AN IRANIAN PERSPECTIVE ON PATIENTS’ RIGHTS

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The aim of this phenomenological research study carried out in Iran was to capture the meaning of patients’ rights from the lived experiences of patients and their companions. To achieve this, 12 semistructured interviews were conducted during 2005 in a teaching hospital in Tehran with patients and/or their companions. In addition, extensive field notes were compiled during the interviews. The data were analyzed using Benner’s thematic analysis. The themes captured were classified into three main categories, with certain themes identified within each category. The categories were: (1) the concept of patients’ rights; (2) barriers to patients’ rights; and (3) facilitators of patients’ rights. The distinctive themes within each of the categories were identified as: (1a) receiving real care, (1b) focus on the patient, and (1c) equality and accessibility; (2a) dissatisfaction with caregivers, and (2b) specific work environment limitations; (3a) the patient’s companion, (3b) a responsible system, and (3c) the public’s awareness of rights. Although certain themes identified in this study closely resemble those identified in international patients’ bills of rights, the current study focused on themes that are particularly relevant to the Iranian sociocultural context.

Introduction

Although patients’ rights are increasingly emphasized around the world, in Iran this is still an ambiguous concept for health care providers and patients alike. Although a number of countries have formulated bills of patients’ rights, research findings from the European region of the World Health Organization (WHO) indicated that it was far more significant to consider the prevailing conditions within the country in question than whether or not an approved patients’ bill existed.1 Research into patients’ rights in Iran has been conducted primarily from a quantitative perspective; qualitative research in this field still remains an under-utilized approach. The current research forms the first component of a comprehensive qualitative study of patients’ rights encompassing all stakeholders’ perspectives. The aim of this study is to highlight
patients’ and their families’ understanding of patients’ rights in a large teaching hospital in Tehran through the narratives of their lived experiences.

The detailed work plan, including its method and ethical considerations, were approved by the Nursing Faculty Research Group and the Ethics Committee of Tehran University of Medical Sciences.

**Iran and its health care system**

Iran is an ancient country representing more than 2500 years of civilization. The population of Iran is about 68 million and more than 95% are Muslim. Medicine in Iran dates back almost to the dawn of civilization. Ancient Iranian medicine had inseparable ties with Zoroastrianism. After Islamic dominance, it entered a new stage of development. Two of the greatest Iranian Muslim learned men, Ibn Sinna known as Avicenna (979–1037 CE) and Abu Greyhen Birooni (973–1050 CE), are considered to have been responsible for a turning point in the evolution of medicine in Iran and further afield. As all Islamic principles are full of ethical and moral recommendations, Persian medical scientists have always had a strong commitment to such concepts.

The Islamic Republic of Iran’s health care system is managed primarily by the government. Nearly 65% of all hospital beds are run by medical universities. Another 15% of beds belong to government insurance companies. A number of essential health care resources, especially those related to hospital services, are subsidized. In 1984 a countrywide network for the delivery of primary health care was established with the aid of the WHO. This system now delivers up to 70% of the health care services to rural populations and 40% to urban populations. More advanced services, such as complex therapeutic and diagnostic procedures, are not covered by this program; these are provided in a variety of hospitals (public, private or semiprivate). The quality of health care services and social access to them are affected by shortfalls in government income.

The health care structure in Iran is based on primary health care. The regulations and structure are intended to give easy access to health care services for all people, to harmonize the relative proportions of services and personnel, to cut the expenses of these services, and to establish a referral system for health care.

**Patients’ rights**

Respect for human beings is important in Iranian Islamic culture; it is therefore perhaps surprising that the concept of patients’ rights has not been considered until recently. The first centre for medical ethics research in Iran was established in 1994 within the Ministry of Health. This centre has actively published books and journals and encouraged conferences and seminars on the topic of patients’ rights.

The Iranian Ministry of Health published a patients’ bill of rights in 2002 (Appendix 1), but it is not yet clear how this should or could relate to the provision of services offered by the health care system.

The bill is an amalgamation of western versions of such bills and is not completely based on the Iranian sociocultural context. Neither patients nor health care providers were involved in its compilation. A copy of the bill is displayed on all wards or is...
available at nurses’ stations, but, on the whole, patients are not fully aware of their rights and there is no guarantee that the bill is followed in practice. Patients intuitively know when something is wrong, but as they are not systematically informed about their rights, they may equate their rights with their needs.

According to the 29th principle of the Islamic Republic of Iran’s constitution, social welfare and receiving health and treatment services are the right of all people regardless of their cultural, religious, political and economic background, and the government has the responsibility to provide these services, using public income in addition to citizens’ participation. There are some barriers to achieving such an ideal situation. It is therefore not surprising that patients’ rights appear as an unidentified concept that confuses people when they are confronted with the health care delivery system.

It appears that extensive research and public education campaigns are needed if the bill is to acquire the fundamental position it deserves in society. Since the responsibility of patients’ rights advocacy is not clearly identified in the health care delivery system, if some health care providers observe these rights this is as a direct result of individual commitment rather than established rules and regulations. There are no non-governmental organizations or consumer groups for monitoring patients’ rights. Patients who encounter any inappropriate practice have no easy access to mechanisms for seeking compensational redress. Patients and their relatives usually lack information and therefore feel unsupported when facing physicians and other health care providers and health institutions.

**Patients’ companions**

The practice of having a ‘patient’s companion’ is important in the context of Iran’s health care delivery system. All patients admitted to hospital are expected to have a companion, usually a member of their family or a friend, present with them for the duration of their stay. He or she is not merely company for the patient, but is expected to undertake a significant part of the patient’s daily care. Jouybari et al. call these companions the ‘patients’ unknown comforters’. A patient’s companion is the most responsible person for protecting patients’ rights in Iran and patients are allowed to have their companion with them because many of their needs are met by these people. However, their presence may also cause problems for staff, but the staff know that the advantages of their presence outweigh the disadvantages.

**The nursing situation**

Iran’s National Health Service employs approximately 70,000 nursing personnel (including operating room technicians), who provide nursing care in general and specialty hospitals. Although the population of qualified nurses in Iran is approximately 120,000, many nurses are unemployed because of government recruitment policies in the last decade. Consequently, like many other countries, Iran is faced with a nurse shortage. This leads nurses to work more than their required 192 hours per month, potentially adding 150 hours of overtime in some parts of the country. Most nurses are employed in hospitals where they have to carry out a variety of tasks, which does not enable them to be committed carers. All curative health services are provided
in hospitals and there is little provision for systematic medical and nursing care at home. The role of a public health nurse is not meaningful in such a context. It is notable that the education and practice of Iranian nurses is exactly according to international standards, but it is only in some government and private hospitals that they can work to these high standards.

In line with global developments in nurse education, postgraduate programs (e.g., MSN and PhD) have expanded, the main goal being to prepare nurses for faculty roles. Nurses have been educated in specialties such as medical-surgical, psychiatry, community health, pediatrics and management, but even so their roles are still not clearly defined. Thus, many of the graduates of MSN and PhD programs lean towards nursing education rather than nursing practice.

**Literature review**

Prior to starting our study we undertook a comprehensive search of the literature. However, here we present only a short overview of a few Iranian studies on patients’ rights. Our rationale for this is a finding of a WHO joint consultation that it is important to consider the prevailing conditions within the country in order to understand our findings.

In a descriptive study carried out in Tehran by Joolaee and Mehrdad, 90 inpatients were selected to evaluate their awareness of their rights as formulated by the current patients’ rights bill. The questionnaire consisted of 24 sentences formulated on the Iranian bill of rights. Overall, 73% of the respondents were found to have an average awareness of their rights, with an equal proportion of just over 13% having either less or more than average awareness. The researchers suggested that one factor contributing to the low level of awareness could be that patients had not been involved in compiling the bill. Nasiriani et al. studied the correlation between nurses’ awareness of patients’ rights and whether these rights were being met in practice. A total of 280 nurse informants were studied in Yazd province in Central Iran. These nurses had sufficient awareness of patients’ rights (57%) but only 2% of them reported observing these rights in actual practice. The findings also showed that there was a positive correlation between years of service and these nurses’ awareness of patients’ rights, and whether or not these rights were observed. Seid-Rasouli and Yazdani-Zabooz completed a study of patients’ perception of their rights and whether or not these rights had been met in a number of teaching hospitals in the city of Tabriz in the north east of Iran. They concluded that the majority of the informants believed that their rights as patients had not been observed. They reported deficiencies such as lack of information regarding their diagnosis, no involvement in their choice of treatment and no information about the possible side effects. The participants also complained that the medical team did not attend to their basic needs. Emami-Razavi and Asadi conducted a descriptive study regarding patients’ satisfaction that their rights were being observed in emergency wards in a teaching hospital in Tehran. They used a WHO questionnaire to measure patient and staff awareness of patients’ rights. More than half the patients (58%) were completely unaware of their rights. These authors found that, the more aware patients were of their rights, the more these rights were observed by doctors. Another study describing patients’ awareness of their rights was conducted by Najafi-Pour et al. A questionnaire was administered to 100 inpatients in
two hospitals in Jahrom, a city near the Persian Gulf. The majority of the participants believed that being informed about their diagnosis and treatment is their essential right as patients. Only 15% were aware of all their rights. There was a statistically significant difference between the extent of the patients’ awareness of their rights and their level of education.

Method

This study was conducted using a phenomenological approach, the aim of which is to describe and understand the lived experiences of individuals. The result of phenomenological inquiry reveals meaning embedded in experience.17

The main research question was: What is the meaning of patient rights from the perspective of the patient and/or the patient’s companion? The participants were given a chance to describe patients’ rights in their own words, from their own unique perspective and based on their lived experiences.

Informants

A purposive sample of eight patients and four companions were interviewed. These informants were selected from hospitalized patients in general wards of a central teaching hospital in Tehran. The inclusion criteria were: age over 18 years, the ability to talk, and a willingness to participate. The participants were provided with information about the research and written consent was obtained.

The informants were three women and nine men aged between 22 and 67 years (mean 43). One had a university education, seven had completed secondary education and four had received incomplete secondary schooling. Five of the informants had previous experience of hospitalization but none had ever seen or were indeed aware of the existence of a patients’ bill of right.

Data collection

The patients’ and their companions’ perceptions of patients’ rights were elicited using semistructured interviews with probing questions. They were asked to respond to questions such as: What is the meaning of patients’ rights for you? What do you understand by the term patients’ rights? What is your own experience of having your or your relative’s patient rights respected? Can you describe a situation when you came across a violation of patients’ rights?

Each semistructured interview was audiotaped and transcriptions were analyzed to highlight the participants’ understanding of patients’ rights. Non-verbal reactions of the informants were also recorded in comprehensive field notes as an additional data source. The field notes contained the researchers’ observations on wards concerning staff interactions with patients and between themselves, in addition to recording general details about the wards. The interviews took 35–60 minutes and were conducted by the first author. Interviews were continued until no new themes emerged. Data saturation was obtained after 16 interviews with the 12 informants.
Data analysis

The data were processed using Benner’s\textsuperscript{21} thematic analysis. In this approach the whole understanding of the text is more important than separate paragraphs and metaphors. The interview text is read for a global understanding of the story. Topics, issues, concerns or events are then selected from a more detailed interpretation. A systematic moving from the parts back to the whole text allows the interpreter to check for incongruities, problems and unifying repeated concerns.

To achieve this, the researcher studied the transcribed texts thoroughly to acquire a general understanding of the issues raised. Subsequent data analysis involved identifying general themes and similarities between texts. The researcher then verified this understanding with the informants through complementary questions or further interviews. This was an opportunity to clarify any ambiguities by noting more detailed explanations subsequently offered by the informants. Finally, the emerging themes were classified as described in this article.

Data source and data gathering methods were triangulated. In addition, a member check for validation of interpretation and classification of the interviews was conducted. Credibility of the findings was established by other researchers independently analyzing portions of the data and then comparing the coded categories and interpretations.

Results

Three main categories emerged from the analysis:

- The concept of patients’ rights;
- Barriers to patients’ rights;
- Facilitators of patients’ rights.

Although some themes in these categories closely resembled those reported by international patients’ rights organizations and mentioned in bills of rights,\textsuperscript{22–24} the researchers’ main focus was on themes that were particularly relevant to Iran’s specific sociocultural context.

The concept of patients’ rights

Themes expressed by respondents in this category included the following:

- Receiving real care (sufficient and appropriate);
- Focus on the patient;
- Equality and accessibility.

Receiving real care

The informants raised the issue of sufficient and appropriate care as one of the essential patients’ rights. However, this must be viewed in the context of staff shortages which are self-evident on the wards. Patients view the provision of sufficient and appropriate care as their right, although they believe that nurses are fully aware of

Nursing Ethics 2006 13 (5)
the fact that they are falling short of providing acceptable levels of care, which is the
direct result of their heavy workload. They have not enough time to spend with
patients to provide individualized care.

The nurses insist that they are doing the best for you … Sometimes you wish that they
would stop for once and at least let you express your own idea. I know their heavy
workload too … (patient)

Focus on the patient
The patients in this study believed that nurses and other health care providers
are strongly task focused, that they do not provide real care and basically just
perform their jobs. The patients thought that their needs and concerns, and indeed the
patients themselves, were not the focus of care (if what nurses do can even be called
care).

No one comes over to ask how I am getting on, or talk to me, or listen to me about
planning a caring program. I know that the nurses have a lot of work to do, but while we
are here we place our trust (after God) in doctors and nurses. Just to feel that they are
seeing to us would mean that half of our problems would be solved. I don’t think just
giving an injection, a medication or listening through their stethoscope is providing real
care. To be able to provide ‘proper care’ it has to be heart-felt. In this type of job, just
performing your duties is not sufficient. (patient)

Sometimes patients and their families need only emotional support. They need
someone who can help them to cope with their actual health problem and to feel that
they are attended to or cared for with respect and empathy.

Valuing patients’ and relatives’ time was another theme described as patient’s rights
by the informants in this category. In almost all cases, the time and energy that is
wasted was raised in one form or another by the informants.

I have lost my regular life because of staying here to care for my patient. It is a long time
for me to be able to leave my job. (patient’s companion)

The researcher also witnessed a few cases of patients experiencing long delays
and frustrations. This is a part of one patient companion’s conversation with a staff
nurse:

It has been one whole week that my husband has been kept nil-by-mouth until midday
every day in the hope of having his operation in the afternoon. But on every occasion at
one o’clock in the afternoon we are informed that the operation could not go ahead and
has had to be postponed to the following day. How much time do we have to waste?
(patient’s companion)

To be informed about all treatments and caring procedures helps patients to be able
to choose and participate in the decision-making process. The patients themselves
recognized this as their right:

It’s my health. It’s my body, my soul. Why shouldn’t I know what they are doing to me?
(patient)

Equality and accessibility
The participants’ narratives showed that accessibility to essential facilities is very
important for them to feel that their rights are being observed. In addition, they believe
that their time is not valued by the health care delivery system.

Nursing Ethics 2006 13 (5)
While awaiting a surgical procedure, if we are discharged from the hospital, then the original date is cancelled and when we are admitted again we have to endure another long wait prior to the newly arranged operation date. If, on the other hand, we choose to discharge ourselves from the hospital (in consultation with the medical team), although the original date is kept open for us, the insurance company does not pay the cost incurred in this period. We are therefore liable to pay the hospital for this, which is charged at a ‘private’ rate. We are charged for a period over which we have not been staying in the hospital, nor have we been receiving any services from them. (patient)

Situations like this may create additional physical, psychological and economic problems. In the long term, patients, as well as society as a whole, come to trust the health care system less. This erosion of trust, in turn, gives rise to further circumstances, which, despite relentless efforts by doctors, nurses and other health care providers, tarnish the health care system’s reputation.

**Barriers to fulfilling patients’ rights**

Themes expressed by the informants regarding barriers to patients’ rights included:

- Dissatisfaction with caregivers (nurses and doctors);
- Specific work environment limitations.

**Dissatisfaction with caregivers**

Important barriers to the observation of patients’ rights are socio-economic and workload pressures. This makes nurses dissatisfied. They therefore cannot meet the patients’ physical, psychosocial and emotional needs, and are unable to provide holistic care.

Staff shortages, being busy and a lack of time are some of the subthemes showing the resulting degradation of nurses’ own rights; they consequently function as barriers to patients’ rights. This makes the meaning of patients’ rights unclear for the patients and leads them to distrust the health care delivery system. This calls for politicians to adopt a fundamental approach and to identify long-term solutions capable of meeting patients’ needs and rights.

I wish a nurse would at least attend to me when I have a specific request. It is my fundamental right to have someone see to my needs. But I expect to receive sufficient care and, when there is inadequate provision, they should let me make my own solution. (patient)

**Specific work environment limitations**

The work structural and relational environment is a barrier to the fulfillment of patients’ rights. Facility and equipment limitations, time constraints, and inappropriate hospital and ward structures are the subject of some of the participants’ statements on this theme.

Venturing out of hospital in order to obtain the necessary medications and/or equipment required for the care of the patient is a formidable task for a patient’s companion. In many cases, the patient has been referred to the hospital from the provinces and his or her companion is not familiar with the capital city. Additionally, the companion may have access to only limited funds. If such provisions were to be made available within the hospital compound, the main obstacle would only be finding sufficient money, rather than the added problem of undertaking long journeys.
in an unknown, crowded and busy city. A part of the researcher’s field notes can be used to illustrate this point. A patient’s companion arrives on the ward. The nurse addresses him:

Nurse: Where have you been? There are two new prescriptions here for your patient.
Companion: I have been here all the time and no one told me about these.
Nurse: I don’t know… What I am telling you is that these are your patient’s prescriptions.
Companion: Please tell me. Write it down for me. Whatever you need I’ll try to get, even though I don’t know this town, but I will ask for directions. Please tell me. I wish you had called me before.

Based on the incidents reported by the informants, it appears that, since government hospitals have been given operational autonomy in Iran, hospital patients’ rights have suffered a major setback. Companions now have to purchase a significant part of what patients require for their care while in hospital. This includes not only medications but also certain types of equipment and disposables, which are obtained either from different locations within the hospital or outside the compound. This is not only a source of major psychological pressure for patients and their families, it also has a negative and perhaps irreparably damaging impact on the social standing of the health care system in society.

Facilitators of patients’ rights

The themes expressed by the respondents regarding facilitators of patients’ rights were:

- Patient’s companion;
- A responsive system;
- Public awareness of right.

Patient’s companion

Having a companion is such an embedded concept within Iran’s health care system that it is seen by patients as both a necessity and a ‘right’ for protecting and advocating their rights. Not only do hospitals expect patients to have a companion, patients themselves also want to have a companion because they are fully aware that not having one would inevitably result in their most basic needs not being met while on the ward.

The patients must purchase everything they need themselves. There are few nurses on the ward. They really try to do their best, but they can’t. There are not enough personnel to help you properly here and, if you don’t have a companion of your own, you are in a difficult situation. (patient)

He [pointing at his son] carries out most of the care I need. I would have been missed out if he wasn’t here with me. They have so much work to do that I think if he [his son] leaves, they [the staff] will do only the fundamental basic work, not anything else. They don’t have enough time and personnel to do anything for us. (patient)

This theme relates strongly to staff shortages on the wards, resulting in patients not receiving an adequate level of care. As a result, they would prefer to rely increasingly on their own companion rather than risk being left unattended or without care.
A responsive system
A responsive managerial system is another theme that was revealed in this study as a facilitator of patients’ rights. According to the informants’ expressions, the system does not take responsibility for patients’ needs and demands. There are no established standards for health professionals’ conduct, or, if there are, there are no sanctions. The informants believed that, if the health care delivery system was really responsible for consumers’ demands and needs, many problems with the provision of health care services would disappear and their rights as patients would be observed systematically.

Who will respond and react to our real needs? They feel they have never been in need of such services and never will be. If there was a responsible system for providing and monitoring care, I think the majority of these problems wouldn’t exist at all. (patient)

Public awareness of rights
Informed patients know their responsibilities and expect their rights. The concept of rights is wide and needs to extend throughout all aspects of our life. Knowledge and information bring power; a knowledgeable and informed public could hold the power balance between health care providers and patients. The more aware patients request to have their rights observed. The more informed and educated health care providers consider that respecting and advocating for their patients also provides a suitable context for exercising patients’ and caregivers’ rights. With such awareness, care providers have to respect patients’ rights and patients have to be accountable and responsible.

There is such a huge number of programs in the media every day. We have many advertisements for everything, but there are few efforts to inform patients about their rights. Do you know why? Because informed people demand their rights. If the health care delivery system really wants to implement patients’ rights, it should help the people to learn about them. (patient’s companion)

Discussion and conclusion
This research project explored and highlighted the perceptions of patients and their companions of the concept of patients’ rights in a central teaching hospital in Tehran. According to the participants, patients’ rights mean receiving patient-centered, real care and equality in accessibility to health care services. These are emphasized in all international patients’ bills of rights and also in the Iranian patients’ bill of rights, but there is a wide gap between publishing such a bill and achieving its fulfillment in practice.

One of the aspects of real care according to the participants in this study is ‘caring attendance’. The mere physical attendance of nurses performing routine daily duties does not meet patients’ caring needs. The patient participants believed that meeting their psychological and emotional needs were as important as their physical needs. From the perspective of the participants in this research, not being cared for does not mean that nurses are not present with the patient but rather that caring means ‘being there’, not only just carrying out the job.

The patients in this study expected nurses and physicians to care for them by spending more time with them, to talk with them, listen to their problems and provide
care that is over and above merely undertaking technical, medical or nursing procedures. Tschudin\textsuperscript{26} states that talking with patients, clients and their families is not easy and, to avoid it, nurses often blame a lack of time. What tends to be forgotten is that it takes little time to engage with someone at a very deep and intimate level. Spending a few minutes now with an anxious person may save hours later with a super-anxious person. Engaging on a personal level with someone may also save later treatments, medications and perhaps even legal costs.

Caring is synonymous with nursing and involves the holistic care of patients and their relatives in meeting their individual needs.\textsuperscript{27} One of the themes that emerged in this study was the barriers to realizing patients’ rights in practice. As Nikbakht-Nasrabadi \textit{et al.}\textsuperscript{28} found in their research on nursing experience in Iran, nurses are dissatisfied with their working environment. This shows up the difficulties of providing real care in Iran. Practical constraints concerning the recruitment of nurses is a highly problematic issue. The head of the Iranian Nursing Organization stated that this is one of the barriers to providing appropriate care to patients.\textsuperscript{29} In another study, Nikbakht-Nasrabadi \textit{et al.}\textsuperscript{30} stated that there is a shortage of jobs for new nurse graduates and the number of jobs in the health care sector has not kept up with the population increase in recent years. The health care delivery system cannot expect nurses to observe patients’ rights and give them the best care without providing nurses with their own rights. Because of the nurse shortage in Iran, nurses mostly cannot take their vacations and they have to work extra shifts weekly. Their salary does not reflect their heavy workload, so they have to work overtime to enhance their income. These problems are also experienced by young and newly graduated doctors, making them tired and unable to deliver the best quality of care for patients. This calls for politicians to adopt a fundamental approach and to identify long-term solutions capable of meeting nurses’ and new doctors’ needs and rights, as well as those of the patients for whom they care.

Work environment limitations were another theme that emerged as a significant contributing barrier to patient’s rights. The hospitals’ structural and facility deficiencies and time limitations are also classified under this theme.

The patients who participated in this study believed that these limitations resulted in patients’ rights violations and acted as barriers to their fulfillment. This theme appears to be context related and in general is not reported in the published literature relating to patients’ rights.

The third category in this study was facilitation of patients’ rights. According to the participants, effective policies can provide the proper conditions for patients’ rights to become established in society. Informing people of their rights and responsibilities as citizens in general and as patients in particular would facilitate the realization of patients’ rights. The WHO declaration on the promotion of patients’ rights in Europe, which has not lost its impact even today,\textsuperscript{1} has constituted a common European framework for action since 1994. This framework has highlighted that, to promote patients’ rights, legislation or regulations, specifying the rights and responsibilities of patients, health professionals and health care institutions should be introduced. The WHO also emphasized that medical and other professional codes, patients’ bills of rights and other similar instruments should be drawn up on the basis of a common understanding among the representatives of patients, health professionals and policy makers.
Hatun stated that more efforts were needed to strengthen and protect patients’ rights concerning health institutions and health care workers, and allowing patients to participate in health services and decision making more actively. Patients’ rights cannot be protected by ‘ethics’ regulations, and legal arrangements should be put in place to constitute mechanisms for monitoring the observation of patients’ rights.

The participants emphasized that the presence of their companion was an extremely important factor in providing and protecting their rights. They want to have a companion because they are fully aware that not having one would inevitably result in their most basic needs not being met while on the ward. Should they require anything to be obtained from outside the hospital, such as medication or disposable equipment, their companion is the only person who could be relied upon to provide them with this service. It appears that the lack of formal and informal patients’ rights advocacy systems in Iran may be one of the reasons that patients insist on their companion’s presence. This facilitator appears to be context based and there is no published evidence regarding this in other countries, although, anecdotally, patients elsewhere feel increasingly compelled to have someone to help them with their basic needs when they are hospitalized.

These findings show that, despite an unawareness of their rights, patients and their relatives intuitively feel that something is wrong and that their perception and viewpoints with regard to this concept could be used by the health care delivery system to design and provide a logical patients’ rights instrument and measures to apply this in practice, together with sufficient legal support.

**Recommendations**

The following approaches are suggested for prompting more concern about patients’ rights among nurses:

- **Nursing education**  
  - Introducing the concept of patients’ rights as a fundamental part of all nursing courses;
  - Focusing more on teaching advocacy and communication skills.

- **Nursing practice**  
  - Spending more time listening to patients;
  - Combining the physical care of patients with emotional support.

- **Nursing management**  
  - Lobbying decision makers to recruit more nurses according to the number of inpatients;
  - Providing in-service education for staff to expose them to new perspectives on patients’ rights;
  - Informing patients systematically about their rights and responsibilities;
  - Providing support for nurses who protect and respect patients’ rights.

- **Nursing research**  
  - Carrying out research on the experience and viewpoints of all stakeholders and decision makers regarding patients’ rights.
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Appendix 1

Iranian patients’ bill of rights, the Ministry of Health and Medical Education, 2002

1) The patient has the right to considerate and respectful care regardless of race, culture and religion.
2) The patient has the right to know the identity of physicians, nurses and others involved in his/her care.
3) The patient has the right to obtain from physicians understandable information concerning his/her diagnosis, treatment and prognosis, except in emergencies that would delay the provision of urgent treatment that may threaten his/her life.
4) The patient has the right to request information related to specific diagnostic procedures and treatments, the risks and possible alternatives.
5) The patient has the right to refuse treatment and/or be referred to another hospital except in cases of threats to community health.
6) The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital except in cases of public health hazards, when reporting is permitted or required by law.
7) The patient has the right to every consideration to privacy and confidentiality.
8) The patient has the right to accessibility to physicians and other health care providers during hospitalization, transition to other institutions and discharge.

9) The patient has the right to consent or decline to participate in research studies without any threatening consequences.

10) The patient has the right to be informed of hospital policies, charges and insurance coverage in addition to care providers’ expertise in the current hospital and the hospital to be referred to.