

EVALUATING THE EFFECT OF A TRAINING COURSE ON THE KNOWLEDGE AND ATTITUDE TOWARD PATIENT RIGHT AMONG HEALTH WORKFORCES IN SULAIMANI

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ABSTRACT

Background

Awareness of the patient's rights among health care providers increase satisfaction of the patient, physician and other medical team and hospital staff and will lead to the spread of good morals among patients and medical team. Neglecting patients' rights in a health care system can give rise to a challenging situation between health care providers and patients.

Objective

The aim of the study is to explore the role of the training course on the knowledge, and attitude toward patient rights among health workforces.

Materials and Methods

This study is an observational explanatory study, 442 participants from the health care providers from a Sulaimani and Erbil Governorates were included. Valid tool was used for pre- and post- test evaluation through 4 hours of training course including 22-28 participants with total 16 training courses. The training course was carried out between 2014 and 2015. The collection of data was performed by self-administered method. Descriptive statistics, and analytical statistics to test hypothesis was used to test statistical difference and associations by using statistical package for social science-Version 21.

Results

The majority of the participants were from Sulaimaniya governorate, 53.2% were females, more than 51% with age group 30-39 years. Most of them (58.5%) had Diploma degree. The percentage of strongly agreement toward the sum of all patient right charters was changes from 36% percentages at pre training status to the 71% after performing of training, these improvement in the percentage of knowledge was statistically highly significant (P values=<0.001).

Conclusion

Results of this study indicate that health workforces are not well-informed and aware about the patient's rights, there is clear effect of training courses in improving of knowledge toward patient rights.

Keywords: *Patient rights, Health care providers, Pre and post training course, Medical education.*

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INTRODUCTION

Human being is a creature with the aspects of physical, mental and spiritual dimensions which has rights during the health and illness. Patient rights are the very expectations he has from the health care services and must encompass his physical, mental, spiritual and social needs which are manifested as criteria, standards, rules and laws ^(1,2).

Patient's rights broadly covering the relationship between the patient and the health care provider or institution ⁽³⁾. However, in the area of health, the individual is very much dependent on good advice because the expertise, skills and knowledge are in the hands of others, i.e., the medical staff ⁽⁴⁾.

Today, the issues related to the quality of health care services, attention to the patients as customers and accomplishing their satisfaction are the main priorities and are of high importance. One of the important factors in patient satisfaction is regarding their demands and observing their rights and providing care along with respect ⁽⁵⁾.

Studying the patients' rights and interaction of those individuals who provide and/or receive health services are regarded as the most significant and effective tools for evaluation of health system ⁽⁶⁾.

Awareness of the patients rights leads to promote more satisfaction of the patient, physician and other medical team and hospital staff and will lead to the spread of good morals among patients and medical team; so eventually the moral status of all the individuals such as patients and medical team will be upgraded, but adversely not observing these rights, it would lead to distrust to health care team. If there is no trust between medical staff and patients, it would lead to damages and losses for the patient and the medical team. ⁽⁷⁾

There is a great shortage in the knowledge toward patient rights in Iraq, and even in Kurdistan. This is promoting for selecting this topic as the area of interest.

The aim of this study was to explore the knowledge of health care providers toward Patient's rights, and to evaluate the effectiveness of training course on the improvement of the knowledge toward patient rights.

MATERIALS AND METHODS

Study design

The design of this study was observational explanatory study through using of training courses.

Sample and duration of study

Four hundred forty two participants from different categories of health professionals (Nurses, Medical assistants, Doctors, Pharmacists, and Dentists) from Erbil and Sulaimaniya Governorates were included in the study. Participants were newly graduated health professionals as well as who those human resources that have less than 10 years' work experience in the field of health care were included in the study. The study was carried out between 2014 and 2015.

The training Intervention

The Patient rights training course intervention was consisted of a 4-hour morning workshop in one day (8:30 am -12:30 pm), each training course was designed to train 22-28 participants. The total numbers of training course was 16 training courses, the same material and methodology was used in all courses and by the same trainer and at the same training hall. Different techniques like role-play, discussion, group work, brain storming and mini-lecture were used to promote learning highly and effective among participants.

Questionnaire

A structured questionnaire was designed by depending on different resources from developing to developed countries ^(8,10) and used for the data collection process. It is consisted of two main parts: the first part includes demographic parameters such as age, gender, residency, educational level and type of profession. The second part included questions on knowledge about patients' rights. In this part, a 3-point scale ranging from "1= weakly agree" to "3= strongly agree" was used to assess respondents' knowledge.

Data collection was performed by distribution of the Questionnaire at the beginning of the training course directly (pre-test), then similarly the same questionnaire was distributed to the participants at the end of the course (post -test).

Data entry and Statistical analysis

Collected data were entered in to Excel sheet, after data cleaning process, data were entered in to SPSS-V21 (statistical package for social science-Version 21).

At the beginning, descriptive analysis (frequencies and percentages) was performed for the demographic and charters of patient rights. Chi square test, t test, and F test (Analysis of variance) were used to find association and significant differences between studied

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variables. Also mean difference was calculated to find improvement in the knowledge toward patient rights in between the pre and post- test evaluation.

A P-value of <0.05 was considered to be statistically significant.

RESULTS

The review of the demographic variables indicated that the majority of the participants were from Sulaimani governorate (66.3%), 53.2% were females, more than 51% with age group 30-39 years (mean age of 33.31 ± 8.3. Most of them (58.5%) had Diploma degree (Graduating from institutes). In the term of residency, majority of participants (47.5%) were resident inside city center. (Table 1).

Table 2 explores that generally highest percentages of weakly agreement to the main charters of patient rights were reported among participants just before starting training (Pre-training status). After conducting the training course, the percentages of weak agreement generally was declined, with the dramatic increase in the percentages of strongly agreement expression by the participant in the nearly all charters of patient rights. The improvement in the knowledge of patient right charters by the effect of training courses were statistically highly significant nearly among all charters (P values=0.001 or <0.001).

The percentage of strongly agreement toward the sum of all patient right charters was changes from 36% percentages at pre training status to the 71% after performing of training, these improvement in the percentage of knowledge was statistically highly significant(P values=<0.001). (Figure 1).

The larger score improvement in the knowledge regarding patient right charters after performing training courses was reported among medical assistant specialty than the other (mean=±3.0±1.9), this difference was statistically significant (P value=0.03), while there were not any significant differences in the total score knowledge improvement in between pre and post training status toward patient right charters in relation to the other studied socio-demographic characteristics (P values >0.05). (Table 3)

Also the table 4 findings of the study explained that the lack of knowledge about patients' rights at pretest evaluation status in general was prominently reported among para medical staffs and nurses that were graduated from institutes (Diploma degree) than Nurses, Doctors, Pharmacists, Dentists that were graduating from colleges (Strongly agreement rates were 27.5%, 46.3%, and 47.2% of them respectively).

Table 1. Socio demographic characteristics of studied participants.

Socio-demographic characteristics	Frequency	Percent
Age groups		
20-29	129	29.3
30-39	228	51.7
More than 39	84	19.0
Total	441	100.0
Gender		
Male	205	46.8
Female	233	53.2
Total	438	100.0
Governorates		
Sulaimaniya	277	66.3
Erbil	141	33.7
Total	418	100.0
Specialty		
Nursing college	41	9.3
Institute	258	58.5
Doctors, Pharmacists, and Dentists	142	32.2
Total	441	100.0
Residency		
City center	210	47.5
District	139	31.4
Sub-district and rural areas	93	21.0
Total	442	100.0

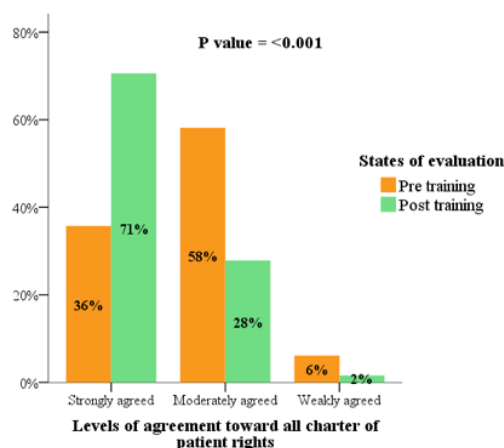


Figure 1. Change (Improvement) in the knowledge of patient right charters collectively in the pre and post training status.

Table 2. Improvement (change) in the ratio of knowledge of participants toward charters of patient rights after conducting training.

Charters of patient rights	Levels of agreement	Training status evaluation		P values
		pre training N(%)	Post training N(%)	
Right to receive essential information about health care providers, cost of health services.	Strongly agreed	252(40.7)	367(59.3)	<0.001
	Moderately agreed	171(72.5)	65(27.5)	
	Weakly agreed	19(65.5)	10(34.5)	
Right to give informed consent for participation in educational and research activities.	Strongly agreed	229(40.6)	335(59.4)	<0.001
	Moderately agreed	178(65.2)	95(34.8)	
	Weakly agreed	35(77.8)	10(22.2)	
Right to receive respectful and quick treatment and care regardless of cultural, religious and racial factors.	Strongly agreed	390(48.1)	420(51.9)	0.001
	Moderately agreed	47(70.1)	20(29.9)	
	Weakly agreed	5(83.3)	1(16.7)	
Right to recognize the admission location and the health care staff.	Strongly agreed	318(46.6)	364(53.4)	<0.001
	Moderately agreed	107(59.4)	73(40.6)	
	Weakly agreed	17(77.3)	5(22.7)	
Right to access to the health care team during hospitalization, transmission and discharge.	Strongly agreed	282(46.1)	330(53.9)	0.001
	Moderately agreed	132(57.9)	96(42.1)	
	Weakly agreed	28(65.1)	15(34.9)	
Right to know essential information about the diagnosis, treatment and disease progression process.	Strongly agreed	293(45.4)	353(54.6)	<0.001
	Moderately agreed	118(59.6)	80(40.4)	
	Weakly agreed	31(77.5)	9(22.5)	
Right to know about the probable complications, treatment options and participate in the ultimate treatment choosing.	Strongly agreed	174(38.8)	274(61.2)	0.001
	Moderately agreed	182(57.2)	136(42.8)	
	Weakly agreed	86(72.9)	32(27.1)	
Right to make a decision about the presence of those who are not directly involved in the treatment process.	Strongly agreed	183(41.5)	258(58.5)	<0.001
	Moderately agreed	158(54.1)	134(45.9)	
	Weakly agreed	101(66.9)	50(33.1)	
Right to announce personal satisfaction from ending the treatment and referring to other centers	Strongly agreed	223(41.3)	317(58.7)	<0.001
	Moderately agreed	160(61.3)	101(38.7)	
	Weakly agreed	59(71.1)	24(28.9)	
Right to preserve privacy and being ensured about confidentiality of all of the medical information	Strongly agreed	373(48.8)	391(51.2)	0.033
	Moderately agreed	54(54.5)	45(45.5)	
	Weakly agreed	15(71.4)	6(28.6)	

Table 3. Improvement (change) in patient right knowledge scores after conducting training in relation with Socio-demographic characteristics.

Socio-demographic characteristics	Knowledge improvement scores Mean ± S.D	P values
Age groups		
20-29	2.4±1.3	0.617
30-39	2.5±1.9	
More than 39	2.9±2.0	
Gender		
Male	2.5±2.0	0.724
Female	2.6±1.5	
Governorates		
Slemani	2.7±1.7	0.881
Erbil	2.6±1.6	
Specialties		
Nursing colleges	1.6±0.3	0.039
Medical assistants	3.0±1.9	
Doctors, Pharmacists, and Dentists	2.0±1.3	
Residency		
City center	2.6±1.7	0.511
District	2.2±1.2	
Sub-district and rural areas	3.0±2.1	

Table 4. Association between Socio-demographic characteristics and Levels of agreement toward general patient rights charters at pre training status.

Socio-demographic characteristics	Levels of agreement toward general patient rights			P values
	Strongly agreed N(%)	Moderately agreed N(%)	Weakly agreed N(%)	
Governorates				
Slemani	104(37.5)	154(55.6)	19(6.9)	0.124
Hawler	41(29.1)	93(66.0)	7(5.0)	
Gender				
Male	80(39.0)	109(53.2)	16(7.8)	0.134
Female	78(33.5)	144(61.8)	11(4.7)	
Specialty				
Nursing college	19(46.3)	21(51.2)	1(2.4)	0.001
Institute	71(27.5)	165(64.0)	22(8.5)	
Doctors, Pharmacists, and Dentists	67(47.2)	71(50.0)	4(2.8)	
Residency				
City center	71(33.8)	129(61.4)	10(4.8)	0.016
District	56(40.3)	68(48.9)	15(10.8)	
Sub-district and rural areas	31(33.3)	60(64.5)	2(2.2)	
Age groups				
20-29	44(34.1)	81(62.8)	4(3.1)	0.341
30-39	82(36.0)	131(57.5)	15(6.6)	
More than 39	31(36.9)	45(53.6)	8(9.5)	

DISCUSSION

Patient rights are regarded as a main factor for providing necessary services and cares for patients (service users). It is important that today all around the world human resources of healthcare currently are focusing more on this issue. Promoting patients' rights is a multidimensional issue and in order to achieve it, comprehensive efforts should be done⁽¹¹⁻¹³⁾.

The finding of this study showed that generally there are a prominent gap and weakness in the level of knowledge about patient rights charters and items totally at the time of pre training status (strong agreement was reported among only 31% of participants), also weakly and moderately agreement were reported among each item of patient rights at the level of pre-training status, this finding are not similar (lower than) with the findings were reported from other studies in other country like Iran, Malasia, and Litwania⁽¹⁴⁻¹⁶⁾. This great gap may be the outcome of the following explanation; firstly, lack of the law to support patient rights. Second, national patient right charters are not available. Third, weakness in the roles of the health regulating agencies those are responsible for organizing and directing human resources of health. Fourth, not clear focusing on this issue at the level of academic institutions and the graduating curriculum at the level of medical colleges. Finally, also there is an obvious non-education among population in general and health service users in specific toward their rights and responsibilities at the levels of health organizations.

Other important finding in this study is that, training courses were regarded as an effective techniques and mechanism to improve the knowledge of health care providers toward patient right charters. At pre-training assessment only 36% of strongly agreement levels toward patient right charters generally, while this percentage was improved in to 71% at post training assessment with highly significant association.

Also the findings of the study explained that the lack of knowledge about patients' rights at pretest evaluation status in general was prominently reported among para medical staffs and nurses that were graduated from institutes (Diploma degree) than Nurses, Doctors, Pharmacists, Dentists that were graduating from colleges (Strongly agreement rates were 27.5%, 46.3%, and 47.2% of them respectively). Factors behind this finding were multifactorial, lack of necessary accessibilities and references in local (Kurdish

language) about patient rights at the time that majority of them did not know English language. Weakness in the curriculum of health institution toward patients' rights, lack of positive understanding toward the importance of patient rights in health organization, also these group of health professionals were not included in the most of training courses.

Conclusion

The finding of this study showed that generally there are a prominent gap and weakness in the level of knowledge about patient rights charters among health care providers, training courses were regarded as an effective techniques and mechanism to improve the knowledge of health care providers toward patient right charters. The lack of knowledge about patients' rights at pretest evaluation status in general was prominently reported among para medical staffs and nurses than the other heath workforces.

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