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Applying a Model of Patient's Right in the State Hospital, Sari, Iran

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ABSTRACT

Background/Objectives: The charter of patient rights includes provision of appropriate and good quality health care services and information to patients, while respecting their honor and dignity. The aim of this study was to apply the model of patient's right phenomenology.

Methods: The phenomenology approach was utilized in this study using three dimensional models of Kaufmman, Kuring and Janson. The relevant data were collected using open semi-structured interviews conducted in a total of 68 sessions. For data analysis, the factor analysis test was used for match and mismatch, and for identifying the structure.

Results: In this study, content themes were divided into ten categories, namely: appropriate care with high quality, the right to have information, the right to confidentiality of information and secretiveness, the right to sign an informed consent, and observe patient's privacy, the right to rote independence, the right to be at peace, the right to express objections and complaints, the right to get compensation, as well as the right to enjoy the adequate resources and individual behavior.

Conclusion: In the health care perspective, patient satisfaction is a combination of expectations, experiences, and needs perceived. The findings of this study offer a more comprehensive model from the patient's point of view towards their rights.

Keywords: Patient rights, phenomenology, model, Sari

Introduction

In giving an effective care, patient's right is generally demanded by patients, while the hospital is responsible to fulfill this particular expectation.¹ The charter of the patient's right is a defense of human right, i.e. to prevent patient's honor and dignity and to ensure that he or she gets a good quality of care in illness situations, specifically in medical

emergencies, without any age or gender discrimination and with the financial strength of the his or her body, life and health.² The aim of the patient's right charter is that the basic rights of the patients who receive care from health institutions are explained to them according to the rules and regulations.^{3,4} European regional office of the World Health Organization writes in its statements that promoting the patient's right is a multi-

categorized topic and achieving this goal should be done through multilateral efforts.⁵ In addition, WHO has also presented solutions in this field, most of which involve active participations by both the service recipients and service providers in formulating health policy and developing training programs specifically for service providers and the entire community. The notification of the charter of patient's right and the guidelines of the relevant plans by the Ministry of Health and Medical Education in 2002 is another important issue ⁶, but this particular rights charter has not been fully accepted and understood, despite its approval. The following provision needs a major center because many of them are not easily accessible without the cooperation of the different sectors.⁷

Monitoring and control of the hospital's regulations is the main principle for staff and physicians because disregarding it will cause a gap in providing healthcare and could create irreparable psychological mental injury, patient's dissatisfaction, health risks, endangering patients' lives and safety, as well as deteriorating the relationship between the staff and the patients. All of these will consequently increase the problem of hospital management and reduce the effectiveness of care given.⁸ In addition, medical health staff cannot deal with the present challenges without possessing required knowledge about the ethical and legal concepts and adapting themselves with the needs created by demographic characteristics and technologists of the current century.⁹

In most countries, patient's right has been standardized with legal or civil law and a common understanding of respect to this right lie between care providers (physician and nurses) and care recipients. This is necessary for care providers to follow standards and provide services with high quality.¹⁰ Albishi ¹¹ carried out a phenomenological study using

the data on the experiences and understanding of patients, physicians and nurses of the patient's right in Saudi Arabia. The main extracted themes from the analysis of the interviews conducted in Albishi research consisted of the current understanding of the definition of basic rights, as well as cultural and occupational resources of the right, family priority, cultural adaptation, lack of standards among the hospitals, the lack of rules and legal system and the impact of work pressure on the patients right. Until now, most studies have focused on comparing and measuring knowledge in different groups. Hence, the researcher decided to conduct this study to investigate the understanding of the physicians, nurses, patients and their attendants, as well as care providers about the patient rights charter so that it will provide a deeper understanding of this particular law from various perspectives.

Methods

This study made use of the phenomenology approach using the three dimensional model of Kaufman, Kurigan and Jason ¹² at Imam Khomeini Hospital, Sari, Iran. The three dimensions of this particular model consist of service recipients (patients and attendants), service providers (nurses and physicians) and managers (including the managers of the different levels). Suitable participants were selected based on the inclusion criteria of the study, namely, they:

- had been admitted in the hospital for more than Two days;
- had intact cognitive skills and mental functions as determined by the Mini-Mental State Examination (MMSE) scale, with a score of more than 20 - 30 for patients;
- were willing to share their experiences and knowledge;

- had given their consent and signed the informed consent document

The accuracy of the information in this study was ensured by considering several formal and informal interviews with the participants. Meanwhile, the data was collected using the open-ended questions throughout 68 interview sessions with 12 patients, 12 attendants, 18 nurses, 12 physicians and 14 senior, middle-level and operational managers.

In the interview phase, the participant's informed consent was obtained which indicated that they had fully understood the procedure and the purpose of the research, and voluntarily participated in this study. Hence, prior to the commencement of each interview, the participants were briefed on and explained about the research, and they were later asked to sign the consent form if they decided to willingly take part in the research. With the permission of the participants, a digital recorder was used to record the interview session. The interviews were conducted in the participants' rooms and offices. All the recorded interviews were then backed up by duplicating them and saving them in two different places. The recorded interviews were then transcribed verbatim immediately after leaving the field, i.e. on the same day or the day after by the researchers. In the data analyzing phase, the factor analysis test was used for match and mismatch structures.

Findings

All the concepts that were common in at least 2 views were selected and analyzed with the expert's groups, and these are presented in table 1. As it can be seen, content themes were divided into ten categories, namely: appropriate care with high quality, the right to have information, the right to confidentiality of information and secretiveness, the right to

sign an informed consent, and observe patient's privacy, the right to rote independence, the right to be at peace, the right to express objections and complaints, the right to get compensation, as well as the right to enjoy the adequate resources and individual behavior.

Discussion and Conclusion

The concept of patient's right is an issue that needs more research and discussions. Taking every step two can help patients to receive care based on human and moral rights. More knowledge of service recipients, service providers and service producers with regards to patient rights charter will definitely improve patients' right and consequently provide better health care to its recipients. Thus, through focusing on patients' rights and improving the laws pertaining to this particular subject, patients' satisfaction can be enhanced. And given the fact that satisfaction is one important indicator of performance effectiveness, as well as productivity and quality of health care services, it can ensure organizational survival and competitiveness. Moreover, Patients Satisfaction that is the most important customers of health care centers is an important issue in achieving excellence in health care. Taking this concept a step further, Tabatabaei et al.¹³ pointed out that "an important instrument to assess the quality of healthcare is patient satisfaction as because of it, the unmet needs can be defined and subsequently, the services can be provided". Furthermore, satisfaction of the patients can be described as meeting Patient Expectations or offering service exceeding Patient Expectations.¹⁴ Consequently, the implementation of patients' rights can increase the quality of care, as well as achieve equal distribution of responsibility between the patients, nurses, and physicians.

Based on the findings of this study, the participants looked at patient's right more from natural dimension than the legal dimension. The recipients knew they are entitled to receive natural and human rights, whereas service providers believed that the patients' right is legal and is a government's duty. According to Salimi et al.⁹, many scholars such as Jean Jacques and Johan Lock have supported natural rights in their writings, while civil rights had rooted in the west revolutions and were stabilized with the growth and social development and attention to oriented customer.

A research study conducted by Leino-Kilpi et al.¹⁵ in Finland concluded that patient rights with regards to privacy protection might be better secured in university hospitals than in state hospitals. Such findings were based on laboratory examinations.

In the current study, one of the highlighted themes extracted from the service recipient is the effectiveness of individual behaviors, from which self-concepts such as openness, empathy, positivism, supportiveness and equality had emerged. The effectiveness of the individual behaviors mentioned was beyond the accommodation and physical presence and so forth. Meanwhile, both respect and dignity were highlighted more often than services (treatment and care) by the patients. Thus, considering the existing problems and the lack of knowledge in the ability of the treatment system and also in clearing the areas of responsibility of organization about right, special attention by policy makers and managers in health and treatment, the improvement in the quality of care and the establishment of clinical sovereignty to increase service recipients' satisfaction are inevitable.

Finally, as well as Barofsky¹⁶ already mentioned, "Patients' right statements are needed so that the patient can fully participate

in the process whereby acceptable care is defined". Based on the discussion on the oriented customers and the stability and competitiveness of organizations, it is time that countries consistently match the charters of the patient's right with stakeholders' expectations and analyze their strengths and weaknesses and create the required match between stakeholders. More importantly, doing so will help to overcome problems related to the decrease and deficiency in relation to their social and civil laws and medical system.

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Table 1: The extracted themes and categories of the selected groups in relation to patient's right based on the participant's perspective

Extracted themes of selected groups	service recipients	service providers	manager group
A. Appropriate care with high quality			
1. Admissions without discrimination in giving care	√	√	√
2. No discrimination in giving care	√		√
3. Speed in service delivery	√		√
4. Having the minimum waiting time	√		√
5. Having a standard care	√	√	√
6. The right to choose or reject treatment	√		√
7. The right to accept or reject clinical research on patient		√	√
8. The right to accept or reject treatment with education profit		√	√
9. The right to accept or reject treatment with non-direct people	√		√
10. Having continuous and coordinated care	√		√
11. Access to physician	√	√	√
12. Availability of care	√	√	
13. The right to have a comprehensive service	√	√	√
14. The right to take something into consideration to his/her request	√	√	√
15. The right to respect patient's legal right	√		√
16. The availability of accommodations for physical, mental and spiritual disabilities	√	√	
B. The right to have information			
1. The right to have the information about their disease(s)	√		√
2. The right to have the information about testimonial signing		√	√
3. The right to know the name of the persons who are involved in his/her treatment.		√	√
4. The right to have the information about other clinical institutions related to his/her treatment.		√	√
5. The right to gain knowledge about his/her biochemical tests	√		√
6. The right to gain knowledge about the rules and regulations in the hospital		√	√
7. The right to have a conscious partnership right in making care and treatment decision		√	√
8. Gain awareness to enjoy their rights	√	√	√
9. The right to gain knowledge of their physician's identity and expertise	√		
10. The right to gain knowledge of the discharge day	√	√	√
11. The right to gain the knowledge of the content of their medical records	√	√	
12. The right to be aware of their medical financial account	√		
13. The right to know about the centers that provide financial help		√	
14. The right to knowledge about their treatment programs	√		√

15. The right to know the views of other doctors	√		√
16. The right to be aware of their diagnosis, treatment and prognosis	√	√	√
17. The right to be aware of the treatment after being discharge (i.e. at home)	√	√	
18. The right to be aware of the time and place for meeting doctors	√		√
19. The right to be aware of the substitution methods of treatment		√	√
20. The right to be aware of the amount of mistakes, treatments and delay damages	√		√

C. The Right to Confidentiality of Information and Secretiveness

1. The right to get respect for his/her privacy	√	√	√
2. The right to get the confidentiality of his/her information and medical records	√	√	√
3. The right to the confidentiality of the source of payment for care and treatment	√		√
4. The right to confidentiality of his/her record at analyzing time		√	√
5. The right to copy the contents of his/her medical records	√	√	√

D. The right to sign the informed consent

1. The right to accept or decline the therapy	√	√	√
2. The right to consent on the medical action	√	√	
3. The right to accept or decline meetings		√	√
4. The right to regain consent	√		√
5. The right to satisfaction or dissatisfaction during biopsy		√	√
6. The right to satisfaction or dissatisfaction at member donation	√	√	√
7. The right to reject any long and painful experiments	√	√	

E. The right to observe the patient's privacy

1. Respect their privacy during interview, examination and treatment.	√	√	√
2. Respect their privacy during meetings		√	√
3. The right to choose a person as an accompany	√	√	
4. The right to use phone features	√	√	

F. Right to rote independence

1. The right to have the freedom in making decision	√	√	√
2. The right to participate in medical research or educational projects		√	√
3. The right to leave the hospital after doctor's comment(s)	√		√
4. The right to choose a nurse and a physician	√		

G. The right to be at peace

1. The right to access medicine	√	√	
2. The right to enjoy the ultimate human care with relaxation		√	√

- | | | | |
|--|---|---|---|
| 3. The right to get/use the available assistant at time of quiet and comfortable death | | √ | √ |
| 4. The right to access spiritual person in order to gain mental and spiritual relaxation | | √ | √ |
| 5. The right to access spiritual and mental counselors | √ | √ | √ |
| 6. The right to have an interpreter | | √ | √ |

H. The right to express objections and complaints

- | | | | |
|---|---|---|---|
| 1. The right to complain about financial losses | √ | | √ |
| 2. The right to complain about incomplete treatment | √ | | √ |
| 3. The right to protest while getting medical health care | √ | √ | √ |
| 4. The right to protest to medical and welfare facilities | √ | √ | |
| 5. The right to protest to hospital staff encounters | √ | | √ |

I. The right to compensation

- | | | | |
|--|---|---|---|
| 1. The right to access quick verification to his medical emergencies | √ | √ | √ |
| 2. The right to quickly get medical and financial compensation | √ | √ | |
| 3. The right to regain treatment cost of damage | √ | √ | |

K. The right to enjoy of adequate resources

- | | | | |
|--|---|---|---|
| 1. The right to enjoy clean clothes with appropriate size | √ | √ | |
| 2. The right to enjoy clean bed sheet | √ | √ | |
| 3. The right to enjoy drug facilities at high level of needs | √ | √ | |
| 4. The right to enjoy adequate force | √ | √ | √ |
| 5. The right to enjoy adequate and vital equipment | √ | √ | √ |
| 6. The right to enjoy or get adequate and appropriate meals | √ | √ | |

L. Individual behavior

- | | | | |
|---------------|---|--|---|
| 1. openness | √ | | √ |
| 2. empathy | √ | | √ |
| 3. positivism | √ | | √ |
| 4. protective | √ | | √ |
| 5. equality | √ | | √ |