Knowledge Among Class-D Workers Of Hospital In Protecting The Rights Of Mentally Ill Patients

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DOI: 10.47750/pnr.2022.13.S08.47

Abstract

Background

Human right is an important perspective which deals in balancing the rights of human beings as distinct within the community. For patients with mental disorders, the rights are freedom and their remedial rights, right of protection against harm and constitutional rights. As per the BBC News report, the mental health institutions itself does not respect the rights of mentally ill patients. Sometimes the patients are found in dreadful conditions like being kept undressed or in dirty or old clothes. These are accounted under the violation of human rights of mentally ill patients.

Methods

A descriptive study comprised of 03 hospitals located in Sangli, Miraj, Kupwad Corporation area of Maharashtra, India. Non-probability convenient sampling technique was adopted to recruit total of 111 subjects which was determined by power analysis formula for sample estimation. The Class-D workers who have worked/working in psychiatric units and or hospitals were included in the study. The tool included the structured knowledge questionnaire regarding human rights of mentally ill.

Results

In the present study, it was found that total 82.88% Class-D workers had overall average level of knowledge. In the domain wise assessment of knowledge it was found that the mean percentage of knowledge was less in area related to the meaning of human rights i.e; 32.33%.

Conclusion

Information booklet was developed based on the findings to enhance the knowledge of the Class-D workers. The booklet was distributed to the subjects for further reference.

Key words – Knowledge, Human rights, Class-D workers, Mentally ill patient.

INTRODUCTION

Human right is an important perspective which deals in balancing the rights of human beings as distinct within the community. There are certain rights given by the government for all the individuals in the community. Right to life, freedom, privacy, marry, work are some of the human rights of normal individual with good mental health. For patients with mental disorders, it includes their freedom and their remedial rights, right of protection against harm of their human and constitutional rights. [1]

When a mentally ill patient enters a hospital, he loses his freedom to come and go, to schedule his day, to control his activities of daily living, freedom to manage his financial and legal affairs and make important decisions, to refuse the psychotherapy, to meet his/her relatives ,to have reasonable access to his /her own belongings , to have reasonable access to telephones, because of the loss of these important freedoms, the psychiatrists, psychiatric nurses, and other members of health care agencies closely guard and control those rights that the mentally ill patients have.[1]
The prevalence of psychiatric disorders worldwide is 58.2% per thousand individuals. Total 5.7 cr. people in India are sufferers of some or the other kind of psychiatric disturbances. About 1.5 cr people have severe psychiatric disturbances. And 8-10 per cent people in Maharashtra i.e: 8 to 10 lakh people suffer from severe mental disorders. Interactions with caregivers of patients with severe mental illness like schizophrenia and bipolar affective disorders have revealed negative feelings about the disability status of their relative and other care givers. [3]

Anecdotal reports of persons having violent behaviour suffering from mental illness are found in many hospitals in India. The mental health institutions itself does not respect the rights of mentally ill patients. Sometimes the patients are found in dreadful conditions, for example being kept undressed or in dirty or old clothes. They are placed in unclean condition and women were found in awful condition, sometime parts of their bodies were visible due to ill-fitting of clothes. The patients were not treated with self-respect and stuffs to maintain menstrual hygiene were not provided. The above mentioned condition clearly speaks about the violation of human rights in mentally ill patients. This violation of human rights in mental health institutions can take place due to many different reasons [4]

Human Rights Commissions found appalling and unacceptable conditions when they visited several psychiatric hospitals in Central America and India during the last five years. Prison like design was found in many hospitals due to their construction in olden era. Patients were under the observation of guards and were called as prisoners, the supervisors of the guards were called as superintendents, the wards were called as enclosures. [2]

Discrimination with several mentally ill patients were highlighted in the surveys done by Health Education Authority (HEA). Mental health workers reported that there was a mistreatment with seventy five per cent of their patients, mentally ill patients were discriminated, verbally abused and physically assaulted because of their race and medical history. Mental Disability Rights International, a US-based human rights organization, reported that 17,000 patients in Serbia were restrained to protect themselves from self-harm. [5]

By considering the above aspects in relation to care of mentally ill patients and their existing scenario it is evident to consider that the quality of overall care must reflect or execute the legal and ethical part specifically focusing on rights of mentally ill patients during their stay in hospitals, because it has effect on the quality of care that patients receive. In the past few years the legal system has extended civil, criminal, and consumer rights of patients. Many laws are changed as per the state; the Health care team members especially the class-D workers working in psychiatric units must be familiar with the legal aspects of the state in which they work. This knowledge helps both the patient as well as health team members to improve their ethical decision making, and eventually results in better care.

Hence it is necessary to assess the knowledge of class-D workers regarding human rights of mentally ill and develop information booklet on the areas where they lack in their knowledge.

The term Human Rights in a broad sense means “those claim which every individual has or should have upon the society in which he/she lives. According to Richard Wasserstorm it means, one that ought to be claimed as entitlements (i.e. human rights) those minimal things without which it is impossible to develop ones capabilities and to live life as human beings. In the context of mentally ill persons, it not only refers to their privileges but remedial right of protection against infringement of their human and other statutory rights. [1]

The supreme court of India from the Article 21 of the constitution tells us that maintenance and development of public health is one of our responsibilities. Which clearly states that patients with mental health disorders have right to receive mental health care in the hospitals. According to this it provides various rights to the patients with mental health disorders. The concern for this group of people is increased as it not only deals with providing the privileges to live in society along with other citizens but also ensures that the patients are treated well. [5]

Many research studies shows violations of human rights among mentally ill patients. One of the studies done by Magnus M’Carthy, Stephanie Huls in March 2010 tells that violation of mentally ill patients have been occurred in various settings. The traits of the mental health care system are regularly identified as inadequate and emotionally or physically abusive. [6] Individuals are often institutionalized for long periods of time without appropriate cause and are then subjected to conditions that include violence, poor nutrition and cleanliness, uncounsel treatment as extensive as electroconvulsive therapy, and sedation as a control method. Violations in Zambia have included denial of food, restriction of movement, poverty due to cost of treatment, and being brought to hospital in chains or in the company of armed officials. [6]

Research into why human rights violations occur may be beneficial in creating a comprehensive plan to better ensure human rights of those with mental health issues. A psychiatrist in Ghana presents the following dilemma: “people are
trying to do their best to help people with mental illness, but when there is inadequacy and all those things set in, we don’t intentionally try to violate people’s rights. But when you keep someone in the mental hospital and you can’t provide for the person, you then of course, you are violating that person’s rights”. [4] People with mental illness are exposed to human rights violation within and outside the health care context. Because of lack of awareness, people with mental illness and their families do not exercise their rights. Incidence of violation of rights of mentally ill patients can be avoided if the health care workers become aware of them. [2]

There are many other professionals and nonprofessional workers along with Class-D workers who come across and have interaction with the chronic illnesses like person with tuberculosis, mentally ill patients at community, workplace specifically one who has been admitted in the hospital. [7] To be specific all others are educated during their professional preparation regarding rights of patients particularly the mentally ill but Class-D workers are not much bothered to be informed about mentally ill patients. Class-D workers are the workers who are very essential but very overlooked members of the health team. Class-D workers frequently get exposed to the mentally ill patients during their working hours in psychiatric units. The violation of human rights occur from different units of the society. The reason behind this can be lack of knowledge regarding rights of mentally ill clients among class-D workers. The study states that person with chronic illness like tuberculosis and mental illness initially experiences deep within the sense of self stigma due to deprivation of the rights he/she possesses during the course of treatment the patients undergoes and may land up into depression as a common manifestation. [7, 8, 9]

Hence the study has been undertaken to assess the knowledge of Class-D workers regarding human rights of mentally ill patients in selected hospitals of Sangli, Miraj, Kupwad Corporation area with a view to develop information booklet. This may serve as a source of knowledge for Class-D workers to interpret.

**METHOD**

The research design used for the present study is descriptive survey research design. In present study, variables were knowledge regarding human rights of mentally ill and demographic variables such as Gender, Age, Educational status , working experience, Frequency of posting in psychiatric ward, Interest in working with psychiatric patients.

The present study setting was selected as per need and criteria. Population of the study consisted of Class-D workers with the experience of working in psychiatric ward. The target population of the study consisted of Class-D workers working in hospitals at Sangli, Miraj, Kupwad Corporation area. The samples were Class-D workers working in selected hospitals at Sangli, Miraj, Kupwad Corporation area.

The inclusion criteria was the Class-D workers who were available at the time of data collection, who can read and speak Marathi, English, Hindi and those have worked /working in psychiatric units and or hospitals. The exclusion criterion was the Class-D workers who were not willing to participate. The sample size was determined using power analysis formula. The sample size comprises of 111 Class-D workers. Non-probability convenient sampling technique was used in this study.

The data collection tool included development of tool, description of tool and scoring system. Development of tool was done based on the study objectives. Data collection tool was prepared by doing extensive review of literature related to the human rights of mentally ill. After an extensive review of literature, referring the books and journals, abstracts, research articles, discussion with guide and expert opinions the tool was developed for the data collection. The tool was divided into 2 sections.

Section-I: Demographic data

Section-II: Structured questionnaire to assess the knowledge of Class-D workers regarding human rights of mentally ill.

To ensure the content validity of the tool, the tool was submitted to experts. With suggested corrections needed changes were done after the discussion with guide and final tool was prepared.

Institutional Ethics Committee, meeting was held in Bharati Vidyapeeth Deemed to be University College of Nursing, Sangli and the research proposal was approved. Permission was obtained from hospitals to conduct pilot study and main study. Informed written consent was obtained from each study participants prior to conducting the study. Data was collected from 111 Class-D workers who met the study criteria.

The collected data was encrypted, organized, analyzed, and explained using explanatory statistics. Tables and graphs are used to illustrate results.
RESULTS AND DISCUSSION

The findings are organized into 3 section namely Description of demographic information, Overall level of knowledge and domain wise level of knowledge related to human rights of mentally ill patients.

Table no 1: Frequency and percentage distribution of demographic variables
N=111

<table>
<thead>
<tr>
<th>SN</th>
<th>Variable</th>
<th>Groups</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gender</td>
<td>Male</td>
<td>58</td>
<td>52.25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>53</td>
<td>47.75</td>
</tr>
<tr>
<td>2</td>
<td>Age (in Years)</td>
<td>21-30</td>
<td>30</td>
<td>27.03</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31-40</td>
<td>56</td>
<td>50.45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>41-50</td>
<td>25</td>
<td>22.52</td>
</tr>
<tr>
<td>3</td>
<td>Educational Status</td>
<td>Primary</td>
<td>28</td>
<td>25.23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary</td>
<td>71</td>
<td>63.96</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Higher</td>
<td>12</td>
<td>10.81</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Work Experience (in years)</td>
<td>0-5</td>
<td>65</td>
<td>58.56</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6-10</td>
<td>30</td>
<td>27.03</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11-15</td>
<td>16</td>
<td>14.41</td>
</tr>
<tr>
<td>5</td>
<td>Frequency of posting in psychiatric ward during work tenure (in times)</td>
<td>1-5</td>
<td>86</td>
<td>77.48</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6-10</td>
<td>19</td>
<td>17.12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11-15</td>
<td>06</td>
<td>5.41</td>
</tr>
<tr>
<td>6</td>
<td>Interest in working with psychiatric patients</td>
<td>Yes</td>
<td>106</td>
<td>95.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>05</td>
<td>4.50</td>
</tr>
</tbody>
</table>

Table no 1 shows that, there were more male Class-D workers than female i.e:58(52.5%), most of the Class-D workers (50.45%) were between the age group of 31-40 years , the Class-D workers educated up to secondary level were more i.e.; 71 (63.96%), most of the Class-D workers had an work experience between 0-5 years (58.56%), most of the Class-D workers (77.48%) were posted for 1-5 times in psychiatric wards during their work tenure, majority of Class-D workers (95.50%) were interested to work with the Psychiatric patients.

Above findings in terms of education, work experience and frequency of posting the Class-D workers in psychiatric ward during their work tenure may hinder in acquisition of knowledge regarding human rights of mentally ill patients due to which the patients can be put at a risk or harm.

Table no.2 Frequency and percentage distribution of level of knowledge regarding human rights of mentally ill among class-D workers
N=111

<table>
<thead>
<tr>
<th>SN</th>
<th>Level</th>
<th>Score</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Poor</td>
<td>0-6</td>
<td>08</td>
<td>7.21</td>
</tr>
<tr>
<td>2</td>
<td>Average</td>
<td>7-12</td>
<td>92</td>
<td>82.88</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
<td>13-19</td>
<td>11</td>
<td>09.91</td>
</tr>
</tbody>
</table>
Fig 1: Frequency and percentage distribution of level of knowledge

Above table and graph depicts the knowledge score regarding human rights of mentally ill among Class-D workers, in the study majority of the Class-D workers had average level of knowledge i.e. 82.88%. Total 09.91% of the Class-D workers had good level of knowledge and 7.21% of the Class-D workers had poor level of knowledge.

Above findings in terms of average and poor level of knowledge score clearly manifests that the mentally ill patients are at a high risk to experience the mishandling of their rights by the Class-D workers due to the inadequate knowledge regarding human rights of mentally ill patients.

Table no.3 Domain-wise mean, standard deviation and mean percentage of knowledge

<table>
<thead>
<tr>
<th>Domain</th>
<th>Area</th>
<th>MaximumPossibleScore</th>
<th>Mean</th>
<th>SD</th>
<th>Mean %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Meaning of human rights in mentally ill</td>
<td>03</td>
<td>0.97</td>
<td>0.78</td>
<td>32.33</td>
</tr>
<tr>
<td>II</td>
<td>Purposes/need for protecting human rights in mentally ill</td>
<td>02</td>
<td>0.77</td>
<td>0.70</td>
<td>38.5</td>
</tr>
<tr>
<td>III</td>
<td>Human rights of mentally ill</td>
<td>15</td>
<td>5.6</td>
<td>1.82</td>
<td>37.33</td>
</tr>
<tr>
<td>IV</td>
<td>Expected practices</td>
<td>05</td>
<td>1.96</td>
<td>0.99</td>
<td>39.2</td>
</tr>
</tbody>
</table>
Above table and graph depicts that the Class-D workers had overall less knowledge regarding human rights of mentally ill. The domain-wise mean percentage of knowledge score was more (39.2%) in area related to expected practices with mean ± SD (1.96 ± 0.99) and the percentage of knowledge was less (32.33%) in area related to meaning of human rights in mentally ill with mean ± SD (0.97 ± 0.78). As there is less knowledge regarding the meaning of human rights itself this can be the key cause behind the inadequacy of knowledge regarding human rights of mentally ill patients which may lead to the risk of patient safety and this signifies that the Class-D workers are least bothered to understand basic concepts of human rights regarding mentally ill patients.

**Conclusion**

The findings of the study revealed that majority of Class-D workers in the study had average level of knowledge i.e. 82.88%. Total 09.91% of the Class-D workers had good level of knowledge and 7.21% of the Class-D workers had poor level of knowledge, Hence information booklet was developed for the Class-D workers to enhance their knowledge regarding human rights of mentally ill patients.

**Acknowledgement**

The researcher acknowledges the institutional authorities of Bharati Vidyapeeth (Deemed to be) University College of Nursing, the study participants for the co-operation and all the stakeholders involved in completion of the research study.

**Conflict of Interest**

No conflict of interest involved.

**Funding Source**

The study was self-funded by the researcher.

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