A Cross-Sectional Study to Assess the Knowledge Regarding Rights and Responsibilities of Nurses at a Selected Tertiary Care Hospital

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Abstract

Health care system could not function efficiently, if nurses were not present to perform their part. Nurses do their work responsibly and passionately to serve the mankind and the needy ones. Sense of responsibility makes a person more accountable to their duty, while the knowledge of the rights gives personal security and confidence. It is essential for the nurses to be well aware of their rights and responsibilities to provide comprehensive care to the patients. A cross-sectional survey was carried out at AIIMS, New Delhi, to assess nurses' knowledge regarding rights and responsibilities. Convenient sampling was used to select 210 samples from ICU, ward, OPD, OT and emergency department. Structured knowledge questionnaire was used to collect the data. The study found that nurses had good knowledge regarding nurse's rights (mean score 27±3.7). Similarly the nurses were well aware of their responsibilities with mean knowledge score of 15±1.29. Knowledge regarding the rights of the nurses was significantly associated with age (p=0.034), educational qualification (p=0.018) and years of experience (p=0.003) whereas knowledge regarding the responsibility of the nurses was independent of socio-demographic variables; 65.7 percent of subjects had attended empowerment programmes. To conclude, nurses were well aware about their rights and responsibilities. Formal educational and empowerment programme are proved to be helpful in enhancing their knowledge. Therefore, the employers should plan an ongoing, appropriate empowerment programme for the nurses to keep them updated.

Key words: Knowledge, Rights, Responsibilities, Nurses

Nurses are one of the largest groups of professional, working in the health care system. A nurse is the first level professional in the hospital set-up. She is a skilled, expert, responsible and aware healthcare soldier and plays a very important role in speedy recovery of the patients. A nurse takes care of the patient and executes special technical duties in the various areas of health care facility. She also acts as 'de facto' sister as and when situation so arises. Therefore, it is necessary for her to be aware of responsibilities and the rights of the nurses Kumar et al, 2011).

In India, various professional bodies advocate for the rights of the employees. The Employees State Insurance Corporation (ESIC) Act provides for certain benefits to employees, in case of sickness, maternity and employment injury and to make provision for certain other matters in relation to their job facilities and satisfaction. The nurses in India generally have the impression that the onus of all omissions and commissions rests with the doctor and the hospital administration, and that they are not accountable for anything. Various legal provisions like Consumer Protection Act, India, 1986 (CPA), Right to Information Act, 2005 (RTI) and standardisation of procedures and practices have brought nursing care under the legal ambit and focus (Kumar et al, 2011).

Various body/institution have manuals for their employees. All India Institute of Medical Science, New Delhi, nurses manual says that as: A safe and healthful workplace.

- Any information your employer has about any hazardous exposure you may have to face such as toxic chemicals or noise.
- Any medical records your employer has concerning you.
- To ask your employer to correct dangerous conditions.
- To file a complaint about workplace hazards.

The cognition and acknowledgement regarding rights and responsibilities helps and motivates the nurses, to provide quality care to patients for better outcome of health services. The nurses need to know the laws that govern their profession, and that in the times to come, it will be increasingly difficult to avoid filing lawsuits against them. Sizable number

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of nurses (46.67%) were reported to be aware about their rights and responsibilities.

However, the situation is not similar across India. In a study, carried out among, 443 qualified staff nurses (ANM - 139, GNM - 304) at the Healthcare Management Institute (HMI), KEM Hospital, Pune, to assess the level of legal awareness and knowledge on basic nursing procedures carried out, among the nursing staff, huge deficits were reported in their knowledge, both on legal as well as ethical issues (Hanson, 2005).

The limited, available literature shows that nurses do not have enough knowledge of their rights and responsibilities across India. So the researchers undertook a study to investigate about the level of knowledge of the nurses regarding the rights and responsibility.

Problem statement: "A cross-sectional study to assess the knowledge regarding rights and responsibilities of nurses at a selected tertiary care hospital."

Objectives

- To assess their (a) knowledge of the nurses regarding the rights and (b) responsibilities.
- To find out the association between knowledge score of nurses and a selected socio-demographic variables.

Review of Literature

Kumar et al (2011) conducted a cross sectional randomised study at Health Care Management Institute (HML), KEM Hospital Pune. An open-ended questionnaire was used for this study. The total nursing staff at hospital was 510. Among of these ANMs were 139 and GNMs 304. This study concluded that nursing staff had proper knowledge on patient's right and also their responsibilities. The GNM nurses were found better than ANM nurses. However, 46.67 percent nurses were found to be aware about their rights and responsibilities.

Jo Casebourne, Jo Regan, Flona Neathey and Slobhan Tuohy (2005) conducted a study on the adults of working age (16 to 64 years for men, 16 to 59 years for women) who have worked as employees in Great Britain in the previous 2 years. Random sampling with 1 adult interviewed per household was used. The study found that almost two-third of respondents felt either well informed (51%) or very well informed (15%) about their employment rights.

Sandra Jones (2002) conducted a study, Employees Right and Responsibilities at School of Management, The Royal Melbourne Institute of Technology Melbourne (RMIT) Australia. This study sought to reduce this gap by discussing the importance of the relationship between employee rights and responsibilities and employee willingness to share knowledge. The framework suggests that improving employment condition is a necessary, but not sufficient requirement for knowledge sharing.

Methodology

A cross-sectional survey was carried out to assess the knowledge regarding rights and responsibilities of nurses in AIIMS, New Delhi. The study population comprised of nurses working in ICU, OPD, Wards, operation theatres (OT) and Emergency department of AIIMS, New Delhi. The convenient sampling technique was used to select 210 samples for the study. Nurses under 25 years and above 60 years were not included in the study.

Independent variables were age, gender, educational qualification, experience, and area of working whereas dependent variable was knowledge related to rights and responsibilities.

Tools of the study: The study tool comprised of two sections.

Section 1: Structured demographic questionnaire. It consisted of 8 items related to age, gender, educational qualification, working experience and the area of present posting.

Section 2: Structured knowledge questionnaire. Part-I contained 35 MCQs to assess knowledge regarding rights. Each item was carrying one mark for right answer whereas 0 for the wrong one; maximum score was 35 and minimum was 0. The score was divided into three categories: poor knowledge (1-12), average (13-24), good knowledge (25-35). Part-II had 16 MCQs to assess knowledge regarding responsibilities of nurses. Each item carried 1 mark for right answer and 0 for wrong; maximum score was 16 and minimum 0. The score was divided into three categories: poor knowledge (0-5), average (6-12) good knowledge (13-16).

Development of the tool: To develop the tool, an extensive review of literature, based on the objectives of the study, was done. To establish the content validity, the tool was submitted to five experts. Experts were selected on the basis of experience and interest in the field of the problem. They were requested to judge the items for their clarity, content, relation and relevance to the problem. Their suggestions were included and the tool was finalised. To establish the reliability of the tool, it was administered to 10 nurses and it was found reliable with computed chronbach alpha (0.70).

Procedure for data collection: After obtaining formal permission from the institutional ethical committee, data was collected during 9-11 March 2022. The subjects were contacted individually. The purpose of the study was explained and informed consent was obtained. They were assured about

confidentiality of the data collected. The data were collected by administering the tool.

Data analysis: The data obtained were entered in master data sheet and analysed by using IBM SPSS version 26 software. Data were presented in the tables and figures with frequency, percentage, range, mean and standard deviation. Chi-square test was applied to find out the association.

Results

Majority (49.5%) of the subjects were in the age group of 25-35 years (Table 1). More than two-third (85.7%) of the subjects were female whereas only 14.3 percent were male. Majority (53.3%) of the subjects had nursing diploma (GNM) whereas 36.2 percent had BSc Nursing degree and only 10.5 percent had MSc Nursing degree as their educational qualification. Majority (72.4%) of the subjects were Nursing Officer, 21 percent were Senior Nursing Officer and 6.7 percent were assistant nursing superintendent (ANS) in the hospital. More than half (52.4%) of the nurses were working in ward, 29.5 percent in ICU, 10.5 percent in OPD, and 3.8 percent were in Emergency and 3.8 percent in OT. About 29.5 percent of the subjects had an experience of 11-15 years, 27.6 percent had more than 15 years and 15.2 percent had 6-10 years of experience in the hospital. Sixty-five percents subjects had undergone some kind of nurse's empowerment programme. Family members of 31.4 percent subjects were working in government sector.

Table 2 Shows that 77.1 percent of nurses had good knowledge while 22.9 percent have average knowledge regarding rights whereas all the nurses had good knowledge regarding the responsibilities.

The mean knowledge score of the nurses regarding rights was 27.07±3.74 (range 17-35) whereas mean knowledge score regarding responsibilities was 15±1.29 (range 11-16) (Table 3).

Table 4 shows that knowledge regarding the right of the nurses was found to be significantly associated with age (p=0.034), educational qualification (p=0.018) and years of experience (p=0.003) whereas knowledge regarding the responsibility was independent of socio-demographic variables.

Discussion

The study found that nurses had good knowledge regarding their rights with mean score of 27.07±3.74. Similarly all the nurses (100%) were well aware of their responsibilities with mean knowledge score of 15±1.29. It was reported that 65.7 percent of the nurses had undergone an empowerment programme regarding their rights and responsibilities. The family members of 31.4 percent nurses were Government employee which infers that the specifically designed training and proximity to the government employee may help yielding the knowledge regarding the right of the nurses. Knowledge regarding the right of the nurses was found significantly associated with age (p=0.034), educational qualification (p=0.018) and years of experience (p=0.003) whereas knowledge regarding the responsibility of the nurses was independent of socio-demographic variables.

These finding are in agreement with Jo Casebourne, Jo Regan, Flona Neathey & Slobhan Tuohy (2005) wherein almost two-third of respondents felt either well informed (51%) or very well informed (15%) about their employment rights. Similarly Sandra Jones (2002) suggested that improving employment condition was a necessary but the employee were well aware of their rights. Therefore, there was not sufficient requirement for knowledge sharing.

In contrast to the present study, Hemant Kumar, Gokhale & DR Mathur (2010-2011) reported that the nurses had poor knowledge regarding

Table 1: Demographic characteristics of the variables (N=210)

Variables		Frequency	Percentage (%)
Age (years)	25-35	104	49.5
	36-45	86	41
	46-55	14	6.7
	>55	06	2.9
Gender	Male	30	14.3
	Female	180	85.7
Educational qualification	GNM	112	53.3
	BSc Nursing	76	36.2
	MSc Nursing	22	10.5
Designation	Nursing Officer	152	72.4
	Senior Nursing Officer	44	21
	ANS	14	6.7
Experience (years)	< 5	58	27.6
	6-10	32	15.2
	11-15	62	29.5
	> 15	58	27.6
Area of working	OPD	22	10.5
	Ward	110	52.4
	ICU	62	29.5
	Emergency	08	3.8
	OT	08	3.8
Whether, attended empowerment programme	Yes	72	34.3
	No	138	65.7
Whether family member is govt employee	Yes	66	31.4
	No	144	68.6

Table 2: Frequency distribution of the knowledge score (category wise) (N=210)

Knowledge score (Category: Rights)	Frequency	Percentage
Poor knowledge (0-12)	0	0
Average knowledge (13-24)	48	22.9
Good knowledge (25-35)	162	77.1
Knowledge score (Category: Responsibilities)		
Poor knowledge (0-5)	0	0
Average knowledge (6-10)	0	0
Good knowledge (11-16)	210	100

Table 3: Mean knowledge scores regarding rights and responsibilities of nurses (N=210)

Knowledge score	Mean	SD	Minimum	Maximum	SEM
Rights	27.07	±3.74	17	35	0.365
Responsibilities	15	±1.29	11	16	0.126

Table 4: Association between knowledge score and selected demographic variables (N=210)

Variables (Frequency)		Responsibility Knowledge score		Rights Knowledge score	
		$\chi 2$ (df)	P value	$\chi 2$ (df)	p value
Age (years)	25-35 (104)	-	-	-	-
	36-45 (86)	0.235(3)	0.972	8.66(3)	0.034*
	46-55 (14)	-	-	-	-
	>55 (06)	-	-	-	-
Gender	Male (30)	0.340(1)	0.56	2.828(1)	0.093
	Female (180)	-	-	-	-
Educational qualification	GNM (112)	-	-	-	-
	B.Sc. Nursing (76)	4.86(3)	0.182	10.049(3)	0.018*
	M.Sc. Nursing (22)	-	-	-	-
Designation	Nursing Officer (152)	-	-	-	-
	Sr Nursing Officer (44)	0.778(2)	0.678	1.38(2)	0.502
	ANS (14)	-	-	-	-
Experience (years)	<5 (58)	-	-	-	-
	6-10 (32)	5.343(3)	0.148	13.83(3)	0.003*
	11-15 (62)	-	-	-	-
	> 15 (58)	-	-	-	-
Area of working	OPD (22)	-	-	-	-
	Ward (110)	-	-	-	-
	ICU (62)	1.85(4)	0.763	2.269(4)	0.689
	Emergency (08)	-	-	-	-
	OT (08)	-	-	-	-

rights and responsibilities.

Limitations: This study was a descriptive, cross-sectional study with small sample size, and was limited to a single centre. So generalisation cannot be done.

Implications

Nursing education: Nursing curriculum should include more studies with increased orientation towards the rights of nurses.

Nursing research: More studies should be conducted regarding rights and responsibilities of nurses to ascertain the level of knowledge and practice related to their rights.

Nursing administration: Hospital administrators should plan sensitisation programme for nurses about their rights at work place. Safe working environment with grievance cell may be established to avoid their exploitation.

Recommendations: Similar multicentre study may be replicated with large sample size. Comparative study with randomisation may be done. Similar study can be replicated in other group of employees.

Conclusion

The nurses were well aware of their responsibilities and rights with mean knowledge score of 27.07±3.74 and 15±1.29 respectively. Further 65.7 percent of them had undergone an empowerment programme regarding rights and responsibilities of the nurses and the family member of 31.4 percent. This finding indicated the need of well planned empowerment programme to improve knowledge regarding rights and responsibilities of nurses. Experience of life and area of working must be utilised along with educational qualification to make the new nurse aware of their rights. This should be included in nursing curriculum.

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