Original Research

Parents' Satisfaction With The Observance Of "Patient Rights Charter" For Children Admitted To Hospitals

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Abstract:

Background: Patient rights are the duties that medical staffs are required to perform for patients from the time of admission. The increasing attention of organizations to this issue has led to the creation of a charter called the "Charter of Patient Rights". Also, since children are a vulnerable group in society, these rights are more important to them. Therefore, this study was conducted to investigate the parents' satisfaction with the observance of patient rights charter for children admitted to children hospitals in Golestan province during 2018.

Methods: This cross-sectional and descriptive study was performed on 350 children admitted to hospitals of Golestan province. Sampling was done by convenience method. The data collection tool was the questionnaire of patient rights charter for hospitalized children. Data were analyzed by SPSS-18 statistical software using descriptive (frequency, mean and standard deviation) and inferential statistics (independent t-test and analysis of variance).

Results: The results showed that, the highest percentage of samples 73.4% (259 people) had moderate satisfaction and 26% of them (91 people) had high satisfaction with the observance of patient rights charter for children. The highest dissatisfaction was related to the laboratory tests and diagnostic procedures, so that only 68.3% of the samples (239 people) were satisfied with the response of staff and physicians and 11.1% of them (39 people) were dissatisfied with it. The highest level of satisfaction was related to the access to nurses during hospitalization, so that 86.9% of the samples (306 people) were satisfied and only 2.3% (8 people) were dissatisfied with it.

Conclusion: The results showed that a large number of parents were moderately satisfied with the observance of patient rights charter for children by staff. Since the observance of "Patient Rights Charter", in addition to the patient's satisfaction, shows the professionalism of medical staff, this charter must be implemented in the best way at all levels of health care and treatment.

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Introduction

Observance of human rights in today's society is an undeniable principle (1). The increasing attention of organizations to this issue has caused many countries to consider specific rights for patients in their health system (2). Patient rights are the patient's expectations and needs that have been set in the form of specific standards and laws (3). According to the definition of World Health Organization, patient rights are the rights that patients have, and service providers are obliged to implement them (4). In order to ensure the observance of these standards and laws, health systems have considered a charter called the "Patient Rights Charter" for all family members, especially hospitalized children (5). For this purpose, in April 1959, the United Nations signed the "Charter of Children Rights", to ensure children are provided with the best and high quality services that include healthy water, nutritional food, healthy and safe environment, and provision of accurate information (6). Obviously, respecting patient rights increases their sense of security and satisfaction, and this in turn increases the patient's and his family's participation in treatment, which reduces the length of hospital stay, treatment costs, and recovery time (4). Usually in hospitals, parents play the role of primary caregiver and are an integral part of the child care, so their satisfaction affects the satisfaction of children (7). Satisfaction of children and their parents reflects the ability of physicians and treatment team and shows the quality of services they provide. Also, from the perspective of the World Health Organization, patient satisfaction is one of the five indicators of service quality (8). Dissatisfaction leads to reduced cooperation, wasted resources, and negative health outcomes (9). Many studies have been conducted on the observance of the charter of older patient rights. According to the study conducted in Gonabad, the observance of patient rights charter was reported at 69.1% (10). The results of Arab et al study showed the observance of patient rights charter at 82.9% (11). Since 2000, more studies have been conducted on the observance of patient rights charter for children. According to the research conducted by Ulus and Kublai, the level of parents' satisfaction with the observance of their children's rights was reported at 62.55% (12). Another study showed that providing counseling about treatment methods will increase the satisfaction of both parents and the sick children (13). The study of Krish et al, revealed that parents were dissatisfied with the observance of patient rights charter for their children, and also most of the dissatisfactions were related to the lack of explanation about medical diagnoses, use of medical terms and lack of proper communication (14). In order to enforce the rights of children and emphasize on the importance of this issue, the World Health Organization has introduced programs, in which all service providers are required to comply with these laws. Since the observance of patient rights charter reflects the ability of physicians and treatment team and quality of services they provide, and non-compliance with it reduces the satisfaction of service users and quality of care, the researcher decided to conducted a study to determine the level of parental satisfaction with the observance of patient rights charter for children admitted to hospitals in Golestan province.

Method

This is a cross-sectional and descriptive study that was conducted on children admitted to specialized pediatric hospitals in Golestan province during 2018. The environment of this study was Taleghani Pediatric Hospitals in Gorgan and Gonbad Kavous. The criteria for entering the study included the parents of children who have been hospitalized in the pediatric ward on the doctor's orders for at least three days. Exclusion criteria included the

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children who have been admitted to the emergency department or outpatient clinic of the hospitals. The sample size of this study was calculated to be 250 individuals according to the study of Ardakan et al. (2015) with a test power of 80% and an error of 0.1 at the significance level of 0.05 (5).

Data collection tools included a demographic characteristics questionnaire and a questionnaire for observing the charter of patient rights for children hospitalized by the health care team. This questionnaire had 22 questions in three-option scales of satisfied (score 1), somewhat satisfied (score 2) and dissatisfied (score 2). Lower scores indicated greater satisfaction with compliance with the charter of children rights. This questionnaire was approved in the study of Ardakan et al. with the Cornbach's alpha of 0.87. Also, the validity of this questionnaire was confirmed by ten faculty members of Islamic Azad University and University of Medical Sciences. The reliability of this questionnaire was confirmed with the Cronbach's alpha coefficient of 0.82. The ethics committee of Islamic Azad University of Chalous, approved this project with the code: IR.IAU.CHALUS.REC.1395.24. Then, the researcher attended the hospitals and obtained permission from hospital and ward officials. An explanation about the objectives of study, confidentially of information and principle of anonymity was given to the participants. Data was collected by self-reporting method. The researcher was present with the participants while they completed the questionnaire and answered their questions. The participants completed the questionnaire during the visiting time at the visiting room, which took 10-15 minutes for each questionnaire. Data were collected and then analyzed by SPSS-16 statistical software using descriptive (table, mean, standard deviation) and inferential statistics (independent t and types) at a significant level of 0.05.

Results

The mean age of hospitalized children was 4.02±2.02 years, with the highest percentage 52.9% (185 people) being girls and 47.1% (165 people) being boys, of whom 51.7% (181 people) had a history of hospitalization and 48.3% (169 people) had no history of hospitalization. The highest percentage of consent form 88% (308 people) was completed by the mothers and the lowest percentage 12% (42 people) was completed by the fathers. In terms of education, 47% (265 people) of parents had under diploma education, 29.7% (104 people) had diploma, and 23.7 (81 people) had university education.

The results of present study showed that, the observance of patient rights charter was 27.4 ± 5.7. The highest percentage of samples 74% (259 people) had moderate satisfaction and 26% (91 people) had high satisfaction with the observance of patient rights charter for children.

In the Children Rights Questionnaire, the most dissatisfaction was related to question (9) that was related to the necessary explanations about tests and diagnostic procedures, of which only 68.3% (239 people) of the samples were satisfied with the response of staff and physicians and 11.1% (39 people) of them were dissatisfied with it. Also, the most dissatisfaction was related to question (1) that was about the access to physicians during hospitalization, of which only 74.6% (261 people) of the samples were satisfied with it, and 14.9% (52 people) of them were dissatisfied with it. The highest level of satisfaction was related to question (2) that was about access to nurses during hospitalization, of which 86.9% (304 people) of the samples were satisfied with it and only 2.3% (8 people) were dissatisfied. In relation to question (21) that was about introduction of pediatric physician to parents and their child, 85.1% (208) of the samples were satisfied and 2.9% (10) were dissatisfied with it (Table 1). The

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independent t-test showed a statistical difference between the observance of children rights charter (p = 0.25), parental ratio (p = 0.57), place of residence (p = 0.6), gender (p = 0.79), history of hospitalization (p = 0.4),

Table 1: The level of observance of patient rights charter for hospitalized children by hospital staff from the perspective of parents

	Question	Mean + SD	Observance of patient rights charter for children		
			Satisfied	Somewhat satisfied	Dissatisfied
1	Access to a doctor during hospitalization	1.4 ± 0.73	261 (74%)	37 (11%)	52 (15%)
2	Access to the nurse during the hospitalization	1.16 ± 0.43	304 (83%)	36 (10%)	10 (3%)
3	Respectful behavior of employees	1.18 ± 0.42	291 (83%)	54 (16%)	3 (1%)
4	Keeping file information confidential	1.17 ± 0.43	295 (84%)	48 (14%)	7 (2%)
5	Allowing the child to be taken with personal consent	1.21 ± 0.45	280 (80%)	64 (18%)	3 (1%)
6	Providing information about the diagnosis	1.37 ± 0.65	252 (72%)	65 (19%)	33 (10%)
7	Treating and providing care as soon as possible	1.35 ± 0.66	261 (74%)	53 (16%)	36 (10%)
8	Obtaining consent for research work	1.1 ± 0.37	222 (92%)	20 (6%)	9 (2%)
9	Explanation about the test and personal work	1.42 ± 0.68	240 (69%)	71 (20%)	39 (11%)
10	Information on treatment method	1.24 ± 0.52	279 (80%)	56 (16%)	15 (4%)
11	Talk about the complications of the disease	1.21 ± 0.42	267 (76%)	83 (25%)	.
12	Talk about the prognosis of the disease	1.33 ± 0.63	267 (76%)	52 (15%)	31 (9%)
13	Helping the patient regardless of culture and ethnicity	1.32 ± 0.63	263 (75%)	81 (23%)	3 (2%)
14	Provide a complete description of the disease	1.2 ± 0.47	285 (81%)	57 (16%)	8 (2%)
15	Provide adequate explanations about the treatment process	1.17 ± 0.43	295 (84%)	48 (14%)	7 (2%)
16	Introducing social and welfare support centers	1.25 ± 0.48	267 (76%)	76 (21%)	7 (2%)
17	Familiarity of the patient with the hospital environment at admission	1.214 ± 0.43	278 (70%)	68 (19%)	4 (1%)
18	Obtain consent for the laboratory procedure	1.19 ± 0.41	295 (84%)	42 (12%)	13 (4%)
19	Provide information on the ward's regulations	1.2 ± 0.49	280 (80%)	58 (16%)	7 (2%)
20	Introducing the staff nurse at admission	1.21 ± 0.44	287 (82%)	56 (16%)	7 (2%)
21	Introducing the doctor at admission	1.12 ± 0.32	307 (88%)	43 (12%)	.
22	Provide information on hospital tariffs	1.27 ± 0.51	262 (75%)	79 (22%)	9 (3%)

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Table 2: Relationship between compliance with the Charter of Patient Rights for Children and demographic characteristics

Observance of the charter / Demographic			Mean + SD	P-value
Gender	Girl	185	27.52 ± 5.95	P=0.73
	Boy	165	27.31 ± 5.18	
History of hospitalization	Yes	181	27.38 ± 5.91	P=0.9
	No	169	27.41 ± 5.51	
Parents' ratio	Father	42	27.43 ± 5.55	P=0.23
	Mother	308	27.28 ± 6.53	
Parents' education level	Illiterate	49	26.36 ± 5.62	P=0.38
	Secondary	116	27.87 ± 5.35	
	Diploma	104	27.11 ± 5.46	
	University	81	27.79 ± 6.92	

and parents' occupation (p = 0.84). The analysis of variance did not show a significant difference between the parents' literacy levels.

Discussion

This study was conducted to determine the relationship between the observance of patient rights charter for children and parents' satisfaction during 2018.

According to the findings of this study, a large number of parents were moderately satisfied with observance of patient rights charter for children by medical staff. The highest percentage of samples 73.4% (259 people) had moderate satisfaction and 26% (91 people) had high level of satisfaction with the observance of patient rights charter for children. A study conducted by Kublai and Ulus with the aim of assessing parental satisfaction and anxiety for children hospitalized in 2019 also showed that parental satisfaction score was 62.55 that was at moderate level. According to the findings of present study, the highest level of satisfaction was related to the access to nurses during hospitalization, of which 86.9% (306 people) of the samples were satisfied with it. The results of a study by Jordan et al., showed that communication and providing appropriate information can have a positive effect on parental satisfaction (12). However, Daniel et al., found the presence of parents with the child and consultation with them as the most important factors in increasing parental satisfaction (13). Kublai and Ulus also found that, the lower mothers' anxiety, the higher their satisfaction (15). In the present study, the highest dissatisfaction was related to the necessary explanations about tests and diagnostic procedures, of which 68.3% of the samples were satisfied with the response of staff and physicians and only 11.1% were dissatisfied with it. In the study of Krish et al., parents' dissatisfaction was due to lack of explanation about diagnoses, the use of medical terms and inappropriate communication. Dissatisfaction with the lack of necessary explanations regarding the diagnostic procedures is consistent with the results of our study (14). In a study by Joibari et al., conducted in Iran, 70% of parents were aware of and complied with the children rights charter, and parents' satisfaction with children rights charter was high (16).

However, in his study, Wecher referred to the lack of privacy in the hospital as the worst experience of patients in the hospital and

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considered it as one of the main factor in patient dissatisfaction, which is not in line with the results of our study (17). Increasing awareness about the compliance with patient rights charter increases patient understanding of health services and reduces stress and dissatisfaction with medical services at the time of hospitalization (18). Because according to studies, receiving sufficient information about the disease, the right of access to medical records and the right to be informed of the decisions made by the treatment team are among the patient rights (19). When patients understand their rights, their participation in clinical decision-making and care plan increases (20).

In the study of Ardakani et al., the parents' dissatisfaction with the observance of children rights charter, was mainly due to the lack of introduction of nursing staff to parents, and lack of information and knowledge about support and insurance systems (5). In the present study, the level of parents' satisfaction with the introduction of nurses at the start of hospitalization and rendering of information about support systems was high.

In general, observance of patient rights is one of the most important components of ethical care, and many studies in the world have been emphasizing on the importance of compliance with these rights. However, in order to observe these rights, it is necessary to provide the necessary training to nurses in order to increase their awareness about them (19). In case of increasing awareness and information, people would be able to take care of themselves better (21). Also, with the increase of awareness and involvement of parents in the care of hospitalized children, their level of stress and anxiety caused by hospitalization decreases (22).

In this study, there was no significant difference between the compliance with the Charter of Children Rights and demographic characteristics. In Baba Mohammadi et al (2011) study, there was no significant difference between the observance of patient rights charter and age, education, place of residence, and gender of the staff (23). However, in the study of Joolaei et al, people with higher education had a greater understanding of patient rights, and this increased their awareness (24). This increase in awareness could be due to the greater involvement of cultural issues and the level of parents' education, which were not examined in this study.

Conclusion

The results of this study showed that most parents were satisfied with the observance of patient rights charter for children during hospitalization. However, in some cases, such as access to physician, they expressed their dissatisfaction. Therefore, hospital managers and clinical staff can increase parental satisfaction and reduce concerns by holding additional training courses for physicians and nurses, as well as making the necessary arrangements for higher number of physicians to attend the ward. The ward managers can also alleviate the parents' worries by providing them with training and information brochures on treatment process, hospital staff, insurance system, and any other necessary explanations at the time of admission.

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