (19.3) | 5 (1.7) |

HIV = Human Immunodeficiency Virus

Table 4: Factors associated with knowledge of patients' rights (n=297*)

| Variable | Knowledge level | | X ² ;p value |
|--|-----------------|-------------------|-------------------------|
| | Good n (%) | Moderate n (%) | |
| Current working unit | | | |
| Surgical ward | 153 (72.2) | 59 (27.8) | 5.882;0.01 |
| Medical ward | 49 (57.6) | 36 (42.4) | |
| Experience in nursing practice | | | |
| <15 years | 153 (67.6) | 73 (32.3) | 0.043;0.83 |
| ≥15 years | 49 (69.0) | 22 (30.9) | |
| Age categories | | | |
| <40 years | 148 (64.9) | 80 (35.1) | 0.225;0.06 |
| ≥40 years | 35 (68.6) | 16 (31.4) | |
| Gender | | | |
| Male | 23 (62.2) | 14 (37.8) | 0.665;0.41 |
| Female | 179 (68.8) | 81 (31.2) | |
| Marital Status | | | |
| Married | 134 (65.4) | 71 (34.6) | 3.008;0.08 |
| Single | 68 (48.5) | 72 (51.4) | |
| Highest educational qualification | | | |
| Diploma | 167 (68.4) | 77 (31.5) | 0.116;0.73 |
| Bachelor's degree | 35 (66.0) | 18 (33.9) | |

* Participants having poor knowledge (0.1%) were not included

India (17.11±5.13) [28]. The current study revealed that the participants had good (67.3%) and moderate (31.7%) levels of knowledge, indicating that the majority of the participants in the current study had a good level of knowledge (>75% score) of patients' rights. Similar results were reported in studies done in Sudan [19] and Iran [23]. In contrast to the current study findings, a similar study conducted in India had reported that the majority of the nurses in their study population had moderate (27.0%), and poor (32.0%) knowledge regarding patients' rights, while only 41.0% had good level of knowledge (28). Another similar study from Iran has reported good (1.2%), moderate (16.9%), and poor (81.9%) overall knowledge levels of nurses on patients' rights [29]. Even though higher levels of knowledge were observed in the categories; right to privacy and right to have respectful care in the

current study, a study from India reported lower levels of knowledge for similar categories [28]. The results of this study indicate that most participants need information and further training in matters related to patients' rights in the areas; the right to be informed and the right to prior consent.

Attitudes of nurses towards patient rights

In the current study, the majority of nurses have shown positive attitudes in the areas of right to have respectful care and right to be informed. In contrast, a study from Turkey reported that the majority of nurses have positive attitudes towards the protection of privacy and confidentiality categories [1]. Similarly, a study from Iran found that majority of nurses had good attitudes towards the rights to care and respect, privacy and confidentiality and the right to complain to the

authorities about hospital care ignorance [30]. The current study participants showed negative attitudes in the areas of right to privacy, right to prior consent and right to have quality health care. In contrast, a study from Turkey reported that nurses' have positive attitudes in similar areas of patients' rights [21].

Most of the participants in the current study responded positively to the statements 'a patient who is HIV positive has the right to be treated equally without discrimination' and 'provide respectful nursing care to all patients regardless of their culture, gender, age, and racial factors'. Similarly, a study from Turkey found that nurses' attitude toward the statement: 'patients should receive service without taking the race, language, religion, gender, or economic, and social status into account' was high, and it was the most accepted statement by their study group [22]. A Chi-square test was used to determine any associations among the demographic variables and knowledge levels, using only good and moderate knowledge levels because only 1.0 % of the study population had a poor level of knowledge.

Association between nurses' knowledge and demographic characteristics

In the current study, nurses' knowledge of patients' rights was significantly different between the two working areas ($p < 0.05$). The other tested socio-demographic factors were not significantly associated with nurses' knowledge of patients' rights. Similarly, the studies from Sudan and Iran did not find any statistically significant associations between knowledge scores and demographic data [19,23]. In contrast, an Indian study reported that the knowledge of patients' right of nurses with a master's degree and those with more than ten years' experience were significantly higher than that of nurses with other qualifications [23]. Further, a study from Iran showed a significant correlation between nurses' knowledge of patients' right and gender ($p < 0.05$)

[29].

Limitations of the study

The study was conducted only in two leading hospitals in Colombo, Sri Lanka. Therefore, the results could not be generalized nationwide. The data collection was conducted during the COVID-19 pandemic; therefore, obtaining a random sample and recruitment of a proportionate sample from the two hospitals was not feasible due to the restrictions of access to the hospitals. Further, the disproportionate numbers of participants from medical and surgical wards may have affected the results of associations to a certain extent.

Conclusion

It was concluded that nearly two-thirds of the nurses who participated in the study had a good level of knowledge. In contrast, one-third had a moderate and poor level of knowledge regarding protecting patients' rights. The majority of nurses showed overall negative attitudes towards patient rights. It was evident that a majority of nurses have not been updated on patients' rights through in-service education programs after being qualified as a nurse. It is recommended that continuing education programs for nurses should be focused on enhancing their knowledge and attitudes towards patients' rights, highlighting the importance of the right to be informed and the right to prior consent to enable them to provide quality care for patients.

Future directions

Further research should focus on obtaining patients' views on nurses' attitudes and practices related to protecting patients' rights.

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