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**A SURVEY ON THE ASSOCIATION BETWEEN CONSIDERING BILL OF PATIENTS' RIGHTS AND ACCOUNTABILITY RATE FROM THE PERSPECTIVE OF CANCER PATIENTS IN SHAFAHOSPITAL OF AHVAZ, IRAN**

**FARZAD FARAJIKHIAVI<sup>1</sup>, REZVAN DASHTI<sup>2\*</sup>, MAJID RAVANBAKHS<sup>3</sup>**

1. PhD, Assistant Professor. Department of Health Services Administration, School of Health, Social Determinants of health research center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

2. M.Sc in Rehabilitation Administration, School of Rehabilitation, Social Determinants of health research center, Ahvaz Jundishapur University of Medical Sciences, , Ahvaz, Iran (\*Corresponding Author).

3. PhD, Assistant Professor, Department of Physiotherapy, School of Rehabilitation Sciences, Social Determinants of health research center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

**ABSTRACT**

**Aim:** Managing the chronic diseases in the twenty-first century has led to a major challenge for the health care systems across the world. One of the health services is hospitalization and gaining patients' satisfaction, especially in patients with chronic cancer, so that effective strides are made to meet their needs. This research aimed to determine of association between considering bill of patients' rights and accountability rate from the perspective of cancer patients in Shafa Hospital of Ahvaz, Iran.

**Method:** This cross-sectional study was conducted on 80 chronic cancer patients at different hospital wards who have been selected as a whole census. Data collection instruments was Patient Rights Charter Questionnaire. Cronbach's alpha was calculated as 0.89. Data were analyzed through Pearson product-moment correlation and independent samples t-test and ANOVA by SPSS.

**Result:** ANOVA test indicated a significant difference ( $p < 0.05$ ) between accountability and privacy component of patient rights charter among patients referring to hospital. The greatest

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correlation was between accountability and receiving information ( $r= 0.687$ ) and the least correlation between privacy and accountability ( $r= 0.564$ ).

**Discussion:** Observance of patients' rights charter from patients' viewpoints was high. Desirable human communication within the framework of patient rights charter with the patient can lead to improved treatment, reduced stay length, and consequently decreased hospital costs, constant information

**Keywords: Patients' right, cancer, hospital**

## INTRODUCTION

Managing the chronic diseases in the twenty-first century has led to a major challenge for the health care systems across the world (1). Cancer, the main cause of disorders, disability, morbidity, and mortality, is one of such chronic diseases. The world Health Organization (WHO) statistics indicates that there would be 22·200·000 new cases diagnosed with cancer in the world by 2030, and we witness 12.7 million mortality resulted from this disease throughout the world (2).

Patients diagnosed with cancer will go through a long period from diagnosis through treatment or even beyond it. Not only the patients' physical status but also their mental and psychological status will be affected by the cancer (3). Therefore, the mutual responsibility between patient and professional health care centers can support cancer patients during this treatment period (4).

One potential advantage of health system is propagating patient's freedom through a general approach to the health care in decision making and protecting their rights (5), which will contribute to improved treatment status, short-term hospitalization, reduced, treatment costs, and irreversible physical and emotional damage (6). The ultimate stockholders' attempt within health care system is achieving the same goal, which is a guarantee for the highest treatment quality for each patient, without losing social aspects such as cost management and care accessibility (7). It is, therefore, understood that quality is deeply included in the health care systems which is called patients rights.

Patients' rights constitute ethical and legal patient-related issues including a person's right to his/her privacy, right to enjoying unbiased medical care qualities, right to conscious decision-making about care and therapeutic options (8). The Patient Rights Charter (PRC) has been devised to defend

these fundamental rights (9). The Patient Rights Charter, which has been codified within the health care systems of most countries, can be a starting point for providing patients' rights, more specially patients with chronic cancer. This charter has been expressed by WHO to comprise the highest health standards as one of the fundamental rights of any human being without racial discrimination, political religion or idea, and economic or social conditions (11). Patient rights charter was first developed in the United States in 1997, as an ideal statement within national objectives, with the aim of increasing the patients' participation, reducing medical errors, and ensuring the use of appropriate health care services, and until the early the 21<sup>st</sup> century, it was spread to most European countries (e.g., Sweden, Great Britain, Italy, Spain, and so on) (21). In Iran, this charter was developed and then stated by the Ministry of Health in 2001 for the first time, but its final version was formally presented in 2009 due to some deficits (13).

Patient's rights charter includes a patient's expectation of health system and providing quality and security of health care services at any time and any place (14). Numerous studies have indicated that respecting various aspects of patient's rights charter in addition

to decreasing disparities and increasing more security in medical incidents, leads to accountability improvement of hospitals treatment results (15). Hence, accountability is the first essential step in providing proper services, and hospitals as the most important care organization of countries are in the highest need of this evaluation (16).

Today, hospitals are making constant attempts to ensure consumers' satisfaction, and by so doing, they can identify deficiency in delivering health care services (17). One of the health services is hospitalization and gaining patients' satisfaction (18), especially in patients with chronic cancer, so that effective strides are made to meet their needs.

A great body of research has been conducted on investigating the association between respecting patients' rights charter and services accountability from patients view. For example, Alghanim (2012) in his case study on 500 health care providers and patients in primary health care (PHC) centers in Saudi Arabia showed that more than three quarters of patients and one third of PHC providers did not have enough information about patients' rights (12). Using cross-sectional descriptive-analytical method, Ajami-Qale Rashidi, *et al.* (2012) in their study on rehabilitation professionals of

welfare rehabilitation centers in Tehran found that the relationship between awareness of patient's right and its observance was positive and significant (20). In their cross-sectional descriptive-analytical study on 200 participants, Mastaneh and Mouseli (2013) evaluated patients' awareness of their rights based on PRC in two tertiary teaching hospitals affiliated with Shiraz University of Medical Sciences in Iran. The results revealed that the patients' total awareness of their rights was medium (21). Mahboubi, *et al.* (2013), in their study on 210 staff and patients of Imam Reza hospital in Kermanshah, demonstrated that given the moderation situation in this hospital, there was sensitivity to services delivery, and accountability status did not seem satisfactory (22). Through a cross sectional study, Krzych *et al.*, (2013), by examining 275 patients at a national university hospital in Poland, found that patients were not satisfied with treatment accountability status at hospital, and accountability degree was not at a satisfactory level (23). Charalambous (2013) reported on the satisfaction of 272 chronic cancer patients with health care, and indicated that patients were not satisfied with accountability dimensions namely "access to care", "explanation at first visit",

"understanding of diagnosis and treatment", "respect communication and involvement", "pain and discomfort", "hospital management" and "discharged co-ordination" (24).

Therefore, given the significance of patients' rights in services delivered to them based on patient rights charter and the varying degrees of this charter observance at different settings as well as considering the significance of Shafa Hospital in Ahvaz as the only cancer treatment center in Khuzestan and neighboring provinces and limited accountability to clients, the present study was conducted to determine the relationship between observance of patients rights charter and services accountability from perspective of patients with chronic cancer. It further aimed to identify this organization's strong and weak points in observance of patient rights charter using chronic cancer patients' views at Shafa Hospital and to provide the grounds for enhancing hospital accountability to patients.

#### **METHODOLOGY**

This study was a descriptive-analytic survey of cross-sectional type conducted in spring 2014 at Shafa hospital in Ahvaz, Iran. The statistical population of this study included 80 chronic cancer patients at different hospital wards who have been selected as a

whole census. The criteria for inclusion in this study were passing at least three months of disease and being capable of completing the questionnaire physically, and the criteria for exclusion were cognitive problems of cancer patients and patients' unwillingness to complete the questionnaire. Data collection tools consisted of three questionnaires as follows:

*Demographic Questionnaire* measuring information on age, marital status, education, gender, length of stay, hospitalization number, referrals number.

*Patient Rights Charter Questionnaire* designed by Kishizadeh (2013), the content validity of which has been already confirmed and its Cronbach's alpha has been calculated as 0.92. The different dimensions of this questionnaire included right to receive adequate health care (7 items), right to providing patients with adequate and proper information (9 items), respect patient's rights in free decision-making and choice to receive health services (7 items), delivery of health services based on respect for patient's privacy and observance of confidentiality principle (4 items), and access to effective complains handling system (4 items).

Questionnaire for measuring accountability dimensions constructed by the researcher, the components of which were taken from

Mahboubi et al.'s study. In order to ensure the validity of this inventory, the components were analyzed by seven experts and professors in two fields of management and clinical science. To evaluate validity, this questionnaire was completed as a pre-test by 20 patients with chronic cancer at Shafa hospital, and Cronbach's alpha was calculated as 0.89. This questionnaire includes six dimensions as moral (5 items), legal (4 items), functional (6 items), financial (2 items), information (3 items), and cultural (4 items).

For scoring the second and third questionnaires, the questions were measured on a five-point Likert scale with options such as completely agree, agree no idea, strongly disagree, and disagree. Thus, the minimum and maximum in each item of these two questionnaires were 1 and 5, respectively. In general, the mean scores in patient rights charter-related questionnaire of Kishizadeh were interpreted as good observance (between 5-4), medium observance (4-3), relatively weak observance (3-2), and weak observance (2-1). In the researcher-made accountability questionnaire, the average sum of scores in each dimension were between 5-4, 4-3, 3-2, and 2-1, suggested the accountability level of good, moderate, relatively weak, and weak, respectively.

Statistical SPSS software was used to analyze the data. Pearson correlation analysis, independent samples *t*-test, and ANOVA were employed to examine correlations, the difference between males/females and single/married patients, and different educational level, respectively. Furthermore, descriptive analyses including mean and standard deviation were calculated and reported for each variable.

## RESULTS

Of the 80 sample individuals, 40 (50 %) were female, 40 (50 %) were male, 28 (35%) were single, and 52 (65.1 %) were married. In addition, 16 (20 %) patients were illiterate, 33 (41.3 %) had elementary education, 2 (2.5 %) were below high school, 28 (35 %) had Diploma, and one patient had academic degree.

The mean accountability score from patients' viewpoint was  $13.45 \pm 92.47$ , and the mean of patient rights charter was equal to  $137.48 \pm 26.35$ . Moreover, the means of patients' charter components in receiving care, receiving information, the right to equal choice, privacy, and seeing to complaints were  $11.23 \pm 52.33$ ,  $6.79 \pm 33.15$ ,  $5.1 \pm 25.63$ ,  $3.26 \pm 15.21$ , and  $2.05 \pm 11.15$ , respectively.

Gender-based comparison of accountability degrees and components of patient rights charter is as follows (Table 1).

As seen in Table 1, no significant difference is found between each accountability variable, patient's rights, and its variables across males and females at  $p=0.05$  level. Accountability mean was  $13.45 \pm 92.47$  for all patients. Accountability mean was  $6.23 \pm 96$  for illiterate patients,  $14.28 \pm 92$  for elementary level patients,  $3.53 \pm 94.5$  for patients below high school level, and  $18.59 \pm 90.60$  for diploma patients. Moreover, accountability mean was  $15.24 \pm 92.4$  among male patients and  $11.58 \pm 92.55$  among female patients. This difference was not significant ( $P\text{-value} \geq 0.05$ ).

As presented in Table 2, *t*-test results showed no significant difference between married and single patients regarding observance of patient rights charter and its components as well as accountability. ANOVA test also revealed no significant difference among patients hospitalized for several times in all components and in accountability and patient rights charter variables. ANOVA test, furthermore, indicated a significant difference ( $p=0.05$ ) between accountability and privacy component of patient rights charter among patients referring to hospital for several times. These variations are presented in Figures 1 and 2. In addition, ANOVA demonstrated no significant difference at  $P\text{-value} > 0.05$  between

accountability, patient rights charter, and its components among patients at different educational level.

According to Table 3, the highest frequency belonged to medium observance and the lowest frequency to poor observance. ANOVA test also revealed a significant difference ( $p < 0.01$ ) among these three means.

Moreover, the highest means among patients answer to patient rights charter were associated with components (In this hospital, the patient knows his/her treating team members) and (The patients' privacy is respected during all treatment process) with  $0.85 \pm 3.86$  and  $0.88 \pm 3.85$ , respectively. The lowest means also were related to "access to the case and correcting mistakes"  $0.938 \pm 3.57$  and "patients' conscious and information-based decision-making"  $0.85 \pm 3.6$ .

As observed in Table 4, the highest services accountability frequency was associated with the medium accountability and the lowest to the high accountability. ANOVA test demonstrated a significant difference ( $p < 0.01$ ) among these three means.

Examining correlation between variables indicated that there was no correlation between accountability and patient rights charter with patients' age and length of stay at hospital. On the other hand, the correlation between observance of patient rights charter and accountability was positive and significant ( $p < 0.01$ ).

In addition, correlation between all components of patient rights charter and accountability was positive and significant at  $p = 0.01$ . The greatest correlation was between accountability and receiving information ( $r = 0.687$ ) and the least correlation between privacy and accountability ( $r = 0.564$ ).

**Table 1: Comparison of accountability, patient rights charter and its components between males and females**

variable	gender	$\bar{x} \pm SD$	P-value
accountability	Male	$92.4 \pm 15.24$	0.961
	Female	$92.55 \pm 11.58$	
Patient rights	Male	$137.30 \pm 29.69$	0.950
	Female	$137.67 \pm 21.91$	
Receiving services	Male	$51.82 \pm 12.73$	0.686
	Female	$52.85 \pm 9.64$	
Receiving Information	Male	$33.45 \pm 7.25$	0.969
	Female	$32.85 \pm 25.35$	
Choosing rights	Male	$25.92 \pm 5.44$	0.618
	Female	$25.35 \pm 4.80$	
Privacy	Male	$14.95 \pm 3.76$	0.475
	Female	$15.47 \pm 2.69$	
Seeing to complaints	Male	$11.15 \pm 2.34$	0.999
	Female	$11.15 \pm 1.73$	

Table 2- Comparison of patient rights charter based on demographic variables

variable	Categorization	$\bar{x} \pm SD$	P-value
Gender	Male	137.30 ± 29.69	0.95
	Female	137.60 ± 22.91	
Marital status	Single	139.10 ± 26.66	0.83
	Married	137.84 ± 25.12	
Education	illiterate	145.37 ± 26.78	0.762
	elementary	134.63 ± 27.79	
	Below high school	140.00 ± 22.62	
	diploma	136.17 ± 25.50	
	academic	137.48 ± 25.50	

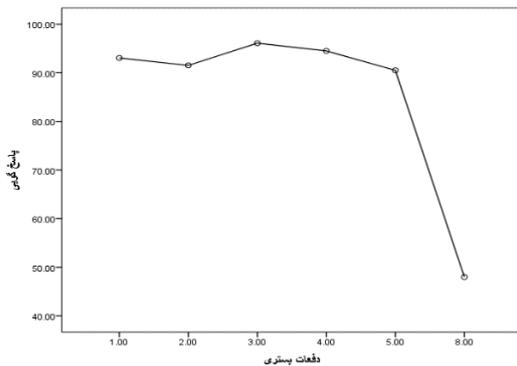


Fig. 1 comparison of accountability among hospitalization records

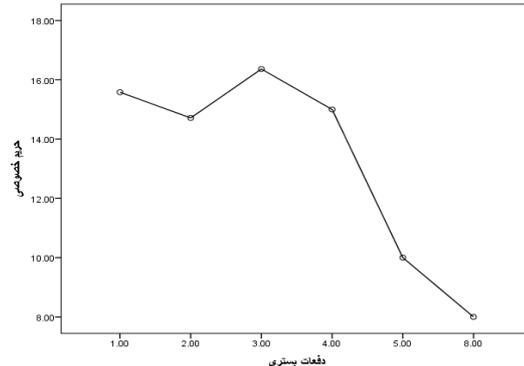


Fig. 2 comparison of privacy among patients with several hospitalization records

Table 3-Observance of patient rights charter

Observance of charter	Absolute frequency	Relative frequency
Poor	9	96.66
Medium	57	137.10
High	14	165.28
Total	80	137.48

Table 4- Accountability of hospital to patients

Accountability	Absolute frequency	Relative frequency
Weak	17	76.94
Medium	51	94.64
High	12	105.25
Total	80	92.47

Table 5- Correlation between interval variables of study

variable	Age	Length of stay	Accountability	Patient rights
Age	1			
Duration	-0.198	1		
Accountability	-0.030	0.065	1	
Patient rights	-0.040	0.045	0.686**	1

\*\* significant at 0.001

Table 6- Correlation between accountability and patient rights charter components

	Accountability	Receiving Services	Receiving Information	Choosing Rights	Privacy	Seeing complaints
Accountability	1					
Receiving Services	0.643**	1				
Receiving Information	0.687**	0.884**	1			
Choosing Rights	0.604**	0.741**	0.822**	1		
Privacy	0.564**	0.772**	0.749**	0.772**	1	
Seeing Complaints	0.620**	0.783**	0.810**	0.893**	0.859**	1

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**DISCUSSION AND CONCLUSION**

The present study was conducted to investigate the relationship between observance of patient rights charter and accountability from viewpoints of chronic cancer patients at Shafa hospital in Ahvaz. Eighty patients were examined using research questionnaires, and results revealed that correlation between observance of patient rights charter and hospital services accountability was positive and significant.

Observance of patients rights charter from patients viewpoints was high and satisfactory, and few patients reported a low observance of patients rights charter. The accountability level of this hospital was also satisfactory. Since both patient rights charter and services accountability variables are directly dealing with patients and their satisfaction level with medical services, it can be expected that some common notions will be found among questionnaire items that constituted the basis for both patient rights charter and accountability constructions. That is why the relationship between these two variables is high.

Accountability level based on demographic variables showed no significant difference, and this suggested that the degree of accountability observance to patient among different patients was equal and acceptable.

These results are not in line with Mahboubiet al.(2013), krzych et al. (2013), and Charalambous (2013)'s studies who found that ,considering demographic data, patients were not satisfied with treatment accountability situation at hospital, and accountability was not at a good level. However, the results of this study are consistent with Mishra et al. (2012)'s study, which indicated that 81 % of patients were satisfied with nursing services while 92 % were satisfied with explanation about disease and treatment by physician. The behavior of nurses, physicians, and orderlies satisfied 92, 92 and 83 % of individuals, respectively (27). The current results are also in complete agreement with Yin-Yang (2010)'s findings which demonstrated a significant association between patients' trust and satisfaction and accountability and quality of therapeutic cares (28).

In the present study, no significant difference was found in all dimensions and between accountability and patient rights charter. On the other hand, correlation between observance of patient rights charter and accountability was positive and significant ( $p < 0.01$ ). These findings are not in line with Baba Mahmoodi *et al.* (2011) that showed that patient rights charter was observed in 14.59 % of cases. Patient right was observed

16.63 % in respect to patient, privacy, and non-discrimination, 14.17 % in patients' right of access to disease-related information, 14.15 % in patients' autonomous choosing and decision-making right, 13.20 % in right to seeing to complaints (29). Additionally, this study was in contrast with Kazem Nejad *et al.* (2012)'s study which argued that the lowest mean regarding observance of patient's rights was related to respect to patient, his/her privacy, and lack of discrimination components, and the highest mean belonged to autonomous choosing and decision-making right. Finally, a significant difference was found between both physicians and nurses with regard to total degree of observance of patient rights charter (30). Furthermore, the study was incongruent with Jozi Akwazi *et al.* (2011) who displayed a difference between the studied nurses and patients' perspectives regarding patient rights charter and observance of patient's rights (31).

All in all, given that a desirable human communication within the framework of patient rights charter with the patient can lead to improved treatment, reduced stay length, and consequently decreased hospital costs, constant information and reminding it of hospital staff including physicians and other

staffs that may be overlooked due to severe work pressure are of significant importance.

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