Knowledge of students about Patient Rights and its relationship with some factors in Iran

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Abstract

Defense of human rights to dignity and honor him. To ensure his protection in times of illness, without any discrimination, age, sexual and financial power is the right clients. Patients are necessary to respect fundamental rights and the rights of patients, sometimes because of ignorance, neglected by the busy work and medical staff, will be ignored. Present survey was conducted on 270 medical and paramedical students of Hamedan in simple randomized sampling. Data collecting instruments were a questionnaire form contains demographic information and educational questions regarding patient rights which its reliability and validity were made through the same measurement by tow researchers. Data using the software SPSS, using descriptive and inferential statistics were analyzed. Based on survey results mean of awareness were 10.3 with a standard division of 1.5%. 47 percent of the students mentioned who are not familiar with the Bill of Rights. Low awareness was 31%, medium 53%, and high awareness was only 16%, in total. There was not any statistically significant relationship between awareness and any demographic variables. According to this study, awareness of most students about patient rights was low. So, promote awareness in the field of educational planning should be done. Patient Rights is an valuable act, but when it is fully implemented that be performed Culturally appropriate, comprehensive attention to the rights of all stakeholders, Identifying barriers, strategies to implement the Charter, and be considered respect the rights of patients as an indicator of the health services center.

Keywords: Knowledge, patient bill of rights, students

1. Introduction

Undoubtedly, every human has individual and social rights that are as a principle accepted by all human societies. But the more vulnerable groups of society have special rights. Patients are one of the most vulnerable social groups that are vulnerable, either physically or psychologically, socially and economically (Parsapoor et al, 2009). In recent decades, with stunning advances in medical science and the advent of modern treatment and advances in medical technology methods, the field interaction and medical interventions has greatly expanded that it has a great moral challenges.

Effective health system requires the active participation of recipients and providers of health services. It requires collaboration between patients and physicians and other health care professionals. Adequate and honest communication, respect for personal and professional values and sensitivity to the differences, are the essential for quality of patient care. Hospitals as one of the most important elements of the health service, and as an organization

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must understand and respect the rights of patients, their families, physicians and other caregivers (AHA Board, 1992). In an appropriate interaction, health care providers and recipients of their obligations and rights of others will be achieved to the highest possible level of health care. With this in mind that the physical, mental, spiritual and social dimensions of the most important person in existence, department of Health and Medical Education in return for providing optimal patient care services, including compliance with the Charter of Rights for society considers responsible (Ministry of health and medical education, 1993).

The Patient's Bill of Rights was created to try to reach 3 major goals: 1- To help patients feel more confident in the US health care system; the Bill of Rights: Assures that the health care system is fair and it works to meet patients' needs, Gives patients a way to address any problems they may have, Encourages patients to take an active role in staying or getting healthy. 2- To stress the importance of a strong relationship between patients and their health care providers. 3- To stress the key role patients play in staying healthy by laying out rights and responsibilities for all patients and health care providers (US Office of Personnel Management, 2009). Patient Bill of Rights was written in Iran in 1381 by the Ministry of Health, Treatment, and Medical Education and was issued in the winter 1381. Based on these guidelines, health centers were required to place the Charter of patient Rights at the appropriate provisions Installed and invisible (Rangraz Jeddi & Rabiee, 2005).

Professional lives of medical personnel with a set of rules and laws are mixed that Patient Bill of Rights is one of the cases. Various studies have reported different degrees of respect for patient rights. Vskuee Ashkevari et al reported observing rate of charter of patient’s right 53% (2008), Rangraz Jeddi & Rabiee 67.7% (2005), Malekshahy 56.2% (2008), and Dadashi et al 65.2% (2010). Given the importance of patients' rights in their service, based on patient rights and different degrees of respecting patient rights in different communities, this study was examined medical and paramedical students' awareness about patient’s bill of rights.

2. Methods

This was a cross-sectional descriptive study. In this study 270 numbers of various stages of medical and paramedical students were selected randomly in various universities in Hamedan province. The questionnaire was completed by students. Before the participants complete questionnaires, oral consent to participate in the study were obtained. The data collection form was generally two-part questionnaires: The first part was include some social and demographic characteristics (age of sample, employment, education, etc.) and the second part was included 17 questions asking students about any of the provisions of the Bill of Rights that was approved and revised by the Health Ministry in 2009 and to measure students awareness about patient's bill of rights. Validity of the questionnaire was reviewed by 10 experts in this field. Also the reliability was determined by test-re-test.

Components based on levels of low, medium and high was divided, so that in response to questions less than 8, awareness was low level, 8 to 12.5 was the average level of awareness, and more than 12.5 was a high level of awareness. Statistical analysis was performed using SPSS software. To set the frequency distribution tables in the data analysis, descriptive statistics were used. Chi-square, Fisher exact test and V-Cramer test was used to examine the level of awareness.

3. Results

The average age of the subjects was 22.7 ± 3.1 with a minimum 18 and maximum 45 years. Most subjects, 74% women, 86.4% in B.S grade, 38.9% were in the field of medical, and the rest were in the field of paramedical. 34% of students were on 3rd grade. 47% of the students mentioned who are not familiar with the Bill of Rights. The average score was 7 ± 1.5 with a minimum score of 3 and up to 10 points. When asked from those students that were familiar with patient bill of rights, results showed a high awareness of 95.8% about receive the treatment regardless of cultural, ethnic, and other factors, a low awareness of 11.3% about patient participation in the ultimate way of treatment. Awareness rate of the medical students about information of the course of treatment was 20.4, the discharge of a personal desire 24.9%, maintaining the privacy of patient 12.5%, treatment team Secrecy 13.2%, access to medical staff 15.1%, identify the type of activity center 35.5%, and identify situations where treatment 57.2% respectively.
Table 1. Students’ awareness rate of patient’s bill of rights

<table>
<thead>
<tr>
<th>Awareness rate</th>
<th>N (%)</th>
<th>P Value</th>
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<tbody>
<tr>
<td>Low</td>
<td>84(31)</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>143(53)</td>
<td></td>
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<tr>
<td>High</td>
<td>43(16)</td>
<td></td>
</tr>
<tr>
<td>Mean(SD)</td>
<td>10.3(1.5)</td>
<td>P&lt;0/05</td>
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As table 1 reveals awareness rate about half of the samples about charter of patients' rights was average. Minimum of awareness rate of students about the charter was 3 and maximum of it was 17. Mean of awareness was 10.3 with a standard division of 1.5. There was a difference statistically significant between student’s awareness of rights of patients and understanding the Patient Bill of Rights. There was a statistically significant relationship between knowledge of non-medical and medical student groups, (P < 0.0005), and V-Cromer was less than 0.5. There wasn’t significant statistical between awareness and other demographic data.

4. Discussion

The findings suggest that about 53 percent of students had an average of awareness about patient's bill of rights. In a study in Iran (Zahedan), awareness rate of doctors about patient's rights was good, nurses were average, and the average performance of both groups was moderately. Of course in their study, mean scores were higher for doctors and there was a significant relationship between knowledge and practice nurses (Ghalche et al, 2009). In another survey in Iran (Yazd) titled "the clinical training of students of the Charter of Patient Rights", 35.6% of poor, 27.7% of moderate and 36.7% had good knowledge. Most students' awareness was about freedom of the individual patient and low awareness was about the right of access to health care. Significant relationship was found between knowledge and age (P = 0.003), gender (p = 0.042), educational level (p = 0.008) and education (P = 0.003) (Ranjbar et al, 2010). In another study of nurses' awareness of the rights of patients in teaching hospitals in Tehran and facilitators factors of patient bill of rights from their perspective, awareness rate 95.5% of nurses was good and 3 groups include: the agents, employees, and service users receive were assigned the highest percentage about facilitators factors of patient rights observing to themselves (Houshmand et al, 2006). In the same way with our study, another study titled "Private hospital managers 'awareness of patients' rights in Tehran", awareness rate of 23% of managers about patient’s bill of rights was good, 54% was moderate and 23% was poor. The certificate type and location of it obtaining, field of study and management courses, were four factors affecting managers 'awareness of patients' rights. Low awareness of the factors involved in the hospital, according to patients' increasing awareness of their rights, will cause some challenges in the relationship between patient and hospital (Arab & Zareiee, 2010). Patient safety is the subject of much debate and concern. Therefore, it is vital that healthcare systems are designed to ensure patient safety and satisfaction. Patient experiences and evaluation of care can help to achieve positive change for patient safety. In a study in France, researcher observed that complaints referring to substandard care or complaints from patients whose outcomes had resulted in disability were positively associated with the perception of a medical error and this change appears to have been associated to the release of a law regarding patients' rights and quality of the health care (Giugliani et al, 2009).

Present study showed student's awareness level is quite good, but not satisfactory. So recommends that in order to preserve the patients' sanctity, students, and health providers should be taught to get permission from patients before attending the bedside. Woogara writes: awareness rate of health personnel about patient’s bill of rights is down and should be done fields of educational planning for them (Woogara, 2005). However, Hospitals have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease; the immediate and ongoing care and rehabilitation of patients; the education of health professionals, patients, and the community; and research. All these activities must be conducted with an overriding concern for the values and dignity of patients. Hospital officials should is proposing a practical solution to provide written information about the patient's admission to the rights of clients to develop. Students and hospital workers be trained are allowed by patients before to attending the bedside of them.
There were some limitations to this study: Firstly, this study was conducted among students from limited universities. Secondly, there was potential for information bias towards giving whatever the respondents thought would be an acceptable response to the researcher, rather than revealing the whole truth.

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References


