



Evaluating the Awareness of Patients' Rights Based on the Charter of Patients' Rights in Medical Staff of Mashhad University of Medical Sciences in Mashhad, Iran

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Abstract

Background: Patient rights are fundamental in defining the standards for ensuring the quality of clinical services. The present study aimed to evaluate the awareness of patients' rights based on the Charter of Patients' Rights and Responsibilities in the medical staff of Mashhad University of Medical Sciences in Mashhad, Iran.

Materials and Methods: This cross-sectional study was conducted on 47 medical staff in teaching hospitals of Mashhad University of Medical Sciences, Mashhad, Iran, by the convenience sampling method and by the average mean of a quantitative trait in a community. Data were collected using a two-part questionnaire of demographic information and patients' rights awareness. Data were analyzed using SPSS software (version 16.0).

Results: The mean age of subjects was 36.3 ± 8.3 years. Staff awareness of patient rights was sufficient in 66% of research units. The highest level of respect for patient rights was related to respect for patient privacy and the principle of confidentiality, which evaluate by 78.7% of participants. The lowest level of observing patient rights was related to providing adequate information to patients, which was desirable in 59.6% of the research units. There was no significant relationship between demographic characteristics (age, gender, education level, and jobs) and awareness of patients' rights ($P > 0.05$).

Conclusion: Although the awareness of patients' rights in most of the medical staff was found desirable, the awareness regarding providing necessary and sufficient information to patients needs to be improved. It is, therefore, suggested that a more stringent regulatory policy be implemented based on the Charter of Patients' Rights, and develop training programs to improve staff awareness in this area.

Key Words: Awareness, Iran, Patients, Patients' Rights, Medical staff.

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1- INTRODUCTION

The Charter of Patients' Rights is for the protection of patients' dignity and self-worth, and to ensure that in cases of illness, especially in medical emergencies, they receive adequate, desirable care of physical and mental health without discrimination based on age, gender, and financial status (1). Declaration of patient's rights was introduced for the first time in 1948 by the National Union of Nurses in response to patients' expectations, the legal principle of informed consent, confidentiality, respect and dignity of the patient, and acceptance without discrimination (2). Accordingly, rules and regulations were developed under the title of the Charter of Patients' Rights, the purpose of which is to defend the patient's rights and create an obligation to enjoy human dignity in all stages of their relationship with medical centers, and to ensure non-discrimination in inadequate patient care in an environment full of respect and quality (3).

Observing patients' rights by nurses, doctors, and other health professionals will improve patient care and increase satisfaction and enhance the health system efficiency (4). On the other hand, patients' rights and their satisfaction with health services is one of the most important factors in clinical governance (6). According to the American Health Association, paying attention to the patient's rights means observing the patient's legitimate and reasonable physical, mental, spiritual, and social needs. This observance are formulated in standard medical rules and regulations and the treatment team is responsible for implementing them (7). Patients' rights in Iran were sent to the Ministry of Health in 2002 and developments in the health sector began in 2003. The comprehensive charter of patients' rights was drafted in five general axes and 37 clauses along with insight and value and a final note. The five

axes of the charter include the right to receive favorable services, the right to receive information sufficiently and desirably, the right to freely choose and decide by the patient in receiving health services, the right to the respect patient's privacy and observance of the principle of privacy, and the right to access an efficient system to deal with complaints each were drafted in paragraphs 14, 4, 7, 9 and 3 clauses, respectively. The main axes of the Charter of Patients' Rights can be summarized as follows:

1. It is the patient's right to receive optimal health services.
2. The information should be provided to the patient satisfactorily and sufficiently.
3. The patient's right to freely choose and decide on receiving health services must be respected.
4. The provision of health services should be based on respect for the patient's privacy and the principle of confidentiality.
5. Access to an efficient grievance system is the patient's right.

Although the development and promulgation of the Charter of Patients' Rights is a valuable step towards the fulfillment of patients' rights, several studies have indicated different levels of observing patients' rights in healthcare centers. Evidence shows that the observance of legal and ethical aspects by healthcare staff were subpar or average (9). If a patient, for any reason, fails to decide to implement the provisions of this charter, it is the responsibility of the legal decision-maker to exercise all patient rights mentioned in the charter. However, if an alternative decision-maker hinders the patient's treatment against the doctor's opinion, the doctor can appeal the decision through the relevant authorities. If the patient does not have the capability to decide, but can make reasonable decisions

as part of the treatment process, their decision should be respected. In a study by Akbari et al. on the level of respect for patients' rights in Isfahan's teaching hospitals in 2007, it was shown that the rate of respect for patients' rights in the studied hospitals was low; so that most patients complained of non-compliance with their rights. Their findings showed that the most important complaint regarding patients' rights from the patients' point of view was the right to access health services as soon as possible and without discrimination (72%). Also, not obtaining consent from patients before diagnostic and therapeutic procedures was the second complaint that was not observed for most patients (65%). Observance of patients' right to access public services, such as having a companion, accounted for most of patients (48%) (10). In another study conducted by Sharifi et al. on the level of awareness of patients' rights and observing them from patients admitted to Imam Reza (AS) Hospital in Kermanshah in 2011, the results showed that 59.3% of patients had little knowledge of their rights. Moreover, in 72.4% of the patients, the rate of respect for patients' rights was moderate (11).

Haji Babai et al. investigated the relationship between psychiatrists and psychiatric assistants' awareness of the rights of their patients and the extent they are observed in Ahvaz University of Medical Sciences. The results showed that 75% of psychiatrists have a satisfactory knowledge. Twenty-five percent were moderately aware of the rights of the mental health patients. From the perspective of 55% of psychiatrists, observance of patients' rights was good, 15% moderate, and 30% excellent. Pearson correlation coefficient did not show a significant relationship between knowledge and observance of patients' rights from the perspective of psychiatrists (12). In another study, Khatouni examined the charter of patients' rights in public

hospitals in Qazvin and the results showed that patients' rights in the study population were observed in 46.21% of the materials. The highest level of observance of the patient's right was related to processing the patients' request regarding the confidentiality of medical information. Confidentiality was observed by 83.57% of the medical staff and the lowest rate of observing patients' rights was related to obtaining permission from the patient for the clinical presentation of people who were not directly involved in the treatment process (10.71%) (13). In another study, Zandiyeh et al. studied the compliance with the provisions of the Charter of Patients' Rights in the operating room of Hamadan teaching hospitals. The results showed that the mean score of patients' rights in admission, surgery (anesthesia staff), surgery (operating room staff), and recovery were 70, 3.56, and 57, respectively, and the general observance of patient rights was moderate (50.2%) (14).

In another study conducted by Bokaei et al., the level of patients' rights observance by health care personnel from the perspective of patients admitted to Shahid Sadoughi Hospital in Yazd was investigated. The results showed that about 50% of staff always observed clauses 1, 3, and 6. Interestingly, clauses 2, 4, and 9 were not observed in about 60% of cases and 46 patients (5.31%) reported that paragraph 3 was rarely observed by the staff. In general, the highest frequency was related to receiving respectful treatment (15). On the other hand, several studies in some private clinics under the auspices of Rey Health centers have shown most of the provisions of the Charter of Patients' Rights are observed. However, other cases, including patients' lack of information about drug side effects, lack of familiarity with the name and position of service providers, lack of awareness of the referral process, and lack of information on the number of medical service tariffs are not

observed correctly (16). On the other hand, non-compliance with the Charter of Patients' Rights can endanger patients' health, life, and safety and weaken the relationship between patients' healthcare staff, which ultimately leads to a reduction in the effectiveness of services and effective patient care (17). As one of the most essential parts of health services, hospitals should create an understanding of and respect for the rights of patients and their families for physicians and other care providers (18).

Knowledge of the awareness of medical staff and caregivers about the Charter of Patients' Rights can pave the way for better observance of these rights. Because the patient, like any other human being, has vital needs. Due to their illness, they are not able to fully meet some of their needs. Therefore, they need the help of those around them. By knowing the needs of patients, they are better understood and more appropriate ways are chosen to help them. Recognizing these needs will be useful for providing the necessary, effective, and efficient care. Therefore, the care and treatment team should have sufficient knowledge and awareness about the needs and rights of patients and how to provide them, and be well aware of the situations that arouse these needs and the services provided should be satisfy patients' needs. Evidence shows that despite the challenges of physicians and other health care workers and the efficiency of various facilities, the rate of patient dissatisfaction and complaints is increasing. One of the reasons could be the failure of physicians and nurses in establishing relationships with patients (15).

Therefore, due to the importance of the issue and the lack of study in the field of patients' rights, especially from the perspective of medical staff working at Mashhad University of Medical Sciences, this study was conducted to assess the

awareness of university medical staff about patients' rights based on the Charter of Patients' Rights.

2- MATERIALS AND METHODS

2-1. Study design and population

This research was a descriptive cross-sectional study. The study sample consisted of 47 nurses, help nurses, and administrative staff in two teaching hospitals of Mashhad University of Medical Sciences in Mashhad, Iran. The samples were obtained using the formula "Estimating the average trait in a community" and previous studies (17) by the convenience sampling method and by the average mean of a quantitative trait in a community.

2-2. Inclusion and exclusion criteria

Inclusion criteria were having at least one year of work experience in the teaching hospitals and having written an informed consent to participate in the study. Exclusion criteria were unwillingness to continue participating in the study, failure to complete more than 30% of the questionnaire questions, and work experience of less than one year. In this study, all nurses, help nurses, and administrative staff who worked in the internal medicine and surgery wards of hospitals of Mashhad University of Medical Sciences who met the inclusion criteria completed the research questionnaire.

2-3. Measuring tool

The research questionnaire consisted of two parts: a) Demographic characteristics (14 questions) and b) Patient rights awareness based on the Ministry of Health and Medical Education chart (41 questions). In this study, the Patients' Rights Awareness Questionnaire in the form of 41 questions with answers of no = 0, never to yes = one by calculating the average of the total scores (range from

zero to 41), and to facilitate understanding and interpretation of the results based on 100 (from 100 points) have been calculated and reported (**Table. 1**). In the case of questionnaire domains, the range of changes in each domain was divided into four sections, from weak to excellent. That means the lower quarter of the domain of each domain was classified in the weak range, between one quarter and one half in the moderate range, between half to three quarters in the excellent range, and more than three quarters in the excellent range. In this study, questionnaire validity by three experts (one Medical education specialist, one Health education expert and one pediatric specialist), and its reliability was obtained by using Cronbach's alpha of 0.84.

Table-1: The level scores of awareness of patients' rights by the medical staff of Mashhad University teaching hospitals.

The level of awareness of the medical staff about the patient's rights in the hospital	Mean score
Excellent	≥ 86
Good	75-85
Average	51-74
Weak	25-50
Very Weak	<25

2-4. Ethical consideration

The Ethical Committee of Mashhad University of Medical Sciences (Code No. 921288) has approved this study. Participants' personal information was extracted as a whole and it was not compulsory to provide names and surnames. Participation in the study was optional and the medical staff were assured that the information would be extracted in a general manner and their names would not be disclosed. The study results were also made available upon request.

2-4. Data Analysis

Data were analyzed using SPSS software (version 16.0), and the significance level

of 0.05 was used. The normality of the variable distribution was first confirmed by Kolmogorov-Smirnov and Shapiro tests to examine the relationship between the demographic characteristics of the research units and the primary variable (level of knowledge about patients' rights by treatment staff). Then, an independent t-test, chi-square, Pearson, or Spearman correlation coefficient was used to investigate the relationship between contextual variables and the primary variable.

3- RESULTS

The sample included 47 members of the medical staff (nurses, help nurses, and administrative staff) of the internal medicine and surgery wards of two teaching hospitals of Mashhad University of Medical Sciences, Mashhad, Iran. Of the participants, 89.4% were younger than 40 and 34% were men. In terms of education, 70% of research units had a bachelor's degree. In terms of occupation, 76.6% of the research units were employed in the nursing profession. The rights of the patient, one of the axes index are defined in the rule for clinical services.

In 2001, the Ministry of Health and Medical Education issued a ten-item statement titled the Charter of Patients' Rights and sent it to hospitals for implementation. The contents of this statement are very similar to the International Charter of Patients' Rights. However, the mentioned rights are not adequately recognized and accepted in Iran, and have not found their proper place in the healthcare system. The Ten Articles of the Iranian Charter of Patients' Rights are:

1. It is the patient's right to expect the desired practical and effective treatment and with full respect from the treatment group, regardless of racial, cultural, and religious factors as soon as possible.

2. Know the place of hospitalization, the doctor, nurses, and other members of the treatment group if desired.
3. Request the necessary information personally or through a relative about the diagnosis, treatment, and progression of the disease; this should not lead to delays in continuing treatment or threatening the patient's life in medical emergencies.
4. Before the examination and treatment, receive the necessary information about possible complications or other methods as far as it is understandable from the treating physician and choose the final treatment method.
5. Ensure that the person's wishes and the health of the community members are not threatened according to the legal criteria. In that case, they should announce their personal consent to the termination of the treatment or other medical centers.
6. In order to protect their privacy, to ensure the confidentiality of the contents of the medical records, the results of examinations, and clinical consultations except in cases that are performed by the legal duties of the inquiry treatment group.
7. Have the privacy of the doctor and other members of the treatment team. This means that the clinical presentation of people who are not directly involved in the treatment process will be subject to the patient's permission.
8. Ensure access to the treating physician and other key members of the treatment team during hospitalization, transfer, and after discharge.
9. By obtaining complete information about the type of educational and research activities of the hospital that might affect

their health and treatment process, declare their desire and personal satisfaction to participate in the treatment or refuse to continue cooperation in different stages of the research.

10. If it is necessary to transfer and continue treatment in other medical centers, be informed in advance about the skill of the treatment group, the number of tariffs, and insurance coverage of services in the destination medical center (7, 8).

The five axes of the charter are:

- a. The right to receive desirable health services,
- b. The right to receive information desirably and sufficiently,
- c. The patient's right to freely choose and decide on receiving health services,
- d. The right to respect the privacy of the patient and the principle of confidentiality, and finally,
- e. The right to access an efficient grievance redressed system (6-8).

3.1. The degree of observance of patients' rights based on the areas of the Charter of Patients' Rights

A. Awareness of optimal reception of health services

The area of awareness of optimal reception of health services in 76.1% of research units was excellent. The results of the Chi-square test showed that there was no statistically significant difference between the three groups (nurses, practical nurses, and administrative staff) in this regard ($P>0.05$) (**Figure.1**).

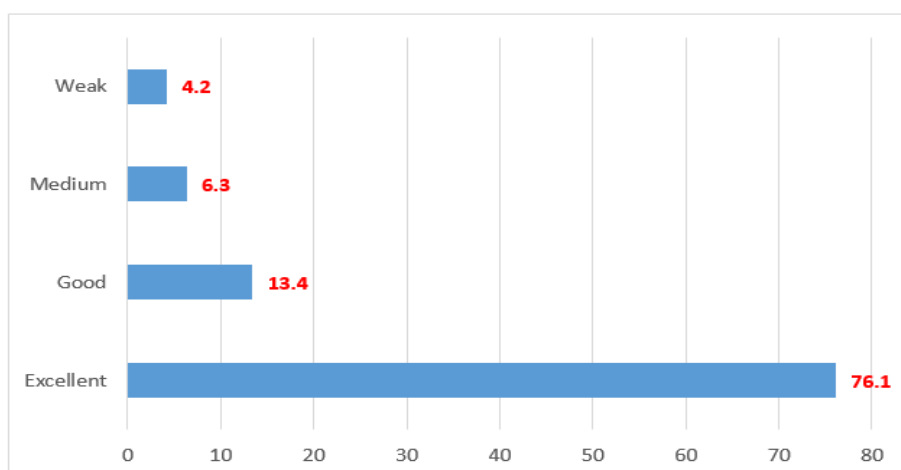


Fig.1: Awareness of medical staff about the optimal reception of health services by the patient.

B. Awareness of providing adequate and adequate information to the patient

The knowledge of providing adequate information to the patient was excellent in 63.8% of the research units. The Chi-

square test results showed that there was no significant difference between the three groups (nurses, practical nurses, and administrative staff) ($P=0.099$) (**Figure.2**).

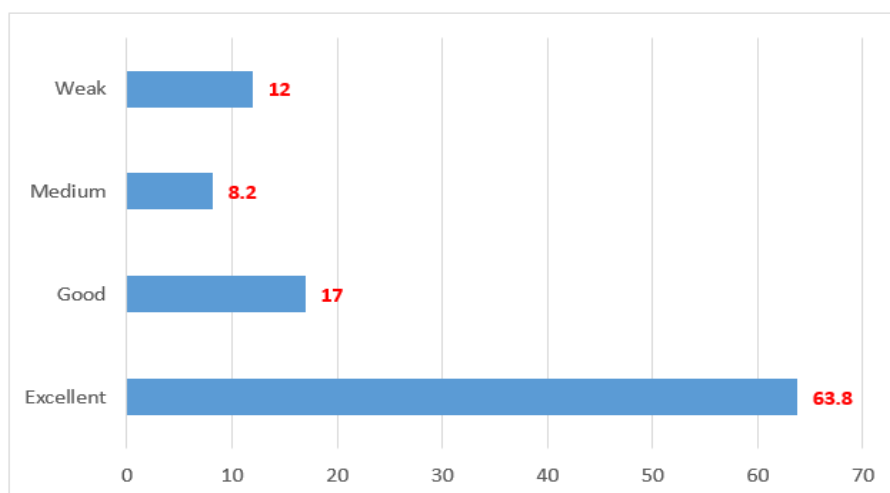


Fig.2: Awareness of medical staff of providing desirable and sufficient information to the patient.

C. Respect for the patients' rights to freely choose and decide on receiving health services

The area of awareness of respect for the patients' rights to freely choose and decide in receiving health services was higher in

59.6% of research units. The results of the Chi-square test showed that there was no statistically significant difference between the three groups (nurses and practical nurses) in this regard ($P=0.791$) (**Figure.3**).

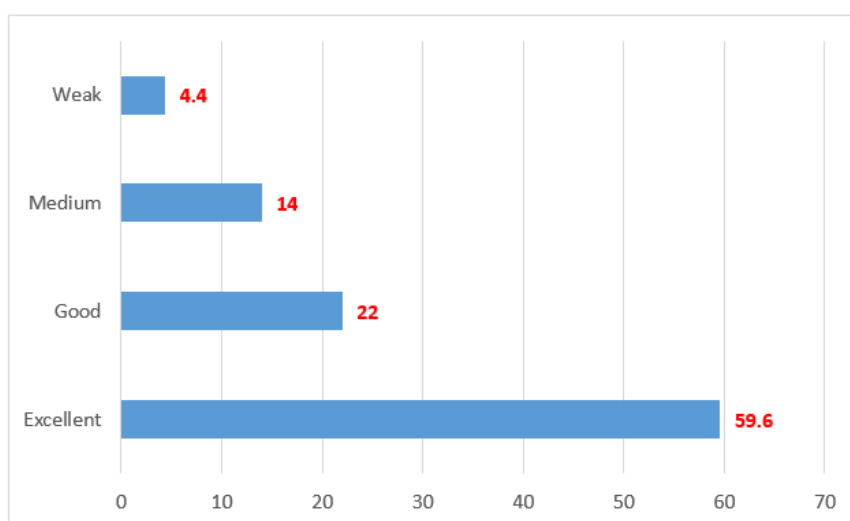


Fig.3: Awareness of medical staff of the patient's right to choose and decide freely.

D. The scope of respect for patient privacy and the principle of confidentiality

Awareness of respect for patient privacy and the principle of confidentiality in

76.7% of research units was excellent. Chi-square test results showed that there was no a significant difference between the three groups (nurses and practical nurses) ($P > 0.05$) (**Figure.4**).

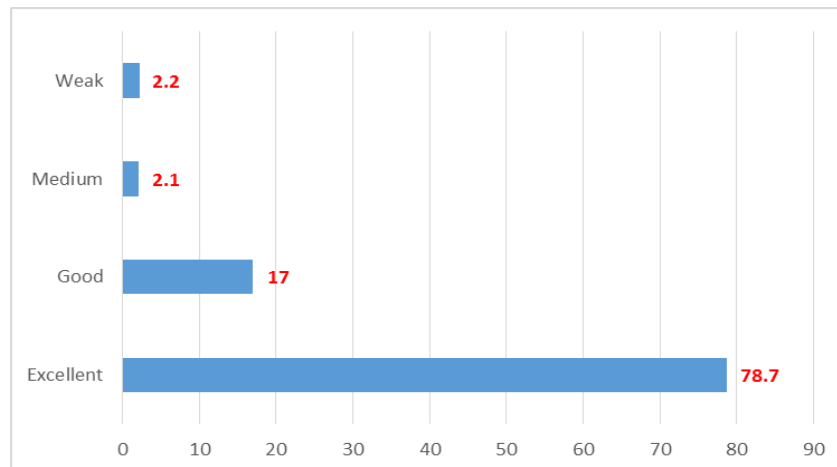


Fig.4: Awareness of medical staff of respect for patient privacy and respect for the principle of confidentiality.

E. The right to access an efficient grievance redressed system

The scope of the right to access an efficient grievance system in 100% of research units was excellent. The Chi-square test results showed that there was no significant difference between the three

groups (nurses, practical nurses, and administrative staff). In this respect, there is no ($P > 0.05$).

3-2. Observance of patients' rights

Awareness of the extent of the observance of patients' rights by most research units

(66%) was excellent. The Chi-square test results showed no statistically significant difference between the three groups (nurses, practical nurses, and administrative staff) in this regard (**Figure.5**). The t-test showed no statistically significant relationship

between gender and medical staff's awareness of patient rights. The ANOVA showed no significant relationship between the awareness of employees and their age, education, and occupation ($P > 0.05$) (**Figure. 5**).

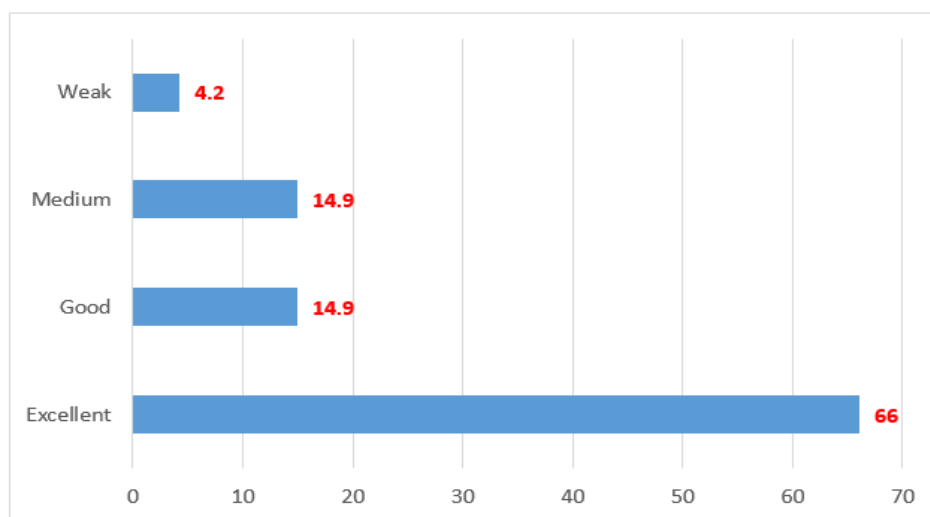


Fig.5: Awareness of medical staff of the observance of patient rights according to the Charter of Patient Rights.

4- DISCUSSION

Experience has shown that informing patients and involving them in decision-making for treatment and respect for their rights accelerates their recovery and reduces their hospital stay (15). This study aimed to evaluate the awareness of medical staff about the observance of patient's rights and compliance with the Charter of Patients' Rights. The results showed that most (66%) of the medical staff's level of awareness of patients' rights is excellent. Also, the highest level of knowledge of research units was in the field of providing health services based on respect for patient privacy and compliance with the principle of confidentiality (78.7%) and the lowest level of knowledge was related to respect for patients' right to freely choose and decide regarding receiving health services (59.6%). In this

regard, the results of a study by Nekoei Moghaddam et al. in Kerman showed that the level of awareness of the patients' Rights in nursing was at a good level (80.2%) (19). Also, the lowest level of patients' rights in the previous study was related to the right to receive information desirably and sufficiently; which is not consistent with the results of the present study. Among the reasons for this discrepancy are the differences in the type of ownership of medical centers and the different expectations of patients admitted to the private sector compared to those referred to the public healthcare centers (20). The results of a study by Kuzu et al. in Turkey also showed that the level of respect for patients' rights was desirable, and respect for patients' privacy was 68.1% (21). The results of this study are consistent with the results of the present study. This is probably due to the

implementation of approved laws and staff training on patients' rights and raising awareness of medical staff because previous studies show that educational interventions can be helpful in patient rights (22-24). Complete non-observance of patient rights has been shown in several studies; the level of observance of patient rights from the perspective of nurses in more than half of cases has been reported at an average level (25). In other studies, the non-observance of patients' rights from the patients' point of view has been between 53.2 and 67.7% (26, 27). One of the important reasons for the complete non-observance of patients' rights by physicians and nurses is their low level of knowledge and attitude towards this issue. In the study of Arab et al., 77% of managers of private hospitals in Tehran did not have a satisfactory level of awareness about patients' rights (24).

The average scores given in terms of respect for patients and their privacy were the highest among the four areas of the patients' Bill of Rights. The results of Keshtkaran et al.'s research showed that only 22% of the nursing staff pointed to obtaining permission from the patients when using their equipment and 8% to respect human dignity when calling the patients' name (17). On the other hand, the complete non-observance of the patients' rights of respect to their privacy from the patients' point of view has been shown in various researches (22, 28, 29).

Privacy is one of the fundamental rights of every human being and an essential need mentioned in the Charter of Patients' Rights of Iran and its observance in health care organizations is recognized as mandatory (30-33). Observance of privacy is essential for establishing effective communication between the treatment staff and the patient (24), and maintaining order (34). The consequences of its violation are considerable and unpleasant. Various studies have shown that the more privacy

is observed by health care providers, higher patient satisfaction is obtained and more likely they are to cooperate with healthcare providers. Moreover, it allows patients to provide their essential information to healthcare providers and better follow their instructions (35). In the present study, knowledge of respect for the patients' rights to choose and decide freely in receiving health services in the research units had the lowest score. In the study of Rangraz Jedi et al., the right to respectfully receive treatment had the lowest score compared to other rights, which is consistent with the present study (26).

Respect for the patient's dignity is a practical step in increasing patient satisfaction with the services provided by staff. It leads to a favorable relationship between the client and staff, a sense of importance for the patient and reduced length of hospital stay, reduced costs, and increased staff motivation to provide better services. Healthcare workers need to understand this concept better, respect it, and act on it as much as possible (36).

A study by Zulfikar et al. showed that 33% of patients did not receive any explanation about their diagnosis and 53% did not have information about treatment and methods of medical treatment (37). Meanwhile, Babamahmoodi et al. found that the average level of observing patients' rights to access information about their disease was low (29). In the area of patient's free choice and decision-making, the level of awareness of medical staff was 59.6%. Lack of full observance of the patients' right to choose and decide, especially the right to change the treating physician and refuse treatment, has been shown in various studies (26, 29, 38). In the research by Ghoodarzi et al., the extent of observance of this right by half of physicians and nurses has been expressed, indicating it is completely ignored by nurses and physicians (39). In the present study, there was no significant difference

between the job and the level of respect for patients' rights ($P>0.05$). Rangraz Jedi et al. found no significant differences between the opinions of physicians and nurses regarding the Charter of Patients' Rights (26). However, in the study by Amiri et al., there was a significant difference between physicians and paramedics regarding their awareness of the patients' rights. Nevertheless, no significant difference was observed in terms of attitudes of physicians and paramedics in this regard (40). The lack of relationship between gender and knowledge and attitude of medical staff has been shown in various studies (26, 40), which is consistent with the results of the present study.

5- CONCLUSION

Patients' rights are a complex and multidimensional phenomenon. The observance of patients' rights is not possible only by issuing statements and instructions, and requires the cooperation and participation of all groups that are in any way related to this issue. The issue of patients' rights in Iran is still in its infancy; first, the existing charter has been developed without the participation and information of healthcare recipients and providers of health services. Second, due to the lack of comprehensive information, neither patients nor health care providers are aware of its existence and the possible consequences of ignoring its provisions. On the other hand, this charter has not yet been defined for the country's legislative system and as a result, it lacks legal support and executive guarantee. Thus, paying attention to and observing the patients' rights in the Iranian health system is still a matter of taste, and does not have specific executive instructions. This study showed that the level of awareness of patients' rights from the perspective of medical staff in teaching hospitals of Mashhad University of Medical Sciences is satisfactory. However, awareness of

providing desirable and sufficient information to the patient about their disease needs to be improved. Therefore, it is suggested that more detailed supervisory policies be considered along with various training programs to strengthen the awareness of patients' rights for hospital medical staff. Of course, the possibility of training in the field of patients' rights charter should be provided for patients themselves to be sufficiently aware of their rights and demand it from the health care system. It is also suggested that in the educational curriculum of students, more attention be paid to the Charter of Patients' Rights and this issue be presented to students in the form of theoretical and practical courses and, furthermore, using experienced professors in this field. It is also suggested that more studies be done in this field. The views of service providers and recipients should be compared to provide a clearer picture of patients' rights and practical solutions to maximize the observance of patients' rights.

6- AUTHORS' CONTRIBUTIONS

Study conception or design: MK, GM, MN, and MZ; Data analyzing and draft manuscript preparation: MN, ER, HK, and LJ, Critical revision of the paper: GM and MK, Supervision of the research: HK, and MN; Final approval of the version to be published: MK, GM, MN, ER, LJ, HK, and MZ.

7- CONFLICT OF INTEREST

The authors declare no competing interests.

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