



## Necessity of Observing Patient's Rights: A Survey on the Attitudes of Patients, Nurses and Physicians

Parsapoor A.<sup>1</sup>, Mohammad K.<sup>2</sup>, Malek Afzali H.<sup>2</sup>, Ala'eddini F.<sup>3</sup> and Larijani B.<sup>4</sup>

<sup>1</sup>Medical Ethics PhD student, Medical Ethics and History of Medicine Research Center, and School of Medicine, Tehran University of Medical Sciences, Tehran, Iran;

<sup>2</sup>Professor, Faculty of Public Health, Tehran University of Medical Sciences, Tehran, Iran;

<sup>3</sup>PhD in Biostatistics and Epidemiology

<sup>4</sup>Professor, Endocrinology and Metabolism Research Institute, and Medical Ethics and History of Medicine Research Centre

### Corresponding author:

Larijani B.

Endocrinology and Metabolism Research Institute, and Medical Ethics and History of Medicine Research Centre, Tehran University of Medical Sciences, Tehran, Iran.

\*21#16 Azar Ave, Keshavarz Blvd, Tehran, Iran

Phone: +982166419661

Email: [mehr@tums.ac.ir](mailto:mehr@tums.ac.ir)

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### Abstract

Studying the situation of observance of patients' rights and interaction of those individuals who provide and/or receive health services are regarded as the most significant and salient parameters of qualitative evaluation of health services.

The main aim of this study is to compare the attitudes of patients as recipients of healthcare services with those of physicians and nurses as representatives of healthcare providers regarding the necessity of observance of various aspects of patients' rights in three hospitals selected as representing the three models of providing medical service (teaching, private and public).

This was a cross-sectional descriptive analytical study and the data were gathered using a questionnaire. Researchers helped the patients to fill in the questionnaire through interviewing and the physicians and nurses filled in their own questionnaires.

The field consisted of three hospitals (a teaching general hospital, a private hospital and a public general one) all located in Tehran. The questionnaires included a set of general questions regarding demographic information and 21 questions about the necessity of observance of patients' rights. They were filled in by the interviewer for 143 patients and, after being sent to other groups, 143 nurses (response rate = 61.3%) and 82 physicians (response rate = 27.5%) filled them in. The criterion for necessity of each right was measured according to the Likert Scale [from 0 (not necessary) to 10 (absolutely necessary)]. The data were analyzed using SPSS 11.5 software. Given the abnormal distribution of the data, non-parametrical tests were used.

The results of this study showed that all of the study groups agreed with the necessity of almost all aspects of patients' rights and the highest level of disagreement between groups was related to patients' right of access to information and right of choosing provision provider and deciding on treatment plan. However, these disagreements were not significant altogether.

According to the results, it seems that healthcare providers, especially physicians, should be better familiarized with patients' right of access to information and right of choosing and deciding. Based on the disagreement between the attitudes of the patients and physicians in this study, it seems that the patients had a higher level of expectations concerning their rights compared to physicians.

**Keywords:** *Patients' rights, medical ethics, Patients Rights charter*

## Introduction:

A review of the historical course of “patients’ rights” issue reveals its global importance in the arena of health system management. Developing the “Patient’s Rights Charter” can be considered as the starting point for moving toward comprehensive attention to securing patients’ rights and providing an accurate definition of relation between healthcare providers and recipients. However, taking into account the interest groups’ views concerning the necessity of these rights and the impact of different factors such as professional status and environmental differences on evaluation of this necessity will guide policymakers in planning promotional and supervisory programs to improve the observance of patients’ rights.

Literature review shows that several studies have been carried out about the awareness of various interest groups regarding different aspects of patients’ rights and the impact of demographic, environmental and cultural factors on this awareness (1-5).

Other studies have evaluated the attitudes of various groups of beneficiaries toward some aspects of patients’ rights (6-7) and the effects of various underlying factors such as age, race, socioeconomic status and intensity of diseases on these attitudes (6-8).

Some other studies have compared the attitudes of different groups in different models of providing healthcare service (8).

Considering various factors influencing the attitudes of interest groups with respect to different aspects of patients’ rights, the purpose of this study was to compare the attitudes of main interest groups including patients, physicians and nurses in sample hospitals from three models of providing healthcare services, namely, teaching, private and public hospitals. The comprehensiveness of this study in evaluating the attitudes of various groups was not found in previous similar studies.

## Methods:

This study was a cross-sectional descriptive and analytic one, for which the information was gathered through questionnaires which were filled in by interviewer for patients and physicians; but nurses filled in their own questionnaires. Questionnaire’s content was based on literature review and the questions were modified after consultation with experts for the assessment of validity.

To increase the reliability of the questionnaire, the interview was performed by the same interviewer at all three hospitals.

Furthermore, the average disparity and differences in answering questions in test and retest were studied at two stages, which showed the reliability of the questionnaire.

The field of study consisted of three hospitals including a general teaching hospital, a private hospital and finally a public therapeutic one, all located in Tehran. The questionnaire comprised of a series of general questions concerning demographic information and 21 questions concerning the necessity of observance of the patients’ rights.

In this study, patients were selected from internal medicine and surgery wards of the hospitals.

Patients were excluded from the study if: had been hospitalized for less than 24 hours, suffering from moderate and severe cognitive problems, or had moderate to severe pain.

The interview was conducted with patients after being informed of the objective of the study. The only inclusion criterion for physicians and nurses was involvement in clinical activities in any of the above-mentioned hospitals. Before interview, it had been emphasized that each interviewee should express his/her judgment concerning each question only on the basis of the hospital circumstances.

It should be noted that questionnaires were filled out and gathered within a three-month period at large.

The information related to the 143 patients was filled out by interview and was also filled out by two other groups including 143 nurses (response rate = 61.3%) and 82 physicians (response rate = 27.5), respectively.

The criterion for necessity of each right was measured according to Likert Scale ranked from 0 (not necessary) to 10 (absolutely necessary).

For describing the results of the study, mean, median and standard deviation (SD) were used concerning quantitative variables, while number and percentage points were used in for qualitative variables.

Non-parametrical tests were used for comparing approaches of groups concerning the degree of necessity of each right in hospitals and other independent variables in the three groups of patients, nurses and physicians.

Since the variable of necessity of rights had been measured on a graded basis with zero mark (not necessary) up to 10 (absolutely necessary) and had no normal distribution, non-parametrical tests were applied.

In the cases where independent variables consisted of two groups (like puberty), Mann-Whitney Test was used, while Kruskal-Wallis Test was used in the cases where independent variables had more than two groups (such as hospital).

In assessing the results of questions posed by the three groups, i.e. patients, nurses and physicians, at three selected hospitals, some cases of meaningful differences were considered both statistically and clinically significant in a way that the average disparity of marks obtained in this regard topped 2.

## Ethical Considerations:

Informed consent was obtained of participants. It is noteworthy that patients' information will not be disclosed to a third party without obtaining written authorization. Considering the requests of some of the officials in charge of the hospitals cooperating in the study, no mention will be made of the names of these hospitals.

## Results:

This study shows different approaches of patients, physicians and nurses with regard to necessity of observance of the patients' rights and also differences of attitudes of each group at three healthcare centers as healthcare providers.

In patients' group, in terms of gender, at the private hospital men were high in number than women (35 out of 50 subjects), while women constituted the highest interviewees at the educational hospital (23 out of 41) and the public one (28 out of 50).

The age of patients ranged from 14 to 80 years ( $46.57 \pm 17.36$  and median 46.00 for the all of the patients).

The mean age was 51.36 and 41.29 years for men and women respectively, and it showed a statistically significant difference between two groups ( $P=0.000$ ).

One hundred and twenty referrals were married and 21 were single.

Marriage between two groups of men and women had similar distribution.

As regards marriage, no statistically significant differences were observed in the mentioned three hospitals.

The number of illiterate patients hospitalized at the public hospital and also the number of patients holding high school diploma and bachelor degrees hospitalized at the private hospital were significantly higher than that of the two other hospitals ( $P=0.000$ ).

The minimum age of physicians was 28 years, while the maximum was 68 ( $45.33 \pm 10.107$ ).

Distribution of work experience was not statistically significant between physicians of the three hospitals.

Similarly, no statistically significant differences between the two gender groups were observed.

The results of this study showed that the study groups had different attitudes toward various aspects of observance of patients' rights. The highest level of disagreement was related to the right of choosing and deciding by the patients, which was not observed satisfactorily in the teaching hospital.

According to the results, it seems that healthcare providers, especially physicians, should be better

informed of patients' right of access to information and right of choosing and deciding.

On presenting the results of research, questions can be studied in four categories:

**The first category:** The results shown in Table 1 mainly concern respecting patients, their privacy and provision of non-discriminatory treatment. All groups agreed on the definite necessity of observance of these rights. Although in some of the results there were statistically significant differences in the rates of agreement, these differences were not remarkable.

**The second category:** In Table 2, the results of the study on the patients' right to access information regarding their disease are shown.

The three study groups, regardless of their place of employment, agreed on the absolute necessity of declaring patients' access to healthcare and non-medical services in hospitals and their rights during hospitalization as well as access to medical information regarding their disease, its prognosis and common complications in a language understandable for them and responsiveness of the healthcare providers to their questions about their disease.

However, in the group of patients, there was a statistically significant difference between the patients in the public hospital and those in the other two hospitals regarding the necessity of this issue. Furthermore, the nurses in the private and public hospitals had an emphasis on the necessity of this issue, with a statistically significant and remarkable difference between them and the other two groups. In the teaching hospital, this difference was not statistically significant.

The necessity of presenting personal characteristics of the healthcare providing team was less emphasized by all groups in this study. The nurses put the highest emphasis on this issue and the patients put the lowest. In the patients and physicians groups, there was no statistically significant difference between the three hospitals regarding the necessity of observance of this right. In the nurses group, this difference was statistically significant, with highest emphasis on it in the private hospital and the lowest in the public hospital.

Regarding the necessity of providing information about less common adverse effects of treatment, less emphasis was put on it by the studied groups (more than two points lower than the more common ones). Statistically, the necessity of observance of this right was more emphasized by the nurses than the other two groups.

This study showed that none of the studied groups believed in the high necessity of patients' access to their medical records. The patients suggested a statistically significant, but unremarkable

ble, necessity of this issue compared with the other two groups.

**The third category:** Table-3 shows the results of the study on the patients' right for choosing and deciding freely.

In this study, the nurses generally put more emphasis on the necessity of observing patients' right for choosing the healthcare provider (the main physician) for treatment, significantly more than the other two groups. No statistically significant difference was observed between the nurses in the three hospitals. While the patients and physicians in the teaching hospital put less emphasis on the necessity of this right, those in the private hospital put the most emphasis on this issue. On the other hand, male physicians put more emphasis on it compared to their female counterparts in all three hospitals.

Furthermore, regarding the necessity of seeking the opinion and participation of the qualified patients for deciding about diagnostic and therapeutic measures, all three studied groups emphasized, with no statistically significant difference, on the necessity of this issue. However, comparing the three groups in the teaching hospital revealed that the physicians put the most emphasis on the subject and the patients put the least. In the other two hospitals, there were no statistically significant differences between the attitudes of the three groups regarding the necessity of seeking the opinion and participation of the patients. The patients in the teaching hospital put less emphasis on this issue than their counterparts did in the other two hospitals, while, in the private hospital, this issue was more emphasized by the patients.

In this study, the patients with more than 10 days of hospitalization put less emphasis on the necessity of seeking the opinion and participation of patients than those with up to 5 days and 5 to 10 days of hospitalization did. Regarding the possibility of leaving the hospital with personal consent against the advice of the care providing team, the findings demonstrated that the nurses in the studied centers put significantly less emphasis on the necessity of this issue than the physicians did. This difference was remarkable, especially in the nurses of the teaching hospital.

The intra-group comparison showed that the nurses in the teaching hospital put the least emphasis on this issue, while those in the public hospital put the most. However, in the physicians group, there was no statistically significant difference between the three hospitals. Surveying this issue among the patients was not possible and this question was not included in the patients' questionnaire.

Regarding the possibility of consulting another physician by the patient, the physicians and nurses in the three hospitals acknowledged the necessity

of such a right and there was no statistically significant difference between these two groups and, also, between the three groups in the hospitals concerned.

**The fourth category:** The results shown in Table-4 concerning the implementation of a patient complaint system and the necessity of disclosing medical errors.

All the studied groups in the three hospitals emphasized on the absolute necessity of an active complaint system in hospitals and there was no statistically significant difference between the three groups and the groups in each hospital in this regard. However, the patients of the public hospital put significantly less emphasis on the necessity of this right than those in the other two hospitals. The results of the study on the viewpoints of physicians and nurses regarding the necessity of revealing the compensated medical error to the patient by the responsible person demonstrated that none of the studied groups believed in the absolute necessity of this right. This necessity is significantly, although not remarkably, less in the public hospital than in the other two hospitals.

As for the necessity of revealing the uncompensated medical error, the results indicated that it was considered more necessary by physicians and nurses compared with the previous type. There was no statistically significant difference between the three groups and the groups in the three hospitals agreed in this regard.

As for the necessity of revealing the truth about uncorrected medical error for the patient by the responsible person, the least importance was attached to this issue by the physicians in the public hospital and the most by those in the teaching hospital.

There was no statistically significant difference between the attitudes of the nurses in the three hospitals in this regard.

## Discussion:

A review of the opinions of the three groups (patients, physicians and nurses) in the three types of healthcare service providing centers showed that all of them acknowledged the necessity of most of the rights under question and, in a few cases, there were remarkable differences between the attitudes of the three groups and also the groups in the three hospitals, although these differences are statistically significant in several cases. The analysis of the results of the study is presented in four categories:

The first category (respecting the patients and their privacy and non-discriminatory treatment):

The results of our study demonstrated that there was a general consensus among all of the groups about the absolute necessity of these rights and showed that all of the studied groups attach a

special importance to this right. This finding reveals the necessity of providing the required facilities for observance of the above-mentioned rights.

The second category (the right of patients to access information):

The results of this study showed that there was consensus with respect to the necessity of informing the criteria of patients' access to healthcare and non-medical services in hospitals and their rights during hospitalization in terms of having access to sufficient information regarding their disease and its treatment as well as common complications. However, regarding the less common complications, all of the three groups believed in a lesser degree of necessity of observance of this right. These results were consistent with findings of similar studies found in the literature. In a qualitative study on the attitude and perception of patients, physicians and nurses regarding patients' rights in public hospitals of Catalonia, the right of patients to access information and respecting their autonomy was considered by patients and nurses as the most important right of a patient. Of course, in that study, the younger and more educated patients attached more importance to this right, while, in our study, this difference was not remarkable. In addition, the results of the above-mentioned study showed that physicians often believed that their patients were not fully aware of medical issues and had no correct information in this regard; hence they considered the principle of patient autonomy as a potential threat to patients. Therefore, the process of obtaining patients' consent was considered a bureaucratic one and the patients' trust in their physician was regarded as a key issue in the relation between physician and patient. This difference in the attitude of physicians and that of patients and nurses was not observed in our study (6).

The fact that none of the groups in this study emphasized on the definite necessity of patients' right to access their medical records indicates that such a right has not much popularity. This may be a result of concerns about mismanagement of informing the patient if such a right was to be asserted.

The third category (patients' right for choosing and deciding):

According to the results, it seems that the less necessity accorded to the right of patients for choosing their physician in the teaching hospital was a result of the teaching context of that hospital. This is an issue that the nurses agreed upon less than the physicians did. It also seems that despite the finding that the patients' inclination to receive information has no statistically significant difference in the teaching hospital compared with the other two hospitals, when they have to make decision, this inclination was significantly less.

This is similar to the finding of a study by Oliver (6). In our study, similarly, although the patients wished to receive information, this did not indicate their active contribution in decision making in the process of treatment. In other words, receiving information seemed to be more important than autonomy.

Also, a study by Fotaki in four Russian cities on the quality of healthcare services showed that the percentage points of patients' awareness of their right to access information about treatment in the four studied cities were 73.8, 36, 35.1 and 75.4. The figures for the necessity of obtaining consent for therapeutic interventions were 87.1, 68.7, 62.3 and 80.2; and for the right to consult other physicians were 27.5, 17.4, 28.8 and 24.6 (9). In this study, too, there is a difference between the necessity of the right to access information and that of participation in decision-making.

In a comparative study of nurses and patients' perceptions about patient participation in clinical decision-making by Florin et al. conducted on 80 patient-nurse pairs in Sweden, it was demonstrated that the nurses, more than the patients themselves, thought that patients wished to be more involved in clinical decision making. In that study, 61% of the patients preferred to have a less active role in clinical decision-making, which was more than the nurses estimation (24%). An active role was sought by 9% of the patients, while the nurses believed that 45% of the patients had such an expectation (7). Such a difference in the viewpoints of the patients and the nurses in the teaching hospital are demonstrated in Table 4. However, no such difference was seen in the other two hospitals. Finding the reason of such a difference in attitudes can be the subject of further research in this regard.

Several studies showed that patients' willingness for participating in clinical decision making may be dependent on their age, race, socioeconomic status and severity of illness (6-8). In this study, such a difference is seen between the viewpoints of the patients with more than 10 days of hospitalization and those with less hospitalization duration. However, no statistically significant difference was observed between different groups in terms of age, gender and level of education.

The possibility of leaving the hospital with personal consent in spite of objection by the care providing team is a well defined and accepted regulation in all healthcare centers as an indispensable procedure. The physicians and nurses' perception in this regard may indicate that a group of healthcare providers are reluctant to accept it, given their concerns about potential risks of such a decision to patients.

The fourth category (patients' right to investigate their complaints and be informed of medical errors):

The results shown in Table 5 indicate that all of the studied groups emphasized the definite necessity of establishment of an active complaint-examining system in hospitals. However, there was a difference in viewpoints about the necessity of revealing medical errors depending on the type of the error. Physicians and nurses considered no definite necessity for revealing the corrected medical errors although they believed in a higher necessity of revealing a reparable uncorrected medical error. However, in the public hospital, the physicians did not believe in the necessity of revealing an uncorrected medical error, the reason of which needs to be investigated. In cases of correctable error, given the fact that informing the patient may cause unnecessary worries and even mistrust in the physician, if the correction of the error has not imposed additional costs on the patient, not revealing the error can be justified. Nonetheless, in case of uncorrected medical errors, revealing was considered necessary.

It seems that revealing an uncorrectable medical error to the patient, although less sensitive than revealing the correctable ones, is necessary because of the responsibility of physicians in terms of patients' trust. Further research on the issue of methods and conditions of revealing medical errors seems to be necessary.

The relatively low response rate of the questionnaires was one of the limitations of this study. However, we tried to minimize this limitation through coordination with the hospitals' directors and preparing the correspondence bearing their signature concerning the questionnaires to be filled in by the physicians.

Considering the study's methodological and practical limitations, it was not possible to study

some aspects of patient's rights. For example, since no research activity was performed in the private hospital, it was not possible to study observation of the related rights and obligations there. Asking about medical error was also not possible lest worrying patients. That is why some articles of the Patients Right Charter were not included in the questionnaire. It can be suggested that generalization of these results to various service providing models (private, teaching and public) requires larger samples from several hospitals in each group.

### Conclusion:

Based on the obtained results, it seems necessary for healthcare providers, especially medical services, to be better informed of patients' rights to access information and to choose and decide. Accordingly, based on our results, a difference between the attitudes of the patients and those of the physicians indicates higher expectations of the patients regarding these rights than what the physicians considered as required.

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**Table 1:** Necessity of observing patients rights to receive respectful and non-discriminatory service

Hospital model		Public general hospital	Private hospital	Teaching general hospital	P value	Total (mean±SD)
Health care providers		(mean±SD)	(mean±SD)	(mean±SD)		
Non-discriminatory health service after hospitalization (in terms of age, gender, race, and other related issues)	Patients	9.95±0.31	10.0±00	10.0±00	0.28	9.99±0.16
	Physicians	9.45±1.01	8.87±1.64	9.55±1.50	0.03*	9.12±1.49
	Nurses	8.56±2.22	9.55±1.34	9.70±1.01	0.09*	9.39±1.53
	P value	0.00*	0.00*	0.00*	-	0.00*
Respect for religious, national, ethnic, cultural	Patients	9.41±2.24	8.85±3.05	10.0±00	0.01*	9.41±2.23
	Physicians	9.95±0.21	9.74±0.65	9.70±0.67	0.33	9.80±0.56
	Nurses	9.48±0.97	9.54±1.76	9.34±2.09	0.25	9.47±1.73

background of the patients	<i>P</i> value	0.45	0.10	0.07*	---	0.33
Observance of the patients' privacy (private examination, confidentiality)	Patients	8.98±2.45	8.29±3.59	9.94±0.42	0.00*	9.06±2.62
	Physicians	9.77±0.52	9.61±0.83	9.70±0.48	0.80	9.68±0.70
	Nurses	9.68±0.67	9.83±0.48	9.61±1.53	0.55	9.73±0.94
	<i>P</i> value	0.12	0.00*	0.30	--	0.00*

\* Shows a significant *P* value. All data are presented as mean (±SD).

**Table 2:** Necessity of observing patients rights to access their own information

Hospital model		Public general hospital	Private hospital	Teaching general hospital	<i>P</i> value	Total (mean±SD)
Health care providers		(mean±SD)	(mean±SD)	(mean±SD)		
Informing patients of their rights regarding access to clinical or general services	Patients	8.8±2.05	8.65±2.40	9.08±1.72	0.78	8.85± 2.07
	Physicians	9.45±1.18	8.77±1.77	8.36±2.06	0.11	8.90±1.96
	Nurses	8.56±2.20	9.14±1.86	9.18±2.14	0.16	9.04± 2.01
	<i>P</i> value	0.25	0.37	0.46	--	0.71
Providing sufficient information about the disease and its prognosis in a comprehensible language for patients who could and wished to know	patients	9.12±2.04	9.88±0.47	9.20±1.88	0.031	9.43 ± 1.74
	Physicians	9.23±0.97	8.85±1.31	9.18±1.07	0.50	9.00 ± 1.20
	Nurses	9.11±1.60	9.34±1.61	9.53±0.90	0.81	9.35 ± 1.43
	<i>P</i> value	0.97	0.00*	0.55	-	0.12
Informing the patients about their disease by health care providers	Patients	9.20±2.35	8.94±2.53	9.48±1.55	0.78	9.20±2.18
	Physicians	9.36±0.90	9.13±1.07	8.91±1.13	0.51	9.16±1.03
	Nurses	9.41±0.97	9.41±1.16	9.90±0.37	0.01*	9.55±0.98
	<i>P</i> value	0.86	0.32	0.03*	--	0.10
Informing patients of the responsibility of different members of the health care provision team	Patients	8.63±3.10	8.52±3.13	7.30±3.89	0.01*	8.13 ± 3.44
	Physicians	8.68±1.32	7.40±2.40	7.20±3.25	0.14	7.73±2.33
	Nurses	8.85±1.83	9.31±1.46	9.30±1.57	0.16	9.21±1.57
	<i>P</i> value	0.93	0.00*	0.00*	-	0.00*
Introducing health care provision team to the patients (by name)	Patients	3.80±4.36	4.83±5.50	4.98±4.02	0.52	4.59±4.30
	Physicians	8.09±1.60	7.67±2.06	6.36±4.03	0.73	7.60±2.81
	Nurses	7.68±2.77	8.65±2.35	6.95±3.23	0.00*	7.93±2.81
	<i>P</i> value	0.00*	0.00*	0.04*	--	0.00*
Providing sufficient information about the therapeutic plan for patients who would understand and were willing to contribute to the decision making process	Patients	9.29±2.23	8.79±2.80	8.44±3.48	0.46	8.81±2.92
	Physicians	9.32±0.99	8.85±1.23	8.73±2.10	0.25	8.96±1.32
	Nurses	9.57±0.74	9.52±1.04	9.53±1.08	0.84	9.53±0.99
	<i>P</i> value	0.76	0.04*	0.015*	--	0.009*
Explaining common risks and side effects to patients	Patients	9.88±0.45	9.37±2.19	9.04±2.74	0.38	9.40±2.12
	Physicians	9.09±1.10	8.94±1.82	8.60±1.50	0.54	8.94±1.60
	Nurses	9.29±1.18	9.43±1.12	9.25±1.39	0.83	9.35±1.21
	<i>P</i> value	0.00*	0.28	0.68	--	0.13
Provision of information about less common side effects in an understandable	Patients	7.56±3.93	6.40±4.52	6.80±4.54	0.50	6.87±4.36
	Physicians	6.82±2.64	6.35±2.42	6.13±3.18	0.71	6.48±2.56

language for a well oriented patient	Nurses	7.68±2.22	7.84±2.70	7.24±3.05	0.57	7.64±2.71
	P value	0.59	0.02*	0.73	--	0.05*
Patients' access to their medical records and their content	Patients	8.27±3.40	6.67±4.44	8.04±3.66	0.14	7.61±3.93
	Physicians	6.29±3.13	7.42±2.77	6.35±3.61	0.31	6.93±3.00
	Nurses	6.96±2.64	5.85±3.60	7.18±3.09	0.13	6.47±3.31
	P value	0.04*	0.11	0.28	--	0.02*
Necessity of informing patients about their rights upon admission to a treatment center	Patients	--	--	--	--	--
	Physicians	8.29±2.43	8.79±1.29	7.22±2.68	0.78	8.43±9.26
	Nurses	9.36±1.09	9.31±1.31	9.11±1.59	0.97	9.26±1.35
	P value	0.04*	0.05*	0.00*	--	0.00*

\* Shows a significant P value. All data are presented as mean (±SD).

**Table-3:** Necessity of observing patients' right for choosing and deciding freely

Hospital Model		Public general hospital (mean±SD)	Private hospital (mean±SD)	Teaching general hospital (mean±SD)	P value	Total (mean±SD)
Ability to choose care-provider (Management consultant) by patients	Patients	5.57±4.47	8.39±3.32	7.64±3.94	0.003*	7.38±4.01
	Physicians	5.14±3.33	8.67±1.34	7.73±2.24	0.00*	7.61±2.61
	Nurses	7.79±2.75	8.60±2.41	8.60±1.82	0.16	8.43±2.34
	P value	0.03*	0.84	0.33	--	0.017*
Seeking the opinion and involving the qualified patient in diagnostic and treatment measures	Patients	7.32±3.73	9.15±2.42	8.31±3.27	0.00*	8.33±3.20
	Physicians	9.09±1.06	8.36±1.64	8.50±2.17	0.19	8.62±1.58
	Nurses	8.82±2.16	8.54±2.40	8.97±1.89	0.62	8.72±2.21
	P value	0.02*	0.20	0.52		0.43
Possibility of leaving the hospital with personal consent against the advice of the treatment team	Patients	---	--	--	--	--
	Physicians	9.09±1.10	8.76±1.95	8.44±2.87	0.97	8.82±1.87
	Nurses	7.15±2.53	7.87±2.89	8.57±2.18	0.03*	7.93±2.65
	P value	0.00*	0.07*	0.87	--	0.01*
Possibility of consulting with physicians other than the treating physician by the patient	Patients	--	--	--	--	--
	Physicians	7.91±2.52	7.95±2.54	8.80±1.54	0.64	8.06±2.41
	Nurses	8.48±2.02	8.61±2.02	8.74±2.11	0.45	8.62±2.03
	P value	0.38	0.14	0.93	--	0.08*

\* Shows a significant P value. All data are presented as mean (±SD).

**Table-4:** Necessity of observing patient's right to follow up their complaints and revealing medical errors

Hospital Model		Public general hospital (mean±SD)	private hospital (mean±SD)	Teaching general hospital (mean±SD)	P. V.	Total (mean±SD)
The active patients' complaint-examining	Patients	9.44±1.71	9.81±1.38	8.63±1.33	0.02*	9.30±2.35
	Physicians	9.32±0.99	8.98±1.42	8.20±1.81	0.28	8.97±1.39



system in the hospital	Nurses	9.50±0.83	9.55±1.25	8.23±2.95	0.04*	9.71±1.92
	<i>P</i> value	0.89	0.00*	0.81	--	0.51
Revealing the compensable (corrected) error in treatment to the patient by the responsible	Physicians					
	Nurses	7.14±2.55	6.76±2.25	5.13±3.27	0.24	6.68±2.53
	<i>P</i> value	7.64±2.84	7.73±2.94	5.74±3.88	0.03*	7.13±3.32
Revealing the corrected error in treatment to the patient by the responsible person	Physicians	8.43±1.83	8.24±1.7	6.63±3.53	0.38	8.10±1.96
	Nurses	8.07±2.28	7.89±2.85	6.73±3.50	0.00*	7.59±2.98
	<i>P</i> value	0.56	0.50	0.94	--	0.22
Revealing the corrected error in treatment to the patient by the responsible person	Physicians	8.85±1.13	7.93±2.64	4.88±3.18	0.01*	7.28±2.61
	Nurses	8.04±2.36	8.26±2.70	7.25±3.69	0.47	7.93±2.96
	<i>P</i> value	0.16	0.58	0.10	--	0.80

\* Shows a significant *P* value. All data are presented as mean ( $\pm$ SD).

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