

## The Effect of an Educational Intervention on Nurses' Awareness about Patients' Rights in Tanta

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**Abstract: Background:** Patients' rights observance is one of the effective measures of patients' satisfaction of health care services. Nurses can support the patients' rights advocacy, if they are informed of these rights. The study aimed to evaluate the effect of educational intervention on the nurses' awareness about patients' rights in Tanta. **Study design:** A pretest-posttest design approach. **Settings:** The study was conducted in maternal and child health (MCH) centers in Tanta city, and in all different departments in Tanta University Hospitals. The subjects consist of one hundred and eight nurses from previous community health care settings (group 1) and three hundreds thirty two nurses from Tanta University Hospitals (group 2). Tool: Interview questionnaire sheet was developed to obtain the necessary data, it included three parts: Part one; related to socio-demographic data of the nurses. Part two; related to factors affecting efficiency of nurses in performing patient rights duties. Part three; Rating scale for assessing nurses' awareness about patients' rights. **Results:** The results revealed that; regarding factors affecting efficiency of nurses in performing patient rights (68.86%) of nurses strongly agree with the effect of hospital policy, equipment and supplies on patients' rights and more than half of them (55.00%, 55.23%, 52.95%) strongly agree with the effect of health work environment, employer guideline, job description respectively on patients' rights. There is a highly significant difference between the perception level of both groups before and after intervention in relation to all rights except the right number six (confidentiality) in which there was no significance difference between group (1) before and after intervention. Conclusion: Hospital policy, equipment and supplies are the most important factors affect patients' rights. There is a significant improvement of nurses' awareness about patients' rights after the educational intervention **Recommendations:** Holding educational programs, seminars, workshops and academic panels for nurses, nursing students, other health care providers about patients' rights.

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**Key Words:** patients' rights, nurses' awareness, educational intervention.

### 1. Introduction:

The notion of patient rights has been developed on the basis of concept of the person, and the fundamental dignity and equality of all human beings recognized since the Universal Declaration of Human Rights was adopted by the United Nations in 1948.<sup>(1,2)</sup> Patient rights are considered as a reflection of human rights in our modern day. New elements of advanced technology medicine have added new dimensions to patient rights.<sup>(3-5)</sup>

There have been many declarations defining the importance of the right to lead a healthy life.<sup>(6-8)</sup> United Nations Constitution (1945), Universal Declaration of Human Rights (1948), Fundamental Freedoms European Human Rights and Fundamental Freedoms Agreement (1950) documented the concept of the right to lead a healthy life. The Lisbon Declaration of World Doctors Association (1981) is the first study to be conducted on patient rights. World Health Organization published a detailed document (A Declaration on the Promotion of Patient's Rights in Europe) stating the principles and strategies of patient rights in Amsterdam (March 28–29, 1994). Finland

(1992), The Netherlands, Israel, Lithuania (1996), Denmark (1998), Norway (2000) and France (2002) have finalized the legal preparations on patient rights.<sup>(9-11)</sup> The American Medical Association Code of Medical Ethics includes a number of patient rights, and the Australian Commission on Safety and Quality in Healthcare published the Charter of Healthcare Rights in 2010. In January 2009, the English National Health Service (NHS) Constitution was launched, which includes a number of patient rights.<sup>(12, 13)</sup>

Different aspects of the relationships between nurses and patients have been under scrutiny in a manner paralleling that of relationships between patients and physicians. The ethical codes all make the point that nurses, being both health professionals and citizens, should initiate and support the action needed to meet the health and social needs of members of the public. Among health professionals, it is accepted that the greatest responsibility for preserving patients' rights lies with physicians, midwives and nurses. Therefore, the nurses' profession has a duty to gain the appropriate knowledge and develop the necessary awareness and sensitivity to uphold the rights of their

patients. <sup>(11)</sup> Nurses have more responsibility than physicians in this regard. The argument is that nurses spend more time on routine daily jobs with patients compared with physicians, and that, in consequence, patients feel closer to nurses. <sup>(14)</sup>

Global developments impacting on social, economic, cultural, political and ethical affairs have also affected our understanding of what is meant by 'human rights'. However, the fundamental reason for the importance attached to patients' rights, and the corresponding increase in legislation, is that respecting patients' rights is an essential part of providing good health care. <sup>(10, 15, 16)</sup> Ultimately, a human rights approach calls for an accommodative provider-patient relationship. Ideally, this would guarantee the patient the right to autonomy, free expression, self-determination, information, personalized attention, and non-discrimination. Nurses routinely engage in acts that hamper the realization of patients' rights. <sup>(17)</sup>

Patients' rights promote and sustain beneficial relationships between patients and health care providers. The role of patients' rights, therefore, is to reaffirm fundamental human rights in the health care context by according patients human treatment. The need to protect and promote the dignity, integrity, and respect of all patients is now widely accepted. To this end, the World Health Organization (WHO) predicts that the articulation of patient rights will in turn make people more conscious of their responsibilities when seeking and receiving or providing health care and this will ensure that patient-provider relationships are marked by mutual support and respect. <sup>(18)</sup>

To provide ethical healthcare, it is important to consider patients' rights as mentioned in different patients' bills of rights or charters published in each country. Cultural differences, however, play an important role in individual attitudes and perceptions of rights in general and patients' rights in particular. As culture and socio-economic contexts create different barriers and facilitators to respecting patients' rights, the WHO research group on patients' rights and citizens' empowerment suggested that each country should articulate its concerns and priorities according to its own cultural and social needs to promote and protect patients' rights. <sup>(18, 19)</sup>

The majority of patients are not aware of their rights. Many patients simply do what the physician tells them to do. Some patients do not even ask why. Many patients 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. Nurses must make certain patients and their families know their rights. <sup>(20)</sup> The American Hospital Association (AHA) first drafted a Bill of Rights for patients in 1973; it was revised in 1992. It developed this document in an effort to support hospitals and

healthcare providers with a basis to develop the best possible care, as they have done in the past; this just put the rights in writing. The document also protects the rights of patients. It recommended that all patients and all healthcare surrogates be aware of these rights. The Bill of Rights was written for the protection of patients. <sup>(20-22)</sup>

Nurses must encourage patients or their families to know these rights. Each hospital unit must explain the rights to staff. The staff should work diligently to do the best they can to care for their patients, despite less than ideal circumstances in certain situations. Nurses are very busy and have many tasks to do to provide quality care. Medications must be given, vital signs must be monitored, and physician orders must be completed. There is always more and more paperwork to be done and fewer people to do it. Many demands are placed on nurses at all times. <sup>(20, 22)</sup>

The patients' rights regulation (PRR) was published in an attempt to secure patients' rights in Turkey on 1<sup>st</sup> of August 1998. All hospitals are required by the Turkish Health Ministry to display a copy of the PRR, in abbreviated form, in a visible place. Specifically, healthcare institutions are responsible for displaying the PRR in poster or leaflet format in an appropriate place where it can be easily accessed by patients, healthcare professionals and visitors. <sup>(23)</sup> Also The Ministry of Health and Medical Education in Iran published a patients' bill of rights in 2001. <sup>(19)</sup>

In Egypt, in November 2003, the Doctors' Syndicate gave its overwhelming approval and support to the "Bill of Patients' Rights" recently issued by the New Kasr Al-Aini Teaching Hospital. The syndicate's council called for the document to be used as a "model" in all Egyptian hospitals. Although the bill is not binding, it is meant to protect patients' rights regarding the medical care and services they receive in the hospital's in- and out-patient clinics and emergency units. The bill has been reproduced on large posters that are now hanging on the New Kasr Al-Aini hospital's walls. Smaller posters are plastered on the doors of patients' rooms. Amongst the bill's mandates are a patient's rights to receive round the clock medical services, to be informed of the different therapeutic options available, as well as the costs of any procedure they undertake. The bill also requires that patients be asked for their consent regarding whatever treatment is provided, and that avenues for presenting complaints to the hospital be made available in case they feel any of their acknowledged rights have been breached. <sup>(24)</sup>

Ideally, a completed list should be given to each patient and posted in each hospital room, unit, clinic, outpatient setting, physicians' office,

community health care settings and any other place of healthcare is provided. All nurses, particularly those in leadership roles, must stress the importance of the rights of all patients. <sup>(25)</sup> From the foregoing, it emerges that nurse' attitudes and behaviors pose an impediment to the actualization of patients' rights in many countries. For effective implementation of patients' rights, WHO suggests that patients deserve the opportunity to have their complaints examined and dealt with in a thorough, just, effective, and prompt manner. <sup>(17)</sup>

#### **Aim of the study:**

The aim of the present study was to evaluate the effect of an educational intervention on nurses' awareness about patients' rights in Tanta.

Research questions:

- Are nurses' aware about patients' rights?
- What are the factors affecting patients' rights?
- Does MCH nurses' awareness about patients' rights differ from Tanta University Hospital nurses' awareness?

## **2. Material and Method**

### **Research hypothesis:**

Nurses' awareness about patients' rights in the study groups will be changed after application of educational intervention.

### **Study design:**

A pre-test-post-test design approach was conducted to evaluate the effect of educational intervention on the nurses' awareness about patients' right in Tanta.

### **Setting:**

The study was carried out in the following setting:

Three MCH centers of Tanta city; El-Embaby, Cigar and Sbrbay Health Centers as this centers are the biggest MCH in Tanta

Different departments (medical, surgical, orthopedic, urology, obstetrics and gynecology, pediatrics, neurology, emergency, intensive care, and burn unit) in Tanta University Hospitals.

### **Subjects:-**

The study subjects comprised of 332 representatives from Tanta University Hospital (10%-30%) of nurses' total number selected by random sampling method, and all available nurses (108) from the previously mentioned (MCH) centers selected by convenient sampling method. The total number of all participants was 440 nurses.

### **Tools of the study:-**

Questionnaire sheet: - It included the following parts:-

**Part (1):-** Socio-demographic data related to the nurses. This included: - Name or code number, age, qualifications and years of experience.

**Part (2):-** This part was developed by Mousa (2010) <sup>(26)</sup>, it includes factors affecting efficiency of nurses in performing patient rights duties e.g. hospital policy,

employer guideline, job description, equipment and supplies, health work environment, staffing and training and development.

### **Part (3) Rating scale for assessing nurses awareness about patient rights:**

- This part was developed by Mousa (2010) <sup>(26)</sup> about bill of 12 patient rights, it includes 93 questions to assess nurses perception about patient rights, divided as follow:-

1. Right one: considerate and respectful care (24) question included four sub items:

- a) Respect during deal with patients (questions 1-10).
- b) Safe environment (questions 11-16).
- c) Values and believes (questions 17-19).
- d) Care in emergency (questions 20-24).

2. Right two: information concerning diagnosis and treatment (18 question) included three main sub items:

- a) Diagnosis and treatment (questions 25-30).
- b) Information undergoing surgery (questions 31-37).
- c) Informed about investigation (questions 38-42).

3. Right three: make decision about the plan of care prior to and during the course of treatment and to refuse treatment to the extent permitted by law (questions 43-47).

4. Right four: have an advanced directive concerning treatment (questions 48-52).

5. Right five: consideration of privacy (questions 53-58).

6. Right six: expect that all communication and records pertaining to care will be treated as confidential by hospital (questions 59-61).

7. Right seven: review the records pertaining to medical care (questions 62-65).

8. Right eight: expect that within its capacity and policies a hospital will make reasonable response to the request of patient for appropriate and medical indicated care and services (questions 66-69).

9. Right nine: ask and be informed of the existence of business relationships among the hospital and other care provider or payer may influence in his treatment and care (questions 70-73).

10- Right ten: consent or decline to participate in proposed research studies (questions 74-81).

11. Right eleven: expect reasonable continuity of care (questions 82-87).

12. Right twelve informed of hospital policies and practice that relate to patient care treatment and responsibilities (questions 88-93).

Scoring system:

Each nurse was asked to respond to questions using likert (1-5) rating scale, to assess their awareness where; 1= strongly agree, 2= agree, 3=sometimes agree, 4=disagree and 5= strongly disagree.

The total number of questions under each

right was collected separately. Scores calculated from highest score to lowest score as; good (> 75%), fair (50%-74%) and poor (< 50%).

#### Method

1. Before conducting the study, a written permission letter was obtained from the Faculty of Nursing, Tanta University to responsible authorities of Tanta University Hospital and the east and west health administrative managers and managers of previously mentioned (MCH) centers and rural health unit in Sbrbay village.
2. Ethical considerations: a formal consent was obtained and rights, anonymity and confidentiality of the respondents were respected in all phases of the study. All nurses were informed about the purpose of and the benefits from this study.
3. A pilot study was carried out before embarking on the field work on (10) nurses from (MCH) centers, and (30) nurses from Tanta University Hospital, who were asked to feedback information regarding whether the questionnaire worked well. There was only one negative comment related to the questionnaire, which was that it was too long.
4. Data collection: The tool of the study was administered individually to each nurse of the study subject before starting the program, part (3) was administered individually to nurses participate in the program two times; before and immediately post the implementation of the program.
5. Implementation phase of the program: The first step of developing the program was formulating program objectives. The general aim of the program was to evaluate the effect of an educational intervention on nurses' awareness about patients' rights in Tanta. Nurses were informed about the general aim of the program to attain their active participation and cooperation during the implementation of the program.

#### First; the implementation of the program at the MCH centers:

The researchers visited each center several times:-

**First time:** to meet the managers of MCH centers, introduce the official letter, explain the aim of the program, meet the nurse supervisor and arrange for the time of the next visit to start the implementation of the program.

**Second time:** to explain the aim of the study to the nurses and performing the pretest.

Generally, the researchers were agreed with nurse supervisor that they will implement the program for one nurse from each unit consequently in order to cover all nurses in the MCH centers and to avoid work

shortage. The number of nurses in each session ranged from (7 to 10) nurses. The implementation of the educational intervention program was done in four sessions

#### Session one for the pretest.

Session two, three and four (third, fourth and fifth visit), for implementation of the educational intervention program regarding patient rights. The contents of the program covered all patients' rights.

#### Objectives of session two:

By the end of this session the nurse should be able to:

1. Know that all patients have the right to considerate and respectful care at all times.
2. Know that all patients have the right of access to treatment.
3. Know that all patients have the right of information about their cases.
4. know that all patients have the right of personal privacy
5. Know that all patients have the right to know the identity and professional status of individuals providing service to them.
6. Know that all patients have the right to confidentiality.
7. Be aware about that all patients have the right to express psychosocial, cultural and spiritual values.

#### Objectives of session three:

By the end of this session the nurse should be able to:

1. Know that all patients have the right to have their pain assessed and managed appropriately.
2. Know that all patients have the right to make decisions concerning their care.
3. discuss the patients' rights about their concerns, complaints or grievances
4. Enumerate the ethical consideration related to the patients' care.
5. Discuss the patients' rights about their participation in investigational.
6. Discuss the patients' rights about their safety/security.
7. Be aware about that all patients have the right to communicate with others outside the hospital.
8. Discuss the patients' rights about their right to access complete and current information regarding their diagnosis and treatment.

#### Objectives of session four:

By the end of this session the nurse should be able to :

- 1- discuss the patients' rights about their right to request consultation with a specialist
- 2- Know that all patients have the right of access to protective services.
- 3- Discuss the patients' rights about their right to refusal of care.

- 4- Discuss the patients' rights about their right to recording or filming of care.
- 5- Be aware about that all patients have the right to freedom from abuse.
- 6- Discuss the patients' rights about their right to participate in research, investigation and clinical trials.
- 7- Know that all patients have the right of to access, request amendments to, and receive an accounting of all disclosures regarding their health information as permitted by law.

At the end of the session the questionnaire was administered to the nurses for immediate post test. Also open discussion was done regarding to nurses' opinions about patient rights, complains and needs of the nurses.

Each session lasts from 60-90 min. The educational intervention program regarding patient rights was imparted to the nurses through lecture and group discussion with the help of audio- visual aids (power point).

The researchers collected data at the summer period 2013. The field work of this study was done in three months, the researchers visited MCH centers from three to four days weekly.

Second the implementation of the program at Tanta university hospitals

The researchers was agreed with the chief nurse and nurse supervisor of each department in Tanta University Hospital that they will send nurses daily to the Faculty of Nursing, Tanta University during the period of implementing the educational intervention program. The number of nurses was ranged from 30 – 50 nurses daily from all the departments.

At the beginning of each day the researchers explained the purpose of the study and performed the pretest, then the researchers started the implementation of the educational intervention program about patient rights. Then half an hour break was given to the nurses, and then the program was completed. At the end of each day the questionnaires was administered to the nurses for immediate post test, also open discussion regarding nurses' opinions about patient rights, complains and needs of the nurses. The researchers spend two weeks continuously to collect the data from the sample of nurses in Tanta University Hospitals.

The same educational program, content, session objectives, time and teaching aids was used for both MCH centers and Tanta University Hospital Nurses.

#### 7. Evaluation of the program.

Two assessments were done for the nurses in order to evaluate their awareness about patient rights by using the questionnaire sheet, part (3) before and immediately after implementation of the program.

#### Statistical analysis

The data were computerized and verified using the SPSS ( Statistical package for social science) version 17 to perform tabulation qualitative variables were described in frequency and percentages, while quantitative variables were described by means and standard deviation. Analysis of collected data was done through the use of several statistical tests as: T – test and correlation between variables. *P* values of <0.05 were considered statistically significant.

#### 3. Results

Table (1) shows the distribution of the study sample according to sociodemographic characteristics. The table revealed that the mean age of study group in community health care settings ( group I) was 40.435±9.697 years while the mean age of study group in Tanta University Hospital (group II) was 36.170±9.800 with mean of years of experience for group I (20.065±10.185) and (14.531± 10.935) for group II. Regard level of education, (60.19 % and 52.41% respectively) of group I and II had Diploma of Nursing degree and only 12.95% of both group had Bachelor degree of nursing. It was observed that there is a significant difference between the study groups regarding level of education, age, and years of experience.

Table (2) demonstrates the distribution of the study sample according to their perception of factors affecting patients right. It was observed that more than two third of the study sample (68.86%) strongly agree with the effect of hospital policy, equipment and supplies on patients right and more than half of them (55.00%, 55.23%, 52.95%) also strongly agree with the effect of health work environment, employer guideline, job description respectively.

Table (3) shows relation between study group awareness before and after the educational intervention. It was observed that there is a highly significant difference between the awareness level of both groups before and after intervention in relation to all rights except the right number six (confidentiality ) in which there was no significance correlation between group (1) before and after intervention.

Table (4) illustrates correlation of the study sample (Group I and II) experience, age, factors and the mean of their awareness of patients' rights. It was observed that there is a significant positive correlation between mean of the study awareness and all items except years of experience.

Table (5) reveals relation of the study sample (Group I and II) level of education and the mean of their awareness of patients' rights. It was noted that there is significant relation between level of education and mean of the study sample awareness of patients' rights.

Table (6) reveals relation between group I and II as regard to the mean of the factors. It was observed that there was no significant difference

between the study groups regarding awareness of patient rights and the factors affecting patient right.

**Table (1) Distribution of the study sample (Group I and II) according to their socio-demographic characteristics**

Demographic data		Group I N=108		Group II N=332		Total N=440		P-value
		N	%	N	%	N	%	
Level of education	Diploma of Nursing	65	60.19	174	52.41	239	54.32	8.252 0.041*
	Diploma of Technical Institute	19	17.59	90	27.11	109	24.77	
	Bachelor degree of nursing	19	17.59	38	11.45	57	12.95	
	Diploma of Nursing + specialty	5	4.63	30	9.04	35	7.95	
Total		108	100.00	332	100.00	440	100.00	
Age	Range	18-59		20-56		18-59		T=3.958 0.000*
	Mean±SD	40.435±9.697		36.170±9.800		37.221±9.936		
Experience	Range	0-42		0-35		0-42		T=4.645 0.000*
	Mean±SD	20.065±10.185		14.531±10.935		15.889±11.006		

(\*)Statistically significant at  $p < 0.05$

**Table (2) Distribution of the study sample (Group I and II) according to their perception of factors affecting patients' rights**

Items	Strongly disagree		Disagree		Sometimes agree		Agree		Strongly agree	
	N	%	N	%	N	%	N	%	N	%
Factors										
Hospital Policy	2	0.45	3	0.68	8	1.82	124	28.18	303	68.86
Employer guideline	1	0.23	4	0.91	12	2.73	180	40.91	243	55.23
Job description	4	0.91	4	0.91	10	2.27	189	42.95	233	52.95
Equipment and supplies	3	0.68	2	0.45	1	0.23	131	29.77	303	68.86
Health work environment	1	0.23	9	2.05	17	3.86	171	38.86	242	55.00
Staffing	10	2.27	28	6.36	33	7.50	169	38.41	200	45.45
Training and development	2	0.45	23	5.23	38	8.64	198	45.00	179	40.68

**Table (3) Relation between study sample (Group I and II) awareness of patients' rights before and after the educational intervention**

Items		Pre		Post		Paired t-test	
		Mean	± SD	Mean	± SD	t	P-value
Right (1)	GI	104.926	± 8.273	109.722	± 9.396	4.393	0.000
	GII	109.265	± 10.165	111.934	± 9.416	5.751	0.000
Right (2)	GI	42.120	± 3.815	44.843	± 4.529	4.969	0.000
	GII	43.578	± 5.485	44.780	± 5.390	4.732	0.000
Right (3)	GI	19.833	± 2.702	21.722	± 2.513	5.270	0.000
	GII	20.940	± 3.272	21.765	± 3.272	6.344	0.000
Right (4)	GI	20.778	± 2.563	22.444	± 2.377	5.316	0.000
	GII	21.711	± 2.666	22.506	± 2.649	6.529	0.000
Right (5)	GI	25.593	± 2.368	27.139	± 2.833	5.052	0.000
	GII	25.693	± 3.514	26.819	± 3.468	7.056	0.000
Right (6)	GI	13.398	± 1.430	13.694	± 1.360	1.655	0.101
	GII	13.187	± 1.666	13.759	± 1.492	7.064	0.000
Right (7)	GI	20.324	± 2.410	22.370	± 2.482	6.067	0.000
	GII	21.139	± 2.943	21.994	± 2.951	5.861	0.000
Right (8)	GI	15.231	± 2.298	17.204	± 2.250	6.742	0.000
	GII	15.723	± 2.825	16.910	± 3.002	7.846	0.000
Right (9)	GI	11.519	± 1.902	13.269	± 1.568	7.743	0.000
	GII	12.238	± 2.252	12.771	± 2.477	6.024	0.000
Right (10)	GI	32.120	± 3.577	35.250	± 4.079	6.224	0.000
	GII	33.657	± 4.619	35.319	± 4.815	8.305	0.000
Right (11)	GI	25.491	± 2.767	26.787	± 3.008	3.470	0.001
	GII	26.446	± 2.981	27.416	± 2.975	7.311	0.000
Right (12)	GI	24.704	± 3.076	26.889	± 2.895	5.512	0.000
	GII	25.699	± 3.454	26.825	± 3.425	7.882	0.000

(\*)Statistically significant at  $p < 0.05$

**Table (4) Correlation of the study sample (Group I and II) experience, age, factors and the mean of their awareness of patients' rights**

Items	Rights	
	R	P-value
Experience	0.020	0.678
Age	0.176	<0.001*
Factors	0.262	<0.001*

(\*)Statistically significant at  $p < 0.05$ **Table (5) Relation of the study sample (Group I and II) level of education and the mean of their awareness of patients' rights**

Items		Education				ANOVA	
		Diploma of Nursing	Diploma of Technical Institute	Bachelor degree of nursing	Diploma of Nursing + specialty	f	P-value
Patient' right	Mean	370.665	365.367	393.719	369.343	8.00	<0.001*
	SD	38.319	33.780	36.055	34.820		

(\*)Statistically significant at  $p < 0.05$ **Table (6) Relation between the study sample (Group I and II) and the mean of their perception of factors affecting patients' rights**

	Group I N=108			Group II N=332			T-Test	
	Mean	±	SD	Mean	±	SD	t	P-value
Factors	32.514	±	32.880	34.633	±	34.928	-0.785	0.432

(\*)Statistically significant at  $p < 0.05$ 

#### 4. Discussion

Social, economic, cultural, political and ethical developments in the world have played a major role in the realization of the concept of human rights. The basic reason for the importance attached to patient rights and the increase in the number of laws pertaining to this issue is to be able to provide better health care to people. <sup>(5, 10)</sup> The quality of the relationship between nurse and patient is an important factor in patients' satisfaction and in turn affecting their commitment in the treatment and improving outcome. Nurses need to be aware of the overall conceptual frame of ethics and patients' rights in order to resolve any ethical dilemmas. Thompson and Boyd (1994), stated that the American Hospital Association (AHA) decelerated a bill of 12 right to protect both nurses and patients' rights. <sup>(27)</sup>

Promoting patients rights is a multidimensional issue and in order to achieve it, comprehensive efforts should be done. World Health Organization has offered some strategies such as active participation of health care recipients and providers' policy making and extending educational programs for health care providers and entire community. <sup>(18)</sup>

Regarding to the factors affecting patients' rights the findings of the present study revealed that nearly all of the staff of nursing agree and strongly agree with the effect of hospital policy, equipments and supplies, health work environment, employer guideline, job description and staff shortage on

patients' rights. This finding is in agreement with Ablishi (2004) <sup>(29)</sup> and Georges *et al.*, (2003) <sup>(30)</sup>, who found that staff shortage is affecting the quality of care in the hospital and patients' rights practices. Joolae *et al.*, (2008), reported that despite nurses and physicians agreeing that patients have rights and that they are committed to respecting these rights, they are rarely able to do this. They referred to knowledge and competence, time and resources such as staff, equipment and facilities as prerequisites for patients' rights practice, which are often not available. The inevitable effects of these shortages on patients' rights observation are the key points that need more attention. Analysis of the participants' narratives indicated that the nurses intended to spend more time with patients, listening to them and caring for them, informing them about the caring process and so on, but they cannot do so because of time constraints and heavy workload. In addition to lack of public knowledge, insufficient legal and managerial support and resource limitations, disregard of nurses' own professional rights, such as adequate salary, proper staff/patient ratio and a safe work environment, and the significant role of the family were identified as other factors affecting patients' rights practice. Albishi (2004) reported similar factors in Saudi Arabia. <sup>(19, 29)</sup>

Many studies found that insufficient numbers of healthcare providers and excessive numbers of patients are affected patients' rights practice. <sup>(31-33)</sup> Mohammadi (1998)<sup>(34)</sup> determined the reasons of the

nurses low level of knowledge as lack of institutionalization and regulation of the rights. Nsirian *et al.*, (2001)<sup>(35)</sup> found that lack of adequate time for studying and researching due to various obstacles such as poor economic conditions; lack of positive vision in selecting nursing profession; tough job conditions in the hospitals such as large number of the patients versus staff shortages, and lack of necessary facilities such as adequate and suitable libraries.<sup>(35)</sup> Hooshmand *et al.*, (2006), found that nurses mentioned 17 factors as facilitators of patients' rights practice. These were classified to three groups: organization related, personnel related and client/patient related factors. The most frequent items were in the group of organization related factors.<sup>(28)</sup>

A lack of knowledge and awareness by the public, patients, nurses and physicians and unclear statements are very important issues when talking about patients' rights.<sup>(19)</sup> The present study revealed that the most of both study groups pre and post intervention program had high level of awareness regarding patients' rights (most of them agree and strongly agree about all patients' rights). In accordance with this result, Mousa (2010), found that nearly all nurses in all age and working in different departments have high good perception about most of 12 patients' rights.<sup>(26)</sup> Kamel (2005), in a study to examine nurses perception and commitment to patients' rights at armed forces hospital supported the present study results and stated that the majority of nurses have perception of agreement about the 12 patients' rights.<sup>(36)</sup> Parsapour *et al.*, (2009) found that all three groups (patients, physicians, nurses) agree on the necessity of most patient's rights and little significant discrepancy was observed regarding the attitude of the three groups.<sup>(37)</sup> In Tehran, Hooshmand *et al.*, (2006), found that over all nurses had a high level of awareness regarding patients' rights.<sup>(28)</sup> Similar, to the present study, Nejad *et al.*, (2011), found in a study to examine nurse awareness of patients right in teaching hospital that in the area of "right to preserve privacy and being ensured about confidentiality of all the medical information", the nurses had the highest level of knowledge.<sup>(39)</sup> Ozdemir *et al.*, (2008), found that nearly all of the participants were aware that every individual has the right to access all forms of information regarding their own state of health, the health services and how to use them, and all that scientific research and technological innovation makes available.<sup>(11)</sup> Altun and Ersoy (2003) reported that 72% of the nurses in their study stated that patients have the right to know the truth about their condition, and nearly all of them stated that patients have the right to participate in decisions affecting their care and also reported that 20% of the nurses stated that children aged over 7

years should participate in their own decision-making process, but after training programmes, the rate of correct answers increased such that almost half of the nurses agreed with the statement.<sup>(40)</sup> More than half of the midwives and nurses agreed with this statement.<sup>(11)</sup>

Regarding the rights of privacy of medical care, confidentiality of communication and record and informed about hospital policy related to care and responsibility; the current study found that both study groups had nearly the same mean score regarding their awareness about these patients' rights. This disagree with Ozdemir *et al.*, (2008), who found that nearly all of the participants were aware of the significance of informed consent, although the percentage level of awareness was considerably higher in village clinics than teaching hospitals.<sup>(11)</sup>

Also, a study conducted in Finland suggested that patients' rights regarding privacy protection may be better secured in university hospitals than in state hospital.<sup>(42)</sup> Confidential information in a patient's records about a third party should not be given to the patient without the consent of that third part. It is pointed out that all identifiable information about a patient's health status, medical condition, diagnosis, prognosis and treatment, as well as all other information of a personal nature, must be kept confidential, even after death.<sup>(11, 40, 43, 44)</sup>

The present findings revealed a significant difference between the study group level of education, age and their awareness of patients' rights. Similar to the present findings, Ranjbar *et al.*, (2010), found in the study to examine evaluation of clinical training of students in teaching hospitals of Yazd patients rights that significant relationship was found between knowledge and age ( $P = 0.003$ ), gender ( $p = 0.042$ ), and educational level ( $p = 0.008$ ).<sup>(46)</sup>

Regarding nurses' level of experience, and their perception of patients' rights, the present study found that there was positive correlation between the study group level of experience and their mean of perception of all patients' rights but not significant. This finding is disagree with Nsiriani *et al.*, (2001), Nejad *et al.* (2007), and Parsinia *et al.*, (2011), who found that there was a direct and significant association between level of knowledge and work experience ( $P = 0.008$ ) and the level of knowledge of the study subjects from patients rights character was increased by increasing work experience.<sup>(28, 39, 47)</sup> Also, Davati *et al.*, (2012), found that the only significant correlation was found between nurses' knowledge level and their practice experience.<sup>(41)</sup> Also in agreement with present finding, Hasaniyan (2005), found that there were correlation between nurses' attitude of the patient's rights and work experience of nurses.<sup>(45)</sup>

Regarding effect of the educational intervention it was observed that there is a significant difference between both study before and after intervention, this emphasize on the importance of education for nurses about patient right. Promoting patient rights is among the priorities of healthcare providers and is considered as an indicator of health state in every community.<sup>(49)</sup> Finally it seems that patients and medical and healthcare service providers' higher awareness of patients' rights and obligations would lead to clarify the relations amongst them which consequently prevent emerging possible legal lawsuits. Just service providers being aware of patients' rights is not enough, but efforts have to be made in order to preserve these rights.<sup>(39)</sup>

### Conclusion

In conclusion, it can be concluded that the intervention program was effective in raising nurses' awareness' about patients rights. Hospital policy, equipment and supplies are the most important factors affect patients' rights.

### Recommendation

Based on the results of this study the researchers recommended that:

1. Data from this study reinforce the continuing need for more education programs about patient rights.
2. Encouraging the nurses to consider patients' right charter seriously
3. Establishing and empowering the sanction of patients' right charter
4. Hospital policy, equipment and supplies are the most important factors to be considered from the persons who are responsible about patient rights.

### References:

1. Millar M. Patient rights and healthcare-associated infection. *JHI*, 2011; 79: 99-102.
2. Maritta V, Lauri K, Jukka, Diane K. Patients' rights to complain in Finnish psychiatric care: An overview. *International JLP*, 2009; 32: 184-188.
3. Watson S. Minority access and health reform: A civil right to health care. *JMIE*, 1994; 22:127-37.
4. Delph Y. Health priorities in developing countries. *ASLAME JR*, 1993; 21:16-22.
5. Chilton L, Berger J, Melinkovich P, Nelson R, Rappo P, Stoddard J, et al. American academy of pediatrics. Privacy protection of health information: patient rights and pediatrician responsibilities. *jpeds*, 1999; 104:973-7.
6. European Convention for the Protection of Human Rights and Fundamental Freedoms, 2005. Available at: <http://conventions.coe.int/treaty/en/Treaties/Html/005.htm>.
7. Universal Declaration of Human Rights, 2005. Available at: <http://www.un.org/Overview/rights.html>.
8. WHO Basic Documents, 2006. Adopted by the Fifty-first World Health Assembly, 45<sup>th</sup> ed., Supplement, October 2006. Available at: <http://www.who.int/governance/en/>.
9. Francois P, Patricia H, Scolan V, Gueut ML. Patients' participation in medical decision-making change due to the law of 4 March 2002 and relevant jurisprudence. In: Proceedings of 3rd European Academy of Forensic Science Meeting; 2003, September 22-27.
10. Ozdemir M, Ergonen A, Sonmez E, Ozgur Can I, Salacin S. The approach taken by the physicians working at educational hospitals in Izmir towards patient rights. *elsevierj*, 2006; 61: 87-91.
11. Ozdemir M, OzgurrCan I, Ergonen T, Hilal A, Onder M, Meral D. Midwives and nurses awareness of patients' rights. *jmwh*, 2009; 25:756-765.
12. American Medical Association. Code of medical ethics. Chicago: AMA; 2010.
13. Australian Commission on Safety and Quality in Healthcare. Charter of healthcare rights. Sydney: ACSQH; 2010.
14. Zulfikar F, Ulusoy M. Are patients aware of their rights? A Turkish study. *NEJ*, 2001; 8:487-498.
15. Patients' Rights Laws in Europe, 2004. Available at: <http://home.online.no/~wkeim/patients.htm>.
16. Ozdemir M, SalacS, Ergonen A. The patients' rights statutes and the physician's sensitivities. *ASLAME JR*, 2000; 8:32-37.
17. Ojwang B, Ogotu E., Matu P. nurses' impoliteness as an impediment to patients' rights in selected Kenyan hospitals. *hhrj*, 2010; 12(2):101-117.
18. World Health Organization Regional Office for Europe, A declaration on the promotion of patients' rights in Europe. Copenhagen: WHO Regional Office for Europe, 1994. Available at: [http://www.who.int/genomics/public/eu\\_declaration1994](http://www.who.int/genomics/public/eu_declaration1994).
19. Joolae S, Tschudin V, Nikbakht A& Parsa Z. Factors affecting patients' rights practice: the lived experiences of Iranian nurses and physicians. *icnj*, 2008: 55-61.
20. Miracle V. Rights of Patients. *Dimensions of Critical Care Nursing*, AMJ, 2004; 23(3):129-130.
21. Zaremski M. Patients' rights and accountability: Can there exist rights without remedies in an American legal and legislative framework?. *msuj*, 2003; 22(3):429-450.
22. American Cancer Society. The Patient's Bill of Rights. Available at: <http://www.cancer.org>. 2003.
23. Kuzu N, Ergin A, Zencir M. Patients' awareness of their rights in a developing country. *jph.*, 2006; 120: 290-296.
24. Sakr H. High time for patients' rights. *Al-Ahram Weekly*. Available at: <http://weekly.ahram.org.eg/2003/665/eg7.htm>
25. Redman B, Fry S. Ethics and human rights issues experienced by nurses in leadership roles. *Nurs Leadersh Forum*, 2003; 7(4):150-156.

26. Mousa R. Nurse's efficiency in performing patient's rights duties. Thesis.M.sc., Faculty of Nursing, Tanta university.2010.
27. Thompon E and Boyd M. Nursing Ethics. 5<sup>th</sup> ed. London Churchill Living Stone Co., 1994: 217-218.
28. Hooshmand A, Joolae S, Mehrdad N, Bahrani N. Nurses' information and their view points about patient's rights and practical facilitators in clinics. DOAJR, 2006; 12(4):57.
29. Albishi A. the Saudi patients', physicians', and nurses' perceptions of and lived experience with patients' rights in Saudi Arabia: Qualitative phenomenological study. Ph.D Thesis, George Mason University. 2004.
30. Georeges A, Bolton B, Bennett C. Quality of care in African – American communities and nursing shortage. JNBNA, association 2003; 14(2): 16-24.
31. Buken O, Buken E. Emerging health sector problems affecting patients' rights in Turkey. NEJ.2004; 11 (6): 610–624.
32. Heather G. The nursing shortage in the USA: an integrative review of the literature. JAN, 2003; 43 (4): 335–350.
33. Negarandeh R, Oskouie F, Ahmadi F, Nikravesh M, Rahm-Hallberg I. Patient advocacy: barriers and facilitators. BMC Nursing, 2006; 5: 3. Available at [http:// www.biomedcentral.com/1472-6955/5/3](http://www.biomedcentral.com/1472-6955/5/3).
34. Mohammadi M. Assessment of Knowledge and Attitude of Nurses about Patients Rights. Proceedings of the Symposium of Nurses and Law, Tehran, Iran. Nurses Organization of Health Ministry, 1998.
35. Nsiriani H, Salemi S, Salman Yazdi N, Hosseini F. Relationship between nurses knowledge respecting the rights of their patients and rate of its observance in hospitals of Yazd in 2001. IJN, 2001; (22, 23): 8- 14.
36. Kamel E. Competency of nurses in performing patient right. M.sc.Thesis, Faculty of Nursing, Alexandria university.2005.
37. Parsapour R, Mohamad K, Malek H, Alaedini F, Larijani B. Investigating the attitude of patients, physicians and nurses on Patients' Bill of Rights' practice in Tehran private hospitals. JR TUMS, 2009; 2(4): 79–90.
38. Rangraz F, Rabei R. Nurses and physician' viewpoints regarding Patient's Bill of Right in Kashan, Iran, Feiz. 2006; 10(3): 40–46.
39. Nejad M, Jamaloddin J, Abotalebi G, Salari A, Ehsani R. Nurses awareness of patients rights in a teaching hospital. JR TUMS, 2011; 4(2).
40. Altun I and Ersoy N. Under taking the role of patient advocate: a longitudinal study of nursing students. NEJ, 2003; 10: 462–471.
41. Davati A, Seidmortaz S, Zafarghandi N, Azimi A, Arbab S. An assessment of Tehran graduated general physicians' knowledge about the charter of patients' rights. *erj*, 2012; 3(4): 357-361.
42. Iltanen S, Leino H, Puukka P, Suhonen R. Knowledge about patients' rights among professionals in public health care in Finland. Scandinavian JRDOI, 2011.
43. Claire D, Martino M. Registered nurses' personal rights versus professional responsibility in caring for members of underserved and disenfranchised populations, JCN, 2005; 14:546–554.
44. ICM, International Code of Ethics for Midwives. Available at: [/http://www.midwiferytoday.com/articles/interncode.a spS\(2005\)](http://www.midwiferytoday.com/articles/interncode.aspS(2005)).
45. Hasaniyan M. Investigating nurses' perception of observation of patient rights in Hamadan University of Medical Science hospitals. JNR, 2005; 27(3).
46. Woogara J. Patients rights to privacy and dignity in the NHS. *nursing-standard-j*, 2005; 19(18):33-7.
47. Ranjbar M., Samiehzargar A, Dehghani A. Evaluation of clinical training of students in teaching hospitals of Yazd Patient Rights. Special Patient Rights, JME, 2010; 3(4), 51-60.
48. Parsania M, Goodarzi M, Babaei H. Evaluation of nurses' knowledge about patient rights working in Karaj hospitals, TMUJ. Mashhad, 2007; 3(4): 216-22.
49. Joolae S, Hajibabae F. Patient rights in Iran: A review article. NEJ, 2012; 19(1): 45–57.

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