

## Nurses Compliance Toward Patients' Rights and its Relation To Patients Satisfaction

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### Abstract

**Background:** Patient rights may be considered as one of the main bases for defining the standards of clinical services. On the other hand, the concept of patient rights has been on the rise alongside the ever-growing interest of international organizations in human rights. Also nurses have more responsibility than physicians in this regard, because they are usually in closer contact with patients than other health care workers. Thus, nurses are the most suitable supporters of their rights. **Aim:** The aim of the study was to assess nurses' compliance toward patients' rights and its relation to patients' satisfaction. **Research Design:** The study was conducted using descriptive comparative research design. **Setting:** The study was carried out Coronary Care Unit (CCU) at Minia General Hospital and Minia University Hospital in Minia city. **Subject:** participated of the study included a convenience of patients total number (n=110) patient admitted to hospitals, and all staff nurses who working in CCU during the period of data collection. Their total numbers were (55) nurses. **Tool:** Two tools were used; Nurses' compliance to the patient's rights questionnaire and patient satisfaction scale. **Results:** there was more than half at Minia University Hospital staff nurses had high level of compliance toward patients' rights as (51.9%), less than half of the sample had moderate level of compliance toward patients' rights as (48.1%), also none of them were low level of compliance toward patients' rights in the three times observation. But nurses in General Hospital had low level of compliance toward patients' rights in the first, second, and third observation as (25.9%, 55.6% and 59.3%) respectively, also more than one third to less than two thirds of them had moderate level of compliance toward patients' rights in the first, second, and third observation as (63%, 44.4% and 37%) respectively, but the lowest percent of them have high level of compliance toward patients' rights in in the first, second, and third observation as (11.1%, 0.0% and 3.7%) respectively. Also more than half (50.9%) of patient at Minia University Hospital exhibit the responses toward moderate level and low half (43.6%) of them responses toward high level of satisfaction. But the majority (87.3%) of patient at Minia general hospital exhibit the responses toward moderate level and (12.7%) of them responses toward low level of satisfaction. **Conclusions:** More than half of staff nurses had high level of compliance toward patients' rights and low half (43.6%) of patients responded toward high level of satisfaction at Minia University Hospital. But about half of staff nurses on second and third observation had low level of compliance toward patients' rights and the majority of patient exhibited the responses toward moderate level of satisfaction at General University Hospital. **Recommendation:** Nurse need to attend training program about patient rights that enhance patient satisfaction, also the hospital should made policy, rules and regulations that enhance patient rights **Keywords:** Nurses Compliance, Patients' Rights, Patients Satisfaction.

### Introduction

Patients' rights are integral components of human rights. They promote and sustain beneficial relationships between patients and health care providers. The role of patients' rights, therefore, is to reaffirm fundamental human rights in the health care context according patients humane treatment. Furthermore, the need to protect and promote the dignity, integrity, and respect of all patients is now widely accepted. To this end, the World Health Organization (WHO) predicts that the articulation of patient rights will in turn make people more conscious of their responsibilities when seeking and receiving or providing health care and this will ensure that patient-provider relationships are marked by mutual support and respect. Ideally, this would guarantee the patient the right to autonomy, free expression, self-determination, information, personalized attention, and non-discrimination (Abdho et al., 2015).

In all over the world, promoting patient's rights is the priority of healthcare policy makers and health care providers. It is considered as an indicator of health service and one of the main bases for defining the standards of clinical services. Therefore, the patient's bill of rights is created to ensure the ethical treatment of all patients; help patients feel more confident in the health care system; gives patients a way to address any problems they may encounter; encourages patients to take an active role in staying or getting healthy, and

stress the importance of a strong relationship between patients and their health care providers (Tabassum et al., 2016).

Patient rights may be considered as one of the main bases for defining the standards of clinical services. On the other hand, the concept of patient rights has been on the rise alongside the ever-growing interest of international organizations in human rights. The condition of patients' rights began to have a significant effect in healthcare settings throughout the world (Yaghobian et al., 2014).

Patients' bill of rights was created in order to defend human rights; preserve patients' dignity; and ensure that in case of sickness, and especially in emergencies, patients receive competent care without discrimination. Most patients' bills of rights, are concerned with informed consent, confidentiality, privacy, autonomy, safety, respect, treatment choice, refuse the treatment and participating in the treatment plan. These rights are derived from the values and ethics of the medical profession (Lawler et al., 2014).

In Egypt, the patient's bill of rights was introduced into the Egyptian Hospital Accreditation standards, and was enforced in all hospitals across the country since 2005. The Egyptian patient's rights are concerned with access to health care, choice of care, health education and safety environment, participation in treatment plan, informed consent and information, researches, dignity, confidentiality, privacy, and

patient's complaints (Egyptian Health care Accreditation Organization, 2013)

Also, the Egyptian Hospital Accreditation Standards has obligated each hospital to develop quality committee to monitor and evaluate practice of patient's rights among health care provider. This was aimed at providing high quality of care; increasing the productivity, efficiency, effectiveness, and the satisfaction of the patient; and ensuring different dimensions of quality. Furthermore, quality dimensions can be described as the consumer's evaluation criteria of the perceived performance of a service (Ghanem et al., 2015).

Nurses have more responsibility than physicians in this regard, because they are usually in closer contact with patients than other health care workers. Thus, nurses are the most suitable supporters of their rights. However, good practice of patient's rights can bring about a lot of advantages such as increased quality of health care services; decreased costs; more prompt recovery; decreased length of stay in hospitals; lower risk of irreversible physical and spiritual damages; and more importantly, increased dignity of patients through informing them about their rights to participate in decision making (Masood et al., 2016).

Compliance is the extent to which certain behavior as implementing healthier lifestyles, in accordance with the health care provider instructions or health care advice. Compliance can be influenced or controlled by a variety of factors like culture, economic and social factors, self-efficacy, and lack of knowledge or means (Efstathiou et al., 2011).

Nurse's compliance defined as the act or process of doing what are has been asked or ordered to do the act or process of complying (Mosby medical dictionary, 2013). Also compliance is considered acting according to certain accepted standards. Focused on improving quality of care at skilled nursing and long term care facilities, so nurses must encourage patients or their families to know their rights. Each hospital unit must explain the rights to staff. The staff should work diligently to do the best they can to care for their patients to improve the quality of care (Ahmed et al., 2010; El Sayed et al., 2013).

Consequently, rights stems from respecting individuals in a social context. Patients' rights are defined on the basis of the patients' satisfaction with the treatment process, confidentiality, informed consent, and privacy. The World Health Organization (WHO) defines patient's rights as the collection of rights which individuals have in the healthcare providing system and which healthcare providers are required to observe. Furthermore, WHO emphasizes that patients, physicians, and nurses must work in cooperation to provide appropriate conditions for supporting patient's rights. Preserving patients' rights is the responsibility of physicians and nurses (Qavam et al., 2017).

Patient satisfaction defined as the patients' subjective evaluation of their cognitive and emotional reaction as a result of the interaction between their expectations regarding the ideal nursing care and their perceptions of the actual nursing care (Johansson et al., 2002). Patient satisfaction has been often defined as the extent of agreement between what a patient expects to result or obtain from the healthcare experience and the perception of care they actually receive. Patient satisfaction is considered as one of the most important predictors when measuring health outcomes and quality of services provided by any health care facility. It is linked to good patient-nurse relationship, and therefore, good compliance. Where satisfied patients were found to have a

better compliance with their plans of treatment (Awad et al., 2017).

In health care, patient satisfaction is how much the individual regards the health care service or the manner in which it is delivered by the provider as useful, effective, and beneficial. Patients' satisfaction is related to the degree to which general health care needs and condition-specific needs are met. Evaluating whatever degree patients are satisfied with health services is clinically significant, as satisfied patients are more likely to comply with treatment and be active in their own care (Pulia, 2011).

#### Significance of the study:

Egypt is one of the countries advocating human rights and enhancing the fundamental freedoms of the human person. Consequently, many organizations related to health in Egypt, such as medical and nursing faculties and hospitals are working on the adoption of the quality assurance and accreditation system, this has a great effect in emphasizing the implementation of patients' rights, because patients' right is one of eight categories that the final accreditation is based on.

Through my work as a Nursing inspector at Directorate of health and Population, and my volunteer work as CAP of Minia Nursing Syndicate it was observed that many of staff nurses not compliance toward patients' rights. This affects negatively on quality of patient care and patient satisfaction. So the investigator introducing this study about nursing compliance toward patient rights and its relation to patient satisfaction because it is vital to the nursing practices.

According to a study done by Sheikhtaheri et al., (2016), to determine the nurses' awareness of the patients' rights and measure their performance Tehran, Iran reported that nurses' knowledge of the patients' rights was acceptable.

In Egypt study done by Ahmed et al., (2010) demonstrated that more than half of patients (55.56% & 52.22%) had a high level of awareness regarding to "privacy" and "considerate and respectful care" respectively, while, the majority (17.77%) of patients were un aware of their rights to decide to participate in research studies, 21.11% & 44.44% of patients' had strongly satisfied & satisfied toward confidentiality as patient's right respectively, while 91.11% & 78.89 of them was unsatisfied regarding their rights to "privacy" and "being informed about other hospitals and other health care providers" respectively. Also, majority of patients' were unsatisfied related to the considerate and respectful care and response to request, while concerning the item " review the records" all patients were unsatisfied.

#### Aim of the Study:

The aim of the current study is to assess nurses' compliance toward patients' rights and its relation to patients' satisfaction.

#### Research Questions:

1. What is the level of nurse's compliance toward patients' rights in Minia General Hospital and Minia University Hospital?
2. What is the level of patients' satisfaction in Minia General Hospital and Minia University Hospital?
3. Is there a relation between nurses' compliance toward patients' rights and patients' satisfaction Minia General Hospital and Minia University Hospital?

**Subjects and Methods**

**Research design:**

Descriptive comparative research design was utilized to fulfill the aim of this study .

**Setting:**

The study was conducted in Coronary Care Unit (CCU) at Minia General Hospital and Minia University Hospital in Minia city, Egypt.

**Subjects**

**Sample type:**

- Convenience sample of patients admitted to CCU at Minia General Hospital and Minia University Hospital and all staff nurses who working in CCU during the period of data collection.

**Sample size:**

The subjects of the study sample included a convenience sample of patients total number (n=110) patient admitted to hospitals, with (n = 55) patient from each hospital and all staff nurses who working in CCU during the period of data collection. Their total numbers were (55) nurses, one nurse wasn't participating in the study from Minia General Hospital due to laying vacation. So actual number of nurses participates in this study were (54) nurse

**Data Collection Tools:**

Data was collected through the utilization of two tools as follows:

**Tool (1): Nurses' compliance to the patient's rights questionnaire**

It was included two parts as follows:

- **Part I: Socio - demographic Data:** It was used to collect data about nurses and encompass item such as age, gender, residences, marital status, educational level, years of experience and place of work.
- **Part II: Nurses' compliance to the patient's rights questionnaire.** This tool developed by **Ahmed, et al., (2010)** and was adopted and modified by the researcher (modification such as use of" not done = 0, done incompletely= 1, and done completely= 2" instead of likret scale) to assess level of nurses' compliance to patient rights. It consisting of 55 items divided to 12 dimensions as follow:

Dimensions	No of items
The right to consideration and respectful care	7
The right to be informed about diagnosis, treatment and prognosis	7
the right to make decisions about the plan of care and refuse treatment	8
The right to have an advance directive concerning treatment	5
The right to consideration of privacy	5
The right to confidentiality	4
The right to review the records and to have information	1
The right to make reasonable responses to the request for medical care and services	4
The right to be informed about relationships among the hospital, other healthcare providers or payers that may influence the patient treatment and care	1
The right to consent or decline to participate in proposed research studies	3
The right to expect reasonable continuity of care	5
The right to be informed of hospital, policies and practices that relate to patient care, treatment and responsibilities	5

The items measured by observational sheet using three scales ranged as not done = 0, done incompletely= 1, and done completely= 2. The scoring system was ranged from 0 to 110.

**Tool (2): Patient Satisfaction Scale:** It included two parts

- **Part I: Patient personal data developed by the researcher:** It was used to collect data about patients. It included five items related to gender, age, level of education, length of stay, and place.
- **Part II: Patient Satisfaction Scale:** This scale was developed by ( **Grogan, et al., (1995)** ) to measure the level of patient satisfaction and was translated into Arabic by the researcher. It contains of 14 items with 2 scales ranged as unsatisfied = 1, and satisfied = 2. The scoring system was range from 14 to 28. Higher scores indicate greater satisfaction with nursing care services, while lower scores indicate less satisfaction.

**Validity of the tool:**

The tools were tested for the face validity by a jury of five experts in the field of Nursing Administration and necessary modifications were done. The jury composed of two Assistant Professors from Faculty of Nursing, Minia University and three Assistant Professors from Faculty of Nursing, Assuit University. Each of the expert panel was asked to examine the instrument for content coverage, clarity, wording, length, format and overall appearance.

**Reliability of the tool:**

Reliability of the tools was performed to confirm consistency of tool. The internal consistency measured to identify the extent to which the items of the tools measure the same concept and correlate with each other. Internal consistency of the tool was assessed with the Cronbach's alpha coefficient. Cronbach's alpha coefficient of 0.00 indicates no reliability and a coefficient of 1.00 indicates perfect reliability. However, a reliability coefficient of 0.70 is acceptable. Cronbach's alpha for reliability testing was performed for each tool and the results was as represented in the table.

Tool parts	Cronbach's alpha test
❖ Nurses' compliance to the patient's rights questionnaire	0.927
❖ Patient Satisfaction Scale	0.821

**Pilot study:**

A pilot study was carried out before starting data collection on five nurses and eleven patients (10% of nurses and patients) from Minia General Hospital and Minia University Hospital. In addition, the pilot study helped the researcher experience to estimate the needed time to fill the data collection tools. Based on the results of the pilot study, tools not needed any modifications; so that the five nurses and patients who shared in the pilot study were included in the actual study..

**Data collection procedure:**

- Permission was obtained to collect the data after the researcher explain the importance and purpose of the study.

- Oral consent obtained from all participants after explaining the nature and purpose of the study.
- The data were collected over a six months' period from the beginning of February 2019 to beginning of August 2019.
- The researcher scheduled the visit to each hospital to collect data.
- The sheets were given individually to each patient and observe each nurse individually, they were given a period of time to respond it. The data were received according to each individual time. The sheet of patient fill through about 15 minutes at rate of 3 to 5 patients/ week and the observation of each nurse take three times in the different shifts at rate of 3 to 5 nurses/ week.
- A review of the related literature which covering various aspects of the problem was done, using different books, journals and web sites, to get acquainted with the research problem and to implement the study.

**Administrative Design:**

1. A written initial approval was obtained from the research ethics committee of the Faculty of Nursing, Minia University.
2. Permission to conduct the study was obtained from the Dean of the Faculty of Nursing, Minia University.
3. Permission to conduct the study was obtained from directors of the hospitals.
4. Permission to conduct the study was obtained from head of CCU department

**Ethical Consideration:**

- An official letter was granted from the research ethics committee of the Faculty of Nursing, Minia University.
- The nursing staff members and the patients were informed that their participation in the study was completely voluntary and there was no harm if they not participated in the study.
- Explanation about the study was done to all participants included the aim of the study and the potential benefits,
- The participants were informed about the withdrawal procedures if they decided to leave the study at any time before, during, and or after the completion of data collection,
- Confidentiality of data, privacy, identity, voluntary participation and right to refuse to participate in the study were emphasized to subjects

**Statistical Analysis**

The data obtained from the study tools were categorized, tabulated, analyzed and data entry was performed using the SPSS software (statistical package for social sciences version (22.0). Descriptive statistics were applied (e.g. mean, standard deviation, frequency and percentage). Tests of significance were performed to test the study hypotheses (i.e. t- test, and ANOVA test). Pearson's correlation coefficient was applied between quantitative variables. A significant level value was considered when  $p < 0.05$ .

**Results**

**Table (1) Distribution of the staff nurses personal data characteristics (n=54).**

Characteristics	Minia University Hospital N=27		Minia General Hospital N=27	
	(N)	(%)	(N)	(%)
<b>Age</b>				
•20-30 year	25	92.6	16	59.3
•31-41 year	2	7.4	6	22.2
•42-52 year	0	0	5	18.5
Mean	25.5+4.06		31.4+9.47	
<b>Marital status</b>				
•Single	13	48.1	6	22.2
•Married	14	51.9	21	77.8
<b>Experience</b>				
•1-10	19	70.4	27	100
•11-21	6	22.2	0	0
•<22	2	7.4	0	0

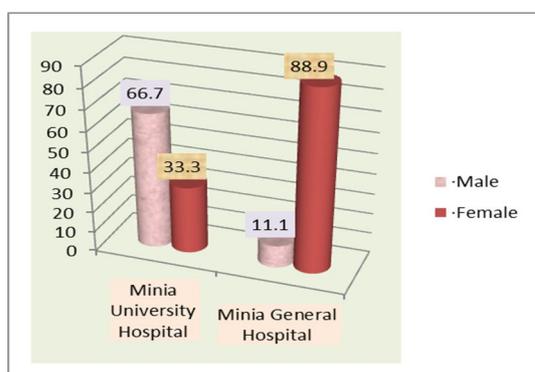


Figure (1) distribution of staff nurses according to gender (n=54)

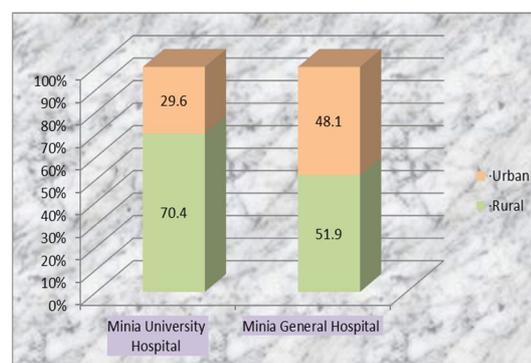


Figure (2) distribution of staff nurses according to residence (n=54)

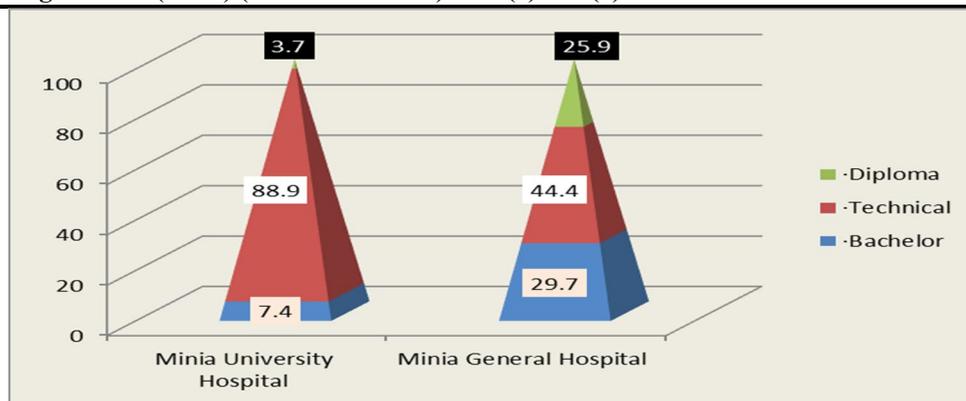


Figure (3) distribution of staff nurses according to qualification (n=54)

**Table (1) and figures (1, 2 & 3)** show that regarding Minia university hospital, the majority of the sample (92.9%) are in age group ranged between 20-30 years with Mean score ( $25.5 \pm 4.06$ ); more than half (51.9%) of them are married; more than two thirds (70.4%) of them have 1-10 years of experience; about two thirds (66.7%) of them are males; more than two thirds (70.4%) of them from rural; also the majority (88.9%) of them have baccalaureate degree of nursing.

As regards to Minia General Hospital, notes that more than half of nurses (59.3%) are in age group ranged between 20-30 years with Mean score ( $31.4 \pm 9.47$ ); more than two thirds (77.8%) of them are married; all of the sample (100%) have 1-10 years of experience; also the majority (88.9%) of them are females; more than half (51.9%) of them from rural; and less than half (44.4%) of them have technical degree of nursing.

**Table (2) distribution of the patient personal data characteristics (n=110).**

Characteristics	Minia University hospital		Minia General hospital	
	(N)	(%)	(N)	(%)
<b>Age</b>				
•34-44 yrs	10	18.2	1	1.8
•45-55 yrs	27	49.1	27	49.1
•56-66 yrs.	15	27.3	14	25.5
•< 67year	3	5.5	13	23.6
Mean±SD	51.78±9.02		56.33±9.28	
<b>Length of stay</b>				
•1-3days	16	29.1	4	7.3
•4-6days	29	52.7	31	56.4
•7-10days	10	18.2	20	36.4

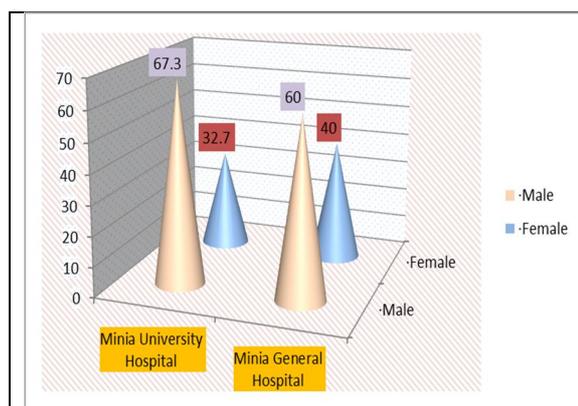


Figure (4) distribution of patients according to gender (n=110)

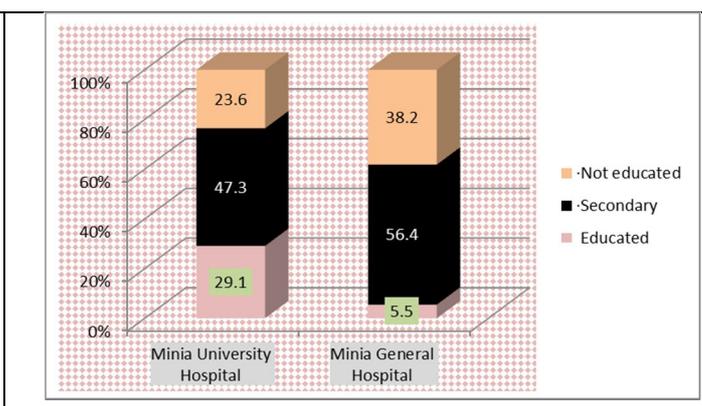
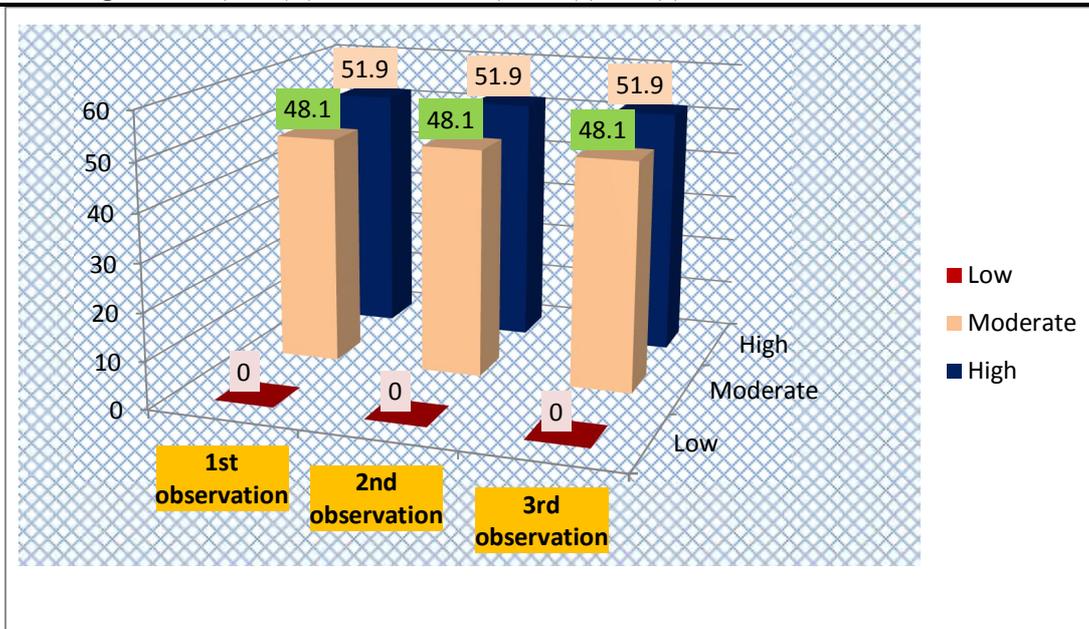


Figure (5) distribution of staff nurses according to educational level (n=110)

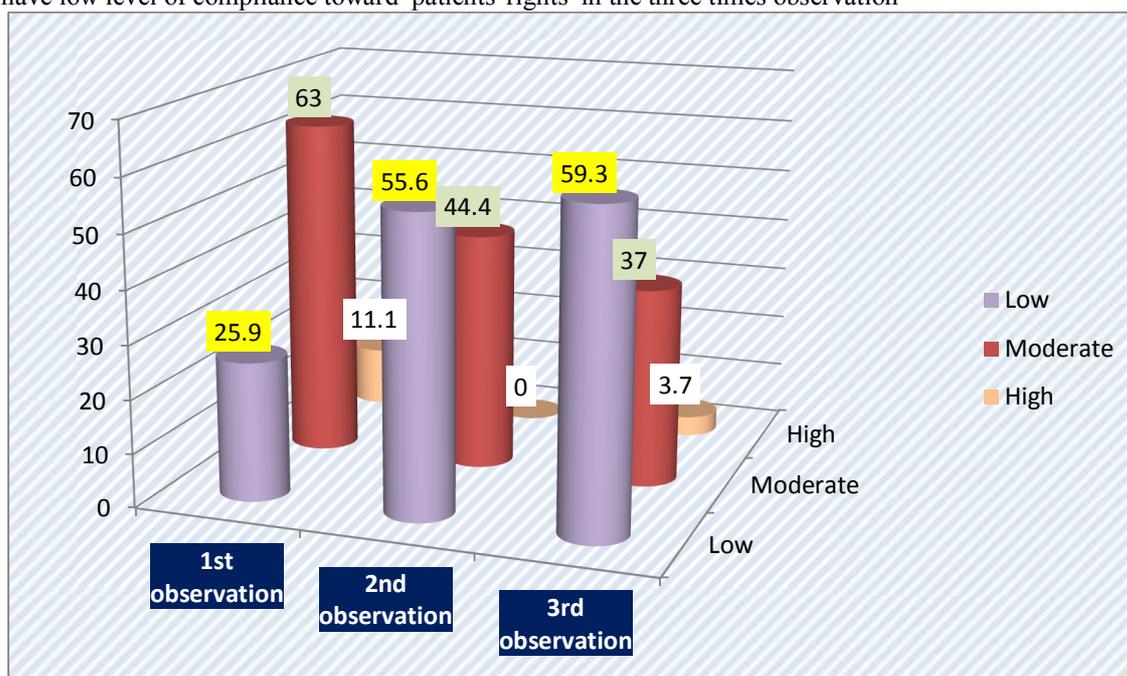
**Table (2) and figures (4 & 5)** show that regarding Minia university hospital, about half of the sample (49.1%) are in age group ranged between 45-55 years with Mean score ( $51.78 \pm 9.02$ ); more than half (52.7%) of them are stay in the hospital from (4 to 6) days; more than two thirds (67.3%) of them are males; also less than half (47.3%) of them have secondary degree of education.

As regards to Minia General Hospital, notes that about half of the sample (49.1%) are in age group ranged between 45-55 years with Mean score ( $56.33 \pm 9.28$ ); more than half (56.4%) of them are stay in the hospital from (4 to 6) days; less than two thirds (60%) of them are males; also more than half (56.4%) of them have secondary degree of education.



**Figure (6) percentage distribution for level of compliance among nurses toward patients' rights at Minia University Hospital (N=27)**

Figure (6) shows that, more than half of Minia University Hospital staff nurses have high level of compliance toward patients' rights as (51.9%), less than half of the sample have moderate level of compliance toward patients' rights as (48.1%), also none of them have low level of compliance toward patients' rights in the three times observation



**Figure (7)**

**Percentage distribution for level of compliance among nurses toward patients' rights at Minia General Hospital (N=27)**

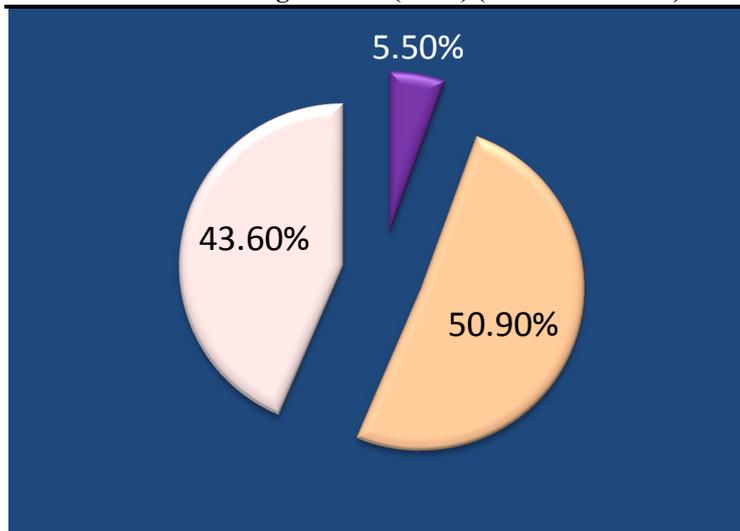
Figure (7) shows that, staff nurses have low level of compliance toward patients' rights in the first, second, and third observation as (25.9%, 55.6% and 59.3%) respectively, also more than one third to less than two thirds of them have moderate level of compliance toward patients' rights in the first, second, and third observation as (63%, 44.4% and 37%) respectively, but the lowest percent of them have high level of compliance toward patients' rights in in the first, second, and third observation as (11.1%, 0.0% and 3.7%) respectively

**Table (3) Comparison between mean scores regarding three times observation among Minia University Hospital and Minia General Hospital staff nurses' compliance dimensions toward patients' rights (N=54)**

Nurses compliance dimensions toward patients' rights	1 <sup>st</sup> observation				2 <sup>nd</sup> observation				3 <sup>rd</sup> observation			
	MUH	MGH	t- test	P value	MUH	MGH	t- test	P value	MUH	MGH	t- test	P value
	Mean +SD	Mean +SD			Mean +SD	Mean +SD			Mean +SD	Mean +SD		
1) The right to Consideration and respectful care	12.55+1.64	10.22+2.17	4.44	.000**	12.62+1.9	10.18+2.9	3.55	.001*	12.11+2.0	11.14+2.6	1.49	.140 NS
2) The right to be informed about diagnosis, treatment	8.62+3.43	6.77+2.69	2.20	.032*	9.77+3.57	6.29+3.26	3.73	.000**	8.96+3.86	6.40+3.61	2.50	.015*
3) The right to make decisions about the plan of care and refuse	8.81+2.74	7.48+6.22	1.01	.313 NS	9.51+2.87	2.51+3.45	8.09	.000**	9.25+3.12	2.74+4.01	6.67	.000**
4) The right to have an advance directive concerning treatment	7.07+2.05	4.92+1.68	4.19	.000**	7.29+2.28	3.44+1.94	6.66	.000**	7.44+2.01	3.55+2.20	6.77	.000**
5) The right to consideration of	7.74+2.08	4.51+2.66	4.94	.000**	7.88+2.06	4.85+1.71	4.63	.000**	7.96+2.31	4.29+3.16	4.86	.000**
6) The right to confidentiality	4.85+1.93	2.59+2.13	4.07	.000**	5.00+1.73	1.11+1.80	8.07	.000**	4.48+1.60	1.25+1.85	6.83	.000**
7) The right to review records and to have the	1.48+0.579	0.703+0.608	4.80	.000**	1.25+0.147	0.296+0.465	5.59	.000**	1.37+0.741	0.370+0.564	5.57	.000**
8) The right to make reasonable responses to the request for medical	6.29+1.53	3.18+1.84	6.73	.000**	6.66+1.56	1.55+1.80	11.1	.000**	6.85+1.16	1.70+2.01	11.5	.000**
9) The right to be informed about relationships between hospital, other health care providers or payers that may influence the	1.55+0.577	0.925+0.54	4.10	.000**	1.55+0.64	0.481+0.5	6.46	.000**	1.44+0.69	0.518+0.6	5.07	.000**
10) The right to consent or decline to participate in proposed research	3.03+1.99	2.22+1.92	1.52	.133 NS	3.70+1.97	1.11+1.55	5.35	.000**	3.62+2.13	0.925+0.3	5.30	.000**
11) The right to expect reasonable continuity of	6.14+2.46	3.77+2.69	3.37	.001**	7.22+2.10	1.55+2.29	9.47	.000**	6.88+2.29	1.70+1.68	7.62	.000**
12) The right to be informed of hospital, policies and practices that relate to patient care, treatment and	6.33+3.77	4.29+3.19	2.14	.037*	6.18+3.53	2.66+2.96	3.96	.000**	6.55+3.50	2.33+2.70	4.96	.000**

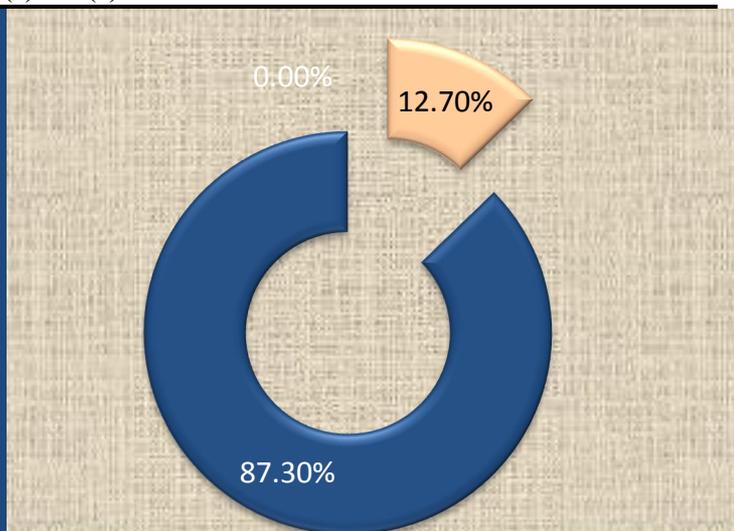
- $p \leq 0.05$  (significant) NS= No Significant difference \* Statistical significant difference \*\* highly Statistical significant difference
- MUH: Minia University Hospital MGH: Minia General Hospital

**Table (3)** shows that, there are statistical significant differences between first observation among Minia University Hospital and General Hospital staff nurses in all nurses compliance dimensions toward patients' rights except " the right to make decisions about the plan of care and refuse treatment and the right to consent or decline to participate in proposed research studies" with (P value= .313 & .133) respectively, there are highly statistically significant differences between second observation at Minia University Hospital and Minia General Hospital in the whole dimensions of nurses compliance toward patients' rights with (P value=.000) , and there are highly statistically significant differences between third observation at Minia University Hospital and Minia General Hospital with (P value =.000) in the whole dimensions of nurses compliance toward patients' rights, except "the right to consideration and respectful care" with (P value=.140).



**Figure (8) Percentage distribution of patients' satisfaction at Minia university hospital (N-55)**

**Figure (8)** shows that, more than half (50.9%) of patient at Minia university hospital exhibited the responses toward moderate level and low half (43.6%) of them responses toward high level of satisfaction.



**Figure (9) Percentage distribution of patients' satisfaction at Minia general hospital (N-55)**

**Figure (9)** shows that, the majority (87.3%) of patient at Minia general hospital exhibited the responses toward moderate level and (12.7%) of them responses toward low level of satisfaction

## Discussion

Patient rights have recently become the center of national attention in the practice of medicine. Patients' rights vary in different countries often depending upon prevailing cultural and social norms. Observing patients' rights is the most important ethical issue in a hospital which should absolutely be considered. Regarding patients' rights and respecting them are two main factors for patients' care. It is important that medical staff pay enough attention to its various aspects. Observing patients' rights means the accountability of all health care staff to the patients at the time of treatment and care giving (**Habib & Al-Siber, 2013**).

Promoting patients' rights is a multi-dimensional issue and in order to achieve it, comprehensive efforts should be done. WHO has offered some strategies such as active participation of health care recipients and providers' policy making and extending educational programs for health care providers, thus the overall goal of paying attention to patients' rights and observing to which degree it is taken in consideration by staff nurses help increasing their health care performance and quality and this reflected on level of patient satisfaction as it is considered a judgment on the quality of hospital care. (**Arbabisarjou et al., 2016**)

The current study showed, regarding the personal data of nurses at Minia University Hospital, the majority of them were in age group between 20-30 years with Mean score (25.5±4.06); more than half of them were married; concerning to years of experience, more than two thirds have 1- 10 years of experience; about two thirds of them were males; more than two thirds of them from rural; and about qualification, the majority of them had baccalaureate degree of nursing.

Regarding the personal data of nurses at Minia General Hospital, more than half of them are in age group between 20-30 years with Mean score (31.4±9.47); more than two thirds of them were married; concerning to years of experience, all of the sample had 1-10 years of experience; also the majority of them were females; more than half of

them from rural; and about qualification, less than half of them had technical degree of nursing.

Regarding to personal data of patients at Minia University Hospital, about half of the sample were in age group between 45-55 years with Mean score (51.78±9.02); more than half of them staying at the hospital from (4 to 6) days; more than two thirds of them were males; also less than half of them have secondary degree of education.

As regards to personal data of patients at Minia General Hospital, about half of them are in age group between 45-55 years with Mean score (56.33±9.28); more than half of them staying at the hospital from (4 to 6) days; less than two thirds of them were males; also more than half of them had secondary degree of education.

The current study findings showed that, there were a statistical significant differences at three time observation between Minia university hospital and general hospital staff nurses in relation to all dimensions regards nurses compliance except the items "The right to make decisions about the plan of care and refuse treatment" and "The right to consent or decline to participate in proposed research studies" at 1<sup>st</sup> time observation and for item The right to Consideration and respectful care at 3<sup>rd</sup> time observation with highest mean score for Minia university hospital in all dimensions.

These findings may be regarded to that, from staff nurses personal data it is observed that nurses at university hospital had bachelor degree in nursing and nowadays ethical and legal concepts such as patient rights are included in the educational curriculum of the nursing faculty and that may be not available at technical institutes. Those staff nurses also may have more positive vision toward nursing profession and that reflected on their attitude toward patient care and patient rights such as protecting the patient privacy during examination, treating patient in a respectful manner as human being, allow patients to know their name and identity, receiving examination and care in time without delay.

Also, regulations and rules regarding patients' rights which are performed more in the university hospitals and who

do not follow these rules is exposed to litigation. The results also are probably due to those nurses at university hospitals attending courses about patient rights and the hospital interests with the patient and their rights.

This study result were in the same line with the study conducted in Saudi Arabia by (Almoajel, 2012) and (Mohammed et, al. 2015) at Tanta which found that all nurses at teaching hospitals are more aware of the rights of all patients.

This findings also, were consistent with (Ghanem et.al, 2015) who showed in their study that the practice of patient's rights in the Alexandria Main University hospital were better than that of Matrouh General Hospital.

On the other hand regarding Minia General Hospital, staff nurses had a poor practice related to patient's rights. Poor practice may be attributed to many factors such as lack of positive vision in selecting nursing profession, shortage of medical and nursing staff, lack of awareness and attitude towards patient's rights, lack of pre-service and in- service training programs, unavailability of workshops or training seminars, lack of guidance and supervision during practice of patient's rights, and the unavailability of patient's rights policy and procedure. Consequently, these are due to limited budgets and inadequate facilities and unsupported management.

These finding was consistent with (Joolae et al., 2008 & Joolae, Hajibabae, 2012) who published that nurses and physicians were ready to exercise patient's rights, but are battling with some factors.

Also, Gaber, (2013) found that staff nurses at general hospitals are less committed to practicing patient rights and they also not interested in following rules, regulations related to patient rights.

Furthermore, the study results showed that, the more than half of patient at Minia University Hospital exhibited moderate level of satisfaction and about 43% exhibited high level of satisfaction, on the other hand regarding Minia General Hospital, the majority of them exhibited the response toward low/ moderate level of satisfaction.

These results may be regarded to that patient satisfaction and perception of quality is assessed by them through dimensions of what is personally valued. Patients consider that when they are being treated with respect and dignity, involved in treatment decisions, treated in a safe environment and given enough privacy when treated and so on are intangible issues of patient satisfaction. Staff nurses demonstration and meeting of patient expectations regarding their care results in patient increased level of satisfaction and patient feeling understood and accepted as a human being and this reflected on hospital reputation and flow by other patients and their families.

Other factors help increasing patient satisfaction in MUH may be regarded to lower economic costs of hospital on patient, proper communication process during providing or receiving information about patient health status and also, assessing the patient current level of understanding, presenting the patient and families with treatment options and then actively know patient preference.

On the other hand, regarding MGH, patient level of satisfaction come with lower level as They claimed there to be some obstacles in upholding the patient's rights in most care units, these included socio- economic hardship as well as long and hard working hours for the nurses not to mention the problems of the work environment and its related mischiefs as

the main reason for the patient's rights to be ignored and then that affected on patient satisfaction regarding services offered by hospital.

These findings come in the same line with (Abou Zeina, et al., 2013 and Elsayed et al, 2013) who mentioned in their studies that patients reach to level of satisfaction regarding quality of care in any health care facility by achieving some expectations regarding his health status and his humanity and rights.

## Conclusion

*It can be concluded from the current study that:*

- More than half of staff nurses had high level of compliance toward patients' rights and low half (43.6%) of patients responded toward high level of satisfaction at Minia University Hospital.
- About half of staff nurses on second and third observation had low level of compliance toward patients' rights and the majority of patient exhibited the responses toward moderate level of satisfaction at general University Hospital.

## Recommendations

*On the light of the results of this study the following recommendations will be suggested:*

### 1- The hospital manager at top level should:

- Integrate nurses' compliance toward patients' rights in the philosophy of the hospital through developing a set of policies that related to the principles and methods of its application..
- Support and encourage staff nurses' compliance toward patients' rights

### 2- The hospital manager at middle level should:

- Encourage staff nurses' to attend training program about patient rights that enhance patient satisfaction.
- Employ a variety of educational materials and audiovisual aids when providing training program.
- Increase nurses' awareness toward importance of compliance toward patients' rights.
- Provide ongoing evaluation for nurses' compliance toward patients' rights.

### 3- Fist-line nurse mangers should:

- Develop supportive working conditions and relationship that encourage nurses' compliance toward patients' rights.
- Put and identify the work policies and routine in place and allow supervisees to know their limitations
- Use effective leadership, supervision skills and meet unit needs as well as support the team.
- Conduct periodic formal and informal evaluation of nurses' compliance toward patients' rights.

## Recommendations for further research studies:

- A study to investigate factors that affect nurses' compliance toward patients' rights.

- A study to assess the effect nurses' compliance toward patients' rights to provide high quality of nursing care and their quality of work life for patients.
- Program about nurses' compliance toward patients' rights for staff nurses.
- Replication of current study in other departments and hospitals to get nurses' compliance toward patients' rights benefits and effectiveness for nurses, organization and patients.
- Include nurses' compliance toward patients' rights as a separate program in nursing administration courses at nursing colleges.

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