

Patients' Rights: Patients' and Nurses' Perspectives

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Abstract:

Objectives: We evaluated patients' and nurses' perspectives on patients' rights among Egyptian patients and nurses.

Methods: We used a descriptive design was done on (100 nurses and 100 patients). We Multivariable logistic regression analysis identified correlates of patients' rights and age, experience, gender, and education.

Results: The results implied that statistically significant differences between nurses and patients regarding perception of patient's rights. Also there was a significant statistically between the opinions of patients and education level.

Conclusions: Nurses should be better information about patient's rights than patients were observed. These results suggested a need ethics and patients rights issues should also be considered further in nursing and medical education and educated patient and the public about the patient's rights.

Key words: Nurses, Patient rights, Perspective

I. Introduction

Patients' active participation in their own care is known to increase motivation and adherence to prescriptions, give better treatment results, create greater satisfaction with received care,¹ and reduce stress and anxiety.² Patients participation is an important basis for nursing care and medical treatment and it is also a legal right in many Western countries. Promoting patient rights is among the priorities of healthcare providers and is considered as an indicator of health state in every community.³ Patient rights may be considered as one of the main bases for defining the standards of clinical services. On the other hand, the concept of patient rights has been on the rise alongside the ever-growing interest of international organizations in human rights.⁴ The condition of patients' rights began to have a significant effect in healthcare settings throughout the world. The majority of patients are not aware of their rights. Many simply do what the physician tells them to do. Some do not even ask why. Many do not ask questions because they do not want to take up the doctor's or nurse's time or appear ignorant. Some may not know which questions to ask.⁵ In this context, patients' rights have become a very hot topic in healthcare as there is a widespread agreement about the need to strengthen and protect the rights of patients in their interactions with health professionals as well as to help patients take a more active role in healthcare.⁶

An important tenet of nursing is respecting the human rights and dignity of all patients. The priority of healthcare organizations must be protection of patients' rights.⁷ It has been said that one's rights define the other's responsibilities; therefore a patient's rights define the healthcare professional's responsibilities.⁸ Ali Akbari and Taheri⁹ have explained that the Patients' Bill of Rights was created in order to defend human rights; preserve patients' dignity; and ensure that in case of sickness, and especially in emergencies, patients receive competent care without discrimination. Most patients' bills of rights, are concerned with informed consent, confidentiality, privacy, autonomy, safety, respect, treatment choice, refuse the treatment and participating in the treatment plan. These rights are derived from the values and ethics of the medical profession.¹⁰ We evaluated patients and nurses perspectives regarding patient rights among 2 groups in Egyptian peoples.

II. Methods

Design

A descriptive design was used in this study aiming to assess the patients' and nurses' views of their rights. A convenience sample of 200 subjects was recruited for this study. The subjects were divided into two groups. The first group consisted of 100 nurses from Mansouria University Hospital. The second group included 100 patients admitted in the medical and surgical ward of Mansoura University Hospitals during the period from March 2013 to May 2013. The inclusion criteria for subjects' recruitment into the study were fully conscious, more than 18 years old, able to give consent. The only exclusion criterion was patient physical or mental inabilities to respond to the questionnaire. Participants were aware about the aim of the study and they were informed that the participation is voluntary. Verbal consents were taken before data collection. Subjects were informed that the data will be confidential.

Instruments

A structured interview questionnaire form was used for data collection. It was constructed by the researchers in Arabic language after reviewing related literature,¹¹⁻¹⁴ to assess nurses and patients' perspectives regarding patient rights. It consisted of three parts: The first part was the patients' demographic parameters, such as age, gender, occupation, education, nursing work experience and income. The second part was the patients' rights awareness questionnaire. The questionnaire included 14 statements to assess opinions about patient rights, self-administered perception questionnaire, was built by means of diversity studies,¹¹⁻¹⁴ The questions were scored from 1 to 3 using a Three-point Likert scale (1 = strong disagree, Disagree=2, Strong agree,= 3 Agree=4) These were scored 1 to 4, respectively. The scores of each area of rights were summed up and divided by the total number of items for conversion into a percent score. A higher score indicates higher perception.

Reliability and Validity

The validity and reliability of the questionnaire was assessed by a group of experts who examined the tools and approved it. After literature review, the investigator developed all possible questions needed for this study. Then, the questionnaires were sent to experts to check the feasibility and relevance of the questionnaire. The experts comprised of two medical doctors and two nurse doctors. Test retest method was used to determine the reliability of the tool, by applying this tool twice on 5 subjects who were excluded from the study. The reliability was 0.85. Subjects needed 15-20 minutes to complete the questionnaire. A pilot study was conducted to test the feasibility and applicability of the tools, and identified the most suitable time to collect data.

Data Collections and Analysis

Data entry and statistical analysis were done using SPSS 14.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Quantitative continuous data were compared using Mann-Whitney tests were used to estimate the differences of means between the groups. Correlations between variables were estimated by Spearman's correlation coefficient. The level of significance for all statistical tests was chosen as $p < 0.05$.

III. Results

Table 1. Describe the sociodemographic characteristics of patients in the study sample. shows that the most of the sample (70%), their ages ranged from 31 to 50 years, while only (10%) were over 51 years old, with most were female (60%). As regards employment status, 60 % were housewives, (30%) were workers, whereas the rest of the study sample (10%) were students.. Considering education, half of the sample (50%) was illiterate. Regarding residence, nearly two third of the study sample (66%) lived in rural areas. As regards number of dependents, nearly half of the studied subjects (52%) ranged from 3 to 5 dependents. Referring to the monthly income of sample, the slightly more than third (45%) of them had a monthly income range from 1000 to 1,500 Egyptian pounds, while the minority (6%) had an income more than 2.000 Egyptian pounds.

The sociodemographic characteristics of nurses in the study sample are presented in **Table 2.** Described that the all sample were female (100%), their age ranged between 31 and 50 years old, the most of nurses' staff (75%) was married, and had diploma qualification (75 %). More than two-thirds of them worked technical nurses. Regarding work experience, nearly two third of the study sample (55%) ranged from 11 to 20. As regards the monthly income of sample, the slightly more half (56%) of them had a monthly income ranged 1,000-1,500 Egyptian pounds, while the minority (10%) had an income more than 2000 Egyptian pounds.

A comparison of perspectives about patient rights between of nurses and patients in the study sample is displayed in **Table 3**. Statistically significant differences are noticed between the two groups in almost all areas of patient rights. The only exceptions were related to the rights of decision concerning treatment, Knowledge of one's health insurance or medical aid scheme and of refusing treatment. In all the comparisons, the scores of the patient were higher than those of the nurses.

Table 4 showed that the relations between patient perspectives' about patient rights and their socio-demographic characteristics. Statistically significant relations with age and income ($p=0.006$, 0.013 and $p<0.05$, respectively). It is noticed that patients with age less than 31 years old were males, and who had insufficient income had lower scores of perception about patient rights. No statistically significant relation was found between them as regards gender, marital status, residence, educational level, and hospital stay.

Table 5 pointed that nurses staff had statistically significantly in relation to age, and work experience ($p=0.007$, 0.02 and $p<0.05$, respectively). While there are no statistically significant relation was found between them as regards gender, marital status, educational level, and work position.

IV. Discussion

In order to provide quality in health care important services, respecting to standards of medical ethics and patient rights in health care is inevitable. Therefore, it can both contribute to improvement of health practice and achieve equal distribution of responsibility between patient, physician and nurses.¹⁵ The present study found that nurses are well aware of patient's rights, particularly in items, the right to receive full medical service with respect and non-discrimination of their status regardless race nationality, sex, age, religious etc; informed consent and the right to safety and security in hospital involved. Our study are in line with the Almoajel study¹⁵ which found that all nurses should be aware of and honor the rights of all patients, regardless of age, gender, ethnic and religion.

A study by Durieux et al.,¹⁶ showed that both patients and healthcare providers found similar differences between providers' and patients' perception regarding patient's rights. This study stated that the nurses have high level of perception of all the 14 patients' rights especially, information disclosure, privacy and confidentiality of records, continuity of care after discharge (mean: 79.5, 76.5, and 76.8 respectively). Also the results of Ittithemwinit et al¹⁷ studied the opinions of Thai physicians, nurses, and patients about the American Hospital Association (AHA)'s Patients' Bill of Rights at Siriraj Hospital, In Thailand. Out of 12 items, the researcher focused on only 4 aspects: first; the right to know information about present illness; second, the right of oneself and privacy; third, the right of dignity; and finally, the right of obtaining safe treatment.

In the current study there are a statistically significant between nurses and patients regarding their perspectives of patient rights was demonstrated in the present study. Similar findings by Liubarskiene and colleagues¹⁸ who found that differences between providers' and patients' perception regarding patient's rights. Therefore, increase awareness was defined as a patient's ability to perceive, to be conscious and to understand their rights. The patient bill of rights is a written document (booklet) which all patients receive upon hospital admission. Ducinskiene and colleague¹⁹ studied awareness and practice of patient's rights law in Lithuania and get a similar results that there is a need for awareness-raising among patients to improve the practical implementation of the Patient's Rights Law in Lithuania.

The present study results indicated moderate level of awareness about patient rights among study patients. Given some studies indicated that patients have moderate or low level awareness of these rights.^{20, 21} In contrast, Kuzu²² showed that few patients knew about the regulation on patients' rights in developing countries. In Bakōi²³ study, on inpatients, showed that 63% of patients had no information on patient rights and 68% did not know the arrangements on patient rights. In the study carried out by Vural,²⁴ 53% of patients stated that they were not informed about their illness, 80% stated that their opinion was not obtained before treatment and practice and 63% stated that their private life and confidentiality were not protected. Another study by Salimi et al.²⁵ indicated that in hospitals of Isfahan Iran, there is a large discrepancy between the viewpoints of patients (as receivers of service and holders of the rights) and physicians and nurses (as providers of healthcare services) regarding the Patients' Bill of Rights and its level of observance.

According to the present study findings, the factors associated with perception of patients' rights among nurses were level of education, work experience, and work position with p-value of 0.006, and 0.02, respectively. This may be attributed to level of education increase awareness of bill of right and perspectives are acquired through practice and not through studying and The different schools and education levels of nurses may influence the nurses' perspectives of this area that are most important during healthcare. Similar findings by Limjaroen²⁶ who found that there factors associated with perception of patients' rights among HCWs were level of education, work experience, and work position with p-value of 0.025, 0.039, and 0.043 respectively.

There was a positive relation between patients perspectives score and education as well as income. Similarly Habib, et al.²⁷ found that there was a positive association between awareness score and education as well as income. In another study by Dadkhah and colleagues²⁸ in Ardabil indicated that 53.7% of patients felt their rights and privacy were often observed by the personnel. Additionally, there was a statistically significant relationship between the patients' level of education and their feeling that their rights were observed; i.e. the satisfaction with observance of respective rights was considerably less among patients with higher education than those patients with only elementary or high school education.

A cross-sectional study in Isfahan 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. There was a significant correlation between patient' awareness and education, living place and job ($p < 0.05$).²⁹ Lee³⁰ found that patient's awareness was related to the patient's age, gender, education level, social status and severity of the disease.

V. Conclusion

The results of this study showed that the study groups, especially, nurses should be better information about patients' rights were observed. The results demonstrated that there was a significant statistically between the opinions of patients and education level. These results suggested a need ethics and patients' rights issues should also be considered further in nursing and medical education by introducing the concepts as a fundamental part of all courses, and it should be continued for nurses to improve the quality of this role and educate patient and the public about the patient right. Also be compared to factors affecting patients' rights practice in different countries according to the healthcare professionals' viewpoints.

Acknowledgments

This study was supported by a grant from all team work.

Conflicting Interest

The author declared that there was no conflict of interest.

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Table 1. Socio-demographic characteristics of patients in the study sample (n=100)

Research variables	No.	%
Age (in years):		
• ≤ 30	20	20
• 31 – 40	30	30
• 41 - 50	40	40
• ≥ 51	10	10
Gender :		
• Male	60	60
• Female	40	40
Marital status:		
• Single	15	15
• Married	60	60
• Widowed/ Divorced/ Separated	25	25
Educational level		
• Illiterate	10	10
• Read and write	55	20
• Secondary	30	65
• University	5	5
Occupation		
• Employed	30	30
• Unemployed	35	35
• Housewife	30	30
• Farmer	05	5
Residence		
• Urban	40	40
• Rural	60	60
Monthly Income (in Egyptian pounds)		
• ≤ 1,000	40	40
• 1,000 – 1,5000	45	45
• 1,500 – 2,000	10	10
• ≥2,000	5	5
Department of received service :		
• Medicine	55	55
• Surgery	45	45
Period of hospital stay (days):		
• ≤ 7	25	25
• 7-	45	45
• 14+	30	30

Table 2. Socio-demographic characteristics of nurses in the study sample (n=100)

Research variables	No.	%
Age (in years):		
• ≤ 30	30	30
• 31 – 40	35	35
• 41 - 50	25	25
• ≥ 51	10	10
Gender :		
• Female	100	100
• Male	0	0
Marital status:		
• Single	20	20
• Married	75	75
• Widowed/ Divorced/ Separated	5	5
Educational level:		
• Diploma	75	75
• Bachelor	20	20
• Master's or higher education	5	5
Work position:		
• Supervisor nurses	25	25
• Technical nurses	75	75
Monthly Income (in Egyptian pounds):		
• ≤ 1,000	10	10
• 1,000 – 1,5000	56	56
• 1,500 – 2,000	24	24
• ≥2,000	10	10
Work experience (years):		
• ≤10	30	30
• 11 – 20	55	55
• >20≤ 7	15	15

Table 3. Comparison of perspectives of patient rights between patients and nurses in the study sample.

Patient rights	Patient rights score (mean±SD)		p-value
	Patients (n=100)	Nurses (n=100)	
Respect and non-discrimination	29.1±5.6	25.8±4.0	<0.001*
Treated by a named health care provider	24.6±5.8	17.5±4.2	<0.001*
Participation in decision making concerning treatment	18.2±4.4	16.8±2.0	0.71
Privacy/ Confidentiality of records	28.6±7.6	25.3±5.5	<0.001*
A second opinion	25.1±5.6	21.8±4.2	<0.001*
Accept/refuse participation in research	28.4±4.5	20.4±4.0	<0.001*
Immediate response to inquiries and requests.	26.9±5.7	21.8±4.5	0.005*
Refuse treatment or not continuity	25.4±3.4	24.5±4.1	0.18
Complain about health care services	29.5±6.1	23.2±3.1	0.004*
Informed consent before process and procedure	27.2±4.1	22.5±2.9	<0.001*
Know hospital rules and regulations	30.1±5.9	24.2±4.0	<0.001*
Continuity of care after discharge	29.7±5.3	26.8±4.6	<0.001*

Safety and security in hospital Knowledge of one's health insurance or medical aid scheme	29.9±5.8	26.3±4.4	<0.001*
	24.6±5.8	25.3±5.5	0.71
Total rights	346.7±71.3	315.6±54.8	<0.001*

(*) Statistically significant at p<0.05

Table 4. Relationship between patients' socio demographic data and perspectives of patient right scores (n=100)

Research variable	Patients Rights score (Mean ± SD)	P- value
Gender:		
• Male	65.71±8.23	0.145
• Female	60.67±12.08	
Age :		
• ≤ 30	67.5±8.5	0.006*
• ≥ 31	83.0±7.1	
Marital status:		
• Married	44.91±8.36	0.270
• Not married	60.93±10.31	
Education level:		
• Educated	70.9±21.1	0.053
• Not Educated	65.8±19.8	
Income :		
• Sufficient	70.4±17.6	0.013*
• Insufficient	77.5±19.7	
Residence:		
• Rural	70.9±19.2	0.202
• Urban	68.7±17.1	
Period of hospital stay (days):		
• ≤7	53.5±18.8	0.081
• 7+	88.1±16.6	

Table 5. Relation between nurses' socio demographic data and perspectives of patients' rights

Research variable	Patients Rights score (Mean ± SD)	P- value
Gender		
• Male	24.73±2.89	0.101
• Female	23.14±1.96	
Age :		
• ≤ 30	76.8±6.9	0.007*
• ≥ 31	84.0±7.2	
Marital status:		
• Married	55.6±0.0	0.070
• Not married	87.6±7.5	
Education level:		
• Diploma	87.9±9.1	0.053
• Bachelor/Higher	52.8±6.8	
Work position :		
• Supervisor nurses	60.4±7.2	0.078
• Technical nurses	85.4±8.6	
Work experience (years):		
• ≤10	60.1±6.2	0.02*
• 11 +	88.9±8.1	

(*) Statistically significant at p<0.05