# Observance of patients' rights in emergency department of educational hospitals in south-east Iran

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#### **Abstract**

Purpose - Patient right is the most important ethical right in the hospital, which equally, belongs to every human kind. Observance of patient right is responsibility of all treatment staff when they offer treatment and care for patient. This study aims to investigate observance of patients' rights in emergency department of educational hospitals in south-east Iran.

Design/methodology/approach - This study used a cross-sectional design and was conducted in four educational hospitals affiliated with the Kerman University of Medical Sciences in 2018. Using a twosection standard questionnaire of Patients' Rights Charter, this study assessed patients' rights observance using a census method, N = 382. The data from the questionnaire were analyzed using descriptive statistics including mean and standard deviations and analytic statistics such as Kolmogorov - Smirnov, ANOVA, t-test and Pearson test using SPSS 21.

Findings - Means of total score for observing all essentials of patients' rights in emergency department of educational hospitals were at a moderate level (43.10  $\pm$  15.05) from the viewpoint of patients. The area of "providing health services based on respecting patient's privacy and observing the essentials of secrecy and confidentiality" enjoying the highest mean score (86.89 ± 24.39), was at a good level compared to other areas. The area of "having access to effective complaint management system" showed the lowest mean score (23/85  $\pm$  23/07) from the participants' perspective proving a poor level. Between the patient rights observance and gender, education level, resident status and duration of hospitalization, a significant relationship was observed.

Originality/value - As regarded in this study, the degree of patients' rights observance was moderate so, culture, paying attention to the rights of all stakeholders, identifying barriers and various factors, including the professional and environmental differences in the assessment of the need, should be considered by policymakers to design promotional and regulatory programs for improving the rights of

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## Introduction

The Patients' Rights Charter refers to defending human rights to maintain patients' respect and dignity, to ensure that they will be adequately treated physically, especially in hospitals emergency departments, without any age or gender discrimination or financial incentive, and this care will be provided in an environment replete with high quality and respect (Dadashi et al., 2019b; Sookhak et al., 2019). Patient's rights are among the main pillars in defining the standards of clinical services. As the attention of international communities to human rights is increased, the concept of patient's rights has been growingly taken into consideration (Hassanian et al., 2017; Dadashi et al., 2019b; Ghaljeh et al., 2016). Patient right is the most important ethical right in the hospital, which equally, belongs to every

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human kind. Observance of patient right is responsibility of all treatment staff, when they offer treatment and care for patient (Ravaghi *et al.*, 2016; Sharifi and Mafi, 2017).

The World Health Organization defined patients' rights as the right of access to adequate and high-quality care and treatment, the right of access to information, the right of informed consent, the right of confidentiality and privacy, the right of health education, the right of authorization, the right to complain and the right to compensate (Coco, 2017; Joolaee and Hajibabaee, 2012). A legal definition for patient rights is general statement adopted by most health-care professionals, covering such matters as access to care, patient dignity, confidentiality and consent to treatment (Heidari et al., 2013).

Hospital staff should respect all the patients' rights, and be aware of each patient's various careful and healthful needs encourage patients to contribute with health team and accept their plans regarding discussions and decision-makings about their caring (Sookhak *et al.*, 2019; Divdar *et al.*, 2019; Sheikhbardsiri *et al.*, 2019; Sheikhbardsiri *et al.*, 2018). A key indicator for assessing the quality of hospitals services is to examine the status of patient rights observance by the health-care providers and health-care service recipients (Sheikhbardsiri *et al.*, 2017; Abedi *et al.*, 2017). Besides, the observance of patients' rights is a critical factor in improving and regulating the relationship between the providers and recipients of services; it is naturally of great importance in health-care system management (Parsapoor *et al.*, 2009).

In Iran, Patient's Right Charter was compiled in 2002 and it was informed by Health Deputy of the Ministry of Health for Iran in 2003. Main themes of the Patients' Rights Charter are to receive optimal health services, which is the patient's right; give information to patients adequately and optimally; respect freedom of choice and patient's decision-making in receiving health services; provide health services based on respecting patient's privacy and observing the principle of confidentiality; and have the right to access an efficient system of handling complaints (Khademi *et al.*, 2019).

Dadashi et al. carried out a survey titled "awareness and observance rate of the patients' rights charter in general hospitals; the perspectives of Iranian patients"; the results of this study showed that the observance rate of the patient rights charter in the hospitals was 60.7%. Observance rate of patients' rights charter according to the dependency type of hospitals in all clauses of the patient rights charter was statistically significant (Dadashi et al., 2019a). In another study with title "hospitalized patients awareness of their rights in Saudi governmental hospital," Almoajel declared that most patients did not know about the patients' bill of rights, even though they are spontaneously practicing their rights (Almoajel, 2012). Kalroozi et al. in their study with title "Patients' satisfaction with patient's bill of right observance" conducted on 384 inpatients of Tehran Army Hospitals showed that 40% of patients had very weak knowledge, 41.9% had weak knowledge and only 18.1% of patients' knowledge was in average level about their rights (Kalroozi et al., 2010). The study of Arab and Hoseini entitled "Managers' knowledge on patient rights in Tehran hospitals" shows that the knowledge level of managers at Tehran public hospitals about patient rights was respectively, 34.5% good, 48.5% moderate and 17% weak (Arab and Hoseini, 2010).

In Fotaki's study with title "Users' perceptions of health care reforms: quality of care and patient rights in four regions in the Russian Federation," results showed patient awareness of their bill of rights was low or about not having any awareness (Fotaki, 2006). The study of Iltanen *et al.* entitled "Knowledge about patients' rights in public health care in Finland" shows that half of the respondents had weak knowledge of the observance of patients' rights but they perceived knowledge about patients' rights as being important (Iltanen *et al.*, 2012). Based on the results of the above studies, it seems that the level of observance of patients' rights is not appropriate and patient rights in various countries can be differently and affected by social, ethical and cultural conditions.

As one of the main pillars of providing health services, hospitals should create a background of understanding and respect patients' rights and (Hojjatoleslami and Ghodsi, 2012). Unfortunately, in our country, Iran, most patients are not aware of their rights and the doctors have also forgotten this subject and this unawareness leads to problems for patients and the health-care organizations and more important, despite the statement of Patients' Rights Charter in health centers, the general awareness level has not changed significantly in comparison to past few years (Arab and Hoseini, 2010; Ghazikhanlo Sani and Farzanegan, 2016; Sheikhbardsiri et al., 2019). It is completely clear and obvious that how important it is to evaluate the services provided by the nurses and this provides valuable information. Considering the limited studies in this area and the lack of attention to the patients' rights in different grounds and especially in health problems and the low rate of patients' awareness about their rights, researchers have tried to evaluate the level of patients' right observance in educational hospitals emergency departments of Kerman province in the south of Iran from the perspective of hospitalized patients and it is hoped that these results would increase the patients' right observance and enhance their satisfaction.

#### Methods

This study was approved by the Ethical Committee of the Kerman University of Medical Sciences prior to the collection of data. A cross-sectional design was used in 2018. The ethical approval code is IR.KMU.REC. 94.605.

# Respondent characteristics and setting

The target population of this study was patients hospitalized in four emergency departments of education hospitals in Kerman University of Medical Sciences in January 2018. Sampling was performed through simple random method based of Cochran formula with N=384. The study's ethical considerations include: all participants signed informed consent and information about the study's purpose and procedure was given to the participants orally or in written form. Confidentiality was kept by putting no name or other personal information in the questionnaires. Questionnaires were handed out by research assistants and distributed to the participants in the hospitals. In total, 456 questionnaires were distributed; 423 questionnaires were returned from which 41 were excluded because of being incomplete and 33 were not returned, finally data analysis was performed on 382 participants. The hospitals population sample included Afzalpour, N=107; Shafa, N=92; Sahid Bahonar; N=113; and Shahid Beheshti; N=70. A total of 382 patients were included in the study, most participants (59.25%) were male, the mean age of the participants was (30.23  $\pm$  4.00) years, and most participants (44.76%) had diploma degrees. Other demographic characteristics are shown in Table 1.

# Inclusion and exclusion criteria

Inclusion criteria included voluntary cooperation of participants in the study, having medical records in inpatient center and having at least one previous reference to the health center and the exclusion criteria included the lack of consent for participation and a failure to complete the questionnaire.

#### Data collection

For data collection, the research team initially developed a questionnaire in two parts after an extensive review of the relevant literature to achieve good content validity. We developed the questionnaire in Farsi to reconcile study issues and concepts culturally and linguistically for Persian-speaking study participants. The first part included questions about

Table 1         Demographic characteristics of r	esearch sample	
Variables	N = 382	(%)
Gender		
Male Female	226 156	59.17 40.83
Age		
≥20	49	12.82
20-40 40-60	113 122	40.07 31.93
<60	98	25.65
Education status		
Illiterate and elementary	76	19.89
Diploma	171	44.76
Academic	135	35.34
Insurance status	100	44.00
Social security Treatment services	160 112	41.88 29.31
Village insurance	110	28.79
Marital status		
Single	113	29.58
Married	270	70.68
Resident status	201	
City Village	284 98	74.34 2565
Duration hospitalization (day)	90	2303
1-5	232	60.73
5-10	115	30.10
>10	35	9.16
Frequency of hospitalization (at month)		
1-5	289	75.65 24.34
≥5	93	24.34

demographic characteristics of employees including age, gender, marital status, insurance status, resident in city or village, duration hospitalization and frequency of hospitalization. The second part of the questionnaire includes questions about observing patients' rights based on the Patients' Rights Charter in five parts which includes receiving health services suitably (questions 1-8), respecting patient's private space and observing confidentially rule (questions 9-16), the right of receiving the information properly (questions 17-20), the right of free decision-making in receiving services (questions 21-26) and the right of access to effective complaint management system (questions 27-30). This questionnaire consists of 30 questions based on a five-point Likert scale which ranges from "completely disagree" to "completely agree." The minimum score of the participants in this study was 30, and the maximum score was 150. Rating of the scores was based on the normal distribution curve. Scores 30-79 were weak, 80-129 were intermediate and 130-150 were appropriate. The content validity of the questionnaire was approved by ten professors of the Kerman University of Medical Sciences. Also, the reliability of the questionnaires was determined by internal consistency. The Cronbach's alpha coefficient was 0.90 for the observance of patients' rights questionnaire, shown in Table 2.

## Data analyses

The data from the questionnaire were analyzed using the SPSS 21 software. Descriptive analysis was conducted to determine the characteristics of the sample. Analytical tests including the Kolmogorov–Smirnov test were conducted to indicate that the data were

sampled from a population with a normal distribution. Because of normal research data distribution, research data were analyzed using parametric Pearson correlation coefficient, *t*-test and one-way ANOVA. Pearson correlation coefficient was used to identify the relationship between age, duration hospitalization and frequency of hospitalization of participants and observance of patients' rights variable. The comparative observances of patients' rights mean score base of participant's demographic data were examined by the independent *t*-test and one-way ANOVA.

### Results

Result showed the means of total score for observing all essentials of patients' rights in emergency department of educational hospitals were at a moderate level (130.31  $\pm$  40.11) from the viewpoint of patients. Among observance of the patients' rights components, the dimension of providing health services based on respecting patient's privacy and observing the essentials of secrecy and confidentiality had the highest mean score (34.89  $\pm$  24.39) and dimension of having access to effective complaint management system had the lowest mean score (17.85  $\pm$  15.07), shown in Table 3.

Statistical t-test showed a significant difference between the variable of gender and dimensions of observing patient's rights including receiving proper health services (p = 0.01) and providing health services based on respecting patient's privacy and observing the essentials of secrecy and confidentiality (p = 0.05). ANOVA showed that there is a significant statistical difference between the education level and all dimensions of observing patient's rights (p < 0.05). So, the mean score of observing patient's rights in the participants with academic education level was more than other participants. ANOVA also showed that there is a significant statistical difference between hospitalization duration and the variable of observing patient rights (p < 0.05). So, the mean score of observing patient's rights in the participants with more than 10 days length of stay in emergency department was more than other participants. Independent t-test also showed that there is a significant difference between housing status and observing patient's rights (p < 0.05), so that in the urban residents' group, the mean score of observing patient's rights was higher, shown in Table 4.

Table 2 Questionnaires re	eliability coefficient		
Variable	Dimension	No. of question	Cronbach's alpha
Patients' rights observance	Receiving proper health services Providing health services based on respecting patient's privacy and observing the essentials of secrecy and confidentiality Receiving appropriate and adequate information Having free decision-making right in receiving services Having access to effective complaint-management system Total	1-8 9-16 17-20 21-26 27-30 30	0.864 0.919 0.841 0.892 0.841 0.900

Table 3         Mean score and standard deviation of observing patient's rights dimensions in page.	articipants of study
The Patient's Right Charter pivots	Mean ± SD
Receiving proper health services	32.87 ± 19.01
Providing health services based on respecting patient's privacy and observing the	
essentials of secrecy and confidentiality	$34.89 \pm 24.39$
Receiving appropriate and adequate information	18.89 ± 11.02
Having free decision-making right in receiving services	25.81 ± 15.06
Having access to effective complaint-management system	$17.85 \pm 15.07$
Total mean score	$130.31 \pm 40.11$

Table 4         Status of respecting patients' rights base coefficient test	based on demo	graphic chara	cteristics of parti	cipants base	d of ANOVA, <i>t</i> -	student and	ed on demographic characteristics of participants based of ANOVA, 1- student and Pearson correlation	ition
			Part	icipants demog	Participants demographic characteristics	əristics		
Dimensions of respecting patients' rights	Gender	Age	Marital status	Education status	Education Insurance status status	Resident status	Duration hospitalization	Frequency of hospitalization
Receiving health services properly	T= 4.17	r= 1.52	<i>t</i> = 0.44	F = 3.35	F = 1.433	t=3.78	F=7.20	<i>t</i> = 0.44
	p = 0.01	b = 0.66	p = 0.72	$p = 0.02^*$	p = 0.24	$p = 0.01^*$	p = 0.01*	p = 0.65
Respecting patient's privacy and observing the	t = 2.82	r = 1.63	t = 0.03	F = 2.64	F = 0.39	t = 2.02	F = 2.47	t = -1.11
essentials of secrecy and confidentiality	p = 0.05*	p = 0.15	p = 0.97	p = 0.03*	p = 0.75	$p = 0.04^*$	$p = 0.04^*$	p = 0.26
The right of receiving information in proper way	t = 0.01	r = 1.62	t = -0.2	F = 2.64	F = 0.18	t = 3.16	F = 3.06	t = -0.3
	06.0 = 0	p = 0.53	p = 0.84	p = 0.01*	p = 0.91	$p = 0.02^*$	p = 0.01*	p = 0.76
Having free decision-making right in receiving	t = 0.05	r = 1.82	t = 0.01	F = 2.44	F = 0.65	t = 1.89	F = 2.47	t = -0.16
services	p = 0.87	p = 0.44	06.0 = 0	$p = 0.04^*$	p = 0.58	$p = 0.01^*$	$p = 0.04^*$	p = 0.98
The right of having access to effective	t = 0.01	r = 1.86	t = -1.74	F = 5.35	F = 0.26	t = 1.67	F = 3.13	t = -0.2
complaint-management system	06.0 = 0	p = 0.42	p = 0.08*	$p = 0.03^*$	p = 0.85	$p = 0.04^*$	p = 0.01*	p = 0.84

Statistically no significant difference was found between other demographic variables of the participants and observing patient's rights dimensions. There was a significant difference at the level of p < 0.05.

## Discussion

Observing patients' right is one of the most important components of providing humanistic and ethical care. Despite of employees efforts in the health unit and the presence of widespread utilities, the dissatisfaction and complaints of patients because of lack of observing patient's rights are increasing and this not only leads to the pleading by patients but also has a deep and serious effect on the patient and his/her family life and even leads to anxiety, stress, depression and frustration of the patients (Amini et al., 2013).

Results showed that the means of total score for observing of patients' rights in emergency department of educational hospitals were at a moderate level from the viewpoint of patients. This finding is consistent with the results of previous studies (Amini *et al.*, 2013; Ghazikhanlo Sani and Farzanegan, 2016; Kazemnezhad and Hesamzadeh, 2013; Mohseni *et al.*, 2012). They reported means of total score for observing of patients' rights in studies hospitals were at a moderate level. A possible reason is that emergency department of educational hospitals in university of medical sciences of Iran are one of the most important departments for teaching students of medical sciences including medicine, nursing and emergency medical technician, and most medical cares for patients in emergency department are provided by these students and their clinical educators. Therefore, insufficient awareness of students and educators about the aspects of patients' rights can decrease the observation of these rights in emergency departments of teaching hospitals. Another explanation for this finding can be different frameworks of education for students of medical sciences and lack of emphasis on issue of observing of patients' rights in university curriculum.

Results of this study, from the viewpoint of patients, showed among observance of the patients' rights components, the dimension of providing health services based on respecting patient's privacy and observing the essentials of secrecy and confidentiality had the highest mean score, and dimension of having access to effective complaint management system had the lowest mean score. This finding is consistent with the results of previous studies (Parsapoor et al., 2009; Dadkhah et al., 2003; Sarkhil et al., 2013; Basiri Moghadam et al., 2011). Of course, respecting privacy is one of the most fundamental rights of each individual and it is a necessary and important need which is cited in Iran Patients' Right Charter and respecting it in health-care organizations is necessary (Narimani et al., 2014). Respecting privacy is necessary to create effective communication between therapy crew and patients and to preserve patient's relaxation and the consequences of its breach are magnificent and uncomfortable. Hiding some parts of disease history, refusal to perform a physical examination, an increase of anxiety, stress and stimulation of aggressive and violent behaviors in patients are some of these consequences (Mastaneh and Mouseli, 2013). One of the possible reasons for low mean score of having access to effective complaint management system, from the viewpoint of patients, could be lack of tendency of patients to the complaint because of the belief that complaining is useless work and in educational hospitals few people follow this issue or may be that enough information have not been given from the side of emergency department staff and hospital officials to patients that there is a system for handling complaints in the hospital; thus, it is required that more studies are done in this regard.

Finding showed that there is a significant statistical difference between the education level and all dimensions of observing patient's rights. So, the mean score of observing patient's rights in the participants with academic education level was more than other participants. This finding is consistent with results of previous studies (Agrawal *et al.*, 2017; Halawany *et al.*, 2016; Abedi *et al.*, 2017). With a low educational level, the patients' knowledge and

awareness of their rights also decreases. Thus, they have less expectations from the treatment staff, in other words, patients with lower education usually have lower awareness of the treatment process and how it is delivered and consequently they have less intervention.

#### Limitations

The limitations of the current study could be the mental and emotional status of patients and their companions while responding to the questions which could lead to bias in the answers. Also, congestion of emergency wards is another influencing factor in this area which is necessary to be taken into consideration in comparison with other factors.

#### Conclusion

The results of this study indicated that the observance of patients' rights is at a moderate level in the emergency departments of teaching hospitals and that from the viewpoint of patients, the right of access to an efficient complaint-handling system has been less observed. Therefore, because of the educational nature of their departments, especially the emergency departments, it is necessary for university hospital authorities to provide operational guidelines to improve the observance of patients' rights and provide this information in written form to patients upon their admission, to emergency department staff and to students of medical sciences. Certainly, the awareness of the extent to which the rights of patients are observed in the emergency departments can be a precondition for its implementation. Thus, it is recommended to conduct a qualitative study to identify the conditions in which patients' rights, especially their access to the complaint-handling systems, are better observed. Moreover, as the present study was based on patient information, it is necessary to conduct similar research on service providers in the emergency departments of teaching hospitals.

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