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Patient Right Bill Observance Rate in Training Hospitals Affiliated to Ahvaz Jundishapur University of Medical Sciences from Nurses' Point of View

Farzad FarajiKhiavi¹, Rezvan Dashti^{2*}, Zahra Kishizadeh³

¹ Department of Health Services Administration, School of Health, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

² Rehabilitation Administration, Musculoskeletal Rehabilitation Centre, School of Rehabilitation, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

³ Health Services Administration, School of Health, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

Correspondence Author: Rezvan Dashti, Rehabilitation Administration, Musculoskeletal Rehabilitation Centre, School of Rehabilitation, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran, Email: rezvan.dashti@gmail.com

ABSTRACT

Background and Aim: Patient right compliance plays a crucial role to improve and set the relationship between providers and clients in health system. Thus, it is very essential in health system management. This study aimed to determine Patient right bill observance rate in training hospitals affiliated to Ahvaz Jundishapur University of Medical Sciences from nurses' point of view.

Method: This was a descriptive-analytical and cross-sectional study. The research population included all nurses who worked at training hospitals of Ahvaz Jundishapur University of Medical Sciences. Sample size calculated 90. Sampling conducted randomly with proper distribution. The study tool was a questionnaire with two parts: demographic and patient right observance related questions.

Results: Patient right observance score was 3.02 ± 0.57 and estimated relatively appropriate. The proper and safe health care, awareness and choosing the proper services rights components with scores less than 3 were estimated relatively weak. Secrecy and privacy and the right of objection components' scores calculated between 3 and 4 so

estimated relatively appropriate. Age, job, marital status and experience groups showed no significant difference in scores of patients right observance.

Conclusion: *The patient rights were not completely deliberated in hospitals from view point of nurses. In order to developing this condition, more commitment in setting the rights of proper and safe health care, awareness and choosing the proper services seems necessary.*

KEYWORDS: *patient's bill of right, nurse, hospital*

INTRODUCTION

The concepts of natural rights and human rights have been considered for several centuries and this important issue is reflected in the teachings of heaven Divinemish prophets in various forms and it have also been considered as an advanced scientific and humanitarian principle [1,2]. Right means the necessity of a law or an ethnic behavior for performing or preventing something and obtaining or preventing from achieving something. Rights acts as the rules of interaction between people and tasks and they also develop numbers of limitations or tasks on the performance of individuals or the groups [3]. Of course, every man has individual and social rights which have been accepted as principles by all societies. However, the rights of the socially vulnerable groups are paid more attention to [2]. The patients group may be considered as one of most vulnerable social groups because patients not only lose their physical abilities rather than the health condition but also, they are under the psychological, social, and economic in the illness duration. Nowadays numbers of the rights have been defined for patients in the health care system of many countries that the health providers are required to follow them during their daily activities [4]. The rights also may be characterized as the legitimate and reasonable observance of physical, mental, spiritual, and social requirements which the therapy group should implement and observe [5]. Patients cannot provide their own requirements completely due to their illness and they usually need the help of others. Understanding these requirements will be a useful framework to provide the necessary care [6].

Patients' rights depend on the community requirements and they are performed in other words by the government or other public or private legal authorities and the necessary facilities are provided for the health of overall society [1, 7]. In the past, the professional health workers, especially physicians assume that only they are aware of human health and they are also allowed to determine the fate of patients. Therefore, the patients were vulnerable to violations and weaknesses of the health system [8]. Today increasing the knowledge of people about the health and treatment issues and the rising costs of using these services leads to incidence of some movements among the applicants, therefore they will expect the medical staff to take the responsibility of providing the complete services and medical cares for the patients [8].

Informing the patients, involving them in the decision-making and respecting their rights can accelerate the healing and reduce the hospitalization period of the patients [9]. It also reduces the possibility of their returning to the hospital that is totally important in the economic and social aspects [10]. If the rights of the patients are not observed, then it may lead to adverse consequences and destruction of the patient to the health care workers.

Additionally, in this regard some accidents may happen that its correction will be impossible and it will be prosecuted [9].

The charter of the patients' rights includes the defense of the human rights to protect their respect and dignity. In this way, the patients will assure that their body, life, and health will be protected in the illness periods especially in the medical emergencies without sexual and age discrimination and having the financial power. This care will be provided in an environment full of the respect and with the high quality [2]. The purpose of patient's rights charter is the defense of the rights of patients and ensures that their care is adequate. Patients' Rights Charter improves the relationship between the patients and health care providers and promotes the quality of health care [11]. Five axes of the charter include the right to receive qualified services, the right to receive appropriate and adequate information, the right to choose and decide freely the health services, the right to respect for patient privacy and o, observance of the principle of secrecy and finally the right of access to an effective system to deal with complaints [[12]. Establishment of the patient rights charter primarily facilitates their access to their own health information and it is considered as a basic factor on the promotion of the quality of society's health level [13].

To provide and observe the rights of the patients which are the known rights, then the nurses should play more important roles along with the medical staff to be able to appearance of the sense of satisfaction and safety in the patients by better and most effective implementation of the nursing actions [5]. Nursing is generally defined as the care of others and all the actions that focus on the individual who receives the nursing care while it is a mixture of science and art. The nursing science provides the knowledge of caring whereas the nursing art is the application of the skills using the knowledge [14].

Nurses are the largest professional group of the health care provider so that they constitute more than 40% of the staff of the hospitals.

This group plays an important role in the provision of caring and then they are in an ideal position as an advocate due to their prolonged contacts with patients and observing the results of treatment and changes in the health care and treatment. Therefore, it seems necessary to be aware of the nurses' opinions about the rights of patients [15] because it prevents physical and mental damages to the patients and prevents the decreased efficacy of health care and therapeutic services [9,16]. Considering the importance of this issue, this study aimed to determine the Patient right bill observance rate in training hospitals affiliated to Ahvaz Jundishapur University of Medical Sciences from nurses' point of view.

METHODS

This research was descriptive and data was collected by cross-sectional methods. All nurses of teaching hospitals of Ahvaz Jundishapur University of Medical Sciences constituted the community of this research. A total of 90 people was determined as the sample size. Respondents were selected by random sampling with proportional distribution among the studied sectors of hospitals. The research was conducted in 2013.

The data collection tool was a researcher made questionnaire which was completed as self-reports and it was consisted of two parts. The first part was the questions related to the patients' rights and the second part was consisted of the demographic characteristics which were established based on the content of patients' rights charter

in Iran [12]. The validity of questionnaire was confirmed through the content analysis. For this purpose, the questionnaire was examined by 5 professors and experts.

The index of internal consistency reliability [Cronbach's alpha] was used to calculate the validity of questionnaire and the reliability coefficient was obtained as 0.92 that confirmed the reliability of the tool.

The questionnaire includes 37 questions and 5 components including receiving the favorable health care, giving data to the patients appropriately and adequately, respecting the patient's right to choose and make decisions freely on receiving the health care services, provision of health care based on the respect for the privacy of patient and observance of the confidentiality principle and, ultimately, access to an efficient complaints system. The questionnaire was scored based on the Likert scale that one, 2, 3, 4, and 5 scores were considered as the options including strongly disagree, disagree, no idea, agree, and completely agree respectively. The scores were also analyzed by considering the average score of 1 and 2 as the weak, averages between 2 and 3 as relatively weak, 3 and 4 as relatively appropriate, and finally 4 and 5 as appropriate observance of the patients' rights. After completing and gathering the questionnaires, data was analyzed using SPSS software. To analyze the data, descriptive statistics, T-Test, ANOVA test were used. A written permission and introduction was received from the Department of Health to conduct the present research in teaching hospitals in Ahvaz, the purpose of this research was explained for nurses, privacy of the identities and the responses of respondents were the ethical considerations.

RESULTS

Most respondents were women and only 1.1% of them were male. Results showed that a greater percentage of nurses were also women. Demographic characteristics of the study population are shown in Table 1.

Table-1: Absolute and relative frequency distribution of demographic characteristics of respondents

Demographic characteristics	Classification of data	Absolute frequency	Frequency percentage
Age	<25	10	11.1
	-30	31	34.4
	25	27	30
	-35	12	13.3
	30	10	11.1
	-40		
	35		
	>40		
Gender	Female	1	1.10
	Male	89	98.90
Job experience	<5	35	38.90
	5-10	26	28.90
	-20	27	30
	10	2	2.20
	>20		

The largest numbers of respondents were at the age range of 25-30 years while the lowest numbers of them were at the age range of lower than 25 years or higher than 40 years. Additionally, 38.9% of the respondents had lower than 5 years' job experience, 28.9% of them had between 5 and 10 years, 30% had between 10 and 20 years and 2.2% of the respondents had more than 20 years of job experience. Moreover, in terms of the frequency distribution of the job experience, the employees with less than 5 years' job experience were the most frequent. The average and standard deviation of the axis components of patient rights charter in the studied hospitals are shown in Table 2.

Table-2: Average and standard deviation of the axis components of patients' rights charter in the teaching hospitals of Ahvaz University of Medical Sciences

Axes of the patients' rights charter	Axes components of the patients' rights charter	Statistics		
		Min	Max	$\bar{x} \pm SD$
The right of correct care and treatment	Provision of the services based on the respect for the values, religious and cultural beliefs of patients	1	5	2.98±1.05
	Provision of the services based on the honesty, fairness, courtesy and kindness	1	5	2.86±1.02
	The provision of services without any discrimination	1	5	2.52±1.01
	The provision of services based on knowledge	1	5	3.54±0.92
	The provision of the services based on superior of patient interests	1	5	3.00±1.09
	The provision of the services based on the justice and treatment priorities of patients	1	5	2.98±1.04
	The provision of the services based on the coordination care organizations including prevention, diagnosis, treatment and rehabilitation	1	5	3.22±1.03
	The provision of the services along with providing all necessary amenities and services	1	5	2.44±1.09
	Paying special attention to the rights of vulnerable groups of society	1	5	2.22±0.92
	Providing services in the fastest possible time and with respect to the time of the patient	1	5	2.47±1.16
	The provision of services due to language, age and gender of recipients of services	1	5	3.01±1.07
	The provision of emergency care regardless of their funding based on the criteria defined in elective cases based on the defined rules	1	5	2.95±1.04
	Providing of the transmission possibility of the patient to an equipped center after provision of the essential services and the necessary explanations in the urgent care if it is not possible to provide appropriate services	1	5	3.54±0.82
	Provision of the services aimed to maintain the comfort of the patient in the final stages of life when death is imminent and irreversible condition	1	5	3.27±1.10
The right of awareness	Informing the patient of patient rights charter at the time of admission	1	5	2.77±1.18
	Informing the patient from the rules and predictable costs of the hospital and supportive systems at admission	1	5	3.00±1.10
	Identification of members of the health care team by patients	1	4	2.37±1.01
	Informing the patients from the diagnostic and treatment methods and the strengths and weaknesses of each method and all information affecting the decision-making process	1	4	2.38±1.12

	Patients' awareness of how to access physicians and medical band members during treatment	1	4	2.60±1.07
	Informing the patients of almost all actions with the research nature	1	4	2.30±0.92
	Provision of essential training for continuing the treatment to patients	1	4	3.25±0.95
	Provision of information for the patients at the right time and in accordance with their conditions	1	4	2.86±1.17
	The possibility of patients access to all registered information in their own medical records, receiving its picture, and requesting the correction of its errors	1	5	2.55±1.15
The right of selection	The right of selection of the doctor and the health service provider by the patient	1	5	2.30±1.12
	The right of selecting and surveying the second doctor as a consultant for the patient	1	5	2.47±1.03
	Obtaining the permission from the patient to participate in the research	1	5	2.81±1.14
	The permission to accept or reject the proposed treatments by the patient after learning the possible side effects	1	5	3.44±1.05
	The previous opinions by the patients about the future treatment actions when patients have decision-making capacity is registered and is also considered as the guidance of medical treatment at the absence of his decision-making capacity in compliance with legal standards for health service providers and decision-maker's alternative for the patient's	1	5	3.16±0.96
	Selection and decision making freely, consciously and based on adequate and comprehensive information from the patient	1	5	3.10±1.14
	Giving the required time for decision making and selection after provision of the information	1	5	3.45±0.95
The right of secrecy and protection of the privacy	Observance of the principle of secrecy of all information related to the patients	1	5	3.53±0.85
	Respect for patient privacy at all stages of care	1	5	3.03±1.13
	The possibility of access to patient file only by the patient, the healthcare team, the authorized people by the patient, and the people who are considered punishable by law	1	5	3.90±0.80
	The possibility of presence of a trusted individual for patient in the diagnostic procedures such as examinations	1	5	3.12±1.12
The right of objection	The possibility of complain by responsible organizations when patients claim the violations of their rights without impairment of the quality of health services	1	5	3.46±1.04
	Patients' knowledge of how to handle their complaint results	1	5	3.05±1.08
	Compensation of errors by health service providers and after addressing and fixing them, as soon as possible and in accordance with the regulations	1	5	2.86±1.19

Figure-1: Average of scores of nurse's viewpoints to the observance any of the aspects of patients' rights

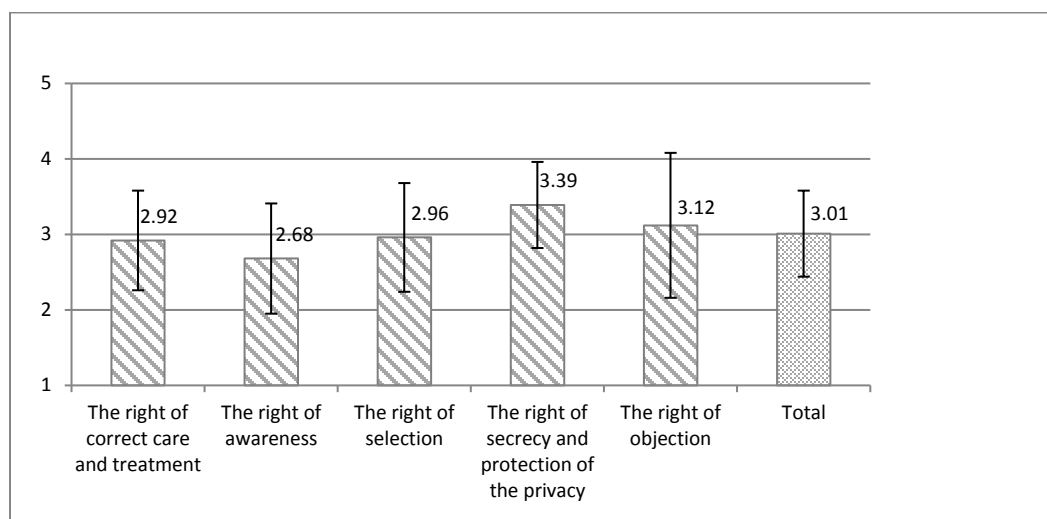


Figure 1 demonstrates the average scores of viewpoints of nurses through the observance any of the aspects of patients' rights. According to this chart it can be understood that the lowest average id related to the second axis [right to awareness] and highest average belongs to the fourth axis [right of secrecy and privacy], respectively. The averages of scores at the first axis [right of proper care and treatment], the second axis [right of awareness] and third axis [the right of selection] were between 2 and 3 and they were also estimated relatively weak. Average score of the fourth axis [right for the secrecy and the protection of privacy] and fifth axis [the right for objection] were estimated between 3 and 4 that were relatively appropriate. In total observance of the patient's rights charter in the teaching hospitals of Medical Sciences was relatively appropriate.

Results of the variance analysis showed that the average scores of axes of the patients' rights charter did not show significant differences with the changes in hospital, job experience and age groups [$P > 0.05$]. Independent t-test showed a significant difference between each of the axes of patients' rights charter among married respondents [$P > 0.05$].

DISCUSSION

According to the results, observance of the patients' rights was estimated relatively appropriate. The results of the present research about the proper care and treatment from the viewpoints of nurses were estimated relatively weak. In the research of Babamahmoudi this score was 16.63% from the viewpoint of the patients [17]. In the research of Nasiriani and colleagues, the level of observance the patient's rights was excellent from the viewpoints of the nurses [5]. Basiri Moghadam estimated this score from the viewpoints of the patients and medical staff as 71.70% [2] while Hasanian had reported the score as 85% from the perspective of the nurses [18] that is not consistent with the present study.

The observance of the patients' rights associated to the observance of the right for secrecy and privacy from the perspective of nurses was estimated appropriate. In the research of Basiri Moghadam, this item was estimated as

61.1% due to the opinions of the patients and health providers [2]. Hasanian reported the observance of patients' right for secrecy in the hospitals of Medical Sciences University by the opinions of the nurses as 64.3% [18] that was similar with the results of this study [19]. obtained 55% for this component according to the viewpoints of the patients. Nasiriani and colleagues reported the rate of observance of this right weak from the perspective of nurses [5] that is consistent with the results of this study. It seems to be required to explain clearly the conditions and instances of nurses and doctor's secrecy in the rules and the legal statements to prevent the loss of patients' rights due to the lack of absolute rules or lack of knowledge of the service providers [20].

The results of the present research revealed that the level of observance the patients' rights in the patient's complaints were relatively from the perspective of nurses. However, [5] reported the observance of patients' rights in this area from the perspective of nurses weak. Basiri Moghadam reported the level of observance the patients' rights in the patient's complaints area as 35.3% in their research [2]. In the research of Babamahmoodi the rate of 13.20 was obtained for this area from the perspectives of the patients that was not consistent with the results of this study [17]. Lack of awareness of patients' rights prevents observance of their rights by nurses. One of the most important factors that lead to low awareness of the patients is the lack of codified laws on patient rights. There was no adopted charter until late for the patients' rights in Iran, however during the past few years the Ministry of Health and Medical Education has developed and published a charter that beneficiaries should be aware of it. After the adoption of the law, the student should be trained about the rules related to the profession during the education period and before beginning to the work, as well as retraining and in-service training should be considered [10].

The results of the present study in terms of the patients right for access to the information was estimated relatively weak from the perspective of nurses. In the research of Nasiriania this component was at an intermediate level from the perspective of nurses [5]. Babamahmoodi and colleagues obtained 14.17% for this component [17] which is like the results of the current study. According to the conducted researcher in the past and the results of present study, patients' access to their own medical records and informing from their content is not required from the perspective of doctors and nurses. Moreover, representing the therapy errors for the patients by the person who committed the error was not necessary from the viewpoints of the nurses. Indeed, the justification for this viewpoint is that the nurses are concerned that if the patients be aware of the errors they lose their confidence in the medical team [20]. This viewpoint to the level of observance the patients' right for access to the information demonstrated the necessity of the more attention to the management of transferring data between the patients, nurses, and the doctors [12].

The patient's right to select and decide freely to receive health care was relatively weak from the perspective of nurses in this study. Nasiriani and colleagues reported observance of the patient rights in this regard weak from the perspective of nurses in their study [5]. In a research conducted by Babamahmoodi and colleagues in Mazandaran, the rate of 14.15% was obtained for this component [17]. Basiri Moghadam obtained the rate of patients to refuse treatment and replacing the physicians and the medical staff 44.7% [2]. The low level of observance of patients' right for selecting the physicians and receiving the health care services in the teaching hospitals is normal due to the nature and definition of the hospitals [18].

Generally, the results of the present research revealed that patients' rights charter has been observed in the 60.39% of cases that is greater than the rate reported by Babamahmoodi and colleagues in Mazandaran from the viewpoints of the patients [14.15%] [17]. Nasiriani and colleagues reported the rate of patient's rights observance at the average level [Nasiriani et al., 2007[5]. Vaskuyi Oshkuri and colleagues reported the satisfaction level of the patients from the observance of their rights as 53.2% [19] which was not consistent with the results of this study.

CONCLUSION

Based on the results, mean and standard deviation of patients' rights observance was relatively appropriate. Components including the right of proper health care, the right of knowledge and the right of selection were relatively weak whereas the components including the right of secrecy and protection of the privacy and right of protest were estimated appropriate. Recognition and respect for patient rights in a way that can improve health care quality and patient's satisfaction requires the planning at the national level. While its comprehensive implementation can be achieved only if it is accompanied with the awareness, adequate resources, respect to the rights of nurses and caregivers and the presence of a responsible system. To improve this situation, more commitment seems necessary in the implementation of the areas including the right of care, the right of treatment, the right of knowledge, and the right of education in hospitals. Given the increasing importance of respecting the human rights issue in the world and respect for the human being, nowadays the development of approaches in accordance with the rich Iranian-Islamic culture is considered for better compliance with the law.

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