



Investigating the Awareness of Patient Rights based on the Patient's Rights Charter among Patients Referring to Teaching Hospitals of Mashhad University of Medical Sciences, Mashhad, Iran

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Abstract

Background: In order to ensure the quality of healthcare services, it is inevitable to observe medical ethical standards and patient rights. We aimed to determine the level of awareness of patients' rights based on PRC among patients referred to the teaching hospitals of Mashhad University of Medical Sciences, Iran.

Materials and Methods: This cross-sectional study was performed on 43 patients admitted to two teaching hospitals in Mashhad, Iran. Data were collected using a two-part questionnaire including demographic characteristics and the inventory of patients' rights observance. Statistical analysis was performed using descriptive statistics and independent t-test, chi-square, Spearman correlation coefficient and ANOVA in SPSS ver. 16.

Results: The mean \pm SD of the age of the research subject was 26.5 ± 9.83 years. A total of 37.2% of the participants had moderate awareness of patient rights. The highest observance of the patient's rights was related to the area of respecting the patient's privacy and confidentiality, which was evaluated as excellent by 41.9% of research subjects. The lowest observance of the patient's rights was related to the optimal provision of health services to patients, which was poor in 39.2% of the research subjects. There was no significant relationship between demographic characteristics (age, gender, education, number of hospitalization days, and patients' place of residence) with observance of patient rights ($P > 0.05$).

Conclusion: In the present study, patients did not have an optimal awareness of PRC in most related areas. Therefore, it is suggested that more detailed regulatory policies be developed and implemented to ensure the provisions of the Patients' Rights Charter as well as educational programs to promote patient awareness in this area.

Key Words: Awareness, Patient Rights, Patient's Rights Charter, Patients.

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1- INTRODUCTION

A hospital can be a strange place for the patients who are already worried about their health and in a very different place compared to their familiar environment. The governing system, coloring and decoration of patients, contractual relations, silence and temporary noises all make a person feel weird in the hospital environment. Being separated from loved ones and in the unfamiliar hospital environment can intensify the need for love and belonging. The patient remains away from their interests during hospitalization, which in turn adds to their anxiety. In the hospital settings, the patient feels disabled and neutralized; all their clothes and belongings have been temporarily taken from them. Seeing unfamiliar faces, including doctors and nurses who control their body and soul as well as an unpredictable future cause patients to feel disconnected from their individuality. The smell of medicine, unfamiliar sounds, and frequent commuting disrupt their peace. Patients are annoyed by the arrival of possibly screaming and crying injured patients and their companions; they may even witness the death of other patients, the attempts of the treatment group, and the presence of advanced equipment with irritating sounds.

On the other hand, the disease itself induces a sense of vulnerability and insecurity in the patients. They think there is a very narrow line between health and illness, and the distance between death and life is very short. As a result, they would panic. Their loved ones won't be there to help them return to good health and normal life. They resort to the treatment team out of disappointment. When their health is threatened, patients feel very lonely and have to tolerate pain alone. They feel despair and the hospital seems to be a menacing environment. In order to reduce the patients' (both in- and outpatients') pain and observe their rights,

many countries have developed and approved a series of patients' rights as the "Patients' rights charter" and healthcare organizations have committed themselves to implementing its standards (1). The patient's rights charter (PRC) has been compiled and applied for the protection of human rights and to maintain human honor and dignity. It also ensures that in case of diseases, especially in medical emergencies, the patients must receive treatment without age and sexual discrimination and financial status, and adequate care must be taken of their physical and mental health in an environment full of respect (2). The patient's rights declaration was published by the national union of nurses for the first time in 1948 in response to patient expectations, the legal principles of informed consent, confidentiality of information, preservation of patient respect and dignity, and non-discriminatory admission (3). The rules and regulations were developed under the title of PRC, aimed at defending the rights of the patient and the creation of a necessary foundation for human rights and dignity in all stages of the relationship of the patient with treatment centers and confidence in non-discriminative care of the patient in an environment full of respect (4).

Moreover, nurses, physicians, and other health professionals can promote patient care and satisfaction and the efficiency of the health system by observing the PRC (5). Previous research and experiences have shown that informing patients and their participation in treatment-related decision-making and respecting their rights would accelerate their improvement and reduce the patient's length of stay in the hospital (6). On the other hand, the issue of patient rights along with satisfaction with health services is one of the most important pillars of clinical governance (7). According to the American Public Health Association, the purpose of paying

attention to the patients' rights is to respect physical, psychological, spiritual, legitimate, and reasonable social needs of the patient, which have been developed as standard treatment rules and regulations and the treatment team is responsible and obliged to implement and observe them (8). The Iranian PRC was developed in 2001 and approved by the Deputy Minister of Health of the Iranian Ministry of Health in 2002. The main pillars of PRC are as follows:

1. It is the patient's right to receive optimal health services.
2. Information should be provided to the patient in a satisfactory and sufficient manner.
3. The patients' right to freely choose and decide on receiving health services must be respected.
4. The health services should be provided based on respect for the patients' privacy and the principle of confidentiality.
5. Access to an efficient grievance redressal system is the patients' right (8, 7).

Although the development and implementation of PRC is a valuable step towards the fulfillment of patients' rights, different studies indicate different statutes for patient rights observance in healthcare centers. In this regard, some evidence shows the poor observance of legal and ethical aspects by hospital staff (9). It has been shown that most of the clauses of PRC have been observed in some private clinics covered by Shahre Rey Health and Treatment Network. However, other clauses, including patients' awareness of the side effects of drugs, familiarity with the names and positions of healthcare providers, awareness of the referral process, and information about the tariffs of medical services have not been properly observed (10). Non-observance of PRC can endanger the health, life, and safety of

patients and also weaken the relationship between patients and healthcare staff, which ultimately leads to reduced effectiveness of services and effective patient care (11). Hospitals, as one of the most important pillars of healthcare delivery, should promote understanding and respect for the rights of patients and their families among physicians and other care providers (12). Different studies have reported varying degrees of observance of PRC (13-16). The present research seemed necessary considering the importance of observing patients' rights and providing services to them and different degrees of observance of PRC in different societies. Also, knowing the patients' point of view from the PRC can be the basis for the better observance of these rights. Therefore, the present study aimed to investigate the level of awareness of patients' rights based on PRC among patients referred to the teaching hospitals of Mashhad University of Medical Sciences.

2- MATERIALS AND METHODS

2-1. Study design and population

This is a descriptive cross-sectional study. The study population consisted of 43 patients admitted to the teaching hospitals of the University of Medical Sciences in Mashhad, Iran. The study sample size was obtained using the "estimation of the community average trait value" formula. The non-probability simple sampling method was used.

2-2. Inclusion criteria

Having at least one week of hospitalization in the intended teaching hospitals, having written an informed consent to participate in the study, and being over 18 years of age. Exclusion criteria were unwillingness to participate in the study, failure to complete more than 30% of the questionnaire questions, and hospitalization history of less than one

week. In the present study, all patients who were admitted to the internal medicine and surgery wards of Mashhad University of Medical Sciences in 2016 and met the inclusion criteria completed the research questionnaire.

2-3. Measuring tools

The research questionnaire consisted of two parts:

- a) Demographic characteristics (seven questions) and
- b) 41-item patients' awareness of the patient's right charter based on the chart compiled by the Ministry of Health and Medical Education.

In this study, the questionnaire on patients' awareness of PRC consisted of 41 questions answered based on No=0, Never to Yes = 1 and calculating the average of total scores (ranging from 0 to 41). To facilitate the understanding and interpretation of the results, questions were calculated and reported based on 100 scores (out of 100) (**Table.1**). The range of changes in each domain of the questionnaire was divided into four sections from poor to excellent: scores 0-25, 25-50, 50-75, and 75-100 indicated poor, moderate, good, and excellent awareness level, respectively. In the present study, the face validity of the questionnaire was confirmed by three relevant professors and its reliability was obtained using Cronbach's alpha method ($\alpha=0.84$).

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 patients 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.

2-5. Data Analyses

Data analysis was performed using SPSS ver. 16, and $P < 0.05$ was regarded as the significance level. To investigate the relationship between demographic characteristics of research subjects with the main variable (the degree of observance of patients' rights by medical staff), first, the normality of the distribution of quantitative variables was confirmed by Kolmogorov-Smirnov and Shapiro-Wilk tests. Then, independent t-test, chi-square, and ANOVA were used to investigate the relationship between background variables and the main variable.

Table-1: The level scores of awareness of patients' rights by the patients who referred to two teaching hospitals of Mashhad University of Medical Sciences, Mashhad, Iran.

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

3- RESULTS

The research subjects included 43 patients admitted to the internal medicine and surgery wards in teaching hospitals of Mashhad University of Medical Sciences in 2017. The mean \pm SD of the participants' age was 26.5 ± 9.83 years (range: 23-55 years). A total of 65.9% of the sample size were male and 34.1% were female. The level of education of 40.5%, 19%, and 14.3% of the research subjects was below high-school diploma, diploma, and bachelor's degree, respectively (**Figure.1**). A total of 72.1% of patients

lived in urban areas. The mean \pm SD of the number of hospitalization days was $5.86 \pm$

7.72 and a total of 30% of patients aged more than 60 years (**Table.2**).

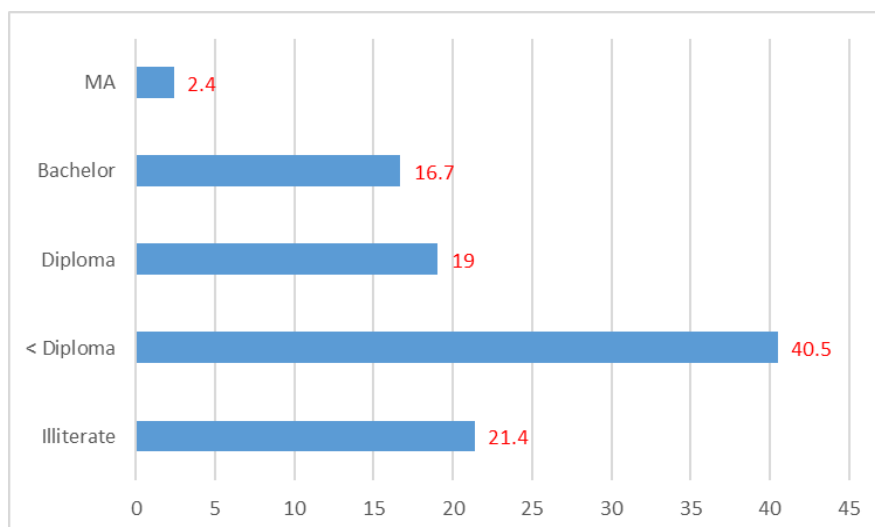


Fig.1: Frequency distribution of participants based on educational level.

Table-2: Frequency distribution of participants based on age.

Age, year	21-30	31-40	41-50	51-60	≥ 61
Percentage	22.5	25	10	12.5	30

3-1. Observance of patient rights based on domains of PRC

A. Awareness of the optimal provision of health services: A total of 37.2% of the research subjects had poor awareness of the optimal provision of health services (**Figure.3**).

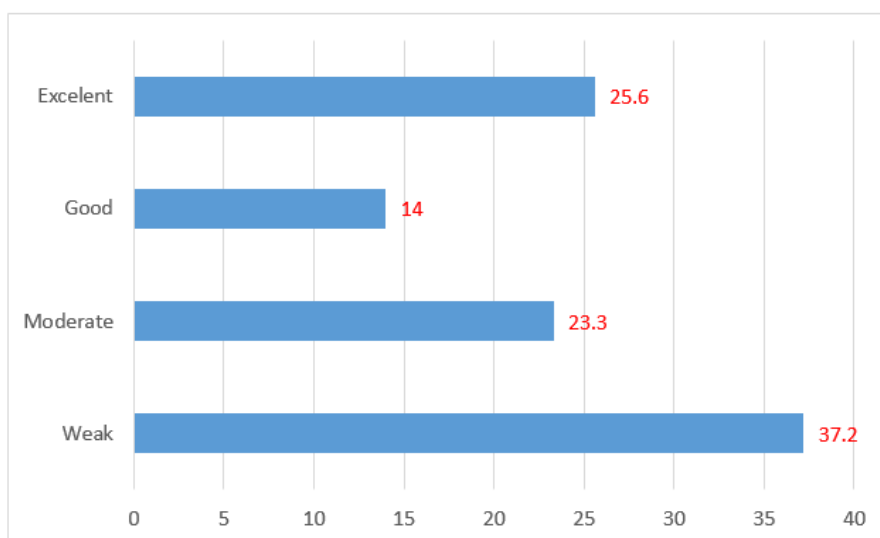


Fig.3: Patients' awareness of the optimal provision of health services.

B. Awareness of providing desirable and adequate information to the patient: A total of 39.6% of the research subjects had poor awareness of providing desirable and adequate information to the patient (**Figure.4**).

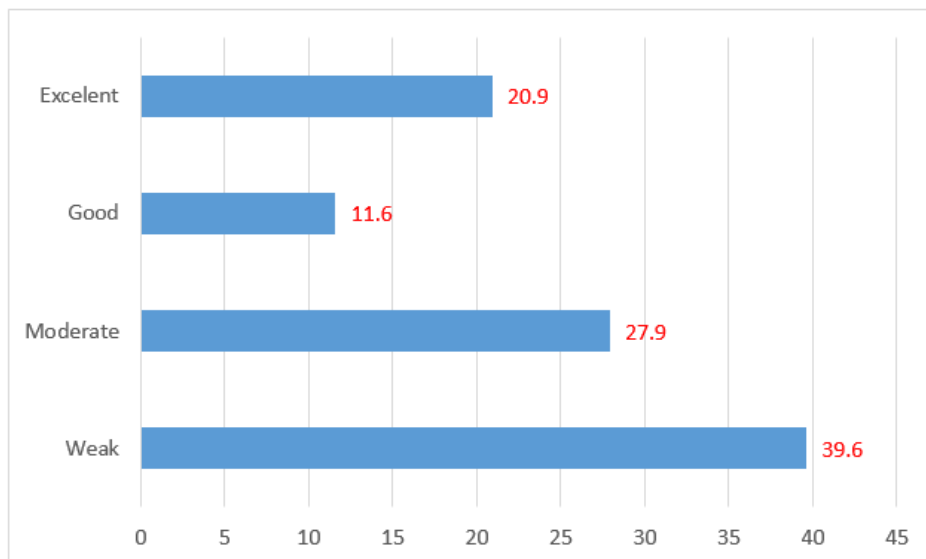


Fig.4: Patients' awareness of providing desirable and adequate information to the patients.

C. Respect for the patients' right to freely choose and decide on receiving health services: A total of 32.6% of the research subjects had excellent awareness of respect for the patients' right to freely choose and decide in receiving health services (**Figure.5**).

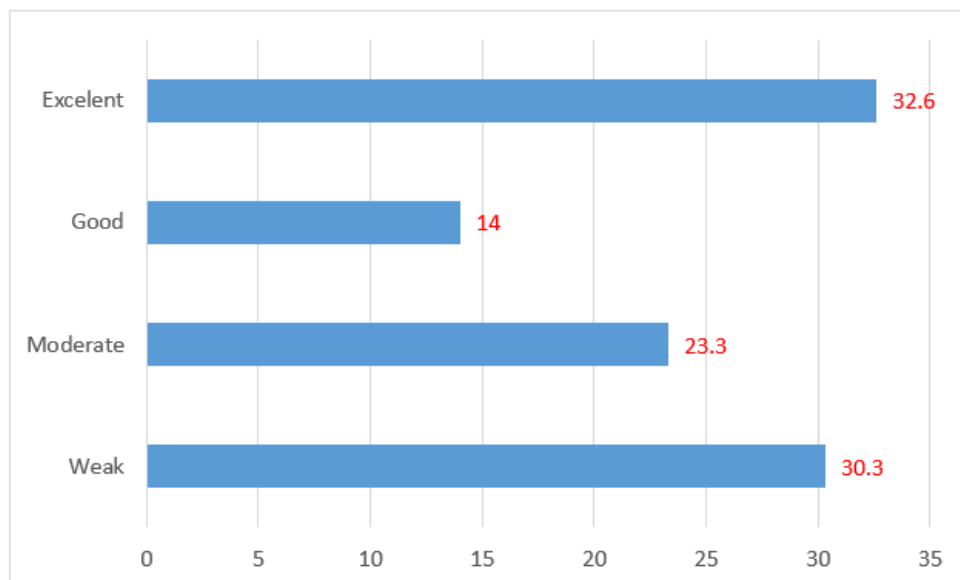


Fig.5: Patients' awareness of the right freely choose and decide on receiving health services.

D. Respect for patients’ privacy and confidentiality: A total of 41.9% of the research subjects had excellent awareness of observance for patient privacy and confidentiality (**Figure.6**).

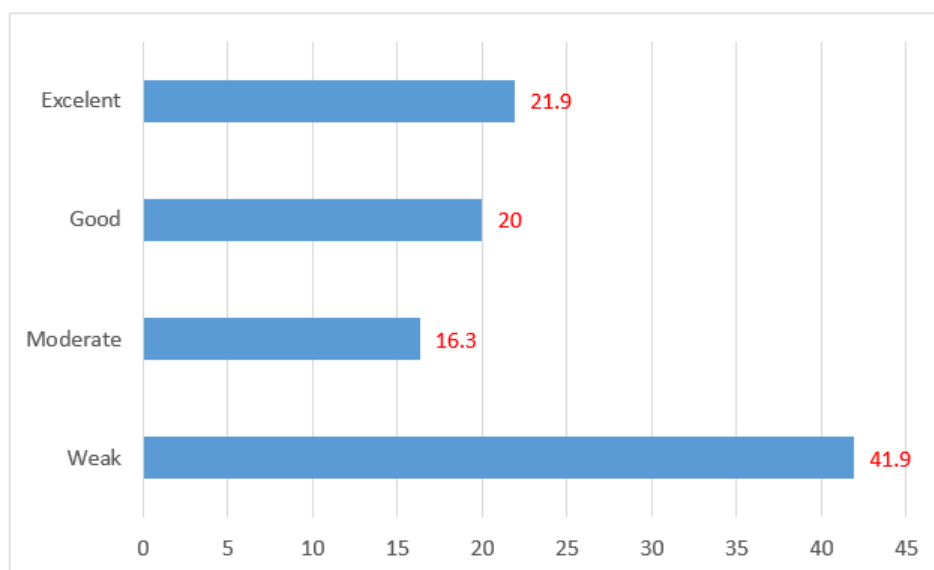


Fig.6: Patients' awareness of patients’ privacy and confidentiality.

E. Observance of patient rights (n= 4 areas): A total of 37.2% of the research participants had a moderate and 37.2% had a good awareness of observance of patient rights (**Figure.7**).

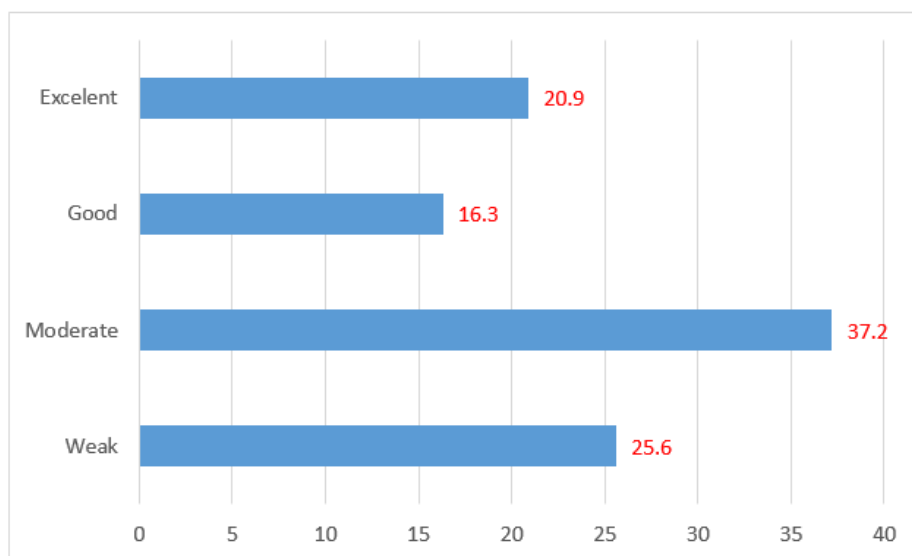


Fig.7: Patients' awareness of patient's rights according to the patient rights charter.

The t-test showed no statistically significant relationship between the variables of previous hospitalization history, sex, and place of residence and patients' awareness of patient rights.

ANOVA test also showed no statistically significant relationship between staff awareness and variables of the type of previous hospital, educational level, and age of the patient. The Spearman test also

showed no statistically significant relationship between patients' awareness and the number of hospitalization days ($P>0.05$).

4- DISCUSSION

The present study aimed to evaluate the awareness of patients' rights in the teaching hospitals of Mashhad University of Medical Sciences. The results showed that patients had moderate awareness of their rights. Also, the highest level of awareness was related to the domain of providing health services based on the respect for patients' privacy and confidentiality. Mosadegh Rad and Asna Ashari conducted a study titled "Physicians and patients' awareness of patients' rights in Isfahan". The results showed that patients' awareness was poor, which is consistent with the present study (17). In this regard, the results of a study by Nekoei Moghaddam et al. in Kerman showed a good level of awareness (80.2%), and an optimal level of observance of PRC (52.6%) (18).

Also, the lowest level of patients' rights observance in a previous study by Nekoei Moghaddam et al. was related to the domain of the right to receive information in a desirable and sufficient manner, which is consistent with the results of the present study. This can be attributed to the educational nature of the mentioned research centers, the difference in the type of ownership of the medical centers, and the different expectations of the inpatients admitted to the private sector compared to the clients of the public hospitals (19). The results of a study by Kuzu et al. in Turkey also showed an optimal level of patients' rights and privacy observance in 68.1% of cases (20). The results of this study are consistent with the present study, which is probably due to the implementation of approved laws and training of staff on patients' rights and high awareness of medical staff because the results of

previous studies show that educational interventions can help increase staff awareness of patient rights (21-23). Non-optimal observance of patients' rights has been shown in many studies. From the perspective of nurses, the level of respect for patients' rights was moderate in more than half of the cases (24). In other studies, patients reported that their rights were not respected in 53.2% to 67.74% of cases (25, 26). One of the important reasons for the non-optimal observance of patients' rights by physicians and nurses can be due to their low level of awareness and attitude towards this issue. Arab and Zarei also reported that 77% of the managers of private hospitals in Tehran did not have a satisfactory level of awareness about patients' rights (23).

The mean \pm SD of scores given to the area of respecting the patients and their privacy was 100 ± 0.0 , which was the highest among the four areas of PRC. The results of a study by Keshtkaran show that only 22% of the nursing staff observed obtaining permission from the patients when using their belongings and 8% respected their human dignity when calling the patients' name (16). On the other hand, non-optimal observance of the patients' rights in the area of respect and privacy from the patients' point of view has been shown in various studies (21, 27, 28).

Privacy is one of the fundamental rights of every human being and a necessary and important need that is mentioned in the Iranian PRC, and its observance in healthcare organizations is recognized as mandatory (29-31). Privacy observance is essential for establishing an effective relationship between the treatment staff and the patient (32), and ensuring the patient's peace (33) unless there would be significant and unpleasant consequences. Various studies have shown that a higher level of privacy observance by healthcare providers would increase patient satisfaction, increase the chance of their

cooperation with them, and lead patients to provide important personal information to them and to follow the instructions more willingly (34). In the present study, the mean \pm SD of score in the area of respecting the patients' right to choose and decide freely in receiving health services was 90.3 ± 7.9 . In a study by Rangraz Jedi et al., the right to respectfully receive treatment had the lowest score among other rights, which is consistent with the present study (25). Respecting patient dignity is an essential factor in increasing patient satisfaction with the services provided by the staff and will bring favorable outcomes such as good client-staff communication, feeling of being important, and a reduction in the length of hospital stay as well as treatment costs, and increase in staff motivation to provide better service. Therefore, health workers need to achieve a better understanding of this concept, respect it, and observe it as much as possible (35).

Results of a study by Zulfikar et al. showed that 33% of patients did not receive any explanation about their diagnosis, and 53% of them had no information about treatment and medical treatments (36). In his research, Babamahmoodi et al. also reported inadequate observance of patients' right to access information about their disease (28). Various studies have shown non-optimal observance of the patients' right to choose and decide, especially the right to change the physician and refuse treatment (25, 28, 38). Also, according to Ghoadarzi et al., this right of the patients was respected by only half of physicians and nurses (38). Studies have shown that measuring the quality of services is a basic precondition for improving quality because the quality of services will not improve until the shortcomings are identified. In the present study, factors such as sex, level of education, age, history of previous hospitalization, and the number of

hospitalization days had no effect on the patients' awareness of PRC. Ghahremanian et al. showed a significant relationship between hospitalization days and awareness of patients' rights (39). In another study, patients' rights were respected in 69.1% of cases and the satisfaction level was not related to the patients' age, number of hospitalization days, and history of previous hospitalization (40). In the present study, patients had a moderate awareness of PRC. On the other hand, in a study conducted on 52 patients admitted to a North American hospital, the results showed that the majority of patients were aware of their rights (41). According to a report by the British Patients' Association on the assessment of patients' rights, 90% of patients received sufficient information about the risks and benefits, and 90% about prescription drugs and other treatments. The right to see medical records, access medical records, choose a general practitioner, and choose a specialist were observed in 75%, 60%, 80%, and 45% of cases, respectively (42).

5- CONCLUSION

The present study found a moderate level of observance for rights of patients admitted to teaching hospitals of Mashhad University of Medical Sciences. The highest level of awareness was related to the area of respecting patient privacy and confidentiality, and the lowest level of awareness was related to receiving optimal health services. Overall, the results of the current study indicated barriers facing the full observance of patient rights. It is suggested to increase patients' level of satisfaction by providing the necessary facilities for the patient's companion, improving the way patients and their companions are treated by healthcare staff, reducing waiting time to receive services by increasing the number of staff, improving services related to changing sheets, dressing, serum, and medication,

reducing the average length of stay of patients to improve hospital performance, and providing accurate and timely information about the disease, and stages and duration of treatment. There should also be appropriate conditions provided for educating patients about PRC so that they can become sufficiently aware of their rights and be able to demand it from the healthcare system. It is also suggested that further studies be conducted in this field and the views of service providers and recipients be compared in order to provide a clearer picture of the status of patient rights and practical solutions to optimize the observance of patient 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: None.

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