

Awareness and observance of bill of rights among patients with heart disease

Samiramiss Qavam,¹ Siros Norozi,¹ Amir Hosein Salimi,² Milad Borji^{3*} and Asma Tarjoman²

¹Department of Cardiology, Faculty of Medicine, Ilam University of Medical Sciences, Ilam, Iran

²Student Research Committee, Ilam University of Medical Sciences, Ilam, Iran

³Department of Nursing, Faculty of Nursing and Midwifery, Ilam University of Medical Sciences, Ilam, Iran

ABSTRACT

Advances and developments in medical science have greatly extended the scope of medical interventions in recent decades, which has raised numerous ethical challenges in this domain. Therefore, the present study investigated levels of awareness of a patient's bill of rights and its observance in 2015 in hospitals in the city of Ilam in Iran among patients with heart disease. In this cross-sectional descriptive study, 200 patients with heart problems admitted to hospitals in Ilam were recruited using the convenience sampling method. The research instrument was a three-part questionnaire about a patient's bill of rights completed using the interview method. The data were analyzed via SPSS Version 21 with respect to descriptive statistics (means and standard deviations), inferential tests (Pearson's correlations), and interpreted at a statistical significance cutoff of 0.05. Analysis of awareness of a patient's bill of rights revealed that 38% (76) had poor awareness, 59.5% (119) had moderate awareness, and five participants (5%) had good awareness. Regarding observance of a patient's bill of rights, 22% (44) had a poor level of awareness, 34.5% (69) reported moderate awareness, and 43.5% (69) had high awareness. Moreover, no statistically significant difference was found between the level of awareness of a patient's bill of rights and its observance. Only a small number of patients had good levels of awareness of a patient's bill of rights. Thus, healthcare policymakers must take the necessary steps regarding patients' awareness of a patient's bill of rights.

KEY WORDS: PATIENT'S BILL OF RIGHTS, OBSERVANCE, AWARENESS, HEART PATIENTS

ARTICLE INFORMATION:

*Corresponding Author: borji_milad@yahoo.com

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INTRODUCTION

Patients are one of the most vulnerable groups in a society, and they need special attention. In recent decades, advances and developments in medical science have significantly extended the scope of medical interventions and provoked many ethical challenges in this domain. The purpose of a patient's bill of rights is to defend human rights to maintain patient sanctity and dignity. Therefore, observance of a patient's bill of rights can establish patients' beliefs that they will be supported when they are ill, particularly during medical emergencies, without discrimination regarding race, gender, age, or financial power (Kazemnezhad & Hesamzadeh, 2013, Karimyar, Hojat, & Karami, 2015).

Respect for patient rights refers to patients' legitimate expectations of their healthcare system (Özdemir *et al.*, 2009). A patient's bill of rights gives every patient the right to receive private care; ask doctors and other caregivers for detailed information on diagnoses, treatments, and prognoses; and the right to make necessary decisions regarding continuation or not of ongoing or recommended treatment (Kuzu, Ergin, & Zencir, 2006). Thus, respect for patient choice, use of patients' physical and mental potential to make decisions, and not patronizing patients are among the provisions of a patient's bill of rights (Karimyar, *et al.*, 2015). Despite the development and declaration of a patient's bill of rights in healthcare centers in Iran and information provided to patients regarding decision-making, studies have found that the levels of awareness and observance of these bills of rights differ globally and in Iran (Jahanpour & Rasti, 2014; Mousavi, Yaghobian, & Ranjbar, 2016).

The idea of patients' rights developed from concepts about the person as well as the human sanctity and dignity of all individuals. It also was published in the global statement on human rights. Thus, understanding patients' levels of awareness regarding their rights could provide a picture of the facts and shortcomings of the situation, which could support important and fundamental steps toward promoting the quality of patient care. Because laws alone cannot imply implementation and observance of patient rights, and because awareness of the laws usually precedes their implementation, one way to ensure that this important issue is addressed is to understand the beneficiaries' awareness of their rights (Ghaljeh, *et al.*, 2015).

Heart disease is one of the most common chronic illnesses, which is increasing because of population aging. Therefore, attention to the sanctity and dignity of patients as a vulnerable societal group is increasingly important (Borji, *et al.*, 2015; Azami, *et al.*, 2016). Accordingly, this study investigated the extents of awareness of

a patient's bill of rights among patients suffering from heart disease.

MATERIALS AND METHODS

Following previous similar studies (Erer, *et al.*, 2008; Mousavi, *et al.*, 2016), in 2015, 200 patients diagnosed with heart disease who were admitted to Shahid Mostafa Khomeini Hospital in Ilam were recruited. Ilam has the only center that treats heart disease. The inclusion criteria were: (i) informed consent to participate, (ii) confirmation of a heart problem diagnosed by a cardiologist, (iii) older than 18 years, (iv) no known mental disorders, (v) ability to orally communicate, and (vi) at least 72 hours of hospitalization in Shahid Mostafa Khomeini Hospital in Ilam. After confirmation of this study (with a project code, code of ethics in research, and so on) and approval obtained from the relevant authorities, I identified the eligible participants in the cardiac/coronary care unit (CCU) and post-CCU for men and women in Shahid Mostafa Khomeini Hospital in Ilam. I completed the questionnaire for each participant using the interview method.

The data used in this study were derived from the questionnaire responses. The questionnaire had three parts. The first part comprised questions on the participants' demographic characteristics. The next part comprised 21 questions about the participants' attitudes about a patient's bill of rights. The items measured the participants' levels of observing a patient's bill of rights. To determine the levels of observing a patient's bill rights, each situation was scored 1 = *observed patient rights* and 0 = *did not observe patient rights*. The participants' total scores ranged from zero to 21 and were categorized as three levels: undesirable (0–7), moderate (8–14), and high (15–21) (7, 11). The third part of the questionnaire was a 21-item scale of awareness of patients' rights. The following items were measured: (i) the right to awareness and information (four items), (ii) the right to choose and make decisions (two items), (iii) the right to confidentiality and privacy (five items), (iv) the right to have respect (three items), (v) the right to decline treatment and informed consent (three items), (vi) the right to appropriate care and treatment (three items), and (vii) the right to object and complain (one item). The responses were coded 1 = *awareness* and 0 = *no awareness*. The final scores were classified into three groups: low awareness (0–7), moderate awareness (8–14), and good awareness (15–21) (Ghaljeh, *et al.*, 2015; Mosadegh Rad & Esna Ashari, 2004).

To observe research ethics, I first introduced myself and explained the study's objectives. Then, the participants were assured that their personal information would be held in strict confidence and their family

names would not be mentioned. After the interviews, the data were analyzed using the SPSS Version 21 statistical package software through descriptive statistics (means and standard deviations) and inferential tests (Pearson's correlation coefficients). Notably, 0.05 was the probability cut-off used to determine statistical significance.

RESULTS AND DISCUSSION

The results of this study found that 59% (118) of the participants were male and 41% (82) were female. The mean age was 62.06 ± 12.19 years. Regarding education, 53.5% (107) was illiterate, 30.5% (61) held degrees below diploma, and 16% (32) held diplomas or higher degrees. Moreover, 42.5% (85) had a history of readmissions and 57.5% (115) did not report a history of hospital readmissions. Table 1 shows that the majority of the participants (59.5%, 119) had a moderate level of awareness of a patient's bill of rights and only five (2.5%) reported good levels of awareness.

Table 2 shows that participants' attitudes regarding observance of a patient's bill of rights were moderate (34.5%) and 87 individuals (43.5%) reported good levels of observance. The findings revealed no statistically significant difference between observing a patient's bill of rights and awareness of a patient's bill of rights.

DISCUSSION

The findings of this study demonstrate that the level of awareness of patients with heart disease regarding

a patient's bill of rights was low. Along these lines, a study by Bateni *et al.* (Bateni, Sajadi, & Hoseini, 2011) on patients admitted to hospitals in Isfahan found that more than one-half of the participants were unaware of a patient's bill of rights. Hossein Jowzi Arakvazi *et al.* (Josi Arkvazy, Ashktorab T, Abbasl M, & A., 2011) .in a study of 60 nurses and 160 patients in the internal and surgical wards of teaching hospitals affiliated with Ilam University of Medical Sciences, assessed awareness of a patient's bill of rights and found that almost one-half of the sample of nurses (48.3%) was aware of the provisions of a patient's bill of rights. However, majority of the patients (82.5%) were unaware of the content of a patient's bill of rights. This study's findings support these results for patients with heart disease hospitalized in CCU and post-CCU wards.

Ghiasvandian *et al.* (Ghiyasvandian & Bolourchifard, 2015) studied patients with cancer and the results suggested that patient information regarding participation in clinical trials and patients' prior informed consent before and after completing informed consent forms were low. Furthermore, Mousavi *et al.* (Mousavi, *et al.*, 2016) .studied patients with cancer and found that the majority (79%) had never seen a patient's bill of rights. Regarding observing patients' rights, most of the participants (98%) reported two cases of low observance: "getting the contents of a patient's bill of rights at the time of admission" and "receiving predictable regulations and costs at the time of admission." The results of another study that examined the extent of privacy given to elderly patients and the extent of satisfaction with observing their privacy in selected hospitals in Isfahan found that the average of respect for overall privacy was "good" in only 16.4% of the cases (Hajbaghery & Chi, 2015). Aghajani *et al.* (Aghajani & Dehghannayeri, 2009). assessed different aspects of regarding patients' privacy in hospital emergency wards affiliated with Tehran University of Medical Sciences. They found that about one-half of the patients (50.6%) reported that observance of their privacy was poor or moderate and 49.4% reported that observance of their privacy was good. Last, Zirak *et al.* (Zirak, Ghafourifard, Aghajanloo, & Haririan, 2015) investigated the extent of observing patient privacy in admissions to teaching hospitals in Zanjan, found that most of the patients were unaware of patients' rights, and that some personal privacy standards had not been observed, which was not in line with the results of the present study.

CONCLUSION

We conclude that observing patients' rights requires providing patients and hospital staff with knowledge about a patient's bill of rights because results of previ-

Table 1. Distribution of absolute and relative frequency of awareness of a patient's bill of rights		
Level of awareness	Absolute frequency	Percentage
Poor	76	38.0
Moderate	119	59.5
Good	5	2.5
Total	200	100.0

Table 2. Distribution of absolute and relative frequency of observing a patient's bill of rights		
Level of awareness	Absolute frequency	Percentage
Poor	44	22.0
Moderate	69	34.5
Good	87	43.5
Total	200	100.0

ous studies have suggested that there is a statistically significant relationship between the extent of awareness of a patient's bill of rights and its observance. (Basiri Moghadam, Basiri Moghadam, Moslem, Ajam Zibad, & Jamal, 2011; Mossadegh Rad & Esna Ashari, 2004) It is important to appoint individuals as supervisors in hospitals for all work shifts to monitor patients' rights and to require doctors and nurses to observe the rights of their patients (Ghaljeh, et al., 2015).

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest regarding the publication of this article.

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