

Realization of Patient Right Dimensions from the Viewpoint of Nurses, Doctors and Patients Hospitalized in Selected Departments of Shariati Hospital, Tehran University of Medical Sciences

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Article Type	ABSTRACT
Research Paper	Background and Objective: Respecting the patient's rights is one of the most important components of providing humanistic care and a priority in the field of medical ethics in Iran. Therefore, the charter of patients' rights in Iran was announced in 2009 as a practice guide in this field. This study was conducted with the aim of investigating the realization of patient rights from the viewpoint of doctors, nurses and patients hospitalized in selected departments of Shariati Hospital affiliated to Tehran University of Medical Sciences. Methods: This cross-sectional study was conducted in Tehran in 2016-2017 on 487 participants who were selected by convenience sampling method. The data collection tool was the questionnaire of patients' rights awareness. The scores obtained were based on the individual's point of view regarding the observance of the right in question and ranged from 1 (not observed at all) to 5 (completely observed). Findings: Based on the results of this study, doctors and nurses have reported less realization of patients' rights compared to patients. Patients, nurses and doctors, respectively, agree with the greater realization of patient rights in the areas of observance of justice (4.54 ± 0.96), being polite to the patient (4.17 ± 0.90), and quality of service in a scientific sense (3.37 ± 0.85). In addition, patients reported less realization of patients' right in the areas of responsibility and accountability (3.03 ± 1.59) ($p=0.000$), and nurses and doctors reported less realization of patients' rights in the areas of attention to the patient's well-being and comfort (3.45 ± 0.99) and (2.48 ± 0.84) ($p=0.000$). Conclusion: The findings of the study showed that, in general, the attitude of the patients indicated that the patient's rights were better fulfilled compared to the doctors and nurses. of course, the views of service receivers and service providers were different regarding the degree of compliance with different dimensions of patient rights in the hospital, and it is necessary to prioritize the views of patients as service receivers and main beneficiaries in the interventions, and the service providers should be informed about it and the solutions to solve the existing shortcomings should be identified and appropriate action should be taken to solve them. Keywords: <i>Patient's Rights, Charter of Patient's Rights in Iran, Clinical Ethics, Medical Ethics, Biological Ethics.</i>
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Introduction

Rights of a person is a privilege that is given to him/her, so that both the individual has the authority and ability to demand it and the country's legal system must support it. In every society, there are laws to maintain people's relationships, which have clear and supportive statements about personal and civil rights, as well as the right of an individual regarding the others. In this regard, the Charter of the United Nations and the Universal Declaration of Human Rights, as global documents, emphasize the fundamental rights of human beings and pay attention to the inherent dignity of human beings (1, 2). The Declaration of Human Rights was published for the first time in 1948 with the recognition of the "inherent dignity" and "equal and inalienable rights of all human beings", and then based on it, the concept of patient rights, that is, what is given to the patient as a human being, must be observed by the members of the care-treatment team (2). Then, over time, the approach to the patient's rights changed so much, and the patient's participation in the decision-making process and awareness of therapeutic interventions, and ultimately their independence and discretion, increased compared to the past (3).

The first version of the Charter of Patients' Rights in Iran was announced in 2002 by the Vice-Chancellor of Health of the Ministry of Health, Treatment and Medical Education with the aim of clarifying the rights of recipients of health services and complying with ethical standards in the field of treatment in ten general paragraphs (4). Then, the revised and detailed version of the Patient's Bill of Rights based on the 5 axes of the right to receive desirable services, the right to receive information in a desirable and sufficient manner, the right of the patient to freely choose and make decisions in receiving health services, the right to respect the privacy of the patient and observe the principle of confidentiality, and finally, having access to the efficient complaint handling system was communicated to subordinate centers in 2009 by the Minister of Health, Treatment and Medical Education (5).

Respecting the rights of patients is one of the most important duties in the area of medical ethics in any society (6), which has received more attention in recent years. Increasing health literacy and patient awareness, increasing people's expectations, increasing customer orientation, has shifted the focus of decision-making and the care role from the health service provider to the care recipient (7). This is despite the fact that the lack of hospital facilities and workforce leads to non-compliance with some of the provisions of this charter in hospitals, and as a result, increases in protests and complaints from the health service provider system (8). That's because the patient is the center and axis of all health services, and hospitalization, disability, dependence on other people, unemployment and imposing financial burden and reducing the family's economic power create new needs in all dimensions of existence. Therefore, health service providers should know the needs and rights of patients well, because failure to respect patient's rights can endanger the health and safety of patients and jeopardize the relationship between doctors and patients, and awareness of patient's rights by improving the interaction between service providers and service recipients can reduce the incidence of violations and also increase the benefit of services and the satisfaction of the patients and finally it will play a significant role in improving the patient's health (9, 10).

The findings of the study of Hajibabae et al. showed that although nurses' awareness of patients' rights was at a favorable level, the level of patients' awareness of their rights was moderate and weak (11). In the study of Mohammadi et al., the findings show that despite training in this area, the level of respect for patient rights is moderate (12). The findings of the study of Almasi et al. show that, despite having passed the medical ethics unit, the knowledge of medical interns was not sufficient in any of the areas of the patient's rights charter, which has an effect on the detection of undesirable cases and the observance of the patient's rights (13).

The results of some studies show that despite the efforts of health system employees, the level of dissatisfaction and complaints of patients is increasing, which is part of the dissatisfaction of patients due to the non-respect of their rights by health care service providers (3). This is while the results of studies in this area do not show the general picture of the dimensions of this problem and many contradictions are observed (10).

Considering that awareness of the current situation is necessary to understand the needs of patients and to know the neglected dimensions and areas of the patient's bill of rights, and knowing these needs and dimensions is a useful framework for providing services and future planning, this study was conducted with the aim of investigating the realization of patient's rights from the viewpoint of doctors and nurses as well as patients hospitalized in department of internal medicine and surgical departments in Shariati Hospital affiliated to Tehran University of Medical Sciences.

Methods

In this cross-sectional study, after approval by the ethics committee of Tehran University of Medical Sciences with the code IR.TUMS.VCR.REC.1395.142, the attitude of doctors, nurses and patients hospitalized in department of internal medicine and surgical departments of Shariati Hospital of Tehran University of Medical Sciences was examined regarding the observance of patient rights in the relevant departments in 2016-2017. The questionnaire data of the patient group was completed by the researcher through interviews. The target population in this study was hospitalized patients and all nurses and doctors, including interns, specialized assistants, and academic staff members of the department of internal medicine and surgery departments of Shariati Hospital, Tehran University of Medical Sciences. Completing the questionnaire in two groups of nurses and doctors was self-administered. To determine the sample size at the 95% confidence level and taking into account the mean and standard deviation ($\mu=3$ and $\sigma=1$) of overall satisfaction in patients and accuracy of 0.25, the number of calculated samples was equal to 128, and in order to increase the accuracy of the estimates, 221 samples were selected. The sampling method was consecutive. In the group of nurses and doctors, 201 nurses and 65 doctors (a total of 236 people) participated in the study. The participation rate of patients and doctors was 100% and nurses were 84.07%. Patients over 18 years of age, hospitalized for at least 48 hours (in the surgical department) and 72 hours (in department of internal medicine) and able to speak were included in the study, and if they did not want to participate in the study, they were ill and transferred to other departments, they were excluded from the study. The inclusion criteria for nurses and doctors were having at least 5 months of work experience in clinical and care environments.

In this study, two tools of demographic characteristics assessment and standardized questionnaire of patients' rights awareness (14). The patient questionnaire included demographic information of the patient and the research environment in 8 questions, and the questionnaire included 70 questions from 9 areas of patient rights, and the nurse and doctor questionnaire included demographic information of nurses and doctors in 5 questions, and the questionnaire included 11 questions from 9 areas of patient rights. The obtained scores were based on the observance of the right in question and from one to five with the following definitions: (completely observed= 5), (somewhat observed= 4), (more or less observed= 3), (very little observed= 2), (not observed at all= 1). The measured variables in the demographic profile section included age, gender, work experience, professional status, workplace department, specialization, employment status, economic status, education level, frequency of hospitalizations, hospitalization duration (days) and hospitalization department. The reliability of this questionnaire in the study of Parsapoor et al. was estimated

to be 0.87 based on Cronbach's alpha method. The content validity of the tool has been reported as 2.90 for the transparency of the tool and 2.97 for the appropriateness of the tool (14).

The obtained data were analyzed by SPSS 21 statistical software according to the goals and questions of the research. Descriptive statistics indices (percentage, frequency, mean) were used to calculate descriptive parameters and independent T-Test, and One-Way analysis of variance and regression analysis were used to calculate analytical parameters, and $p < 0.05$ was considered significant.

Results

487 people participated in this cross-sectional study. Out of 221 selected patients, 107 patients from the department of internal medicine and 114 patients from the general surgery department of Shariati Hospital were invited to the interview. Moreover, out of the 65 selected doctors, 45 were from the department of internal medicine and 20 were from the general surgery department. Out of 201 nurses, 88 were from surgical departments, 81 were from the department of internal medicine of the hospital, and 32 cases were unknown (Tables 1 and 2). Deduction of the number reported in the groups from the total number is due to the incomplete completion of the questionnaire.

Table 1. Demographic characteristics of patients participating in the study (n=221)

Variable	Number(%)	Mean±SD	Min-Max
Gender			
Male	78(35.3)	-	-
Female	137(62)		
Missing data	6		
Age	-	51.61±15.89	16-87
Employment status			
Unemployed	16(7.2)	-	-
Worker	19(8.6)		
Employee	18(8.1)		
Self-employed	85(38.5)		
Retired	55(24.9)		
Other	1(0.5)		
Missing data	27		
Economic status			
Very good	1(0.5)	-	-
Good	18(8.1)		
Average	132(59.7)		
Bad	30(13.6)		
Very bad	19(8.6)		
Missing data	21		
Level of Education			
Illiterate	40(18.1)	-	-
Can read and right	49(22.2)		
Elementary/high school	35(15.9)		
High school diploma	42(19)		
Academic education	34(15.4)		
Missing data	29		
Hospitalization frequency			
1	31(14)	5.79±5.93	1-35
2	26(11.8)		

Variable	Number(%)	Mean±SD	Min-Max
3	27(12.2)		
4	36(16.3)		
5	14(6.3)		
6	14(6.3)		
7	9(4.1)		
8	7(3.2)		
9	2(0.9)		
10 and more	30(23.7)		
Missing data	25		
Hospitalization period (days)			
1	1(0.5)		
2	9(4.1)		
3	28(12.7)		
4	35(15.8)		
5	20(9)	8.35±8.5	1-60
6	21(9.5)		
7	28(12.7)		
8	2(0.9)		
9	1(0.5)		
10 and more	56(25.3)		
Missing data	20		
Department			
Department of internal medicine	107(48.41)	-	-
Surgical department	114(51.58)		
Missing data	16		

Table 2. Demographic characteristics of doctors and nurses participating in the study (n=236)

Demographic variables	Group	Nurse (n=201) (71.61) Mean±SD or Number(%)	Doctor (n=65) (28.39) Mean±SD or Number(%)
Age (years)		32.47±7.84 (21-54 years)	27.6±4.9 (24-48 years)
Gender			
Female		156(77.6)	27(41.5)
Male		20(10)	27(41.5)
Missing data		36	
Department of work and expertise			
Internal		81(40.3)	45(69.2)
Surgery		88(43.8)	20(30.8)
Missing data		32	
Work experience (years)			
1-5		70(34.8)	
6-10		41(20.4)	
11-15		10(5)	-
16-20		18(9)	
21-25		14(7)	
26-30		1(0.5)	
Missing data		47	
Professional status			
Intern			36(55.4)
Specialist assistant		-	13(20)
Subspecialist assistant			1(0.5)
Faculty member			5(7.7)
Missing data		10	

The findings of the study showed that, according to the patients, the highest and lowest levels of compliance with the components of patient's rights are respectively related to the area of "observance of justice" with an average score of 4.54 ± 0.96 and the area of "responsibility and accountability" with an average score of 3.03 ± 1.59 (Table 3).

Table 3. Comparison of the attitude on the degree of realization of patient rights dimensions in the participants of the study

Dimension	The regression coefficient (Basic group: patients)	Mean $\pm$ SD	p-value
Being polite			
Patient	1	4.18 $\pm$ 0.95	-
Nurse	-0.005	4.17 $\pm$ 0.90	0.95
Doctor	-1.12	3.05 $\pm$ 0.99	0.000
Observance of justice			
Patient	1	4.54 $\pm$ 0.96	-
Nurse	-0.70	3.83 $\pm$ 1.14	0.000
Doctor	-1.85	2.68 $\pm$ 0.98	0.000
Protect patient privacy			
Patient	1	4.41 $\pm$ 0.79	-
Nurse	-0.54	3.86 $\pm$ 1	0.000
Doctor	-1.36	3.05 $\pm$ 1.59	0.000
Responsibility and accountability			
Patient	1	3.03 $\pm$ 1.59	-
Nurse	0.96	3.99 $\pm$ 0.92	0.000
Doctor	0.14	3.18 $\pm$ 1.04	0.54
Attention to the well-being and comfort of the patient			
Patient	1	3.85 $\pm$ 0.98	-
Nurse	-0.39	3.45 $\pm$ 0.99	0.000
Doctor	-1.36	2.48 $\pm$ 0.84	0.000
Quality of service in a scientific sense			
Patient	1	4.27 $\pm$ 0.76	-
Nurse	-0.73	3.53 $\pm$ 0.99	0.000
Doctor	-0.89	3.37 $\pm$ 0.85	0.000
Based on the patient's interests			
Patient	1	4.24 $\pm$ 0.97	-
Nurse	-0.51	3.73 $\pm$ 1.07	0.000
Doctor	-1.38	2.86 $\pm$ 1.09	0.000
Access to information			
Patient	1	3.63 $\pm$ 1.33	-
Nurse	0.067	3.71 $\pm$ 1.07	0.13
Doctor	-0.97	2.67 $\pm$ 1.05	0.000
Respect the patient's choice			
Patient	1	3.53 $\pm$ 1.68	-
Nurse	-0.003	3.52 $\pm$ 1.25	0.98
Doctor	-0.77	2.75 $\pm$ 1.31	0.000

The statistical results showed that the patients' attitude towards respecting the patient's rights had no significant relationship with the variables of the patient's hospitalization department, patient's gender, socio-economic status and length of stay. The variables "patient's age" and "frequency of hospitalizations" had an inverse and significant relationship with the area of "access to information", so that with increasing age and increasing the frequency of hospitalizations, patients reported less realization of their rights ($p=0.04$, $p=0.03$). In addition, "patient's education level" had a significant relationship with "being polite to the patient" and "attention to the patient's well-being and comfort". As the level of education increased, patients reported less realization of their rights compared to doctors and nurses ($p=0.006$, $p=0.009$).

The highest and lowest components of respecting patient's rights from the doctors' point of view are respectively related to the area of "quality of service in a scientific sense" with an average score of 3.37 ± 0.85 and the area of "attention to the patient's well-being and comfort" with an average score of 2.48 ± 0.84 . This finding regarding the group of nurses is related to the area of "being polite to the patient" with an average score of 4.17 ± 0.90 and the area of "attention to the patient's well-being and comfort" with an average score of 3.45 ± 0.99 .

The results based on the t-test showed that there was a significant relationship between the variable "gender" of nurses with the area of "access to information" as female nurses reported the realization of this right better than male nurses ($p=0.04$). In addition, the "age" of nurses had a significant and inverse relationship with the areas of "observance of justice", "preservation of privacy", "responsibility and accountability", "attention to well-being and comfort" and "interest-based services". Based on the opinion of older nurses, the patient's rights are less respected in these dimensions ($p=0.02$, $p=0.02$, $p=0.01$, $p=0.02$).

The "age" of doctors had a significant relationship with the areas of "responsibility and accountability" and "access to information" in such a way that the realization of these rights is reported to be better with the increasing age of doctors ($p=0.004$, $p=0.04$). Moreover, compliance with the area of "paying attention to the well-being and comfort of patients" was reported to be significantly better in the surgery department from the point of view of doctors ($p=0.04$). "Professional status" of doctors was also significantly related to "responsibility and accountability", "attention to patient's well-being and comfort", "interest-based services" and "access to information". This was in such a way that with increasing professional status, the realization of these rights was reported to be better ($p=0.001$, $p=0.007$, $p=0.005$).

A significant difference was shown in the attitude of doctors regarding the observance of the patient's rights in all dimensions except the dimension of responsibility and accountability with other groups (Table 3). According to the findings, patients in most areas had a higher agreement about the realization of their rights than nurses and doctors, and compared to doctors, nurses had a higher agreement about the realization of patients' rights in all areas (Table 3).

Discussion

The findings of the present study showed that the most and least respected rights in the patient group were related to the dimensions of "observance of justice" and "access to information". This result is consistent with the study of Parsapoor et al. and indicates that the flow of information between the service provider and receiver is not favorable from the patients' point of view and the unmet demands of the patients in this regard are high. This is despite the fact that the patients' report of justice is better than what the service providers report. The most and the least respected rights in the group of doctors were related to the dimensions of "quality of service in a scientific sense" and "attention to comfort and well-being". The most and the least respected rights in the group of nurses were related to the dimensions of "being polite to the

patient" and "attention to comfort and well-being". This finding can be caused by the different understanding of the three groups regarding the observance of the patient's rights. Because nurses and doctors have reported observing areas of patient's rights that are related to their specialized work, better than other areas (15). This difference becomes so severe in some cases that, for example, the dimension of "responsibility and accountability" is the least respected right from the perspective of patients, but from the perspective of doctors, it is most respected right after the right of "quality of service in a scientific sense" and in the group of nurses, after the right of "being polite to the patient".

Our report of greater respect for patient rights from the point of view of nurses compared to doctors is not the same as the findings of a study by Parsapoor et al. In their study, nurses reported less respect for patients' rights compared to doctors. In addition, their study showed that the patients' satisfaction with the observance of rights is related to the areas of "being polite to the patient" and "observance of justice". The highest level of agreement between nurses and doctors regarding respecting the patient's rights was related to the area of "being polite to the patient" and "respecting the patient's choice". The lowest level of agreement regarding the observance of patient rights from the perspective of patients is related to the areas of "access to information" and nurses and doctors related to "responsibility and accountability" (15). The findings of a study by Azizi et al. showed that the level of respect for patients' rights is not at an optimal level. However, from the point of view of nurses, the most respect for the patients' rights is in respecting the patients and treating them politely. In addition, the findings of their study showed that patients are dissatisfied with receiving insufficient information and their participation in the treatment process (16). Vaskooei Eshkevari et al. reported in their study that although the right to access quality services has been realized in most patients, the right to independence and discretion in patients has not been respected to a desired extent (17).

The findings of the study showed that there is an inverse and significant relationship between the age of the patient and the frequency of hospitalizations with the "access to information" dimension. Furthermore, there is an inverse and significant relationship between "the patient's education level" and "being polite to the patient" and "providing comfort and well-being". The findings of the present study are consistent with the study of Ghaljeh et al. and the researchers reported that there is a significant relationship between age, length of hospitalization, education level, and attitude towards respecting patient rights (18). One of the reasons for this could be the increase in people's awareness of their rights with increasing age and education. Therefore, by increasing the understanding of their rights, their expectation of their rights also increases (19-21). On the other hand, increasing people's awareness of the rights of patients leads to a change in their attitude regarding the observance of rights. In this situation, people compare their knowledge with the real and existing conditions and therefore their level of satisfaction with respect to rights decreases (15, 20, 21), but the findings of the studies by Pishgar et al. (22) and Nekoei Moghaddam et al. (3) showed that despite the favorable level of awareness of the patient's rights, compliance with them is not at a desirable level. This problem can be caused by the existence of obstacles such as the high number of hospitalized patients and the lack of manpower and time (9). It seems that one of the important reasons for this difference is related to the target population of the study. Because in the study of Pishgar et al., an assessment was made on the personnel of the operating room and according to the report of the researchers, the operating room is different from other units in terms of structure and power distribution, and the observance of patients' rights is affected by their inability to express their discomfort and defend themselves (22).

The findings of the present study regarding the dimensions of patient rights showed that in the area of "being polite to the patient", the highest level of satisfaction of the patients with respect to this right was from doctors and the least from the hospital personnel, which could be due to the different nature of their jobs and the challenges caused by them. In addition, the level of satisfaction of patients regarding the level

of compassion and kindness of doctors has been higher than that of nurses and service personnel. Perhaps the reason for this is the patient's constant interaction with nurses and service personnel, and there are naturally more challenges in this relationship.

In the area of "respect for privacy", the lowest level of patients' satisfaction was related to asking permission when entering the room, and they believed that this case is not properly respected by the medical staff. Their level of satisfaction regarding not performing uncomfortable and embarrassing examinations in the presence of others was better in doctors than nurses and nurses better than paramedics and service personnel. According to this rate, it is different from the results of the study of Parsapoor et al., which reported the status of privacy compliance from the perspective of patients as very good and better than that of service providers (15). One of the possible reasons for this difference can be the increasing awareness of doctors and nurses in comparison to other health service providers in this area and changing their approach in providing services to patients with the passage of time and participation in training courses. Of course, it is also necessary to note that in the study of Parsapoor et al., the target population of doctors was different from the target population of this study, and only academic staff members were examined, while in this study, interns and assistants were also examined.

In the area of "paying attention to the well-being and comfort of patients", the lowest level of satisfaction was related to comfort facilities for the patient's companion, quality of food, access to service personnel of the same sex, and the necessary facilities and space for performing religious duties. In the area of "quality of service in a scientific sense", the least satisfaction was related to sufficient attention and accuracy in care, and patients had more confidence in the skills of doctors than nurses. Patients reported the work commitment of doctors more than nurses in the area of "patient's interests" and patients' satisfaction with not asking for additional fees by doctors was at a high level.

In the area of "access to information", the cases of sufficient information about the costs, insurance, conditions and regulations of the hospital and information about the bill of rights of the patient were at a very unfavorable level. As it was discussed before, one of the cases of better satisfaction of patients regarding the observance of patient's rights can be insufficient information about it. This result was consistent with the previous study of Parsapoor et al. (15). As in other areas, in this area as well, the patients' satisfaction regarding the responsiveness of doctors was in a better state than that of nurses. In the area of "respecting the patient's choice", most of the patients did not want to choose, change or take the opinion of another trusted doctor, and also the majority of them believed that their treatment is done with their permission. The results of this study suggest a more favorable situation regarding access to information compared to the study of Parsapoor et al. This change can be the result of educational and promotional measures in the clinical ethics field of the hospital.

The findings of the study showed that although the realization of patient's rights in Shariati Hospital is favorable from the point of view of the studied groups, it seems that patients with higher age and education who have more experience are more sensitive to the problems of fulfilling their rights and they report lower realization. The difference in the attitude of doctors, nurses and patients regarding the degree of compliance with the various components of the patients' rights indicates the existence of a difference in the attitude between the different groups providing health services in the hospital organization. It seems that it is necessary to pay more attention to the patients' point of view as the most important beneficiaries of the service providers and correct the existing deficiencies by giving priority to the rights that are less respected from their point of view. It is also suggested to obtain the necessary scientific evidence for a better understanding of the reasons for these differences.

One of the limitations of this study is constricting the evaluations based on the attitude of patients, nurses, and doctors, and naturally, such an evaluation alone cannot be a comprehensive basis for the realization of patient rights in the hospital considering all employees. In addition, another limitation of this study is the examination of two internal departments of endocrinology and general surgery of Shariati Hospital, which can affect the generalizability of the findings. Among the other limitations was the questioning of patients during hospitalization in the ward, which seems that despite the emphasis of the questioner on the confidentiality of his/her opinions, he/she may face some considerations in expressing his/her attitude towards different groups and the hospital. Based on this, the interviews of this study with patients can be postponed to a reasonable time after discharge.

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