The rights of hospitalised psychiatric patients have been a topic of increasing interest and controversy. Despite significant legal, clinical, and ethical advances in this area, little research has been conducted. Because of the controversy surrounding many of these issues, the inherent impact of personal values and treatment trends, and the changing social context, the issues are far from settled. Therefore, it seems important to study attitudes about treatment and also the conditions under which treatment may be justified, even against a patient’s will, from diverse perspectives. Particularly important are the viewpoints of the mental health practitioners who make treatment recommendations according to their evaluation of clinical needs and the viewpoints of the patients whose lives are directly influenced by such decisions.

We specifically chose to assess staff nurses’ attitude towards the most prominent and controversial aspects of patients’ rights that have been identified in the literature, including:

- Patient’s rights to obtain information about their illness and treatment,
- Confidentiality rights,
- The right not to be subjected to treatment by force,
- The right to refuse treatment,
- The right not to be subjected to physical restrictions, and
- The right not to be hospitalised involuntarily.

The purpose of this study was to assess staff nurses’ attitude about the rights of hospitalised psychiatric patients.

Objective

The present study sought to assess attitude of staff nurses regarding rights of hospitalised psychiatric patients and compare the attitude between Diploma staff nurses and Graduate staff nurses regarding rights of hospitalised psychiatric patients.

Methodology

The Research Design used in the study was descriptive survey approach type in the setting of RL Jalappa Hospital and Research Centre, Tamaka, Kolar, in Karnataka. The study sample consisted of 30 staff nurses (15 Diploma staff nurses and 15 Graduate staff nurses). Convenience sampling technique was adopted in conduct of the study. Inclusion criteria was (i) Registered nurses, (ii) age between 20 to 60 years, and (iii) minimum of 6 months experience as a staff nurse. Exclusion criteria: Staff nurses not willing to participate in the study were excluded from the study.

Data collection tools: In addition to socio-demographic proforma, questionnaire was used to evaluate the attitudes of staff about what rights hospitalised psychiatric patients should have.

Description of tool

- Questionnaire was developed by David Rae, Daniel JN, Moshe Jaglom, Jonathan Rabinowitz in 2002.
- Variable assessed- Nature of attitude.
- The instrument included 31 statements rated on a 4-point scale ranging from strongly agree to ‘4’ - strongly disagree.
- Each statement pertained to one of the six clusters: (i) Information on illness or treatment (patient’s right to obtain information on his/ her illness and treatment), (ii) Confidentiality (the right to confiden-
tiality of information provided in the therapy), (iii) Forced treatment (the right not to be subjected to treatment by force), (iv) Non-treatment (the right to refuse treatment), (v) Physical restrictions (the right not to be restricted physically), (vi) Forced hospitalisation (the right not to be hospitalised involuntarily). The internal consistency of the scales was tested with Cronbach’s Alpha (0.46 for information on illness and treatment, 0.55 for confidentiality, 0.77 for forced treatment, 0.57 for non-treatment, 0.70 for physical restriction and 0.77 for forced hospitalisation).

Ethical Implications
Permission was obtained from Medical Superintendent of RL Jalappa Hospital, Tamaka, Kolar for conducting study and informed consent was obtained from staff nurses before data collection.

Results

Demographic variables of staff nurses
All the staff nurses were between 20-25 years age group, female gender and with 6 months to 1 year experience. Among the staff nurses 15 (50%) were having GNM qualification, and the remaining 15 (50%) had BSc (N) qualification.

Table 1 reveals that diploma nurses were having unfavourable attitude when compared to graduate nurses regarding the rights of hospitalised mentally ill patients. There was significant difference between graduate and diploma nurses in attitudes regarding the rights of hospitalized mentally ill patients (Table 2). There were significant differences between graduate and diploma nurses in four of the six clusters of patient’s perceived rights (Table 3, Fig. 1).

1. There were differences between groups in terms of situations that justify the use of physical restrictions.
2. Patient’s right to obtain information about their illness and treatment.
4. Their right to refuse treatment.

In the following areas no differences were observed: (i) Compromise on confidentiality, and (ii) Forced hospitalisation.

Discussion
Patients’ rights are an integral component of human rights. They promote and sustain beneficial relationships between patients and health care providers. The role of patients’ rights, therefore, is to reaffirm fundamental human rights in the health care context by according patients humane treatment.

Fifty-three percent (n=16) of the staff nurses agreed that patients have a right to obtain information about their treatment and illness while 37 percent (n=11) of the staff nurses agreed that mentally ill patients have a right to confidentiality of information provided in the therapy. Forty percent (n=12) of the staff nurses agreed that patients have a right not to be subjected to treatment by force. Only 10 percent (n=3) of the nurses agreed that the patients have a right to refuse treatment. About 47 percent (n=14) of staff nurses strongly agreed that the staff should have a right to confine the patient to a locked chamber. Sixty-three percent (n=19) of the staff nurses agreed that patients have a right not to be hospitalised involuntarily.

The results of this study indicate that there were significant differences between graduate and diploma nurses in attitudes regarding the rights of hospitalised
mentally ill patients.

Other studies reveal that: (i) Healthcare providers have a high level of awareness about patients’ rights (Joolaee et al. 2006; Mosadegh-Rad & Asna-Ashari 2004); (ii) Kunjunmon (2006) found nurses to have only a moderate level of patients’ rights knowledge, and (iii) Buken & Buken (2004) put healthcare providers into the category of people who are totally unaware of this concept in Turkey.

Nursing Implications
This study showed varied degrees of attitudes among staff nurses regarding rights of hospitalised psychiatric patients. In this regard it is needed to develop nursing guidelines in protecting human rights of mentally ill patients.

Limitations
Small size of the sample limited the generalisation of the study. Further, the study is limited to staff nurses who are working in general wards.

Recommendations
Similar study could be conducted by using large sample size. An evaluative study can be conducted by using structured teaching programme. Similar study can be conducted by using psychiatric nurses. Further research can be planned to explore the differences in attitudes between staff nurses and patients.

Conclusion
Diploma nurses were less likely than graduate nurses to express their view that use of force or physical restriction, right to obtain information about their illness and treatment and their right to refuse treatment is justified. There were no significant differences in attitudes towards compromise of confidentiality and involuntary hospitalisation. Nurses need to be aware what patient’s basic rights consist of, otherwise they cannot care for patients ethically or holistically. They should spend more time with patients, listen to them and care for them, inform them about the caring process and so on, to provide holistic care. It is suggested to create an in-service education programme for graduate and diploma nurses so that they develop favourable attitude towards rights of mentally ill patients.

References
3. Kunjunmon PB. Assessment of the knowledge and practice of trained nurses in protecting patients’ rights and factors which interfere in protecting patients’ rights. The Nursing Journal of India 2006; 97:1-4

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