Original Article

Respecting patients' rights in hospitals: patients' and health-care workers' perspectives

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Abstract

Considering the importance of respecting and observing patients' rights, this study aimed to assess the level of observance of hospitalized patients' rights from both patients' and health-care workers' (HCWs) perspectives. This cross-sectional descriptive-analytic study reports the responses of 486 patients and 887 HCWs in a public referral university hospital. The study illustrates that patients and HCWs think patients' rights are respected at a medium level; however, HCWs reported lower levels of respect for patients' rights than patients, and senior HCWs reported even lower levels than their younger colleagues. Older patients and those hospitalized in internal medicine wards reported lower respect for autonomy and responsiveness, and patients' companions reported lower levels of respect for patients' rights than the patients themselves.

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Introduction

In recent decades, patients' rights have received global attention as part of human rights, but specific challenges have also appeared in this area (1, 2).

The World Health Organization (WHO) defines human rights as natural rights that all humans possess regardless of their race, gender, nationality, language, religion, or any other feature. This definition depicts patients' rights as a set of rights in the health system (3). Respect for patients' rights means that health-care providers oblige themselves to offer standard treatment and equitable and ethical care, and also meet patients' physical, mental, intellectual and social needs (4, 5).

An acceptable level of health could be achieved only through suitable interaction among all stakeholders and respect for each other's rights. In this regard many countries and even some international organizations have developed a set of rights for health-care recipients, usually known as the patients' rights charter. In 2002, the patients' rights charter was announced for the first time in Iran by the Ministry of Health and Medical Education (MOHME). Given the necessity of compiling a more comprehensive text for patients' rights, the second version of this charter was prepared with a new and comprehensive approach in November 2009 (6, 7). In this charter, issues such as honest and suitable relationships, providing patients and their families with adequate information, maintaining respect, and assuring the patients and their families that they would receive high-quality care regardless of their gender, age and financial conditions have been highlighted (8). Respecting patients' rights motivates patients to cooperate in the treatment and decision-making processes. In contrast, disregard for the charter precepts can lead to problems including absence of an acceptable relationship between patients and health-care providers, a feeling of distrust in patients, an increased incidence of misconducts and complaints, health and security risks, dissatisfaction, and also an inferior quality of health services (9, 10). In 2018 Iran's medical council finally considered patients' rights as a basis for its members' professional behavior and obliged them to observe them as a moral and professional commitment (11).

Reviewing the related literature indicates that awareness of patients' rights among health-care providers in Iran is at a medium level (12, 13).

Although no comprehensive study has been conducted on the degree of observance of patients' rights, some studies have examined a number of their dimensions. For example, one study showed that although 54% of the patients were satisfied with the quality of services, only 17 % of them participated in the medical decision-making process (14). Another study revealed the patients' awareness of their rights to be at a medium level but indicated limited patient participation in decision-making (15). There is evidence that a similar situation is present in some other middle-income countries (16-18).

Considering the degree of respect for ethical standards and patients' rights in hospitals, it seems essential to evaluate the performance of hospitals, which will help managers make more effective plans to promote observance of clinical ethics standards. This study aimed to investigate the status of observing the rights of hospitalized patients from the perspective of patients and health-care providers in one tertiary general university hospital in Tehran, Iran.

Methods

This descriptive-analytic study was done with the purpose of examining the status of observing hospitalized patients' rights from the perspective of patients and health-care workers (HCWs). After receiving approval from the research ethics committee of Tehran University of Medical Sciences and permission from the hospital administrators, the study began with the cooperation of the hospital ethics committee team. Oral consent was obtained from all participants. The study population consisted of all patients and health-care workers of the hospital. The sampling procedure started by attaining a list of all patients in the hospital, and the sample was then stratified based on the extant beds. Finally, 486 patients were invited to take part in the study. The inclusion criteria for patients consisted of being at least 18 years old and having stayed in the hospital for a minimum of 48 hours in ordinary wards or 24 hours in emergency wards, angiography or intensive care units (due to the naturally shorter stay of patients in these units). Additionally, 887 health-care workers (including nurses, physicians, medical students, administrative personnel, security and general services staff) who had more than six months' work experience participated in this study.

In the HCWs' group, data were collected using the self-report method. As for the patients' group, the participants were questioned directly and the forms were filled out by the research team. The tool consisted of a demographic characteristics form

and a questionnaire on patients' rights observance. The researcher provided sufficient explanations to the participants regarding the purpose of the study and the way to respond to the items.

The patients' rights satisfaction questionnaire was developed and validated in 2014 by Parsapour et al. with the purpose of assessing observance of patients' rights (19). This questionnaire has two versions: detailed (sixty questions) and brief (ten questions). The detailed version has 9 dimensions, including: humane and respectful behavior toward patients and respecting their dignity (10 items), attention to patients' welfare and comfort (14 items), preserving patients' privacy (4 items), the technical quality of services (6 items), providing healthcare based on patients' interests (4 items), equity and justice (3 items), access to information (10 items), respect for patients' autonomy and freedom of choice (7 items), and responsive and accountable environment (2 items). The scale uses a five-level Likert format ranging from 5 (completely) to 1 (not at all). The mean score obtained in each dimension (1 - 5 scores) was used to compare the results. The internal consistency of the scale was calculated to be 0.91 using Cronbach's alpha. The brief version has one question dedicated to each of the dimensions mentioned above, with the exception of the "access to information" dimension, which has two questions. The internal consistency of the scale was 0.87 using Cronbach's alpha (19). Patients completed both the detailed and brief questionnaire, but the staff completed only the brief version. The detailed questionnaire was used to analyze the patients' perspective and the brief version was used to compare the attitudes of patients and the staff. Also, in analyzing the overall score obtained in the two groups, the weight of each dimension was considered based on the study by Parsapour et al. (19). In comparing the total score from each questionnaire, the average score obtained in each dimension was used by applying its weight (1 - 5 scores). The collected data were then analyzed using SPSS (version 14) sofware, and the significance level was considered lower than 0.05. To perform a more thorough data analysis, descriptive statistics (absolute and relative frequency, mean, SD and median) and inferential statistics (t-test and ANOVA) were used. Also, the Kolmogorov-Smirnov test was utilized to check the data normality.

Results

486 patients and 887 health-care workers (HCWs) took part in this study from October 2017 to May 2018. The response rate among the patients who

were invited for participation was 100%. Most of them (95.88%) spoke Farsi as their first language. Over 76% of them lived in Tehran, the capital, and the rest of them (24%) came from other cities for their treatment process.

Tables 1 and 2 present a comparison of the mean of attitudes of the two groups in this study toward respecting and observing patients' rights and the varying dimensions.

Results of the one-way ANOVA revealed that in the patients' group, there was a significant difference among those hospitalized in internal medicine, surgery and other wards in terms of observance of patients' rights (F = 3.27, *P*-value = 0.04). The mean of attitude to respecting and observing patients' rights in those hospitalized in the internal ward was significantly lower than in surgery or other wards. Additionally, there was a significant difference between the groups that were interviewed (patients or patients' companions) (F = 5.28, *P*-value = 0.005). The mean of attitude regarding observance of patients' rights in the patients' companions' group was significantly lower than that in the patients' group in all nine categories.

The study results also indicated that there was a significant relationship between the variable of "age" and the attitude of patients regarding the status of "respecting the patients' right to privacy" and "access to information", in that older patients were less satisfied. Furthermore, there was a significant relationship between "type of wards/services" and the dimensions of "health-care providers' accountable behavior toward the patients and the manner of handling complaints in hospitals" and "freedom of choice and autonomous decision-making". To be precise, the degree of satisfaction with observance of rights in these dimensions was lower from the perspective of patients hospitalized in internal medicine wards compared to other groups. Also, a significant relationship was found between "being under-insuranced" and satisfaction with "the patients' right to privacy", that is, the degree of satisfaction with observance of the right to privacy was lower in patients without insurance than other groups.

Table 1. The mean of attitude to observance of patients' rights and the varying dimensions in the patients' group based on demographic characteristics.

Supporting patient autonomy	Access to Information	Patients' Benefit	Quality of Services from a Scientific Point of View	Attention to Patients' Welfare and Comfort	Liability and Accountability	Respecting Patients' Right to Privacy	Observing Equality	Courteous Treatment	Total	Variables	
μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ		
3.22±.76	3.81±.67	4.61±.48	4.29±.55	3.73±.52	1.36±1.52	4.62±.73	4.52±.77	4.24±.68	3.27±0.57	<35	Age
3.26±.78	3.75±.72	4.64±.55	4.23±.62	3.62±.59	1.54±1.48	4.70±.47	4.72±.52	4.29±.65	3.31 ±0.56	35-50	
3.24±.87	3.73±.72	4.59±.46	4.23±.59	3.70±.60	1.28±1.46	4.77±.43	4.56±.76	4.23±.72	3.24±0.60	50-65	
3.07±.81	3.49±.72	4.56±.44	4.13±.61	3.58±.67	1.35±1.50	4.61±.66	4.51±.65	4.11±.66	3.16±0.61	65-80	
3.10±.80	3.52±.94	4.51±.62	4.24±.77	3.68±.94	1.27±1.65	4.39±.84	4.42±.97	4.23±.81	3.16±0.74	>80	
									48.85±11.10	Total	
0.57	0.03	0.74	0.47	0.39	0.75	0.03	0.43	0.57	0.51	*P*-value	
3.13±.74	3.70±.67	4.62±.37	4.23±.56	3.68±.59	1.29±1.38	4.67±.56	4.58±.68	4.23±.63	3.22 ±0.54	Male	Sex
3.27±.85	3.73±.76	4.59±.57	4.25±.63	3.67±.62	1.45±1.57	4.67±.63	4.58±.73	4.23±.72	(42.7%)		
									3.28±0.64 (57.3%)	Female	
0.056	0.59	0.45	0.79	0.82	0.25	0.98	0.91	0.97	0.2	*P*-value	
3.19±.79	3.72±.70	4.58±.50	4.23±.58	3.66±.59	1.31±1.43	4.64±.61	4.59±.69	4.21±0.67	3.23±0.56		Marital Status
3.24±.79	3.75±.73	4.65±.47	4.25±.60	3.71±.53	1.30±1.47	4.75±.61	4.59±.74	4.32±0.65	(66.5%)	Married	
3.12±.89	3.56±.82	4.55±.56	4.20±.67	3.61±.76	1.67±1.68	4.68±.61	4.37±.72	4.17±0.81	3.26±0.59 (14.2%)	Single	
									3.27±0.72 (%19.3)		
0.73	0.29	0.50	0.90	0.69	0.26	0.43	0.11	P=0.44	0.08	*P*-value	
3.08±.94	3.69±.74	4.60±.46	4.23±.66	3.68±.65	1.20±1.27	4.66±.59	4.59±.69	4.26±.67	3.18±.0.52		Ward Type
3.34±.68	3.77±.67	4.62±.48	4.26±.60	3.66±.60	1.59±1.64	4.64±.63	4.56±.67	4.18±.66	(40.3%)	Internal	
3.18±.86	3.61±.77	4.54±.60	4.18±.58	3.64±.61	1.34±1.60	46±.54	4.58±.82	4.23±.77	3.33±.0.61 (28.4%)	Surgery	
									3.21±.0.72 (31.3%)		
0.007	0.22	0.45	0.55	0.85	0.03	0.23	0.94	P=0.56	0.04	*P*-value	
3.20±.87	3.62±.77	4.57±.52	4.13±.65	3.66±.71	1.42±1.62	4.60±.64	4.52±.69	4.17±.74	3.23±.66		Educational Level
3.14±.76	3.67±.75	4.63±.46	4.28±.59	3.74±.57	1.30±1.53	4.75±.50	4.71±.69	4.28±.69	3.24±.62	Illiterate	
3.42±.85	3.81±.62	4.57±.62	4.30±.50	3.67±.53	1.39±1.48	4.75±.52	4.65±.55	4.31±.62	3.31±.55	Reading and Writing	
3.37±.93	3.92±.94	4.66±.49	4.27±.60	3.75±.78	1.55±1.72	4.73±.63	4.48±.94	4.29±.86	3.37±.84	Middle School	
3.21±.78	3.77±.67	4.65±.40	4.29±.63	3.67±.62	1.38±1.48	4.65±.56	4.58±.74	4.22±.72	3.27±.56		
3.13±.74	3.67±.72	4.55±.52	4.17±.55	3.59±.54	1.28±1.26	4.60±.72	4.50±.70	4.21±.59	3.18±.50		
0.32	0.41	0.69	0.28	0.88	0.97	0.39	0.330	P=0.86	0.74	*P*-value	
3.31±.91	3.81±.59	4.56±.47	4.29±.64	3.69±.70	1.59±1.73	4.68±.59	4.65±.53	4.30±.64	3.34±.67		Employment Status
3.12±.75	3.81±.79	4.51±.78	4.13±.48	3.73±.49	1.30±1.43	4.57±.84	4.48±.80	4.27±.58	3.31±.57	Manual Worker	
3.24±.76	3.78±.66	4.67±.38	4.33±.50	3.61±.55	1.56±1.57	4.66±.57	4.42±.76	4.31±.66	3.21±.54	Unemployed	
3.22±.78	3.74±.66	4.63±.43	4.27±.52	3.72±.54	1.32±1.42	4.66±.61	4.65±.68	4.27±.69	3.26±.55	Employee	
3.15±.79	3.61±.75	4.59±.50	4.17±.67	3.58±.66	1.25±1.45	4.67±.59	4.55±.78	4.15±.74	3.34±.59		
0.72	0.44	0.73	0.53	0.46	0.51	0.98	0.195	0.67	0.47	*P*-value	
3.22±.81	3.68±.71	4.61±.47	4.26±.58	3.66±.60	1.38±1.50	4.69±.55	4.61±.68	4.24±.69	3.26±.60	Yes	Insurance Status
3.03±.55	3.74±.71	4.60±.49	4.24±.60	3.70±.60	1.45±0.32	4.32±1.05	4.56±.72	4.14±.65	3.15±.58	No	
0.24	0.39	0.91	0.73	0.48	0.83	0.002	0.43	0.47	0.34	*P*-value	
3.28±.78	3.84±.64	4.65±.42	4.36±.53	3.73±.55	1.44±1.53	4.73±.59	4.64±.65	4.33±0.64	3.33±.58	Patient	Interviewee Type
3.04±.84	3.56±.80	4.46±.64	4.02±.73	3.52±.76	1.45±1.52	4.50±.70	4.41±.85	4.02±0.76	3.15±.68	Companions	
0.03	0.00	0.002	0.00	0.00	0.02	0.00	0.01	0.00	0.005	*P*-value	

***mean ± standard deviation**

Health-Care Workers

A total of 887 HCWs aged between 21 and 76 participated in this study (mean age: 33.32 ± 8.65). The response rate was 53.11%, and the participants had between 1 and 32 years of work experience (mean: 8.99 ± 7.44 years). 32.5% were female and 67.5% male, and in terms of type of job, 16% were physicians, 42.35% nurses, 6.4% paraclinical staff, 28.4% administrative units, and 6.9% students.

Table 2. The mean of attitude to observance of patients' rights and the varying dimensions in the HCWs' group Based on demographic characteristics.

Access to Information	Supporting Patient Autonomy	Patients' Benefit	Quality of Services from a Scientific	Attention to Patients' Welfare and Comfort	Liability and Accountability	Respecting Patients' Right to Privacy	Observing Equality	Courteous Treatment	Total	Variables	
μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ		
3.49±1.18	3.47±1	3.51±1.14	3.40±1.0	3.20±1.11	3.50±1.15	3.60±1.1	3.35±1.3	3.74±1.07	3.26±.93	<30	Age
3.21±1.17	3.33±.99	3.40±1.04	3.34±1.0	3.12±1.04	3.35±1.11	3.38±1	3.25±1.3	3.56±1.01	3.10±.86	30-40	
3.26±1.13	3.27±1	3.38±1.15	3.28±1.1	3.08±1.10	3.37±1.18	3.33±1.1	3.11±1.2	3.68±1.01	3.15±.93	40-50	
3.03±1.19	3.36±1.27	3.25±1.32	3.08±1.3	3.17±1.18	3.42±1.41	3.19±1.2	3.19±1.5	3.64±1.17	3.06±1.13	50-60	
0.01	0.22	0.39	0.44	0.73	0.48	0.03	0.38	0.24		*P*-value	
3.40±1.13	3.33±1	3.53±1.12	3.47±1	3±1.07	3.52±1.09	3.57±1.1	3.34±1.2	3.74±1.01	3.21±.91	<3	Experience
3.27±1.17	3.37±1	3.34±1.09	3.22±1	3.19±1.09	3.39±1.17	3.42±1.1	3.12±1.3	3.57±1.02	3.06±.91	3-10	
3.11±1.19	3.22±1	3.30±1.16	3.20±1	3.01±1.14	3.20±1.24	3.22±1.2	3.21±1.3	3.54±1.10	3.07±.94	10-20	
3±1.21	3.18±.89	3.20±1.22	3.12±1.2	3.06±1.07	3.34±1.17	3.06±1.1	2.82±1.3	3.55±1.09	2.99±.92	20-30	
0.051	0.43	0.13	0.05	0.26	0.15	0.009	0.06	0.30		*P*-value	
3.29±1.21	3.28±1	3.40±1.16	3.29±1.1	3.08±1.14	3.30±.18	3.41±1.1	3.21±1.3	3.34±1.09	3.10±.96	Male	Sex
3.28±1.17	3.39±1	3.44±1.10	3.36±.97	3.11±1.05	3.48±.12	3.48±1.1	3.25±1.3	3.74±0.99	3.20±.89	Female	
0.96	0.16	0.62	0.41	0.72	0.053	0.46	0.7	0.002		*P*-value	
3.40±1.19	3.46±1	3.53±1.09	3.39±1	3.19±1.08	3.44±1.16	3.61±1.1	3.36±1.3	3.76±1.02	3.21±.90	Married	Marital Status
3.29±1.18	3.36±.99	3.40±1.12	3.34±1	3.12±1.09	3.46±1.14	3.39±1.1	3.25±1.2	3.74±1.02	3.19±.94	Single	
0.17	0.16	20.1	0.55	0.4	0.82	0.01	0.25	0.13		*P*-value	

**** mean ± standard deviation***

The results of the one-way ANOVA revealed that there was a significant difference among the HCWs in terms of attitude toward observance of patients' rights. In this regard the highest score belonged to nurses and the lowest to students.

The study uncovered that there was a significant negative relationship between the variable of age and satisfaction with observance of "freedom of choice and autonomous decision-making" and also "maintaining the privacy of patients". In other words, older staff were less satisfied with the status of patients' rights. This was similar to our findings regarding the variable of "work experience", that is, staff with more work experience were less satisfied with the status of the right to privacy. A significant correlation was also found between the variable "gender" and the degree of satisfaction with the right to "humane and respectful behavior" (observing patient's dignity), in that fewer men believed that this right was observed. There was also a significant relationship between "marital status" and satisfaction with the status of patients' rights to privacy" as single HCWs believed that this right was not fully observed. Finally, the variable of "type of health-care providers" had a significant relationship with all dimensions of patients' rights.

Comparison of Patients' and HCWs' Attitudes

The results of the one-way ANOVA uncovered that patients' attitude toward observance of patients' rights was different from that of HCWs (Table 3).

Table 3. Comparison of the mean of attitude to observance of patients' rights and the varying dimensions' in patients' and HCWs' groups (n = 1373).

**** mean ± standard deviation***

Access to Information	Supporting Patient autonomy	Patients' Benefits	Quality of Services from a Scientific View	Attention to Patients' Welfare and Comfort	Liability and Accountability	Respecting Patients' Right to Privacy	Observing Equality	Courteous Treatment	Total	Variables	
μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ	μ± σ		
3.52±.97	3.34±.87	3.25±1.02	3.58±.90	2.84±.89	3.69±1	3.39±1.05	3.04±1.0	3.42±.91	3.18±.90	Physician	Participant type
3.38±1.1	3.55±.99	3.68±1.05	3.47±.96	3.32±1.04	3.65±1.05	3.71±1.09	3.54±1.3	3.99±.94	3.37±.79	Nurse	
2.81±1.2	2.94±.98	3.18±1.1	2.90±1.1	2.68±.95	3.37±1.19	3.29±1.05	2.74±1.4	3.67±.94	2.91±.82	Paraclinical Personnel	
3.34±1.2	3.39±1.1	3.37±1.2	3.29±1.2	3.28±1.2	3.21±1.28	3.28±1.29	3.22±1.3	3.45±1.15	3.11±.78	Administratie Units	
3.20±1.1	3.01±.93	3.21±1	3.28±.87	2.79±.89	2.95±.95	3.20±1.05	3.01±1.16	3.30±.90	2.84±.66	Student	
4.12±1	4.01±.98	4.23±.85	4.07±.83	3.67±1	1.04±1.07	4.76±.64	4.58±.93	4.40±.80	3.25±.60	Patient	
0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	*P*-value	

Discussion

This descriptive-analytic study was conducted to look into the observation of patients' rights from the perspective of hospitalized patients and HCWs' groups. The results of the present study showed that the mean of attitude toward the observation of patients' rights from patients' and HCWs' groups were more than the average level.

Status of Attitude toward Observance of Patients' Rights

The results of the present study showed that the patients' attitude toward observance of patients' rights was different from that of health-care providers. According to our findings, the degree of satisfaction with the status of patients' rights was significantly higher in the patients' group, which is confirmed by the results of previous research (9, 20). The findings of a study by Mohammed et al. in Egypt revealed that 76% of the patients were not aware of the existence of a patients' rights charter, but believed that physicians and nurses would observe their rights. Meanwhile, the physicians' level of awareness about the patients' rights charter was also 50% in Egypt (21). Similar studies in other developing contexts also show low levels of patients' rights observance in health-care institutions. For example, one study in Oman showed that in 63% of the cases, patients' rights were not observed in operation rooms (22), and in Turkey only 9% of the patients believed that these rights were observed by the health team (23). Studies on observance of patients' rights in Iran and other developing countries show contradictory results, although the general trend seems to be positive (23 - 27).

The present study demonstrated that although the attitudes of patients and HCWs regarding observance of patients' rights were higher than average, the degree of satisfaction with HCWs' accountable behavior toward the patients and the manner of handling complaints in hospitals was lower than 2 from the patients' perspective. However, another study by Hassanian reported the accountability of nurses to be high in Iran (28).

The study findings showed the older the patients were, the less satisfied they would feel with observance of these two rights. Related studies have revealed that most of the older patients are dissatisfied with lack of attention to their right to privacy (29-31). Moore and Chaudhary reported that although younger patients are more sensitive about their privacy, older patients are more concerned with attention and some aspects of privacy such as confidentiality of information (32). In contrast, some other studies have shown that

older patients report a higher level of observance of professional ethics by medical staff and are more satisfied with respect for their right to privacy compared with younger patients (33-35). Respecting privacy is a dynamic concept that is likely to vary based on individual and cultural factors. Considering the importance of this concept for people and also for providing human and ethical care, all necessary conditions for the observance of this right should be prepared (36). Pertinent studies, however, have provided contradictory findings. In some studies, observance of the right to privacy has been reported to be desirable (20, 37), while in some other studies, this right, despite the staff's awareness, has been overlooked (30, 32, 38). Regarding attention to patients' decisions and respect for their autonomy, relevant studies have indicated that the level of patient participation in the treatment process and also attention to patients in the decision-making process are low (13, 26, 39). The results of a study by Perez-Carceles et al. demonstrated that only five percent of elderly patients had been asked about providing information to their relatives (39). In addition, the higher expectations of older Iranians regarding the right to privacy might be related to religious and cultural factors, since the older population are more religious and may therefore be more sensitive about being touched or seen by those who are not close family, which is rooted in Islamic beliefs.

We found that in the internal medicine ward, satisfaction with "the right to freedom of choice and autonomous decision-making" and "health-care providers' accountable behavior toward the patients and the manner of handling complaints in hospitals" was lower than other wards. This was inconsistent with other studies in which the degree of satisfaction with observance of patients' rights was higher in internal medicine wards compared to surgical wards (33, 34). The reason may be that patients hospitalized in internal medicine wards in the present study were selected from neurology, endocrinology and pulmonology departments, which are the referral wards for complicated cases, and most of these patients are referred from other medical centers across the country. Thus, factors such as the chronic nature of the diseases or repetitive and lengthy hospitalizations might be responsible for this inconsistency. Chronic patients become more conversant with the rules and their rights as they are hospitalized more often, and as a result, their expectations from the health-care centers increase.

The findings of this study showed that the level of satisfaction with observance of patients' rights was lower in patients' companions than the patients

themselves, which is compatible with other studies (40, 41). Companions of patients have an important role in taking care of patients and are therefore under considerable physical and mental pressure. To mitigate this pressure and stress, they need to receive adequate information about their patients and the health-care process, and when they do not receive such information, they feel dissatisfied. Additionally, it seems that patients are less inclined to express their problems largely due to their vulnerability. In the case of older patients and those with a more critical medical condition, their companions know more about their conditions than the patients themselves, especially in the Iranian culture. Thus, the expectations of patients' companions are higher, and this is because of their emotional relationship with the patients and their concern about the patients' health.

Similar to some other studies, this study revealed that older staff and those with more work experience were more likely to believe that patients' right to privacy was not fully observed and respected (28). It seems that as work experience increases, staff encounter more issues related to patients, which can affect their experience as well as their reasoning and performance. Additionally, as staff grow older and gain more work experience, their awareness, attitude and sensitivity toward ethical issues also increase (42).

Similar to other works, this study also showed that generally the degree of satisfaction with observance of patients' rights was less in HCWs than in patients (43). Additionally, some other studies have reported that the importance of rights was remarkably more for patients than staff, and recent educational programs are likely to be effective in this regard (25).

Finally, the study also showed that the attitude of students and paraclinical personnel about the degree of patients' rights observance was lower than the attitude of staff in other sectors. The main reason for the students' different attitude might be ascribed to the educational courses on medical ethics, more frequent contact with patients, higher level of moral sensitivity, and less experience of moral fatigue, which is in line with the findings of other studies (44). These potentials in students can be used for planning to promote moral sensitivity, since a high-quality clinical environment needs not only efforts to develop skills and expertise in students, but also measures to increase sympathy and empathic behaviors (45).

The main limitation of this study was selection of a public referral university hospital in a big city,

which might affect the generalizability of the findings.

Conclusion

The attitudes of patients and HCWs toward the degree of observance of patients' rights in the present study indicate that patients, their companions, hospital staff and health-care providers think that patients' rights are respected at a medium level in this university hospital. However, health-care providers' responses showed that they were less satisfied with the status of patients' rights than the patients.

Contradictory findings regarding patients' rights in Iran and other countries imply that despite the existing educational programs in this regard and even the high awareness of providers and receivers of these services, there are other factors that are involved in the implementation and observance of these rights, which should be taken into account by health policy-makers.

Declarations

Ethics Approval and Consent to Participate

All necessary ethical considerations such as voluntary participation, anonymity of questionnaires and oral consent were taken into account.

The research was approved by the research ethics committee of Tehran University of Medical Sciences (No. IR.TUMS.VCR.REC.1397.119).

Consent for Publication:

Not Applicable

Availability of Data and Materials

The authors declare that data supporting the findings of this study are available within the article.

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Conflict of Interests

There is no conflict of interests in this study.

Competing Interests

One of the corresponding authors of this study, Ehsan Shamsi-Gooshki, has been the scientific secretary of the hospital ethics committee during the research. The second author, Maryam Sadat Mousavi, was the executive secretary of the hospital ethics committee during the research.

Authors' Contribution

ESH-G and AP did the planning and design of the study. Data were collected by MM, and analysis of the data was done by AA and SM. AHM was a major contributor in writing the manuscript. All authors, SM, MM, AA, AHM, ESH-G and AP, were in close collaboration and responsible for critical revisions of the manuscript, and they all read and approved the final manuscript.

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