Mental Health Nurses' Knowledge Regarding Patients' Rights And Patients' advocacy

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Abstract

Background: It is vital to increase nursing actions as patient advocates and   rights among nurses. Fundamental challenges in health care are patient rights, it's to ensure excellent in medical practice, if both are aware of it, can strengthen Nurse-Patient interaction. Advocacy is widely misunderstood and phrase that has been conceptualized. This help researchers gain better grasp of patient advocacy and rights. Research aim is to see how well mental health nurses understand patient rights and advocacy. **Methods and Subjects:** Research was conducted in the Beni-Suef Psychiatric Hospital, in patient unit using a Descriptive research design on 150 male and female nurses. **Data collected** using a self-administered scale with Knowledge of nursing about mental patients' rights and Mental health nurses' vision for patient advocacy. **Results**: nurses mean value age ranged between 23-50 years, 35.9±7.6, females 136(90.7%), 68(45.3%) with diploma degree. 92(61.3%) had 5 to10 years of psychiatric nursing experience, 137(91.3%) have previous training in quality care. Nursing knowledge about mental patient's rights 64(42.7%) were good in knowledge, 59(39.3%) were moderate, 27(18%) were poor in knowledge. Nursing perception for patient advocacy 105(70%) were positive perception, 25(16.7%) were neutral perception and 20(13.3%) were negative perception. Statistically significant relation between work data and nursing perception for patient advocacy (P < 0.05). **Conclusion and recommendations:** Mental health nurses had satisfactory knowledge about patient advocacy and about half of them had good knowledge regarding patient rights. Further research is suggested to create awareness of nursing staff about importance of psychiatric patient's advocacy and patients' rights

Keywords: mental health nurses, knowledge, patients' rights, patients' advocacy

INTRODUCTION

Because mental health wellness influences other aspects of life, such as physical wellbeing, emotional wellness, financial wellness, and spiritual wellness, it is an important part of personal balance. This is due to the fact that mental wellbeing allows people to cope with and work through stress, difficulties, and even weariness, so these things do not induce physical stress **(1).**

Well-being is linked to a slew of health, career, familial, and financial advantages. Individuals who are happy are more productive at work and are more willing to give back to their communities. Their general satisfaction with life, the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall happiness. "Well-being" is what they're after. Global assessments of life satisfaction and sentiments ranging from melancholy to joy are all part of well-being **(2).**

The amount of money spent on mental health and psychosocial support by national governments, international development organizations, and United Nations (UN) agencies around the world is insufficient to fulfill demand. Despite the obvious need for people to receive mental health and psychosocial support services, and despite statutory and policy mandates that physical and mental health be treated equally. Furthermore, the quality and usefulness of services supported is a critical issue that requires additional consideration by patient advocacy. This is especially relevant when considering the need for therapies to focus on people with mental health disorders' fundamental rights, as this is an area where rights have been documented (3).

Human rights breaches against people with mental illnesses are classified as a global emergency by the World Health Organization. Despite this, current research suggests that coercive techniques such as isolation, shackles, involuntary hospitalization, and involuntary treatment are being utilized steadily or increasingly without proof of success. Several literature evaluations in nursing have focused on gaining a better understanding of nurses' views on the use of seclusion and restraints. The intensity of services and the quality of the therapeutic interaction between the person and health professionals are two factors that can influence a person's recovery when they are subjected to coercive methods **(4).**

Because of its emphasis on inpatient service delivery, the mental health system has been considered to be inadequate and inattentive to the demands of the mental health community. A health-care system that would make it easier to administer mental health services in the community. A systematic literature study was conducted in order to discover organizational and feature characteristics that have been successfully employed to facilitate and incentivize community-based mental health care delivery. There was a scarcity of research on how organizations deliver community-based care. A clear vision for community-based treatment, investment in the mental health system, and systems that allow health funds to follow the patient through the health system are all important facilitators for moving from institution-based to community-based mental health service delivery **(5)**.

Community-based, integrated treatments have the potential to address long-standing issues in the mental health system, such as fragmentation and access. A deeper understanding of these approaches, particularly efforts to create a single point of access to comprehensive, evidence-based care through mental health services, is needed to guide future implementation and assessment. This scoping review identifies the key concepts and characteristics of these care models, as well as the research's present state, particularly in terms of implementation and replicability. Several integrated mental health care models and frameworks have been discovered around the world, primarily in high-income countries. Rapid access to care and early intervention, youth and family participation, youth-friendly sites and services, evidence-informed practices, and community-based mental health service partnerships and collaboration

were all recurring themes (**6**).

Mental health, ethics, and human rights are crucial techniques for enhancing the well-being of persons with mental illnesses in light of this circumstance. Mental health nurses play an important role in ensuring that their patients' treatments are legal and in accordance with human rights. Mental health nurses appear to struggle with ethical issues in the field, and they are constantly confronted with acts of authoritarianism and their explanations. As a result, the goal of this study was to assess mental health nurses' knowledge of mental health patient rights and advocacy while also respecting their autonomy and emphasizing the importance of putting the individual at the center of moral discussion(**7**).

As a result, getting mental health-related information and making decisions is challenging for mentally ill individuals, and they require advocacy. Nurses are in the best position to advocate for patients because of the lengthy lengths of time spent with them and the opportunity to form relationships; and the duty to care without causing harm. Patient advocacy was first used when the International Council of Nurses (ICN) incorporated the function of "patient advocate" into its professional rules of ethics. Nurses can help patients maintain their values, benefits, and autonomy while also improving their safety, self-control, and quality of life. In addition, if nurses deliver excellent patient advocacy, their own authority, professional prestige, and job satisfaction will increase (**8**).

"Action on behalf of patients" is what nursing advocacy is all about. This entails acting on behalf of patients who are unable or unwilling to speak for themselves. "Promoting social justice in health-care delivery" was the third concept. Nurses are actively working to address disparities and inconsistencies in the healthcare system. Show how advocacy can take place on a micro or big level. They indicate advocacy acts that affect a person and their treatment, a micro social advocacy intervention, or initiatives that address social inequality in health care provision on a macro social level (**9**).

Most community registered nurses are well-versed in the rights of the patients they care for, and they strive to alleviate suffering while maintaining human dignity. Patients, their relatives, the community, and society as a whole are all represented. As health-care providers, nurses should be aware of their legal rights and duties. Nurses who are familiar with patient advocacy may be more inclined to press administrators to prioritize patient care. In any event, standing up for what's right is difficult, but nurses have a long history of heroic advocacy for community health and social justice. Nurses have a right to decency, respect, and politeness, and they must sometimes battle for patient justice (**10**).

Nurses' expertise and experience in mental patient advocacy have a beneficial relationship. It is suggested that an in-service training course for mental health nurses be developed to teach them about the nurse's advocacy for psychiatric patients. Nurses require extra supervision and teaching in this area may have to be added to the syllabus of psychiatric nursing trainees, Increasing nursing staff understanding of the importance of mental patient advocacy and rights afforded to the nurse Moreover, Support medical team nursing as well as provide facilities and support to help psychiatric patients advocate for themselves. The nurse's position as an advocate for psychiatric patients' rights should also be emphasized in the training (**11**).

Nurse advocacy, defined as support for policies or activities that benefit mental health patients, is becoming more widely acknowledged as a professional obligation and a basic competency in nursing education. Approach the development of an advocacy curriculum; the components, attributes, and supports of an good curriculum of advocacy; and the difficulties commonly encountered by medical educators trying to implement such a curriculum. The authors hope that these observations will contribute to the development of a best practice guideline for advocacy teaching within psychiatry nursing practice **(12).**

Patient advocacy as an ideal and the reality of practice are at odds. In order to improve nursing actions as a patient advocate, a thorough and clear description of nursing as a patient advocate is essential. Patient advocacy and representation include tracking medical errors, valuing self-control, allowing patients to make their own decisions, maintaining individualization and humanity, protecting patient privacy, and acting in the patients' values, culture, beliefs, and preferences, mediating liaison between patients, families, and healthcare professionals, being patients' representative, and communicating patient preferences and cultural values to members of the healthcare team**(13).**

Advocacy is the process of encouraging nurses to consider the perspectives of patients. The nurse's function as a community healthcare policy advocate. Nurses who are able to share their experiences and ideas with the public and political leaders can effectively advocate for patients and families and become a significant force in policymaking. Nurses have a lot of opportunities to see first-hand the benefits and downsides of the present community healthcare system, which allows them to assess patient needs and concerns about the care they are currently receiving. Involvement in Community Advocacy demonstrating how nurses may improve and apply their advocacy abilities in the community to persuade persons in positions of power and responsibility to satisfy the needs of patients and their families Economic issues, as well as educational and healthcare systems, are among them**(14).**

Establishing and sustaining a patient's trust in their nurse is crucial in obtaining comprehensive care, maintaining an accurate health record, and implementing an effective treatment plan. Nurses recognize that patients' privacy and confidentiality must be respected, and that developing a trusting connection between the nurse and the patient can be therapeutic evidence in providing mental health patient advocacy (**15**).

Patients" rights that have been identified in the literature, including patients" right to obtain information about their illness and treatment, confidentiality rights, the patient right not to be subjected to treatment by force, the right to refuse treatment, the right not to be subjected to physical restrictions, and the right not to be hospitalized involuntarily and right of informed consent. Psychiatric patients are violated and restrained during their hospitalization. Assessment of psychiatric nurse's knowledge and attitudes is very important to verify patients; rights, laws protecting their rights, providing appropriate nursing care, and improvement of the policy in psychiatric institutions **(16).**

Nurse specialist can have a great impact on communities by advocating for patients and providing excellent patient care. Nurse practitioners can increase public well-being through legislative advocacy as front-line witnesses to countless patient experiences. By delivering continual wellness education, Nurse Practitioners can preserve community

relations. Patients who are familiar with nurse practitioners as public health educators are more willing to openly share concerns during routine office visits as a nursing advocacy. Patients are more likely to embrace programs given by their local community wellness advocate when they collaborate with Nursing specialist. Function as well knowledgeable community health advocates thanks to their expertise and training **(17).**

Significance of the Problem:

People with mental disabilities have suffered some of the worst indignities of any group repeatedly. Feared and misunderstood, they often have been excluded from meaningful participation in civil society and denied opportunities, taken for granted by most. Like many vulnerable groups they have endured inequality, discrimination and serious social stigma right to equality before the law and social, cultural and economic rights, including the right to participate in culture, the right to food and the right to education. It is critical that the rights of human beings in the event of an unsound mind or mental illness are contextualized and examined with careful consideration (18).

Mental Health nurses are likely having a vital role in the care of a mentally ill patients as well as an ongoing attempt to improve the population health outcome. This often includes the role of nurse advocate. Attain a health care professional who act and intercedes on behalf of a patient or in the interest of improving the nursing profession. Mental health nurse needs to be well equipped with an appropriate level of knowledge and practice and enable them professional care. It is important to educate nurses about patients' advocacy and patients' rights. Mentally ill people are exposed to a wide range of human rights violations. People with mental illness and their families do not exercise their rights, because of a lack of awareness, lack of knowledge, and lack of confidence in asserting their rights. The most important factor in ensuring patient's rights is the knowledge, attitude, and commitment of the mental health professionals. So, the present study will conduct to assess mental health nurses' knowledge regarding patients' rights and patients' advocacy (19).

Aim of the Study:

To assess mental health nurses' knowledge regarding patients' rights and advocacy.

This aim will be fulfilled through the following objectives:
❖ To assess Knowledge of nursing about mental patient's rights
❖ To assess Knowledge of nursing about patient advocacy
❖ To assess Relation between demographic data and nursing knowledge score about psychiatric patient rights
❖ To assess relation between demographic data and nursing knowledge score about psychiatric patient's advocacy

Subjects and Methods

Research design:

Descriptive research design was used in carrying out the current study.

Setting:

This study was conducted in the inpatient units at Beni-Suef hospital

Subjects:

Subjects in this study were 150 male and female nurses at the previously mentioned setting.

Tools for data collection:

Data for the present study will be collected through utilizing the following two tools:

1-Patient right scale comprises from two parts

First part: personal characteristic data, was developed by the investigator, it includes such data (sex, age, and marital status).

The second part: was patient right scale modified from Parsapoor et al. (2012) in **(20)**it composed of 15 questions divided into four domains as follows: patients' rights to receive respectful and non-discriminatory service (three items); patients' rights to access their own information (seven items); patients' rights for choosing and deciding freely (three items) and patient right to follow up their complaints and revealing medical errors (two items).

2- Patient advocacy scale: it was modified from Al-Siber and Habib (2013) in **(21)** the questionnaire contains (13 items).

Scoring system

Patient right scale responses were assessed using five –point likert scale, (5= strongly agree, 4= agree, 3= uncertain, 2= disagree and 1= strongly disagree).
Patient advocacy scale was assessed using two-point likert scale (1= yes and 2= indicate no).

Validity of the tools:

After the translation of the two scale to Arabic, it will be given to five experts in the field of the study, to check the adequacy of items that cover the concepts under investigation. Accordingly, the necessary modification will be done.

Field Work:

The actual fieldwork started at the beginning of July 2021 until end of November 2021. The researcher met the manager of the Hospital to explain the aim of the study to gain her approval for data collection. The researcher went to the selected hospital (4 days /week (for (6 hours/day) from (8:30 AM to 2:30 PM) and collected data by herself through meeting each nurse individually, explaining the aim of the study and method of fulfilling the questionnaire. The researcher was present all the time during fulfilling the study tools to

answer any questions. The time needed to complete the first tool was ranged between (15-20) minutes and the second tool was ranged between (20-25) minutes. The researcher checked the completeness of each filled sheet to ensure that no absence of any missing data.

Administrative Design:

Official permission will be obtained by submission of a formal letter issued from the dean of Faculty of Nursing, Beni-Suef University to the director of the previously mentioned setting to collect the necessary data for the current study after a brief explanation of the purpose of the study and its expected outcomes.

Ethical Consideration:

An informed consent form will be obtained from each participant before collecting any data and after explanation of the study aim in the simple and clear manner to be understood by nurses, the researcher will explain the study purpose and conduction way to the subjects. Before taking the consent, the subject will be assured about study confidentiality informed. Each participant has the right to withdraw from the study when she/he like this without giving causes. Nurses' norms, beliefs, and habits will take into researcher consideration.

Statistical Design:

Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, means and standard deviations and medians and interquartile ranges for quantitative variables. Data were fed to the computer using IBM SPSS software package version 24.0. Qualitative data were described using number and percent. Comparison between different groups regarding categorical variables was tested using Chi-square test. Quantitative data were described using mean and standard deviation for normally distributed data. Significance test results are quoted as two-tailed probabilities. Significance of the obtained results was judged at the 5% level. It tests the association between qualitative nominal variables, it is performed mainly on frequencies. It determines whether the observed frequencies differ significantly from expected frequencies. *Significant at level 0.05

Results

The sample of nurses consisted of 150 nurses Table 1 whose age ranged between 23-50 with mean value 35.9 ± 7.6, mostly females 136(90.7%) as presented in (Table 1). More than one fourth of nurses have diploma 68(45.3%) followed by bachelor 60(40%) and institute of technical healthy 22(14.7%). More than half of nurses have not enough income 97(64.7%).

Table (1): Distribution of studied nurses regarding their Sociodemographic data.

	Number "n=150"	Percent
Age		
<25	17	11.3
25-35	50	33.3
35-45	67	44.7
45-55	16	10.7
Range	23-50	
Mean±S.D.	35.9±7.6	
Sex		
Male	14	9.3
Female	136	90.7
Level of education		
Nursing Diploma	68	45.3
Institute of Technical healthy	22	14.7
Bachelor of Nursing	60	40.0
Marital status		
Single	31	20.7
Married	99	66.0
Divorced/Widower	20	13.3
Residence		
Rural	13	8.7
Urban	137	91.3
Income		
Not enough	97	64.7
Enough	53	35.3

As regards the mean percentage of nursing knowledge about mental patient's rights Table 2 Rights to receive respectful and non- discriminatory service ranged from 78.0-100.0 with mean value 96.0±6.98. Right to access their information ranged from 26.7-83.3 with mean value 63.8±18.9. Right for choosing and deciding freely ranged from 64.7-89.3 with mean value 72.1±15.6. Right to follow up on their complaints and detect medical errors ranged from 52.7-78.7 with mean value 67.6±16.8.

Table (2): The mean percentage of distribution of studied nurses about psychiatry patient's rights.

Patient rights	Percent of right knowledge	
	Range	Mean ±S.D.
1. Patients' Rights to receive respectful and non-discriminatory service	78.0-100.0	96.0±6.98
2. The right of patients to access their information	26.7-83.3	63.8±18.9
3. Right for choosing and deciding freely.	64.7-89.3	72.1±15.6
4. Patients have the right to follow up on their complaints and detect medical errors	52.7-78.7	67.6±16.8

As displayed in the total score of nursing knowledge about mental patient's rights. Table 3 Less than half of nurses were good in knowledge score 64(42.7%), more than fourth of nurses were moderate 59(39.3%), and less than fourth of nurses were poor in knowledge score 27(18%).

Table (3): The total score of nursing knowledge about psychiatry patient's rights.

Knowledge score	Number	Percent
Good	64	42.7
Moderate	59	39.3
Poor	27	18.0
Total	150	100.0

Table 4 shows distribution of the studied nursing knowledge for patient advocacy. More than two thirds were positive knowledge 105(70%), less than fourth were neutral knowledge 25(16.7%) and negative knowledge 20(13.3%).

Table (4): Distribution of the studied nursing total knowledge for patient advocacy.

Perception	Number	Percent
Positive	105	70.0
Neutral	25	16.7
Negative	20	13.3
Total	150	100.0

As regards shows relation between demographic data and nursing knowledge score about psychiatric patient's rights. Table 5 There was statistically significant relation between age, level of education, residence, income and nursing knowledge score about psychiatric patient's rights ($P < 0.05$), while there was no statistically significant relation regarding to sex and marital status ($P > 0.05$).

Table (5): Relation between demographic data and nursing knowledge score about psychiatric patient's rights.

	knowledge for patient right						Total	P value
	Good		Moderate		Poor			
	No.	%	No.	%	No.	%		
Age								
<25	12	18.8	3	5.1	2	7.4	17	
25-35	42	65.6	5	8.5	3	11.1	50	0.002*
35-45	7	10.9	48	81.4	12	44.4	67	
45-55	3	4.7	3	5.1	10	37.0	16	
Sex								
Male	10	15.6	2	3.4	2	7.4	14	0.132
Female	54	84.4	57	96.6	25	92.6	136	
Level of education								
Nursing Diploma	12	18.8	40	67.8	16	59.3	68	
Institute of Technical healthy	10	15.6	10	16.9	2	7.4	22	0.0048*
Bachelor of Nursing	42	65.6	9	15.3	9	33.3	60	
Marital status								
Single	22	34.4	5	8.5	4	14.8	31	
Married	36	56.3	46	78.0	17	63.0	99	0.41
Divorced/Widower	6	9.4	8	13.6	6	22.2	20	
Residence								
Rural	0	0.0	4	6.8	9	33.3	13	0.017*
Urban	64	100.0	55	93.2	18	66.7	137	
Income								
Not enough	22	34.4	50	84.7	25	92.6	97	0.003*
Enough	42	65.6	9	15.3	2	7.4	53	

* Significant at level 0.05
X^2 = Chi square test

Table 6 shows that there was statistically significant relation between age, level of education, residence and income with nurse knowledge perception for patient advocacy (P < 0.05), while there was no statistically significant relation regarding sex and marital status (P > 0.05).

Table (6): Relation between demographic data and nurse knowledge for patient advocacy.

	knowledge for patient advocacy						Total	P value
	Positive		Neutral		Negative			
	No.	%	No.	%	No.	%		
Age								
<25	12	11.4	2	8.0	3	15.0	17	
25-35	42	40.0	4	16.0	4	20.0	50	0.021*
35-45	46	43.8	15	60.0	6	30.0	67	
45-55	5	4.8	4	16.0	7	35.0	16	
Sex								
Male	6	5.7	7	28.0	1	5.0	14	0.254
Female	99	94.3	18	72.0	19	95.0	136	
Level of education								
Nursing Diploma	35	33.3	19	76.0	14	70.0	68	
Institute of Technical healthy	18	17.1	2	8.0	2	10.0	22	0.003*
Bachelor of Nursing	52	49.5	4	16.0	4	20.0	60	
Marital status								
Single	15	14.3	10	40.0	6	30.0	31	
Married	82	78.1	15	60.0	2	10.0	99	0.107
Divorced/Widower	8	7.6	0	0.0	12	60.0	20	
Residence								
Rural	1	1.0	3	12.0	9	45.0	13	0.002*
Urban	104	99.0	22	88.0	11	55.0	137	
Income								
Not enough	57	54.3	20	80.0	20	100.0	97	0.013*
Enough	48	45.7	5	20.0	0	0.0	53	

Significant at level 0.05
X^2 = *Chi square test*

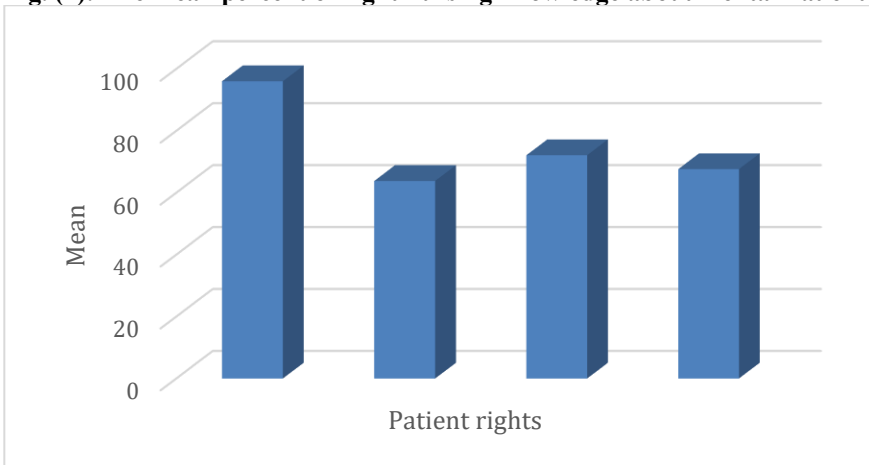**Fig. (1): The mean percent of right nursing knowledge about mental Patient's Rights**

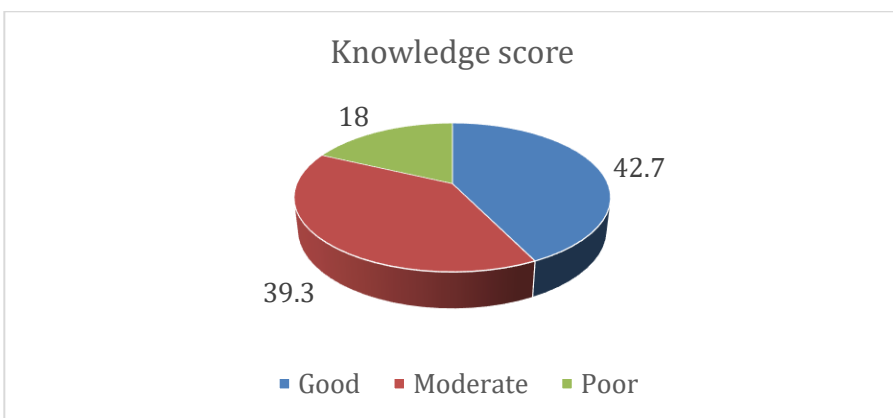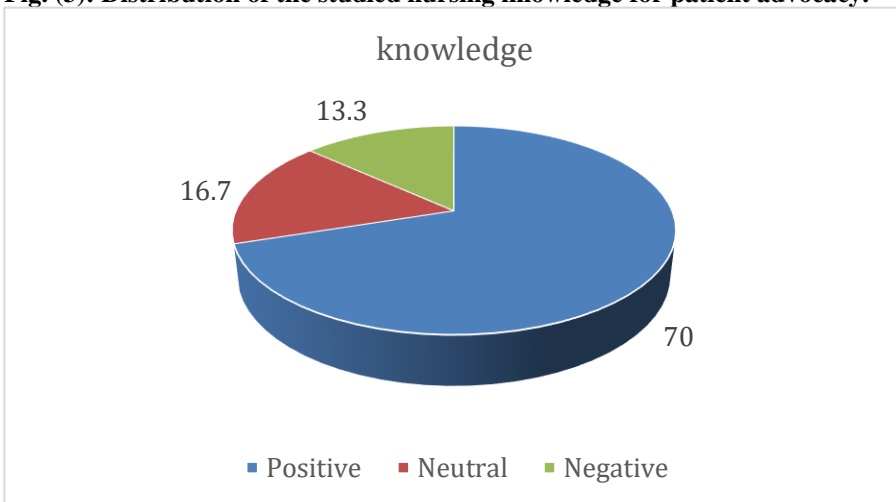**Fig. (2): The total score of nursing knowledge about psychiatric Patient's Rights**

Fig. (3): Distribution of the studied nursing knowledge for patient advocacy.

Discussion

The advocates in this study under took several different activities. In most mental health advocacy has been developed to promote the human rights of persons with mental disorders and to reduce stigma and discrimination. It consists of various actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes in mental ill populations.

Advocacy in this field began when the families of people with mental disorders first made their voices heard. People with mental disorders then added their own contributions. Gradually, these people and their families were joined and supported by a range of organizations, many mental health workers and their associations, and some governments. Recently, the concept of advocacy has been broadened to include the needs and rights of persons with mild mental disorders and the mental health needs and rights of the general population.

The advocacy has substantially influenced mental health policy and legislation in all countries and is believed to be a major force behind the improvement of services in all countries (World Health Organization) In several places it is also responsible for an increased awareness of the role of mental health in the quality of life of mentally ill populations**(22)** The main theme of comprehensive psychiatric nurses advocacy is knowledge of mental health and mental illness, which is essential for applying the sub-themes of therapeutic connection, holistic approach, recovery orientation, stigma reduction, and psychiatric patient advocacy for change. To deliver high-quality, compassionate, and safe care, psychiatric nurses must have values, beliefs, and attitudes toward persons with mental illness and addictions throughout their school program. The paper discusses the implications of incorporating the theme and sub-themes into psychiatric nursing curricula.

The aim of this study was to measure mental health nurses' knowledge regarding patients' rights and patient advocacy. According to the present study results, shows the total score of nursing knowledge about mental patient's rights. Less than half of nurses were good in knowledge score 64(42.7%), more than fourth of nurses were moderate 59(39.3%), and less than fourth of nurses were poor in knowledge score 27(18%).

In congruence with this foregoing present study finding, **(23)** nurses' knowledge toward psychiatric patient's advocacy and observation checklist to assess nurses' experience toward psychiatric patient's advocacy and patient rights. The present study revealed that half of nurses were had training courses about psychiatric patients' rights. While more than three quarter were had low knowledge about psychiatric patient's rights. Less than three quarter were had low knowledge about psychiatric patient's advocacy. Less than two thirds were had low experience about psychiatric patient's advocacy. A positive relation between nurses' knowledge and experience toward psychiatric patient advocacy as well patient rights is low.

Majority of nurses agree with that the hospital staff respect him, taking into account his cultural and religious values and beliefs 145 (96.7%) This result was in agreement with **(24)** that conducted The importance of cultural competence is evident in terms of

healthcare quality, and more knowledge about different training models and approaches that aim to increase cultural competence is needed, according to the study "improve cultural awareness: a qualitative study of nurses perceptions about cultural competence education." This study looks at how nurses feel about the content and utility of cultural mandatory training, which focuses on becoming more conscious of one's own cultural characteristics. Because self-reflection on one's own culture is a crucial component of cultural competency and understanding one's own cultural traits and values aids in understanding the beliefs, values, and practices of others, cultural awareness was chosen as the major construct for the training.

Regarding distribution of this current study socio-demographic characteristics of studied nurses, the current study revealed that age ranged between 23-50, mostly females 136(90.7%), More than half of nurses were married 99(66%) , More than one fourth of nurses have diploma 68(45.3%) , majority of nurses have previous training in patient rights 145(96.7%).This result was in agreement with **(25)** that conducted entitled "Nursing Knowledge & skills regarding mental ill Patient's Advocacy" descriptive analysis of the demographic information showed by that the participants' nurses are age ranged from 18 to 45 years, majority of nurses were females while males were less than one quarter, marital status the finding of the present study showed that more than two thirds were married, more than one fourth were secondary diploma nursing, from the total study one half of total nurses were had training courses about psychiatric patients' rights.

The present study has also assessed nurses' Non-discriminatory health service after hospitalization (in terms of age, gender, race, and other related issues). The findings demonstrated that Rights to receive respectful and non- discriminatory service ranged from 78.0-100.0 with mean value 96.0±6.98. Right to access their information ranged from 26.7-83.3 with mean value 63.8±18.9. **(26)**In the mentally ill population, racial and gender discrimination are risk factors for poor mental health outcomes; however, the consequences of prejudice on the mental health of nurses need to be investigated more, especially in light of conflicting stresses. As a result, we conducted a survey of psychiatric nurses to see if there were any links between reported racial and gender discrimination and psychiatric patient symptoms amid a period of significant pressures, including depression, anxiety, posttraumatic stress, and burnout Through a lack of social support, discrimination has an indirect impact on mental health outcomes. To reduce the negative mental health effects of prejudice, hospital-wide diversity and inclusion measures are required.

Regarding the Disclosure of errors in the treatment of the patient by the responsible person: More than two thirds of nurses agree with every hospital should have a system for examining patient complaints 79(52.7%) while, regarding disclosure of errors in the treatment of the patient by the responsible person, more than half of nurses agree with the correctable/compensable error must be detected 107(71.3%), and more than two thirds agree with corrected error should not be disclosed 118(78.7%). **(27)** "From a nurse's perspective, ethical leadership, nursing errors, and error reporting." Patient safety is jeopardized by nursing errors, and error reporting aids in the detection of errors and system flaws. Nursing managers use their leadership talents to help reduce nursing errors. The level of ethical leadership from the perspective of nurses and its impact on nursing error

and error reporting in teaching hospitals were determined and recommended in this study. Nursing managers who create an ethical leadership approach lower error rates and boost error reporting. Programs aimed at instilling this mindset in nursing management at all levels can help lower the rate of errors and ensure patient safety.

The present study has also investigated perception of nurses about patient advocacy, shows that distribution of the studied concluded that nursing perception for patient advocacy. More than two thirds were positive perception 105(70%), less than fourth were neutral perception 25(16.7%) and negative perception 20(13.3%). A similar finding was reported **(28)** these studies show that perception of patient advocacy personal qualities of psychiatric nurse, professional skills as well as environmental factors all influence the ability to provide recovery focused care of mental ill patient by following effective patient advocacy. Three overarching themes which either facilitated or hindered were identified. These studies show that perception of patient advocacy personal qualities of psychiatric nurse, The ability to deliver recovery-focused care is influenced by both professional and environmental factor of mental ill patient by following effective patient advocacy. Three broad themes were found as either facilitating or hindering. These included: I the nursing role's complexity (clinical care; practical and emotional support; mental patient advocacy and training for psychiatric nurses; trying to enforce aspects of the Mental Health Act; and, preserving); (ii) restricting factors (organisational barriers; modify in patient characteristics; and competing understandings of care); and (iii) promoting factors (operational barriers; change in patient characteristics; and competing understandings of care); and (iv) intended to facilitate (nurse characteristics; approach to people; approach to work and ability to self-care).

More than two thirds of nurses agree with acceptance or refusal to participate in any medical research and that the decision to refuse it does not negatively affect the medical services provided to it 119 (79.3%) This result was in agreement with **(29)** Conducted Ethical decision making founded that Nurses to acknowledge and guide a patient's choice to accept or avoid treatment. As patient advocates, it is our responsibility to ensure that our patients have all of the information they need to make informed decisions, including any risks, benefits, and complications. The nurses can then plan care based on the patient's preferences. Unless the patient is incapacitated or proved to be legally incompetent, family members should refrain from making decisions for him or her or applying excessive pressure to change his or her decisions. A patient's acceptance or rejection of earlier exposure to persons who had a similar treatment technique with bad clinical outcomes might be influenced by a variety of factors.**(30)**Approval is used in current psychiatric practice and research find to get consent is a procedure that allows people to freely express their informed choices. Today, permission is about one of the most difficult aspects of health-care delivery. Informed consent is thought to protect an individual's autonomy and right to choose by incorporating therapeutic, ethical, and legal aspects. In mental health care, informed consent is required in admission, treatment, discharge planning, and research intervention/procedures under the Mental Healthcare Act (MHCA). The MHCA supports the National Ethical Guidelines for BioMedical and Health Study involving Human Participants for research protocols. This article provides a summary of consent evaluation in clinical practice, as well as the technique and challenges in Indian psychiatric practice.**(31)** From a patient's perspective, patient rights awareness and practice: an insight from Upper Egypt' A mean knowledge score was used to assess awareness of various aspects of patient rights. The factors that influence patients'

knowledge regarding their rights were assessed. From perspective of the patients, the continue to which physicians and nurses apply patient rights was assessed. About 76 percent of patients are unaware that there is a patient rights charter. Nurses should make a greater emphasis on raising patient understanding of their rights and involving them in plan of care decisions. The Ministry of Health should pay more attention to this problem.

Conclusion

The current study concluded that:

This study has contributed to the knowledge based on assessment for nurses' knowledge toward psychiatric patient's advocacy and patient rights. Nursing knowledge about mental patient's rights is less than half of nurses were good in knowledge score 64(42.7%), more than fourth of nurses were moderate 59(39.3%), and less than fourth of nurses were poor in knowledge score 27(18%). Nursing perception for patient advocacy is more than two thirds were positive perception 105(70%), less than fourth were neutral perception 25(16.7%) and negative perception 20(13.3%). Statistically significant relation about nursing perception for patient advocacy (P < 0.05).

Recommendation

- ➢ Based on the present study finding, the following recommendations can be drawn:
- ➢ Develop an in-service training program for mental health nurses on knowledge about the nurse's advocacy and rights of the psychiatric patient.
- ➢ Nurses need more support from supervisors and may need to add education in this area to the curriculum of trainees in psychiatric nursing.
- ➢ Raising the awareness of nursing staff about the importance of psychiatric patient's advocacy and patients' rights granted to the nurse.
- ➢ Support nursing from the medical team and provide opportunities and resources that facilitate the process of psychiatric patient's advocacy.
- ➢ The responsibility of the nurse as advocating for psychiatric patient's rights should be highlighted in the curriculum.

Ethical clearance:

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