A comparative survey of the attitudes of nurses, nursing students, and patients as to the observance of the patients’ dignity in the psychiatric ward

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RESEARCH

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ABSTRACT

Background
Patients with mental health illness have a variety of physical, mental, social, and spiritual needs and respecting their dignity and status is of the most important. Nurses and nursing students might have different attitudes with regard to observation of status and dignity of mental patients.

Aims
The present study is an attempt to comparatively survey nurses, nursing students, and patients’ attitudes about the observance of the patient’s dignity.

Methods
The study was carried out as a cross-sectional work on 300 participants in psychiatric wards of the selected hospitals of Kashan and Tehran cities in 2017. The participants were selected through purposeful sampling and data gathering was done using a demographics checklist and a researcher-designed patient’s dignity observance questionnaire. Data analyses were done in SPSS (V.19) using descriptive and inferential tests (P-value=0.05).

Results
The three groups of participants were homogenous in terms of gender. There was a significant difference between psychiatric wards of the Kashan-based and Tehran-based hospitals in terms of attitudes about dignity of patients (P=0.04). In addition, the results confirmed a significant difference among the study groups with regard to their attitudes about the dignity of patients (p=0.000).

Conclusion
The nurses had better attitudes with regard to the observance of patient’s dignity in comparison with the patients and nursing students. There was also a difference between Kashan-based and Tehran-based hospitals as to the observance of patient’s dignity so that the attitudes in the former were better than that in the latter. It seems that holding moral training courses is essential.

Key Words
Observance of dignity, nurse, nursing student, patient

What this study adds:

1. What is known about this subject?
Nurses and nursing students and patients might have different attitudes with regard to observation of status and dignity of mental patients.

2. What new information is offered in this study?
This study offers comparative survey of nurses, nursing students, and patients’ attitudes about the observance of the patient’s dignity.
3. What are the implications for research, policy, or practice?
There is paucity of studies on the patient’s dignity and its aspects in mental health illness patients.

Background
Mental disorder patients have a variety of needs such as physical, mental, and spiritual needs and having their dignity and status recognized is of the most important of them. Results of studies have shown that respecting dignity of the patient by nurses improves their trust in health cares, satisfaction with nursing care, physical/mental peace, and the extent of realization of security and identity needs. It also decreases dependence and hospitalization term. On the other hand, lower respect for dignity of the patient decreases physical and mental health.

Taking into account the paucity of studies on the patient’s dignity and its aspects in mental health illness patients in particular; necessity of surveying nurses, nursing students, and patients’ perspectives about the observance of dignity of patients – which might lead to higher cooperative attitudes among these three groups and better health services- the present paper examines attitudes of nurses, nursing students, and patients as to observance of patient’s dignity in psychiatric wards.

Method
Sample frame
The survey was carried out as a cross-sectional study on 300 subjects in 2017. Study population was comprised of nurses, nursing students, and patients hospitalized in psychiatric wards of selected Kashan-based and Tehran-based hospitals.

Recruitment methods
Inclusion criteria for the nurses were minimum education degree of associates’ degree and minimum six months experience in the ward, for the patients were minimum age of 18 years old, physical and mental capabilities, and reading and writing literacy and for the nursing students were no history of working in a psychiatric ward and attending mental health course of nursing program. The patients with a history of mental retardation, dementia, schizophrenia, and psychotic disorders (those who did not have adequate insights to answer the questions) were excluded.

Sample size calculations
Sample group size was obtained equal to 100 based on the previous studies ($\alpha=0.05$; $1-\beta=0.90$). Variance analysis table was used to determine the size of sample group. According to the table, with three groups of subjects, we need to obtain $\Delta/\sigma$ so that $\sigma$ is standard deviation and $\Delta$ is equal to maximum mean minus minimum mean. Following Aliakbari et al., value of $\Delta/\sigma$ was equal to 0.2.

Data collection and analysis
Data gathering tool in the study was a researcher-designed questionnaire. The first part of the questionnaire, with eight questions, is about demographics and clinical information. The second part, with 25 questions, is about attitudes of the subject about observance of patient’s rights in psychological wards. Face validity of the questionnaire was examined by ten professors in psychiatric nursing departments of Tehran-based faculties of nursing midwifery. The questions are designed based on Likert’s five-point score (1=never,..., S= always) so that the higher the score the higher the level of observing patients’ dignity. To examine reliability of the questionnaire, retest method was employed so that the questionnaires were filled out by a group of subject two times in a two weeks interval and correlation coefficient was obtained equal to 0.752.

To analyse the data, central tendency and distribution indices and Mann Whitney U test as well as Kruskal Wallis test were used. The statistical analyses were performed in SPSS V.19.

Results
Totally, 300 participants (100 nursing students, 100 nurses, and 100 patients) with average age of 31.03 years and standard deviation of 6.58 years took part in the study. More than one half of the nurses (66 per cent), nursing students (54 per cent), and patients (54 per cent) were women. Results of Chi-squared test showed that there was a significant difference between the groups of participants as to age ($p=0.000$) so that the groups were heterogeneous in terms of age. Moreover, Chi-squared test showed that there was no significant difference between the groups of participants in terms of gender ($p=0.159$) and the three groups were homogeneous gender-wise Table 1.

The results of Mann Whitney test showed that there was a significant difference between Kashan-based and Tehran-based hospitals as to the attitudes about observation of dignity of patients ($p<0.05$); that is, mean score of observance of dignity of patients in Kashan Cit hospitals was higher than that in Tehran City hospitals. In addition, Chi-squared test showed that among the aspects of observance of patient’s dignity, the aspects independence
and respect were different between the cities of Tehran and Kashan (p<0.05) so that mean scores of these aspects in Kashan City were higher than those in Tehran City; still, there was no significant difference between the two cities as to the aspects of communication and empowerment (p>0.05) Table 2.

The results of Kruskal Wallis test showed a significant difference among the nurses, students, and patients with regard to their attitudes about observance of dignity of the patients (p<0.05). In comparison with the two other groups, the nurses had better attitudes as to observance of patients’ dignity following by the nursing students and the patients Table 3.

Discussion

Our results showed that there was a significant difference between the Kashan-based and Tehran-based hospitals as to observance of dignity of patients in the psychiatric wards and in terms of the aspects of observing dignity of the patients (independent and respect). However, there was not a significant difference as to the communication and empowerment between the two groups of hospitals. The aspects respect and empowerment obtained the highest and lowest mean scores respectively. Mean score of observing dignity in the selected Kashan-based hospitals was higher than that of Tehran-based hospitals. To explain this difference, Kashan City is a smaller than Tehran City and the health personnel in Kashan City tend to be more concerned about observing dignity of patients and treat the patients with more respect. Webster reported that even when observing dignity of the patient seems very hard, having a good communication with the patient can be effective on improving the situation in terms of observing dignity of the patient.6

The results reported above are consistent with Karimi et al., Ghoorchian et al.,7,8 Karminit et al.7 conducted a study to compare attitudes of nurses and hospitalized adolescences as to respecting the dignity of patients in selected Tehran-based hospitals. They found that there was a significant difference between the nurses and juveniles’ perception as to the importance and observance of privacy of the patients and interaction with them and that of the nurses was higher than that of the juveniles.

In addition, there was no significant difference between the perception of nurses and juveniles as to importance of providing opportunity for the patients to participate in decision makings.7 Qorchiani et al.8 carried out a study to survey observance of nursing ethics by-laws from the nurses and patients’ points of view in one of the educational hospitals of Tehran Medical Sciences University. They showed that respecting the patients and observing human dignity of the patients were satisfactory from the nurses and patients’ points of view. Moreover, mean score of observing the nursing moral values and principles from the nurses’ point of view was significantly higher than that from the patients’ point of view.8 Our results are not consistent with Haj Bagheri et al. They showed that the knowledge of nurses about moral and legal issues of providing health care to the elderly was at an acceptable level. To explain the inconsistency, one may say that the dignity of patients is a greater concern in psychiatric wards; moreover, attitudes about observance of dignity of patients was the main area of focus here, while Haj Bagheri et al.3 focused on the knowledge of nurses about moral and legal concerns of health care for the elderly. Clearly, the studies are of different natures in terms of the type of patients and the time period of studies.

Conclusion

The nurses had better attitudes with regard to the observance of patient’s dignity in comparison with the patients and nursing students and there was a significant difference between the Kashan-based and Tehran-based hospitals in respect of the dignity of patients. Taking into account the findings, there is a need for the managers and supervisors who believe in the necessity of respecting the dignity of patients and monitoring implementation of the pertinent codes in this field.

References


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CONFLICTS OF INTEREST
The authors declare that they have no competing interests.

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ETHICS COMMITTEE APPROVAL
N/A
Table 1: Frequency distribution based on demographics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Nurses (%)</th>
<th>Nursing students (%)</th>
<th>Patients (%)</th>
<th>P</th>
</tr>
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<tr>
<td>Age (year)</td>
<td></td>
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<tr>
<td>Below 20</td>
<td>0</td>
<td>1</td>
<td>0</td>
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<tr>
<td>20–25</td>
<td>7</td>
<td>10</td>
<td>25</td>
<td>124.153=chisquare</td>
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<tr>
<td>25–30</td>
<td>17</td>
<td>28</td>
<td>1</td>
<td></td>
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<tr>
<td>30–35</td>
<td>29</td>
<td>11</td>
<td>1</td>
<td></td>
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<td>35–40</td>
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<td>3</td>
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<tr>
<td>40–45</td>
<td>13</td>
<td>8</td>
<td>1</td>
<td></td>
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<td>45–50</td>
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<td></td>
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<tr>
<td>50–55</td>
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<td>55–60</td>
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<td>Above 60</td>
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<tr>
<td>Male</td>
<td>66</td>
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<td>54</td>
<td>3.678=chi-square, Df=2 P=0.159</td>
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<tr>
<td>Female</td>
<td>34</td>
<td>46</td>
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Table 2: Attitudes about observance of dignity of patients and its aspects in psychiatric wards of the Kashan and Tehran hospitals

<table>
<thead>
<tr>
<th>Variable</th>
<th>location</th>
<th>N</th>
<th>Mean (SD)</th>
<th>score</th>
<th>Sig.</th>
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<tr>
<td>Attitudes about observance of</td>
<td>kashan</td>
<td>148</td>
<td>112.72(7.06)</td>
<td>97.08</td>
<td>0.040</td>
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<tr>
<td>dignity</td>
<td>tehran</td>
<td>152</td>
<td>110.25(9.46)</td>
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<tr>
<td>Respect</td>
<td>kashan</td>
<td>148</td>
<td>36.90(3.53)</td>
<td>97.71</td>
<td>0.048</td>
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<tr>
<td></td>
<td>tehran</td>
<td>152</td>
<td>36.08(3.81)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independence</td>
<td>kashan</td>
<td>148</td>
<td>14.31(2.23)</td>
<td>9256.50</td>
<td>0.007</td>
</tr>
<tr>
<td></td>
<td>tehran</td>
<td>152</td>
<td>13.32(2.93)</td>
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<tr>
<td>Communication</td>
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<td>10496.50</td>
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<td>tehran</td>
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<tr>
<td>Improvements</td>
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<td>9.19(1.44)</td>
<td>10609.50</td>
<td>0.383</td>
</tr>
<tr>
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<td>tehran</td>
<td>152</td>
<td>9.23(1.62)</td>
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<td></td>
</tr>
</tbody>
</table>

Table 3: Attitudes of the nurses, nursing students, and patients as to observance of dignity of the patients

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>N</th>
<th>Mean (SD)</th>
<th>Sig.</th>
<th>Df</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
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<td>Nurses</td>
<td>100</td>
<td>114.92(5.71)</td>
<td>0.000</td>
<td>2</td>
<td>28.421</td>
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<tr>
<td></td>
<td>Patients</td>
<td>100</td>
<td>108.95(10.02)</td>
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<tr>
<td></td>
<td>Students</td>
<td>100</td>
<td>110.58(7.94)</td>
<td></td>
<td></td>
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