A Survey: Health Professionals' Attitude towards Patient Rights and Patient Safety

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ABSTRACT--- ***Background: Patient rights and patient safety are the important issues in healthcare quality. The aim of this study was to identify health professionals' attitudes towards patient safety and patient rights. Subjects and Methods: The sample included 224 nurses, 42 midwives, 52 health officers employed in three hospitals. The research data was collected with personal information form, the Attitudes Toward Patient Safety Questionnaire and the Attitudes Toward Patient Rights Questionnaire. Results: All of the participants had positive attitudes towards patient safety and patient rights. It was found that there was significant correlation between attitudes toward patient safety scores and attitudes towards patient rights scores. The health professionals' general and specific knowledge about patient safety and patient rights were 'good'. Conclusion: The results from our study highlight that the health professionals had positive attitudes toward patient rights and patient safety.***

***Keywords*---** Patient safety, patient rights, health professionals.

1. INTRODUCTION

Patient safety and patient rights are the important issues in healthcare quality. Safety is a fundamental principle of patient care and an important component of quality management. It includes many actions in performance improvement, environmental safety and risk management, infection control, safe use of medicines, equipment safety, safe clinical practice and safe environment in care [1]. Patient safety must be an important part of organizational culture in healthcare organizations that is a major concern for all healthcare providers. However, healthcare is complex and its outcome is influenced by many factors [2,3]. Patient safety was defined by the Institute of Medicine (IOM) as "the prevention of harm to patients." Emphasis is placed on the system of care delivery that prevents errors; learns from the errors that do occur; and is built on a culture of safety that involves health care professionals, organizations, and patients. The IOM considers patient safety "indistinguishable from the delivery of quality health care [4]. One-fifth of the people are exposed to medical errors, and this rate may be as high as 35–42% in the community. As a result, millions of people may die or suffer injuries due to preventable medical errors. The widespread nature and heavy consequences of medical errors require more studies focusing on patient safety. These types of studies generally focused on hospital environments [5]. Patient safety practices are defined as "those that reduce the risk of adverse events related to exposure to medical care across a range of diagnoses or conditions." This definition is concrete but quite incomplete, because so many practices have not been well studied with respect to their effectiveness in preventing or ameliorating harm [6].

Nowadays, patient safety is an important healthcare issue in all countries, rich or poor There is an increasing number of patients who die in hospitals each year as the result of lapses in patient safety practices. Improving patient safety remains a health care organizational challenge, compared to other industries with highly reliable processes, health care baseline process reliability is low and patient safety solutions continue to be a high demand. While studies examined implementation of individual patient safety intervention, a few research studied or published on the theoretical framework of patient safety system implementation in health care institutions [7].

Patient safety is one of the patient rights issues. The concept of patient rights, which has emerged with the developments in the concept of human rights and their reflection in medicine, started to be a subject of discussion after the 1970s and was included in international texts as of the 1980s. Many countries rapidly started to make national legal arrangements as of the 1990s. With a regulation published in Turkey in 1998, the issue has assumed a legal dimension. Taking into basis the international studies on patient rights and the international conventions to which Turkey is a party, the Regulation on Patient Rights was published in 1998 in the same years as with most European countries. The Regulation defines patient rights as a reflection of fundamental human rights in the field of medicine and incorporates all elements of patient rights accepted in international texts [8]. The 37th Article of the Regulation on Patient Rights states that "Everyone has the right to expect and demand safety throughout healthcare delivery" [9].

Because patient rights and patient safety have recently become the center of national attention in the practice of medicine. Healthcare staffs play the important role of guardian, the patient rights and patient safety. All healthcare staff

support the patient rights and patient safety to treatment or service, for example, this includes ensuring that patients receive hospital services, they have returned to their rooms after a scheduled meal-time, providing for timely delivery of medications and treatments. Especially, the nurses, as guardian, play a key role in patient safety and rights [10]. In Turkey, patient safety and patient rights issues were received increasing attention. Nevertheless, few studies regarding patient safety and patient rights were conducted in Turkey. In addition, less attention was focused on non-physician health professionals' attitudes towards patient safety and patient right.

The aim of this study was to identify health professionals' attitudes towards patient safety and patient rights.

2. SUBJECTS AND METHODS

2.1.Design and Sample

This descriptive and cross sectional study was conducted between January and July 2012. The sample included 224 nurses, 42 midwives, 52 health officers employed in three hospitals in Manisa, Turkey. The eligibility criteria include age 18 and over, and Turkish as spoken language. The sample only consisted of volunteers who had informed about the goal of this study.

After explaining the aim of the study and required information about the application to participating relatives of healthcare staffs, the application was conducted to the volunteer participant as a questionnaire. After receiving written consent from volunteer healthcare staffs, data were collected using a questionnaire, which lasted between 30 and 40 min. The participants were not given any rewards (bonus points, money, etc.) in return for their participation.

2.2.Instruments

The research data was collected with a questionnaire developed by the researchers and based on the current literature [11,12] and the Attitudes Toward Patient Safety Questionnaire and the Attitudes Toward Patient Rights Questionnaire.

2.2.1.A questionnaire

The data of the study were obtained through the use of a questionnaire. It is prepare by researchers and contains 34 multiple-choice and open-ending questions about demographic and level of the knowledge of patient rights and patient safety.

2.2.2.The Attitudes Toward Patient Safety Questionnaire

The Attitudes Toward Patient Safety Questionnaire (ATPSQ) was developed by Usta & Gulhan (2011) that include 40 items and 4 dimensions with a response scale ranging from "strongly disagree", "disagree", "somewhat agree", "agree", "strongly agree", and "neutral". The dimensions were knowledge about patient safety practices, participate in patient safety practices, patient safety culture and patient safety in healthcare system. The first dimension score was ranged from 16 to 80, the second dimension score was ranged from 5 to 25, third dimension score was ranged from 9 to 45, the fourth dimension score was ranged from 10 to 50. The highest possible score of the first, the second and the fourth dimensions demonstrated positive attitudes and the highest possible score of the third dimension demonstrated negative attitudes towards patient safety according to this scoring scale [11]. At the beginning of the study, Gulhan one of the developers of the ATPSQ was interviewed via the Internet, and Gulhan's permission and approval was obtained for the use of the scale in this study.

2.2.3.The Attitudes Toward Patient Rights Questionnaire

The Attitudes Toward Patient Rights Questionnaire (ARPRQ) was developed by Bostan (2007) that include 25 items with a response scale ranging from "strongly disagree", "disagree", "somewhat agree", "agree" and "strongly agree". The questions were mainly about patients rights, information on illness or treatment and communication, confidentiality, non-treatment, dispensing of medical care, request or the establishment of an order of priority, etc. The highest possible score demonstrated positive attitudes towards patients rights according to this scoring scale [12]. At the beginning of the study, Bostan was interviewed via the Internet, and Bostan's permission and approval was obtained for the use of the scale in this study.

2.3.Statistical Analysis

The SPSSv.16.0 software was used to evaluate data after transmission of data to computer environment and make necessary error controls. Descriptive statistics was shown in numbers and percentages for the variables obtained by counting and in Mean ($\bar{x}$) ± Standard deviation (SD) for variables obtained by measurement.

2.4.Ethical consideration

The study was conducted after approval from Research Ethics Committee of the Celal Bayar University Faculty of Medicine at Manisa, Turkey. All participants were given information about opportunities to withdraw from the study at any time without giving a reason and were told that there were no disadvantages of withdrawal. In addition, local health authority in Manisa gave written permission for conducting research.

3. RESULTS

3.1.Demographics of the participants

The sample consisted of 318 health staffs who 194 (61.0%) staff nurses, 30 (9.4%) nurse managers, 42 (13.2%) midwifes, and 52 (16.4%) health officers. The mean age of the participants was $\bar{x}$±SD=31.1±6.3 years, with 238 were female. The majority of the participants reported themselves as married (56.6%). The main characteristics of the participants are presented in Table 1.

Table 1. Characteristics of health professionals (n=318)

Characteristics	n	%
Education		
High school	58	18.2
University	238	74.8
Master degree	22	6.9
Job satisfaction		
Satisfied	262	82.4
Not satisfied	56	17.6
Work area		
Intensive care units	53	16.6
Emergency units	68	21.3
Internal medicine clinics	64	20.1
Operating rooms	36	11.3
Surgical clinics	34	10.6
Pediatric clinics	35	11.0
Obstetrics and gynecology clinics	28	8.8
Work years		
Under 1 year	30	9.4
1-2 years	30	9.4
3-5years	54	16.9
6 years and over	204	64.1

3.2.Health professionals' the level of knowledge about patient safety and patient rights

Table 2 summarizes the data concerning health professionals' the level of knowledge about patient safety and patient rights. In addition, we asked to health professionals "Can you define your occupational errors that you did or may have done?", 27.7% of them answered as
"Describing identity card errors such as patient, doctor, examination errors", 30.5% of them answered as "Conditions that cause hospital infections such as handwash, isolation, sterilization, 41.9% of them answered as "Surgical procedures and anaesthetize" and "Medication safety such as verbal order, order errors, side effect, adverse effect, 5.6 % of them answered "Patient information safety", 1.3% of them answered as "Radiation safety" and 17% of them "Other". When it is asked to health professionals "Can you define medical errors that your colleague did or may have done?, 7.5 % of the participants answered "Describing identity card errors (patient, doctor, examination errors, etc), 13.2% of the participants answered "Conditions that cause hospital infections (handwash, isolation, sterilization), 19.8% of the participants answered "Surgical procedures and anaesthetize, 16.6 % of the participants answered medication errors (order errors, adverse effect, etc), %4.4 of the participants answered "Radiation safety" and 13.8% of the participants answered "Others" Health professionals were questioned "Did anyone place a charge against you to the Patient Rights Unit?" they responded "yes-verbal" (6.3 %), "yes-written" (8.2%), "yes both verbal and written" (1.3%), and "no" (84.3%). When health professionals were asked "Which way do you prefer, when you meet professional errors relevant with your implementations?", 17.6% of them answered as "I don't report, 52.2% of them answered as "I report verbal to the Chief of physician/Head nurse", 30.2% of them answered as "I report written to the Chief of physician/Head nurse". When we asked to health professionals "When you meet professional errors relevant with your collegues implementations, which way do you prefer?" the majority of the participants answered "I report verbal to the Chief of physician/Head nurse" (47.8%), another the participants answered "I don't report" (28.9%), and "I report written to the Chief of physician/Head nurse" (23.3%).

Table 2. Health professionals' the knowledge about patient safety and patient rights (n=318)

Questions	Yes		No		I don't know	
	n	%	n	%	n	%
In your institution are the examinations done relevant patient safety?	228	71.7	14	4.4	76	23.9
Is there patient safety unit in your institution?	280	88.1	4	1.3	34	10.7
Do you take charge in patient rights implementations?	72	22.6	240	75.5	6	1.9
Do you take charge in patient safety implementations?	136	42.8	176	55.3	6	1.9
Do you think patient rights implementations are necessary?	284	89.3	26	8.2	8	2.5
Do you think patient safety implementations are necessary?	292	91.8	20	6.3	6	1.9
Were you investigated administrative or judicial because of a medical errors ?	6	1.9	312	98.1	0	0.0
Did you witness to a collegue who investigated administrative or judicial because of a medical errors?	122	38.4	196	61.6	0	0.0
Did you participate in-service training programme about patient safety in last year?	228	71.6	90	28.3	0	0.0
Did you participate in-service training programme about patient' rights in last year?	222	69.8	96	30.1	0	0.0
Did you apply to the patient safety unit while you're getting service in the other health institution?	30	9.4	288	90.6	0	0.0

3.3.Health professionals' attitudes toward patient safety and patient rights

The mean of the participants scores of the ATPSQ are shown in Table 3. The mean scores of each of dimensions of the ATPSQ were respectively: the level of knowledge about patient safety score was $\bar{x}$±SD=70.5±8.9; the level of patient safety practices in the hospital and the individual's participation was $\bar{x}$±SD=19.6±3.4; patient safety culture in the hospital was $\bar{x}$±SD=30.8±6.3; individual's opinion about the impacts of health system on patient safety practices was $\bar{x}$±SD=41.4±7.3.

Table 3. Health professionals' the mean scores of the attitudes toward patient safety questionnaire (n=318)

Dimensions of the ATPSQ	Min. scores	Max. scores	Mean scores±SD
The level of knowledge about patient safety	45.0	102.0	70.5±8.9
The level of patient safety practice in the hospital and the individual's participation	12.0	30.0	19.6±3.4
Patient safety culture in the hospital	14.0	54.0	30.8±6.3
Individual's opinion about the impacts of health system on patient safety practices	24.0	66.0	41.4±7.3

The mean of the participants score of the ATPRQ $\bar{x}$±SD=3.29±0.3. The mean scores of each of dimensions of the ATPRQ were respectively: the general attitudes toward patient rights was $\bar{x}$±SD=3.88±0.7; the attitudes towards including patients' communication and getting information rights was $\bar{x}$±SD=3.27±0.6; the attitudes toward patient rights in management services was $\bar{x}$±SD=3.53±0.5; the attitudes toward patient rights in medical services was $\bar{x}$±SD=3.13.4±0.5 (in Table 4).

Table 4. Health professionals' the mean scores of the attitudes toward patient rights questionnaire (n=318)

Dimensions of the ATPRQ	Min. scores	Max. scores	Mean scores±SD
The general attitudes towards patient rights	1.2	6.0	3.88±0.7
The attitudes towards including patients' communication and getting information rights	1.0	5.0	3.27±0.6
The attitudes towards patient rights in management services	1.8	5.0	3.53±0.5
The attitudes towards patient rights in medical services	1.4	5.0	3.13±0.5

It was found that there was significantly positive correlation between each of dimensions of the ATPSQ scores and each of dimension of the ATPRQ (in Table 5).

Table 5. Statistically correlation among dimensions of ATPSQ and ATPRQ (n=318)

Dimension of the ATPSQ	Dimension of the ATPRQ							
	The general attitudes towards patient rights		The attitudes towards including patients' communication and getting information rights		The attitudes towards patient rights in management services		The attitudes towards patient rights in medical services	
	r	p	r	p	r	p	r	p
The level of knowledge about patient safety	0.54	0.001**	0.57	0.001**	0.36	0.001**	0.21	0.001**
The level of patient safety practice in the hospital and the individual's participation	0.42	0.001**	0.31	0.001**	0.51	0.001**	0.43	0.001**
Patient safety culture in the hospital	0.36	0.001**	0.32	0.001**	0.43	0.001**	0.56	0.001**
Individual's opinion about the impacts of health system on patient safety practices	0.24	0.001**	0.46	0.001**	0.21	0.001**	0.55	0.001**

Note: **p<0.01 * p<0.05

4. DISCUSSION

This descriptive and cross-sectional study investigated health professionals' attitudes towards patient rights and patient safety. The results of this study found that the mean of the participants' the level of general knowledge about patient safety score was $\bar{x}$±SD=70.5±8.9, all participants' the level of general knowledge about patient safety rated as good. Besides, the mean of the participants scores of the ATPSQ were good and the mean of the participants scores of the patient safety culture in the hospital demonstrated good score. The result could be explained by the fact that our study sample had positive attitudes toward patient safety. The results of our study were same to the results of Usta & Gulhan (2011) research. They investigated physicians' the attitudes toward patient safety and found that the mean of physicians scores of the level of general knowledge about patient safety was $\bar{x}$±SD=71.30±12.55 [11]. To promote and enhance the status of patient safety worldwide implementing patient safety in health care professionals are encouraged and supported by World Health Organization [13]. Also, Turkish healthcare organizations work to promote patient safety culture through patient safety committees and continuing professional education program, but the activities of these committees are directed to clinical settings. The majority of health staffs were (74.8 %) first cycle education as well as (82.4%) satisfied with their job. Moreover, the mean of the participants score of the patient safety culture in the hospital was a quite high score ($\bar{x}$±SD=30.8±6.3). Possibily, health professionals had positive attitudes toward patient safety in this study found that the highest score of the patient safety culture in their hospital and highest positive attitudes toward jobs and their work experiences. Carayon et al. (2005) and Abdou and Saber (2011) indicated that staff nurses were more satisfied with their job [14,15]. On the other hand, hospital safety culture in Taiwan was assessed and the results revealed that safety climate received lower scores related to safety culture [16]. This contrasts the findings that presented that nurses have relatively low perceptions of working conditions and high perception of safety climate. Underlying reasons for the observed dissimilarity in safety attitudes are not well understood. Safety culture attitudes are reflection of complex culture that result from the complex interactions among unique individuals and unique circumstances over time [17]. In another study was investigated contributing to the safety of patients are in a large health system who participant were 16.619 health care staff, over half of the workforce in the South Australian health system. Staff generally had positive attitudes towards patient safety and support for the South Australia initiatives to improve it. There is of course scope for improvement of scores, of a shift to more favourable perceptions of the safety of the health system, more so in some areas eg Perception of Management, than others eg Job Satisfaction [18]. VanGeest & Cummins (2003) found that 95 % of the student nurses and nurse academicians stated that patient safety was a current and important topic [19]. Cirpi et al (2009) stated that 97% of nurses remarked "patient safety practices were requirement" [20]. Bodur et al (2012) studied last year nursing and midwives students' attitudes toward patient safety and medical errors. They found that nursing and midwives students' possibility of medical errors making was high (37%), but medical errors reporting was low (71%)

[21]. This contrasts the findings that our results. When we asked to health professionals "Which way do you prefer, when you meet professional errors relevant with your implementations?", 52.2% of them answered as "I report verbal to the Chief of physician/Head nurse", 30.2% of them answered as "I report written to the Chief of physician/Head nurse", 17.6% of them answered as "I don't report". The result could be explained by more experienced health professionals were also more knowledgeable, and more knowledgeable health professionals were also aware that failure in patient safety may be the consequence of system and organizational flaws rather than failure of individuals. Because, the majority of the sample volunteer participated to in-service training programmes about patient safety and rights, and being experienced professional 6 and more years (64.1%).

The importance of health care professionals education has to be emphasised in order to gain information, ability and attitude for safety patient care. Providing patient safety, is an important topic that every country have to care about regardless of development level. Each year millions of people have died or have fallen in nonrecoverable permanent diseases because of health professionals errors. Because of this problem is caused both economical and moral losses, in health institutions patient safety must be provided at all levels. Patient safety is the responsibility of all health proffesionals [22,23,24].

Patient rights are quite often shaped via policies and legislation strengthening the role and position of the patient (i.e. informed consent). From this perspective safety is considered as a justified expectation that the user of health care has from the provider of health care. Patient safety is often addressed via improvement activities related to concrete safety risks and awareness-raising as prevention mechanism [25].

Patient rights is a term that describe individuals' rights across the health institutions and health professionals. The first international regulation relevant to this topic is the Lizbon Bulletin that was published by The World Medical Association. In this bulletin, doctor's approach to patient has been defined, also patient's rights like doctor option, refusing or accepting the medication, privacy of patient informations and refusing or accepting psychological and spiritual consolation firstly written. After this Buletin was published, countries made regulations related with patient rights. In Turkey "The Ministry of Health, Patients Rights Directive" was published in 1998 and "Patient Rights Directive in Health Institutions" was prepared by The Ministry of Health in the 15 October 2003 which were defined legal requirements. Patients Rights Directive is rather comprehensive and legal text. In this regulation, utilization from health services, getting information about health status, respect to privacy, consent of the patient before medical interventions, medical researches, other rights (providing the safety, implementing the religious interventions, having a companion, etc.) are given in [26].

Articles show that patient safety is also a patient right. Existing legal regulations about patient rights encumber to all health professionals, especially doctors. From time to time not fullfilling these responsibilities causes judicial and legal problems. To increase the presented service quality and prevent the patient rights violation and related problems being conscious of responsibilities and implementing them is relatively important [26].

Also, nursing literatures in recent years reflect increasing interest in patients' rights with particular focus on informed consent and the nurse's role as a patient advocate. There is, however, an increasing concern about patients' rights among healthcare professionals. The results of this study found that health professionals had positive attitudes towards patient rights and the mean of the participants scores of the ATPRQ were good. We found that the majority of health professionals volunteer participated in-service training programme about patient rights (69.8%) and they thought that patient rights implementations (89.3%) as a requirement concept. In contrast our results, Teke et al (2007) found that 41.1% of the nurses did not receive any education about patient rights, 21.7% of them stated that they did not encounter any patient rights issue in their day to day practice, and 64.2% of nurses stated that they learned something about the patient rights from another resource like TV or mass media. In addition, nurses' the attitudes toward the universal patient rights was ranged from 69.2% to 100% [10]. Bicer, et al (2013) determined that 15% of the nurses had previously taken patient safety trainings and 23.3% experienced patient safety problems during care [27]. Esiyok et al (2007) stated that a hundred and sixteen dentists had received in-service training about patient rights but only 25 dentists claimed to have sufficient knowledge about patient rights. It was striking that the dentists had relatively negative approach towards the patient rights to request consultation from another physician and to have a caregiver and to review and copy medical records [28]. Siegal et al (2001) suggested that physicians are reluctant to participate in the implementation of such laws demonstrated by the level of their misunderstanding of the law's norms and regulations, and subjective attitudes and perceptions. In order to ensure the medical community's participation in augmenting patients' rights, efforts should focus on improved legal and ethical education, enhanced cooperation of professional associations and joint action with legislators to assure a productive composition of these important acts [29]. Kurtzman et al (1985) studied the attitudes of Israeli nursing and medical students towards the rights of hospitalized patients in a cross-sectional study of the first and fourth year students. They found that the mean scores of the attitudes were high in all student groups showing strong agreement with theoretical rights. Senior nursing students showed significantly higher scores than the first-year nursing students. Eighty-eight percent of all students and 100% of senior nursing students considered a blanket consent procedure inadequate for protecting patient's rights. Senior nursing students assigned responsibility for protecting patients' rights to nurses, doctors, hospital administration, and the patient/family with higher frequency than other student groups [30].

Especially in recent years, sanctions for malpractice cases in new Turkish Penal Code have been discussed. All health professionals have sufficient knowledge about patient rights within the context of care duty. Almaramy et al (2011) evaluated knowledge and attitudes toward patient safety among a group of undergraduate medical students and found that most of the participant recognized the importance of patient safety topic and recognition of the role of patient in preventing error [31]. Zakari (2011) recommended that health managers play a critical role in supporting safety environment and in creating a positive attitudes toward safety and rights [32].

In the current study was found that there was significantly positive correlation between each of dimensions of the ATPSQ scores and each of dimension of the ATPRQ ($p < .01$). The situation could be explained by more increased health professionals' positive attitudes toward patient safety was also more increased their positive attitudes relevant with patient rights. Moreover, the most of the health professionals thought patient safety and rights practices were requirement concepts and as volunteer participated in-service training programme about patient rights and patient safety.

Patient safety and patient rights are an increasingly important component in both health schools cirriculums and in-service training programme in Turkey. One of the main findings arising from this study was the agreeability of the majority of the participant towards teaching patient safety and patient rights on continuous training of health professionals and implementing patient safety and patient rights within the routine work of health care. This study had several limitations. It is important to note that our participant were limited to non-physician health professionals who worked for three hospitals in Manisa, Turkey. The second limitation, the data collected only about the attitudes toward patient safety and patient rights. However, in recent studies conducted on patient safety and patient rights, but these issues were studied separately. This current study investigated the attitudes toward patient safety as well as patient rights. Furthermore, the highest positive significant correlation existed between health professionals' the attitudes toward patient safety and the attitudes towards patient rights.

5. CONCLUSIONS

1. The study revealed that health professionals had positive attitudes toward patient rights and patient safety
2. All health professionals recognized the importance of patient safety and patient rights concepts.
3. In the current study was found that there was significantly positive correlation between each of dimensions of the ATPSQ scores and each of dimension of the ATPRQ ($p<0.01$).

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