

Patients and nurses awareness of patient's rights: A comparative study

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Abstract

Background and Objectives: The objective of this study was to determine and compare the general levels of awareness of patient's rights among the patients and nurses in training hospitals in Qom province.

Methods: In a descriptive analytical study, 150 nurses and 200 hospitalized patients were asked about patient's rights in all public hospitals in Qom. Data were collected using questionnaires and analyzed by SPSS. A *p*-value of <0.05 was considered to be statistically significant.

Results: The nurses' total awareness score was significantly higher than the patients' total awareness score. No significant association was found between the patients' total awareness and age, gender, educational status, marital status, living place or bedtime. The nurses' total awareness showed no significant difference with respect to age, marital status and work history. The female nurses' total score was significantly higher than the male nurses' total score.

Conclusion: These results suggest that increasing awareness especially among patients is needed, if awareness and practices regarding patient's rights should be improved.

Keywords: Patient rights; nurses; patients; awareness; bioethics.

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Introduction

Patients have the right to: accessible, equal and constant health services; receive information; make decisions freely regarding the methods of treatment and their physicians; privacy; have their psychosocial and spiritual values respected (1).

In order to maintain and implement patient's rights, both the healthcare providers and the patients need to have sufficient awareness of what rights patients have. Among the healthcare providers, it is accepted that the greatest responsibility for preserving patients' rights lies with the physicians, the nurses and the midwives.

Although in this regard some authors believe that the nurses have more responsibility than the physicians. This is because the nurses spend more time with the patients than the physicians, consequently, patients feel closer to nurses. Nurses, therefore, have a duty to gain the awareness required to implement and maintain patients' rights (2).

On the other hand, by improving the patients' levels of awareness about their rights, the requests from the patients may be sometimes subtle but important details may be easily overlooked by the healthcare workers. This may facilitate the personnel work and increase satisfaction rate. A fully satisfied patient will add to the healthcare workers' professional satisfaction.

The implementation of patient's rights, as an extension of human rights, is an important index for health service quality. Individual countries have enacted their own legislation in accordance with international declarations as well as local characteristics and values. The Ministry of Health in Iran spent considerable effort on a Patients' Rights Charter in an attempt to build up an efficient and qualified health system. The first charter defining patient's rights in Iran was developed in 2001 (3) and then revised, based on subsequent research in 2009 (4).

The Patients' Rights Charter includes the following domains: to receive appropriate services; to receive appropriate and sufficient information; to freely choose and decide on health services; to respect for privacy and patient confidentiality; and to access to an effective complaint system. These domains were explained in 37 articles, compared to 10 articles in the previous version (5).

It is good that acceptable efforts regarding the implementation and maintenance of patient's rights have been made in Iran. Studies on patient's rights in Iran have begun only recently. However, research has shown that there are problems with the knowledge, attitudes and practices of both the patients and staff regarding patient's rights (5-11)

However, Yilmaz reported that teaching hospitals abused patient's rights by unnecessarily exposing the patients' bodies and allowing students to examine patients multiple times without getting permission (12)

The implementation of patient's rights is not satisfactory. This is partly due to lack of awareness on the part of health professionals and the wider community. In order to improve the process of implementation, a multidisciplinary approach is necessary.

The aim of this study was to determine and compare the patients and nurses' levels of awareness about patient's rights in Qom province teaching hospitals.

Methods

Qom is located in the center of Iran, and its population is just over one million people. This was a descriptive, analytic cross-sectional

study. Awareness was assessed through a questionnaire.

Participants

The sample included 150 nurses and 200 patients hospitalized in the Department of Internal Medicine, General Surgery and Gynecology wards in all public hospitals in Qom; namely, Shahid Beheshti, Kamkar, Nekooei, Al-Zahra and Izadi Teaching Hospitals of Qom University Medical Sciences. The individuals excluded from the study were: patients and nurses who did not give consent to participate in the study, unstable patients, pediatric patients, and the patients staying in the hospital less than 24 hours.

Questionnaire

The questionnaire developed by the research team consisted of two parts. The first part included questions regarding socio-demographic data, such as age, gender, educational status, marital status, living place and bedtime for patients; and age, gender, marital status and work history for nurses. In the second part of the questionnaire the patients and nurses' awareness of patient's rights were evaluated using a 6-point Likert scale (*completely aware* to *completely unaware*). The questions were based on the last version of Patients' Rights Charter in Iran. It consisted of 37 questions in five domains:

1. Right to receive appropriate services (14 questions).
2. Right to receive appropriate and sufficient information (10 questions).
3. Right to freely choose and decide on health services (7 questions).
4. Right to respect for privacy and patient confidentiality (3 questions).
5. Right to access to effective complaint system (3 questions).

Before data collection, the questionnaire was piloted. It was administered to 30 inpatients in order to evaluate the suitability and understandability of its language, after which some corrections were made. The patients included in the pilot were excluded from the sample group.

In order to evaluate internal consistency, Cronbach's alpha was calculated (92 for patients and 89 for nurses).

Two trained research nurses collected all the data. The participants were approached in person and provided with a brief description of the study and its aim. Their consent was obtained before they were asked to answer the questionnaire. The interviewers read out the questions from the questionnaire and then recorded the patients' answers. The data about the nurses were collected using a self-administered questionnaire. The nurses and the patients' identities were kept confidential in order to protect anonymity, and were assured that the information they gave would be used only for scientific research.

Analyses

All data were entered into a computerized database and processed using SPSS version 16.0. Descriptive statistical analyses were performed, including frequency counts, percentages and means wherever appropriate. Analytic statistics analyses were performed by student *t*-test, analysis of variance (ANOVA), as well as Pearson and Spearman correlations. A *p*-value of < 0.05 was considered to be statistically significant.

Results

A total of 200 patients and 150 nurses participated in this study. The socio-demographic and individual characteristics of the study sample are shown in Table 1.

Table 1: Characteristics of participants (n = 350)

| Patients (n = 200) | | |
|---------------------------|-------------|-----------|
| | <i>n</i> | (%) |
| Gender | | |
| Male | 67 | 33.5 |
| Female | 133 | 66.5 |
| Marital status | | |
| Married | 157 | 78.5 |
| Single | 29 | 14.5 |
| Widowed | 13 | 6.5 |
| Divorced | 1 | 0.5 |
| Education | | |
| No studies | 53 | 26.5 |
| Primary | 56 | 28 |
| Secondary | 76 | 38 |
| University | 15 | 7.5 |
| Living place | | |
| City | 190 | 95 |
| Country | 10 | 5 |
| | Mean | SD |
| Age (year) | 44.1 | 19.2 |
| Bedtime (day) | 5.3 | 5.3 |
| Nurses (n = 150) | | |
| | <i>n</i> | (%) |
| Gender | | |
| Male | 41 | 27.3 |
| Female | 109 | 72.7 |
| Marital status | | |
| Married | 115 | 76.7 |
| Single | 34 | 22.7 |
| Divorced | 1 | 0.7 |
| | Mean | SD |
| Age (year) | 30.7 | 6.2 |
| Work History (year) | 7.8 | 6.6 |

The nurses' total awareness score was significantly higher than the patients' total awareness score. This significant difference was also found in domains one, two, three and five.

However, the scores in domain four ("right to preserve privacy and being assured about the confidentiality of all of the medical information") showed no significant difference between the two groups (Table 2).

Table 2: Likert-scale results

| | Maximum score | Study Sample | Mean | SD | P |
|-------------|---------------|--------------|-------|------|-------|
| Domain 1 | 84 | Patients | 63.5 | 11.4 | 0.000 |
| | | Nurses | 68.7 | 11.1 | |
| Domain 2 | 60 | Patients | 39.1 | 10.3 | 0.000 |
| | | Nurses | 44.3 | 13.0 | |
| Domain 3 | 42 | Patients | 27.4 | 7.6 | 0.000 |
| | | Nurses | 31.5 | 7.7 | |
| Domain 4 | 18 | Patients | 14.6 | 3.2 | 0.283 |
| | | Nurses | 15.0 | 3.1 | |
| Domain 5 | 18 | Patients | 12.5 | 4.2 | 0.001 |
| | | Nurses | 13.9 | 3.5 | |
| Total Score | 222 | Patients | 157.0 | 29.9 | 0.000 |
| | | Nurses | 173.4 | 31.0 | |

The results were subjected to bivariate analysis. No significant association was found between the patients' total awareness and age, gender, educational status, marital status, living place or bedtime.

The nurses' total awareness showed no significant difference with respect to age, marital status and work history. Furthermore, the female nurses' total score was significantly higher than the male nurses' total score ($p=0.005$) (Figure 1).

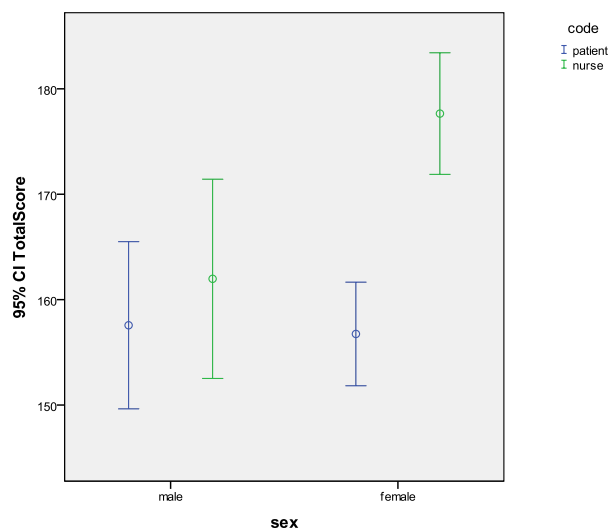


Figure 1: Significant difference between scores for total score according to gender.

The results show that the awareness of the study sample was higher than the midpoint of the score range in all questions. Furthermore, findings about the patients' levels of awareness in different areas indicate that the highest level of awareness was in the area of "right to have someone close to him , during all of the diagnostic stages" (mean±SD: 5.27±1.28) and the highest level of awareness in nurses was in the area of "right to receive healthcare without any ethnic or cultural discrimination" (mean±SD:5.29±1.03). The lowest level of awareness in both the patients and the nurses was in the area of "right to examine his or her records and to demand a copy"(mean±SD: 3.17±1.88 for patients and 3.60±1.80 for nurses).

Conclusion

Implementing patient's rights is the most important ethical issue in a hospital. Their social, legal and medical dimensions should be thoroughly discussed. In addition, it should not only be understood as patients' satisfaction, it should be considered as a moral issue. It is important that patients and healthcare personnel pay enough attention to their various domains.

It was determined that both the patients and the nurses' rates of awareness of all the articles of the Patients' Rights Charter are higher than the midpoint of the score range. This may be seen as an indicator of the benefits expected from the efforts to implement patient's rights in Iran. Although awareness is good, the score is lower than the complete awareness score in all domains. It is, therefore, necessary that educational programs for both the patients and the nurses be prepared.

Mohammad Nejad et al. showed that nurses' level of knowledge about patient's rights in a teaching hospital in Tehran was good, moderate and weak, 58.33%, 39.1%, and 2.56%, respectively (13). It has also been found that nurses are sufficiently well informed about the legal arrangements pertaining to patient's rights in Turkey (2). Yousuf et al. indicated that the majority of their patients (90%) in Malaysia were aware of their rights (14). These findings are in accordance with the

findings of this study. However, some studies have found that both the patients and the nurses' levels of knowledge are weak (11,13).

The results of this study show that the nurses' awareness of patient's rights is significantly higher than those of the patients. The main reason that the nurses' score is higher is that they have received specific education about the patient's rights.

These results confirm that there may be problems with the practical implementation of the Patients' Rights Charter, as clear discrepancies existing between the awareness of the patients and the nurses.

We did not find any previous study that has compared the awareness of the nurses and the patients in Iran. But Ducinskiene et al. reported that more medical staff (84.7%) than patients (56.0%) were aware of (had heard or read about) the Law addressing Patient's Rights in Lithuania (15).

The significant difference between the patients and the nurses' scores for domains one, two, three and five were found. But their scores for the "right to preserve privacy and being assured about the confidentiality of all the medical information" (domain four) showed no significant difference. Furthermore, the highest score was found in this domain. This indicates that improvements to the practices regarding privacy and confidentiality are a priority. This is because patients are dissatisfied when they feel their rights are not given importance.

The Patient's Right Charter says that observance of the principle of confidentiality is necessary for all the information related to the patient, except for the cases excluded by law (4).

In other studies, almost all patients agreed with privacy, confidentiality and respect for religious beliefs as patient's rights (2,14):

The results of this study show that the lowest scores are in domains two and three. Domain two is about the right to receive appropriate and sufficient information and domain three is about the right to make free choices about health services. In another study, nearly all participants were aware that every individual has the right to access all forms of information

regarding their own state of health, health services and how to use them, and all that scientific research and technological innovation that are available. Virtually all participants, 99%, said that it was necessary to inform the patient prior to any medical treatment. Nearly all of the participants said that patients have the right to freedom of choice regarding health service institutions, midwives and nurses (2). These findings are in accordance with the results of this study.

The findings of this study about the patients' levels of awareness in different areas indicated that the highest level of awareness was in the area of "right to have someone close to him with him, during all of the diagnostic stages" and the highest level of awareness in nurses was in the area of "right to receive healthcare without any ethnic or cultural discrimination". The majority of patients who participated in a study conducted in Turkey confirmed that they have the right to equal access to healthcare (12). Another study reported that the highest level of nurses' knowledge. (95.51%) was in the area of "right to preserve privacy and being assured about confidentiality of all medical information" (13).

The lowest level of awareness in both the patients and the nurses was in the area of "right to examine his or her records and to demand a copy". The lowest level of knowledge in another study was about "right to receive essential information about healthcare providers, rate of tariff, target insurance coverage if sent to the other medical centres" (13). In another study, when nurses were asked whether the patients have the right to review his/her medical records and have them photocopied, only 1% gave a negative answer (2).

In this study, we did not find any significant association between the patients' total awareness and age, gender, educational status, marital status, living place or bedtime. But the patients' knowledge about their rights in Isfahan province showed significant association with literacy and living place (8).

The nurses' total awareness showed no significant difference with respect to age, marital status and work history. But the total

score of the female nurses was significantly higher than the total score of male nurses. Mohammad Nejad et al. found an association between knowledge about patient's rights in a training hospital and the variables of gender, age, degree and marital status. They also reported a significant difference between their levels of knowledge about patient's rights and work experience (13). In another study, no statistical significance was observed with respect to age (2)

The results may be due to the differences in charters, provinces, non-similar education and the research methods that were used.

The results of this study indicate that although awareness about the patient's rights is higher than the midpoint of the score range, the patients' scores are lower than the nurses' scores. These findings suggest that there is a greater need for awareness-raising among the patients than the nurses if the practical implementation of the Patient's Rights Charter in Iran is improved. To increase the awareness of the healthcare providers and the patients, professional organisations need to be more sensitive to the issue of patient's rights. Non-governmental organizations should be encouraged to participate in this activity. For this purpose, educational leaflets, booklets and posters about patient's rights should be placed on bulletin boards that can be easily seen by both the patients and the nurses. The establishment of patient's rights units in hospitals can be useful to carry out the necessary functions. Mass communication media, healthcare institutions, continuing education programmes, educational institutions, medical companies, political parties and religious groups should all have an important role to play in the reinforcement of patient's rights. The patients must be educated so that they can recognize their rights. It is also an important concern that the implementation of the general principles of human rights should keep pace with the issuance of legal regulations. However, further studies measuring the implementation of patient's rights and the factors affecting this important issue are necessary in Iran.

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References

1. Erer S, Atici E, Erdemir AD. The views of cancer patients on patient rights in the context of information and autonomy. *J Med Ethics* 2008;34(5):384-8.
2. Hakan Ozdemir M, Ozgür Can I, Ergöner AT, Hilal A, Onder M, Meral D. Midwives and nurses awareness of patients' rights. *Midwifery* 2009;25(6):756-65.
3. Joolae S, Tschudin V, Nikbakht-Nasrabadi A, Parsa-Yekta Z. Factors affecting patients' rights practice: the lived experiences of Iranian nurses and physicians. *J Int Nurs Rev* 2008; 55:55-61.
4. Parsapour A, Bagheri A, Larijani B. Patient Rights Charter in Iran. *J Med Ethics Hist Med* 2010; (supplement):39-47.[Persian]
5. Hooshmand A, Joolae S, Mehrdad N, Bohrani N. Nurses' information and their view points about patient rights and practical facilitators in clinical nurses: viewpoint regarding patient rights in Tehran teaching hospitals. *Hayat* 2006;12(4):57-66.[Persian]
6. Nasiriani Kh, Farnia F, Nasiriani F. Study of respecting patient rights from view point of employed nurses in Yazd hospital. *Sci J Forensic Med* 2007;13(1):33-37. [Persian]
7. Madarshahian F. Observance of patient rights in war chemical victims. *J Mil Med* 2005;7(2):109-112.[Persian]
8. Mossadegh Rad A, Esna Ashari P. Patients and physicians awareness of patient rights and its implementation at Beheshti Hospital in Isfahan. *Iran J Med Educ* 2004;4(1):45-54.[Persian]
9. Kalroozi F, Dadgari F, Zareiyan A. Patients' satisfaction from health care group in patient's bill of right observance. *J Mil Med* 2010;12(3):143-148.[Persian]
10. Dadashi M, Andarz Habibi Moghaddam R, Jeylani M. Patients' satisfaction of observing patient right charter in private clinics. *J Med Ethics Hist Med* 2010 (supplement):61-68. [Persian]
11. Joolae S, Hajibabaei F. Patient Rights Charter: evaluation of Iranian investigations. *J Med Ethics Hist Med* 2010 (supplement):23-33.[Persian]
12. Kuzu N, Ergin A, Zencir M. Patients' awareness of their rights in a developing country. *Public Health* 2006; 120(4): 290-6.
13. Mohammad Nejad E, Begjani J, Abotalebi Gh, Salari A, Ehsani SR. Nurses awareness of patients rights in a teaching hospital. *J Med Ethics Hist Med* 2011; 4:2
14. Yousuf RM, Fauzi AR, How SH, Akter SF, Shah A. Hospitalized patients' awareness of their rights: a cross-sectional survey from a tertiary care hospital on the east coast of Peninsular Malaysia. *Singapore Med J* 2009;50(5):494-9.
15. Ducinskiene D, Vladickiene J, Kalediene R, Haapala I. Awareness and practice of patient's rights law in Lithuania. *BMC Int Health Hum* 2006;6:10.