

## Staff Nurse's Compliance with Patient's Rights during COVID-19 Pandemic as an indicator of educational intervention program effectiveness

Manal Saleh Moustafa Saleh<sup>(1)</sup>, Sahar Abdel- Latif Abdel- Sattar <sup>(2)</sup>, Wafaa Mostafa Mohamed <sup>(3)</sup>

(1,2,3) Nursing Administration, Faculty of Nursing, Zagazig University, Egypt .

(1) Nursing Administration, College of Applied Medical Science, Shaqra University, KSA.

### Abstract

**Background:** The direct impact of the pandemic refers to human life and the functioning of the healthcare system, hospitals, and outpatient clinics. The Patients' Rights introduces the term of fundamental rights of patients. **Aim:** To explore staff nurse's compliance with patient's rights during Covid 19 Pandemic as an indicator of educational intervention program effectiveness. **Subjects and Methods:** A quasi-experimental research design was utilized, including staff nurses (239) who were worked in the surgical hospital of Zagazig University Hospitals. A self-administered questionnaire including three scales to assess studied subjects' knowledge, awareness and practice toward patient's rights during Covid 19 Pandemic pre/post and follow-up assessment. **Results:** total mean knowledge score, before the program total mean score of staff nurses knowledge was  $37.60 \pm 2.7$  which increased to  $75.67 \pm 1.92$  at the post program phase, and declined to  $69.42 \pm 3.72$  at the follow-up phase. These improvements were statistically significant. Were a statistically highly significant. Regarding total mean awareness score, before the program total mean score of staff nurses awareness was  $14.60 \pm 2.7$  which increased to  $29.67 \pm 1.92$  at the post program phase, and at the follow-up phase and only 8.8 % of staff nurses had good practices of patient's right. This increased to (50.6%) at the post program phase. **Conclusions:** The program had a significant compliance with patient's rights during Covid pandemic and had a large effect on total knowledge, awareness and practice of staff nurses post-intervention. **Recommendations:** Regular in-service refresher courses should be conducted for nurses to fill deficiencies of their knowledge and practice regarding patient's rights during pandemic and crises, with continuous assessment of their knowledge and practice.

**Keywords:** Staff nurses, patient rights, Covid -19, education and training program

### Introduction

The COVID-19 pandemic has contributed to significant changes in social and economic life all over the world. The direct impact of the pandemic refers to human life and the functioning of the healthcare system, hospitals, and outpatient clinics (Saleh et al., 2022). The Patients' Rights introduces the term of fundamental rights of patients (Piątkowska et al., 2021). Patients' rights are universal ethics that must be respected; However, it is not easy to put these values and principles into practice because methods and attitudes differ from one individual to another, from society to society, and from one country to another (Ibrahim et al., 2017). Also, it can be recognized as those rights that exist attributed to a person seeking health care (Putturaj et al., 2020). In short, Patient rights define the patient's position in relation to health institutions or medical professions that provide health services, such as protection against threats, that may appear in connection with their implementation. (Rabiega & Przylecka, 2012 and Mueller, 2022).

A new respiratory disease was reported in late December 2019 in Wuhan, a city in China's Hubei Province, and has now been confirmed by the World Health Organization (WHO) as coronavirus disease-2019 (COVID-19) (World Health Organization, 2020). COVID-19, a highly contagious disease considered a global pandemic and considered stress test for clinical medicine and medical ethics (Credit, 2020; Dizikes & Palomino, 2020; Fins, 2021). On the other hand, all the world's population is currently facing enormous challenges (for example, social, environmental, health and economic) due to the impact of COVID-19 (Gautam, & Hens, 2020). Hence, the purpose of patient rights, as an essential component of human rights, is to support and strengthen patients in social terms (Demirsoy & Kirimlioglu Biomedical Research, 2016).

The burden of the pandemic, added to the burden of common diseases, has placed additional pressure on hospitals and healthcare centers, with various consequences such as disregard for patient rights. COVID19 patients as well as other

inpatients during the pandemic deserve their legitimate right to be treated with the highest possible standard of care and attention. In short, uphold the rights of the patient. Essential in all circumstances including COVID-19. Meeting the various needs of patients, including their spiritual needs and the psychological well-being of their families, was a serious requirement to ensure respect for the patient's rights (Adeli et al., 2020).

The healthcare team's awareness and sensitivity to patients' rights improves the quality of treatment and increases patient confidence and satisfaction (Ganjoo, M., Bagherzadeh, R., Momeni, K., Koushesh, F., & Ebrahimi, A. 2021). Nurses who work closely with patients must be aware and aware of the rights of individuals and be sensitive to the use of these rights in order to meet patients' needs, protect their respect, honor and privacy during service delivery and develop service quality (Demirsoy N, Kirimlioglu N- Biomedical Research, 2016). There is a need for more studies on the issue of patient rights, where they play an important role in development of the health services. In this regard, studies should be conducted aimed at educating health workers, patients and their relatives about the rights of the patient. So, this study aims to explore staff nurse's compliance with patient's rights during Covid 19 as an indicator of educational intervention program effectiveness.

#### **Aim of The study:**

This study aims to explore staff nurse's compliance with patient's rights during Covid 19 Pandemic as an indicator of educational intervention program effectiveness.

#### **Research Hypothesis:**

Implementing educational program regarding patient rights will improve the staff nurses compliance to patient rights during Covid 19 Pandemic.

#### **Material and Methods:**

**Research Design:** A quasi-experimental design was utilized to conduct the study with pre/post and follow-up assessment.

**Research Settings:** This study was conducted in the surgical hospital of Zagazig University Hospitals.

**Study Sample:** Ideal sample size of staff nurses was 239 from the previous mentioned settings. All those who were reachable and agreed to participate were included in the study and fulfilled the inclusion criteria (staff nurses have a minimum of one year constantly with full-time work).

#### **Tools of Data Collection:**

It was done using an electronic self-assessment tool. The nurses received a message or email with a link to the survey and a consent form. Thus, the probability of virus transmission through social contact was diminished. Three tools employed in data collection introduced in simple Arabic language for staff nurses and were used at the pre, immediate post, and 3-month follow-up assessments.

**Tool 1: Interview schedule was developed to assess studied subjects' knowledge** , toward patient's rights. It composed of two parts:

**First part:** was concerned with demographic characteristics of the respondents such as age, gender, marital status, qualification, years of experience.

**Second part:** this part covered the areas of nurse s' knowledge regarding patient's rights. It was developed from (Ghoneem,2010). The questionnaire composed of 86 dichotomous or multiple choices questions. The questions were classified as following: Complaints & appeals, Consumer responsibilities. Participation in decisions, Emergency services, Choice of provider, Information disclosure, General rules, Respect & nondiscrimination.

#### **Scoring system**

The total grade was computed out of 86 grades and knowledge was considered satisfactory if the percent score was 60% or more ( $\geq 51.6$  grade) and unsatisfactory if less than 60% ( $< 51.6$  grade).

**Tool 2: this involved assessment of the awareness of nurses toward patient's rights:** this part covered the areas of awareness of staff nurses regarding patient's rights. It was developed by the researchers after reviewing related

literature (Elewa, et al., 2016 & Fouad, et al., 2020).The questionnaire included 18 (yes/no ) questions were classified as following: Awareness of rules, Right of patient to get information , Right of patient to make decision, Right of patient in confidentiality, Right of patient in taking action with others.

### Scoring system

The total grade was computed out of 36 grades and awareness was considered good if the percent score was 75 % or more ( $\geq 27$  grade), fair if the percent score was 50 -74 % (18-26.6) and poor if less than 50 % ( $< 18$  grade).

**Tool 3: this involved assessment of the reported practice of nurses toward patient's rights.** Served as a surrogate for actual observation through simulated situations where the respondent selects the appropriate action to be taken. It was adapted from(Ghoneem,2010) were included 40 (yes/no )questions and were classified as follows The questions were classified as following: Complaints & appeals, Consumer responsibilities Participation in decisions, Emergency services, Choice of provider Information disclosure, General rules, Respect & non-discrimination.

### Scoring system

The total grade was computed out of (40) grades and practices was considered good if the percent score was 75 % or more( $\geq 30$  grade), fair if the percent score was 50 -74 % (20-29.6)and poor if less than 50 % ( $< 20$  grade).

### Ethics approval and consent to contribute

Approval to conduct this study was obtained from the Zagazig University Hospitals Board and the Faculty of Nursing Ethics Committee (No. 8–2021). Verbal consent was obtained from participants prior to the intervention and data collection. Justifications were provided to contributors about privacy, concealment of data, study aims, and research methodology. Participation in the study was voluntary.

### Field work:

1. Ethics approval and consent to contribute of the study has been obtained.
2. The tools were reviewed for validity by five juries who were experts in the relevant field, for clarity, relevance, comprehensiveness, and applicability.
3. The reliability of the internal consistency of all elements of the three tools was evaluated using the alpha coefficient. It was (0.754) for the self-administered knowledge questionnaire items and (0.739) for awareness (0.939) while it was (0.712) for the practice self-reported questionnaire items.
4. A pilot study was excluded from the study sample, comprising 10.0% of the expected sample size (24 nurses) to test instrument content, clarity, and consistency and to determine the time required to fill each instrument. Required modification has been made including some questions rephrased, questions rearranged and omissions.
5. Preparation for the training program aims to explore staff nurse's compliance with patient's rights during Covid 19 pandemic as an indicator of educational intervention program effectiveness through a number of educational online sessions that included all information about patient's rights.
6. The intervention program contained 4 phases, the preparatory phase started from the beginning of April 2021 until the end of August 2021, which covers three months and includes the following: Review of relevant national and international literature using journals, periodicals, textbooks, the Internet and theory. Know the different aspects patient's rights during Covid 19 pandemic. It covering the following items;COVID-19 as a highly contagious disease, Concept of rights, A Patient's Bill of Rights, Ethical principles related to patients' rights, organizational policies regarded patients' rights.
7. An appropriate schedule has been developed for the staff nurses to conduct the program which includes; The date, subject, time and duration of each session.

The intervention program designed for this study was carried out through 8 online sessions. These sessions lasted for 16 hours (10 hours theory and 6 hours of practice).

8. The program was implemented in (8) online sessions through electronic learning such as Zoom meeting and Microsoft team. two hour/session, two days/week. So, the study sample was divided into 5 groups to be effective and each group involved nearly 48 staff nurses.
9. Various learning materials (e.g., soft handouts) and teaching methods (e.g., lectures, group discussions, scenario-based situations and brainstorming) to help them learn and understand the importance of patient's rights during Covid 19 Pandemic. Video presentations, brochures and posters were uploaded to WhatsApp and email.
10. Assessment Phases, Post-test Immediately after the implementation of the program and three months follow-up to assess the change in the knowledge, awareness and nurses' practice of staff nurses regarding patient's rights during Covid 19 pandemic using the same formula as the pre-test and three months follow-up.

#### Statistical analysis:

Data entry and statistical analysis were done using SPSS 22.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations and medians for quantitative variables. The Cronbach alpha coefficient was calculated to assess the reliability of the developed tools through their internal consistency. Qualitative categorical variables were compared using a chi-square test ( $\chi^2$ ). Quantitative continuous data were compared using the non-parametric Mann-Whitney or Kruskal-Wallis tests. Whenever the expected values in one or more of the cells in a 2x2 tables was less than 5, Fisher exact test was used instead. The Spearman rank correlation was used for assessment of the interrelationships among quantitative variables and ranked ones. Statistical significance was considered at p-value <0.05.

#### Results:

##### Part I. Sample Characteristics

##### Table (1): demographic characteristics of Staff Nurses(n=239)

Table 1 reveals that the participants' age ranged between 18 and 55 years, with mean  $42.72 \pm 13.2$  years, with more female (54.8%). In addition, 92.9%, 87.4%, and 46.9% of the studied staff nurses were married, had diploma and had 5-10 years of experience respectively. The participants had no courses about patient rights (56.5%).

##### Part II. Knowledge of staff nurses regarding patient rights during Covid 19 pandemic pre, post and following the educational program:

Table 2 reveals low percentage of satisfactory knowledge about patient rights during Covid 19 pandemic among staff nurses before the educational program. At the post program phase, there were statistically significant improvements in staff nurses knowledge ( $p < 0.001$ ). The follow-up phase showed some declines in staff nurses knowledge, but remained significantly higher compared with the pre-program levels ( $p < 0.001$ ). Concerning total mean knowledge score, before the program total mean score of staff nurses knowledge was  $37.60 \pm 2.7$  which increased to  $75.67 \pm 1.92$  at the post program phase, and declined to  $69.42 \pm 3.72$  at the follow-up phase. These improvements were statistically significant.

##### Part III. Awareness of staff nurses regarding patient rights during Covid 19 pandemic pre, post and following the educational program:

Table 3 demonstrates a statistically significant difference in percentages of patient rights awareness among the studied staff nurses pre and post the educational program ( $P < 0.001$ ). Before the program, no one of staff nurses had good awareness about patient's right. This increased to (55.6%) at the post program phase, and declined to (55.6%) at the follow-up phase. These improvements were a statistically highly significant. Regarding total mean awareness score, before the program total mean score of staff nurses awareness was  $14.60 \pm 2.7$  which increased to  $29.67 \pm 1.92$  at the post program phase, and at the follow-up phase. These improvements were statistically significant.

**Part IV.** Practices of staff nurses regarding patient rights during Covid 19 pandemic pre, post and following the educational program:

Table 4 demonstrates a statistically significant difference in percentages of patient rights practices among the studied staff nurses pre and post the educational program ( $P < 0.001$ ). Before the program, only 8.8 % of staff nurses had good practices of patient's right. This increased to (50.6%) at the post program phase, and declined to (49.8%) at the follow-up phase. These improvements were a statistically highly significant.

**Part V. Relationship analysis:**

Concerning the correlations between staff nurses knowledge, awareness, and practices Table (5) indicates statistically significant positive correlations between total mean score of staff nurses knowledge and their awareness total mean score at ( $r = .451^{**}$ ), positive correlations between total mean score of staff nurses knowledge and their practices total mean score at ( $r = .447^{**}$ ), and positive correlations between total mean score of staff

nurses awareness and their practices total mean score at ( $r = .255^{*}$ ).

Table 6 Regarding the relation between demographic characteristics of the studied staff nurse and total knowledge mean difference, Table 6 indicates statistically significant relations between staff nurse years of experience, having previous courses about patient rights and knowledge mean difference ( $p < 0.05$  &  $p < 0.001$ ). It is evident that the patient rights knowledge mean difference were higher among staff nurses who were having 17 -24 years of experience, and having previous courses about patient rights.

Table 7 Regarding the relation between demographic characteristics of the studied staff nurse and total practice, Table 7 indicates statistically significant relations between staff nurse gender, years of experience, having previous courses about patient rights and total practice post the program ( $p < 0.05$ ). It is evident that the patient rights practice was good among staff nurses who were male, having 11-24 years of experience, and having previous courses about patient rights.

**Table (1):** demographic characteristics of Staff Nurses( $n=239$ )

Demographic characteristics	Frequency	Percent
Age:		
$\geq 30$	104	43.5
31 -45	113	47.3
46- 60	22	9.2
Mean $\pm$ SD	42.72 $\pm$ 13.2	
Rang	(18-55)	
Gender:		
Male	108	45.2
Female	131	54.8
Marital status		
Married	222	92.9
Un married	17	7.1
Educational level:		
Diploma	209	87.4
Institute	9	3.8
University	18	7.5
Post graduate	3	1.3
Years of experience:		
5 - 10	112	46.9
11- 16	87	36.4
17-24	40	16.7
Mean $\pm$ SD	12.31 $\pm$ 4.3	
Had any courses about patient rights:		
Yes	104	43.5
No	135	56.5

**Table (2):** Total knowledge of staff nurses regarding patient rights during Covid 19 pandemic pre, post and following the educational program (N=239)

Knowledge	Pre (n=239)		Post (n=239)		Follow up (n=239)		(Friedman's test)	(p-value)
	No	%	No	%	No	%		
<b>Total Knowledge Score</b>								
Satisfactory Knowledge (60% +)	49	20.5	163	68.2	158	66.1	50.67	.000**
Unsatisfactory Knowledge(<60%)	190	79.5	76	31.8	81	33.9		
Paired t-test								
Total mean knowledge score out of 86	37.60±2.7		75.67±1.92		69.42±3.72		11.43 10.88 8.973	P1 .000** P2 .000** P3 .000**

P1: Pre versus Post P2: Pre versus Follow up P3: Post versus Follow up

**Table (3):** Total awareness of Staff Nurses regarding patient rights during Covid 19 pandemic pre, post and following the educational program (N=239)

Awareness	Pre (n=239)		Post (n=239)		Follow up (n=239)		(Friedman's test)	(p-value)
	No	%	No	%	No	%		
<b>Total awareness score :</b>								
• Good	0	0.0	133	55.6	133	55.6	39.81	.000**
• Fair	90	37.7	97	40.6	97	40.6		
• Poor	149	62.3	9	3.8	9	3.8		
Paired t-test								
<b>Total mean awareness score out of 36</b>	14.60±2.7		29.67±1.92		29.67±1.92		15.91 15.91 3.24	P1.000**1 P2.000**2 P3 .001** 3

P1: Pre versus Post P2: Pre versus Follow up P3: Post versus Follow up

**Table (4):** Total practices of Staff Nurses regarding patient rights during Covid 19 pandemic pre, post and following the educational program (N=239)

Practices	Pre (n=239)		Post (n=239)		Follow up (n=239)		(Friedman's test)	(p-value)
	No	%	No	%	No	%		
<b>Total practices score :</b>								
• Good	21	8.8	121	50.6	119	49.8	78.00	.000**
• Fair	79	33.1	118	49.4	82	34.3		
• Poor	139	58.1	0	0.0	38	15.9		

\*: Significant \*\*: Highly significant

**Table (5):** Correlation matrix of Staff Nurses' knowledge, awareness, and practices Scores during Covid 19 pandemic.

Scores	Spearman's rank correlation coefficient		
	Knowledge	Awareness	Practices
Knowledge		.451**	.447**
Awareness	.451**		.255*
Practices	.447**	.255*	

(\*) statistically significant at  $p < 0.05$  (\*\*) statistically significant at  $p < 0.01$

**Table (6):** Relations between Staff Nurses' total knowledge mean difference during Covid 19 pandemic and their demographic characteristics.

Demographic characteristics	knowledge regarding patient rights		Kruskal Wallis	P
	Mean ± SD	Median		
<b>Age group: /year</b>				
≥ 30	37.70±1.98	38.00	9.63	.292
31-45	37.61±1.89	38.00		
46- 60	38.00±0.0	38.00		
<b>Gender:</b>				
Male	37.04±2.24	38.00	H=12.15	.144
Female	37.97±1.68	38.00		
<b>Occupation :</b>				
Nurse	37.57±1.98	38.00	H=4.42	.817
Head nurse	38.37±1.18	38.50		
<b>Years of experience:</b>				
5 - 10	37.62±1.93	38.00	24.115	.030*
11- 16	38.00±1.0	38.00		
17- 24	39.00±.00	39.00		
<b>Had any courses about patient rights:</b>				
Yes	38.33±1.73	39.00	H=27.27	.004*
No	37.56±1.94	38.00		

(\*) *Statistically significant at  $p < 0.05$*  (H) *MannWhitneyTest*

**Table (7):** Relations between Staff Nurses' total practices during Covid 19 pandemic and their demographic characteristics post the program.

Demographic characteristics	Total practices				X <sup>2</sup> test	p-value
	Good (n=121)		Poor (n=118)			
	No.	%	No.	%		
<b>Age:</b>						
≥ 30	56	46.3	48	40.7	3.34	.068
31 -45	48	39.7	65	55.1		
46- 60	17	14.0	5	4.2		
<b>Gender:</b>						
Male	72	59.5	36	30.5	4.25	.039*
Female	49	40.5	82	69.5		
<b>Marital status :</b>						
Married :	107	88.4	115	97.5	1.31	.519
Unmarried :	14	11.6	3	2.5		
<b>Occupation:</b>						
Nurse	91	75.2	118	100.0	9.57	.023*
Head nurse	30	24.8	0	0.0		
<b>Years of experience:</b>						
5 - 10	43	35.5	69	58.5	8.85	.012*
11- 16	53	43.8	34	28.8		
17-24	25	20.7	15	12.7		
<b>Had any courses about patient rights:</b>						
Yes	99	81.8	5	4.2	4.54	.033*
No	22	18.2	113	95.8		

(\*) *Statistically significant at  $p < 0.05$*

## Discussion

Receiving medical services combined with reverence and respect is natural and legal right of patients presenting to health care centers which stated in Patient's Bill of Rights. In some cases, such rights may not be observed, and patient's rights might be violated. Research and statistics indicate, despite posting the statement of Patient's Bill of Rights in hospitals, level of observing this Bill is poor to moderate (Vakili, et al., 2022). The COVID-19 pandemic is a social problem. Piątkowska, et al., 2021 mention the COVID-19 pandemic has had an impact on respecting and limiting patients' rights all over the world. Nurses face ethical challenges in providing care activities related to COVID-19. Nurses are the first line of defense in any outbreak, and this pandemic has caused tremendous concern for hospital authorities.

It is the responsibility of hospitals to ensure that an appropriate management plan is in place to respond to the health needs of the people. This includes support in identifying patients with potential coronavirus and in protecting healthcare team so that they can care for the patients safely (As the team member who spends the most time with the patient, the frontline nurse is crucial to providing continuity of care. Moreover, coordinates all services used by the patient and helps and supports them by defending their rights (Saleh, et al 2021). As a result, it's crucial to establish and implement a patient rights education program for nurses based on assessment and evaluation of the impact on performance.

The significance of conducting this study is that it supports the staff nurse's compliance with patients' rights during Covid 19, thus protecting both their patients and their families. The study findings could provide a foundation for benchmarking good practices and improvement. Therefore, this study aims to explore staff nurse's compliance with patient's rights during Covid 19 as an indicator of educational intervention program effectiveness.

Overall, The present study, in line with other similar studies shows that before educational intervention, nurses' had low level of Awareness, knowledge and practice in observing patients' rights (Abedian, etal 2015;

Heidari et al., 2013; Iltanen et al., 2012). It seems poor awareness and especially poor practice of nurses are rooted from factors such as fear of infection, heavy workload during covid 19, insufficient time allocated to patients, socioeconomic pressures, and poor awareness of patients and fear from death as well as health care providers faced challenges in covid 19. Moreover, The results of the study have shown significant result in relation to changes in awareness, knowledge and practices for Frontline nurses regarding patient rights during Covid 19.

### **Regarding knowledge of staff nurses' regarding patient rights during Covid 19 pandemic pre, post and following the educational program**

There was a low percentage of satisfactory knowledge about patient rights among staff nurses before the educational program. One possible reason in our community, where patients usually submissive to doctors' decisions, this is quite expected. At the post program phase, there were statistically significant improvements in staff nurses knowledge. The follow-up phase saw some declines in knowledge, but remained significantly higher compared with the pre-program levels. This improvement reflects the desired outcome of the program and nurses' interests in learning about patients' right to involvement in decisions, proving that the program was successful in raising the knowledge scores. This is in accordance with Mlambo, & McGrath's (2021) assertion that the purpose of a continuous education program is to give nurses the chance to acquire the knowledge and understanding about patients' rights in order to deliver safe and effective patient care. Also, In line with Abedian et al., (2015), a repeated measure analysis of variance test revealed a significant difference in staff nurses' knowledge before and after the intervention (P 0.001). This was further supported by multivariate analysis, which showed that the only statistically significant independent predictor of the improvement in knowledge scores was participation in the training program.



**Interestingly awareness of staff nurses regarding patient rights during covid 19 pandemic pre, post and following the educational program.**

Our study results demonstrates a statistically significant difference in percentages of patient rights awareness among the studied staff nurses pre and post the educational program ( $P < 0.001$ ). These improvements were a statistically highly significant improvement. It appears that, despite the number of years since issuing Patient's Bill of Rights, its implementation process has not properly been established and this improvement in finding is expected because they also learn that considerate and respect build good communication and trusting relationship between patients and healthcare providers, which makes patient recovery faster. This improvement in nurses' awareness emphasizes their need to more educational opportunities to update their knowledge This is in accordance with Sarna et al., (2014) and Heidari, et al., (2015) who posited that Scoring higher score in awareness a by nurses that received educational intervention compared to the control group. Accordingly, Timby (2007) and Al-Saadi et al., (2019) emphasized that patients have the right to compassionate and respectful treatment at all times and in all circumstances from all members of the healthcare system (Kwam&Petrucka, 2021).

**Practices of staff nurses regarding patient rights during covid 19 pandemic pre, post and following the educational program.**

Prior to the program, only 8.8% of staff nurses had good practices of patient's right. This increased to 50.6% at the post program phase, and declined to 49.8%) at the follow up phase. These improvements were a statistically highly significant. In agreement with Ghonem (2010), who also revealed the findings of the current study, the lowest percentages of adequate practice prior to the program were related to patients' rights. The lack of performance, before program implementation, could be linked to the hospital's lack of opportunities for ongoing education that would enhance nurses' performance with regard to patients' rights. Furthermore, nurses' ethical challenges in the COVID-19 pandemic revolve around three areas, nurses, patients and their families, and medical equipment and facilities.

In the field of nurses, ethical challenges include the safety of nurses, colleagues and families, shortage of nurses, lack of concentration due to mental fatigue, life-threatening disease, a large number of patients, performing nursing actions in dangerous conditions, giving importance to the system nurses' survival was challenged, as well as physical and psychological injuries and a lack of protective equipment (Firouzkouhi et al., 2021).

The implications of these findings are crucial for developing programs for continuing nursing care education. These improvements in nurses practices about patient's right after program intervention is similar to results of studies that show educational programs can change practice of nurses and ultimately lead to improved quality of care services (Collins, 2013; Parker, 2013). Also, refer to the ability of frontline nurses to direct one's actions toward ethical goals, such as good outcomes for patients. According to their viewpoints, through training programs, nurses become fully qualified and trained for tasks they undertake. As a result, they can develop their role and work alongside other health professionals.

Finally, It is noteworthy that our study indicates statistically significant positive correlations between total mean score of staff nurses knowledge and their awareness and their practices. It was discovered that knowledge score was an independent, positive predictor of the reported practice score in data analyses. The results confirm Al-Marshoudi et al., (2021) assertion that knowledge by itself, without application, has no effect. In a similarly, Assefa, et al., (2021) discovered favorable connections between nurses' overall knowledge, performance and, awareness.

**Conclusions:**

The program had a significant compliance with patient's rights during Covid pandemic and had a large effect on total knowledge, awareness and practice of staff nurses post-intervention.

**Recommendations:**

- Regular in-service refresher courses should be conducted for nurses to fill deficiencies of their knowledge and practice regarding patient's rights during pandemic and crises,

with continuous assessment of their knowledge and practice.

- The manual of hospital policies and procedures should include patient's rights during pandemic and crises should be posted in hospitals and made available to staff and clients, with ethics committee in each organization.
- Nurses could be motivated to have a better practice of patients' rights during pandemic and crises in their work through recognition and incentives.
- A systematic supervision, follow-up and guidance to nurses in their application of patients' rights, which would properly be matched to their work assignment and nursing duties

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