



## **Patient Rights & Dignity**

### **For the Certified Nursing Assistant**

**Developed by**

**Baptist Health South Florida Clinical Learning**  
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### **In-service Self-Study Packet & Test**

*Meets the Patient Rights & Dignity 1.0 In-service Hour required by the Florida Department of Health/Board of Nursing for Certified Nursing Assistants*



**Baptist Health**

**Objectives:**

After you take this class, you will be able to:

1. Name at least three patient's rights.
2. Incorporate rights and dignity into all patient care.

**Directions:**

1. Pick up the Self-Study Packet and Test in Organizational Learning or your department.
2. Please read the complete Self-Study Guide.
3. Answer the questions on the Post-Test.
4. Return the completed Post-Test to your department educator/nurse clinician.
5. Passing score is 80% on the Post-Test. If test score of 80% is not achieved, reviewer will provide remediation immediately.
6. An In-service Certificate for 1.0 in-service hours will be issued upon successful completion of the Post-Test.
7. Sign your name, employee number and certification number on the sign-in sheet for the Self-Study.
8. Each month the department educator/nurse clinician will bring the sign-in sheet for that Self-Study to Organizational Learning.

**RIGHTS OF PATIENTS**

All people and patients have basic rights. These basic human rights are given to people by the laws of the United States and our 50 states.

Patients and residents have all these basic human rights plus other special rights just for those in an assisted living home, a nursing home or a hospital. Patients must be given a copy of these special rights when they come to a hospital

We all must know about these rights when we work in health care. We must know what these rights are so we can make sure that all of our patients have these rights while we provide care to them.

All patients and residents have a right to:

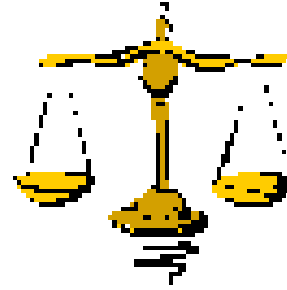
- ❖ Respect and dignity
- ❖ Privacy
- ❖ Confidentiality
- ❖ Freedom from abuse and neglect
- ❖ Control over their own money
- ❖ Have their personal property
- ❖ Know about their medical condition and treatments
- ❖ Choose their own doctor(s)

- ❖ Make decisions about their medical care
- ❖ Competent care
- ❖ Religious and social freedom
- ❖ Accurate bills for services given
- ❖ Complain and be heard

## RESPECT & DIGNITY

All people have the right to respect and dignity. We must:

- *Speak to our patients with respect.* We must always talk to all of our customers, families, fellow workers and visitors in a kind, helpful and polite way.
- *Use good communication skills.*
- *Call people by their name.* Do not call people 'momma', 'poppa', 'sweetie' or 'honey'. These names do not show respect.
- *Let the person talk about their feelings.* Give them the time to talk with you. Do NOT look like you are in a hurry. Always make the time to talk to a person with respect.
- *NEVER treat an adult like a child.* Do NOT talk 'baby talk' with adults.
- *Help patients and residents, so they can be as independent as they can.* Help them with their self-care and activities of daily living.
- *Make sure the person looks good and is clean.* We must make them look clean, shaved and without dirty finger nails.
- *NEVER allow a person to stay wet with urine, dirty or with a bad odor.* These things take away a person's dignity.
- *Give people as many choices as possible.* Let the person choose unless their choice can cause them harm or can harm others. For example, let a person pick a fresh fruit for their snack. Let the resident pick out the activities they want to attend over the next week. Let them pick out their own clothing for the day.
- *Keep patients and residents covered so others cannot see them when they are getting a bath and getting nursing care.* Pull the curtains around the bed.



- *Make people feel very special each and every time you are with them.*
- *Treat and speak to others, as you like to be treated.*



## **PRIVACY**

People do not lose their right to privacy because they are in a hospital or nursing home. They also do not lose this right when they have home health care. Patients and residents have a right to:

- Talk privately with family, friends and other patients or residents. Do not interfere. Do not listen to these conversations. Give people a quiet place to talk in private.
- Personal things. NEVER open a patient's closet or pocketbook without getting their permission. If you are in the person's home, do NOT enter any area or open any closets unless the person tells you that you can.
- Knock on the patient or resident door before walking in. Their room is their own private space, just like yours is in your own home. Do NOT enter their space unless they allow you to or there is an EMERGENCY.
- Personal privacy. Provide personal privacy when bathing or caring for a patient.

## **CONFIDENTIALITY**

Mrs. T. has Alzheimer's disease. She does not want any of her nursing home friends to know she has it. She is afraid that they may think they can catch it if they are near her. She is also sad and ashamed because she forgets things. Should the nurse tell Mrs. T. not to worry? Should the nursing assistant tell Mrs. T's friends that she has Alzheimer's disease and that they cannot catch it?

Patients and residents have a right to have personal information kept secret from all other people, except those that are giving her care. NEVER talk about one of your patients with friends, neighbors, other patients or residents. Do not tell Mrs. T's friends that she has

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Alzheimer's. Also, do not tell Mrs. T. not to worry. Ask her to tell you how she feels. Let her talk. Listen to how she feels. She may just need someone to talk to.

Some confidentiality rights are found in laws. For example, if you tell your sister that Mrs. M, your patient has AIDS/HIV, you have broken the law. It is not legal to tell anyone that a patient has AIDS/HIV.

Health care workers, including nursing assistants, should NEVER tell a person's diagnosis or condition to anyone that is NOT caring for the patient. Do NOT talk about patients in halls or coffee shops. You never know who is listening!

- All patient charts and records must also be kept in a safe place so that people not caring for the person cannot read them.
- Do NOT talk about your patients when you go home. It is against the law to tell your family member or neighbor that 'Mr. B., my patient has AIDS'.
- Do NOT talk about your patients with other patients or unknown people that have called the nursing station. You do NOT KNOW who is at the other end of the telephone.

## **FREEDOM FROM ABUSE & NEGLECT**

All humans should be free from abuse and neglect. Many elders, children and young adults with physical or mental problems are at risk for abuse and neglect. Family members, care givers, health care workers and other members of a community can abuse or neglect others.



Child abuse can happen in the child's own home and it can occur in another place like a day care center or group home. Elder abuse can also occur in the home and in a place, like an assisted living, group home or long term care nursing home.

Abuse is defined as 'maltreatment'. Elder abuse affects older adults. A person that the elderly person trusts usually causes elder abuse. Their child, spouse, a nurse, nursing assistant or home health aide can abuse them. Child abuse is the maltreatment of infants and young children. Parents, relatives and day care providers are sometimes guilty of child abuse.

Anyone can be abused. Men, women, adults, children and people of all ages can be abused.

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Nursing assistants and other health care workers must, by law in many states, immediately report all cases of suspected elder abuse and child abuse. And, of course, we must NEVER, NEVER abuse anyone!

If you THINK that someone is abusing or neglecting a patient or resident, REPORT IT. You do NOT have to be certain! Report it if you think it may be happening.

There are several types of abuse. Abuse can be physical, emotional or mental, sexual or financial.

- *Physical abuse.* Physical abuse is the use of a physical force. A punch, slap, push or pinch is physical abuse. Elders are often physically abused with rough treatment. Grabbing a person out of their bed is physical abuse. Signs of physical abuse are skin tears, bruises and broken bones.
- *Mental abuse.* Mental abuse causes the person to have mental pain. Yelling and name calling are examples of mental abuse. Elders are mentally abused when they are treated like a child or locked in a room. Threats are also mental abuse. Mental abuse can cause very serious mental pain and fear. Signs of mental abuse are fear, crying and sadness.
- *Sexual abuse.* Sexual abuse is sexual contact of any kind without the consent of the other person. Touching, fondling and rape are examples of this type of abuse.
- *Financial abuse.* Financial abuse is the improper or illegal use of the victim's money. Taking money from an elder to use for something they do not want is an example of this type of abuse.

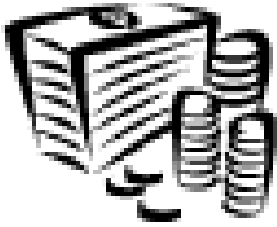
Neglect is a little different from abuse. Neglect does NOT involve an act that is wrong. Neglect is NOT doing something that should be done. Men, women and people of all ages can also be neglected.

Neglect can be physical, mental, or financial.

- *Physical neglect.* Examples of physical neglect are not giving the person the food or physical care they need.
- *Mental neglect.* Ignoring a person is an example. Another example of mental neglect is abandoning a person who is afraid of being alone.
- *Financial neglect.* If any elderly person lives in the home with a daughter and the daughter does not let the person buy eyeglasses with their own money, this is financial neglect.

## **CONTROL OVER MONEY**

Patients and residents who are able to make decisions can, and should, have control of their money. They should be allowed to decide how to spend their money even if we do not think it is a smart thing to do. For example, if your patient wants to buy 1,000 lottery tickets a week, they should be allowed to do it if they have the money.



When a person is not able to make decisions, another person may have legal control over the person's money.

## **USE AND HAVE THEIR PERSONAL PROPERTY**

Residents and patients should be able to have and use their personal property. If, however, these things can harm the person or others, they can't be used.

Patients may want to bring into the hospital their favorite pillow or pictures. Seeing one's own belongings surround them adds to their comfort. Many assisted living facilities and nursing homes let residents have their own furniture, television sets and radios. These things help the resident feel at home and comfortable. Some things, though, like radios and televisions have to be checked for safety before they are used.

## **BEING FULLY INFORMED**

Patients and residents must know about their care and the choices they have about the care they receive. Doctors, nurses and others must tell all patients and residents about their condition and care in words that the person can understand.

They must be told how their medicines and treatments can help them. They must also be told how their medicines and treatments may cause some bad side effects. They should also be told about other treatments that they can choose from if they do not like the choice that the doctor is telling them about.

Nursing assistants may be asked to give information to a patient or resident. When you do, talk to the person in simple, words that the person can understand. If the person asks you a question that you cannot answer, report this question to the nurse.

## **FREEDOM TO CHOOSE ONE'S OWN DOCTOR**

Patients and residents must be able to choose their own doctor. Other people do not have the right to make this choice for them if they are able to make a decision.

## **DECIDING WHAT CARE THEY WANT AND DO NOT WANT**

Patients and residents must know about:

- their condition
- the benefits and risks of a treatment before they can consent, or agree to it
- other things that can be done instead of one particular treatment

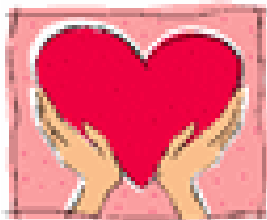
After the person knows these things, the person can decide what they want and what they do NOT want. The choice belongs to the patient or resident whenever they are able to make a decision. The doctor, nurse or family member CANNOT make the choice when the person is able to make his or her own decisions.

Doctors and nurses teach patients and residents about their condition and treatments. Nursing assistants may be asked to give instructions to patients. They should also explain all the care that they are giving.

We must remember to talk to patients, family and visitors with simple words so that they can know what we are trying to tell them. For example, do not tell a person that they are 'NPO' after midnight. Tell them that they 'can not have any food or drinks after midnight'.

## **COMPETENT CARE**

Patients and residents also have the right to safe and high quality care. Good care cannot be done unless nurses, doctors, nursing assistants and all other health care workers are able to do the right thing in the right way.



Everyone must know how to provide safe patient care in the correct way. If you are not sure of how to do something, STOP. Get the nurse and ask the nurse to teach you or to help you with it. Do NOT ever do anything unless you are sure that you can do it the right, or correct, way. Safe patient care is a RIGHT.



## **RELIGIOUS AND SOCIAL FREEDOM**

All Americans have the right to freedom of religion. They also have the right to be with people they choose to be with.

- Do NOT force anyone to go to a religious activity unless they want to
- Help people go to the religious groups they choose
- Encourage them to choose the groups and activities that they want
- Help them get to any social, recreational and/or patient rights groups that they want to go to

## **ACCURATE BILLS**

Laws state that all patients and residents have a right to a bill that has ONLY those things that the person actually got. These laws also say that everyone should have their bill explained to them if they want to.

Nursing assistants do not give patients their bill but there are some things that nursing assistants can do.

- NEVER charge a supply, such as a urinary drainage bag, to a patient that will not be getting it
- Tell the nurse if a person wants to speak to someone about their bill

## **COMPLAIN IN A FORMAL WAY**

All patients and residents have a right to complain. All concerns, questions and complaints must be heard and listened to.

Some hospitals have patient advocates who listen to these questions, concerns and complaints. Many nursing homes have ombudsman who speak to residents about their complaints, concerns and questions. Patient advocates and ombudsmen help our customers with their concerns.

Notify the nurse if your patient or resident has a complaint or a concern. The nurse may then speak with the patient and call the patient advocate or ombudsman to solve the problem. Our goal is patient satisfaction and customer service.

Most complaints can be avoided with patient care and good customer service. Use good customer service skills. However, if one does come up, do NOT argue with a patient or resident. Get help from the nurse.

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## Summary

All people have rights. Nursing assistants and other health care workers must make sure that these rights are NOT taken away when they are a patient in a hospital or a resident in a nursing home or assisted living facility.

## References

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## **Patient Rights:**

- ❑ You have the right to safe, high quality, medical care, without discrimination, that is compassionate and respects personal dignity, values and beliefs.
- ❑ You have the right to participate and make decisions about your care and pain management, including refusing care to the extent permitted by law. Your care provider (doctor, nurse, etc.) will explain the medical consequences of refusing recommended treatment.
- ❑ You have the right to have your illness, treatment, pain, alternatives and outcomes be explained in a manner you can understand. You have the right to interpretation services if needed.
- ❑ You have the right to know the name and role of your care providers (doctor, nurse, etc.). At your request, you have a right to a second opinion.
- ❑ You have the right to request that a family member, friend and/or physician be notified that you are under the care of this facility.
- ❑ You have the right to be informed about transfers to another facility or organization and be provided complete explanation including alternatives to a transfer.
- ❑ You will receive information about continuing your health care at the end of your visit.
- ❑ You have the right to know the policies that affect your care and treatment.
- ❑ You have the right to participate in or decline to participate in research. You may decline at any time without compromising your access to care, treatment and services.
- ❑ You have the right to private and confidential treatments, communications and medical records to the extent permitted by law.
- ❑ You have the right to receive information concerning your advance directives, (living will, health care power of attorney, or mental health advance directives), and to have your advance directives respected to the extent permitted by law.
- ❑ You have the right to access your medical records in a reasonable timeframe, to the extent permitted by law.
- ❑ You have the right to be informed of charges and receive counseling on the availability of known financial resources for health care.
- ❑ You have the right to be free from restraints that are not medically required or are used inappropriately.
- ❑ You have the right to access advocacy or protective service agencies and a right to be free from abuse.
- ❑ You and your family have the right to have your compliments, concerns and complaints addressed. Sharing your concerns and complaints will not compromise your access to care, treatment and services.