

## Evaluation of Respect for Patient's Rights from the Viewpoint of Hospitalized Surgical Patients in Shohada Ashayer Hospital of Khorramabad City, Iran in 2015-2016

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### ABSTRACT

One of the most important branches of medical science, until past time, law and consequently to medical ethics. Patients' satisfaction of their rights, one of the most important indicators of effectiveness, efficiency, productivity and quality of healthcare services. The goal of this study was to Check the Observance of the rights of patients in surgical patients admitted to Shohada Ashayer hospital in 2015-2016 from the perspective of patients. This cross-sectional study included 800 patients admitted to Shohada Ashayer Hospital in 2015 and 2016. Respecting patient's bill of rights from their viewpoint was determined by a questionnaire using a Likert scale from one (strongly disagree) to five (strongly agree). The results obtained in this study showed that the rate of patients' rights in all aspects of the %15.8 patient's view was poor, from the %67.4 patient's perspective was middle, and from the %16.8 patient's view was good. Most patients' satisfaction with their rights in respect to the axis of the right to choose and decide freely and the lowest levels of satisfaction was at the core of respect for patient privacy and confidentiality principle. Level of satisfaction in all axes was significantly associated with age, type of substrate in the third axis, history of hospitalization in the fourth axis and duration of hospital stay in the second axis ( $P < 0.05$ ). Between gender and place of residence and educational level found no significant relation ( $P > 0.05$ ). In total, based on the obtained results and comparing them with the results of other studies, it may be concluded that respecting patient's bill of rights from the viewpoint of patients is considered as optimal and to enhance the implementation of the Charter as well as patient satisfaction is essential that solutions be identified barriers to implementation.

**Keywords:** surgical patients, Patient Bill of Rights, patients' satisfaction.

### INTRODUCTION

In all languages, right is defined as what is true and worthy. Hence, "human rights" means what is true and worthy for humans. "Patient rights" is defined as what is true and worthy for patients<sup>1</sup>.

Charter of Patient Rights include defending human rights to respect his dignity to ensure that patients, especially in medical emergency, will receive enough care services without age and sex and financial strength discrimination; and this care will be provided in an atmosphere of respect and good-quality. In Iran, Charter of Patient Rights was developed in 2002, and it was communicated in winter 2002 by Health Department of the Ministry of Health, Treatment and Medical Education. According to these guidelines, care centers were obliged locate the provisions of the Charter of Patient Rights in a visible place<sup>2</sup>.

Today, from the perspective of modern management, the patient is considered to be an active member of the health care team, and not an inactive recipient of services. The opinion that only a doctor, nurse or other health care professionals have the right to know issues higher than normal understanding is outdated. Obviously, patient rights increase security and satisfaction; this increases patient participation in treatment, which leads to reduction of duration of hospitalization and costs<sup>3</sup>.

This study helps us considering the patients' satisfaction with their rights in one of the most important medical-educational centers of Lorestan province in order to know possible obstacles ahead as well as possible solutions to further enhance patient satisfaction.

### MATERIALS AND METHODS

This is a descriptive cross-sectional study. The study population includes all patients admitted in emergency

and surgical wards of Shohadaye Ashayer Khorramabad Hospital in the second half of 2015. Random sampling was conducted on different days and from emergency and different wards of the hospital.

According to probability = 0.5, error = 0.05 at a significance level of 0.05, the sample size was obtained equal to 400 using the following formula. 400 elective and 400 emergency patients were selected and a total of 800 patients were studied.

Questionnaire data collection tools included demographic information and 38 questions in the form of 5 axes; questions have been adopted based on the axes set by the World Health Organization and the Charter of Patient Rights in Iran. The first axis: the patient has the right to receive optimal health services (5 questions). The second axis: the information must be appropriately and adequately provided to patients (14 questions). The third axis: the patient's right to choose and decide freely for receiving health services must be respected (6 questions). The fourth axis: Providing health services should be based on the principle of respect for patient privacy and confidentiality (8 questions). The fifth axis: access to the efficient system for considering complaints, is the patient's right (5 questions).

The criterion of respecting each right was measured using the Likert scale ranging from one (strongly disagree) to five (strongly agree). For qualitative examination of demographic variables, three levels of poor (<33%), moderate (33% - 66%) and good (> 66%) were used (number monitoring is low). In addition, the amount of respect for patients' rights was determined according to variables of axes of the Charter of Patient Rights, gender, age, education level, hospitalization ward, days of hospitalization, history of previous hospitalizations and residence. Validity of the questionnaire was confirmed by four professors. Split-half method was used to examine the reliability of the questionnaire, and the Cronbach's alpha coefficient was calculated equal to 0.79. Before presenting the questionnaire to patients, the procedure was reviewed and approved by the hospital administration. After obtaining verbal consent from patients, the questionnaire was given to them; the researcher took back the questionnaire in the next visit. In the case of patients who did not have the ability to complete the questionnaire, the questions were asked orally and completed by the researcher.

To describe the data, descriptive statistics such as mean, median, mode, frequency distribution tables and charts were used. To examine the relationship between variables, chi-square tests and correlation coefficients will be used at a significance level of 0.05. SPSS 20 software is used to analyze the data.

## RESULTS

In this cross-sectional study, 800 patients hospitalized in surgical wards of shohadaye Ashayer hospital were studied. At first, the characteristics of patients were evaluated according to gender, type of hospitalization, hospitalization history, residence, number of days of hospitalization, hospitalization ward and education. Of

the total participants, 440 patients (55%) were male and 360 patients (45%) were female.

Patients were divided into 2 groups of emergency and elective in terms of the type of hospitalization. Of the total patients, 485 (66.6%) and 315 (39.4%) patients were hospitalized on an emergency and elective basis, respectively.

Also, due to the likely impact of hospitalization on the outcome of the study, patients were also evaluated in terms of hospitalization. Of the patients, 211 patients (26.4%) had history of hospitalization and 589 patients (73.6%) had their first hospitalization.

Patients were divided into 2 groups of urban and rural in terms of residence. 584 patients (73%) were in urban areas and 216 (27%) were in rural areas.

Moreover, in terms of the number of days in hospital, patients were grouped into 5 categories: Patients with 1 day of hospitalization, 1-3 days of hospitalization, 3-7 days of hospitalization, 7-14 days of hospitalization, and patients with more than 14 days of hospitalization. The majority of patients were in the hospital for 1-3 days and only 4% of patients in this study were hospitalized more than 14 days.

In terms of age, the patients were divided into 4 categories: Under 20 years, 20-30 years, 30-40 years, and over 40 years; the majority of patients (417 patients) (52%) were in the age group above 40 years.

In the case of hospitalization ward, 354 (44.3%) patients were in the wards of general surgery, 148 (18.5%) patients in the orthopedic ward, 262 (32.8%) patients were in the urology ward, and 36 (4.5%) patients were in the burn ward. Hospitalization in the wards of general surgery included men and women surgery ward which had the highest frequency among the hospitalization wards.

Patients were divided into 6 groups in terms of education level: illiterate, elementary fifth-grader, secondary school, school diploma, associate degree, Bachelor and higher. Of the total patients, 130 patients (16.3%) were illiterate, and 91 patients (11.4%) elementary fifth-grader, 121 patients (15.1%) secondary school, 227 patients (28.4%) school diploma, 152 (19%) associate degree and 79 (9.9%) were bachelor and higher. Patients with school diploma had the highest frequency among groups, and the patients with a bachelor's degree and higher had the lowest frequency.

In general, respect for patients' rights in all aspects was poor from the view of 15.8% of patients; it was average and good from the perspective of 67.4% and 16.8% of patients. In the first axis (receiving optimal health care), respecting the charter of patient's rights was poor in 15% of patients, it was average in 69% of patients and good 16% of them. In the second axis (right to access information) 17% of patients knew the condition poor, 68% of them knew it average and 15% of patients knew the situation well. In the third axis (respect for the right to choose and decide freely), 12% of patients reported the condition poor, 68% of them reported it average and 20% of patients knew the condition good. In the fourth axis (respect for patient privacy and confidentiality), 19% of

patients knew the condition poor, 63% of them reported it average and 18% of patients knew the situation good. In the fifth axis (access to the efficient system for considering complaints), 16% of patients believed that the respect for patients' rights was poor, 69% of them knew it average and 15% of patients were reported it good. Therefore, in this study, the highest amount of patients' satisfaction with their rights was in the third axis (respect for the right to choose and decide freely) and lowest level of satisfaction was in the fourth axis (respect for patient privacy and confidentiality).

The patient's satisfaction with the rights was significantly correlated with age, and younger patients showed higher levels of satisfaction. Level of satisfaction in the third axis (respect for the right to choose and decide freely) was associated with the type of hospitalization, and this amount was reported higher in elective patients. Level of patients' satisfaction in the fourth axis (respect for patient's privacy and confidentiality) was associated with the history of hospitalization, and having a history of hospitalization caused higher levels of satisfaction in this axis. The study also found that patients who had a higher number of days of hospitalization, showed more satisfaction in the second axis (right to access information). The level of patients' satisfaction was significantly associated with their hospitalization ward; and the highest and lowest satisfaction rates were reported in patients hospitalized in the burn ward and general surgery ward, respectively. Patients' satisfaction showed no significant correlation with gender, residence and education level.

## DISCUSSION

In general, based on the results of this study and comparison with other studies in this field, it can be inferred that in Shohadaye Ashayere Khorramabad Hospital, patients' satisfaction with their rights is desirable. To further enhance patients' satisfaction, it is necessary to recognize the solutions to implement the Charter as well as its barriers. Considering all aspects of the rights of all stakeholders, appropriate culture must be made. Removing barriers to implementation, including organizational factors and factors related to staff, which is of the solemn responsibilities of the Ministry of Health and Medical Education, can be a very important step in the complete implementation of the Charter of patients' rights in Iran.

In a study conducted by Malekshahi (2008) in Shohadaye Ashayere Khorramabad Hospital, it was found that respect for patient privacy and confidentiality (in the form of the fourth axis) was observed in 10% of patients<sup>4</sup>; and in our study, the satisfaction with the fourth axis (respect for patient privacy and confidentiality) was reported at low level, and 19% of patients cited this respect at a poor level.

In a study conducted by Angraz et al. on 320 patients in Kashan, the results showed that the Charter of Patient Rights was observed in 67.74% of patients. In addition, the Charter of Patient Rights was observed more in women than in men, it was also more in low literate

people than educated ones<sup>5</sup>. In our study, there was no significant relationship between gender and education level.

In the study of Babamahmoudi et al. at four hospitals in the city of Sari on 200 patients, in terms of the overall scores, the Charter of patient rights was observed in 14.59% of patients<sup>6</sup>, and the findings were close to our results. In our study, in general, 67.4% and 16.8% of patients knew the respect for their rights at average and good levels, respectively.

In a study carried out by Hosseinian et al. on 200 patients hospitalized in one of the medical centers in Hamadan, generally 46% of patients believed that their rights were not fully respected<sup>7</sup>; this rate was more favorable in our study and only 15.8% of patients reported satisfaction with the rights of patients in a low level.

Nematollahi et al. showed in a study that the extent of respect for the right to accept or refuse treatment (in the form of the right to choose and decide freely) was 89.6%. In addition, respect the patient's right to know health care costs (in the form of the right to access information) and the right to protest (in the form of access to the efficient system for considering complaints) were reported 91% and 95%, respectively<sup>8,9</sup>; these findings were not consistent with our study. In the study, patients' satisfaction in these axes was reported lower.

In a study conducted by Voskouei et al. on 800 patients in Tehran, the level of patients' satisfaction with their rights was 53.3%, which was at the lowest level in the axis of the right to choose and decide freely<sup>10</sup>; while in our study, satisfaction of patients in this axis was reported at the highest level. In the study carried out by Parsapour et al. in Tehran on 143 patients, 143 nurses and 82 doctors, it was stated that all studied groups admitted the need to respect for the rights of patients. The rate of respect for the patient's rights from the perspective of the patients in the first axis (receive optimal health care) was at the highest level; and it was at the lowest level in the second (the right to access information) and third (the right to choose and decide freely) axes. But in our study, the highest and the lowest level of satisfaction were expressed in the third and fourth axes.

In the study conducted by Basiri et al. on 23 patients of the medical staff and 311 patients in Gonabad, it was stated that the staff and patient awareness was at an optimal level and observance rate was 69.1% and there was no relation between the patient's satisfaction and the age, the number of days hospitalized and history of hospitalization<sup>11</sup>, but in our study, the rate of patients' satisfaction with the observation of their rights and patient age was significantly associated and dissatisfaction was higher in older patients.

## CONCLUSION

Level of patients' satisfaction in the fourth axis (respect for patient privacy and confidentiality) was reported higher in patients with previous history of hospitalization. The study also found that patients who had a higher number of days hospitalized showed more satisfaction in the second axis (right to access information).

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