

Nursing Staff Knowledge and Compliance regarding Psychiatric Patients' Rights and Its Relationship with Family Caregivers' Awareness

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Abstract

Background: Patient rights have become an essential part of novel healthcare practice. High quality as well as safe healthcare services have frequently been assessed and examined for the conditions of patient rights adherence by the healthcare team. However, mentally ill personnel are revealed to a broad range violation of human rights. **Aim:** This research aimed to assess nursing staff knowledge and compliance regarding psychiatric patients' rights and its relationship with family caregivers' awareness. **Design:** A descriptive correlative design was carried out to achieve the aim. **Setting:** the study conducted at Psychiatric Health and Addiction Hospital in Minia Governorate, Egypt. **Subjects:** A convenience sample of all staff nurses (n=66) and a representative sample from family caregivers (n=100). **Data Collection Tools;** An Observation Checklist and Nurses Knowledge as well as Family Caregivers Awareness Questionnaires. **Results:** Most of the study participants have satisfactory knowledge level while many of them practice poor compliance, and more than half of family caregivers had moderate level of awareness regarding psychiatric patient rights. Additionally, strong positive correlation exists among nurse's knowledge, and compliance regarding psychiatric patients' rights as well as family caregivers' awareness. **Conclusion:** Health care providers' knowledge and practices are reflected on the awareness of family caregivers about patient rights and care activities. **Recommendations:** Ongoing assessment compliance of nurses toward patients' rights also training programs and workshops need to be carried out for both nurses and family caregivers.

Key Words: Nursing Staff - Psychiatric Patient Rights - Knowledge – Compliance - Family Caregivers -Awareness.

Introduction

Recently, Patient rights have become an essential part of novel healthcare practice. In addition, the quality of healthcare services has frequently been assessed and examined for the conditions of patient rights adherence by the healthcare team as well as healthcare service recipients. So, nurses' knowledge about patient rights as well as nurses' compliance with patient rights considered being a critical factor in enhancing as well as regulating the relation between the health team as well as recipients of services; naturally, it is crucial for managing the healthcare system. (Sookhak et al., 2019).

Additionally, Individuals with mental illnesses are subjected to numerous breaches of their human rights. Due to a lack of awareness, information, and confidence in their ability to assert their rights, personnel with mental illnesses as well as their families didn't exercise those rights. In order to maintain the rights of psychiatric ill person, mental health professionals' expertise, demeanor, and dedication are crucial (Hassen et al., 2020).

Psychiatric nurses play a critical role in both the treatment of patients with mental illness and the continuous endeavor to enhance the overall health of the population. This frequently involves the advocate role of the

nurse. Obtain a medical expert who acts and advocates on behalf of a patient or with the goal of advancing the nursing field. A psychiatric nurse must possess the necessary skills and knowledge to provide patients with professional care. Teaching nurses about patients' rights and advocacy is crucial because it affects their awareness as caregivers (Yousef & Abed, 2021).

The expectations that patients have of healthcare facilities are referred to as their rights. How a patient fits into the healthcare provider's mental value system greatly influences their ability to uphold ethics. The patient has the right to private treatment, to correct information regarding the diagnosis, course of treatment, and prognosis from doctors and other healthcare providers, and to decide whether to continue or stop receiving treatment (Wilson & Probe, 2020).

Patients have the following twelve rights, as stated in the Bill of Rights: (first) Right to prompt access to accurate as well as detailed medical reports as well as available services; (second) Right to complete cost disclosure as well as transparent billing, involving recommended plans of treatment; (third) Right to privacy as well as and confidentiality of clinical records; (fourth) Right to privacy as well as confidentiality of medical reports; and (fifth) Right to clean, quiet, safe, as well as secure healthcare circumstance (Al-Saadi et al., 2019).

Also the same author added that (six) The right to be managed with dignity as well as respect, irrespective of sex, race, ethnicity, religion, allegations of criminal activity, inability, or financial situation; (seven) Right to emergency care that is prompt, sufficient, and urgent; (eight) The right to reasonable visitation in compliance with laws in effect; (nine) The right to refuse medical treatment, subject to laws in effect and after being fully informed of the consequences of decision; (ten) Right to refuse or give consent to share in medical research, clinical trials, experimental procedures or; (eleven) Right to high-quality care in compliance with accepted criteria; (twelve)

Right to file complaints and voice unhappy with services taken

Also, since patients are among the most vulnerable personnel in community, nurses' complying to patients' rights is essential to upholding human rights. Respect for patient rights is regarded as a critical component of health care quality improvement initiatives and serves as a foundational element for establishing clinical service standards. It's critical for nurses to understand the rights of their patients because doing so can improve patient care, save costs, shorten hospital stays, and preserve patients' dignity by allowing them to collaborate with physicians on decisions. Therefore, it is crucial to determine whether patients are aware of their rights (Sookhak et al., 2019).

Commonly known rights typically stem from essential collection of moral values, such as patient autonomy, nonmaleficence, (distributive) justice, beneficence, patient-provider fiduciary (trusting) relationship, as well as inviolability of human life, which are crucial to the integrity of the nursing profession as they help to ensure better patient care. It is popular for beliefs to be in stark contrast to one another. Unpresented of a legal need, the healthcare provider still has a duty to put these principles primely to provide the patient with a satisfactory outcome (Olejarczyk & Young, 2021).

In the Middle East, families are the primary caregivers for those suffering from mental illnesses. However, they frequently lack the abilities and information required to support their mentally ill family. Also in their Middle Eastern cultures, they held the belief that mental illnesses have spiritual roots. Beliefs and practices surrounding mental illness are complex and wide-ranging in Arab nations. People with mental illnesses are typically treated by consulting traditional or faith healers. This design of health-demand behavior may have been influenced by cultural values about the role that mental illness symptoms are caused by witchcraft, demonic possession, and the evil eye (Gabra et al., 2020).

The authors went on to say that because of the strong familial ties prevalent in the Middle East as well as Arab culture, a patient's entry to a psychiatric hospital results in a stigmatizing label for the ill person as well as for every member of the patient's family. Since traditional healers and medical professionals do not often interact in Middle Eastern countries, caregivers need to be aware of their patients' rights.

Research's Significance

Egypt is one of the countries that is in favor of expanding each person's fundamental freedoms and human rights. Egyptian health-related organizations, such as hospitals and medical and nursing faculties, are adopting the quality assurance and accreditation system since the application of patients' rights is one of the eight classes that the last accreditation is dependent on (Fouad et al., 2020). Despite the advancements in Egypt concerning patient rights and ethical issues in healthcare, a number of problems persist, including the unethical behavior of some healthcare professionals and a decline in patient awareness (Yousef & Abed, 2021).

Prior study done by Sheikhtaheri et al. (2016) reported that, in average Iranian nurses' awareness of patients' rights was appropriate. Another study carried out by Fouad et al. (2020) in Egypt, showed that, above 50% of the staff nurses exhibited a high degree of compliance with patients' rights, and nearly half of the staff nurses on the second and third observations had low levels of compliance toward patients' rights.

Noteworthy is that most prior studies on this regard considered the human rights of patient clusters other than the mentally ill individuals and, in Upper Egypt, no previous research explored nursing staff knowledge as well as compliance regarding psychiatric patients' rights and their relationship with family caregivers' awareness regarding the human rights of those groups of patients.

Research's Aim

The aim of actual research was to assess nursing staff knowledge and compliance

regarding psychiatric patients' rights and its relationship with family caregivers' awareness.

Research's Questions

- Q1- What are the levels of knowledge and compliance regarding psychiatric patients' rights among the studied nurses?
- Q2- What is the level of awareness about psychiatric patients' rights among the family caregivers?
- Q3- Is there a relationship that exists among the levels of nurses' knowledge and compliance regarding psychiatric patients' rights as well as the family caregivers' level of awareness about those rights?

Operational Definitions

▪ Nurses Knowledge regarding Psychiatric Patients' Rights:

Merriam-Webster Dictionary defines knowledge as: the range of one's information or understanding of a science, art, or technique. Or it is facts or ideas acquired by study, investigation, observation, or experience. From this regard, in this research, nurses' knowledge is operationally described as the degree to which subject nurses are being knowledgeable about psychiatric patients' rights either with a satisfactory or unsatisfactory level as evidenced by the sum of their response scores on the knowledge questionnaire.

▪ Nursing Staff Compliance regarding Psychiatric Patients' Rights:

Compliance defined by **Cambridge Dictionary** as the act of obeying a law or rule, especially one that controls a particular industry or type of work. **As such**, in this research, nurses' compliance is operationally stated as the extent to which subject nurses are being adherent to psychiatric patients' rights either in a good or poor level as evidenced by the average mean scores monitored by the researchers using the observation checklist at the three observations.

▪ Family Caregivers Awareness about Psychiatric Patients' Rights

Awareness is the sum of what is known or the condition of being aware of something. So, in this research, Family Caregivers Awareness is operationally explained as, the degree to which members of psychiatric patient's family are being aware about their patient's rights either described as low, moderate, or high level evidenced by the sum of their response scores on the family caregiver's awareness questionnaire.

Subjects and Methods

Design: A descriptive correlative design was utilized to achieve the aim of the current research.

Setting: This study was conducted at Minia psychiatric health and addiction treatment hospital located in New Minia City, Minia Governorate, Egypt. The hospital affiliated to Egyptian Ministry of Health (general secretariat for mental health and addiction treatment). The capacity of its psychiatric in-patient departments is 53 beds.

Sample: A convenience sample considering the total enumeration technique to include all staff nurses working at the hospital, who were on duty during data collection time their total number was 66 nurses. The study sample also involved a representative sample composed of (30%) from the total number of family caregivers (n=300) who were estimated to be attend with their patients to the Outpatients at the Psychiatric Health and Addiction Hospital on annual basis as evidenced by hospital statistical records, as such, 100 family caregivers were included in the current research based on simple random sampling technique.

Tools for Data Collection:

Data was collected using **Three Tools** constructed by the researchers after comprehensive reviewing of the literature covering the study topic (Abbasi et al., 2010; Parsapour, 2012); Shrestha, & Jose 2014; Britoa, & Ventura, 2019). Research tools

described as follows:

Tool 1: Nurses Knowledge regarding Psychiatric Patients' Rights Questionnaire:

This tool designed by the researchers in two parts including part 1: **Nurses personal data sheet:** that was utilized to gather data about nurses encompass as (age, educational qualification, gender, department, years of experience and prior training about psychiatric patients' rights).

Part 2: includes 3 Yes \ No questions to identify whether the subject nurses possess previous knowledge regarding psychiatric patients' rights or not and the source of that knowledge as well as how important they view the possession of such knowledge. After that this part outlined 31 items grouped into six dimensions:(Forced Treatment 4 items; Physical Restrictions 5 items; Confidentiality 6 items; Forced Hospitalization 6 items; Information on Illness or Treatment 6 items; Nontreatment 4 items).

- Each of those 31 items was answered by the nursing staff under two responses as yes=1or no=0 and total scores were summed up to represent total level of knowledge regarding psychiatric patients' rights among subject nurses.

- Total score ranges from (0-31) which furtherly described as a **satisfactory** level for total score equals 60% and more (total score ≥ 19), while total scores less than 60% (total score < 19) considered as **unsatisfactory** level of knowledge.

Tool 2: Observation Checklist for Nursing Staff Compliance regarding Psychiatric Patients' Rights:

This tool included the 31 items representing the psychiatric patients' rights after being modified in its wording by the researchers to be ranked on three response choices as: (1) for "done" and (0) for "not done" to monitor nursing staff compliance with the psychiatric patients' rights as observed by the researchers at three times of observations in the different work shifts.

- Total score for the observation checklist was calculated for each observation time. Total scores of all three observations were added and divided by 3 to obtain average mean score for the level of compliance regarding psychiatric patients' rights.

- This average mean score further classified as "**good**" level of compliance for scores corresponding to 60% and above. While scores corresponding to less than 60% described as "**Poor**" compliance level.

Tool 3: Family Caregivers Awareness about Psychiatric Patients' Rights Questionnaire:

This tool includes two parts.

Part 1: Family caregivers demographic data sheet developed by the researchers to gather data about family caregivers encompassed (age, gender, educational qualification, residence, and social status).

Part 2: included 3 Yes \ No questions to verify whether family caregivers poses previous knowledge about psychiatric patients' rights and their source as well as how they perceive the importance of that knowledge.

- This part also stated the 31 items modified in its wording by the researchers to be answered by family caregivers on 3- response points as 2= "yes", 1= "I do not know" and 0= "no".

- Total scores of those 31 items were summed up to represent family caregivers' awareness about psychiatric patients' rights. Total score ranged from (0-93) and classified as "**Low**" level of awareness for scores (0-31), "**Moderate**" level for scores from (32-62), and "**High**" awareness level for scores from (63-93).

Tools Validity and Reliability

Tools was assessed for face validity by five experts in psychiatric and mental health as well as in nursing administration and community health fields. Reliability test was estimated using the Cronbach's Alpha

Coefficient and it was (0.916 for nurses' knowledge questionnaire; 0.963 for the observation checklist, & 0.861 for family caregiver awareness questionnaire)

Pilot Study:

In order to test the following: clarity, feasibility, completeness, objectivity, adequacy of the study tools, applicability, identify potential issues with the methodological approach or tools, and estimate the time required to complete the tools a pilot study involving 10% of the total sample was carried out at the start of the research on seven nurses and ten family caregivers. Since the study tools haven't undergone any significant changes, the participants from the pilot study were added to the study sample.

Ethical considerations:

- An official letter was taken from Minia University Faculty of Nursing Research Ethics Committee.

- Prior to the conduct of the pilot study as well as the actual research, nurses and family caregivers who were participating in the study were asked for their oral consent after being informed about the nature as well as purpose of the study.

- The study participant was given the assurance that they could withdraw from the research at any time and without giving a cause, or they could choose not to participate. Privacy of study participants was taken into account when gathering data.

- Along with the assurance that all of their data would be kept completely private, participants also agreed to maintain their anonymity by giving each nurse and family caregiver a number rather than their name.

Measures for data collection:

The procedural measures followed for actual field work was carried out within two phases:

Preparatory phase:

- The researchers comprehensively reviewing the literature covering the study topics.

The research tools were adopted as well as translated into Arabic. Then subjected to experts' revision and approval for use.

-After outlining the nature of the work, the hospital director granted permission for carry out the research.

Implementation phase:

- Actual Field work lasted for 3 months; began from the beginning of May to the end of July 2021 for collecting data.

- The researchers scheduled the visits to the hospital depend on the staff nurse's on-duty schedules and Outpatients working days.

- Oral acceptance of participation from all nurses as well as family caregivers was taken.

- The pilot study was applied on 10% of participants (7nurses & 10 family caregiver) to ensure the clarity as well as applicability of tool's items.

- An interview was arranged by the researchers with research subjects to get their demographic data.

-The researchers interviewed the subject nurses at their workplace in the In-patients departments as well as in Out-patient Clinics to get relevant data and ask them to fill out the knowledge of psychiatric patients' rights questionnaire post explaining the nature as well as objective of the study.

- Average time for interviewing subject nurses and family caregivers was estimated to be 15-30 mints. for filling each one of Nurses Knowledge as well as Family Caregivers Awareness Questionnaires.

- Family caregivers were interviewed by the researchers in the waiting areas attached to the Outpatient Clinics at the hospital.

- The researchers approached the family caregivers during their attendance with patients to the hospital and ask them to fill out the awareness about psychiatric patients' rights questionnaire post explaining the nature as well as objective of the study.

- Then, the observation checklist forms were coded and used by the researchers on an anonymous base to complete the data collection.

- The observation was carried out with a covert manner to ensure reliable results about nurses' compliance level.

- The researchers applied the observation checklist to monitor nursing staff compliance of psychiatric patients' rights through three observation intervals during morning, evening, and night shifts for each of the studied nurse.

- The average time for filling each observation checklist was varied according to work conditions of each work shift, time constraints and legislative rules of this specific workplace.

Research work Limitations:

- In the current research, the researchers encountered some complexities as duration of each observation time was varied due to variations in work conditions of each work shift, time constraints and far location of the study setting. However, the researchers tried as much as possible for accurate monitoring of nurses' consciousness to patients' rights.

- Another challenge claimed by the researchers is the scarcity of prior research studies considering the human rights of this specified group of patients which limited this study references as well as hindered verifying over all study results with previous similar and contradicting studies. As such, the researchers referred to nearly all relevant studies in bioethics and laws field.

Results

Table (1): presents that (48.5%) of nurses are aged less than 30 years with mean 27.4242+3.034 yrs., also (92.4%) of them are females, in addition (43.9%) of them are baccalaureate degree in nursing. Regarding to the departments (77.3%) of nurses are working in the in-patient department, also (56.1%) of them have more than 10 years of experience with mean 15.042+5.033yrs.

Table (2): explains that (56.1%) of family caregivers are aged from 30 to 40 years with mean 35.4700+5.733yrs., also (68.0%) of them are males, in addition (59.0%) of them are living in rural area. Regarding to their level of education (38.0%) of them have medium level qualification, also (64.0%) of them are married.

Table (3): clarifies that, as regarding to the nurse's previous knowledge about psychiatric patients' rights (100%) of nurses has previous knowledge about psychiatric patients' rights from

book sources, and (62.1%) of them stated of knowledge are very important. As regarding family caregiver's knowledge (74%) of family caregiver has previous knowledge about psychiatric patients' rights, (67.5%) of them sources of knowledge from social media and TV, and (44%) of them stated of knowledge are very important.

Figure (1): illustrates that (74.2%) of nurses aren't previously attending training courses about psychiatric patients' rights, while (25.8%) of them had attend training courses. While **Figure (2):** mentions that (60.6%) of nurses have satisfactory total knowledge, while (39.4%) of them have unsatisfactory total knowledge about psychiatric patients' rights.

Figure (3): displays that (54.5%, 56.1% & 60.6%) of nurses have poor total level of compliance regarding psychiatric patient rights, while (45.5%, 39.4% & 43.9%) of them have good total compliance level in the 1st, 2nd, and 3rd observations respectively. And **Figure (4):** shows that (59%) of family caregivers have moderate

awareness, while (20%) of them have high awareness about psychiatric patients' rights.

Table (4): clarifies that, the highest average mean in the three observations for the total compliance regarding psychiatric patients' rights dimensions are information on illness or treatment follow by confidentiality then forced hospitalization as (3.3283+1.784, 3.1818+1.855 & 3.0909+1.834 respectively), also the average of the total mean in the three observation of total compliance regarding psychiatric patients' rights is 17.4899+7.794.

Table (5): mentions that there are statistical significance differences between nurse's total knowledge and average mean of nurse's compliance in the three observations in all dimensions as well as the total regarding psychiatric patients' rights (P value <.05). At last **Table (6):** shows that there is high statistically strong positive correlation among nurse's total knowledge, and nurse's total compliance regarding psychiatric patients' rights as well as family caregivers' awareness about psychiatric patients' right (P value .001**).

Table (1): Percentage distribution of nurse's personal data (no.=66).

Items	No.	%
Age		
<30	32	48.5
30-45	27	40.9
>40	7	10.6
Mean +SD	27.4242+3.034 yrs.	
Gender		
Female	61	92.4
Male	5	7.6
Level of education		
Nursing Diploma	23	34.8
Technical Institute in nursing	12	18.2
Baccalaureate Degree in nursing	29	43.9
Master & \ Doctorate Degree in nursing	2	3.0
Department:		
In- patent department	51	77.3
Outpatient Clinics	15	22.7
Years of experiences		
< 5 yrs.	10	15.2
6-10 yrs.	19	28.7
>10 yrs.	37	56.1
Mean +SD	15.042+5.033yrs.	

Table (2): Percentage distribution of family caregiver's demographics (no.=100).

Items	No.	%
Age		
<30	0	0.0
30-40	37	56.1
>40	29	43.9
Mean +SD	35.4700+5.733yrs.	
Gender		
Male	68	68.0
Female	32	32.0
Residence		
Rural	59.0	59.0
Urban	41.0	41.0
Level of education		
Illiterate	14	14.0
Reads and write only	22	22.0
Medium level qualification	38	38.0
High degree qualification	26	26.0
Marital status		
Single	0	0
Married	64	64.0
Divorced \ Widow	36	36.0

Table (3): Percentage distribution of nurses as well as family caregiver previous knowledge about psychiatric patients' rights.

Items	Nurses (no.= 66)		Family caregiver (no.= 100)	
	no.	%	no.	%
Previous knowledge about psychiatric patients' rights				
Yes	66	100.0	74	74.0
No	0	0.0	26	26.0
Sources of knowledge #				
Social media &TV	22	33.3	50	67.5
Health team members	10	15.2	23	31.1
Books	66	100	11	14.8
Importance of knowledge about psychiatric patients' rights				
Very important	41	62.1	44	44.0
Moderately important	25	37.9	34	34.0
I do not know	0	0.0	22	22.0

More than one response

Figure (1): Percentage distribution of nurse’s attending training courses about psychiatric patients’ rights (no.=66).

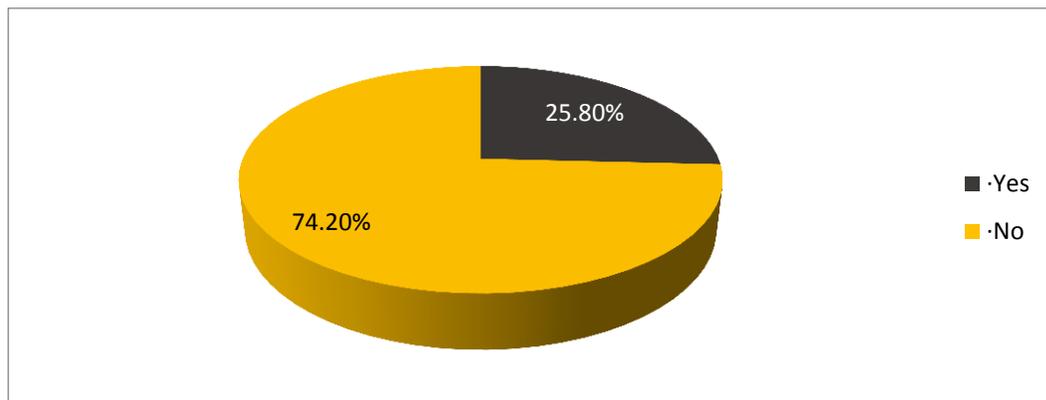


Figure (2): Percentage distribution of nurses’ total knowledge about psychiatric patients’ rights (no.=66).

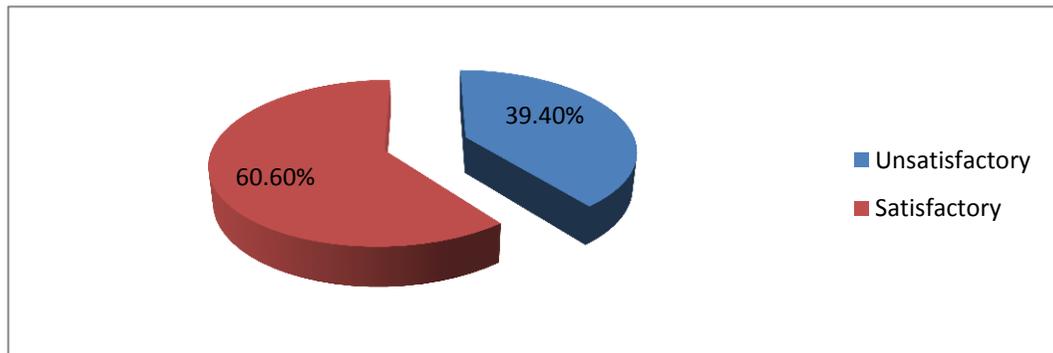


Figure (3): Percentage distribution of the nurse’s total compliance regarding psychiatric patients’ rights in the different three observations (no.=66).

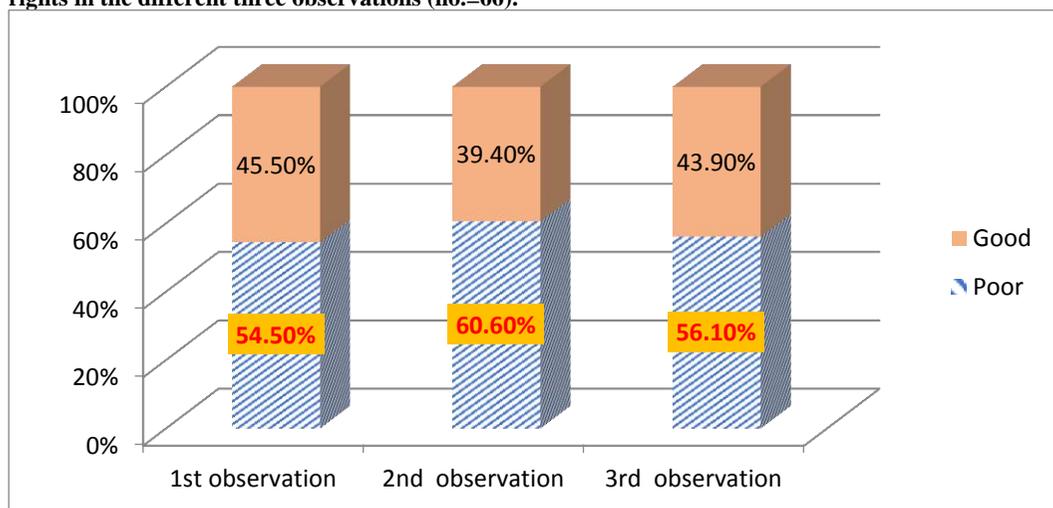


Figure (4): Percentage distribution of the family caregiver's total level of awareness about psychiatric patients' rights (no.=100).

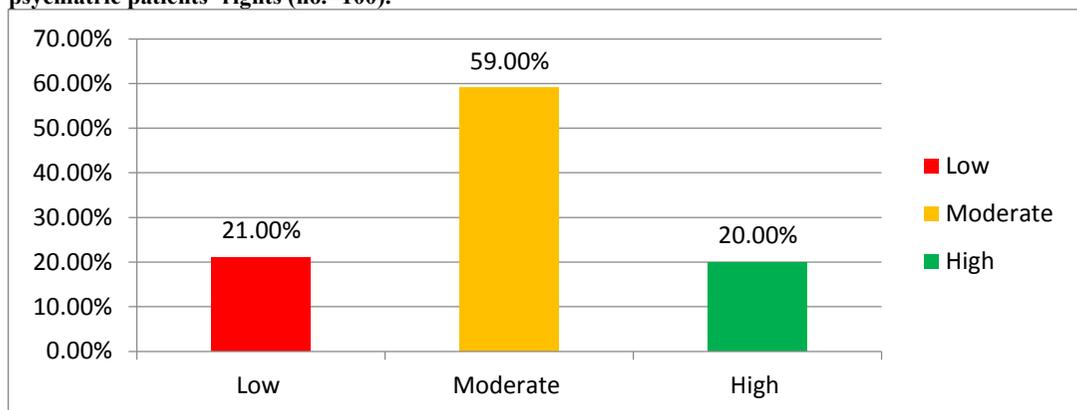


Table (4): Average mean scores of nurses' total compliance regarding psychiatric patients' rights at the three observations (no.=66).

Dimensions of psychiatric rights	1 st Observation	2 nd Observation	3 rd Observation	Average Mean of Three Observations
	Mean + SD	Mean + SD	Mean + SD	Mean + SD
Forced Treatment	2.8182+.975	2.7424+.965	2.8030+.964	2.7879+.954
Physical Restrictions	2.6364+.954	2.5152+.980	2.6212+.940	2.5909+.924
Confidentiality	3.2576+1.891	3.0758+1.907	3.2121+1.885	3.1818+1.855
Forced Hospitalization	3.1061+1.849	3.0152+1.876	3.1515+1.8583	3.0909+1.834
Information on Illness or Treatment	3.4394+1.873	3.2121+1.852	3.3333+1.8002	3.3283+1.784
Non-Treatment	2.5455+1.025	2.4697+.995	2.5152+1.0113	2.5101+.996
Total level of Compliance	17.8030+7.959	17.0303+8.032	17.6364+7.910	17.4899+7.794

Table (5): Comparison between mean score of nurse's total knowledge and the average mean of their compliance regarding psychiatric patients' rights at the three observations (no.=66).

Dimensions of psychiatric patients' rights	Nurse's total knowledge	Average mean of compliance at the 3 observations	T test (P-value)
	Mean + SD	Mean + SD	
Forced Treatment	2.8485+.980	2.7879+.954	2.181(.033*)
Physical Restrictions	2.7273+1.015	2.5909+.924	2.825(.006*)
Confidentiality	3.7879+1.965	3.1818+1.855	3.789(.001**)
Forced Hospitalization	3.2424+1.873	3.0909+1.834	1.882(.046*)
Information on Illness or Treatment	4.0303+1.945	3.3283+1.784	3.920(.001**)
Non-treatment	2.7727+1.064	2.5101+.996	3.604(.001**)
Total	19.4697+8.130	17.4899+7.794	3.828(.001**)

Table (6): Correlation between nurse's total knowledge as well as compliance regarding psychiatric patients' rights and family caregivers' awareness about psychiatric patients' rights.

Variable	Nurse's total knowledge about psychiatric patients' rights	Nurse's total compliance regarding psychiatric patients' rights	Family caregivers' awareness about psychiatric patients' rights
	r P- value	R P- value	r P- value
Nurse's total knowledge about psychiatric patients' rights		.862** .001	.538* .001
Nurse's total compliance regarding psychiatric patients' rights	.862** .001		.682* .001
Family caregivers' awareness about psychiatric patients' rights	.538* .001	.682* .001	

*. Correlation is significant at the less than 0.05, while **. Correlation is highly significant on 0.01

Discussion

Since patients are among the most marginalized groups in society, they are having essential human rights. Patients' dignity can be enhanced by being aware of their rights, which also allows them to collaborate with doctors on decisions. This can lower expenses, shorten hospital stays, and improve the quality of healthcare services (Newham et al., 2021). A deeper comprehension of patient rights and an awareness of what exactly qualifies as a patient's right are necessary (Kwame & Petrucka, 2021). So, the researchers carried out this study to assess nursing staff knowledge and compliance regarding psychiatric patients' rights and its relationship with family caregivers' awareness.

Concerning nurses as well as family caregivers' previous knowledge about psychiatric patients' rights, the actual research clarified that all nurse's had previous knowledge about psychiatric patients' rights from book sources, and less two thirds of them stated that knowledge about psychiatric patients' rights is very important, from the research's interpretation the nurses during the learning experience take the curriculum about the patient rights as well as profession ethics. As regarding family caregiver's knowledge about psychiatric patients' rights approximately three quarters of family caregivers had previous

knowledge about psychiatric patients' rights, the high percent of them had their knowledge from social media and TV, they also stated that this knowledge is very important, from the research's interpretation the internet present in most houses as well as the most of personnel take the most and important information from the social media as well as the TV.

These findings supported with Siddiqui et al. (2021) they stressed on the one way to address this difficult situation is to use information and communication technologies (ICT), which enable informal caregivers to get the education and training necessary to provide care while also taking care of themselves. Research shows that over the past ten years, the delivery of technology-based interventions has raised, with an emphasis shifting toward internet- and mobile-based interventions as technology becomes more widely available and more reasonably priced. On the opposite side this finding against Lee and Dahinten, (2020) they enumerated that although it has long been recognized that prelicensure education is important for preparing nurses with the essential patient safety competencies and the protection of the patient rights, patient safety as well as patient rights as well as ethics education tends to be not enough present in nursing curricula.

As regards the training about the patients' rights, the present research revealed that there were slightly lower seventy-five of

the studied nurses had not attended previous training about the patient rights. According to the researcher, this discovery could be because most nurses were females with family commitments which can hinder them to attend training program or workshops; also, they may have lack of time, heavy workload in their units, no availability of training program offered to them from hospital which may be the reason behind.

This supported by **Maharjan et al. (2019)** that, found that highly percentage of the nurses did not attend any training program related to legal as well as ethical aspects of nursing. While this result was contrasted with **Mohamed et al. (2020)** who, clarified that most of participants attending patient's rights training program.

Regarding total score of nurses' knowledges about psychiatric patient's rights, the actual research explained that slightly higher sixty percent of nurses had satisfactory total knowledge, while near to forty percentage of them had unsatisfactory total knowledge about psychiatric patients' rights, from the researchers' point of view these results might be attributed to the nurse take course about the patient rights as well as the professional ethics during the years of learning.

These agreed with **Hassen et al. (2020)** who mentioned that approximately fifty percent of participated nurses had good level of knowledge about patient right. While this finding opposite with **Sheikhtaheri et al., (2016)** who showed that the mean score of nurses' knowledges of patients' rights was little acceptable.

Regarding total score of nurses' compliance regarding psychiatric patient's rights, it was observed that more than fifty percentage of nurses had poor compliance score to psychiatric patient's rights in the different times of observation. From the researchers' point of view these results might be attributed to the fact that the nurses' worked in the psychiatric area faced more challenges as well as more difficulties when deal with the patients due to the mentally illness so these issues lead

to the decreased level of compliance toward psychiatric patient's rights among nurses.

This result is consistent with **Sheikhtaheri et al. (2016)**, who demonstrated that the nurses who participated in the study had dubious knowledge of nurses' adherence to patients' rights. This finding contrasts with that of **Al-Saadi et al. (2019)**, who discovered that less than half of the participants in the study adhered to care and treatment protocols. The study also found that respect and appreciation—particularly the patients' right to receive dignified treatment—were the most significant domains.

This result is in contrast to that of **Fouad et al. (2020)**, who discovered that none of the staff nurses were low in compliance with patients' rights during the three observations, and that over fifty of them had high levels of compliance. Additionally, less than fifty of the sample had moderate levels of compliance. Additionally, this result against with **Yousef and Abed, (2021)** who showed that most of nurses always complied with patient's rights. In addition, this result wasn't supported with **Serdar et al. (2021)** who observed that lower half of nurses have a moderate level of compliance toward patients' rights, a high percentage of nurses have a high level of compliance. Additionally, not a single nurse violates a patient's right.

Regarding to dimensions of nurses' knowledge as well as compliance regarding psychiatric patients' rights, it was observed that the nurses had high compliance score for information on illness or treatment follow by confidentiality. This result may be due to nurses' knowledge and practices about the meaning of sharing patient their information and sharing them in their plan of care, in addition the nurses maintain patient privacy and confidentiality, they work and perform their nursing care with first aim to protect their patients and maintain their privacy, as they deal with patient as a human being.

This finding agreed with **Halawany et al. (2016)** who emphasized the principle of patient autonomy requiring that patients have

good information to be given the opportunities to choose among offering medical treatment. Also, this result is in the same line with **Yousef and Abed (2021)** who revealed that most nurses have high levels of awareness regarding obtaining information and participation concerning diagnosis and treatment, especially a high degree of awareness of the item to be protected from misinformation concerning treatment and plan of care. Also, this result come in accordance with **Mohamed et al. (2020)** which found that more than fifty of the participated nurses perceived patients right to have protection and privacy.

Regarding total score of family caregivers' knowledges about psychiatric patient's rights, the actual research showed that more than fifty percent of family caregivers had moderate awareness, while fifth of them had high awareness about psychiatric patients' rights, from the investigator's point of view these outcomes might be attributed to the high percent of family caregivers had medium level of the education qualification.

This conclusion is corroborated by **Gabra et al. (2020)**, who showed that caregivers' knowledge and attitudes about mental illness were significantly predicted by their level of education. Caregivers who were not educated (literate but could read as well as write) had poor knowledge as well as a negative attitude toward mental illness. Comparable results were found with **Murtala et al. (2020)**, who explained that subjects who were literate were seven times more probable to show a positive attitude toward those who are mentally ill. This result differs from that of **Gabra et al. (2020)** in that a significant portion of the caregivers had unfavorable attitudes and inadequate knowledge about their mentally ill patients.

Regarding the correlation between nurse's total knowledge as well as compliance regarding psychiatric patients' rights and family caregivers awareness about psychiatric patients' rights, the actual research clarified that there was strongly positive correlation among nurse's total knowledge, as well as nurse's total compliance regarding psychiatric patients'

rights as well as family caregivers' awareness about psychiatric patients' right, from the investigator's point of view these results might be attributed to the nurse's total knowledge reflected on the awareness of family caregivers awareness when explain and discuss as well as communicate with each other about the patient rights and the patient condition during the course of treatment, finally all of these reflect on the patient quality of care as well as the patient outcomes.

This finding supported by **Kwame and Petrucka (2021)** they mentioned that encouraging positive care outcomes and perceptions of the quality of care requires offering healthcare services that respect and cater to the needs of patients and caregivers. Also, in the same context the study performed by **Johnsson et al. (2018)** they demonstrated the necessity for healthcare professionals to meaningfully and completely involve patients and their families in the treatment process.

Also, **Madula et al. (2018)** emphasized on good communication is crucial for both patient care and recovery when it comes to healthcare providers and patients. Furthermore, patients expressed happiness when there was good communication between them and their family caregiver as well as when they were treated with warmth, empathy, and respect.

Conclusion

In light of the actual research findings, it can be summarized that, more than half of the studied nurse had satisfactory level of knowledge about psychiatric patients' rights as well most of them practice poor compliance level regarding psychiatric patient rights. More than fifty percent of family caregivers had moderate level of awareness about psychiatric patient rights. Additionally, there was strong positive correlation among nurse's total knowledge, and nurse's total compliance regarding psychiatric patients' rights as well as family caregivers' awareness about psychiatric patients' rights.

Recommendations:

- Create a set of policies pertaining to the tenets and techniques of implementing the hospital's philosophy, taking into account nurses' adherence to patients' rights.

- Provide supportive working circumstance as well as relationships to foster nurses' compliance with patients' rights by hospital administrators.

- Conduct a training program and workshop about patients' rights for the nurses and included the family caregivers that enhance patient satisfaction and palliative care.

- Offer continuous assessments to monitor nurses' adherence to patients' rights.

- Recent studies were recommended to assess factors that impact nurses' compliance related to patients' rights.

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