

# Relationship between Awareness of and Respect for Patients' Rights from the Perspective of Patients Admitted to Psychiatric Wards

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## ABSTRACT

**Background:** It seems difficult to develop comprehensive legislations that can include the rights of all psychiatric patients. Nevertheless, awareness of patients' rights among patients with psychiatric disorders and their caregivers play an important role in advancing the treatment goals and human rights. This study was aimed to determine the relationship between awareness of and respect for the rights of patients with psychiatric disorders.

**Methods:** This analytic cross sectional study was conducted on 100 psychiatric patients who admitted to psychiatric wards of selected educational hospitals affiliated to Ahvaz University of Medical Sciences. Patients entered to the study on the census form in 2012. To collect data, a researcher-designed questionnaire was used to investigate the rights of patients with psychiatric disorders. Data were analyzed using descriptive statistics and Pearson's correlation coefficient test. SPSS V.19 software was used for data analysis.

**Results:** According to the results, psychiatric patients' awareness of their rights was at a moderate level, and the mean score was  $14.42 \pm 8.66$ . Respect for these rights from patients' perspective was at a good level, and the mean score was  $90.61 \pm 33.87$ . According to the results of Pearson correlation coefficient test, a significant relationship was found between awareness of and respect for patient's rights from patients' perspective ( $P < 0.000$ ).

**Conclusion:** The results showed that the patients' awareness of their rights was not at an acceptable level. It is recommended to provide interventions in order to promote the patients' awareness on admission to psychiatric ward.

## Keywords:

Psychiatric patient's rights, Awareness, Respect

## 1. Background

Rights originate from respect for individuals in a social context (Choodin 2009), and "patient's rights" consists of what are needed and deserved by the patient (Atashkhane 2001). According to the World Health Organization (WHO), "patient's rights" include a set of rights that individuals possess in the health care delivery system, and health

care providers should respect them (Joolae et al. 2007). WHO also emphasizes that patients, nurses and physicians should provide suitable conditions to fulfill the patient rights (WHO 1999). The patients' awareness of their rights increase the quality of care and reduce costs. If patients are informed and involved in decision making and their rights are respected, it can accelerate their recovery, reduce length of stay in hospital and prevent irreparable physical and psychological injuries (Mosa-degh Rad & Esnaashary 2004).

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Lack of respect for patients' rights can damage to health, lives and safety of humans who have trusted to health care providers and have been referred to hospitals due to illness in the hope of recovery. Disregarding the the patients' rights reduce the effectiveness of services. Lack of awareness can cause problems for people and healthcare providing organizations (Mosadegh Rad & Esnaashary, 2004). Although studies have confirmed that since 2000, attention to this issue has been developed more and more among researchers and experts of the country (Joolae & Hajibabae 2011).

In recent years, the rights of hospitalized patients in psychiatric centers and the need to provide legislation mechanisms to protect patients with acute psychiatric conditions has been mentioned. Since patients with psychiatric disorders constitute one of the most vulnerable people in community, it is necessary to protect their rights, which are being violated in many ways. Many of them have to be hospitalized for many years in the mental health institutions and centers, despite their ability to make decisions about their lives and their future (Abbasi et al. 2010).

For several reasons such as low health and medical budgets and hospital bed shortages, they are deprived of the rights to access essential health care. Issues related to their satisfaction with the treatment process and services provided in these centers are usually ignored. During the period of hospitalization, autonomy and freedom of individuals (to have a free relationship and appointments with their relatives, for example) is ignored in many hospitals due to improper restrictions (Abbasi et al. 2010).

It should be taken into consideration in all activities of the health care team that patients are the center of care. The experience of disease and the need to comply with and follow up the treatment process increase vulnerability of patients and their need for support. Although these changes in social conditions have increase their expectations of their rights (Lee 2003). The study of Terry (2003) showed that patients who were aware of their rights and self-care were more satisfied than others and took better care of themselves.

In 1999, the American Federal Institute estimated that between 44000 to 98000 deaths per year occur as a result of medical errors, while if the patients were aware of their treatment process, many errors could be avoided. Even in many cases, although the patients were aware of the occurrence of errors, they did not object to them because of prudent fear (Naeemi-Hoseini 2003).

The results of a study by Abbasi et al. (2010) which was investigated attitude of physicians, nurses and patients with psychiatric disorders about patients' rights, suggest that the patients' bill of rights in Iran cannot fully meet the needs of patients with psychiatric disorders.

In addition, Valipour et al. (2007) showed that the consequences of lack of awareness can be seen in the performance of most psychiatrists. Their findings suggest many deficiencies in the existing laws and the lack of trained psychiatrists about patients' rights.

The present study was performed to determine the level of awareness of and respect for the rights of patients with psychiatric disorders from their perspective, as well as the relationship between the two concepts.

## 2. Materials & Methods

This analytical cross-sectional study was conducted in 2012. The research sample was patients: 1) who admitted to Salamat Psychiatric Hospital and the psychiatric wards of Sina and Golestan hospitals in Ahvaz, 2) with at least one history of hospitalization in psychiatric wards and 3) who were able to response to questions and contribute in research depending on the type and stage of the disease on the basis of diagnosis given by a physician or matron. Inclusion criterion was. This study was approved by the Ethics Committee of Ahvaz University of Medical Sciences, and before starting work, the researcher obtained the necessary permits from the relevant authorities. For data collection, the researcher referred to the psychiatric wards in different shifts.

The researcher gave the participants sufficient information about the study's objectives and its importance, anonymous and voluntary participation as well as confidentiality of the information obtained. After obtaining informed consent, the questionnaire was provided to the patients who were given the necessary information on how to complete it. The patients completed the questionnaire through self-reporting.

Given the objectives of the study, a researcher-made instrument was developed by reviewing three sources: 1) patient's bill of rights approved by Iran Ministry of Health and Medical Education; 2) Issues raised in the patient's bill of rights, which are drawn from the review by Parsapour et al. (2006); and 3) the legal foundations of mental health care, prepared by WHO, which was used in the study of Abbasi et al. (2010). The questionnaire consisted of three parts. The first part of the questionnaire included demographic information, i. e.

**Table 1.** Demographic information of patients (n=100).

	Frequency (Percentage)
<b>Hospital</b>	
Golestan	10 (10.00)
Sina	30 (30.00)
Salamat	60 (60.00)
<b>Sex</b>	
Man	69 (69.00)
Woman	31 (31.00)
<b>Marital status</b>	
Single	41 (41.00)
Married	59 (59.00)
<b>Age</b>	
15-25	18 (18.00)
26-35	47 (47.00)
36-45	27 (27.00)
>46	8 (8.00)
<b>Level of education</b>	
Illiterate	10 (10.00)
Able to read and write	23 (23.00)
Below high school diploma	43 (43.00)
High school diploma	16 (16.00)
Higher education	8 (8.00)
<b>Employment</b>	
Unemployed	37 (37.00)
Self-employed	27 (27.00)
Housekeeper	7 (7.00)
Employee	21 (21.00)
Retired	3 (3.00)
Others	5 (5.00)
<b>Place of residence</b>	
Ahvaz	25 (25.00)
Cities of Khuzestan	57 (57.00)
Others	18 (18.00)
<b>Insurance status</b>	
Health insurance	22 (22.00)
Social security	36 (36.00)
Rural	18 (18.00)
Army and armed forces	14 (14.00)
Without insurance coverage	9 (9.00)
Others	1 (1.00)
<b>Length of hospital stay</b>	
1-10 day(s)	10 (10.00)
11- 20 days	21 (21.00)
21-30 days.	32 (32.00)
More than 1 month	37 (37.00)
<b>Number of hospitalization</b>	
1 time	38 (38.00)
2 times	27 (27.00)
3 times	17 (17.00)
More than 3 times	18 (18.00)

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age, sex, marital status, job, educational level, place of residence, type of insurance, and duration of hospital stay. The second part was related to the patients' level of awareness and consisted of 28 items. Each item was examined as two options ("I know" and "I do not know"), and each question had a minimum and maximum of 0 and 1 points, respectively. Overall, the total scores were

0-28. The scores between 0-9 were considered as poor awareness, the scores 10-18 as average awareness, and the scores 19-28 as good awareness. The third part of the questionnaire was included 28 items to assess the level of respect for the rights. Each item was rated by patients in a Likert scale, from 1 (very low) to 5 (very good). The total score (28-140) was classified as fol-

**Table 2.** The patients' level of awareness.

Level of awareness	Frequency	Percentage
Poor	31	31.00
Average	33	33.00
Good	36	36.00
Mean±SD	14.42±8.66	

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lowing: the score 28 for very low, the scores 29-56 for low, the scores 57-84 for moderate, the scores 85-112 for good, and the scores 113-140 for excellent level of respect for patients' rights. The content validity of the questionnaire was determined by reviewing opinions of an expert panel who had expertise in nursing research and ethics. In addition, the Cronbach's alpha was used to determine the internal consistency of the questionnaire. Cronbach's alpha were 0.94 and 0.94 for the two parts of the questionnaire, awareness of and respect for patients' rights parts, respectively. Data analysis was performed by using descriptive statistics and statistical test for Pearson's correlation coefficient. In addition, we used the software SPSS version 19.

### 3. Results

According to the findings, 10% of samples were selected from the psychiatric wards of Golestan Hospital, 30% from the psychiatric wards of Sina Hospital, and 60 percent from Salamat Hospital. The majority of cases were male (69%), married (59%) and had the education of less than high school diploma (73%). Further details in relation to demographic information are given in Table 1.

Regarding the patients' level of awareness of their rights, 36 percent of the samples in this study had a good level, 33% an average level, and 31% a weak level of awareness. The mean and SD of awareness score were

66.8±42.14, which is rated at the moderate level (Table 2).

Nearly one third of patients (30%) reported the level of respect for their rights to be excellent, while it was at the very low level in 4%. The mean and standard deviation of the rights score were 87.33±61.90, which is rated at the good level (Table 3).

Pearson's correlation coefficient showed a statistically significant relationship between awareness of and respect for the rights from perspective of patients with psychiatric disorders ( $P \leq 0.000$ ).

No statistically significant relationship was found between demographic variables and patients' awareness of their rights.

The highest level of awareness was related to the "responsiveness of staff to questions from patient or her/his substitute decision-maker about the disease and treatment" and "provision of adequate information about the disease in a language understandable to patient or her/his substitute decision-maker", respectively, while the lowest level of awareness was related to the "possibility of rejecting proposed treatment by patient contrary to the view of treatment team", and "informing patient or his/her companion about the rights at hospital admission", respectively.

**Table 3.** The level of respect for the rights from of patients' perspective.

Respect for the patients' rights	Frequency	Percentage
Very low	4	4.00
Low	14	14.00
Average	24	24.00
Good	28	28.00
Excellent	30	30.00
Mean±SD	90.61±33.87	

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In addition, the highest level of respect for the rights from patients' perspective was related to the "assessment of the patient's psychological status to determine his/her competency and ability to make decisions" and "provision of diagnostic medical services to patients at the earliest possible time", respectively. The lowest level of respect for the rights from patients' perspective was related to the "patient's awareness of costs and the right to object to them" and "expression of the error occurred during service delivery to patient by a person who commits the error", respectively.

#### 4. Discussion

Passing various laws and regulations has long been considered to protect economic and social rights for society members. The clay tablet has used since the Sumerian era as well as the inscriptions from ancient times in Mesopotamia, Egypt, China, etc. show explicit and clear laws written in many areas. As part of the community, patients with psychiatric disorders have not also been apart from society and have attracted the attention of legislators at all times (Valipour et al. 2007).

In the present study, Pearson's correlation coefficient showed a statistically significant relationship between the level of awareness of the patient's rights and the level of its respect from the perspective of psychiatric patients ( $P \leq 0.000$ ). The research results of Joolae et al. (2006) also suggest that their expectation for better services and observe their rights can be also increased with increasing the patients' awareness (Joolae et al. 2011). In the results of their research, Ulusou and Zolfikar write: "To respect the rights of patients, they need to be aware of their rights and responsibilities so that they can request to comply with it from individuals in charge, physicians and nurses" (Zolfikar et al. 2001, p. 491).

Obviously, when patients are not aware of their rights, they will not request to comply with it and/or they will express their objection improperly. Therefore, the patients' awareness of their rights, especially in the psychiatric wards, should be a priority of the health care system. New methods of health care can be effective only with the collaboration of physicians, nurses and patients; and informing patients of their rights can accelerate their recovery and reduce length of stay in the hospital (Mosadegh-Rad 2005).

According to the findings, the mean and standard deviation of patients' awareness of their rights were  $8.66 \pm 14.42$ , which is rated at the moderate level, while in some studies, most of patients had weak level of

awareness of their rights (Najafi-Pour et al. 2002; Arab & Hosseini 2010; Jouzi-Arkavovazi et al. 2010; Mosadegh-Rad & Esnaashary 2004). The findings of this study are consistent with the study by Joolae and Mehrdad, which reported the patients' level of awareness of their rights to be at the moderate level (3.73%) (Joolae & Mehrdad 2003). Unfortunately, the patients do not have a good level of awareness about their rights in the present study and most studies done in this area. This can perhaps be attributed to the lack of appropriate and adequate information provided to the community about the rights of patients. It could be due to lack of participation of mass media in informing public of their rights and ignorance of health providers in the field. Some initial studies suggest that most patients do not even know that they have certain rights in the health care system (Joolae et al. 2007).

The mean and standard deviation of respect for the rights were  $33.87 \pm 90.61$ , which is rated at a good level. The results of a study showed that 75% of patients' rights are respected at a weak level, 20% at a very weak level, and 5% at a moderate level (Mosadegh-Rad & Esnaashary 2004). The results of a study showed that respect for the patients' rights was not at a good level for 86.2% of patients (Arab et al. 2010). The results of a study in Greece suggest that patients are relatively satisfied with the situation of respect for their rights in hospitals (Merakou & Tina 2001).

Developing mechanisms of implementing the patients' bill of right is one of the strategies for increasing consideration patients' rights in hospitals, especially in psychiatric centers. An organization independent from the Ministry of Health and Medical Education should be involved in this regard under the supervision of the judicial system of the country. Patients need to know how and to whom they should refer in case of problems, because it has been pointed out in one of the clauses of the patient's bill of rights that the health service system should pay special attention to the rights of vulnerable groups in society, including patients with psychiatric disorders (Patient Right charter 2011).

Item related to "responsiveness of health care team to questions from patient or her/his substitute decision-maker about the disease and treatment", gained the highest level of awareness from patients' perspective. The study by Seyyed Rasouli and Yazdanipour (2001) confirmed that patients have reported cases such as "lack of sufficient information about the diagnosis of disease" as a violation of their rights, which represents the full awareness of the patients about this rights. In ad-

dition, the patients believe that they have the basic right to be informed of the diagnosis and treatment of disease (Najafi-Pour et al. 2002).

The lowest level of respect for the rights from patients' perspective was related to the "patient's awareness of costs and the right to object to them". These findings are consistent with the results of the study by Arab et al. (2010) that the majority of patients had no right to object to the bill of costs and complain about the treatment procedure (Arab et al. 2010). Due to the chronic nature of mental disorders and the need for readmission, financial problems and the costs associated with hospitalization are two concerns of patient and his/her family. Therefore, taking measures to reduce the financial burden of the disease can have a significant impact in increasing satisfaction.

The results of a study showed that the "possibility of rejecting proposed treatment by patient with psychiatric disorders contrary to the view of treatment team" and "possibility of leaving the hospital with the personal consent of the patient contrary to the view of treatment team" were the rights that were not considered as necessary for patients with psychiatric disorders (Abbasi et al. 2010). The results of the present study showed that these rights have the lowest level of awareness and respect from patients' perspective, while these three rights have been stated as the definitive right for patients in the patient's bill of rights. Thus, the authorities and decision-makers need to further evaluate these interventions in order to answer psychiatric patients and prevent the violation of their rights so that the necessary measures can be considered if it is needed to modify implementation of the patients' bill of rights (Abbasi et al. 2010).

"Expression of the error occurred during service delivery to patient by a person who commits the error" was reported as an item with lowest level of respect from patients' perspective. The study by Abbasi et al. (2010) showed that most nurses (60%) did not agree with this right, while more than half of the patients (63%) agreed with it. Parsapour et al. (2008) also showed that "stating compensated medical error for patients by a person who commits an error" was reported as unnecessary from nurses' and physicians' perspective.

Discrepancies between the perspectives of health care providers and patients, and less respect for this right may be due to the fact that health care providers assume that if patients are informed about the errors, they may lose their confidence in the treatment team and refrain from further therapy. However, since some medical er-

rors and malpractices may be followed by serious consequences for patient (even death). Informing patients about the consequences and symptoms of probable errors can help the treatment team to compensate it faster and preserve patient's life.

The present study showed that respect for the rights of patients with psychiatric disorders is related to patients' awareness. In addition, there is no correct information related to patients' rights. Therefore, it is suggested that interventions are necessary to be considered to enhance patients' awareness on admission in wards. It seems that regarding patients' awareness of their rights as one of the important priorities must be promoted among hospital administrators and other caregivers especially in psychiatric hospitals. Further studies are suggested to be performed on the factors affecting the respect for patients' rights in psychiatric centers.

### Conflict of interest

The authors declare that they have no conflict of interest.

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