ASSESSING NURSE'S RESPECT FOR THE PATIENT IN HOSPITAL SETTINGS: A CROSS-SECTIONAL STUDY OF SOUTHEAST NIGERIA

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Abstract
Nurses' respect for the patient is anchored on three main principles of dignity, autonomy and confidentiality. Respect for dignity entails nurses placing patient's interest first by promoting his worth as a person. Autonomy on the other hand, defines patients' right to be involved in their care plan. Nurse's respect extends to confidentiality of patient's information which is seen as respect for privacy and private life of the patient in the care process. Nurse's respect for the patients enhances the worth of the patient as a person and this phenomenon has rarely been investigated in the hospital settings in southeast Nigeria prompting this project. This study was to understand patients' perception of nurses' respect for the patient in hospital setting which has rarely been investigated in this part of Nigeria. Using a cross-sectional approach, the study was limited to three hundred and thirty six adult patients admitted in four hospitals. Assessing nurses' respect for dignity of patients, issues rated high were: nurses making extra effort to communicate with patients in a language they could understand, explaining procedure and obtaining consent before providing services. On respect for patients' autonomy, all issues were rated high except on patients being allowed to choose the particular nursing personnel to attend to them; nurses answering all their questions in a friendly manner. Assessing respect for patients' information, all listed issues were rated low except that of nurses not introducing the health team among others. Appropriate management and disclosure of Patient health information should be maintained according to recommended standards to assure the confidentiality of patient information.

Keywords: Cross-sectional approach, patient dignity, patient autonomy, patient confidentiality, patient perception, nurses

Background

Nurses' respect for the patient is anchored on three main principles: dignity, autonomy and confidentiality. Nurses are required to conduct themselves professionally and ethically in ways that show respect and dignity for the patient as indicated in many national's and international nursing code of conduct. Nurse's respect for the patient fosters good relationship with the patient by improving communication between both parties which helps in the diagnosis and treatment of the patient. Both parties stand to gain when the patient is accorded some worth as a human person. Nurse's respect for the patients enhances the worth of the patient as a person and this phenomenon has rarely been investigated in the hospital settings especially in southeast Nigeria, prompting this project. Therefore, this project was embarked upon to understand the extent of nurse's respect for the patient in the process of health services delivery. The study was limited to adult patients (ages 18 -65) admitted in four hospitals for at least three days, with somatic illness, whether medical or surgical. The period of the study spanned six (6) months between January and June, 2016. Results of the study, it is hoped will help improve the missing links in improving nurse's respect for the patient. The conceptual and theoretical frameworks for this project was based on Donabedian's constructs of structure, process and outcome which emphasizes the relationship between structure (Nurse's attitude) towards respect for the patient and the outcome (feeling being respected) by the patient by the nurse.

The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems [ANA, 2012]. The word dignity, seen as a fundamental human right [Paola *et al.,* 2015; United Nations, 1948] is derived from two Latin words: 'dfignitas', meaning an achievement that brings with it merit [Paola et al., 2015; Lin *et al.,* 2011; Stievano *et al.,* 2009] and 'dignitus' meaning worth that confers value and quality for one's wealth [Paola *et al,* 2015; Matiti *et al.,* 2008]. Nurses are to respect the uniqueness and dignity of each person, self and others by protecting patient privacy and preserving their own respect and dignity as well [ANA, 2010]. Nurses' respect entails placing patient's interest first by promoting his health, safety and rights which involve working to assure the patient's autonomy and confidentiality [rn.com, 2012].A patient's claim to dignity could be reduced by incidence of disease, but that notwithstanding, every person deserves to be treated with dignity [Paola *et al.,* 2015; Whitehead *et al.,* 2008]. The need to be treated with dignity is most desirous in acute settings [Paola *et al.,* 2015; Baillie, 2009] as contained in the Amsterdam declaration on the promotion of patients' rights [Paola *et al.,* 2015; WHO, 1994]. This declaration stipulates that patients have the right to be treated with dignity and with respect to their culture and value [Paola *et al.,* 2015; Ebrahimi *et al.,* 2012]. The Nursing and Midwifery council in the United Kingdom (UK) sees dignity as its starting point for standard of care for patients as nurses would have the responsibility for ensuring the promotion and protection of patients' dignity irrespective of their socio-economic status, culture or religion [Nursing and Midwifery Council, 2008]. The older people (patients) have received wider attention in reference

to policy and guidance pertaining to dignity especially because of their heightened vulnerability to abuse in hospital settings. To counter this, person-centred care was identified as an approach to guaranteeing that people were treated as individuals [Department of Health, 2001]. Not so far off, many reports have been produced on the serious concerns relating to quality of care and dignity within acute hospitals in the UK: [the Mid Staffordshire NHS Foundation Trust Inquiry, 2010; the Parliamentary and Health Service Ombudsman, 2011; CQC, 2011] which respectively identified patients being left inadequately dressed, multiple failings being identified in the most basic standards of care including clean and comfortable surroundings and discussing patient's personal information in open areas and staff speaking to patients in a condescending or dismissive way.

The respect for patients practically extends beyond dignity to autonomy which in essence is defined under patients' self-determination in the care process. Autonomy defines patients' right to be involved in their care plan. The requirement to acknowledge autonomy, also extends to those with diminishes autonomy (inability to engage) through the involvement of relatives in the care process [NCPHS, 1998:19–30]. The *Clause V of the* United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) highlights autonomy by indicating that nurses must work in open and cooperative manner to ensure that patients, their families are fostered independence in respect to their involvement in the planning and delivery of care [UKCCNM, [1996]. It has become very imperative for nurses and other health care professionals under the autonomy principle to respect the values, thoughts and actions of patients in treatment decision process [UKCCNM, 1996]. But there may be some down sides to autonomy like in situations where HIV positive patients may be isolated and offered minimal treatment for just no cause on the basis of their HIV status [UKCCNM, 1996]. The medical practice supports the best interest of patients and nurses in this context are advised to promote patient autonomy by acting as their advocates to promote patient informed consent [Wilson *et al.*, 2014; International Council of Nurses, 2012]. Nurses in their advocacy role help to provide enough medical information to patients and their relatives to promote informed decision and consent in medical care process for patients and relatives. The issue of nurse's advocacy on patients behalf is also emphasised in the [Wilson et al., 2014; NMC, 2008], which encouraged the nurse to act as advocate for patient in his decision. But a recent study has proven otherwise [Wilson et al, 2014; Francis, 2013] as to the strength of the nurse's advocacy on behalf of those in their care. This is mostly due to the less power the nurse has as patient advocate in a healthcare world dominated by physicians.

Beyond autonomy, nurse's respect extends to confidentiality of patient information which is seen as respect for privacy and private life and sustainability of care and treatment [Nilüfer *et al.*, 2016; Ünsal, 2011]. The word privacy comes from "privatus" and "privo" which in Latin means "deprive of". The history of privacy is actually rooted in the word "priv", which means "an opportunity in one's favour" [Nilüfer *et al.*, 2016]. Medically speaking, privacy could be seen as a restriction an individual puts to the accessibility of his body and mental integrity [Nilüfer *et al.*,

2016; Sert, 2008]. The right to privacy by extension involves the inalienable right of confidentiality of information related to the patient and his bodily privacy as well [Nilüfer *et al,* 2016; Sert, [2008]. This right is characterised by self-determination that provides individuals with moral authority and ownership of their personal characteristics [Nilüfer *et al.,* 2016; Sert, 2008]. Confidentiality and privacy are essential and critical elements in fostering good clinical relationship between patients and clinicians as they restrict the discussion of patient information with his provider without a third party except at times with patient's relative [Nilüfer *et al.,* 2016]. Privacy is also important as it provides exclusive environment where patients receive treatment which also goes to emphasize the importance of patient autonomy [Nilüfer *et al.,* 2016; Beauchamp *et al,* 2009]. Everyone has the right to his personal or medical information, enjoying some level of confidentiality which includes the state of his diagnosis and the therapeutic procedures involved in his treatment. This also includes all the data on his prognosis, diagnostic exams, specialist visits and medications [Nilüfer *et al,* 2016; Emre*et al,* 2014]. There are times when health professionals are required to divulge patient confidential medical information which they should do within the provisions of the law but not without informing the patient first. When unsure of the legal implications of providing such information, further advice should be sought with appropriate authorities [Allinson *et al.,* 2016; General Pharmaceutical Council. Guidance on patient confidentiality, 2012]. Literature review is of the opinion that respecting patients' privacy and their autonomy help honour their confidentiality and the secrecy of their treatment which is very paramount in provider/patient relationship [Sadeghzadeh *et al., 2016;* Cairns *et al.,* 2013].

In Nigeria, the stated ethical principal objective of health professionals concerning medical ethics is to promote the wellbeing of patients in their care. In so doing, the practitioner shall promote patients' dignity, autonomy and confidentiality in the process of providing professional care to the patient. Practitioners are also obligated to serve the patient to promote the inherent patient/provide relationship [RPCMDP, 2008].

The literature reviewed contains very little on patients' perception of nurses' respect for patients while they are undergoing treatment in hospital settings especially here in the eastern part of Nigeria justifying the reason for this study. The objective of this study was therefore, to determine nurses' knowledge and competence advocacy level including respect in patient safety and security as perceived by the patients while undergoing treatment in hospital settings. Specifically, the results of the study, it is hoped, contain useful information that would enable the enhancement of nurses' professional knowledge and advocacy for patients' safety and security.

Methods and Subjects

Using a cross-sectional purposive qualitative approach, the study was limited to adult patients (ages 18 -65) admitted in four hospitals namely-university of Nigeria teaching hospital, Enugu state university teaching hospital, National orthopaedic hospital and a private hospital for at least three days, with somatic illness, whether medical or surgical. Structured interview guide was

used to collect data on a convenience sample of three hundred and thirty six patients from medical and surgical wards in the hospitals. The period of the study spanned six (6) months between January and June, 2016.

The study population is mostly of Igbo ethnic group and they constitute the third largest group in Nigeria with a population around twenty (20) million persons (NPC, 2007). Majority of them are Christians. The study area covered Enugu metropolis and patients do visit these hospitals from adjoining states due to the specialist nature of some of the hospitals. Study protocol included application of the ethical principles relating to studies using human subjects. Formal approval for the study was obtained from the Research Ethics Committee of the University of Nigeria Teaching Hospital, Enugu. All participants were fully informed of the objective and design of the study and written consents were received from the participants for interview.

Data Analysis

The collected data was analysed using both descriptive and inferential statistics. The descriptive statistics – frequency, percentage, mean and standard deviation were used to summarise the items of the questionnaire. Specifically, the mean and standard deviation were used for the 4-point scaled item; 2.5 was used as cut-off for classification: item with Mean (M) > 2.5 was accepted to be patients' perception of nurses while patient with Mean (M) > 2.5 on construct average was classified to have good perception, and otherwise poor. Inferential statistics – binary logistic regression was used to ascertain patients' characteristics that predicts their perception of nurses. Inferential decisions were taken at 5% level of significance; however, for Hosmer and Lemeshow, Goodness-of-Fit Test, we allowed 3% having considered the model to be somewhat still a good fit for the data. These statistics were done with the aid of the Statistical Package for Social Science (SPSS) version 25.

Research Results

Table 1: Socio-demographic Characteristics of the Respondents n = 336

	Frequency	Percentage
Age		
- Below 20	18	5.4
- 21 – 30	120	35.7
- 31 – 40	99	29.5
- 41 – 50	33	9.8
- 51 +	66	19.6
Gender		
- Male	153	45.5
- Female	183	54.5
Highest Educational Level		
- No formal education	18	5.4
- Primary	48	14.3
- Secondary	120	35.7
- Tertiary	150	44.6
Marital Status		
- Single	93	27.7
- Married	237	70.5
- Separated	3	0.9
- Divorced	3	0.9
Occupation		
- Student	60	17.9
- Trader/Self-employed	99	29.5
- Government employee	87	25.9
- Private employee	63	18.8
- Unemployed	27	8.0
Patients' Hospital-Related Background Information		
Time length of access of hospital		
- Under a year	162	48.2
- 1 – 3 years	108	32.1
- 3 – 5 years	33	9.8
- More than 5 years	33	9.8
Main source of payment		
- Insurance	39	11.6
- Out-of-pocket	231	68.8
- Free medical care	15	4.5
- Others	51	15.2
Number of encounters with nurses in the hospital		
- One	36	10.7
- Two to four	75	22.3
- Five to seven	69	20.5
- Eight to ten	21	6.3
- More than ten	135	40.2
Hospital		
- UNTH	165	49.1
- ESUTH	159	47.3
- NOHE	6	1.8
- Private Hospital	6	1.8

Table 1 presents the demographic characteristics of the patients. Majority were aged 21 – 30 (35.7%) and 31 – 40 (29.5%) respectively. There were more females (54.5%) to males (45.5%), and more of the married (70.5%). Majority had either tertiary (44.6%) or secondary education (35.7%), and were majorly self-employed (29.5%) or government employees (25.9%). Most have been accessing hospital services for less than a year (48.2%) followed by 1-3 years (32.1%). Main source of payment was out-of-pocket (68.8%). Majority have encountered nurses in the hospital for more than ten times (40.2%). Most were receiving services in the medical (25.9%) and surgical unit (25.0%), and in UNTH (49.1%) and ESUTH (47.3%).

Table 2: Patients' Perception of Nurses' Respect for the Dignity of the Human Person in Hospital Setting: Respect for Dignity of Patients, for Patients' Autonomy and for Patients' Information

n = 366

	SD	D	A	SA	M±SD
Accessing nurses' respect for the dignity of the patient					**3.23±0.47**
- Nurses explained procedure and obtained my consent before providing services to me	15	21	165	135	3.25±0.76*
- +Nurses discriminated against me on the basis of my sex or religion and favouritism in the process of providing nursing care	141	138	33	24	1.82±0.88
- Nurses gave me due respect in the process of providing care	3	24	174	135	3.31±0.64*
- Nurses made extra effort to be courteous in the process of providing care	6	33	198	99	3.16±0.66*
- +Nurses were abusive and rude in the process of delivering care	102	186	33	15	1.88±0.75
- Nurses made extra effort to communicate with me in a language I understood	6	24	150	156	3.36±0.69*
Accessing nurses' respect for patients' autonomy					**2.93±0.52**
- My right to decision-making in healthcare was respected including decision to refuse care	15	99	126	96	2.90±0.87*
- Nurses spoke to me and provided all the necessary information in the process of caring for me	9	39	159	129	3.21±0.75*
- Nurses answered my questions in a friendly manner	3	18	201	114	3.27±0.60*
- Nurses explained the likely outcome of the care they will provide to me during my stay in the unit	15	84	147	90	2.93±0.83*
- I was allowed to choose the particular nursing personnel to attend to me during my hospital service	114	144	54	24	1.96±0.89
- Nurses explained procedure and obtained my consent before providing nursing care	12	51	162	111	3.11±0.78*
- My questions were adequately answered and the nurses demonstrated proper professional knowledge	3	42	192	99	3.15±0.66*
Accessing nurses' respect for patient information					**2.89±0.58**
- +Nurses divulge information on my health condition to relations without my consent	102	153	66	15	1.98±0.82
- +Nurses mentioned my diagnosis/sickness to the hearing of others during routine care	117	141	54	24	1.96±0.89
- +Nurses did not introduce the health team and exactly who will receive information on my health condition	39	123	135	39	2.52±0.85*
- +I did not give all information on my health condition to the nurses because of my previous experience	75	180	57	24	2.09±0.82

- +Nurses communicated my health information to others through their attitude towards me	90	177	54	15	1.98±0.78

Item with M > 2.5 was considered to be patients' perception (whether positive or negative); * Items with M > 2.5; + Negatively framed items; Negatively framed items were reversed while computing the composite means.

Table 2 presents patients' assessment of nurses' respect for the dignity of the human person in hospital setting. Assessing respect for dignity of patients, issues rated high were: nurses making extra effort to communicate with patients in a language they could understand (3.36±0.69), explaining procedure and obtaining consent before providing services (3.25±0.76), giving due respect (3.31±0.64) and making extra effort to be courteous (3.16±0.66) in the process of providing care.

On respect for patients' autonomy, all issues were rated high except on patients being allowed to choose the particular nursing personnel to attend to them (1.96±0.89); nurses answering all their questions in a friendly manner (3.27±0.60) and speaking to them, providing all the necessary information in the process of care (3.21±0.75) were most prominent.

Assessing respect for patients' information, all listed issues were rated low except that of nurses not introducing the health team and exactly who will receive information on their health condition (2.52±0.85), which is slightly above average *(Note that all were negatively framed; hence were assessed high).*

Generally, the nurses on respect for dignity of patients (3.23±0.47), respect for patients' autonomy (2.93±0.52) and for patients' information (2.89±0.58) were assessed highly; more specifically, 93.8%, 86.6% and 77.7% of the patients respectively assessed it thus, high *(See Table 3).*

Table 3: Summary on Patients' Perception of Nurses' Respect for the Human Person.

	Frequency	Percent
Respect for dignity of patient		
- Good	315	93.8
- Poor	21	6.3
Respect for patient's autonomy		
- Good	291	86.6
- Poor	45	13.4
Respect for patient's information		
- Good	261	77.7
- Poor	75	22.3

Patient with rating M > 2.5 was classified to have good perception; otherwise, poor perception

Table 3 shows the patient's perception of nurses' respect for the human person which generally was high on the three accounts of respect for the human person. Respect for dignity of patient obtained the highest score followed by respect for patient's autonomy and respect for patient's information respectively.

Table 4: Predictors of Patients' Perception of Nurses' Respect for the Dignity, autonomy and information of the Human Person in Hospital Setting

	Exp. (B)	95% C.I. for Exp.(B)		Wald	Chi-Square	Hosmer-Lemeshow
		Lower	Upper	p-value	(p-value)	(p-value)
Dignity of patient					33.067	15.860
Gender (Reference: female)	4.058	1.119	14.713	.033	(< .001)	(.044)
No. of encounters with nurse	2.200	1.391	3.479	.001		
Time length of access of hospital	.487	.283	.839	.009		
Age	1.091	.635	1.876	.752		
Marital Status	.962	.269	3.443	.952		
Educational level	1.813	.769	4.273	.174		
Constant	.616			.773		
Patient's autonomy					30.670	14.487
Gender (Reference: female)	1.045	.521	2.098	.900	(< .001)	(.070)
No. of encounters with nurse	1.531	1.206	1.944	< .001		
Time length of access of hospital	.864	.612	1.221	.409		
Age	.807	.564	1.156	.243		
Marital Status	5.382	2.397	12.085	< .001		
Educational level	.827	.520	1.315	.422		
Constant	.477			.481		
Patient's information					8.959	16.729
Gender (Reference: female)	.976	.572	1.667	.930	(.176)	(.033)
No. of encounters with nurse	.959	.802	1.148	.651		
Time length of access of hospital	1.174	.883	1.560	.269		
Age	.889	.681	1.160	.386		
Marital Status	1.984	1.031	3.818	.040		
Educational level	1.173	.805	1.711	.406		
Constant	.817			.813		

Dignity: Nagelkerke R^2 = .251; Cox & Snell = .094; -2 Log likelihood = 124.041; % Correctly predicted = 93.8%
Autonomy: Nagelkerke R^2 = .160; Cox & Snell = .087; -2 Log likelihood = 233.955; % Correctly predicted = 86.6%
Information: Nagelkerke R^2 = .040; Cox & Snell = .026; -2 Log likelihood = 347.837; % Correctly predicted = 77.7%

Table 4 presents predictors of the patients' perception of nurses' respect for the dignity of the human person. For respect for dignity of the patient ($p < .001$) and respect for patient's autonomy ($p < .001$), the logit model was significant. For respect for patient's information, the model was however not significant ($p = .176$), hence no significant predictors.

For respect for dignity of patient specifically, significant predictors were gender ($p = .033$), no. of encounter with nurses in the hospital ($p = .001$) and time length of accessing services in the hospital ($p = .009$). More specifically, being a male compared to female increased the odds of perceiving a nurse to have good respect for dignity of the patient by approximately 4 times. A unit increase in no. of encounter with nurse in the hospital (in this sequence: 1, 2-4, 5-7, 8-10 and 11+times) increased the odds of having the perception by 2.2 times while unit increase in time

length of access of hospital (in this sequence: < 1, 1-3, 3-5 and > 5 years) decreased the odds of the perception by approximately 0.50; in other words, unit decrease in time length of access increased the odds of having the perception by approximately 2 times.

For respect for patient's autonomy, significant predictors were no. of encounter with nurses in the hospital ($p < .001$) and marital status ($p < .001$). More specifically, a unit increase in no. of encounter with nurses (in this sequence: 1, 2-4, 5-7, 8-10 and 11+ times) increased the odds of having the perception by 1.5 times while also unit increase from singlehood to married to once married increased the odds for the perception by more than 5 times.

Discussion of the Research Results

Patients' assessment of nurses' respect for the dignity of the human person in hospital settings was rated very high especially on issues bordering on nurses making extra effort to communicate with patients in a language they could understand and explaining procedure and obtaining consent before providing services and giving due respect. On respect for patients' autonomy, all issues were rated high except on patients being allowed to choose the particular nursing personnel to attend to them, nurses answering all their questions in a friendly manner and providing all the necessary information in the process of care were most prominent. Assessing respect for patients' information, all listed issues were rated low except that of nurses not introducing the health team and exactly who will receive information on their health condition. This portion of the result on patient information is supported by [Care Quality Commission [CQC], 2011; Nilüfer *et al,* 2016; Beauchamp *et al.,* 2009; Nilüfer *et al.,* 2016; Emre *et al.,* 2014] which disclosed that patient's personal information were discussed in open areas and staff speaking to patients in a condescending or dismissive way and patients' right to his personal or medical information being compromised due to lack of confidentiality. When patient's medical information is compromised, it usually leads to strained relationship with health provider and patients may feel very unsafe to deluge pertinent information that would aid further diagnosis. Health information to patients is very vital and ought to be handled with care. Generally, except for the patients' low ratings of how their health information was handled by the nurses, they significantly rated respect for dignity of the patient, respect for patients' autonomy highly. These findings were in total compliance with the recommendations of the (American Nurses Association [ANA, 2012; Paola *et al.,* 2015; Whitehead *et al.,* 2008; Paola *et al*., 2015; Ebrahimi *et al.,* 2012] which stipulate that the nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems and that every patient should be treated with dignity and with respect to their culture and value respectively.

The predictors of the patients' perception of nurses' respect for the dignity of the human person showed that respect for dignity of the patient and respect for patient's autonomy were significant while respect for patient's information was however not significant confirming our earlier

results. For respect for dignity of patient specifically, significant predictors were gender, no. of encounter with nurses in the hospital and time length of accessing services in the hospital. More specifically, being a male compared to female increased the odds of perceiving a nurse to have good respect for dignity of the patient by approximately 4 times. For respect for patient's autonomy, significant predictors were no. of encounter with nurses in the hospital and marital status. More specifically, a unit increase in no. of encounter with nurses, increased the odds of having the perception by 1.5 times while also unit increase from singlehood to married to once married increased the odds for the perception by more than 5 times.

Conclusion

Patients' assessment of nurses' respect for the dignity of the human person in hospital settings was rated very high especially on some issues. On respect for patients' autonomy, all issues were rated high except on patients being allowed to choose the particular nursing personnel to attend to them and other issues. Assessing respect for patients' information, all listed issues were rated low except that of nurses not introducing the health team and exactly who will receive information on their health condition. Generally, the results were mixed but highly encouraging.

Recommendations

Nurses will remain part of the health profession and will play more leading roles in ethical aspects of health care delivery to patients in the future. Having said that, adequate trainings in bioethics is required of nurses especially on patient health information confidentiality as indicated in our results. Preservation, appropriate management and disclosure of Patient health information should be maintained according to recommended standards to assure the dignity, autonomy and confidentiality that have formed part of patient human rights in the hospital settings. As a way forward, certification and continuing education in bioethics for nurses especially the younger ones should form part of their career advancements.

Limitations

The findings of this work though may have wider implications but could not be generalised to other hospitals because of context differentials that patients may experience in such hospitals.

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