
**PSYCHIATRIC PATIENTS' AWARENESS AND PSYCHIATRIC
NURSES' COMMITMENT WITH PATIENT'S RIGHTS:
A DESCRIPTIVE SURVEY STUDY**

Sonia M. El-Sayad

*Ass.Prof. Psychiatric Nursing and Mental Health ,Faculty of Nursing- Port-Said
University*

ABSTRACT

Background: Nurses are committed with maintaining standards of advocacy at acceptable professional level, accountability relating to actions, guarding against stepping beyond the boundaries of their professional practice of advocacy, and acquiring adequate knowledge about the law and regulations concerning psychiatric patients. **Aim:** To reflect hospitalized psychiatric patients' awareness about their rights and nurses' obligation with these rights as perceived by patients. **Subjects and method: Design:** A descriptive design was used. **Setting:** Alhasa for mental health hospital, Saudi Arabia. **Subjects:** A total number of 237 inpatients and outpatient participants as well as 136 nurses included in the study. **Tools of data collection:** Attitudes towards patients' rights scale as well as two structured modified questionnaires were adopted to collect data. **Results:** Rights encompass no forced treatment, no forced hospitalization and no physical restrictions viewed by nurses as inconsequential requirements for psychiatric patients. **Conclusion:** Participated patients grumbled of nurses' in compliance with preservation and protection their rights; they also declared that they had not been informed about most of their rights. **Recommendations:** Conducting workshops simultaneously with discussion sessions for nurses in order to announce for all psychiatric patients' bill of rights and affirm the role of nurse as a patient's advocator.

Key words: Psychiatric Nurses' Commitment, Psychiatric Patients' Awareness, Patient's Rights

INTRODUCTION

In the current landscape of the integration of health and social care services, a focus on human rights offers a combined structure and framework to help public and legal partners stay focused on their key purpose to improve people's lives. These rights are all interrelated, interdependent and indivisible (United Nations, 2018; Gordon, 2015).

Although patient's rights is a concept coveted and all nurses sought for, this concept predominantly becomes confounding and perplexing when applied to patients undergoing psychiatric treatment. Mental illness differs from other disorders, and may influence indispensable individual functioning such as cognition, perception, discrimination, awareness, will, judgment, decision-making, emotional state and behavior. Subsequently, this requires a convenient, genuine and ethical- based management of the health team. Hence, diversified organizations summon for the preservation of psychiatric patients' rights, as well as commitment with ethical considerations (e.g. ICN code of ethics for nurses, 2006; Declaration for the rights of the patients, 2005), moreover, the Mental Health Act 2001 also assorts rules concerning the rights of psychiatric patients (Mental Health Commission, 2001).

The rights of mental ill patients are multiple and diversified; where the first priority right is to be treated with respect and dignity. Furthermore, to make decisions related to health care, to have less restrictive treatment, and to gain accurate and delicate information about illness and management; these are all examples for psychiatric patients' rights (Queensland Health, 2017; Brown, 2012). During hospitalization, psychiatric patients endure their rights to be visited or refuse the visit, to be treated or to refuse the treatment and to be communicated confidentially and record complaints. The dereliction and omission of the profiteering as well as the utilization of these rights may influence patients' perception of stigma and discernment (e.g. Roe, Weishut, Jaglom, Rabinowitz, 2002), abuse (e.g. Onwanna, 2006), helplessness and worthlessness (e.g. Grace, 2004; Svedberg, Lutzen, 2001).

Review of literatures reflect significant results, in the study of Masood, Rahman, Mahmood, Nisar, Mohsin, 2016 they declared that the majority of the studied psychiatric patients had unsatisfactory level of awareness about their rights. On the same context, Sreevani, Revathi, 2012 in their study assessed nurses' attitudes towards psychiatric patients' rights and stated that there were significant variances in nurses' attitudes which necessitate developing nursing guidelines in order to protect patients.

On the other hand, dissimilar and distinct studies assessed controversies solicitudes and issues related to psychiatric patients' rights. For example, the study of Brito, Ventura, 2019 disclosed and discussed the involuntary admission argumentative issue as a violation of patients' rights and also as a pivotal and dispensable approach for recovery, particularly for severe mentally ill patients. Moreover, Su et al, 2012 in their study concluded that 9.5% of medical staff thought that psychiatric patients can refuse to participate in any clinical trial. Further study conducted by Opitz-Welke, Konrad in 2019 revealed that the therapeutic approaches and strategies utilized with violent psychiatric patients may be perceived as an infringement and encroachment of their rights. Finally, Abukamil, 2017 addressed a controversial issue related to patients' right; which is the right to "leave hospital against the therapist's advice", the researcher stated "The decision to discharge is ultimately the psychiatrist's responsibility. However, the psychiatrist must make that decision in a way that benefits the patient and avoids harm to the patient and the community".

Consequently and based on the preceding studies, it was the intention for this research to discover the attitudes regarding the utilization and conservation of psychiatric patients' rights, in particular the attitudes of medical team who issues treatment recommendations and references which probably influenced by their perspectives and opinions. Furthermore, this study endeavors to reveal psychiatric nurses' commitment with psychiatric patients' rights and patients' awareness about these rights.

Significance of the study

It is the obligatory role of nurses and medical staff as well as researchers to protect lives, health, dignity, integrity, privacy and the confidentiality of patients' personal data. Based on literature review, there was significant limitation in the studies regarding psychiatric patients' rights, thence, this study prospected to accentuate psychiatric nurses' attitudes and commitment with patients' rights and simultaneously disclose psychiatric patients' awareness of these rights. Thus, this study attempts to reflect hospitalized psychiatric patients' knowledge about their rights and nurses' obligation with these rights.

AIM OF THE STUDY

This study aims to reflect the hospitalized psychiatric patients' knowledge about their rights and nurses' obligation with these rights during their delivery of care.

Research Questions

1. What are the psychiatric nurses' attitudes/opinions towards psychiatric patients' rights?
2. What is the level of psychiatric patients' awareness/ information regarding their rights?
3. What is the opinion of psychiatric patients regarding nurses' commitment level in protecting their rights?

SUBJECTS AND METHOD

1. Technical Design

Study design

The researcher utilized descriptive survey design for this study's purposes.

Setting

The study conducted in Al-hasa for mental health hospital, eastern governance in Saudi Arabia. The hospital consists of four inpatients wards, encompasses acute and chronic units (2 for males and 2 for females), two outpatients departments in which each department includes 4 clinics. The hospital also serves children with psychiatric disorders.

subjects

All convenient nurses representing a total number of 145 nurses working in the hospital with diverse nationalities asked to participate in the study, only 136 concur to collaborate in this research. Questionnaires distributed/ afforded to nurses on individual basis sequentially after elucidating the objective for this research. Due to the criticality of this study as it is discuss one of the most climacteric issues in psychiatric nursing; the researcher was prudent and judicious in asserting that data obtained from the participants would be used for the research purposes only and for contributing to the development of staffs' performance and patient's quality of care.

Concerning psychiatric inpatients, and with the use of the following equation (Vincent& Thompson, 2014), the total number of the study sample is 134 patients.

$$n = \frac{N \times p (1-p)}{[N-1(d2 / z2)] + p(1-p)}$$

Male patients representing 51.7% of the total population while the females representing 48.3%, thus the total sample will include 69 male and 65 females. Patients were recruited for the study randomly based on their room number and consequence number in the unit, if one patient refused to participate in the study, the following patient was asked to participate. Inclusion criteria of the studied patients were as follows; willing to participate, patients hospitalized for at least two times prior the study (to ensure direct contact and preceding communication with the staff), controlled phase of illness. On the other hand, patients in the acute phase and patients with mental retardation were excluded for precise and accurate study results.

As regard psychiatric outpatients, the rate of patients reached 141 monthly. Utilizing the same previous equation, the total number of the sample includes 103 patients. All convenient patients meet the following criteria included in the study, agree to participate, able to communicate coherently, and had previous history of hospitalization in psychiatric hospital.

Tools of Data Collection

Study data was collected by utilizing the following tools:

1. A structured questionnaire developed by the researcher assessing the demographic characteristics of the studied nurses (e.g. age, sex and nationality), as well as their clinical experiences (e.g. level of education, years of experiences).
2. Another structured questionnaire designed by the researcher for psychiatric patients asking about their demographic and clinical data (e.g. diagnosis, unit, number of hospitalization). The questionnaire also includes open-ended questions regards their awareness about their rights.
3. A structured open-ended questionnaire developed by the researcher based on review of literatures (e.g. Brito, Ventura, 2019; Su et al, 2012) in order to assess patients' data related to patients' awareness regarding their rights. The questionnaire comprises six clusters illustrating patients' rights. Answers include two alternative answers (informed/ not informed and committed/non-committed) in order to suit the purpose of the assessment.
4. Attitudes towards psychiatric patients' rights scale. The scale was developed by Roe, Weishut, Jaglom, Rabinowitz in 2002. It consists of 39 questions answered on 4-point Likert scale (1= strongly agree, 2=agree, 3=disagree, 4=strongly disagree), the scale comprises six cluster illustrating patients rights namely, patients' right to receive information about illness, patients' right for confidentiality, patients rights to not be forced to treatment, patient's right to not be imposed to hospitalization, right to not

physically restricted and finally, non- treatment rights statements. This scale used for assessing nurses' attitudes. On the other hand, this scale was also used in order to assess psychiatric patients' awareness regarding their rights as well as patients' opinions concerning nurses' commitment with these rights.

Operational Design

Preparatory phase

It included reviewing of related literature and theoretical knowledge of various aspects of the study using books, articles, internet periodicals and journals to develop the tools for data collection.

A. Validity:

Content validity was conducted to test the tool for appropriateness, relevance, correction and clearance through a jury of 5 experts from nursing faculty staff and medicine faculty staff of King Faisal University, their opinions were elicited regarding the tool format layout, consistency and scoring system.

Reliability:

Tools were distributed to non- Saudi nurses in the English version, while it was translated into regional language for Arabic speaking nurses as well as psychiatric patients for more comprehension. Based on Beaton et al, 2000 guidelines for the process of cross-cultural adaptation of self-report measures, the forward and back translation done and a jury consists of five experts in psychiatry in Alhasa governorate, reviewed the questionnaires for the validity and reliability of the questions after modifications. Regarding patients' awareness about their rights, the questionnaire was assessed for validity and reliability, it was at acceptable level of reliability (Cronbach's alpha = 0.82). As regard the attitude scale the Cronbach alpha value was 0.89.

B. Pilot study:

Prior to performing the actual study, a pilot study was carried out on 10% of nurses and 10% of patients to test the applicability, visibility, clarity of questionnaire and arrangement of items, and estimate the time needed for each sheet. The participants included in the pilot study were excluded from study.

C. Field of Work

The researcher approached patients individually in a specific room away from the department and after permission of the responsible medical staff. This is utilized for ensuring patients' disclosure of data as well as communicating and conveys confidentiality. Then, patients' consent was taken. The researcher interviewed patients using the structured questionnaires and asks patients each question and provides patients with time to answer also take notes for patients' answers. Patients also ensured about confidentiality and anonymity of the study.

The researcher collected data in outpatients' clinic for 9 weeks three times a day for about 6 hours/ day until completing the number of the sample. The researcher met the participants in a predefined room next to clinics on individual basis, in which the aim of the study and mechanism of data collection were explained in the beginning; consequently, the researcher took patients' and his/her caregivers' consent to participate in the study. Patients were also assured about privacy as well as confidentiality of data obtained. Also, they were informed that their answers will not be evaluated to be either true or false. The researcher used the structured questionnaire as well as a note in order to record patients' answers, and then the researcher read the questions on a local language to patients and obtained their answers. Data obtained during the period of November 2019 to January 2020. A pilot study also was implemented on 10% of patients to ensure clarity of questions.

2. Administrative Design

An official letter has issued from the Faculty of Nursing, King Faisal University to the directors of Alhasa for mental health to obtain the permission to conduct the study.

Ethical considerations

Data collection conducted after extradite the issued ethical approval from the concerned administrative ethical boards and authorities (CAMS research & ethical committee Board in Alhasa governance) and after obtaining the written consent of the participants and their caregivers. The research also utilized in accordance to the Declaration of Helsinki and the ethical principles in the Belmont Report.

Data Analysis

Data was analyzed utilizing SPSS version 16. The results of the present study were measured by frequencies and percentages in order to test the study hypotheses.

RESULTS

Table (1): reveals that more than half of nurses were aged between 20-30 years of old with a range between 22 to 53 years. Moreover, male nurses represented 57.4% of the studied nurses and 55.1% graduated from technical institute of nursing, while 30.2% completed their study in nursing college. Concerning nationality, the Saudi nurses represent the highest percentage (72.8%), followed by Filipino nurses (21.3%). On the other hand, 69.2% of the participants reported to receive a training/ workshop regarding psychiatric patients' rights and 64.9% of those participants stated to have this training on hospital while 32.9% of them stated that they studied it in their college/ school of nursing.

Looking at **table 2**, it represents nurses' attitudes towards psychiatric patients' rights. Regarding the first theme "*rights concerning information on illness*", the table illustrated that all nurses (100%) joined the study agreed that patients had the rights to obtain explanation from them regarding their health problems, receive services regardless their race, religion, sex or disability, and patients had the right to be informed about their rights on their admission. On the other hand, more than half of nurses disagreed that patients have the right to read what is written in their medical files as well as to be informed about services' delivery errors during their hospitalization (58.8% and 69.8% respectively). In relation to second theme "*rights for confidentiality*", table shows that all participated nurses (100%) disagreed with statements giving right to nurses to disseminate or intersperse any information regarding patients' psychiatric illness.

Regarding the third motif "*forced treatment*", obviously the table reflected that all nurses (100%) reconciled that there are some circumstances under which staff member have the right to give patients medical treatment by force, on the other hand, almost half of the nurses (49.2%) confessed that patients should not have the right to decide to stop medication or to refuse therapy during their hospitalization. Looking at the fourth category of patients' rights "*forced hospitalization*", all nurses encompassed in this study coincided with statements confer them the right to force patients for hospitalization whenever patients are suicidal or explicit suicidal threats. On the same context, more than two thirds of nurses (86.8%) endorsed that staff have the right to force hospitalization against patients' will if he/ she is psychotic, aggressive or mentally or physically negligent, while, nearly one third of nurses (35.3%) opposed patients' right for discharge.

As regard the fifth theme "*physical restrictions*", the table clarifies that all nurses (100%) concurred that staff have the right to compel patients for ward routines and rules, also 90% of nurses avowed there are circumstances under which nurses should confine

patients to locked chamber. On the other hand, almost half of the collaborated subjects in this study (49.2%) contradicted that nurses can prohibit patients from visitors. Finally, the sixth theme of patients' rights "*non treatment*" reveals that more than half of the nurses (68.4%) disagreed that staff can force patients for ward recreational activities.

Table (3): presents psychiatric patients' socio-demographic and clinical information, patients were selected from inpatients and outpatients units. As regard sex, the table elucidates that 64.1% of patients in outpatient clinics were females, while 51.7% of patients participated from inpatients wards were males. Moreover, 45.4% of patients collaborated in this study from inpatients units were diagnosed with schizophrenia, while 22.7% were diagnosed with schizoaffective disorders. Regarding outpatients participants, the highest percentage of patients' diagnosis (34.9%) observed in bipolar disorders, followed by major depression (33.9%). Furthermore, 90.2% of inpatient participants and 73.9% of outpatient participants reported that their length of present/ last hospitalization exceeded six months.

Data related to psychiatric patients' awareness about their rights illustrated in **table 4**. As the table shows, only 17.1% of inpatient participants reported that they heard before about patients' rights, compared to 37.9% of outpatient participants. Moreover, only 14.1% of inpatient subjects compared to 25.2% of outpatient subjects declared that they have been informed about psychiatric patients' rights during their hospitalization, in which 10.5% inpatients and 30.8% stated that nurses informed them about their rights. The table also reveals that nine patients out of 19 inpatients stated that they had been informed about their rights with other patients, compared to 23 patients in outpatient. Scrutinizing patients' perspectives regarding nurses' obligation with patients' rights, the table reflected that all inpatients participants and 84.6% of outpatient participants stated that nurses were not committed.

Table (5): reveals informed and non informed patients' rights as reported by the participants. All inpatient and outpatients participants (100.0%) stated that they have not been informed about their rights to have explanations/ inquiries regarding risks of treatment, medical files and any medical errors. Moreover, 47.3% of inpatients compared to 60.3% of outpatients revealed that they received explanations regarding their mental health problems, also 47.3% of inpatients and 76.9% of outpatients reported that they got explanation about chances in recovery.

In relation to right for confidentiality, no forced treatment, no forced hospitalization as well as no physical restrictions rights, all patients enrolled from inpatient and outpatients units proclaimed that they had not receive any information regarding it. Finally, all inpatients participants and 80.7% of outpatient participants professed that they have been informed about their right to not be forced for recreational activities during their hospitalization.

The final **table (6)** announced nurses' commitment with patients' rights as perceived by both inpatient and outpatient participants. As regard right to have information on illness and treatment, 100.0% of all participants declared that nurses were not committed with some rights (e.g. allow patients to withdraw from treatment against medical advice). On the same context, inpatient and outpatient participants claimed that nurses were committed to provide them explanation regarding their condition (23.8% and 97.0% respectively), also 83.5% of inpatients and 52.4% of outpatients stated that nurses provided them with appropriate medical and psychosocial care. On the other hand, only 14.1% of inpatients and 25.2% of outpatients proclaimed that nurses informed them about their rights on admission.

Looking at confidentiality rights, the table reveals that 73.8% of inpatients and 97.0% of outpatients stated that all staff members report to psychiatrists if patient intended to hurt herself/himself. Regarding the third theme of patients' rights (forced treatment), the table clarified that only 7.5% of inpatients participants reported that nurses were committed to not force patient for medication, also no one of inpatients stated that nurses were committed with patients' rights to refuse medication or psychotherapy compared to 31.0% and 12.6% of outpatients respectively. Concerning the fourth theme (forced hospitalization), obviously all inpatient and outpatient participants proclaimed that nurses were not committed with all included rights. Finally, patients reported that nurses were not obligated with patients' rights to not be confined in locked chamber and to be allowed to demand the treatment they want (100.0% for both inpatients and outpatients).

Table (1): Demographic data and clinical experiences of the studied psychiatric nurses.

Socio-demographic and clinical nurses' data	Frequency N= (136)	%
<i>Age (in years)</i>		
20-30	84	61.8
30-40	32	23.5
>40	20	14.7
Range	22- 53	
<i>Sex</i>		
Male	78	57.4
Female	58	42.6
<i>Level of education</i>		
Secondary nursing school	20	14.7
Technical institute for nursing	75	55.1
Faculty of nursing	41	30.2
<i>Nationality</i>		
Saudi	99	72.8
Filipino	29	21.3
Others “ e.g. Sudanese”	8	5.9
<i>Years of experience</i>		
1-3	9	6.6
3-5	36	26.4
5-7	62	45.9
>7	29	21.3
<i>Ward</i>		
Male acute	41	30.1
Male chronic	30	22.0
Female acute	27	19.8
Female chronic	29	21.3
Out-patient clinics	9	6.6
<i>Training/ workshop/ study received about psychiatric patients' rights</i>		
Yes	94	69.2
No	42	30.8
<i>Place of training/ study (N=94)</i>		
School/ Faculty	31	32.9
Hospital	61	64.9
Others (e.g. conferences, nursing syndicate)	2	2.2

Table (2): Psychiatric nurses' attitudes/ opinions towards psychiatric patients' rights (N= 136)

Items	Agree N (%)	Neutral N (%)	Disagree N (%)
I. Information on illness or treatment			
The patient has the right to:			
Obtain an explanation from the nurse about his problem and condition	136 (100.0)	0 (0.0)	0 (0.0)
Have an explanation regarding different ways and methods possible for treating his/her problem	136 (100.0)	0 (0.0)	0 (0.0)
Obtain explanations from his nurse about the medications he receives	114 (83.8)	22 (16.2)	0 (0.0)
Get an explanation about his chances for healing and recovery	131 (96.3)	5 (3.7)	0 (0.0)
Get an explanation from his nurse about the dangers and risks of the therapeutic plan offered to him and its chances of success	114 (83.8)	22 (16.2)	0 (0.0)
Read what his nurses have written about him in his file	13 (9.6)	43 (31.6)	80 (58.8)
Receive service regardless of race, language, religion, sex, physical or mental disability, socioeconomic status, etc.	136 (100.0)	0 (0.0)	0 (0.0)
Receive appropriate medical, psychosocial, and rehabilitative care, treatment, and training as soon as possible	136 (100.0)	0 (0.0)	0 (0.0)
Access medical team after being discharged from the hospital	136 (100.0)	0 (0.0)	0 (0.0)
Be informed about his/ her rights at the time of admission	136 (100.0)	0 (0.0)	0 (0.0)
Participate actively in all decisions and to have input in treatment planning	60 (44.2)	9 (6.6)	67 (49.2)
Be informed about error by the person who commits an error during service delivery.	7 (5.2)	34 (25.0)	95 (69.8)
Withdraw from treatment against the advice of the medical team at any time with or without cause	102 (75.0)	34 (25.0)	0 (0.0)
Sign an informed consent on any educational or research activities in which he/she will be present	136 (100.0)	0 (0.0)	0 (0.0)
II. Confidentiality			
The nurse have the right to pass on information to external authorities about the patient	0 (0.0%)	0 (0.0%)	136 (100.0%)
The nurse do not have the right to pass on information to the patient's employer about the patient's hospitalization or his mental condition without having the patient's consent	136 (100.0%)	0 (0.0%)	0 (0.0%)
The nurse is allowed to pass on information about the patient's hospitalization and mental condition to the drivers' license authorities, even without the patient's consent	0 (0.0%)	0 (0.0%)	136 (100.0%)
The nurse is allowed to give information about the patient's hospitalization and mental condition to his or her mate, even without the patient's consent	60 (44.2)	9 (6.6)	67 (49.2)
There are circumstances under which the nurse must be able to share with other staff members information received in confidence during therapy	123 (90.4)	0 (0.0%)	13 (9.6)
All staff members, including nurses, should have to report to the psychiatrist-in-charge if a patient mentions that he intends to harm himself	136 (100.0%)	0 (0.0%)	0 (0.0%)
III. Forced treatment			
There are circumstances under which staff members should have the right to give the patient medication by force, against his will	100 (73.5%)	0 (0.0%)	36 (26.5%)

Table 2 (continued):Psychiatric nurses' attitudes/ opinions towards psychiatric patients' rights
(N= 136)

Items	Agree N (%)	Neutral N (%)	Disagree N (%)
There are circumstances under which staff members should have the right to give the patient medical treatment by using physical coercion, such as force-feeding or injections	136(100.0%)	0 (0.0%)	0 (0.0%)
The patient should have the right to decide not to take the medication he received during his hospitalization when he considers that to be appropriate and believes that he does not need medication	60 (44.2)	9 (6.6)	67 (49.2)
The patient should have the right during hospitalization to stop or refuse psychotherapy when he believes that is appropriate	60 (44.2)	9 (6.6)	67 (49.2)
IV. Forced hospitalization			
The staff should have the right to force hospitalization against a person's will if the person is psychotic and thereby is not responsible for his deeds	118 (86.8)	0 (0.0%)	18 (13.2)
The staff should have the right to force hospitalization against a person's will if the person is violent or aggressive as a result of a psychotic state	118 (86.8)	0 (0.0%)	18 (13.2)
The staff should have the right to force hospitalization against a person's will if the person neglects himself physically or mentally and endangers himself as a result of his mental illness	118 (86.8)	0 (0.0%)	18 (13.2)
The staff should have the right to force hospitalization against a person's will after a serious suicide attempt	136 (100.0)	0 (0.0)	0 (0.0)
The staff should have the right to force hospitalization against a person's will if the person makes suicidal threats that seem serious	136 (100.0)	0 (0.0)	0 (0.0)
The patient should have the right to discharge himself from the hospital when he believes it is the right thing to do	15 (11.0)	73 (53.7)	48 (35.3)
The staff should have the right to prevent the patient from going home on a furlough or going for a stroll if they believe that his mental condition is not appropriate	60 (44.2)	9 (6.6)	67 (49.2)
V. Physical restrictions			
There are circumstances under which the staff should have the right to confine the patient to a locked chamber	101 (90.4)	0 (0.0)	13 (9.6)
There are circumstances under which the staff should have the right to prevent the patient from having visitors	60 (44.2)	9 (6.6)	67 (49.2)
There are circumstances under which the staff should have the right to demand that the patient wear pajamas all day	136 (100.0)	0 (0.0)	0 (0.0)
The patient should have the right to demand that he receive the specific treatment that he wants	0 (0.0%)	0 (0.0%)	136 (100.0)
The patient should be an active partner in planning the goals of the treatment he will receive and in planning the means for achieving these goals	60 (44.2)	9 (6.6)	67 (49.2)
The staff should have the right to demand that the patient obey the ward rules, such as time of awakening, eating, proper behavior, and rules about outings	136 (100.0)	0 (0.0)	0 (0.0)
VI. Non treatment			
There are circumstances under which the staff should have the right to use strapping or straitjackets to treat hospitalized patients	0 (0.0%)	0 (0.0%)	136 (100.0)
The nurse should have the right to force patients to participate in certain ward activities, such as occupational therapy, if the nurse thinks it will serve the patient	7 (5.1)	36 (26.5)	93 (68.4)

Table (3): Demographic and clinical data of the psychiatric patients (N=237)

Data	Inpatient (N=134)		Outpatient (N=103)	
	Frequency	%	Frequency	%
<i>Sex</i>				
Male	69	51.7	37	35.9
Female	65	48.3	66	64.1
<i>Age</i>				
<20	33	24.5	12	11.6
20-30	36	26.6	41	39.8
30-40	32	24.4	41	39.8
>40	33	24.5	9	8.8
<i>Level of education</i>				
Primary	6	4.5	39	37.9
Secondary	55	41.0	40	38.8
Institute	48	35.8	21	20.4
College	25	18.7	3	2.9
<i>Diagnosis</i>				
Schizophrenia	61	45.4	18	17.5
Major depression	25	18.6	35	33.9
Bipolar disorders	18	13.3	36	34.9
Schizoaffective	30	22.7	2	1.9
Others (e.g. anxiety disorders)	0	0.0	12	11.8
<i>Number of hospitalization</i>				
Once	21	15.5	2	1.9
Twice	10	7.4	23	22.4
Three	6	4.8	62	60.1
More than three times	97	72.3	16	15.6
<i>Last/ present hospitalization</i>				
A week ago	0	0.0	0	0.0
A month ago	43	32	15	14.5
From/since more than month	91	68	88	85.5
<i>Length of last/ present hospitalization</i>				
< month	0	0.0	0	0.0
Month	0	0.0	0	0.0
Two months	3	2.3	1	0.9
Three months	4	2.9	3	2.9
Six months	6	4.6	23	22.3
> Six months	121	90.2	76	73.9

Table (4): Data related to psychiatric patients' awareness regarding their rights

Data	Inpatients		Outpatients	
	Frequency N=134	%	Frequency N=103	%
<i>Did you ever heard about patients' rights?</i>				
Yes	23	17.1	39	37.9
No	111	82.9	64	62.1
<i>What is the source of your information?</i>				
Inside hospital	10	52.6	17	65.4
Outside hospital	9	47.4	9	34.6
<i>Have you been informed before about psychiatric patients' rights?</i>				
Yes	19	14.1	26	25.2
No	115	85.9	77	74.8
<i>Who informed you?</i>				
	N= 19		N= 26	
Nurses	2	10.5	8	30.8
Physicians	8	42.1	9	34.6
Others (e.g. sociologist, psychiatrists)	9	47.4	9	34.6
<i>Were you informed on your admission?</i>				
Yes	10	52.6	5	19.2
No	9	47.4	21	80.8
<i>Have you been informed individually or in a group?</i>				
Individually	8	42.1	23	88.5
With family/ caregivers	2	10.5	3	11.5
In a group	9	47.4	0	0.0
<i>How did you get the information?</i>				
Verbally	14	73.7	25	96.2
Written	5	26.3	1	3.8
<i>From your perspective, are nurses commit with applying/ maintain patients' rights?</i>				
Yes	0	0.0	4	15.4
No	19	100.0	22	84.6
<i>If No, what are the reasons for your dissatisfaction?</i>				
Nurses not follow	12	63.1	22	100.0
Nurses do not believe in it	7	36.9	0	0.0

Table (5): Informed and non-informed psychiatric patients rights as reported by inpatients and outpatients.

Items	Inpatients N=19		Outpatients N=26	
	Informed N (%)	Not informed N (%)	Informed N (%)	Not informed N (%)
Have you been informed about the following psychiatric patients' rights during your hospitalization?				
<i>I. Information on illness or treatment</i>				
The patient has the right to:				
Obtain an explanation from the nurse about your problem and condition	9 (47.3)	10(52.7)	18(60.3)	8(30.7)
Have an explanation regarding different ways and methods possible for treating your problem	0 (0.0)	19(100.0)	12(46.1)	14(53.6)
Obtain explanations from your nurse about the medications you receive	0 (0.0)	19(100.0)	20(76.9)	6(23.1)
Get an explanation about your chances for healing and recovery	9 (47.3)	10(52.7)	20(76.9)	6(23.1)
Get an explanation from your nurse about the dangers and risks of the therapeutic plan offered to you and its chances of success	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
Read what your nurses have written about you in your file	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
Receive service regardless of race, language, religion, sex, physical or mental disability, socioeconomic status, etc.	0 (0.0)	19(100.0)	3(11.5)	23(88.5)
Receive appropriate medical, psychosocial, and rehabilitative care, treatment, and training as soon as possible	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
Access medical team after being discharged from the hospital	12(63.2)	7(36.8)	26(100.0)	0(0.0)
Be informed about your rights at the time of admission	19(100.0)	0(0.0)	18(60.3)	8(30.7)
Participate actively in all decisions and to have input in treatment planning	0 (0.0)	19(100.0)	1(3.8)	25(96.2)
Be informed about error by the person who commits an error during service delivery.	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
Withdraw from treatment against the advice of the medical team at any time with or without cause	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
Sign an informed consent on any educational or research activities in which you will be present	19(100.0)	0 (0.0)	8(30.7)	18(60.3)
<i>II. Confidentiality</i>				
The nurse do not have the right to pass on information to external authorities about the patient	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The nurse do not have the right to pass on information to the patient's employer about the patient's hospitalization or his mental condition without having the patient's consent	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The nurse is not allowed to pass on information about the patient's hospitalization and mental condition to the drivers' license authorities, even without the patient's consent	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The nurse is not allowed to give information about the patient's hospitalization and mental condition to his or her mate, even without the patient's consent	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
There are no circumstances under which the nurse must be able to share with other staff members information received in confidence during therapy	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)

Table 5 (continued): Informed and non-informed psychiatric patients rights as reported by inpatients and outpatients.

Items	Inpatients N=19		Outpatients N=26	
	Informed N (%)	Not informed N (%)	Informed N (%)	Not informed N (%)
All staff members, including nurses, should have to report to the psychiatrist-in-charge if a patient mentions that he intends to harm himself	8(42.1)	11(57.9)	0 (0.0)	26(100.0)
III. Forced treatment				
There are circumstances under which staff members should have the right to give the patient medication by force, against his will	0 (0.0)	19(100.0)	21(80.7)	5(10.3)
There are no circumstances under which staff members should have the right to give the patient medical treatment by using physical coercion, such as force-feeding or injections	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The patient should have the right to decide not to take the medication he received during his hospitalization when he considers that to be appropriate and believes that he does not need medication	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The patient should have the right during hospitalization to stop or refuse psychotherapy when he believes that is appropriate	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
IV. Forced hospitalization				
The staff should have no right to force hospitalization against a person's will if the person is psychotic and thereby is not responsible for his deeds	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The staff should have no right to force hospitalization against a person's will if the person is violent or aggressive as a result of a psychotic state	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The staff should have no right to force hospitalization against a person's will if the person neglects himself physically or mentally and endangers himself as a result of his mental illness	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The staff should have no right to force hospitalization against a person's will after a serious suicide attempt	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The staff should have no right to force hospitalization against a person's will if the person makes suicidal threats that seem serious	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The patient should have no right to discharge himself from the hospital when he believes it is the right thing to do	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The staff should have the right to prevent the patient from going home on a furlough or going for a stroll if they believe that his mental condition is not appropriate	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
V. Physical restrictions				
There are no circumstances under which the staff should have the right to confine the patient to a locked chamber	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
There are no circumstances under which the staff should have the right to prevent the patient from having visitors	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
There are no circumstances under which the staff should have the right to demand that the patient wear pajamas all day	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The patient should have the right to demand that he receive the specific treatment that he wants	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)

Table 5 (continued): Informed and non-informed psychiatric patients rights as reported by inpatients and outpatients.

Items	Inpatients N=19		Outpatients N=26	
	Informed N (%)	Not informed N (%)	Informed N (%)	Not informed N (%)
The patient should be an active partner in planning the goals of the treatment he will receive and in planning the means for achieving these goals	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The staff should have the right to demand that the patient obey the ward rules, such as time of awakening, eating, proper behavior, and rules about outings	19(100.0)	0(0.0)	26(100.0)	0(0.0)
VI. Non treatment				
There are no circumstances under which the staff should have the right to use strapping or straitjackets to treat hospitalized patients	0 (0.0)	19(100.0)	0 (0.0)	26(100.0)
The nurse should have no right to force patients to participate in certain ward activities, such as occupational therapy, if the nurse thinks it will serve the patient	19(100.0)	0(0.0)	21(80.7)	5(10.3)

Table (6). Nurses' commitment with the utilization of psychiatric patients rights as perceived by inpatients and outpatients.

Items	Inpatients N=134		Outpatients N=103	
	Committed N (%)	Not committed N (%)	Committed N (%)	Not committed N (%)
During your hospitalization, do nurses committed with the following patients' rights?				
I. Information on illness or treatment				
Give you explanation to you about your problem and condition	32(23.8)	102(76.2)	100(97.0)	3(3.0)
Give you an explanation regarding different ways and methods possible for treating your problem	19(14.1)	115(85.9)	32(31.0)	71(69.0)
Provide explanations about the medications you receive	15(11.2)	119(88.7)	32(31.0)	71(69.0)
Provide an explanation about your chances for healing and recovery	2(1.4)	132(98.6)	0(0.0)	103(100.0)
Provide an explanation about the dangers and risks of the therapeutic plan offered to you and its chances of success	0(0.0)	134(100.0)	0(0.0)	103(100.0)
Allow you to read what have written about you in your file	0(0.0)	134(100.0)	0(0.0)	103(100.0)
Provide service regardless of race, language, religion, sex, physical or mental disability, socioeconomic status, etc.	134(100.0)	0(0.0)	100(97.0)	3(3.0)
Provide appropriate medical, psychosocial, and rehabilitative care, treatment, and training as soon as possible	112(83.5)	22(16.5)	54(52.4)	49(47.6)
Allow/informed you to access medical team after being discharged from the hospital	9(6.7)	125(93.3)	32(31.0)	71(69.0)
Inform you about your rights at the time of admission	19(14.1)	115(85.9)	26(25.2)	77(74.8)
Allow you to participate actively in all decisions and to have input in treatment planning	2(1.5)	132(98.5)	23(22.3)	80(77.7)
Inform you about error by the person who commits an error during service delivery.	0(0.0)	134(100.0)	0(0.0)	103(100.0)
Allow you to withdraw from treatment against the advice of the medical team at any time with or without cause when you expressed that	0(0.0)	134(100.0)	0(0.0)	103(100.0)
Let you sign an informed consent on any educational or research activities in which you will be present	19(14.1)	115(85.9)	54(52.4)	49(47.6)
II. Confidentiality				
The nurse do not pass on information to external authorities about the patient	112(83.5)	22(16.5)	32(31.0)	71(69.0)
The nurse do not pass on information to the patient's employer about the patient's hospitalization or his mental condition without having the patient's consent	100(74.6)	34(25.4)	32(31.0)	71(69.0)
The nurse do not pass on information about the patient's hospitalization and mental condition to the drivers' license authorities, even without the patient's consent	93(69.4)	41(30.6)	32(31.0)	71(69.0)
The nurse do not give information about the patient's hospitalization and mental condition to his or her mate, even without the patient's consent	39(29.1)	95(70.9)	32(31.0)	71(69.0)
the nurse did not share with other staff members information received in confidence during therapy	39(29.1)	95(70.9)	32(31.0)	71(69.0)

Table 6 (continued). Nurses' commitment with the utilization of psychiatric patients rights as perceived by inpatients and outpatients.

Items	Inpatients N=134		Outpatients N=103	
	Committed N (%)	Not committed N (%)	Committed N (%)	Not committed N (%)
All staff members, including nurses, report to the psychiatrist-in-charge if a patient mentions that he intends to harm himself	99(73.8)	35(26.2)	100(97.0)	3(3.0)
III. Forced treatment				
Did not give the patient medication by force, against his will	10(7.5)	124(92.5)	32(31.0)	71(69.0)
Did not use physical coercion, such as force-feeding or injections	116(86.6)	18(13.4)	100(97.0)	3(3.0)
Allow patient to decide not to take the medication he received during his hospitalization when he considers that to be appropriate and believes that he does not need medication	0(0.0)	134(100.0)	32(31.0)	71(69.0)
Provide patient the right during hospitalization to stop or refuse psychotherapy when he believes that is appropriate	0(0.0)	134(100.0)	13(12.6)	90(87.4)
IV. Forced hospitalization				
The staff should do not force hospitalization against a person's will if the person is psychotic and thereby is not responsible for his deeds	0(0.0)	134(100.0)	0(0.0)	103(100.0)
The staff should do not force hospitalization against a person's will if the person is violent or aggressive as a result of a psychotic state	0(0.0)	134(100.0)	0(0.0)	103(100.0)
The staff should do not force hospitalization against a person's will if the person neglects himself physically or mentally and endangers himself as a result of his mental illness	0(0.0)	134(100.0)	0(0.0)	103(100.0)
The staff should do not force hospitalization against a person's will after a serious suicide attempt	0(0.0)	134(100.0)	0(0.0)	103(100.0)
The staff should do not force hospitalization against a person's will if the person makes suicidal threats that seem serious	0(0.0)	134(100.0)	0(0.0)	103(100.0)
Allow patient to decide to discharge himself from the hospital when he believes it is the right thing to do	0(0.0)	134(100.0)	0(0.0)	103(100.0)
The staff should do not prevent the patient from going home on a furlough or going for a stroll if they believe that his mental condition is not appropriate	130(97.0)	4(3.0)	100(97.0)	3(3.0)
V. Physical restrictions				
Do not confine the patient to a locked chamber	0(0.0)	134(100.)	0(0.0)	103(100.0)
Do not to prevent the patient from having visitors	102(76.1)	32(23.9)	100(97.0)	3(3.0)
Do not demand that the patient wear pajamas all day	45(33.9)	89(66.1)	73(70.8)	30(20.2)
Allow patient to demand that he receive the specific treatment that he wants	0(0.0)	134(100.0)	0	103(100.0)

Table 6 (continued): Nurses' commitment with the utilization of psychiatric patients rights as perceived by inpatients and outpatients.

Items	Inpatients N=134		Outpatients N=103	
	Committed N (%)	Not committed N (%)	Committed N (%)	Not committed N (%)
Allow patient to be an active partner in planning the goals of the treatment he will receive and in planning the means for achieving these goals	0(0.0)	134(100.0)	0(0.0)	103(100.0)
Do not demand that the patient obey the ward rules, such as time of awakening, eating, proper behavior, and rules about outings	0(0.0)	134(100.0)	20(19.4)	83(81.6)
VI. Non treatment				
Do not use strapping or straitjackets to treat hospitalized patients	134(100.0)	0(0.0)	103(100.0)	0(0.0)
The nurse did not force patients to participate in certain ward activities, such as occupational therapy, if the nurse thinks it will serve the patient	101(75.3)	33(24.7)	100(97.0)	3(3.0)

DISCUSSION

It is the obligatory role of nurses and medical staff as well as researchers to protect lives, health, dignity, integrity, privacy and the confidentiality of patients' personal data (The National Advisory Board on Health Care Ethics, 2012). Thus, nurses are committed with maintaining standards of advocacy at acceptable professional level, accountability relating to actions, guarding against stepping beyond the boundaries of their professional practice of advocacy, and acquiring adequate knowledge about the law and regulations concerning psychiatric patients (Jugessur and Iles, 2009). Based on literature review, there was significant limitation in the studies regarding psychiatric patients' rights, thence, this study prospected to accentuate psychiatric nurses' attitudes and commitment with patients' rights and simultaneously disclose psychiatric patients' awareness of these rights.

Concerning nurses' attitudes/opinions towards patients' right to have information on illness, the results of this research revealed that majority of nurses agreed with all statements of rights except for patient's right to read his/her file and patient's right to be informed about medical errors (Question 1). Nurses may be concerned with their relationship with patients; they may envisage that patient will mistrust them if he/she knows about medical errors. In the line with this result Osman and Awadallah, 2018 reported in their study that nearly all the participated nurses agreed that patients have the right to be informed about their illness condition. But result was inconsistent with the study of Sreevani and Revathi, 2011 who conducted their study to assess psychiatric nurses' attitudes towards patients' rights in India and summarized that only 53.0% of

participants agreed that patient has the right to have information regarding their condition. Foreseeably, all of the nurses in this research agreed for almost all patients' rights for confidentiality (e.g. nurses not allowed to share information related to patient's condition without patient consent). Surely, patients' confidentiality may be considered not merely a right but a demeanor, a convention and a covenant attitude and practice among nurses. Unfortunately, this result was inconsistent with the study of Osman and Awadallah , 2018 who deduced in their research that few number of the nurses aware of and agree for confidentiality rights of psychiatric patients.

One of the striking results of this research is that majority of the nurses regard forced treatment as an alternative or a choice of care which should be utilized. Patient's right to refuse treatment or therapy is still a dilemma and predicament particularly with psychiatric patients whose may be discerned as incompetent and ineligible person cannot participate in the plan of care, one of the participated nurses stated "psychiatric patient is disqualified person; we are responsible for taking decisions of care instead of him/her". Another nurse declared "that is an illogical statement, how come psychiatric patient refuse a therapy or treatment during his/ her hospitalization, patients' obedience is a part of treatment". On the same context, majority of the studied nurses announced that staff can force patient for hospitalization, particularly when they are suicidal, aggressive or psychotic. Some participants rationalized this that the patient considered a source of harm to self and others; and with patients' lack of insight; they must be forced for hospitalization.

Results concerning patients' awareness about their rights reflected that few patients were informed about their rights (Question 2), but in the same time, all of them were unsatisfied with nurses' level of commitment (Question 3). Regrettably, the results also showed that almost all of the statements of patients' rights had not been informed to the patient (as stated by the participated patients) and this contemplate the factual and the pragmatic status of this issue in Saudi Arabia. One patient during the interview of data collection stated "Do we really have rights; I do not have any rights at home, if I asked even for my simplest right I got threatened by my significant persons". Another outpatient participant reported "Health staff deal with us as dolls, they decide to allow or to not allow". The study of Masood, Rahman, Mahmood, Nisar, Mohsin, 2016 agreed with this result and proclaimed that more than have of survived psychiatric patients had unsatisfactory level of awareness regarding their rights and they related this result to "the absence of any charter, bill on patient rights in our country/Pakistan".

Eventually, most of the participated patients proclaimed that nurses were not committed with maintaining patients' rights during their care with them, specifically their rights to not be forced for treatment or forced for hospitalization as well as to not be physically restricted. Some inpatients reported that they are always imposed and compelled to ward routines (e.g. eating time, bathing time, watching T.V time), other outpatient participants stated that nurses were negligent to their complaints during their hospitalization, on this context one patient said "when I told the nurse that I have problems after taking my medication, please stop administering it to me, she did not look at me and kept communicating with the other nurses". Furthermore, another patient stated "when I refused to take my bath because I felt cold, the nurses pushed me with the workers and poured water on my body while I was crying, and after that they propelled me to a locked room in order to punish me".

CONCLUSION

Based on the results of this study it can be deduced that nurses' working in Al-hasa hospital for mental health limit patients' rights to mainly confidentiality of patients' data and providing multiple as well as diverse alternatives of care. Rights encompass no forced treatment, no forced hospitalization and no physical restrictions viewed by nurses as inconsequential requirements for psychiatric patients. Moreover, participated patients grumbled of nurses' in compliance with preservation and protection their rights; they also declared that they had not been informed about most of their rights.

RECOMMENDATIONS

Relying on these significant and considerable results, there is imperious need to conduct workshops simultaneously with discussion sessions for nurses in order to announce for all psychiatric patients' bill of rights and affirm the role of nurse as a patient's advocator. Also, informing patients with their rights on admission should be a part of admission regulations, in order to ensure nurses'/ staff commitment. Moreover, nurses' expressed their refusal for some statements of patients' rights (e.g. patient can decide to stop medication or refuse therapy); an educational program regarding ethical aspects in nursing care is highly recommended. On the other hand, results concerning psychiatric patients revealed that nurses consider patients as incompetent or unqualified; thus the researcher recommend conducting a program for nurses to disclose psychiatric nursing principles in order to guide and direct nurses in their delivery of care and also educating them about other alternatives of ethical nursing interventions to be used instead

of enforcement. The researcher also suggests further researches concerning assessment of nurses' level of empathy, communication skills and attitudes towards psychiatric patients.

Limitations of the study

The researcher may claim that scarcity of researches and studies limited this study references.

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Conflict of interest

No conflict pronounced by the researcher

Fund

None

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مدى وعى المرضى النفسيين والتزام الممرضات النفسيين بحقوق المريض: دراسة استقصائية وصفية

سونيا محمد السيد الصياد

أستاذ مساعد التمريض النفسي و الصحة العقلية- كلية التمريض- جامعة بورسعيد

الخلاصة

يلتزم الممرضين بالحفاظ على معايير الدفاع عن حقوق المرضى على المستوى المهني المقبول والحماية من تجاوز حدود ممارساتهم المهنية ، واكتساب المعرفة الكافية حول القوانين واللوائح المتعلقة بالمرضى النفسيين. ولذا هدفت هذه الدراسة الى عكس وعى المرضى النفسيين الموجودين في المستشفى بحقوقهم والتزام الممرضات بهذه الحقوق كما يراها المرضى. تم الاستعانة بعدد 237 مريضاً داخلياً ومرضى من المترددين على العيادات الخارجية هذا بالإضافة إلى 136 ممرضاً و ممرضة تم تضمينهم في الدراسة. تم استخدام مقياس حقوق المرضى بالإضافة إلى استبيانين معدلين بهدف جمع بيانات الدراسة. و جاءت النتائج بأن الممرضات يرون أن هناك بعض البنود الخاصة بحقوق المرضى النفسيين كمتطلبات غير ضرورية و ذلك مثل حق المريض في رفض العلاج القسري ، و الدخول القسري إلى المستشفى ، والقيود الجسدية التي تستخدم مع بعض المرضى العدوانيين. كما خلصت الدراسة الى تدمير بعض المرضى المشاركين من عدم التزام الممرضات بالحفاظ على حقوقهم وحمايتهم؛ كما أكدوا أنهم لم يطلعوا على معظم حقوقهم. و لذا توصي الباحثة بعقد ورش عمل متزامنة مع جلسات المناقشة للممرضات من أجل الإعلان عن ميثاق حقوق جميع المرضى النفسيين والتأكيد على دور الممرضة كمدافع عن المريض.

الكلمات المرشدة: وثيقة الحقوق، المعايير الأخلاقية للممرضين، المعضلات الأخلاقية المتعلقة بالمرضى لبنفسيين، المرضى النفسيين.