

Patients' perspective on observing the rights of intensive care unit patients in teaching hospitals affiliated with Kermanshah University of Medical Sciences, Iran in 2015-16

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Abstract

Observing patient rights is most important. The present study was conducted to determine the perspective of patients hospitalized in the intensive care unit on observing their rights. This present descriptive cross-sectional study consisted of 180 patients, hospitalized in the intensive care units of hospitals affiliated with Kermanshah University of Medical Sciences, Iran. Data collection tools were demographic questionnaires and a modified version of the patient rights charter questionnaire, which was completed by the patients. The majority of subjects (57.22%) were men, married (73.7%) and 50-59 years old (26.66%). Fifty-eight (32.22%) of the patients were aware of the patient rights charter, 60 (33.33%) were fairly aware and 62 (34.44%) were unaware. The rate of observing patient rights charter was reported as good by 44.73% and average by 55.27% of the study population. According to the results obtained, it is worth noting that observing patient rights by the healthcare staff and patients' awareness of the patient rights charter are crucial behavioral factors in hospitals that should be given a high priority so as to improve inpatients' recovery and comfort.

Key words: Perspective, patient rights, intensive care units

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Introduction

Patient rights and their observation are as old as medical science (Amini et al., 2013). Hippocrates frequently urged his students to carefully observe patient rights (James, 2013). Patient rights are a pivotal index in defining standards for clinical services (Mousavi, 2016), and refers to the responsibilities of health centers towards patients. In other words, patient rights encompass legitimate and rational physical, psychological, spiritual and social needs, which are regulated by health standards and should be strictly implemented and observed by the healthcare team (Joolae and Hajibabae, 2012).

As a creature with physical, mental, social and spiritual dimensions, humans have rights irrespective of their health status, which cannot be defended, upheld and observed without others' assistance (Macdonald, 2010). The emphasis placed on observing basic human rights in healthcare practices, especially on respecting the dignity of the patient as a human, becomes particularly important when the patient's vulnerability makes them easily susceptible to the violations and weaknesses of the healthcare system (Seyed Farajollah et al., 2014).

Health service provision methods have dramatically changed over the past few decades. In recent years, the staff of healthcare organizations assumed they could make decisions on behalf of patients without respecting their rights (Vakili et al., 2014); however, current circumstances are different, as patients expect hospital staff to observe their rights. In fact, observing the principle of the patient rights charter is an important ethical behavior in medicine in any society (Bondeson and Jones, 2013). Countries such as Canada, the UK, the US, Germany, Switzerland, Australia and Sweden have also focused on and developed their patient rights charter, and hospitals and health centers are bound to respect it (Mousavi, 2016).

According to the perspective of most patients reflected in literature, the healthcare team violates some patient rights, including the need for responding to their requests, listening to their words and receiving information about diagnosis, treatment and the consequences and risks of treatment (Hu et al., 2010). Different studies report different degrees of observing the patient rights charter. A study conducted by Amini et al. (2013) titled, "The status of observing patient rights charter in outpatient clinics of Tabriz University of Medical Sciences: Perspectives of health service clients", found moderate and reasonable levels of observing the patient rights charter, and assessed the single dimension of "providing health services based on respecting patient rights to privacy" as good. That also rated with a high score in literature (Vaskooei Eshkevari et al., 2009).

The inherent nature of nursing necessitates respecting human rights such as cultural rights and the right to live and choose, respecting human dignity and behaving respectfully. High quality of health services is ensured by nurses in a respectful atmosphere (Ulrich et al., 2010); nevertheless, most Iranian patients are unfortunately

unaware of their rights, which are also disregarded by physicians and nurses causing problems for both patients and health service provision organizations. The provisions of these charters are also disrespected in hospitals for different reasons. Although this charter is extensively stressed by health system policymakers, it needs to be clarified for patients and health service providers who still identify it as ambiguous (Nejad et al., 2011).

The highest emphasis should be placed on patient rights in the ICU, as one of the most critical and professional parts of hospitals, in which patients may face acute conditions including altered level of consciousness and impaired decision-making caused by sedatives, pain, anxiety and fear (Mason et al., 2014). Given the importance of the subject, which is not well addressed in literature, and the need for determining a clear outline for a better health service provision, the research team investigated patients' perspectives on the status of observing patient rights in the ICU and CCU of selected hospitals in Kermanshah, Iran.

Materials and methods

The present descriptive cross-sectional study was conducted in the ICU and CCU of Imam Reza Hospital, Imam Ali Hospital, Taleghani Hospital and Farabi Hospital. The census method was used to select eligible candidates from patients hospitalized in these units. Jouzi-Arkawazi et al. reported the rate of observing patient rights as 45% in patients' perspective (Jouzi-Arkawazi et al., 2010). With a confidence interval of 95% and a maximum error of estimate of 0.05, the sample size was calculated as 180 using the following formula:

$$n = \frac{z^2 \cdot 1 - \alpha / 2 \cdot P (1 - P)}{d^2} \quad (1)$$

The inclusion criteria comprised being hospitalized for at least 24 hours in ICU and CCUs of the study hospitals in Kermanshah and being conscious and able to respond to questions. The exclusion criteria consisted of unwillingness to continue responding to interview questions and developing critically ill conditions or reduced levels of consciousness.

Data collection tools were demographic questionnaires and the patient rights charter questionnaire. Permission was obtained from Jouzi-Arkawazi et al. (2010) for the use of their questionnaire developed for assessing patients' perspective on their rights. It was then adapted to the current standards in the Iranian patient rights charter (Parsapoor et al., 2010) and used along with the questionnaire developed by Rad et al. (2004) and Vaskooei Eshkevari et al. (2009), whose validity was confirmed by experts, including the faculty members of the School of Nursing and Midwifery at Shahid Beheshti University of Medical Sciences in Tehran, Iran. The 40-item questionnaire assessed patients' views on observing patient rights on a four-point Likert scale ranging from 1 to 4, with 1 representing 'never', 2 'sometimes', 3 'often' and 4 'always'. A total score of 40-80 indicated

a poor rate of observation, 80-120 a moderate rate and above 120 a good rate of observation. The validity and reliability of these questionnaires have been confirmed. Content validity ratio (CVR) and content validity index (CVI) were used to examine the validity of the questionnaires, which were presented to 10 faculty members of the School of Nursing and Midwifery at Shahid Beheshti University of Medical Sciences. The faculty members' comments were summarized and the questionnaires were modified accordingly. CVR was also calculated as 94% and CVI as 97%. The test-retest was used to confirm the reliability of the tool. The questionnaires were completed by 20 of the study patients twice, with 7 days in between, and statistical tests were used to determine the correlation of the responses. A correlation coefficient of $r = 0.85$ calculated for the entire questionnaire confirmed the reliability of this tool.

After receiving approval for the research proposal, the necessary measures were taken to ensure its implementation, including receiving permission from Shahid Beheshti University of Medical Sciences, the Deputy of Education and the Office of Graduate Studies and then presenting it to the Deputy of Research at Kermanshah University of Medical Sciences. Moreover, permission was obtained from the authorities of the selected hospitals for conducting this study. The researcher then presented himself to the ICU and CCU of the study hospitals, briefed the subjects on the study objectives, received informed consent from them and collected the data. After making the necessary arrangements with the patients, the researcher went to the hospitals and distributed the questionnaires among the study population at times when there was no need for performing special procedures, including morning shifts from 9.30 to 10.30 when all patients had been visited and evening shifts after the visiting time from 16.30 to 17.30. The questionnaires were completed by the researcher through interviews with the patients. Sampling took 3.5 months from 23 July 2016 to 7 November 2016. SPSS-17 and descriptive statistics and indices such as mean and standard deviation were used for data analysis.

Findings

The majority of the study subjects (57.22%) were men, married (73.7%), 50-59 years old (26.66%) and housewife (31.6%), and had an education level of below high school diploma (85.8%). A total of 64.2% of the patients had a history of hospitalization within the previous five years; over half (57.4%) reported a history of hospitalization in CCU and 38.8% in ICUs. According to the results, 58 (32.22%) of the patients were aware of the patient rights charter, 60 (33.33%) were fairly aware and 62 (34.44%) were unaware.

The rate of observing patient rights charter was reported good by 44.73% and average by 55.27% of the study population. A mean score of 121.85 was also calculated for the questionnaire data, which is higher than the mean score of patient appraisal of observing ICU and CCU patient rights.

It can therefore be argued that the study patients held positive attitudes towards the observation of ICU and CCU hospitalized patients' rights.

Discussion

The majority (57.22%) of the study subjects were male. Similarly, Aghili et al. (2014) reported a contribution of about 53.1% for men in the study population. Married subjects accounted for 73.7% of the present study patients, nearly similar to the study of Jouzi-Arkawazi et al. (2010) (70.6%). Sharifi et al. (2013) reported a relative frequency of 83.4% for those with an education level of below high school diploma, which is consistent with the present study (85.8%).

In terms of employment status, the retired presented the lowest frequency (9.5%), while about one-third of the patients in both the present study (31.6%) and the study conducted by Jouzi-Arkawazi et al. (2010) (35.6%) were housewives.

In line with the present study, which estimated the patient awareness of the patient rights charter at about 32.22%, Sharifi et al. (2013) reported a moderate to acceptable rate of awareness in 30.7% of the patients.

Examining the patients' view on the observation of patient rights in Intensive Care Units revealed a mean score of 42.70 for the dimension of "Patients' right to properly receive health services"; 52.85% of the patients also rated this dimension good and 47.15% moderate. Moreover, the dimension of "Patients' right to properly receive adequate information" received a mean score of 17.24, and 51.28% of the patients assessed the observation of this dimension as good and 48.72% as moderate. The mean score of "Patients' right to choose and freely decide on receiving health services" was found to be 17.62, and 52.30% of the subjects rated it good and 47.70% moderate. "Providing health services while respecting the principle of confidentiality and patients' right to privacy" also received a mean score of 42.77, a good appraisal by 69.33% of the patients and a moderate appraisal by 30.67% of them. In addition, the mean score of "Patients' rights to having access to an efficient system for dealing with complaints" was 2.89; 26.66% evaluated it as good, 49.26% as moderate and 24.10% as poor.

The present study findings reported a good observation rate for "Patients' right to properly receive health services", which is consistent with the 54% rate of observation reported in the study of Nekoei Moghaddam et al. (2013) and also with the study of Merakou et al. (2001), who reported proper levels of healthcare services provided for patients. In contrast, Salimi et al. (2006) reported an observation rate of 30% for this dimension.

The health service recipients evaluated the observation of "Providing health services while respecting the principle of confidentiality and patients' right to privacy" of the patient rights charter as good. This finding is consistent with

those obtained by Sarkhil et al. (2013), who reported an observation rate of 78.13%, and by Özdemir et al. (2009), who reported the rate of observing patient privacy in Turkey as 86.1%. In contrast, Aghajani and Dehghannayeri (2009) reported low levels of observing patient privacy (50%).

The present study evaluated the observation status of the dimension of *"Patients' right to choose and freely decide on receiving health services"* as good, which is consistent with the study conducted by Amini et al. (2013), who evaluated health service recipients as moderate in terms of "having the right to choose". In contrast, Parsapoor et al. (2009) reported an unfavorable status for the rights associated with "patient rights to choose and decide" in educational hospitals.

The findings of the present study suggested good levels of observation for *"Patients' right to properly receive adequate information"*, which is consistent with the study of Arab et al. (2011), who reported an observation rate of 55.7%, but inconsistent with the study of Fotaki (2006), who reported poor observation (75%) for this dimension.

The present findings suggested a moderate rate of observation for *"Patients' rights to having access to an efficient system for dealing with complaints"*, which is inconsistent with the study conducted by Babamahmoodi et al. (2011), who reported an observation rate of 13.20%.

The overall mean score obtained for the study sample was 121.85, and the rate of observing patient rights charter was reported good by 44.73% and average by 55.27% of the study population.

Basiri et al. (2011) assessed health providers and patients' awareness of Patient Bill of Rights and its observation rate in an educational hospital in Gonabad, Iran, and suggested a 69.1% frequency of satisfaction with the observation of Patient Bill of Rights in the patients. A study conducted by Astaraki et al. (2015) titled "Evaluation of respect for patient's rights from the viewpoint of hospitalized patients in Shohada Ashayer Hospital of Khorramabad city" found 1.2% of the patients to hold good views on observing patient rights and 86.7% to have moderate attitudes.

Sadeghieh Ahari et al. (2015) studied the expectations and observation of the rights of patients in hospitals affiliated with Ardabil University of Medical Sciences in 2012, Iran, and found an overall rate of 50.69% for observing patient rights. A study conducted by Sharifi et al. (2013) titled "Evaluation of awareness on the patient bill of rights and observing rate on the patient's perspective in Imam Reza Hospital in Kermanshah in 2012" found 72.4% of the subjects to hold moderate views on patient rights observation.

Ravaghi et al. (2016) assessed awareness of and satisfaction with observing patient rights in patients hospitalized in general educational hospitals affiliated with Tehran University of Medical Sciences, and found 68.9% of the patients to be satisfied with the observation of their rights.

Kagoya et al. (2013) examined the awareness of, responsiveness to and observation of patient rights from the perspective of inpatients and health service personnel, and found at least 36.5% of the patients to have experienced challenges in observing their rights, at least once during their stay, which is not consistent with the present study. Shadfard et al. (2016), who investigated patients' perspectives on the awareness and observation of patient rights, reported a 31.4% rate for the satisfactory observation of patient rights.

Babamahmoodi et al. (2011) examined the view of patients in the educational hospitals of Mazandaran University of Medical Sciences, Iran on observing the patient rights charter. Based on the total score obtained for the patient rights charter, they reported a mere 14.59% rate for observing patient rights. They also found 16.63% of the patients to be satisfied with respecting patients and their privacy and avoiding discrimination among them, 14.17% with patients' rights to having access to their medical records, 14.15% with patients' rights to choose and freely decide and 12.20% with patients' rights to having their complaints dealt with.

Different research settings may be blamed for the discrepancies observed in the results of the present study compared to those in literature. The present study was conducted on patients admitted to the Intensive Care Units, in which a great emphasis is placed on the nurse/patient ratio, more intimate relationships emerge between the treatment staff and the patients and the entrance of medical students and nurses unaware of the patient rights charter is restricted.

The results of the present research can be used to notify healthcare system managers and health service providers of patient rights and help the necessary measures be taken to improve the status of patient rights. Developing the patient rights charter and presenting it to patients, physicians, nurses and administrative staff is an essential issue in healthcare centers. Publicly exposing this chart is also very valuable and effective. Further studies are recommended on assessing and comparing patients' views on observing patient rights in different hospital wards and in private hospitals. The present study limitations included patients' failing to respond honestly caused by fear of being deprived of the necessary care. The self-reporting nature of the study may also have caused inaccurate completion of the questionnaires. In order to overcome these limitations, efforts were made to provide the participants with the necessary explanations of the items in a peaceful environment.

Conclusion

The study patients were found to have positive attitudes towards observing the rights of patients hospitalized in Intensive Care Units. Observing patient rights by health service providers and patient awareness of the patient rights charter are the crucial ethical features in hospitals that should be greatly emphasized to help with inpatients' recovery and peace of mind. Patients need to be aware of

all of their treatment stages as well as their rights and duties. In fact, presenting and explaining the patient rights charter to patients by the hospital staff upon patient admission or within the first days following admission to hospitals and health centers not only positively affect patients' health, but also cause peace of mind in the staff by preventing the potential consequences of patient unawareness of the charter.

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