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## **THE OBSERVANCE OF PATIENT'S RIGHTS CONTENT FROM SERVICE PROVIDERS AND SERVICE RECEIVERS' VIEW AT KHORASAN JONOBI PROVINCES HOSPITALS**

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### **ABSTRACT**

Every person has personal and social rights that have been accepted as principle by human societies. But social group at the risk of danger such as patients should get special rights. As observance of patient's rights is one of the most important features of ethical and humanistic hygiene care, so, with aiming of recognition of service providers and service receivers' view about situation of observance of patient's rights content, this study has been done at Khorasan Jonobi provinces hospitals in 2013 year. In this short term study, patients or patients' kin, managers, physicians and nurses of Khorasan Jonobi provinces hospitals participated. Study tool was questionnaire about the rate of patient's rights content implementation which separately for 37 content articles was filled. We used SPSS 16 for data analyzing of this project. 202 persons participated in this plan. Participants age averages were  $40/1 \pm 16/1$ . The majority of participants were female and married. About the lack of observance of patient's rights from managers view were about secrecy principle of all patient information, from view of patients and nurses were about awareness about investigation processes and results of complaining. If we know the views of service providers and service receivers about the lack of observance of patient's rights content will help us to attain society healthy position at highest level with bilateral cooperation to our duties and respect to others rights.

**Keywords:** *Service Providers, Service Receivers, Patient Rights Charter*

### **INTRODUCTION**

Without doubt, every person has personal and social rights that have been accepted as principle by human societies. But social group at the risk of danger such as patients should get special rights (Parsapoor et. Al., 2009). Today at many at hygiene-therapeutically service at many world countries have defined rights for patients which is obligatory for service providers at healthiness system. Observance of patient's rights isn't dependent to personal interest of care service providers or instructions and ordinances and supervision and evaluation systems supervise every article of these rights constantly. In fact, patients' rights emanate from patients expectations from therapy and care process (Jolaii et al., 2004). So, patients' rights charter is considered as main cases of medical laws and system. Although, patients' rights charter entity and position at medical services of every country is different to other countries which will determine cultural, social and legal features a hygiene-therapeutically service presentation of every country but there are similarities a patient's rights charter among some countries (Dargahi and Eshaghi, 2007). Makela and Rider have done study at some European countries for patient's rights comparison that patient's rights are different at different countries effected by their economic, social, ethical and cultural grounds. Development and regulations implementation related to these rights are followed from these conditions (Rider and Makela, 2003). Also, every effort for hygiene cares quality improvement should be done according to patients, cares providers and therapeutic costs payer center (Pop, 1999) and hygiene-

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therapeutically service new methods can be effective only by patient and physician cooperation. Patients' awareness, Patients' participation at decision- making and respect to their rights will improve them sooner and decrease hospitalization at hospital (Linin, 1998). According to recognition importance of position of observance of patient's rights content and finally operative strategies for their implementation, this study was done with aim of determination of position of observance of patient's rights content from managers, physician, hospitals nurses and patients of KhorasanJonobi hospitals.

## **MATERIALS AND METHODS**

Patients or patients' assistants (if patient couldn't answer to question), managers (hospital boss, deputies and internal manager), physicians (general physicians and specialists) and nurses at KhorasanJonobi hospitals participated at this short time study. Data gathering tool was including questionnaire such as demographic features and 37 features of patient's rights content charter from hygiene ministry which was according to comprehensive investigation of provided texts and its content validity was verified by of some scientific board famous members. Every article of patient's rights charter of different groups was scored by 1- 5 (completely disagree to completely agree). So, for every article of patients' rights charter, score sum of rate of patient's rights charter lack was computed from service providers and service receivers. For determination of questionnaires durability, we used Krounbach alpha quotient computation and test-retest. Sampling about hospitals managers according to census and about physicians, nurses and patients of hospital beds at hospital was done at multi-stages. At the first sample volume was divided according to medical University science divided and at every hospital, it was divided among different parts. Physicians and nurses were selected at every part at accessibility. Because of low numbers of managers of hospitals, they selected according to census and among physicians, nurses and patients were selected by questionnaire sampling by interviewer was filled and gathered. For sample volume determination, we used  $N = [z^2 * p * (1-p)] / d^2$  formula. After data collection, at data analysis of this research, we have used SPSS (16) software.

## **RESULTS AND DISCUSSION**

At this plan, 203 persons including nurses 54, general physicians 17, specialist physician 16, manager 27, patient 60 and attendants 29 patients' assistants participated. The average ages of participants were  $40/1 \pm 16/1$  years. Majority personnel and patients were at age period of 20-40 years.

Majority of participants were women and married. The average of personnel work experience was  $11/4 \pm 10/3$  years and majority of personnel participants at plan (% 51/8) were appointed by formal employment. Majority of participants of this study were worked at internal and surgery parts and Majority of patient participants were hospitalized at internal, surgery and women parts. Scores average "average score were gotten 2- 3 from 5 score. Findings are as following about lack of patients' rights observance from managers or nurses and patients to KhorasanJonobi hospitals: .( According to table 1)

A- ) About the lack of patients' rights observance from managers view, maximal item is related to clause of " it is obligatory secrecy principle observance all patients information only which is exceptional by law, is it observed?" it is maximal with 3/23 score average and minimal item is related to " patients can have trustworthy attendant be with him at diagnosis stages of examinations and attendance one of child parent is his right unless it be contrary with medicine necessities, does this article to be observed ? "with average of 1/99 score

B- ) About the lack of patients' rights observance from physicians view, most obstacles are related to " does healthiness service presents without any ethnic, cultural, religious, sexual and disease kind?" with average of 3 score and the least is related to the clause of " as every patient has right to complain to competent related officers without any interference at quality receiving of health service if he claims the violation of his right according to this charter, does this article to be observed?" it is with 1/96 score average.

C- ) About the lack of patients' rights observance from nurses view, the most obstacles are related to the clause of "does selection and decision-making done freely and with knowledge according to

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comprehensive and enough information by patient?" with average of 3 score and least to the clause of " patients can have trustworthy attendant be with him at diagnosis stages of examinations and attendance one of child parent is his right unless it be contrary with medicine necessities, does this article to be observed ?" with average of 1/56 score.

D- ) Aboutthe lack of patients’ rights observance from patients or patients attendances view, the most obstacles are related to the clause of "as patients have right to be aware of their complaining and investigation process, does this article to be observed?" with average of 2/98 score and the least related to the clause of " patients can have trustworthy attendant be with him at diagnosis stages of examinations and attendance one of child parent is his right unless it be contrary with medicine necessities, does this article to be observed ? " with average of 11/58 score.

A- ) Findings show that the most scores average aboutthe lack of patients’ rights observance from the views of service providers and service receivers are as follow (3 items higher scores):

1- ) health service presentation with providing of all basic and necessary facilities and without imposing of unnecessary restrictions and problems with average of 2/77±0/04

2- ) health service presentation according to respect to values, cultural and religious beliefs with average of 2/74±0/21

3- ) health service presentation pays attention especially to society vulnerable groups’ rights such as children, old people, psychological-diseased patients, prisoners, mental and physical dysgenic persons and orphanswith average of 2/69±0/05

B- ) Findings show that the least scores average aboutthe lack of patients’ rights observance from the views of service providers and service receivers are as follow (3 items higher scores):

1) Patients can have trustworthy attendant be with him at diagnosis stages of examinations and attendance one of child parent is his right unless it be contrary with medicine necessities, does this article to be observed? with average of 1/68±0/57

2) As every patient has right to complain to competent related officers without any interference at quality receiving of health service if he claims the violation of his right according to this charter, does this article to be observed?

3) Information presentation, necessary and enough time to patient for decision-making and selection with average of 0/34±2/18

**Table (1): scores average of executive obstacles of patients’ rights charter contents by separation every part of charter contents from view of managers, physicians, nurses and patients of Southern Khorasan jonobi province hospitals by separation of every management factor.**

P-value	Patients	nurses	physicians	managers	patients’ rights charter contents	
	mean± SD	mean± SD	mean± SD	mean± SD		
0/54	2/5±0/86	2/5±0/9	2/8±1/09	3±0/69	Health service according to respect	1
0/14	2±./82	2/9±1/3	3±1/31	2/06±1/9	According to trueness, justice, politeness and kindness	2
0/72	2/38±./89	2/49±1/08	2/43±1/05	2/81±0/97	Without any segregation	3
0/34	2/69±0/83	2/58±0/94	2/64±0/98	2/65±0/67	According to update knowledge	4
0/12	2/46±./89	2/59±1/4	2/67±1/36	2/66±0/89	Based on superiority of patient interests	5
0/75	2/58±./59	2/69±1/18	2/47±1/75	2/81±0/77	Based on health resources distribution according to justice	6
0/56	2/55±1/86	2/65±1/09	2/8±1/29	2/67±1/69	Based on care coordination	7
0/15	2/78±./82	2/59±1/4	2/86±1/91	2/76±1/19	Provision all basic and necessary facilities	8
0/82	2/59±./89	2/69±1/28	2/63±1/35	2/71±0/87	Specific pay attention to society vulnerable groups rights	9
0/51	2/65±0/99	2/55±0/9	2/86±1/09	2/64±0/99	At the shortest time	10
0/34	2/66±./87	2/69±1/78	2/55±1/22	2/66±0/98	With considering of variables such as language, age and gender	11

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0/52	2/38±. /89	2/49±1/08	2/43±1/05	2/81±0/97	Necessary cares (urgent)	12
0/44	2/26±0/96	2/54±0/96	2/35±1/79	2/33±0/79	About necessary and urgent cares with necessary description	13
0/94	2/59±0/86	2/74±1/96	2/65±1/23	2/52±1/78	At the final life stages with goal of comfort maintenance	14
0/78	2/58±1/56	2/64±1/56	2/63±1/03	2/53±1/08	Availability of patients' rights charter	15
0/32	2/51±0/98	2/44±1/16	2/55±1/03	2/51±1/23	availability of information about criteria and charges	16
0/94	2/52±0/94	2/47±1/96	2/52±1/14	2/53±1/43	availability of information such as name, responsibility	17
0/62	2/51±1/64	2/49±1/20	2/62±1/64	2/56±1/03	availability of information of diagnosis and therapeutic methods and weak and strong points of every method	18
0/59	2/51±0/83	2/45±1/09	2/48±1/39	2/34±0/88	Availability information about availability approach to physician	19
0/84	2/56±1/82	2/49±1/43	2/44±1/30	2/46±1/39	Availability of necessary information at proceedings with research entity type	20
0/34	2/52±0/94	2/47±1/66	2/42±1/54	2/43±1/63	Availability of information about necessary trainings for therapy continuity	21
0/94	2/42±1/34	2/45±1/66	2/42±1/17	2/43±1/43	Availability information about suitable time and according to patient conditions	22
0/84	2/41±1/82	2/49±1/63	2/42±1/56	2/46±0/99	Patient request of recorded data at clinic file	23
0/72	2/38±1/89	2/36±1/58	2/40±1/25	2/37±1/45	Selection of therapeutic physician and health service provider center	24
0/24	2/28±1/29	2/26±1/34	2/41±1/25	2/22±1/45	Selection and consultation with second physician as advisor by patient	25
0/64	2/2±1/82	2/19±1/03	2/21±1/35	2/26±1/92	Participation or lack of participation at every research type	26
0/82	2/28±. /79	2/29±1/88	2/30±1/15	2/28±0/99	Accept or deny of therapeutic suggestions	27
0/64	2/5±0/86	2/45±0/9	2/48±1/19	2/40±1/69	Patient pervious announcement about future therapeutic proceedings	28
0/29	2±. /82	2/9±1/3	3±1/31	2/06±4/9	Have knowledge and free selection and decision-making	29
0/32	2/08±. /59	2/39±1/78	2/23±1/65	2/12±0/97	Giving enough time to patient for decision-making	30
0/54	2/45±0/89	2/35±0/59	2/38±1/29	3/23±0/99	Observance of secrecy principle	31
0/74	2/29±. /92	2/39±1/3	3/33±1/41	2/36±1/49	Respect to patient private sanctum	32
0/82	2/68±. /89	2/69±1/08	2/43±1/05	2/81±0/97	Availability observance to information by admissible persons	33
0/54	1/58±0/83	1/56±1/9	1/68±1/29	1/99±0/69	Attendance one of child parents and trustworthy person	34
0/74	1/78±. /82	2/09±1/3	1/96±1/31	2/06±4/9	Complaint if patient claim about his rights violation	35
0/92	2/98±. /88	2/99±1/68	2/93±1/85	2/81±1/97	Awareness of investigation approach and complaints results	36
0/94	2/36±1/26	2/35±1/29	2/38±1/78	2/36±0/99	Errors compensation of health service providers	37

**RESULTS**

202 persons participated in this plan. Participants age averages were 40/1± 16/1. The majority of participants were female and married. About the lack of observance of patient's rights from managers

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view were about secrecy principle of all patient information, from view of patients and nurses were about awareness about investigation processes and results of complaining.

## **DISCUSSION**

Patient's rights observance is one of most important features of humanistic and ethical cares. A lot of researches at the world have been done with insisting on importance and patient rights observance rate and awareness of providers and receivers of services of patient rights charter and a lot of regulations and ordinances have been provided (Joint, 1999), such as a study has been done with title of "attitude study of physicians and nurses of Imam Khomeini, Atiyeh and Rezaian hospitals about Patient's rights observance and rate of observance" expressed that accessibility of mental diseased patient to his medical file and awareness of its content wasn't necessary from views of physicians and nurses and therapeutic error explanation for patients by wrongdoer was unnecessary from view nurses (Parsapoor, 2006). At our study one of the most obstacles was related to the clause of "does selection and decision-making done freely and with knowledge according to comprehensive and enough information by patient?" it was shown that specialist physicians observe this item a few and also clause of "as every patient has right to be aware of investigation approach and his complained results, does this article to be observed?" it was one of the most obstacles of lack of patient rights observance. A study was done with title of "awareness position of Tehran city governmental hospitals managers", it shows governmental hospitals managers had 24/5 good awareness, 48/5 normal awareness, 17 percent had weak awareness. Also, patient's awareness was studied at 5 special fields of patients' rights that maximal awareness rate at the field of patient accessibility right to therapeutic-hygiene services and the least rate was at the field of patient awareness about his disease. Educational license degree, educational major and management courses taking were three effective factors on the rate of governmental hospitals managers of patient rights (Arab and Zareii, 2007). A lot of researches have been done about this ground and they have reported different grades of patient's rights observance. Veskooui Eshkooriet. al have reported this rate (Veskooui et al, 2009). 53 percent and Malekshahi 56/2 percent (Malekshahi, 2008). A study was done about patient's rights observance from patients view at the America at 1997 year, it show that 52percent of patients have undesirable view about their rights about care programs and only 40percent had desirable view. Done studies at February of 1999 year about one of the patient rights items (care quality at hospital) shown that 34percent of patients have evaluated care quality more badly at comparison to past 5 years (Hein, 2001). Also Ledoet. al findings at study with title of "investigation of hygiene personnel understanding rate pay attention to the patient rights as part of professional duties " show that although 84percent of nurses had awareness about these rights only 65percent observe it at their activities. These researchers suggest that prevalence of patients' rights discussion for public and for therapeutic care groups will be suitable way for upgrading of general and special awareness at this ground (Ledo et al, 1998). Our study shows that the majority of participants believed that all articles of patient charter content observed. 69percent of persons expressed that patient charter content observed; 19percent expressed that patient charter content observed some extant and 12percent expressed that patient charter content doesn't observed. At a study with title of "comparison of rules related to patient rights at Iran with patient rights charter content and question asking of physicians of Shiraz medical science", these results were obtained that unless patient right for study of his medical file, therapeutic method selection right among present methods and also obligation for translator using for effective communication with patients who aren't familiar with local language, other patient rights items are verified by under study physicians (Nematollahi, 2000). Our study also verifies abovementioned items because our findings show most items of lack of patient rights charter content are related to the clauses of "does service presentation present without any ethnic, cultural, religious, sexual segregation and disease type?" and "does selection and decision-making done freely and with knowledge according to comprehensive and enough information by patient?", it shows that service providers need to be aware and familiar about patient rights charter content. Ozdemir research at Turkey country, it also signifies on the lack of physicians' awareness of patient legal right for accessibility to his medical documents. Also, this study show that 90percent of physicians knew about right patient

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information secrecy and most of them knew about information publication right with patient satisfaction (Ozdemir et al, 2006). Our study show one of the most items of the lack of observance of patient rights charter content are related to the clauses of "it is obligatory secrecy principle observance all patients information only which is exceptional by law, is it observed?" and "does selection and decision-making done freely and with knowledge according to comprehensive and enough information by patient?" that it is needed the empathy creation and active participation of healthiness service providers and receivers.

### **CONCLUSION**

As there wasn't study about the lack of observance of patient's rights charter content at Iran from views of service providers and receivers at one research comprehensively, more studies were about awareness level of service providers and service receivers of patient right charter separately or with considering of special group of service providers, this study could with receiving of opinions of both of them (that sometimes their aims and views are in contrary with each other) to recognize the observance position of patient rights charter content. We hope to maintain respect and self-esteem between service providers and service receivers with bilateral participation. Managers, authorities and policy makers with recognition of these factors, present effective strategies for decrease of lack of observance of patient's rights charter content.

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