



## Nursing: Safeguarding for patient's rights

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### Abstract

Patient rights includes legal and ethical concerns between the patient and the health care provider as nurse, which is necessary to ensure that the patient's right to receive quality health care. Respecting of the all patient's rights and dignity are vital principle of nursing profession. American Nurses Association Code of Ethics for nurses is regularly revised and refreshed in reply to the actualities of nursing and health care in altering the public. American Nurses Association Code of Ethics for nurses; it included nine provisions. In many countries, patient rights have been standardized legally and involve a common understanding of mutual respect. Healthcare providers must follow these standards and provide services of the highest possible moral and ethical level. They are 22 rights supported from many international organizations. Safeguard patients from harm resulting from the misconduct or negligence of the healthcare team. Nurses have the professional responsibility to provide impartial care and help ensure patient safety in emergency situations and not withdraw care until alternate care is available, regardless of the nurses' personal beliefs.

**Keywords:** American nurses association code of ethics, patient rights, nurse as safeguarding

### 1. Introduction

Nursing is an occupation, which provides the health care to individuals, families, and communities so they may accomplish, keep, or improve the optimal health and quality of life for all people not even patients. Nurses may be distinguished from other health care providers by their approach to patient care, training, and scope of practice <sup>[1]</sup>.

Safeguarding defines protecting peoples' health, wellbeing and human rights, and allowing them to live free from damage, misuse and negligence. It is a key part of providing high-quality health and social care. Those most in need of protection include all age groups, even healthy, diseased additionally handicapped persons <sup>[2]</sup>.

Patient rights define as the rules of conduct between people who benefit from health services and the health institutions and personnel who provide them. The first international manuscript about patient rights was published in 1981 by the World Medical Association (WMA). After that, new statements were published by the World Health Organization and the WMA. In different countries, researches concerning patient rights are prepared in harmony with international regulations <sup>[3]</sup>. Patient rights includes legal and ethical concerns between the patient and the health care provider as nurse, which is necessary to ensure that the patient's right to receive quality health care. The first concerning with patient rights started in 1973 by American Hospital Association, which established a Patient's Bill of Rights to confirm that hospitals were sensitive

to the necessities of patients in the areas of race, religion, ethical background, linguistics, age, and gender as well as the requirements of persons with incapacities <sup>[4]</sup>.

Healthcare facilities characterized by quickly alteration in work setting which includes many elements that impact on practice of ethical patient care. Numerous health organizations improve code of ethics for nursing team that direct them to keep patient rights during providing their healthcare. Code of ethics is very important to establishing the nurse patient relationship maintaining patient's rights as human beings <sup>[5]</sup>. Respecting of the all patient's rights and dignity are vital principle of nursing profession. The main concern of healthcare associations must be protection of them. All of informed consent, confidentiality, privacy, autonomy, safety, respect, treatment choice, refuses the treatment and participating in the treatment plan are patients' rights <sup>[6]</sup>.

#### 1.1 Ethics, nursing ethics and medical ethics

Ethics in general define as a branch of philosophy that includes arranging, protecting, and recommending perceptions and concepts of correct and incorrect behavior. Nursing ethics is a subdivision from applied ethics that concerns itself with activities in the field of nursing. Nursing ethics shares many principles with medical ethics, such as beneficence, non-maleficence and respect for autonomy. It can be distinguished by its emphasis on relationships, human dignity and collaborative care <sup>[7]</sup>.

### 1.1.1 Ethics origin [8].

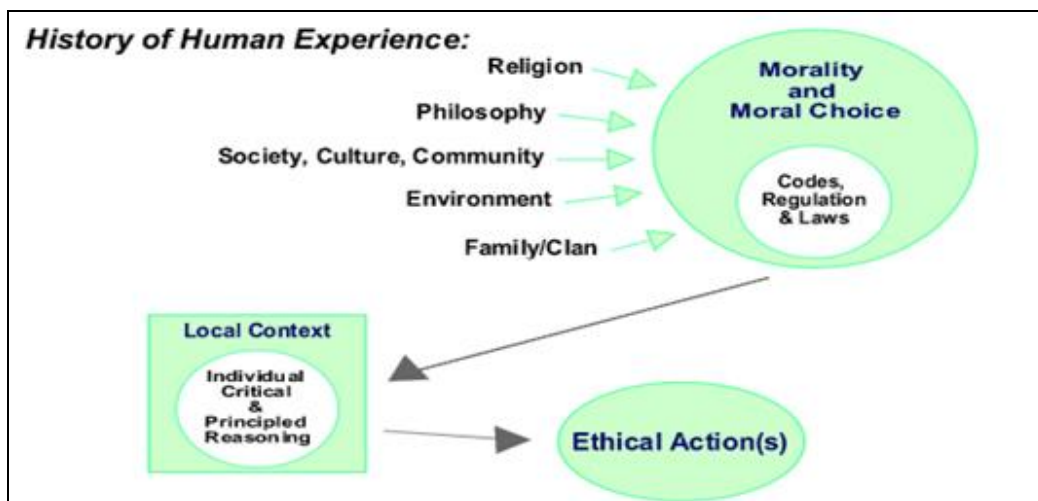


Fig 1: Summary of the Origins of Ethics

### 1.1.2 Types of ethics

1. Meta-ethics, concerning the theoretical meaning and reference of moral propositions, and how their truth values (if any) can be determined
2. Normative ethics, concerning the practical means of determining a moral course of action
3. Applied ethics, concerning what a person is obligated (or permitted) to do in a specific situation or a particular domain of action [9].

### 1.2 American Nurses Association Code of Ethics for Nurses

American Nurses Association Code of Ethics for nurses is regularly revised and refreshed in reply to the actualities of nursing and health care in altering the public. The Code makes it clear that inherent in nursing is respect for human rights, including the right to life, to dignity and to be treated with respect. The Code of Ethics directs nurses in ordinary selections and it supports their refusal to participate in activities that conflict with caring and healing [10].

American Nurses Association Code of Ethics for nurses; it included nine provisions as follows:

#### Provision 1

The nurse practices with compassion and respect for inherent dignity, worth and unique attributes of every person.

- 1.2.1 Respect for human dignity
- 1.2.2 Relationships with Patients
- 1.2.3 The Nature of Health
- 1.2.4 The Right to Self-Determination
- 1.2.5 Relationships with Colleagues and Others [10].

#### Provision 2

The nurse's primary commitment is to the patient, whether an individual, family group, community or population

- 1.2.2.1 Primacy of the Patient's Interests
- 1.2.2.2 Conflict of Interest for Nurses
- 1.2.2.3 Collaboration
- 1.2.2.4 Professional Boundaries [11].

#### Provision 3

The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

- 1.2.3.1 Protection of the Rights of Privacy and Confidentiality
- 1.2.3.2 Protection of Human Participants in Research
- 1.2.3.3 Performance Standards and Review Mechanisms
- 1.2.3.4 Professional Responsibility in Promoting a Culture of Safety
- 1.2.3.5 Protection of Patient Health and Safety by Acting on Questionable Practice
- 3.6 Patient Protection and Impaired Practice [10&11].

Table 1: Common areas requiring patient advocacy

- End of life decisions.
- Respect for patient dignity.
- Cultural and ethnic diversity and sensitivity.
- Provider-patient conflicts in regard to expectations and desired outcomes.
- Withholding of information or lying to patients.
- Healthcare reimbursement.
- Insurance authorization, denials and delays in coverage.
- Patient information disclosure (privacy and confidentiality).
- Medical errors.
- Patient grievance and appeal processes.
- Inadequate consent.
- Incompetent healthcare providers.
- Complex social problems such as teenage pregnancy and violence [12].

#### Provision 4

The nurse has authority, accountability, and responsibility for nursing practice: makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

- 1.2.4.1 Authority, Accountability, and Responsibility.
- 1.2.4.2 Accountability for Nursing Judgments, Decisions, and Actions.
- 1.2.4.3 Responsibility for Nursing Judgments, Decisions, and Actions.
- 1.2.4.4 Assignment and Delegation of Nursing Activities or Tasks [10].

**Provision 5**

The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

- 1.2.5.1 Duties to Self and Others.
- 1.2.5.2 Promotion of Personal Health, Safety, and Well-Being.
- 1.2.5.3 Preservation of Wholeness of Character.
- 1.2.5.4 Preservation of Integrity.
- 1.2.5.5 Maintenance of Competence and Continuation of Professional Growth.
- 1.2.5.6 Continuation of Personal Growth <sup>[11]</sup>.

**Provision 6**

The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work settings and conditions of employment that are conducive to safe, quality health care.

- 1.2.6.1 The Environment and Moral Virtue.
- 1.2.6.2 The Environment and Ethical Obligation.
- 1.2.6.3 Responsibility for the Healthcare Environment <sup>[10&11]</sup>.

**Provision 7**

The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

- 1.2.7.1 Contributions through Research and Scholarly Inquiry.
- 1.2.7.2 Contributions through Developing, Maintaining, and Implementing Professional Practice Standards.
- 1.2.7.3 Contributions through Nursing and Health Policy Development <sup>[10, 13]</sup>.

**Provision 8**

The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

- 1.2.8.1 Health Is a Universal Right
- 1.2.8.2 Collaboration for Health, Human Rights, and Health Diplomacy
- 1.2.8.3 Obligation to Advance Health and Human Rights and Reduce Disparities
- 1.2.8.4 Collaboration for Human Rights in Complex, Extreme, or Extraordinary Practice Settings <sup>[10, 11]</sup>.

**Provision 9**

The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate

principles of social justice into nursing and health policy.

- 1.2.9.1 Articulation and Assertion of Values
- 1.2.9.2 Integrity of the Profession
- 1.2.9.3 Integrating Social Justice
- 1.2.9.4 Social Justice in Nursing and Health Policy <sup>[10, 13]</sup>.

**1.3 How practice nurses can protect their patients**

Practice nurses should be able to promote and protect the rights of patients who are not able to protect themselves from harm or abuse. And they must not assume someone else will report a safeguarding concern. It is important that vulnerable adults are kept as safe as possible and are involved in safeguarding decisions <sup>[14, 15]</sup>.

**1.4 Six key principles to avoid paternalistic approaches <sup>[16&17]</sup>:**

- **Empowerment:** presumption of person-led decisions and consent
- **Protection:** support and representation for those in greatest need
- **Prevention:** prevention of harm and abuse
- **Proportionality:** the least intrusive response appropriate to the risk presented
- **Partnerships:** local solutions through services working with communities
- **Accountability:** accountability and transparency in delivering safeguarding <sup>[17]</sup>.

**1.5 Requirement for professionally qualified staff and will enable practice nurses to**

- Make safeguarding referrals to their local authority.
- Document concerns and complete referral forms.
- Know when to share information, within legislation and guidance.
- Know the relevant legislation and policies.
- Understand the Government’s Prevent programme of radicalization, including how to identify a victim of human trafficking and exploitation <sup>[18]</sup>.

**1.6 Nurse -patient relationship (therapeutic relationship).**

A therapeutic nurse-patient relationship is an assisting relationship, it founded on trust and respect, the development of confidence and hope, being sensitive to self and others, and support with the satisfaction of patient's bodily, emotional, and spiritual needs through your knowledge and skill. It promotes harmony and curative purposes of patient. During relationship the nurse uses actual verbal and nonverbal communication, to provide care in a manner that enables patient to be an equal partner in attaining wellness <sup>[19]</sup>.

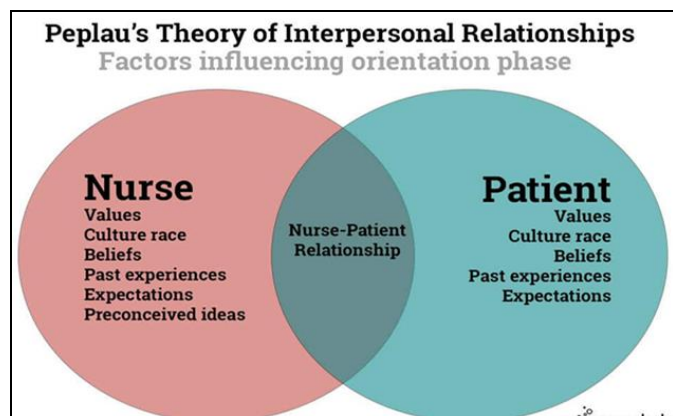
**1.6.1 Phases of therapeutic nurse-patient relationship**

**Table 2:** Nurse Tasks in each phase of therapeutic relationship process <sup>[20]</sup>.

Phase	Tasks
Pre-interaction	The nurse explore the own feelings and fears. Analyze the professional relationship strengths, weakness and limitations. The nurse collects the information about the patient and put the standardized care plan.
Orientation	The nurse introduces her/ his self to patient. Start the verbal communication and good listening to patient. Explain the goal of relationship. Establish the trustful relationship. Identify the patient concepts, feeling and problems. State and discuss the goals of care plan.
Working	Prepare the clam environment to control the external stressors. Identify other stressors as visitors, pain, others. Help

	patient to use coping mechanism. Integrate patient in care plan.
Termination	Prepare for the finishing the relationship Ensure that the relationship goals happened. Assess the feeling of patient and identify the behavior related to rejection and stress.

**1.6.2 Figure (2):** Factors affecting on the nurse-patient during orientation phase <sup>[20]</sup>.



**Fig 2**

### 1.7 Patient rights

In many countries, patient rights have been standardized legally and involve a common understanding of mutual respect. Healthcare providers must follow these standards and provide services of the highest possible moral and ethical level. They are 22 patient rights supported from many international organizations, these rights are the following:

1. The nurse provides the patient care with respect for culture, psychosocial, spiritual, and personal values, beliefs and preferences.
2. The patient family right to involve in care plan and gain information about options of treatment <sup>[11]</sup>.
3. The patient right to know who provide the care; the names and professional relationships of nurse, physicians and non-physicians.
4. The patient right to know information about his or her health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand <sup>[21]</sup>.
5. The patient right to inform and involve in decisions about medical care, and receive as much information about any planned treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies.
6. The patient right to refuse treatment, or medically unnecessary treatment or services.
7. The patient right to receive an advise from hospital/licensed health care practitioner proposes to engage in or perform human experimentation affecting on care or treatment. The patient right to refuse the participating in research.
8. The patient right to respond regarding provided service <sup>[10]</sup>.
9. The patient right to appropriate assessment and management about pain, pain relief measures and to participate in pain management decisions. The patient right to refuse the prescribed medication, but if so, the

nurse must inform that physicians.

10. The patient right to communicate about wishes regarding care, apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. The patient right to has personal privacy respected and confidentiality about his/her health status.
12. The patient right to maintain the confidentiality in treatment of all communications and records <sup>[21]</sup>.
13. The patient right to receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. The patient right to right to access protective and advocacy services.
14. The patient right to be free from restraints and isolation of any form used as a means of pressure, discipline, convenience or retaliation by staff.
15. The patient rights to continue of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care <sup>[10]</sup>.
16. The patient right to be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital.
17. The patient right to know which hospital rules and policies apply to the conduct with a patient.
18. The patient right to designate a support person as well as visitors of choosing, if you have decision-making capacity <sup>[11]</sup>.
19. The patient right to inform with federal law and be disclosed in the hospital policy on visitation.
20. The patient right to examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. The patient right to exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status or the source of payment for care.
22. The patient right to file a criticism. The criticism group will review each criticism and provide to patient with a written response within days <sup>[10]</sup>.

#### 1.7.1 The Responsibility of the nurse regarding protect patient rights

AWHONN considers access to affordable and acceptable health care services a basic human right. With regard to the nurse's role in meeting the health care needs of patients, AWHONN advocates that nurses adhere to the following principles:

- Nurses should not abandon a patient, nor should they refuse to care for someone based on personal preference, prejudice, or bias.
- Nurses have the professional responsibility to provide impartial care and help ensure patient safety in emergency situations and not withdraw care until alternate care is available, regardless of the nurses' personal beliefs

- At the time of employment, nurses are professionally obligated to inform their employers of any values or beliefs that may interfere with essential job functions. Nurses should ideally practice in settings in which they are less likely to be asked to assist in care or procedures that conflict with their religious or moral beliefs [22].

**Table 3:** Nurse as safeguarding for protecting patient rights

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| <ul style="list-style-type: none"> <li>Safeguard patients from harm resulting from the misconduct or negligence of the healthcare team.</li> <li>Communicate patient preferences and cultural values to members of the healthcare team.</li> <li>Negotiate and make compromises with other members of the healthcare team, when conflicts of interest arise.</li> <li>Foster interaction and collaboration among patients, families and the healthcare team by providing channels of communication (for example, by holding case conferences).</li> <li>Facilitate understanding of disease symptoms and hospital policies and procedures by using terms that a layman would understand.</li> <li>Provide essential information on patient discharge for promoting self-care.</li> <li>Provide information about alternative care and treatment options.</li> <li>Help patients to practice assertiveness, by expressing their wishes to other people involved in decision making.</li> <li>Work with ombudsmen and other advocacy groups.</li> <li>Be familiar with the bureaucracy and aim to challenge ineffective rules and policies in an organization.</li> <li>Serve on health policy task forces and committees to support legislation that benefits healthcare consumers [23&amp;24].</li> </ul> |
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## 2. Conclusion

Nurses are safeguard patients from harm resulting from the misconduct or negligence of the healthcare team. Nurses should ideally practice in settings in which they are less likely to be asked to assist in care or procedures that conflict with their religious or moral beliefs. They are 22 patient rights supported from many international organizations.

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