Patient safety is a new healthcare discipline that emphasises the reporting, analysis, and prevention of medical error that often lead to adverse healthcare events. The frequency and magnitude of avoidable adverse patient events was not well known until the 1990s, when many countries reported staggering numbers of patients harmed and killed by medical errors. Recognising that healthcare errors impact 1 in every 10 patients around the world, the World Health Organisation (WHO) calls patient safety an endemic concern.

International concern with patient safety has developed and safety alerts feature in many healthcare systems. Over the last 10 years, in his work on human error and its prevention, Reason (1990, 1997), has consistently argued that errors are the result of the alignment of latent and active failures. Latent failures, which are frequently embedded in managerial systems, do not have an immediate obvious adverse effect but may appear many years later. Active failures, on the other hand, have immediately observable consequences. Adverse events occur when latent and active errors align in a given situation, as in the case where the wrong patient receives a drug (active error) or an understaffed ward (latent error).

The second global patient safety challenge, Safe Surgery Saves Lives was launched in 2007 to improve the safety of surgical care around the world. It has four thematic areas: prevention of surgical site infections, safe anaesthesia, safe surgical teams and the basic surgical surveillance. The utilisation of a 24-point checklist in the pilot study that included eight sites across all six WHO regions including St Stephen’s Hospital, Delhi showed to lower the incidence of surgery-related deaths and complications by one-third (WHO, 2008).

According to American Nurses Association (ANA) 1995, the authority for the practice of Nursing is based on a social contract that acknowledges professional rights and responsibilities as well as mechanisms for public accountability. Cohen & De Back (1999) stated that increasingly consumers are demanding positive results and are holding those in the health care system accountable for better health care outcomes. Patients have certain rights. However, because we are so busy in today’s healthcare climate we may not always be aware of these rights (Vickey, 2004).

Mehmooda (1986) said that the best defense in a nursing malpractice lawsuits is competent nursing. The most practical way for a nurse to prove that she rendered good nursing care to a patient is to document it in the patient’s record. Nurses have a moral obligation to their patients to do everything they logically can to make sure that patients are safe. First, do no harm. Simple practices such as hand washing are known to reduce the incidence of nosocomial infections (Gerberding, 2002), but compliance is alarmingly low for nurses (Larson et al, 2004). Laws, rules, and standards include meeting educational requirements, maintaining competence in prac-

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**Abstract**

Nursing ethics apart, the increased awareness towards the treatment procedures being adopted and the standards of hygiene in the hospital setting necessitates proper knowledge and attitude of the personnel attending the patients. The present study, conducted in government and private hospitals of Delhi covered 200 samples (100 each from government and private), using Structured Knowledge Questionnaire. It was revealed that majority of nursing staff working in private hospitals had greater knowledge about patient safety and rights; they also had better patient-friendly attitude. It is suggested that nurses should practice with relevant guidelines in mind.

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tice, and refraining from engaging in any acts of professional misconduct such as abusing a patient; practicing incompetently, fraudulently or while impaired; failing to document appropriately; revealing personally identifiable information about a patient; and inappropriately delegating professional acts (Ballard, 2002). The vast majority of nursing errors related to medication administration involve some deviation from the “five rights” (right patient, right medication, right dosage, right route, right time) (Kelley, 2002). Nurses report that the majority of errors are caused by job overload, indicating the likelihood that nurse staffing plays a major role in preventing errors (American Nurses Association, 2000). According to Susan et al (2006), mistakes that threaten patient safety are rarely the fault of an individual; rather errors are often related to factors linked to inadequate or faulty system. More than 60 percent of sentinel events are caused by poor communication.

**Objectives**

The study sought to:

1. Assess and compare the knowledge and attitude of nursing personnel working in private and government hospitals regarding patient safety and rights,
2. Determine the relationship between knowledge and attitude of nursing personnel working in private and government hospitals regarding patient safety and rights, and
3. Correlate the knowledge and attitude of nursing personnel working in (a) private and (b) government hospitals regarding patient safety and rights with selected factors like age, professional education, work experience, area of placement and designation.

**Methodology**

Survey approach was used in the study and the research design adopted was comparative correlational survey type.

The setting selected for the study included select private and government hospitals of Delhi. The private hospital selected was St Stephen’s Hospital and government hospitals were Safdarjung and ESI Hospitals. The setting was selected primarily because of the availability of adequate number of staff nurses, feasibility of conducting the study, the investigator’s familiarity with the setting and anticipated cooperation from the subjects.

Nursing personnel working in the capacity of staff nurse or ward sister constituted the study population.

**Sample** 200 samples (100 samples each from private and government hospitals) of Nursing personnel working in the capacity of staff nurse or ward sister in selected private and government hospitals of Delhi. Multi-stage sampling technique was employed in the study.

**Data Collection Tools and Techniques**

The following instruments were developed in order to generate the data:

1. Structured Knowledge Questionnaire to assess the knowledge of nursing personnel regarding patient safety and rights. The following areas were covered: professional practice, consent, procedures, records and equipment and environment safety.
2. Structured Attitude Rating Scale to assess the attitude of nursing personnel regarding patient safety and rights.

Self-introduction and introduction of the nature of the study was done to obtain free and frank response from the subjects. The purpose of the study was explained and confidentiality was assured to the subjects. Final study was conducted according to the research design.

**Results**

1. Majority of the nursing personnel (82%) working in private hospital had good knowledge regarding patient safety and rights and 18 percent subjects had fair knowledge, none had poor knowledge while majority of the nursing personnel (64%) working in government hospital had fair knowledge regarding patient safety and rights, only 34 percent subjects had good knowledge and only 2 percent had poor knowledge.
2. Area-wise mean of knowledge scores of nursing personnel working in both private and government hospitals indicated that nursing personnel had more knowledge in areas of equipment and environment safety, records and professional practice whereas they lacked knowledge in the areas of procedures and consent.
3. The mean (41.95), median (42), mode (41) suggested that nursing personnel working in private hospital had good knowledge regarding patient safety and rights whereas the mean (34.29), median (35), mode (39) suggest that nursing personnel working in government hospital have fair
knowledge regarding patient safety and rights. Thus, it can be concluded that the nursing personnel working in private hospital possess more knowledge than nursing personnel working in government hospitals regarding patient safety and rights.

4. The nursing personnel working in both government and private hospitals have a favourable attitude towards patient safety and rights with the favourable attitude being slightly more in nursing personnel working in private hospital.

5. The nursing personnel working in private hospital possess more knowledge than nursing personnel working in government hospital regarding patient safety and rights as evident from ‘t’ value of 8.86 which is statistically significant at 0.05 level as well as 0.01 level of significance for degree of freedom (198).

6. The nursing personnel working in private hospital possess more favourable attitude than nursing personnel working in government hospital regarding patient safety and rights as evident from ‘t’ value of 15.31 which is statistically significant at 0.05 level as well as 0.01 level of significance for degree of freedom (198).

7. The correlation between the knowledge score and attitude score of nursing personnel working in private hospital regarding patient safety and rights is higher ($r = 0.96$) than the correlation between the knowledge score and attitude score of nursing personnel working in government hospital ($r = 0.92$). Therefore it can be concluded that the nursing personnel working in private hospital have a higher knowledge which correlates with their more favourable attitude as compared to government hospital regarding patient safety and rights.

8. The knowledge of nursing personnel working in private hospital regarding patient safety and rights with selected factors of the nursing personnel was dependent on the age (chi-square = 4.51), professional education (5.23) and area of placement (13.9) and was independent of work experience and designation. However, the attitude of the nursing personnel towards patient safety and rights was independent of the selected factors under study.

9. The knowledge of nursing personnel working in government hospital regarding patient safety and rights with selected factors of the nursing personnel was dependent on the age (chi square = 3.91), professional education (4.12), work experience (9.85) and area of placement (12.09) and was independent of designation. The attitude of the nursing personnel towards patient safety and rights was independent of the selected factors under study except age (3.98) and work experience (4.06).

The area-wise mean of knowledge scores of nursing personnel rank order revealed that equipment and environment safety score got the highest rank while records, professional practice, procedures and consent had lower ranks. This is similar to the findings of the study conducted by Gupta et al (2000) which revealed that majority of bedside nurses perceived “medical care” activities to be their main responsibility, rather than functions related to patient care. Teija (2007) and Gretchen (2003) also reported that little attention was paid in the documentation by nurses.

**Conclusion**

Knowledge of patient safety and rights in Nursing is essential for all nursing personnel to safeguard self and clients form legal problems. Nursing personnel should practice within the guidelines laid down by the law of Centre/State, statutory bodies and institutional policies. Further, it is essential to be aware of the changes in the laws that affect nursing practice and delivery of client’s care.

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