Patients’ satisfaction with patient’s bill of right observance

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Abstract

Aims: Neglecting patients’ bill of rights and patients’ dissatisfaction causes delay in recovery and irritability of the patients and also increases hospitalization period and costs. This study was done to evaluate patients’ satisfaction with implementation of patients’ bill of rights by health care team.

Methods: This descriptive-analytic study was performed on 384 inpatients of Tehran Army Hospitals in year 2008. Research units were selected by quota sampling. Data was collected by interviewing patients and documenting the answers in a researcher-made questionnaire. Data were analyzed by SPSS 15.

Results: 8% of patients were not satisfied with physicians and 17.2% of them were not satisfied with nurses. 62.5% of patients were satisfied with health care team of the morning shift. Increased hospitalization period reduced patients’ satisfaction with physician’s operation (19%) and nurse’s operation (50%). Patients who were hospitalized in open heart surgery wards had the highest level of satisfaction and patents with lower education levels (under diploma) had more satisfaction.

Conclusion: Patients’ satisfaction depends on length of hospitalization, wards, members of medical team (physicians and nurses) and patients’ education level.

Keywords: Patients’ Satisfaction, Patients’ Bill of Right, Health Care Team

Introduction

Undoubtedly, one of the important chapters of the health system reforms is patients’ awareness of their rights. Research and statistics show that despite the posting of a statement entitled “the Patients’ Bill of Right” in the health centers, there has not been created a considerable difference in the general education level compared to the past years. One of the important factors in creating the inpatients’ tranquility more effective is the attention and respect which the staffs of the health centers pay to the patients. Involving the patients in making decision and respecting their rights will cause acceleration of healing, the decrease of hospital stay and the health costs [1].

The National Union of American nursing published a statement of the patient’s rights for the first time in 1948v and the legal principles of the informed consent, confidentiality of information, maintaining the sanctity and dignity of patients and the admission without discrimination included among its laws in the response to patients’ expectations [2]. Thus, some regulations concerning patient’s rights entitled “the Patients’ Bill of Right” were developed which their goals were supporting the patients’ rights and creating the necessary condition for their enjoying of respect and dignity in all stages of their relationship with the health centers and being ensured of unbiased adequate care of the patients in atmosphere full of respect and with a desirable quality [3]. These rights include some items such as having freedom of choice, having the right to know, being considered valuable and having the right of self-determination [4]. In other words, every patient regardless to the age, gender, race and other differences has the right of awareness, choice, respect, confidentiality, privacy, receiving of proper treatment and care, protection, and protest [5].

American Health Association in his latest definition of the patients’ rights explains that the patients’ rights are obligations which the health center has toward patient. In other words, patients’ right is observing the patients' physical, mental, spiritual and social needs which are legitimate and reasonable based on the health standards, rules and regulations. So, the treatment team is responsible and obliged to implement and observe them [6].

In this regard, the ministry of health and medical education declared the Patient’s Bill of Rights in ten subjects in 2002, and forced the health centers to place it in an appropriate and visible place. This bill of 10 subjects included the right of patients for 1- Receiving the desired and effective treatment as soon as possible with the full respect regardless to the racial, cultural and religious factors; 2- Identifying the place of hospitalization, physicians, nurses and other members of treatment team; 3- Receiving information about the
stages of diagnosis, treatment and the process of disease; 4- Being informed of possible complications and various treatment methods before the examination and treatment and participation in the selection of treatment; 5- Having satisfaction with the end of treatment if no health threat to the society; 6- keeping patients’ privacy about their medical records, results of clinical examination and consultation except the cases that are inquired from the treatment group according to the law; 7- Ensuring the confidentiality of the physician and other team members; 8- Accessing to the physician and other provider members during the hospitalization period, transfer, and after discharge; 9- Having the Consent in order to participate in the hospital studies; 10- Ensuring the provider groups’ skills, tariffs and insurance coverage of the medical centers in case of transferring to other centers [7].

In the past, the health-care team would decide for the patients whereas in the new definitions of the general perceptions of the patient’s role, a fundamental change has been made in the health care, authority domains and patients’ decision making [8]. But it should be noted that the health-care workers cannot encounter with the challenges without knowing the concept of the patients’ rights. Therefore, paying attention to these concepts is important in order to provide care with a desirable quality [9].

In order to respect to the rights of patients and their families, hospitals should also present the patient’s bill of right to the physicians and other care takers, which is the fundamental right of the inpatients in the health-care centers [10]. On the other hand, the patients’ satisfaction reflects the physicians and treatment employees’ capability, respecting their rights and the quality of treatment [11]. The evaluation of patient’s satisfaction leads to the necessary acumens and measures to eliminate existing problems and failures that ultimately make it possible to improve the care level permanently [12].

The role of quality in the success or failure of organizations is to extent that only organizations which the main center of their activities have been to meet the customers’ demands and needs with the minimum cost and the maximum quality will be able to continue to their existence [13]. On the other hand, in the evaluation of the health-care, one of the used sources is the patients’ satisfaction with the delivered services according to their rights [14].

This study was conducted to determine the inpatients’ satisfaction in Tehran Army Hospitals about the implementation of the patient’s bill of rights by the health-care team.

**Methods**

This was a descriptive-analytic study which was conducted in 2008. 384 inpatients from seven hospitals related to the army medical university in Tehran methods participated in this study by quota sampling. The number of samples were measured by the determination of the number of samples with the confidence level 95%, \( z=1.91 \) and \( p=0.5 \). Research sampling was not done in two psychiatric hospitals due to special conditions of inpatients and their inability to respond accurately and reliably. Considering that the number of samples in one of the hospitals did not reach to the desired number during five months of sampling (ambulatory patients and lack of their hospitalization at least 2 days) These 15 subjects were added to other hospitals during the consultation with the Access Advisor and finally 384 were participated in the present research.

To determine the number of questionnaires which should be filled out in each hospital, first the hospitals affiliated to the Army were determined and then the number of active beds, the total number of beds and the existing wards each hospital were obtained through inquiring the supervisors of the centers . The number of each hospital’s questionnaires was separately measured by considering the number of the required samples for this study which were 384 and by considering the ratio of the number of hospital beds to the total number of beds which were 760 at that time (the number of samples of the A hospital was 384 multiplied by Active bed of hospital divided by the total number of active beds).

Patients who were hospitalized at least two days or at discharging stage were entered to this study. Critically ill patients or in-coma patients hospitalized in the intensive wards and clinic and emergency patients due to the temporary and ambulatory admission and also children patients due to their special conditions and inability to answer the questions accurately were excluded.

Data collection included two part questionnaire. the first part included the demographic profile of samples including age, sex, marital status, education level, hospitalized wards, the way of admission, the length of hospitalization, history of previous admissions, having an accompany, and average income. In order to evaluate the patients’ satisfaction, the second part included 19 questions about the primary operation of the physician and 19 questions the of nurse’s operation. Questions were designed to include 5 options: "I am completely satisfied" (5 points), "I am satisfied" (4 points), "no comment" (3 points), "I am
dissatisfied" (2 points) and "I am completely dissatisfied" (1 point), respectively. Satisfaction with the patients was divided as 200-250 points (completely satisfied), 150-199 (satisfied), score 100-149 (dissatisfied) and 50-99 points (completely dissatisfied).

Questionnaires were read by the questioner and his Partners for the patients. In other words, data was collected through interviews with the patients. The time of each interview was considered approximately 30 minutes. A two-hour training session was also held to the questioners since the necessary guidance on how to fill out the questionnaires and the interview with patients and data collection would be given to them. Total sampling time lasted about five months. Then data were analyzed by SPSS 15. This questionnaire was self-made and was developed based on the scientific information and resources and also with the statistics consultant’s comments regarding the research purposes. For the scientific validity of tools, content validity method was used in such way that the questionnaire was given to 10 faculty members of army nursing school and it was used after consulting the needed reforms and final confirmation. For defining the validity of the research, the difficulty coefficient of 0.5 was chosen and internal consistency index (Cronbach's alpha) was used to measure the internal reliability of the questionnaire. The reliability coefficient was reported to be 0.898 that confirmed the adequate reliability of assessment. To determine the research variables and their relations to the main variables according to the type of variables, statistical independent and paired T-tests, ANNOVA and Pearson correlation coefficient were used.

Results

Most patients were men (66.1%) with the age of fewer than 29 years old (39.8%), diploma degree (46.1%) and married (63%) and the average time of their hospitalization was 7 days. 57.6% of them had previous history of hospitalization and 83.9% had the military health-care insurance. 53.9% of patients were hospitalized personally (not through the hospital emergency or other centers), and the average of their monthly income was 298 thousand tumans. 88% of patients were satisfied from the physician’s operation and 79.5% of patients were satisfied with the nurse’s operation (according to the patient’s bill of rights). However, about 8% of patients were dissatisfied with the physician’s operation and 17/2% of patients were dissatisfied with the nurse’s operation. The amount of dissatisfaction with the nurse’s operation was double with the amount of dissatisfaction compared to the physician’s operation according to the patient’s bill of rights.

The mean of satisfaction scores from physician was 51 and from nurses was 46. Patients were more satisfied from the physician’s operation than nurses according to the patient’s bill of Rights (df=10.5; t=383).

There was no significant relationship between the age of inpatients and the overall score of their satisfaction with the health-care team’s function (r=0.054, p>0.05). To determine a more exact evaluation, the age of the patients were divided into five groups. And this time, there was also no significant relationship between the age groups of patients and their satisfaction, but it was found that patients over 60 years had the highest satisfaction scores (M=131.01) and patients under 29 years had the lowest satisfaction scores (M=127.3).

There was also no significant relationship between the patient’s marital status and their satisfaction with the medical team (F=0.856; p>0.05).

The results of the present study indicated that there was a significant difference between the educational level of patients and their satisfaction. To ensure more, the academic groups were divided to two groups, diploma and under diploma and higher diploma. It was found that patients with lower education levels (under diploma) had higher satisfaction (df=7; t=2.515; p<0.05).

In addition, the patients’ satisfaction with physician and nurse’s operation was different according to the wards. So, the patients who were hospitalized in the Open Heart Surgery wards had the highest level of satisfaction and patients in the Department of

| Table 1- Table of the relationship between scores of patients' satisfaction and their education level |
|-----------------|-------------|-----|-----|
| **Statistic Education** | **Number** | **Mean** | **SD** | **Minimum** | **Maximum** |
| Illiterate | 40 | 134.18 | 17.547 | 103 | 175 |
| Primary School | 44 | 131.8 | 17.840 | 100 | 173 |
| Middle School | 76 | 130.07 | 15.827 | 94 | 167 |
| Diploma | 177 | 128.23 | 16.556 | 81 | 184 |
| A Two-Year College Education | 19 | 128.47 | 15.827 | 95 | 146 |
| Bachelor’s Degree | 19 | 119.11 | 20.204 | 80 | 176 |
| Master’s degree | 7 | 142.50 | 15 | 126 | 158 |
| PhD | 5 | 118.20 | 8.075 | 106 | 128 |
| Total | 384 | 129.38 | 16.982 | 80 | 184 |

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Neurology had the less satisfaction (df=3.026; F=10; p=0.001). There was no significant relationship between the previous history of hospitalization and the patients’ satisfaction (F=0.741; p>0.05). The results showed that there was no statistically significant difference between the patients’ satisfaction and having attendant (df=0.257; T=380, Table 2).

<table>
<thead>
<tr>
<th>Type of hospitalization</th>
<th>Number</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>207</td>
<td>131.25</td>
<td>15.909</td>
</tr>
<tr>
<td>Emergency room</td>
<td>11</td>
<td>125.64</td>
<td>18.499</td>
</tr>
<tr>
<td>Other hospitals</td>
<td>47</td>
<td>131.30</td>
<td>17.183</td>
</tr>
<tr>
<td>Emergency</td>
<td>11</td>
<td>126.45</td>
<td>13.034</td>
</tr>
<tr>
<td>Total</td>
<td>384</td>
<td>129.38</td>
<td>16.982</td>
</tr>
</tbody>
</table>

There was no statistically significant relationship between the mean of hospitalization length (7.21±6.507) and the patients’ satisfaction (129/38±16.982), that is (r=0.012; p<0.82). However, there was a significant difference between the patients’ satisfaction and the way of their hospitalization (df=3; F=3.118; p<0.05, Table 3).

Discussion

The results obtained from this study showed that the inpatients in Tehran army hospitals were more satisfied with the physician’s operation than nurse’s and their dissatisfaction towards the nurse’s operation was double than the physician’s function. In other words, according to the patient’s bill of rights, the subjects of this study believed that nurses worked less. The results of this study were consistent with the result of Saydi’s study. It seems that different factors could be effective on the quality of nurse’s operation. During the interview with the patients, the researcher found that most patients’ dissatisfaction with the nurses was about the lack of enough time allocation in order to give them information about the treatment programs and ongoing procedures. They believed that patients’ anxiety would decrease with a little talk with nurses and receiving information, and would have much more relaxation. However, the cultural factors and a kind of privacy that patients grant for the physicians should be considered [15].

In this study, older subjects had higher mean of satisfaction. Kovari and Garosi and Mack JK concluded the same results in separate studies. That is, younger patients had less satisfaction than middle aged and older patients. The reason is that this group of age was more awareness of their rights (young and active) [12, 16, 17].

In the present study, there was no relationship between the patients’ gender and marital status and their satisfaction which this finding was entirely consistent with the results of Kovari’s research. While Mack JK found the opposite of this result in his research study and believe that single men had usually more satisfaction towards the health-care team function [12, 16]. It seems that the cultural factors and the patients’ view could be effective in this difference.

On the other hand, it was found that patients with lower education levels had more satisfaction with the function of the health-care team. The results of this research were completely consistent with the conducted studies by Saydi, Yaghmaei and Aghakhan. The researchers believe that with lower levels of education, the patients’ awareness about their rights decreases, so their expectations are lower. In other words, patients with low levels of education have lower awareness of the treatment process and the way of providing that. Therefore, they have less intervention in this field [5, 18, 19].

The results of this study showed that the patients’ satisfaction had decreased from the physicians and nurses with increasing the length of hospitalization. The interesting point is that with increasing the length of hospitalization, patients expressed more dissatisfaction towards the nursing services than the medical services. The present findings were consistent with the results of Saydi and Kovari’s studies. It seems that with increasing the length of hospitalization, patients’ awareness and expectations of care and treatment had increased while the nurses were not able to provide the patients’ needs and expectations [5, 16].

It was also found that patients who were personally hospitalized were more satisfied. Mack JK and Bayati also confirmed this result and believe that patients who were hospitalized with the personal consent and self-imposed and also with the previous knowledge of the physician and hospital had higher satisfaction than patients who were hospitalized by the emergency department and without any previous plan and recognition [12, 20].
Results of this study showed that there was a statistical relationship between the patients’ satisfaction and the type of ward. That is, there was the highest level of satisfaction in the Open Heart Surgery Ward, and the lowest level of satisfaction was in the Department of Neurology and Neurosurgery. In other words, by the ultra-specialized ward, the patients’ satisfaction also increased from the operation of the medical team. Results of this study were consistent with the study of Mack JK. He believes that the inpatients in these wards demand a very precise and scientific care which this expectation are usually fulfilled in specialized wards such as the open heart surgery. But these expectations may not provide in other wards [12]. There was also no statistically significant relationship between the patients’ previous history of hospitalization and their satisfaction. This result was completely consistent with the study of Yaghmaei. But in the study of Mack JK, it was found that the patients who were previously admitted had more satisfaction [12, 19, 20].

It seems that the quality of treatment and care for the patients in abroad is different with what is done in the medical centers in Iran, and this difference had a great effect on the relationship between these two variables. One of the other results of this study was that the existence of the attendant had no effect on the patients’ satisfaction. This result was consistent with the study of Saydi [5]. Thus, in discussing the patients’ satisfaction with health-care team function, the existence of the attendant could not apparently affect the patient’s attitude. But Mack JK believes that attendant who is one of the patient’s relatives can be as an interface between the medical team and the patient and their evaluation has a lot of influence on the patients’ satisfaction [12].

It was also found in this study that there was no statistical relationship between the patients’ satisfaction and their income. While in most other studies such as Saydi, Bayati and Mack JK, it was found that the lower income of patients would represent their education levels and lower awareness of their rights. Therefore, these patients were more satisfied [5, 12, 20], while this result was not proved in this study.

Identifying the effective factors seems necessary in these results in order to design a detailed planning by the authorities concerned to solve the problem, and if interested, by holding the educational classes and a better justification of hardworking hospital staff, the quality of the patients care and their satisfaction will be increase.

Conclusion

Dissatisfaction with the nurses’ operation was double than the physicians function, and satisfaction with nurses had increased significantly by increasing the length of hospitalization. Moreover, the patients’ satisfaction had a relationship with the ward and the way of the hospitalization.

Acknowledgement: Authors appreciate all partners of the this project especially Ms. Goli and Mr. Salehi, Army University of Medical Sciences nursing students and other partners who cooperated in this study.

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