

Nurses' Knowledge & Experience toward Psychiatric Patient's Advocacy

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Abstract

This study is a descriptive study aimed to assess nurses' knowledge; Experience toward psychiatric this study is a descriptive study aimed to assess nurses' knowledge, Experience toward psychiatric patient's advocacy, the study was conducted at psychiatric departments at El-Abassia Mental Health Hospital in Cairo. Sampling was a purposive sample of 70 nurses from 600 nurses who are working in the previously mentioned settings. Data were collected using 1) interviewing sheet containing (a) Socio-demographic sheet for personal characteristics and (b) questionnaire sheet about nurses' knowledge toward psychiatric patient's advocacy and 2) observation checklist to assess nurses' experience toward psychiatric patient's advocacy. The present study revealed that the majority nurses were females. More than one third among nurses were more than 10 years of experience. Half of nurses were had training courses about psychiatric patients' rights. While more than three quarter were had low knowledge about psychiatric patient's rights. Less than three quarter were had low knowledge about psychiatric patient's advocacy. Less than two thirds were had low experience about psychiatric patient's advocacy. A positive relation between nurses' knowledge and experience toward psychiatric patient advocacy. The study recommended that develop an in-service training program for mental health nurses on knowledge about the nurse's advocacy of the psychiatric patient, Nurses need more support from supervisors and may need to add education in this area to the curriculum of trainees in psychiatric nursing, Raising the awareness of nursing staff about the importance of psychiatric patient's advocacy and rights granted to the nurse, Furthermore, Support nursing from the medical team and provide opportunities and resources that facilitate the process of psychiatric patient's advocacy, And the role of the nurse as advocate of psychiatric patient's rights should be highlighted in the curriculum.

Key words: Advocacy, Nurses' Knowledge, Experience, Psychiatric patient.

Introduction

Advocacy has been proposed as a means of building political will and community support for mental health and reducing stigma (Verdeli, 2016).

Advocacy involves the process of persuading someone to at least consider one's point of view, the role of the nurse as an advocate in healthcare policy is not a new one. Historically, from the time of Florence Nightingale, the nurse has been the person who has identified patient needs and sought ways to have these needs met (Maryland & Gonzalez, 2012).

The many opportunities nurses have to observe first-hand the positives and negatives of the current healthcare system enable them to identify needs and concerns related to the care patients currently receive (or don't receive) (Maryland & Gonzalez, 2012).

Advocacy refers to the act of supporting or recommending a cause or course of action, undertaken on behalf of persons or issues. It relates to the need to improve systems and societal structures to create greater equity and better health for all. Nurses endeavor, individually and collectively, to advocate for and work toward eliminating social inequities (Matthews, 2012).

The National Mental Health Statement emphasized that mental health consumers have the right to "be considered capable of a making a decision by the service or person providing care" and "have their wishes respected and taken into account" (Gee et al., 2016).

Patient advocacy exerted by nurses aims to help the patient obtain necessary health care, defend their rights, ensure quality of care and serve as a connection between patients and the health care environment. It is mainly associated by nurses recognizing their role as health advocates, considering their beliefs and actions in relation to the care they provide to patients (Reed et al., 2015).

Although People with mental disorders still experience no treatment such as physical, mental and sexual abuse, especially in middle and low-income countries, due to poor and insufficient resources inside these institutions (Elnemais Fawzy, 2015).

Although people who voluntarily or involuntarily introduced to a mental hospital usually suffer from lack of control of their lives living as a group, eating, sleeping, washing and spending all the day as a group, and any diversity in the behavior leads to punishment, being kept away from society

and environmental stimulation which have harmful effects on their health and wellbeing (Furner, 2017).

The International Council of Nurses introduced the concept of advocacy that "in providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individuals, families and communities are respected (Fortinash & Worret, 2014).

Aim of the study

This study aimed to assess nurses' knowledge and experience toward psychiatric patient's advocacy.

Research questions

This study is based on answering the following questions:

What are nurses' knowledge and experience toward psychiatric patient's advocacy?

Subjects and Methods

Research design:

A descriptive research design was conducted to fulfill the aim of the study and answer the research questions. It helps the researcher to describe and document aspects of a situation as it naturally occurs. As well, this design helps to establish a database for future research.

Setting of the study:

The study was conducted at the departments at El-Abbassia Mental Health Hospital in Cairo.

Subject:

A convenient sample of 70 nurses who are working in the previously mentioned settings according to following criteria: providing care for psychiatric patient at the

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departments with experience at least one year and from both sexes.

Tools of data collection

Data were collected using the following tools:

The tools used for the study consist of an interviewing questionnaire and observation checklist.

Interviewing questionnaire:

The interview questionnaire was designed by the researcher based on related literature review consists of two parts:

Part 1: Socio-demographic sheet:

A personal interview sheet for nurses:

It was constructed by the researcher after reviewing literature in this field; the researcher designed the sheets of tool. This section included brief personal profile questions about the participant's nurses (age, gender, marital status, educational level, years of experience, and training courses about psychiatric patient rights).

Part 2: questionnaire about nurses' knowledge toward psychiatric patient rights and advocacy:

It was constructed by the researcher after reviewing literature in this field. This section included nurses' knowledge toward psychiatric patient rights and advocacy, consists of (16) items about psychiatric patient rights concerning (legal aspects, patient needs, and patient care) and (4) items about nurses knowledge toward psychiatric patient advocacy.

Observation checklist:

It was constructed by the researcher after reviewing literature in this field. This checklist was to measure nurses' experience toward psychiatric patient advocacy,

consists of (23) items concerning (patient needs, patient care and family needs) about nurse's experience toward psychiatric patient advocacy.

Pilot study

The pilot study was conducted on ten nurses from the hospital. They represent 10% of total sample to ensure the clarity of questions, applicability of the tools and the time needed to complete them. The necessary modifications were done as a result of pilot study.

Ethical considerations

The researcher obtained an approval to conduct the research study, received official permission from the following authorities:

- Faculty of Nursing, Ain Shams University
- El-Abassia governmental hospital for mental health and General Secretariat of Mental Health

After securing official requirements for carrying out this study:

An oral consent was obtained from each nurse (male / female) to be involved in the study with right to withdraw at any time without giving any reason, and that data collected will be only used for the purpose of the study. Explanation of the aim and nature of this study to the patients with reassurance about confidentiality of information given and that it will be used for scientific research only.

1. The investigator cleared the objective and aim of the study to subjects.
2. The investigator maintained on anonymity and confidentiality of subjects.
3. Subjects were allowed to choose to participate or not, and they had the
4. Right to withdraw from the study at any time.

Statistical Analysis

Data were collected and fed into the computer for analysis and presentation. Data were entered and analyzed using Statistical Package of Social Science (SPSS) software version 18. Data were presented using

descriptive statistics in the form of frequencies, percentages, means and standard deviation. Chi square test was used and Bivariate Pearson correlation test to test association between variables. Statistically significant difference was considered when P-Value ≤ 0.05 .

Result

Fig. (1): Percentage distribution of nurses according to their level of education (N=70).

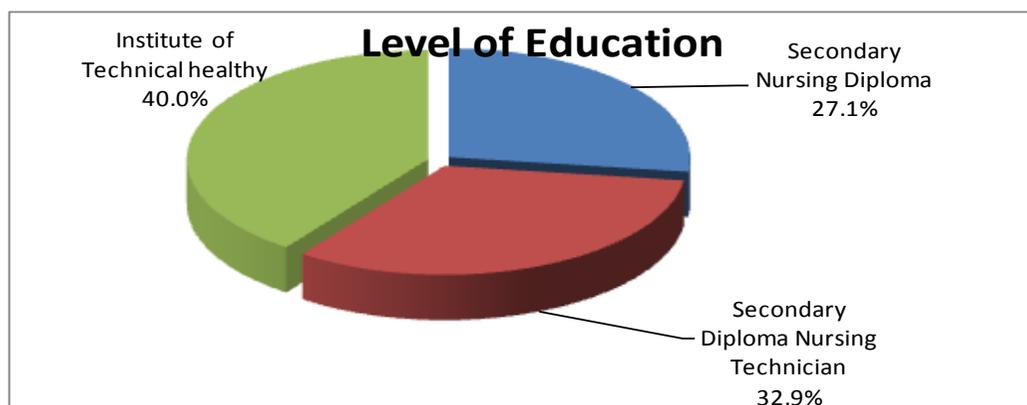


Fig (2): The figure shows that the highest percentage of studied nurse's educational level represents 72.9% that more than one third (40%) were secondary diploma nursing, more than one third (32.9%) were secondary diploma nursing technician and more than one quarter (27.1%) were secondary nursing diploma.

Fig (3): Percentage distribution of nurses according to total knowledge toward psychiatric patient advocacy (N=70).

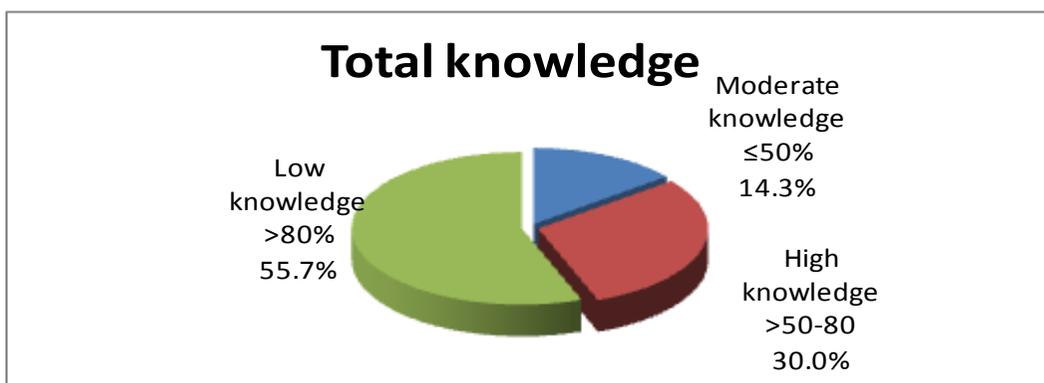


Fig (4): This figure represents assessment of nurses according to total knowledge toward psychiatric patient advocacy included in this study. As regards more than half (55.7%) among nurses were low knowledge and while the least percentage was found less than one quarter (30.0%) were high knowledge.

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Fig (5): Percentage distribution of nurses according to total experience toward psychiatric patient advocacy (N=70).



Fig (6): This figure represents assessment of nurses according to total experience toward psychiatric patient advocacy included in this study. As regards less than two thirds among nurses (57.1%) were low experience followed by one third (30%) was moderate experience and while the least percentage was found less than one quarter (12.9%) for high experience.

Relation between socio- demographic characteristics and nurses toward psychiatric patient's advocacy

Table (1): Relation between nurses knowledge regarding total knowledge about psychiatric patients advocacy and their demographic characteristics (n=70).

Item	Total knowledge						Chi-square test	
	Low knowledge (N=10)		Moderate knowledge (N=21)		High knowledge (N=39)		x ²	p-value
	No	%	No	%	No	%		
Age (years)								
≤25 years	6	15.4%	3	14.3%	5	50.0%	11.643	0.046*
>25-30 years	17	43.6%	12	57.1%	5	50.0%		
<35 years	6	15.4%	4	19.0%	0	0.0%		
>35 years	10	25.6%	2	9.5%	0	0.0%		
Sex								
Male	2	20.0%	3	14.3%	31	79.5%	0.366	0.833
Female	8	80.0%	18	85.7%	8	20.5%		
Marital Status								
Married	6	60.0%	14	66.7%	25	64.1%	0.132	0.936
Single	4	40.0%	7	33.3%	14	35.9%		
Level of Education								
Secondary Nursing Diploma	8	80.0%	6	28.6%	5	12.8%	19.131	<0.001**
Secondary Diploma Nursing Technician	2	20.0%	7	33.3%	14	35.9%		
Institute of Technical healthy	0	0.0%	8	38.1%	20	51.3%		
Years of experience								
1<5 years	9	90.0%	5	23.8%	8	20.5%	18.895	<0.001**
5<10 years	1	10.0%	8	38.1%	17	43.6%		
>10 years	0	0.0%	8	38.1%	14	35.9%		
Training courses								
Yes	8	80.0%	11	52.4%	16	41.0%	7.904	0.042*
No	23	59.0%	10	47.6%	2	20.0%		

Table (1): As shown the table (1) there were highly statistically significant relation between nurses' knowledge toward psychiatric patient's advocacy and their level of education and years of experience mean while, there were statistically significant relation between nurses' knowledge toward psychiatric patient's advocacy and their age and training course with p-value (<0.05).

Table(2):Relation between nurses experience regarding total experience about psychiatric patients advocacy and their demographic characteristics (n=70).

Item	Total Experience						Chi-square test	
	Low experience (N=10)		Moderate experience (N=21)		High experience (N=39)		x2	p-value
	No	%	No	%	No	%		
Age (years)								
≤25 years	5	55.6%	5	23.8%	4	10.0%	14.523	0.024*
>25-30 years	4	44.4%	12	57.1%	18	45.0%		
<35 years	0	0.0%	2	9.5%	8	20.0%		
>35 years	0	0.0%	2	9.5%	10	25.0%		
Sex								
Male	1	11.1%	2	9.5%	30	75.0%	2.561	0.278
Female	8	88.9%	19	90.5%	10	25.0%		
Marital Status								
Married	5	55.6%	14	66.7%	26	65.0%	0.36	0.835
Single	4	44.4%	7	33.3%	14	35.0%		
Level of Education								
Secondary Nursing Diploma	7	77.8%	8	38.1%	4	10.0%	24.713	<0.001**
Secondary Diploma Nursing Technician	2	22.2%	9	42.9%	12	30.0%		
Institute of Technical healthy	0	0.0%	4	19.0%	24	60.0%		
Years of experience								
1<5 years	5	12.5%	9	42.9%	8	88.9%	22.053	<0.001**
5<10 years	18	45.0%	7	33.3%	1	11.1%		
>10 years	17	42.5%	5	23.8%	0	0.0%		
Training courses								
Yes	1	11.1%	12	57.1%	22	55.0%	6.273	0.043*
No	8	88.9%	9	42.9%	18	45.0%		

Table(2):As shown the there were highly statistically significant relation between nurses' experience toward psychiatric patient's advocacy and their level of education and years of experience mean while, there were statistically significant relation between nurses' experience toward psychiatric patient's advocacy and their age and training course with p-value (<0.05).

Table (3): Relation between total knowledge regarding total experience (n=70).

Total experience	Total knowledge						Chi-square test	
	Low knowledge (N=10)		Moderate knowledge (N=21)		High knowledge (N=39)		x2	p-value
	No	%	No	%	No	%		
Weak experience (N=9)	0	0.0%	9	90.0%	0	0.0%	65.574	<0.001**
Moderate experience (N=21)	10	25.6%	1	10.0%	10	47.6%		
High experience (N=40)	29	74.4%	0	0.0%	11	52.4%		

Table (3): As evidenced from table (3) there were high statistically significant relation between total knowledge and total experience among nurses toward psychiatric patients advocacy with p-value <0.001** HS.

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Table(4): Correlation between knowledge and experience toward psychiatric patients advocacy, using Spearman's rank correlation coefficient (rs) (n=70).

		Total knowledge	Total experience
Total knowledge	r		0.854
	p-value		<0.001**
Total experience	r	0.854	
	p-value	<0.001**	

Table(4): Significant positive correlation between nurses' knowledge and experience toward psychiatric patients advocacy (r= 0.854, with p-value <0.001** HS).

Discussion

Socio-demographic data of mental health nurses.

The present study sample included 70 of mental health nurses; the study had been conducted at El -Abassia Governmental Hospital for Psychiatric Mental Health. Mental health nurses who were available at the time of the study, with criteria: age from >18 to < 35 years at least one year of experience diploma and technical health nurse, from both sex's males and females. This study showed that, the majority of nurses were females while males were less than one quarter.

Concerning nurses' marital status the finding of the current study revealed that, slightly more than one third of nurses under study were single, slightly more than two thirds were married.

Concerning level of education the current study revealed that about more than one third were secondary diploma nursing and represents that more than one third were secondary diploma nursing technician and more than one quarter were secondary nursing diploma, from the total study one half of total nurses were had training courses about psychiatric patients' rights.

Concerning Training courses in psychiatric patients' rights findings the current study revealed that about one half of nurses were had training courses about patients' right after graduate, this result may be due to psychiatric patient's rights are not

found in learning curriculum of student diploma nurse, but they have got in training courses connected with the policy of the psychiatric hospitals, this result is agreement with *Teke et al. (2007)* who stated in the study of "Evaluation of knowledge and attitudes of the nurses working in training hospital about patients' rights" he was seen that most knowledge about patient rights had been obtained from trainings after graduation.

Although This result disagreement with *Abbaszadeh et al. (2013)* who stated in the study of " Nurses' attitudes towards nursing Advocacy", level of education was bachelor of nursing that they had been trained about the rights of patients than diploma nurse and they had knowledge much more.

Although this result is disagreement with *Bostan & Ünal (2013)*, who stated in the study of "Hospital patient's rights practices for employees " It was reported that most of health personnel did not receive any education about important topics of patient rights and the ones who had received such education.

Nurses' Knowledge toward psychiatric patient's rights advocacy

Concerning assessment of nurses' knowledge toward psychiatric patient's rights advocacy the current study revealed that about more than three quarter were had low knowledge regarding to legal aspects and more than two thirds of nurses were low

knowledge regarding to patient care this result may be due to that training courses affect positively on nurses knowledge and quality of care. this result is agreement with *Akca et al. (2014)*, who stated in the study of "Knowledge and attitudes of nurses regarding patient rights" revealed that a significant part of the nurses did not receive a qualitative education on patient rights during graduation or after, and that the courses realized by Patient Rights and Education Units did not reach sufficient quality level.

This result is disagreement with *Bostan & Ünal (2013)* who stated in the study of "Hospital patients' rights practices for employees" revealed that the small rate of nurses about less than one quarter who had not received any kind of education. However, the insufficiency of the knowledge concerning this subject is comparable with other researches. In those studies, which were conducted in order to assess the knowledge level and attitudes of nurses concerning patient rights? In recent study that training courses were taken about psychiatric patient's right advocacy.

This result is agreement with *Habib & Al-Siber (2013)* who stated in the study of "Assessment of Awareness and Source of Information of Patients' Rights" revealed that the large percentage of the sample got their information about patient right from nurses and. Less than half of sample got information from other health care provider, while more than one third of the subjects got information from National Patients and their families' Rights and Responsibilities' booklet, while about one third of the subjects got information from family and friends.

Nurses' Knowledge toward psychiatric patient's advocacy.

Concerning assessment of nurses' knowledge toward psychiatric patient's advocacy regarding to patient needs included in this study that less than three quarter were low knowledge about advocacy and less than one quarter of nurses were moderate knowledge and less than one

quarter were high knowledge about psychiatric patient's advocacy.

This result is agreement with *Shahriari (2016)* who stated in the study of "the meaning of patient advocacy for Iranian nurses" that revealed participants believed that patients do not have enough knowledge in many areas, for example, their medical condition and its treatment options, and the services available to assist patients and their families both inside and outside the hospital environment. Thus nurses' role is crucial for decreasing patients' stress and worry. This view facilitates informing actions among them. Nurses' enough knowledge would be essential to improve quality of psychiatric patient care. Egyptian nurses need more knowledge to be able to undertake the advocacy role, this knowledge should have a strong focus on ethics, with an emphasis on psychiatric advocacy.

Nurses' experience toward psychiatric patient's advocacy.

Concerning assessment of nurses' experience toward psychiatric patient's advocacy, the current study revealed that the percentage distribution of total experience among nurses included in this study that less than two thirds among nurses were low experience followed by one third were moderate experience and while the least percentage was found less than one quarter for high experience this result may be due to that knowledge, mediated by professional qualification, can enable nurses to resist in situations they recognize as morally exercise of power in the environments in which they operate and enhancing patient advocacy actions. inadequate, favoring the exercise of power in the environments in which they operate and enhancing patient advocacy actions. This result is agreement with *Negarandeh et al.(2008)* who stated in the study of "The meaning of patient advocacy for Iranian nurses". That revealed the knowledge and skills of nurses are considered determining factors in the practice of health advocacy and can be developed in the

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formation and/or during work experience through continuing education programs providing opportunities for them to be adequately trained to deal with situations that require defending patients' rights.

Concerning with relation between nurses knowledge regarding total knowledge about psychiatric patients advocacy and their demographic characteristics, that there were statistically significant relation between age (years), level of education, years of experience and training courses, with p-value (<0.05).

There were statistically significant relations between socio-demographic data of mental health nurses under study and their knowledge that increase age, level of education and training courses leading to increase knowledge about psychiatric patients' advocacy. These results were supported by *Kibble (2012)* who stated in the study of Patient advocacy in nursing practice that Lack of education or experience can be seen as both the cause of conflict and as a basis for misunderstanding and is related to the nurses are generally unprepared for advocacy unless they are educated and trained to do so, It should be noted that the correlation between the Participants' attitude and perception and their educational level and the background experience of nursing was also positive, and such a correlation regarding the Bachelor's degree and experience of nursing between twenty to thirty years was more positive when compared to others.

The nurses' perception and attitudes amongst those working in psychiatric hospital and psychiatric wards were positively correlated with each other, and this correlation among participating nurses in Patient Right's Workshop was positive too.

In the present study, there was statistically significant relationship between knowledge and experience of nurses toward psychiatric patient advocacy that were poor knowledge equal poor experience, moderate knowledge equal moderate experience and

high knowledge equal high experience of total study These results were supported by *Motamed - Jahromi et al. (2012)* who stated in the study of Iranian Nurses' Attitudes and Perception towards Patient Advocacy that If nurses' knowledge toward nursing advocacy is not acceptable enough, it will be perceived wrongly or negatively, and this can lead to a negative or neutral attitude towards nursing advocacy. If the knowledge about nursing advocacy is sufficient and understandable, correct or right perception would be gained, and this would lead to a positive attitude towards nursing advocacy.

This result is disagreement with *Mahlin (2010)* who stated in the study of Individual patient advocacy, collective responsibility and activism within professional nursing associations Thus, in order to act as effective advocates in health, nurses need to request support from their employers and employment institutions since, individually, nurses are able to recognize and advocate for the local problems of their patients, but it is virtually impossible to confront and promote changes in systemic problems affecting their patients, which could cause them unnecessary suffering. The expression of patient advocacy as a collective element, institutional and inseparable from the professional nursing practice, can create opportunities to overcome the barriers that hindered nursing to promote changes in the health context, culminating in the effective defense of the patients' interests.

Finally, it is necessary to improve nurses' knowledge of patient advocacy and provide them with the required training. We hope that patient advocacy becomes a part of professional nursing responsibilities in near future. Moreover, it is expected that nurses' rights, as well as patient rights, be respected and supported in work environments; this can lead to the improvement and fulfillment of patient advocacy. It is suggested that similar studies be conducted in other environments in order to reach a more

descriptive and comprehensive definition of patient advocacy.

Conclusion

This study has contributed to the knowledge based on assessment for nurses' knowledge and experience toward psychiatric patient's advocacy. Nurses have been advocated for patients since many years ago, and having nursing advocacy as a professional role, advocacy educational programs, and supports from their employers for doing this role. There is a low nurses' knowledge and experience toward psychiatric patient's advocacy.

Recommendation

Based on the present study finding, the following recommendations can be drawn:

- Develop an in-service training program for mental health nurses on knowledge about the nurse's advocacy of the psychiatric patient.

-Nurses need more support from supervisors and may need to add education in this area to the curriculum of trainees in psychiatric nursing.

- Raising the awareness of nursing staff about the importance of psychiatric patient's advocacy and rights granted to the nurse.

- Support nursing from the medical team and provide opportunities and resources that facilitate the process of psychiatric patient's advocacy.

- The role of the nurse as advocate of psychiatric patient's rights should be highlighted in the curriculum.

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