

Patients' Perception of their Patient Rights as Compared to Compliance with Such Patient Rights as Exhibited by Nurses When They Incorporate the Patient into the bedside Teaching of Nursing Students

Doungjai Plianbumroong, Achara Musikawan

Boromarajonnani College of Nursing, Thailand

0455

The Asian Conference on Ethics, Religion & Philosophy 2013

Official Conference Proceedings 2013

Abstract

The purpose of this study was to study patients' perception of their patient rights while concurrently observing how the actual nursing care provided related to such patients' rights when the patient was involved in a bedside teaching experience to nursing students, and compare patients' perception of patients' rights and the perception of these same patients' rights by the nurses providing the aforementioned bedside teaching. Subjects were selected by the technique of simple random sampling and were comprised of 140 patients in Yala Hospital and who were subsequently assigned to nursing students. The research's instruments were the Perception of Patients' Rights Questionnaire and the Perception of Patient when they were involved in actual Bedside Teaching Questionnaire. The reliability of the instruments was tested by Cronbach's alpha coefficient with a value of .95. Data was analyzed by using frequency distributions including percentages, means, standard deviation and dependent t-test.

The results showed:

1. Patients perceived their overall patients' rights at a moderate level (\bar{x} =2.24, SD =.35). One out of four components, the right to the provision health care dimension, was at a high level (\bar{x} =2.36, SD =.41).
2. Patients perceived overall actual nursing care as it related to their patient rights at a moderate level (\bar{x} =2.27, SD =.35). One dimension of the right to receive the provision health care was at a high level (\bar{x} =2.38, SD =.40).
3. The total mean scores of the perception of patients' rights while nurses provided actual bedside teaching was at a moderate level. The mean scores of the perception of patients' rights while nurses provided actual bedside teaching were significantly higher than the mean scores of the perception of patients' rights at a level of .001.

This study indicates that nurses should, at all times, provide nursing care based upon a patients' rights.

Keywords: Perception of patients' rights, bedside teaching

iafor

The International Academic Forum

www.iafor.org

Background

Today, basic human rights are considered to be an inviolable concept, and a minimum requisite in all civilized societies. Every adult person has the right to come to their own decisions. This is particularly true when a person becomes a patient as they have both physical and psychosocial needs. They have the right to receive timely and appropriate information so they may make informed decisions, and such information should be forthcoming without regard to the patient's particular situation or environment. Therefore, it is very crucial for nurses to protect patients' rights. The Law of Thailand, establishes that persons have their own individual rights and freedoms. Additionally, The Act of Consumer Protection B.E.2522 (1997) focuses on patients' rights including their right as to whether or not to choose particular health care services, their right to receive standard care, their right to be informed as to their or their family's rights, their right to receive compensation as a result of suffering any harm or injury, and their right to personal confidentiality.

In nursing education management, learning and teaching processes focus on authentic, or hands-on learning. Nursing students, during their clinical practicum, interact with real patients so they may develop their clinical skills, thereby integrating their theoretical knowledge with actual practical experience. Patient based teaching is an invaluable tool for developing qualified health care professionals, and as such it is necessary for nursing institutions to initiate and continue such teaching programs and methodologies.

Bedside teaching is a key method of teaching within the nursing profession. It enables students to assess patients effectively. Students are able to analyze the individual patient's problems and plan appropriate care. Bedside teaching is not a lecture but rather is comprised of a small group consisting of nursing instructor, students, and the patient and requires that one needs to know the patient's demographic data, treatments they have received, and the progression of their disease or health trauma. Occasionally, patients do not want to reveal such information. Nursing educators and students should be aware of the potential for violation of the patient's rights. In particular, prior to teaching, nursing instructors must ask and obtain from the patient, their permission to use them as a case study for educational purposes. Such requests typically are neglected. Naradol (2006) and colleagues studied how patients' felt about being used in a bedside teaching methodology known as the teaching ward round (TWR) method. Patients in their study expressed that neither a physician nor a nurse asked them for permission. Only 20.7% of them informed patients of the study's goals before they performed TWR teaching. 3.4% of the patients indicated that they felt a sense of isolation. They felt different from other patients, and 6.9% of the patients indicated they would not want to participate in the study if they were re-invited because they felt their rights had been violated.

Yala Hospital provides an educational venue for a number of health care educational institutions within Yala Province, Thailand. It is a significant resource of learning and teaching for nursing students, and bedside teaching is one of the teaching methodologies conducted by the hospital. If nursing educators and nursing students are unaware of patient's rights, it would be perceived by patients as a violation of their rights. Therefore, the researcher conducted this research study to examine the

perception of patients' rights and the perception of patients' rights while nurses providing actual bedside teaching.

The Study's Objectives

The study's objectives were to study:

1. the level of patients' perception of their patient rights;
2. the level of actual bedside teaching provided by nurses, and how the conduct of such related to patient rights; and to
3. compare the patient's perception of patient's rights and the patient's perception of patient's rights while nurses provided bedside teaching

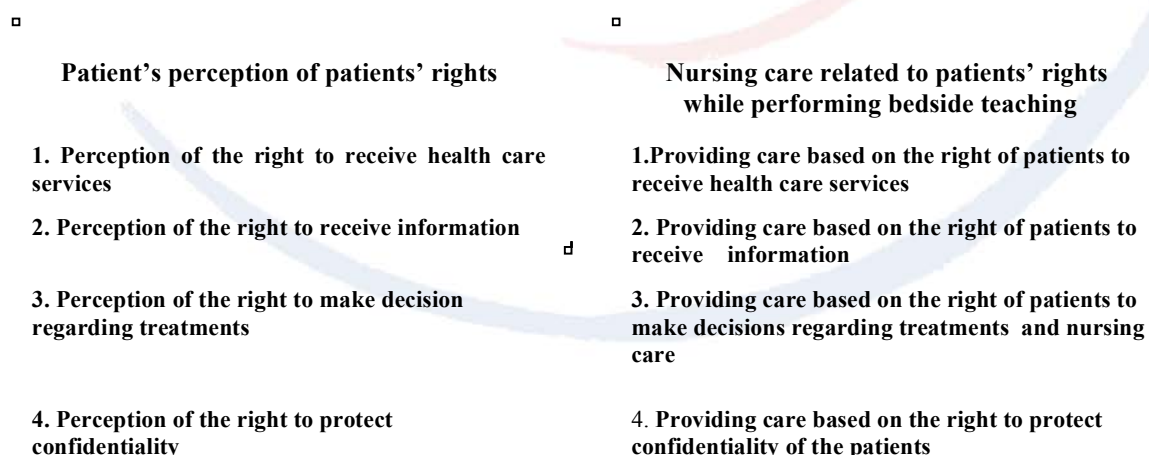
Assumptions

1. Patients admitted to Yala Hospital had perception of patient's rights at a high level.
2. Patients admitted to Yala Hospital obtained nursing care related to patients' rights while nurses performing bedside teaching at a high level.
3. There were no differences between patients' perception of their rights and the perception of their rights when they received bedside nursing.

Scope of the Study

1. The scope of this study involved the examination of patients' perception of their rights as they participated in bedside teaching.
2. Population and sample of the study were the patients admitted to Yala Hospital from January to June 2009.

Conceptual Framework



Definitions of the Variables

1. The perception of patients' rights is the awareness exhibited by patients about the rights they should receive as stated by the Professional Nursing and Midwifery Act B.E. 2540 (1997) and the Declaration of Patients' Rights of Thailand Nursing and Midwifery Council. There are 4 components:

1.1 The perception of their right to receive health care services is the awareness exhibited by patients' as to their right to receive qualified, safe, equal care.

1.2 The perception of their right to be informed is the awareness exhibited by patients' as to their right to be informed concerning their health status, advantage(s) or disadvantage (s) to be obtained from any form of treatment or nursing care, and the provision of such treatment and nursing care.

1.3 The perception of their right to make decisions regarding treatment and nursing care is the extent to which patients are aware of their right in the freedom of choice they have to make decision to obtain or refuse treatment and nursing care based upon their beliefs and/or culture, as well as in their freedom to select health care provider over another.

1.4 The perception of their right to protect their confidentiality is the patients' awareness of their freedom to discuss their beliefs, culture and religion, as well as their choice to decline the divulgence of their personal information to the health care provider.

2. Nursing care related to patients' rights as nurses perform bedside teaching is the patients' opinions toward their own rights while bedside teaching has been performed by nursing instructors. They consisted of 4 components.

2.1 Providing nursing care based on the right of patients to receive health care services is the patient's view of obtaining effective nursing care while nurses are providing bedside teaching.

2.2 Providing nursing care based upon the right of patients to receive information is the patient's opinion of being informed about their health status, advantage(s) or disadvantage(s) to be obtained from any forms of treatment or nursing care, and the provision of such treatment and nursing care.

2.3 Providing nursing care based upon the right of patients to make decisions regarding treatment and nursing care is the patient's opinion about their choice to gain or refuse treatment or nursing care, depending upon their beliefs and culture. It also includes the freedom choice for patients in their selection of health care providers or a request for assistance from nurse instructors.

2.4 Providing care based upon the right to protect and uphold the confidentiality of the patient information, is patient's view of their freedom to discuss their beliefs, culture and religion without fear of prejudice as well as certainty that such information will not be divulged to those without a need to know such information. Additionally, it is the patient's choice to withhold their personal information, and to ask for protection of their confidentiality from the nursing educators.

3. Patients comprised those individuals who were admitted to any ward of Yala Hospital, and where nursing students performed their clinical practicum.

Research Methodology

1. The population of the study from which the sample was derived included 925 patients who, during the period May to June 2009, were admitted to any ward of Yala Hospital, and in which such wards, nursing students of Borommarajonani Nursing College of Yala were participating in the satisfaction of their clinical practicum (Medical Registrar, Yala Hospital, 2009).
2. The study's sample was selected by a simple random technique and using the indication to specify the sample size as mentioned by Sripairoth (1984): If $100 < N < 1,000$ specify sample size $(n) = 15-30\%$ of N (Population). For this study, the sample size equals 140.

Research Instruments

1. The instrument of this study was a Likert's Rating Scale. It had been modified by the researcher from the research tool of Supasri (2003) as well as the conceptual framework of the Act B.E. 2540 (1997). There were 3 parts, as follows:
 - 1) 10 items of demographic data
 - 2) The Patients' Perception of Patients' Rights Questionnaire consisting of 40 items encompassing 4 components: the perception of their rights to receive health care services, the perception of their rights to be informed, the perception of their rights to make decision regarding treatments and nursing care, and the perception of their rights to protect their confidentiality; and
 - 3) The Patients' opinions of their rights as nurses performed bedside teaching, consisting of 40 items covering 4 components: providing nursing care based on the right of patients to receive health care services, providing nursing care based on the right of patients to receive information, providing nursing care based on the right of patients to make decision regarding treatments and nursing care, and providing care based on the right to protect confidentiality of the patients.

Scoring Interpretation

Mean Scores	Interpretation
2.36 – 3.00	Patients' perception of patients' rights is at a high level
1.68 – 2.35	Patients' perception of patients' rights is at a moderate level
1.00 – 1.67	Patients' perception of patients' rights is at a low level

3. The content validity of the instrument was tested by 3 experts and then revised as recommended by the experts. The researcher later tested the revision of the instrument with 30 patients. Also, the reliability of the instrument was examined with Cronbach's alpha coefficient demonstrating the value of .95.

Data Collection

Subsequent to receiving permission from the Director of Yala Hospital, the researcher met with patients and informed them of the study's goals and inquired as to their willingness to be a part of this study. The researcher distributed the questionnaire to those patients agreeing to participate in the study. Once completed, and prior to the recording of the data, patient questionnaires were reviewed by the researcher to ensure the completeness of each questionnaire.

Data Analysis

1. Frequency and percentage were used to analyze the demographic data.
2. Mean and standard deviation were utilized to analyze the level of the patients' perception of patients' rights while nurses performed bedside teaching.
3. Dependent t-test was used to compare between the level of the patients' perception of patients' rights and the level of the patients' perception of patients' rights while nurses performed bedside teaching.

The Results of the Study

1. Demographically, most of the sample consisted of female patients (67.9%) within the following age ranges: 15-30 years old (41.4%), 31-40 years old (22.9%) and 51-60 years old (7.1%). With respect to the sample population taken as a whole, 66.4% were Muslim, 61.4% were married, while 32.9% were single. A majority of the patients had been admitted to the hospital more than once within the three years prior to the conducting of the study (61.43%), and the predominant length of their stay was 3-6 days (40.7%). As to their educational backgrounds, most had graduated from elementary school (34.8%). Undergraduate degrees represented the highest level of education achieved within the sample group (28.4%). There were a variety of occupations within the sample. 24.1% were independent employees, 23.4% of them were still in school, and 4.9% of them were retired government officers. Their monthly incomes ranged from less than 5,000 baht (45.7%) to more than 15,000 baht (4.3%), 74.3% of the sample population received economic support from the Royal Thai government with regard to the provision of health care services.
2. With respect to patients' perception of their patient rights, the results demonstrated that patients perceived their own rights at a moderate level ($x = 2.24$, $SD = .35$). Only one out of 4 components, the perception of their right to receive health care services was at a high level ($x = 2.36$, $SD = .41$). The other three components of patient rights, as perceived by the patients were at a moderate levels, including the perception of the right to receive information.

- ($x = 2.19$, $SD = .44$), the perception of the right to make decision regarding treatment and nursing care ($x = 2.18$, $SD = .37$), and the perception of the right to protect their confidentiality ($x = 2.25$, $SD = .41$).
3. With respect to the perception by patients as to the adherence of the nursing instructors complying with patients' rights while such nurses were involved in bedside teaching, most of the patients perceived they received nursing care to protect their rights at a moderate level ($x = 2.24$, $SD = .35$). The component consisting of a patient's right to be kept adequately informed was perceived at a high level while nursing instructors performed bedside training ($x = 2.36$, $SD = .41$). However, the three other components were perceived by patients at only moderate levels as nursing instruction in bedside training was taking place. Specifically, the three components and their scores were; the right to receive information ($x = 2.19$, $SD = .44$), the right to make decisions about treatment and nursing care ($x = 2.18$, $SD = .37$), and the right to protection of their confidentiality ($x = 2.25$, $SD = .41$).
 4. When comparing between the patients' perception of their patient rights, and their perception concerning their rights as they participated in bedside teaching conducted by nursing instructors, the findings showed that the mean scores of the level of perception of their rights while they were receiving bedside teaching were significantly higher than their perception of patients' rights without bedside teaching at a level of 0.01. There was no difference in the perception by a patient regarding the right to protection of confidentiality either with or without bedside teaching. The mean scores of the level of their perception of their right to receive information, make decisions about treatment and nursing care, and the right to receive health care services, were higher while they were receiving bedside teaching ($D = .07$, $S_d = .37$, $D = .06$, $S_d = .18$, $D = .05$, $S_d = .32$, and $D = .02$, $S_d = .30$ respectively). There was no difference between the mean scores of the right to the protection of patient confidentiality when considering perceptions associated either with or without bedside teaching.

Discussion

1. Patients admitted to Yala Hospital evidenced moderate levels of perception with respect to their patient rights. Study participants exhibited moderate levels of perception concerning the right to receive health care services, the right to be kept informed, and the right to make decisions regarding treatment and nursing care. These levels were consistent with the study of Supasri mentioned earlier. She studied the perception of patients' rights exhibited by mothers giving birth in the hospital under the Ministry of Public Health, Thai Red Cross Hospital, and Chonburi Hospital. The results in her study showed that the mothers perceived their rights at a moderate level ($x = 2.25$, $SD = .65$) for the 3 component of patients' rights consisting of the right to confidentiality of patient and patient information, the right to obtain information, and the right to receive health care services. Mothers perceived at a low level, their right to make decisions concerning treatment and nursing care. Also, in Polsen's study (1998), she studied the patients' perception of patients' rights in Navy Hospital. The findings demonstrated that most patients perceived all components of their rights including the right to receive health care services,

patient confidentiality, the right to information, explanation from health care providers, and the right to refuse treatments. Patients had a high perception level when considering each component: the right to obtain information, the right to make decision concerning treatment and nursing care, and the right to protect confidentiality. Concern for privacy has dramatically increased within the past few years as a result of the globalization of today's world. The use of the Internet is ubiquitous and when coupled with the advancement of technology and information systems creates the potential for misuse of a patient's personal information. At the same time this new world order also empowers the individual (i.e., patient) to be more aware of their personal rights when it comes to the health care arena. People are more cognizant of their own rights and freedoms. Specifically within the health care system, the past few years has seen an increasing focus by health care organizations upon patients' rights. These health care organizations are exerting greater efforts to initiate health care services that recognize and comply with patients' rights, such as the right of patients to be provided equal and standardized care without regard to their gender, ethnicity, religious background, socio-economic status, culture or personal beliefs and values.

2. Patients admitted to Yala Hospital had a high level of their perception of their rights while nurses were performing bedside teaching exercises. However, patient perception was at a moderate level with regard to the right to obtain information, the right to personal decision making about treatment and nursing care, and the right to protection of patient confidentiality. In comparison to Supasri's study (2003), mentioned earlier, she found that the mothers had a moderate level of their perception of their rights ($x = 2.02$, $SD = .57$) while these same mothers expressed a low level of perception with respect to their each of the following rights – the right to obtain information, the right to personal decision making about treatment and nursing care, and the right to protection of patient confidentiality. In another study, conducted by Prachakorn (2002) among patients of Bang-Bor Hospital, Samut-Pragan Province, it was found that patients perceived their overall component rights at a moderate level ($x = 2.96$, $SD = .44$). Within this same study, the researcher discovered that patients perceived their right to the protection of patient confidentiality to be at a moderate level. Perhaps nurses are more aware of patients' rights given the mandate expressed by Thai Nurse and Midwifery Council's Declaration of Patients' Rights in which they state that "Nurses should provide equal care to Thai people regardless of ethnicity, religion, and socio-economic status" (Thai Nurse and Midwifery Council, 1998). Moreover, nurses have perceived their nursing roles and responsibilities and have integrated and incorporated these into their nursing actions. Today, people are able to recognize what nursing roles are, and as a result expectations of patients and family with respect to health care services or health care providers are now raised to a higher level. When contacting health care institutions, today's patients anticipate receiving effective care, particularly as regards their patient rights.
3. Bedside teaching created no statistical difference in the perception by a patient as to their patient rights. The results showed an increase in the mean scores of patient perception in those instances of bedside teaching of .001 over instances not involving bedside teaching. The mean scores were different when

considering the individual components of patient rights involving their right to receive information, the right in their freedom to select treatment and nursing care and their right to receive health care services. However, contrary to the findings in the studies of Supasri (2003) and Prachakorn (2002), mentioned earlier, there was no difference in the component protection of patient confidentiality. This may result from the fact that in this study data was collected from others by care givers such as nursing students. The higher mean scores of the right to receive information, the right to make decisions about treatment and nursing care, occur as nursing education places more emphasis on patients' rights. Today's nurses are more aware of patients' rights. For instance, when nurse educators plan to perform bedside teaching with students, they will, prior to implementing the bedside training, assign a patient to the student in advance. Typically a student will have anywhere from a half to a full day prior to bedside teaching which provides them with the opportunity to meet the patients and develop the professional relationship. In this situation, students introduce themselves, assess the patient's demographic data, health history, and offer help for them. Most of the patients in this study are Muslim (66.4%). Their ways of life and native language and dialect they use, called "Malayu" are specific to their culture. Most of the nursing students in this study were able to communicate in the patient's native language and this may establish trustworthiness between student and patient and an understanding of the patients' ways of life. This in turn enables patients to feel comfortable in sharing their opinions about their problems. Similarly, in the study of Songwattana and her colleagues (2008) they found that the factor that could help establish the collaboration of the education in the three south-bordered provinces was to minimize the communication barriers as well as to promote cultural sensitivity among health care providers. Consistent with the study of Sansabai, Suttasungsri, and Chaowarit (2005), they found that nurses gave inadequate and ambiguous information to HIV/AIDS patients that may have a negative effect on a patient's perception and result in a patient misunderstanding their illness. Therefore, the researcher concluded that it is necessary for nursing students to be supervised by the nurse preceptors or nurse instructors so they may guide their students in how to best achieve meeting patients' rights. Although, the mean scores of the level of the perception were higher when they received bedside teaching, it was not considered as highly different among each component. This may be attributable to the increased use of technology by the general populace as they can educate themselves via the modern technology such as internet. They have easier access to information systems and learn what people expect to achieve from health care services or health care providers (Sansabai, Suttasungsri, and Chaowarit, 2005). There was no difference between the mean scores of patients' perception of the right to the protection of patient confidentiality. This may be attributable to the fact that confidentiality of patients' rights had been discussed. Patients learn about their rights from a variety of media. If nursing students are aware of patients' rights, they would be able to provide an appropriate care for their patients with the respect of the patients' cultural differences and provide alternative choice to receive care such as a choice to choose a male or a female nurse. Subsequently, the patients would not feel the gap between them and the nurse instructors when obtaining bedside teaching.

Suggestions

The application of the research study are as follows:

1. The application for nursing administration and nursing intervention
 - 1.1 Establishment the health care policy to protect patients' right.
 - 1.2 Announcement of the Thai Nurse and Midwifery Council's Declaration of Patients' rights should be posted in the hospital area where people can see easily. Also, bilingual, Thai and Malayu, should be documented.
 - 1.3 Review the Thai Nurse and Midwifery Council's Declaration of Patients' rights and the guideline for practice periodically.
 - 1.4 Review the Thai Nurse and Midwifery Council's Declaration of Patients' rights and the guideline for practice for the new nurses.
2. The application for nursing education
 - 2.1 The integration of patients' rights into every nursing course as well as the extra-curriculum activities;
 - 2.2 Application of the findings of this study into the curriculum management;
 - 2.3 Orientation of patients' rights to new students and graduates and;
 - 2.4 Enhancement of sharing environment to learn about the patients' right between nurse instructors and nursing students.
 - 2.5 Establishment of daily affirmation by nursing students committing themselves to recognizing and complying with a patient's rights.
3. The application for research
 - 3.1 Further research study regarding the nursing students' perception of the patients' rights should be conducted in order to examine whether there is a gap of nursing students' perception.
 - 3.2 Further research study should be conducted in other groups of patients.

References

- Polsen, A. (1998). *Patients and their perceptions of their patient rights: A case study of the King Rama III Hospital*. Navy Based Medicine Institution. Thesis for Master Degree in Social Work, Thammasat University.
- Prachakorn, S. (2002). *The comparison of the prospect patient rights and the actual patient rights received from nursing interventions among the patients who admitted to Bang-Bor Hospital, Samut Pragan Province*. Thesis of Master Degree in Nursing, Bhurapah University.
- Sansabai, C., Suttasungsri, W., & Chaowarit, A.(2005). Nursing interventions to protect patient rights: Perception of HIV/AIDS patients. *Songhkla Nakarhin Journal of Medicine*, 23(2) (October), 1-16.
- Songwattana, P., & colleague. (2008). The needs of collaboration of human development and nursing system development in the three bordered provinces in the south of Thailand. *Songhkla Nakarihn Journal of Medicine*, 25(2) (March-April), 104-115.
- Supasri, P.(2003). Patient's perception of their patient right among the mothers gave birth in the hospital under the Ministry of Public Health, Thai Red Cross Hospital, and Chonburi Hospital. *Bhurapah Journal of Nursing*, 11(2) (May- August), 38-56.
- Thai Nursing and Midwifery Council. (1998). *Laws and the Profession Nursing and Midwifery Act*. Bangkok, Thailand: The Best Graphics and Print.
- Yala Hospital. (2009). *Medical registrar of Yala Hospital (May-June)*. Yala Provice, Thailand.

