

## The Effect of Group-Discussion on the Nurses' Performance in Recognizing Patients' Rights

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### Abstract

**Objective:** Group discussion enhances the knowledge and the quality of cares provided for patients and reinforces nurses' skills and diagnostic approaches. This paper, aims to study the effect of group discussion on nurses' performance in respecting the rights of patients staying in Madani Hospital in Tabriz Iran in 2014.

**Methods:** This is a semi-empirical research study conducted on nurses using a pre- and post-test design. A research sample of 71 nurses randomly selected with negative attitude scores or less than 80 on respecting patients' rights. Data were gathered by an observation checklist including the principle components of patients' physical, mental and social rights. Data were analysed in SPSS.

**Results:** Mac Nemar Test was used to compare results before and after intervention. Results indicated that there was a significant statistical difference in the group on respecting patients' rights ( $p < 0.05$ ).

**Conclusion:** According to results, group discussion may contribute to the improvement of nurses' performance in respecting and understanding patients' rights. Group discussion is recommended to be held as an appropriate method in educational therapy centers to improve nurses' perception of patients' rights.

**Keywords:** Patients' rights, Group Discussion, Performance, Intervention

### Introduction

As the highest form of God's creation, human being has been merited rights to his/her needs in health or illness (1). Patients are perhaps one of the most vulnerable social groups, because they not only lose their physical qualities of their healthy times, but are under grave mental, social, and economic pressures (2). Because of the Suffering from the pains of illness and seeking to improve their inabilities, they usually trust healthcare systems and should be protected by some special mechanisms (3), and in this regard, hospitals as an important part of the health care services that should be an institution for understanding and respecting patients, and their families, rights (4).

Patients' rights refer to protecting them and providing a good ground for enjoying human dignity in all stages of treatment in therapy center at the same time ensuring an unprejudiced care in a high-quality environment full of respect and affection (5, 6).

Improved patients' satisfaction of care services and increased respect for patients' rights are a measure of the effectiveness, productivity and the quality of health and therapy services (7, 8), and non-compliance can result in patient injury and compromised health, life and safety of patients and the weakening of the relationship between patient and nurse and reduce the effectiveness of services for patients (6) and legal complaints by patients (9). Nursing is generally defined as the care of others and all that focus on individual nursing care he receives (7), and that care should be taken to represent the interests and concerns about the health of the patient as a person, he is vulnerable (8). Since nursing is one of the most important principles of respect for human rights and respect the dignity of all patients and nurses, one of the main pillars of the rights of patients in hospitals (7). Except profession that has the appropriate knowledge and respect for the patients' rights sensitive.

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In turn, lack of respect for patients' rights may compromise their health, life, and security, weaken the relationship between caregivers and patients, and ultimately reduce the effectiveness of services (6, 9).

Nursing, in general, is defined a care provided for others. All nursing interventions focus on those receiving care (7). Such care should be delivered as representing the caregivers' interest and concern about patient's health as a vulnerable person (8). As one of the most important column of nursing is respecting human rights and esteeming all patients' dignity, as nurses are one the most important column of protecting patients' rights in hospitals (7), and as nursing is a profession full of required knowledge on respecting patients' rights, the more nurses are informed of patients' rights, the better they can provide nursing care to satisfy patients' physical and mental needs. This also improves the quality of nursing services and patients' satisfaction. Therefore, an inclusive care encompassing the respect for patients' rights requires nurses to raise their knowledge on this (10). Nurses' knowledge can be raised by study, passing training courses on patients' rights, participating in seminars and congresses, adding related courses to nursing field (11). Another useful way of enhancing nurses' knowledge and information is the group discussion. Group discussion is a valuable way for gathering information. People can acquire deep information on their interested subjects including patients' rights and add to the quality and quantity of their information (12). Krocshan et al. stated that group discussion was a useful method of provoking deliberation, challenging insights and beliefs, and developing interpersonal skills such as listening to others, accepting the dissenting opinions, and respecting people's freedom and rights (13). Barret et al. (2007) claimed that group discussion could elevate people's awareness of health, illness, and healthcare services and caregivers' needs. This consequently improves nurses' performance (14). Since the group discussion is aimed at studying patients' problems including their rights, nurses' knowledge and information may be raised with this and the required ground is provided for respecting patients' rights. Nurses play a vital role in healthcare system and they are more in connection with patients and their families, studies though indicate that they do not think high enough of patients' rights (15). Salami et al. reported that the level of respect for patients was lower than average on the side of nurses (16). Khodamardi also claimed weak the level of respect nurses have for patients' rights (17). Since it is important for nurses to recognize patients' rights during care delivery, and as this subject has not widely studied in Iran, this research aims to identify the effect of group discussion on nurses' performance and find a way for nurses to better understand patients' rights

## Materials and Methods

This is a semi-empirical research study conducted on nurses using a pre- and post-test design. The statistical population includes all nurses employed in Madani Educational Therapy Center in Tabriz. The research sample of 142 nurses randomly selected with negative attitude scores or less than 88 on respecting patients' rights. At first, 10 general wards qualified for the researches were selected 142 nurses were then randomly chosen from these wards. Using random sampling of 71 nurses entered into the study group and the control group were 71 cases. Before training by group discussion, entered group members were evaluated clinically by the researcher in three shifts (morning, afternoon, night). Six 45 to 60 minute sessions of discussion group were held for six groups of 12. At the beginning of sessions, the researchers' objectives were defined. Any of the principles of the chart of patients' rights were then discussed in each session. At the end, discussed subjects were concluded. Chairs were arranged as to facilitate discussion and knowledge exchange. One week later when classes finished, post-test were conducted. Entered Group members were re-evaluated clinically by the researcher in three shifts. During this period, the control group received no training. Finally, for both groups a pamphlet on the chart of patients' rights and discusses subjects were distributed among members.

**Statistical Analysis:** An observation checklist of 22 phrases including 11 items on patients' physical rights, 7 items on patients' psychological rights, and 4 items on patients' social rights was used. The checklist was measured by "Yes" or "No" answers. The study was scientifically validated on content. Ten faculty members of Tabriz University of Medical Sciences were asked to assess it. Having gathered their specialized comments, the required modifications were done. As the internal consistency reliability were measured by Cronbach's alpha at greater than 0.7, the reliability and generally the whole checklist was confirmed. Data were analysed by descriptive statistic (frequency and percent) and Mac Nemar Test (to compare results before and after intervention) in SPSS

## Results

Regarding the working ward, the highest frequency (18.3%) related to female ward and the lowest frequency (1.4%) related to CCUs. In terms of work shift, the highest frequency (38%) was for night and the lowest frequency (29.6%) related to morning. Table 1 displays the qualitative variables of frequencies. Mac Nemar Test was used to compare results before and after intervention. Results indicated that there was a significant statistical difference in the group on respecting patients' rights ( $p < 0.05$ ) (Table 2).

**Table 1:** Study population specifications

	Count	Table N %
Shifts	Morning	21 29.6%
	Afternoon	23 32.4%
	Night	27 38.0%
Service	Children	8 11.3%
	Female Surgery	6 8.5%
	Male Surgery	10 14.1%
	Male General Ward 1	9 12.7%
	Male General Ward 2	6 8.5%
	Female General Ward	13 18.3%
	CCU2	6 8.5%
	CCU3	1 1.4%
	ICU	9 12.7%
	Dialysis	3 4.2%

**Table 2:** Comparing results before and after intervention by Mac Nemar Test. Results indicated that there were significant statistical differences between the group on respecting patients' rights ( $p < 0.05$ )

	N	Yes %	No %	Exact Sig. (2-tailed)	Exact Sig. (1-tailed)	Alteration%
QA1 & QB1	71	30.98	69.01	.000	.000	100
QA2 & QB2	71	36.61	63.38	.000	.000	100
QA3 & QB3	71	1.Nis	97.18	.000	.000	98.59
QA4 & QB4	71	1.Nis	98.58	.000	.000	28.16
QA5 & QB5	71	0	98.59	.000	.000	98.59
QA7 & QB7	71	0	100	.000	.000	100
QA8 & QB8	71	0	100	.000	.000	100
QA9 & QB9	71	81.69	18.Mar	.000	.000	100
QA10 & QB10	71	0	100	.000	.000	100
QA11 & QB11	71	0	99.99	.000	.000	80.28
QA12 & QB12	71	71.83	20.26	.000	.000	98.59
QA13 & QB13	71	18.59	1.Nis	.000	.000	100
QA14 & QB14	71	14.Ağu	85.91	1.000	.500	100
QA15 & QB15	71	97.18	Şub.81	0.500	.250	100
QA16 & QB16	71	19.71	80.28	.000	.000	100
QA17 & QB17	71	97.71	Şub.81	0.500	.250	100
QA18 & QB18	71	97.18	Şub.81	0.500	.250	100
QA19 & QB19	71	0	100	.000	.000	45.07
QA20 & QB20	71	0	100	.000	.000	66.19
QA21 & QB21	71	1.Nis	97.28	.000	.000	100
QA22 & QB22	71	73.23	27.76	.000	.000	100

QA1: question 1 after intervention QB1: question 1 before intervention

## Discussion

One of the most important measures of high-quality and moral care is the recognition of patients' rights (18). Considering patients' basic rights when delivering care, nursing staff can maximize the quality and efficiency of healthcare. Hospitals should educate therapy team the chart of patients' rights to raise their satisfaction (19). Research results showed that in more than half of cases, nurses' approaches to understanding patients' rights had highly changed.

Amani et al. reported that the respect for the chart of patients' right was 54.5% in good level. This agrees with our research results (2). Rangrazjedi and Rabiei revealed that the respect for the chart of patients' right was 67.74% in good level. This agrees with our research results (20).

Ghelje et al. claimed the physicians' and nurses' attitude toward patients' right in an average level which did not agree with our results. Our study also disclosed that high number of patients, being under high work pressure, numerous work shifts, and doing overwork were all factors affecting nurses' performance. Understanding and respecting patients' rights requires good and standard workplace and facilities (11). Hooshmand et al. enumerated noninstitutionalized rules and lack of sufficient time to study and research due to improper economic conditions, lack of a positive professional view among nurses, high number of patients, shortage of caregivers and facilities as the reasons of low awareness of the study units of patients' rights (18).

Another study referred to the patients' higher awareness of their rights as a facilitating factor of understanding patients' rights. According to most findings, improved knowledge among patients encourages them to expect higher quality services and ask for respecting their rights. It is, therefore, necessary to both educate the therapy team and raise the information among patients on their rights to be more satisfied of received care (21).

Table 2 showed that in more than half of cases, nurses' approaches to understanding patients' rights had highly changed. Mac Nemar Test was used to compare results before and after intervention. Results indicated that there was a significant statistical difference in the group on respecting patients' rights. For most items, the performance changed from 30% to 100%. This shows that teaching and learning is always an efficient tool for raising people's awareness, especially nurses. Improved knowledge may be then followed by improved clinical performance in various contexts such as patients' rights. Nurses should acquire the needed knowledge in order to better understand patients' rights. Put it differently, the higher the knowledge, the better the patients' rights are understood (16) and the more satisfied they are of care services. Patients' satisfaction is a measure of the effectiveness, productivity, and the quality of healthcare services (22).

Our research showed that group discussion can be useful for changing nurses' approaches to patients' rights. Nursing is a valuable and moral act by nature and the quality of nursing care highly depends on nurses' performance (23). Studying the effect of educating nurses through group discussion on the nursing care quality for patients with heart attack, Safari et al. claimed that just two nurses had good performance before the intervention. However, the number elevated to 8 after the group discussion. The mean score before the intervention was 24.6 raised to 38 after the intervention.

The effectiveness of the group discussion on nurses' performance was calculated 54.4% by paired t-test which agrees with our results (8). Aiming to employ clinical training through group discussion for nursing students, Hajbagheri et al. concluded that higher mean scores were achieved by adopting the group discussion technique than the traditional method. This agreed with our study (24).

Comparing the effect of educating through lecturing and group-discussion on learning level among nursing students, Karimi et al. reported a significant increase through group discussion than the other approach which agreed with our findings (25). Kazemnezhad et al. examined how much physicians and nurses in the hospitals of the Mazandaran University of Medical Sciences respected the chart of patients' rights. They evaluated the recognition of patients' rights in poor or average level. The mean score was reported 2.65 (0.83) which did not agree with our results (26).

Babamahmoudi et al. also investigated how much physicians and nurses in the hospitals of the Mazandaran University of Medical Sciences respected the chart of patients' rights. Their results showed the mean score in poor level which did not agree with our results. They claimed lack of knowledge on patients' rights as a reason of not recognizing such rights (27).

According to Johnson, using group discussion helps participants to be in contact and coordinate with each other, and raise their self-confidence (11).

Regardless of educational aspects and a good chance of analyzing discussion details, such learning offers undeniable effects in terms of improving social culture and communication. This method is useful in improving communication skills, self-confidence, the ability to express intends, listening skills, observation of others' reaction to what is said, freedom to express opinions, and ability to pose questions considered a start point of a research study. Discussion and communication, in general, develop thinking, understanding, learning, and remembering skills. And all interested people can take the required advantages of it (28).

## Conclusion

Emphasizing on using group discussion to identify complex issues for the audiences, Light and Cox considered it helpful for evaluating previous learning, identifying people's experiences about healthcare services in a group, and discovering personal differences in their perceptions (29). Ledo et al. concluded that group discussion was a good way for raising people, especially nurses', knowledge (30).

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