**Title:** Quality assurance of the nursing practice through training nurses with regard to patient rights in two multispecialty teaching hospitals.

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**ABSTARCT**

**Background/Purpose:** The Observance of patient rights by the nurses directly influences the Quality of nursing care. Although the nursing standards lay down the foundation for nursing practice, comprehansive training programmes for nurses to enhance better practice of patient rights are lacking.**Objectives:**To assess and compare the current level of practice of nurses with regard patient rights based on patients perspective and to study the impact of training with regard to patient rights on practice of nurses in two teaching hospitals. **Research Methodology:**The research design adopted was quasi experimental with one-group pre-test post-test design. **The sample size consisted of** 200 nurses, 100 nurses from each of the two multispecialty teaching hospitals**and 400 patients, 200 from each hospital under study.**The pre-test data was collected through a checklist answered by one patient treated by every nurse included in the sample, to assess the nurse’s practice on patient rights based on patient’s perspective. Thereafter nurses were trained in small groups of 8 to10 for duration of 1.5 hours, using audiovisual aids. The post test was done on one patient treated by every nurse included in the sample, after a week with the same tool. Data was analyzed using SPSS software version 10. Descriptive analysis included frequency and percentages for all categories of variables.Patient right domain-wise mean and Standard Deviation scores were calculated. Nurses practice scores were graded. Wilcoxon Signed-Rank Test and Mann–Whiteny test was used to find the impact of training programme on nurse’s practice. **Results:** After the training programme, there was an increase in the number of nurses having good or very good practice on patient rights in both the hospitals. The results also showed that there was a significant difference in the practice of nurses with regard to patient rights, within and between the hospitals, before and after training nurses in patient rights. (p ˂ 0.001). Implications: **Hospitals have to incorporate effective** educational **programmes to** their **schedules with regard to patient related activities, which** reveal **that** Q**uality** A**ssurance is** achievable.

**Key Words:** Quality Assurance, Patient’s rights, Nursing Practice, Training Programme.

**Introduction:**

In order to provide quality in health care, important services, respecting to standards of medical ethics and patient rights in health care is inevitable. Therefore, it can both contribute to improvement of health practice and achieve equal distribution of responsibility between patient, physician and nurses (1). Quality assurance of nursing practice is attained through well written nursing standards and the use of those standards as a basis for evaluation on improvement of client care (2).Quality assurance also provides the nurse education institutions with tools that gauge current performance levels and facilitate continuous improvement (3).

One way of achieving this is to undertake quality assurance (QA), as the process of ‘directing the performance and behaviours of practitioners and institutions toward more appropriate and acceptable health outcomes (4).Quality assurance (QA) is any systematic process of determining whether a service meets specified requirements. A quality assurance system is meant to increase customer confidence and organizations credibility, while also improving work processes and efficiency, and it enables a company to better compete with others. QA provides the overall guidelines used anywhere. QA is any systematic process for making sure a product meets specified requirements (5).

Today, the issues related to the quality of health care services, attention to the patients as customers and accomplishing their satisfaction are the main priorities and are of high importance. One of the important factors in patient satisfaction is regarding their demands and observing their rights and providing care along with respect (6)**.****Quality of nursing care demands implementation of effective training programmes on patient rights.** Introducing educational programs, seminars, workshops and academic panels for nurses and nursing students **on patient rights**help overcome difficulties**of lack of practice of these** rights (7).

Patient rights are crucial human rights as patients are one of the most vulnerable groups in the society (8).Patient rights are essential pillars to provide a good health care and to promote ethical medical practices (9).Therefore, adherence to patient rights is considered an important issue in the quality improvement efforts in health services (10).Patient's rights largely confine themselves to regulating the relationship between the patient and the health care provider or institution (11).Patients’ rights are an integral component of human rights. 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 (12).

The World Health Organization (WHO) research group on patients ‘rights and citizens’ empowerment has suggested that each country should articulate its concerns and priorities according to its own cultural and social needs to promote and protect patients rights (13).The healthcare systems in many countries have compiled a patient bill of rights, which are important responsibilities of all levels of management. Hospitals authorities are charged to share its bill of rights with their patients and assure that patients understand their rights (14). In many countries, patient rights have been standardized legally and involve a common understanding of mutual respect. Healthcare providers must follow these standards and provide services of the highest possible moral and ethical level (15). In Indian setup, the NABH standards of nursing excellence highlight that the patients must be informed about the disease, the possible outcomes involved in decision making, educated about the mechanisms available for addressing grievances. Patients have a right to information and education about their healthcare needs in a language and manner that is understood by them. Proper and timely guidance shall be given by the nursing staff (16).Based on these standards its essential for Health Care Organizations to develop training programmes for the Health Care Professionals to enhance their knowledge and influence better practice of patient rights.

**Objectives:**

To assess and compare the current level of practice of nurses with regard patient rights based on patients perspective.

To study the impact of training with regard to patient rights on practice of nurses in two teaching hospitals.

**Methodology:**

**Research Design:** The research design adopted was Quasi-Experimental with one-group pre-test post-test design.

**Sample Size:** The nurses and patients in the general wards were the sample for the study. **The sample size consisted of** 200 nurses, 100 nurses from each of the two multispecialty teaching hospitals **and 400 patients, 200 from each hospital under study.** The sample size is taken with power 0.8 and effect size 0.4. The sample size is calculated based on statistical software G\* Power 3.1.9.2.

**Setting of the Study**: Two teaching multispecialty hospitals were considered for the study. Hospital 1 was not a NABH accredited hospital, whereas Hospital 2 was NABH accredited hospital.

**Research Tool and plan:**Nurses Practice Checklist on patient rights, training module and training video for nurses on patient rights were developed. Content validity, pretesting and reliability of the tool was done.100 nurses were randomly selected from various general wards. For the pre-test, checklist on nurses practice with regard to patient rights was administered on one patient per every nurse to assess the nurse’s practice on patient rights. Thereafter nurses were trained in small groups of 8 to 10 for duration of 1.5 hours, using audiovisual aids. The post test was done on one patient per nurse after a week with the same tool.

**Data Analysis:**Data was analyzed using SPSS software version 10. Frequency and percentages were found for the demographic variables. Patient right domain-wise mean and Standard Deviation scores were calculated. Wilcoxon Signed-Rank Test and Mann–Whiteny test was used to find the impact of training programme on nurse’s practice.

**Results:**

The results are shown below in the form of tables.

**TABLE 1: DEMOGRAPHIC DATA OF PATIENTS**

**n=100+100+100+100**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variables** | **Hospital 1**  **Frequency (Percentage )** | | **Hospital 2**  **Frequency(Percentage )** | |
|  | **Pre test Group** | **Post test Group** | **Pre test Group** | **Post test Group** |
| **Gender** |  |  |  |  |
| Female | 41 | 54 | 47 | 58 |
| Male | 59 | 46 | 53 | 42 |
| **Age** |  |  |  |  |
| Below 20 years | 6 | 4 | 4 | 7 |
| 20-30 years | 19 | 7 | 17 | 17 |
| 31-40 years | 23 | 31 | 12 | 20 |
| 41-50 years | 30 | 32 | 21 | 24 |
| 51-60 years | 18 | 16 | 20 | 15 |
| Above 60 years | 4 | 10 | 26 | 17 |
| **Education** |  |  |  |  |
| Primary | 29 | 22 | 25 | 18 |
| Secondary School | 45 | 49 | 56 | 58 |
| Graduation | 25 | 26 | 15 | 21 |
| Post graduation | 1 | 3 | 4 | 3 |

\*Percentage values are not shown as the sample size is 100, Frequency = Percentage.

Table 1 shows the baseline data of the patients in hospital 1 and 2. Before training nurses in patient rights, pre-test was conducted on the patients. Baseline data of the patients in hospital 1 shows that, the majority (59%) of the patients in the pre-test group were male, majority (30%) of the patients were in the age group 41-50 years and majority (45%) had undergone secondary education. After training nurses on patient rights, post-test was conducted on a different group of patients. In hospital 1, majority (54%) of patients in the post-test group were female, majority (32%) were in the age group 41-50 years and majority (49%) had undergone secondary education.

Baseline data of the patients in hospital 2 shows that, before training nurses in patient rights, pre-test was conducted on the patients. The majority (53%) of the patients in the pre-test group were male, majority (26%) of the patients were above 60 years of age and majority (56%) of the patients in the pre-test group had undergone secondary education. After training nurses on patient rights, post test was conducted on a different group of patients. In hospital 2, majority (58%) of the patients in the post-test group were female, majority (24%) of the patients were in the age group 41-50 years and majority (58%) of the patients in the post test group had undergone secondary education.

**TABLE 2: PATIENT RIGHTS DOMAIN WISE DISTRIBUTION OF MEAN AND STANDARD DEVIATION OF PRACTICE SCORE OF NURSES ON PATIENT RIGHTS BEFORE AND AFTER TRAINING NURSES IN PATIENT RIGHTS IN HOSPITAL 1**

**n=100+100**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S No** | **Patient rights domain of practice Score** | **Items** | **Patient’s response before training nurses.** | **Patient’s response after training nurses.** |
| **Mean±SD** | **Mean±SD** |
| 1 | Right to Respect and Dignity | 2 | 71.5±6.36 | 82±9.89 |
| 2 | Right to Education | 3 | 43±20 | 72.33±13.86 |
| 3 | Right to Accessibility | 2 | 75.5±9.19 | 83±8.48 |
| 4 | Right to Information | 5 | 55±19.41 | 69.8±11.43 |
| 5 | Right to Safety | 4 | 64.75±16.87 | 80.5±10.01 |
| 6 | Right to Privacy | 3 | 71.66±3.51 | 81.33±3.05 |
| 7 | Right to Confidentiality | 2 | 86±9.89 | 90.5±9.19 |
| 8 | Right to Informed Consent | 2 | 79.5±4.94 | 90.5±2.12 |
| 9 | Right to Decision Making | 2 | 44.5±13.43 | 64±8.48 |
| 10 | Right to Grievance Redressal | 2 | 29±8.48 | 61.5±6.36 |
|  | Total | 27 |  |  |

\*SD = Standard Deviation.

Table 2 shows the patient rights domain wise distribution of the mean and Standard Deviation of practice score of nurses, before and after training nurses in hospital 1. Data indicates a positive change in the practice of nurses after training in patient rights.

**TABLE 3: PATIENT RIGHTS DOMAIN WISE DISTRIBUTION OF MEAN AND STANDARD DEVIATION OF PRACTICE SCORE OF NURSES ON PATIENT RIGHTS BEFORE AND AFTER TRAINING NURSES IN PATIENT RIGHTS IN HOSPITAL 2**

**n=100+100**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S No** | **Patient right domain of practice** | **Items** | **Patient’s response before training nurses.** | **Patient’s response after training nurses.** |
| **mean±SD** | **mean±SD** |
| 1 | Right to Respect and Dignity | 2 | 74.5±4.94 | 83±4.24 |
| 2 | Right to Education | 3 | 78±22.53 | 85±16.52 |
| 3 | Right to Accessibility | 2 | 74±5.65 | 86±4.24 |
| 4 | Right to Information | 5 | 67.2±14.72 | 82.6±9.01 |
| 5 | Right to Safety | 4 | 74.5±2.64 | 82.75±4.03 |
| 6 | Right to Privacy | 3 | 72.66±9.45 | 84.66±6.11 |
| 7 | Right to Confidentiality | 2 | 84±12.72 | 91.5±4.94 |
| 8 | Right to Informed Consent | 2 | 82±4.24 | 87.5±2.12 |
| 9 | Right to Decision Making | 2 | 52.5±6.36 | 63.5±3.53 |
| 10 | Right to Grievance Redressal | 2 | 53±7.07 | 67.5±0.70 |
|  | Total | 27 |  |  |

\*SD = Standard Deviation.

Table 3 shows the patient rights domain wise distribution of the mean and Standard Deviation of practice score of nurses, before and after training nurses in hospital 2. Data indicates the change in the practice of nurses after training in patient rights.

**TABLE 4: PRACTICE OF NURSES REGARDING PATIENT RIGHTS WITHIN HOSPITAL 1 AND 2 (WILCOXONS SIGN RANK TEST)**

**n=100 + 100**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Research Setting** | **Before/After training** | **Median** | **Inter q range** | ***P value*** |
| Hospital 1 | Before training nurses | 16.5 | [15,18] | ˂ 0.001 |
| Hospital 1 | After training nurses | 21 | [19.22] |
| Hospital 2 | Before training nurses | 19 | [17,21] | ˂ 0.001 |
| Hospital 2 | After training nurses | 22 | [21, 24] |

\*Maximum Score = 27

Table 4 shows that the median score of nurse’s practice regarding patient rights is higher after training compared to before training within Hospital 1. The median score differs significantly before training and after training in hospital 1. (p ˂ 0.001). The median score of nurse’s practice regarding patient rights is higher after training compared to before training within Hospital 2. The median score differs significantly before training and after training in hospital 2. (p ˂ 0.001)

**TABLE 5: PRACTICE OF NURSES REGARDING PATIENT RIGHTS BETWEEN HOSPITAL 1 AND 2 (Mann–Whiteny test)**

**n=100 + 100**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Research Setting** | **Before/After training** | **Median** | **Inter q range** | ***P value*** |
| Hospital 1 | Before training nurses | 16.5 | [15,18] | ˂ 0.001 |
| Hospital 2 | Before training nurses | 19 | [17, 21] |
| Hospital 1 | After training nurses | 21 | [19, 22 ] | ˂ 0.001 |
| Hospital 2 | After training nurses | 22 | [21, 24] |

\*Maximum Score = 27

Table 5 shows that the median score of nurse’s practice regarding patient rights is higher before training in hospital 2 compared to hospital 1. The median score differs significantly before training in hospital 1 and hospital 2 (˂ 0.001). The median score of nurse’s practice regarding patient rights is higher after training in hospital 2 compared to hospital 1. The median score differs significantly after training in hospital 1 and hospital 2 (˂ 0.001).

**Discussion:**

The research findings showed that. before training nurses in patient rights. a lower mean score was obtained for right to education (43±20), right to information (55±19.41), right to decision making (44.5±13.43) and right to grievance redressal (29±8.48) in hospital 1, lower mean scores were also obtained for right to decision making (52.5±6.36) and right to grievance redressal (53±7.07) in hospital 2. Similarly the findings of another study showed that the mean score of nurses’ performance in observing the patients’ rights was relatively acceptable (11.2 ± 4.6 of 22) (17).Concurrently, a study showed that the mean and Standard Deviation of observance of patient’s rights from the nurses’ viewpoint was 60.5+9.1 and the mentors the nurses’ viewpoint was 52.3 + 16.3 (18). All these research findings indicate the improvement of the nurses’ performance on patient rights need more extensive measures.

The study showed that before training nurses in hospital 1, the level of observation of patient rights by the nurses was good in 53%, satisfactory in 41%, very good in 5% and poor in 1% of the population. Before training nurses in hospital 2 the level of observation of patient rights by the nurses was good in 63%, very good in 21%, satisfactory in 15% and poor in 1% of the population. Similarly, the findings of a another research showed that the level of observing patient’s rights by nurses was medium in 53.2%, good in 37.1%, weak in 7.9% and excellent in 1.8% of cases, with a mean and Standard Deviation of 9.84 + 2.60 (19).Thus the research results indicate the need for training nurses with regard to patient rights.

The findings also showed that the median score of nurses practice with regard to patient rights differed significantly before training and after training within hospital 1 and 2. (p ˂ 0.001). In parallel to the a study showed that in more than half of cases, nurses' approaches to understanding patients' rights had highly changed after the intervention. Results indicated that there was a significant statistical difference in the group on respecting patients' rights. For most items, the performance changed from 30% to 100%. (p< 0.05) (20).This indicates that the training program on patient rights was effective in transforming the practice of nurses with regard to patient rights in both the hospitals.

|  |
| --- |
|  |

**Conclusion**

Quality Assurance in Health Care is essential for the organizational survival in the current scenario. Health Care Organizations need to be updated with the standard requirements to fulfill the rights of the patient. Training programmes will enable the Health Care Organizations to equip their staff with adequate knowledge required for better practice. Through well planned and developed training programmes, hospitals can achieve the Quality Assurance in the health care processes.

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