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Awareness and Observance of Patients' Rights in Radiology Departments: Perspectives of Patients and Staff

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Abstract

Background and Aims: Patient rights awareness are fundamental to ethical healthcare, yet compliance levels vary significantly across medical departments, including radiology. The present study aims to evaluate the awareness of patients regarding their rights and the observance of patients' rights from the perspectives of patients and staff in radiology departments of hospitals affiliated to Kashan University of Medical Sciences (Kashan, Iran).

Methods: The present study is a descriptive cross-sectional study conducted in 2017. A total of 39 radiology department staff and 144 patients were selected based on census and random quota sampling, respectively. The data were collected using 4 questionnaires —two on awareness of the patients' rights charter and two on observance of patients' rights— tailored for staff and patients. The data were analyzed by descriptive and analytical statistics.

Results: The awareness of patients and staff regarding the patients' rights charter was 62.67±1.91% and 37.96±2.65%, respectively. A significant correlation was found between patients' level of awareness and their economic status ($p<0.05$) and education level ($p<0.05$). The overall observance of all the evaluated items, measured on a 5-point Likert scale, was 3.04±0.28 (60.8%) from the patients' point of view and 4.00±0.22 (80.0%) from the staff's point of view.

Conclusion: The results show that awareness of patients' rights was at a moderate level for both groups; however, a striking finding was that staff awareness was significantly lower than patient awareness. Furthermore, the level of observance of patients' rights was evaluated to be low from the patients' point of view and moderate from the staff's point of view.

Keywords: Patient Rights, Awareness, Observance, Radiology Department, Hospital Staff.

1. Introduction

To present health care in an ethical framework, it is necessary to adhere to patients' rights as outlined in official charters. The purpose of the charter of patients' rights is to defend the rights of the individual, to preserve their dignity and respect, and to ensure that their life is protected in the event of illness, especially in medical emergencies, without discrimination based on ethnicity, age, sex, or economic status.[1] Hospitals, as one of the most important sites for the provision of health care services, including both outpatient and hospitalization services, should provide adequate conditions for preserving patient dignity and respect, and for the recognition and observance of their rights by themselves, their families, and the care team. Furthermore, attention to patients' rights is one of the key criteria for evaluating the quality of health care services and is of paramount importance.[2-4]

The quality and efficiency of health care services are related to patient satisfaction,[5-6] loyalty,[6] and the efficiency and profitability of the health care organization.[7] Awareness and observance of the patients' rights charter leads to an optimized relationship between

patients and health service providers, and therefore to an enhancement of patient satisfaction.[8,9] On the other hand, a lack of attention to observance of these rights causes distrust in health care providers and may lead to irreparable events and legal prosecution.[10] Observance of these rights is only possible when both health care providers and patients are aware of their rights and there are no obstacles to the implementation of this legislation. However, various studies show that not only are most patients and their attendants unaware of the patients' rights charter, but so are many healthcare providers.[8,11-14] Studies on the level of observance of patients' rights indicate that it is weak or moderate in most Iranian hospitals.[15-17] Different factors affect the level of awareness and observance of patients' rights. The study by Agrawal et al.,[18] found that the level of patients' awareness about their rights is related to their age, sex, education level and place of residence, highlighting that it is essential to take appropriate actions to enhance patients' and staff awareness.[18]

It is obvious that observance of these rights is necessary for all departments of a healthcare center, including the radiology department, which is one of the main units of a hospital. Additionally, the radiology department, by using new diagnostic modalities and complex equipment, requires attention to other ethical and legal aspects of patient care, including radiation protection against ionizing radiation.[19] On the other hand, as health care has become more industrialized, it is necessary to follow strategies to increase the revenue of hospitals; in this context, a radiology department is a paraclinical unit that also accepts outpatients, and thus can significantly contribute to hospital revenue through the observance of patients' rights and enhanced patient satisfaction.

Previous studies in this field have often evaluated only one of the aspects of "observance" or "awareness" of patients' rights in a general healthcare setting. To the best of our knowledge, an evaluation of both awareness and observance of the patients' rights charter, from the perspectives of both patients and staff, specifically in radiology departments, has not yet been conducted. Therefore, due to the importance of these aspects, the present study aims to evaluate the level of awareness and observance of patients' rights from the perspectives of both patients and staff in the radiology departments of hospitals affiliated to Kashan University of Medical Sciences, Kashan, Iran.

2. Methods

The present study is a cross-sectional descriptive study that was performed on patients referred to radiology departments and the staff of these departments in hospitals affiliated with Kashan University of Medical Sciences, including Shahid Beheshti, Naghavi, Shabih Khani, and Seyed-o-Shohada hospitals in 2017. The number of staff employed in the radiology departments of these four hospitals was 39 individuals, and all of them were included in the study via a census sampling method. The sampling of patients was conducted using random quota sampling, with a calculated sample size of 144 patients. This calculation was based on a statistical formula assuming a 95% confidence level ($Z = 1.96$), an expected proportion of 50% ($p = 0.5$), and a margin of error of 5% ($d = 0.05$).

The inclusion criteria for staff were: having at least one year of work experience in the respective hospital and an academic degree. For patients, the inclusion criteria were: voluntary participation in the study and having at least one prior visit to the respective department. The participants were permitted to withdraw from the study at any stage. Furthermore, those patients who lacked the ability to respond were excluded from the study.

Based on a review of the literature and similar studies, as well as the Iranian patients' rights charter (developed by the Ministry of Health and Medical Education), four questionnaires were designed by the authors with the titles: "Awareness of the patients' rights charter (for patients)", "Awareness of the patients' rights charter (for staff)", "Observance of patients' rights in the radiology department (from patients' point of view)", and "Observance of patients' rights in the radiology department (from staff's point of view)". (The questionnaires are available as supplementary material). To evaluate the validity of the instruments, face and content validity methods were used. For this purpose, the prepared questionnaires were submitted to a number of academic faculty members from the radiology department,

who were asked to assess the face validity of the questionnaires by comparison with the patients' rights charter; their suggested corrections were then incorporated. The test-retest method was used to evaluate the reliability of the instruments, and for evaluation of the internal reliability, Cronbach's alpha test was used. The correlation coefficient between the two tests was r=0.84, and the Cronbach's alpha coefficient for all the questionnaires was higher than 0.75. The two questionnaires assessing awareness among patients and staff contained 10 items; a score of 10 was allocated to each correct answer and a score of zero to an incorrect answer, allowing for the conversion of the total score to a percentage. Therefore, the score in these two questionnaires ranged from 0 to 100%. The questionnaires related to the observance of patients' rights charter from staff's and patients' points of view contained 25 questions with a Likert scale response in which the "never" answer was equal to "1" and "always" answer was equal to "5". The questionnaires covered four domains including: "receiving adequate services with complete respect", "receiving information about the procedure of performance of diagnostic radiology techniques", "preservation of privacy and confidentiality of information", and "access to an adequate complaint handling system". For these questionnaires, average scores less than 1.66 were considered as "weak", 1.67-3.33 as "moderate", and those higher than 3.33 as "good" observance. Furthermore, for percentage scores, those less than 33% were considered as "weak", 33%-66% as "moderate" and those higher than 66% as "good" observance.

Statistical analysis

The continuous variables were expressed as the mean ± SD, and the categorical variables were presented as a percentage and frequency. Analytical statistics, including Chi-square, Kruskal-Wallis, and ANOVA tests, were applied to examine relationships between variables. All statistical analyses were performed with SPSS (version 16.0, SPSS Inc, Chicago, IL, USA). A "P-value" less than 0.05 was considered significant.

Ethical considerations

After obtaining the necessary permissions from Kashan University of Medical Sciences, including ethical approval from the University Ethics Committee (Reference number: IR.KAUMS.REC.1394.16), and coordinating with the authorities of the radiology departments, the researchers visited the hospitals during morning and evening shifts on different working days. The questionnaires were distributed to the staff and collected after completion. Regarding the patients, the questionnaires were administered after patients exited the radiography room. The university license was presented, and the aim of the study was explained to obtain informed consent. Questionnaires were only given to patients who agreed to participate in the study and were collected upon completion.

3. Results

As shown in Table-1, most of the patients who participated in the study were women (73, 50.3%) with a mean age of 38.4±13.2 years, and almost half (69, 47.6%) had an education level of diploma or below. Additionally, most of the staff who participated in the study were women (24, 61.54%), and the majority (29, 74.36%) held an undergraduate degree and had less than 5 years of work experience.

The findings from the evaluation of awareness among patients and staff indicate that their awareness regarding the patients' rights charter was 62.67% and 37.96%, respectively. Both these levels are considered moderate based on the predefined scoring criteria. An analysis of the relation between patients' level of awareness and their demographic information showed significant relationships with economic condition ($p<0.05$) and education level ($p<0.05$). Specifically, the average awareness score for patients with good and weak economic conditions were 73.73% and 53.70%, respectively. The value for illiterate patients was lower than for the other groups, at 45.71%.

Based on the perspectives of patients, "receiving adequate services with complete respect" with an average of 3.54±0.52 (Good) had the highest level of observance of patients' rights, and "preservation of privacy and confidentiality of information" with an average of 1.86±0.76 (Moderate) had the lowest level of observance [Table 1].

Based on the perspectives of staff, among the evaluated domains, "preservation of privacy and confidentiality of information" with an average of 4.28±0.79 (Good) had the highest level of observance, and "access to an adequate system of complaint handling" with an average of 3.66±0.66 (Good) had the lowest level of observance [Table-2].

A significant relationship was found between the observance of patients' rights in the domain of privacy and confidentiality and the education level of patients ($p<0.05$). Interestingly, the average score of observance reported by illiterate patients (3.14±0.37) was higher than that reported by the other groups.

The relationship between the observance of patients' rights charter and the employment status of patients was also significant ($p<0.05$). Specifically, unemployed patients reported a significantly lower observance score (2.83±0.40) for the "access to an adequate system of complaint handling" domain.

The comparison between the level of observance of patients' rights charter from staff's and patients' points of view revealed a significant difference between these two groups for all domains ($p<0.05$), with patients consistently reporting lower levels of observance than staff. As shown in Figure 1, the largest difference between staff and patient perspectives was for the "preservation of privacy and confidentiality of information" domain.

Table 1. The level of observance of patients' rights charter from the patients' point of view.

The item based on patients' right charter	Forever	Often	Sometimes	Seldom	Never	Mean ± SD	Qualitative Assessment
Receiving adequate services with respect	1 (0.7)	78 (53.8)	65 (44.8)	1 (0.7)	0 (0)	3.54±0.52	Good
Receiving information about the procedure	1 (0.7)	26 (17.9)	74 (51.0)	41 (28.3)	3 (2.1)	2.86±0.74	Moderate
Preservation of privacy and confidentiality	0 (0)	4 (2.8)	21 (14.5)	71 (49.0)	49 (33.8)	1.86±0.76	Moderate
Access to a complaint handling system	2 (1.4)	8 (5.5)	117 (80.7)	13 (9.0)	5 (3.4)	2.92±0.57	Moderate

Table 2. The level of observance of patients' rights charter from the staff's point of view.

The item based on patients' right charter	Forever	Often	Sometimes	Seldom	Never	Mean ± SD	Qualitative Assessment
Receiving adequate services with respect	3 (7.7)	34 (87.2)	2 (5.1)	0 (0)	0 (0)	4.02±0.36	Good
Receiving information about the procedure	5 (12.8)	29 (74.4)	4 (10.3)	1 (2.6)	0 (0)	3.97±0.58	Good
Preservation of privacy and confidentiality	17 (43.6)	18 (46.2)	2 (5.1)	2 (5.1)	0 (0)	4.28±0.79	Good
Access to a complaint handling system	4 (10.3)	18 (46.2)	17 (43.6)	0 (0)	0 (0)	3.66±0.66	Good

4. Discussion

In this study, the level of awareness of patients and staff regarding the patients' rights charter and the level of observance of these rights were evaluated. The results show that, contrary to what might be expected, staff had significantly lower awareness of the charter than patients. The level of awareness among patients was correlated with their economic condition and education level. From the patients' point of view, the highest and lowest levels of observance were associated with "receiving information about the procedure of performance of diagnostic radiology techniques" and "preservation of privacy and confidentiality of information", respectively. Notably, for all domains, the level of observance rated by patients was significantly lower than that rated by staff. From the staff's point of view, the lowest level of observance was related to "access to an adequate system of complaint handling", though they still rated it as "Good". This domain consistently received the lowest scores from both perspectives.

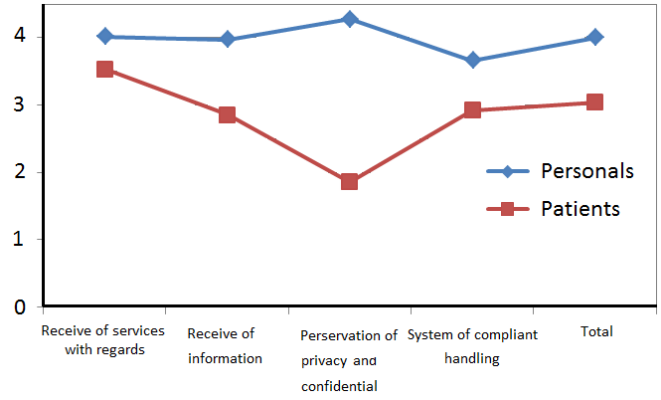

Figure 1. Comparison of the level of observance of patients' rights charter from staff and patients' points of view. The figure shows the mean observance scores for each domain. Error bars represent standard deviation. The largest discrepancy in perception between staff and patients is evident in the "Preservation of privacy and confidentiality" domain.

The finding of relatively low staff awareness is a central and striking result of this study. This aligns with similar studies indicating generally weak awareness of rights among patients. For instance, Alghanim et al.,[20] reported that more than three-quarters of patients and one-quarter of health service providers were unaware of the "patients' rights charter"; even among those aware of its existence, knowledge was poor in three-quarters of patients and half of providers. The study by Iltanen et al.,[21] on self-evaluation of physicians and nurses also found that half felt they had low knowledge about patient rights. Most studies in this field, including those from advanced countries, indicate a relatively low awareness level among both patients and health service providers.[8,11-14] However, contrary to our findings, the research by Hooshmand et al.,[22] reported that 95% of nurses in Tehran educational hospitals had high awareness levels. Additionally, Yousuf et al. [23] found that 90% of hospitalized patients were informed about their rights. The study by Habib et al.,[24] confirmed that awareness levels are related to education level, family income, and age. Interestingly, Kalroozi et al.,[25] found that patients with lower education levels reported higher satisfaction with service quality, which may suggest lower expectations. Conversely, a study in Gonabad found no significant difference in awareness across education levels.[26] Generally, it is expected that higher education levels correlate with greater knowledge of individual and social rights, including patient rights. Similarly, individuals with better economic standing may be more proactive in pursuing their rights. Therefore, it is necessary for policymakers, hospitals, and public media to collaborate on strategies for public education. Ultimately, if a patient is unaware of their rights, they cannot demand their observance. It is suggested that hospitals enhance awareness through educational courses, pamphlets, booklets, and information boards. Furthermore, policies should be implemented to ensure staff proactively provide information to patients. The qualitative study by Joolaee et al.,[27] highlighted this need, finding that health service providers often believed that patients' rights are only observed upon patient demand and that providers themselves were not responsible for their observance. This attitude emphasizes the necessity of cultural change within healthcare organizations.

Another key finding is the moderate level of observance of patients' rights from the patients' perspective, with "preservation of privacy and confidentiality" and "access to a complaint handling system" receiving the lowest scores. Amini et al.,[28] also reported that access to a complaint system was weak and had the lowest average score. Similarly, Badsar et al.,[29] found the "right to protest" was a major dissatisfaction, with only 22.49% observance. Rangraz Jeddi et al.,[30] implied that while 80% of patients knew about their procedures, only 25% felt their complaints about costs were handled properly. Other studies in Iran have also reported low to moderate observance of patients' rights.[31-32] In contrast, a study in Turkey found patient privacy was observed in 86.1% of cases.[33] Walker[34] argues that health services lacking adequate organization and inter-departmental cooperation will fail to earn patient trust, even if clinically efficient. Therefore, healthcare authorities have a responsibility, based on professional ethics and a duty to ensure quality, to coordinate with all personnel involved in patient care. Mutual cooperation among staff is the best method for upholding patients' rights, as it enables the provision of the best and most efficient health services through coordinated effort.[35]

Based on these findings, several recommendations can be

made. The physical spaces in radiology departments should be (re)designed to ensure patient privacy. Radiation protection tools must be provided and their use encouraged for all patients. Clear procedures for submitting suggestions and complaints should be established. Beyond providing pamphlets, explanations tailored to patients with lower education levels should be offered regarding procedures and their outcomes (e.g., exposure to radiation). Crucially, based on the critical finding of low staff awareness, we strongly recommend the implementation of mandatory, regular training workshops on the Patients' Rights Charter for all radiology department staff, integrated into continuous professional development programs. Periodic interviews to assess patient needs and audits to supervise compliance with patient rights policies would be useful, and feedback from these should be provided to staff.

5. Conclusions

The findings of the present study indicate that awareness of patients' rights was at a moderate level for both radiology staff and patients; however, the awareness level among staff was significantly lower than among patients. This highlights a critical gap and emphasizes the necessity for targeted training programs for healthcare personnel. On the other hand, the level of observance of patients' rights was low from the patients' point of view and moderate from the staff's point of view, indicating a significant perceptual gap where staff evaluate their service quality more favorably than patients do. Therefore, improving observance of patients' rights requires not only adequate transfer of feedback from patients to staff but also structured interventions, such as mandatory training, to align staff perceptions and practices with patient expectations and rights standards.

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Competing interests

The authors declare that they have no competing interests.

Abbreviations

Standard Deviation: SD.

Authors' contributions

A.A. & B.F.: Conceptualization, Data curation, Writing-review & editing, Project administration & Supervision. M.Gh., Z.M. & S.Z.: Investigation, Methodology, Software, Formal analysis, Writing-original draft. All authors read and approved the final manuscript. All authors take responsibility for the integrity of the data and the accuracy of the data analysis.

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Availability of data and materials

The data used in this study are available from the corresponding author on request.

Ethics approval and consent to participate

The study was conducted in accordance with the Declaration of Helsinki. The original protocol of this study was approved by the Ethics committee of Kashan University of Medical Sciences (Ethical Code: IR.KAUMS.REC.1394.16).

Consent for publication

By submitting this document, the authors declare their consent for the final accepted version of the manuscript to be considered for publication.

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