

Evaluating the Level of Observance of Patient Charter of Rights from the Perspective of Patients Admitted to Shahid Beheshti Hospital in Qom

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Abstract

Background and Objectives: The objective of this study was to evaluate the observance rate of patient charter of rights from the perspective of patients admitted to Shahid Dr Beheshti research and treatment training center affiliated to Qom University of Medical Sciences in an effort to enhance and promote medical care, defend patients' rights and ensure adequate medical and health care.

Methods: The current cross-sectional study was conducted on 467 patients in the year 2014. The data were collected using a Likert scale questionnaire with 28 questions whose validity and reliability had been tested and approved in previous studies. Data analysis was performed using T-test analysis of variance via SPSS software Ver. 19.

Results: The results obtained from this research indicated that the patient charter of rights was observed based on the overall score of patient charter of rights in 64.62% of cases. Patient rights was observed to be 71.00 % in the category of "optimal receipt of information," "patient privacy," 71.52 %, "optimal receipt of health services," 71.44 %, and access to complaints handling system, 44.53 %.

Conclusion: According to the findings, the patient charter of rights has been observed satisfactorily according to the admitted patients in the statistical population under investigation, yet it has not been desirable regarding access to the complaint handling system, thus it is suggested that necessary measures be conducted to expand patients and service recipients' access to complaint handling system.

Keywords: Charter of Rights, Patient, Perspective.

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Introduction

Patient charter of rights consists of defending human beings' rights in order to maintain their

dignity and honor to ensure that in the event of illness, particularly in medical emergencies, without age and gender discrimination and having financial strength, their body and life,

and health will be sufficiently taken care of and this care will be offered in an environment full of respect and with high quality (1). The purpose of patient charter of rights is to defend human rights in order to maintain their honor and dignity and also to ensure that in the event of illness, particularly in medical emergencies, without racial, age, gender and other, their body and life is protected. This charter states that the patient has the right to receive respectful care, demand accurate information on diagnosis, type of treatment and prognosis from doctors and other people taking care of him/her, decide on whether to proceed with the recommended treatment or reject it, his/her treatment program be kept confidential. The conducted researches indicate that providing necessary information to the patient about the results of practice and the occurrence of possible events reduces the necessity of using medicine to 50% and causes the premature discharge of the patient (ibid). Informing the patient of his/her rights leads to a rise in his/her rightful expectations that would, subsequently, lead to health system accountability and enhancement of its quality. Another fact is that patients become more aware than ever and pay more attention to their care and pursuing their treatment issues. Therefore, when their needs are not met, they react. Levinsky writes: “nowadays, people’s information in the field of health and wellness has increased so that they consider health, wellness and productivity their fundamental right” (2). Patients are one of the most vulnerable social groups who have lost their usual ability due to certain circumstances and put themselves with full confidence in the hands of the health care system. Patients have official and legal rights and the existence of instruments to ensure the observation of their rights in this system seems essential. The term ‘rights’ has been defined in all languages as what is deserved and merited, consequently, patient rights are defined as what is necessary and worthy (5). The subject of patient rights entered a new arena and assumed a more official form by the statement of Helsinki on research topics in the year 1964, by the Statement of Sydney on organ transplants in 1968, in the decision of the

World Health Organization with the purpose of “Health for All by the Year 2000” in 1977, and by the Alma-Ata Statement on “basic health services” in the year 1978 (6). Moreover, the results of the research indicate that when a doctor visits a patient officially, merely 10% of patients have the ability to express their problems whereas when doctors talk much more with their patients, 50% of patients find the ability to express their problems (7). Observance of patient charter of rights leads to the improvement of relationships between the patient and health staff.

It seems that the patients’ awareness of their rights leads to enhancing the quality of care and reduces the costs. Therefore, managers can decrease expenditures and increase the quality of care by stating and attending to these rights. Another considerable issue is that giving awareness to patients and involving them in the process of decision-making and respecting their rights accelerates their recuperation, reduces the period of hospitalization and prevents irreparable physical and psychological blows and damages. Countries’ healthcare systems formulate a charter as patient charter of rights and notify the executive level to implement its provisions. Hospitals are obliged to submit this charter to the patient in the reception unit at the time of the patient’s hospitalization in order for him/her to be fully familiar with their rights (11). Today, from the new management perspective, the patient is considered one of the active members of the health and medical care group rather than merely a passive recipient of services and the notion that only doctors, nurses or other health and medical professionals have the right to be aware of the issues has been discarded. Informing patients, health-care and medical staff of the patient’s rights leads to the conformity of patients’ demands and expectations with patient rights standards. Managers can also make a decision regarding the realization of the patient’s demands by becoming aware of such rules and plan to prepare the equipment and processes, which satisfy patients’ lawful demands and lead to their satisfaction. According to World Health Organization, one of the acceptance criteria and

accepted means of ensuring the observation of patients' rights is the participation of all beneficiaries in their design and development so as to enable them to consider their views and comments. In fact, patients' rights arise from their expectations of the process of care and treatment (13). According to the increase in patients' awareness of their rights, it is necessary that all members of the patient care group, including hospital managers who are at the center of decision-making network, be aware of legal rules and regulations concerning the rights of patients in order to provide quality service with respect to patients (14).

Considering the above-mentioned points, the aim of the current study is to assess patient rights in Qom Shahid Beheshti Hospital, which seeks to identify the problems existing in relation with observing patient rights by using the findings of this study as part of an endeavor to overcome them. Since patients and their relatives refer to these centers on cases of urgency and concern expecting to witness a responsible behavior and being treated with respect and sympathy and receive qualitative, safe and effective services by paying reasonable fees, in order to observe the rights of patients, they are naturally entitled to be aware of the provisions of patient charter of rights.

Methods:

This research is a cross-sectional descriptive one conducted based on the studies performed on the evaluation of observing patient rights in Shahid Beheshti Hospital affiliated to Qom University of Medical Sciences. The statistical population in this research is all admission

sectors of the hospital. The sample size for this study is 467 patients in admission sectors after 6 hours of their admission, which were selected via convenient sampling. Patients under study are from all hospital wards including special and general wards comprising men's internal, women's internal, men's surgery, women's surgery, dialysis, angiography, CCU - ICU-POST CCU, chemotherapy and cardiothoracic surgery. Instead of patients who were not able to answer and/or complete the questionnaires due to special circumstances, their companions were interviewed. Conducting interviews and filling out questionnaires was subject to the consent of the patients and/or their companions and after becoming aware of the research objectives.

Data collection method was interviewing and with the questionnaire as the instrument. A trained interviewer as an organized interview completed the questionnaires in the third quarter of 2014. The questionnaires consisted of two parts; demographic attributes and the questions of patient charter of rights whose validity and reliability has been assessed and verified in the research by Parsapour et al. (2009) which has been graded according to the Likert scale from (1) to (5) on each question. The questionnaire contains at least (1) point and maximum (140) points, respectively. The data were analyzed using SPSS software version 19, ANOVA tests, and T test. The first section, demographic data, consists of six questions about gender, age, and marital status, number of admission days, education, and being native. The second section of the questionnaire (items), consisting of 28 questions related to the topics of patient charter

Table 1. mean score of observance rate of patient charter of rights in terms of demographic characteristics

Demographic characteristics		Number	Percentage	Mean score \pm SD	p
Gender	Male	242	53.7	3.89 \pm (.96)	0.2
	Female	225	48.1	4.01 \pm (.80)	
Education	Illiterate	148	32	4.08 \pm (.79)	0.1
	Below Diploma	122	26.3	3.94 \pm (.92)	
	Diploma and Associate	91	19.7	3.92 \pm (.79)	
	Bachelor's degree	59	12.5	3.67 \pm (.81)	
	Master's degree and higher	21	4.7	3.61 \pm (.80)	
Age	Under 10 years	7	1.5	3.4 \pm (.78)	0.1
	10 to 20 years	30	6.8	4.1 \pm (.77)	
	21 to 40 years	157	34.1	3.8 \pm (.88)	
	40 years and over	242	51.7	3.9 \pm (.83)	

of rights, was divided into the domain of optimal receipt of information (11 questions), maintaining patient privacy (10 questions), desirable receipt of health services (6 questions), and access to complaint handling system (1 question).

Results

Among the statistical population under study which were 467 patients admitted to Qom Shahid Dr Beheshti Hospital, 242 people (53.7%) were male and 225 (48.1%) female. 148 people (32%) illiterate, 122 people (26.3%) below diploma, 91 people (19.7%) had a high school diploma and associate degrees, 59 people (12.5%) had a bachelor's degree, 21 people (4.7%) master's degree and higher, 7 people were (1.5%) under 10 years of age, 30 people (6.8%) 10 to 20 years, 157 people (34.1%) were between 21 and 40 years and 242 people (51.7%) were 40 years and over (table 1).

The results of this research indicate that the amount of observing patient charter of rights on the axis of "optimal receipt of information" in the population under study is 71.00%, regarding the maintenance of patient privacy 71.52% and on the axis of "optimal receipt of health services" 71.44% and on the axis of "access to complaints handling system" it was 44.53% (table 2).

The statistical analysis indicate that there is not any significant difference between gender ($p=0.2$), patients' level of education classified into five categories with higher education (master's degree and higher), bachelor's degree, diploma and associate, below diploma, illiterate

($p=0.1$) and various age groups ($p=0.1$) in terms of observing patient charter of rights.

Discussion and Conclusion:

The results of the present research, according to the patients in the statistical population under study, revealed that the patient charter of rights has been observed in 64.62% of cases which is higher than the one (14.59%) in the studies by Farhang Baba Mahmoudi et al. in the teaching hospitals of Mazandaran University of Medical Sciences (12). In the study by Nasiriani et al. in hospitals of the city of Yazd, the amount of observing patient charter of rights from the perspective of nurses has been reported to be 53.2% (7). In this regard, Vaskupi Eshkavari et al. reported patient satisfaction from observing their rights as 53.2% (9). Considering that the current study was conducted in teaching hospitals where a considerable part of medical services is provided by students of medical and paramedical fields, their lack of awareness and insufficient outlook towards patient rights can cause the decrease in observing these rights from patients' perspective. This lack of awareness has been displayed in the research by Shiraz et al. and lack of sufficient perspective of students has been demonstrated in the research by Farajzadeh et al. in Isfahan towards patients' rights (1). It must be noted that the teaching of patient charter of rights to doctors and paramedics in hospitals, in order to increase their awareness and perspective, has been suggested in the study by Amiri et al. (8). As a result, it can be concluded that low awareness of working doctors and paramedics can also be among the important factors for the lack of

Table 2. Scores and frequency distribution of scores in the population under study in terms of gender

Axis of Questions	Male n=225		Female n=225		Total n=467		P
	Mean±SD	Points earned (percent)	Mean±SD	Points earned (percent)	Mean±SD	Points earned (percent)	
Optimal receipt of information	3.54±.84	857 (70.82)	3.56±.79	801 (71.2)	3.55±.82	1658 (71)	0.8
Maintaining patient privacy	3.56±1.13	846 (71.73)	3.67±.99	824 (73.24)	3.61±1.8	1670 (71.52)	0.27
Desirable receipt of health services	3.60±.07	868 (71.73)	3.78±1.0	847 (75.28)	3.69±.85	1715 (71.44)	0.07
Access to complaints handling system	2.87±.90	529 (43.71)	2.76±1.21	511 (45.22)	2.81±1.05	1040 (44.53)	0.37

observing patient charter of rights in the environment under research. The results of this research on the amount of observing the axis of “optimal receipt of information” from patient charter of rights for all female and male patients of the statistical population under study was found to be 71 %, and in the female statistical population, it was seen as 71.2% and in the male statistical population 73.24% and in male population 71.53%. The results of the research show that maintaining patient privacy in female has been observed more frequently than in males in the statistical population under study. Rangrazi Jedi has reported the amount of observing patients’ rights in relation with observing the privacy of medical information in the statistical population under study in governmental hospitals of the city of Kashan as 63.05% (6). In the evaluation of nurses’ perspective, Hassanian has reported the observing of privacy on observing assistants’ rights in hospital sectors of Hamedan University of Medical Sciences as 64.3% (3). In his investigation regarding the amount of awareness in medical and nursing students of the related rules, Yaqoobi reported that 64% of students accepted access to administrative and medical file information case (4). In this research, the amount of observing the axis of “optimal receipt of health services” of the patient charter of rights in all statistical population is 71.44% and in female population 72.28% and in male population 71.73%. The results indicate that the amount of observing “health services receipt” is more in the female statistical population under study than in men. The amount of access to complaint handling system was seen as 44.53% and in female population under study, the amount of observing access to complaint handling system 45.22% and in male population 43.71% and it is suggested that necessary measures be taken in order to increase the amount of access to complaint handling system. Recent developments in the area of patient rights in the world and Iran reveal that an increasing attention has been given to this issue by policy makers, international organizations and societies. Among the professions of health, doctors and nurses have the primary

responsibility to maintain patients’ rights (18). The decrease of work pressure and socio-economic problems of medical and health-care providers so that this group regards their rights in this regard as fulfilled, the provision of means and equipment and improvement of the structure of hospitals, informing and educating the society and healthcare professions in order to increase awareness of people regarding patients’ rights in hospitals and using inter-sector approaches in these units and passing laws and regulations related to patients’ rights and responsibilities, care-providers and medical-health care organizations can play a major role in the expansion of observing patients’ rights in hospitals (21).

Conflict of interest

The authors declare no conflict of interest.

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