

Perception Of Hospitalized Patients Regarding Respect For Their Autonomy In Hospitals Of Urmia

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ABSTRACT

Introduction: one of the challenging issues in medical ethics is the nature and the domain of the patient's autonomy during the treatment process. Respecting their human privacy and autonomy is one of the most fundamental principles of medical ethics. The results of studies reveal that the autonomy of the patients in Iran is not observed well, and this is rooted in various cultural and social factors. Hence, according to the significance of this issue, the aim of the study is the perception of hospitalized patients regarding respecting to their autonomy in hospitals of Urmia.

Method: This study is cross-sectional descriptive research conducted on 528 patients admitted to hospitals of Urmia in 2019. Samples were selected using multistep random cluster sampling. The data collection instrument in this study is the demographic-social information questionnaire and Raei et al. Questionnaire of observing the patient's autonomy. The data analysis was done using SPSS-22 software.

Results: the results obtained from the study showed that the total mean value of observing patients' autonomy is about 13.2 ± 2.9 , which is almost undesirable. Besides, the results showed that about 51.7% of patients reported the autonomy observance undesirable, 44.1% reported that almost desirable, and only 1.1% reported autonomy observance at a desirable level. Also, the results showed that the amount of observance of autonomy of patients admitted to private hospitals is more than public hospitals ($p=0.001$, $F=4.70$).

Discussion and Conclusion: the findings of the study showed that the amount of observing autonomy of patients is in almost undesirable level, and this can leave a negative effect on the quality of medical services and satisfaction of the patients. Hence, according to the significance of the issue, managers and healthcare authorities must make the proper decisions to promote observance of patients' autonomy. Also, they have to consider the required training courses in this field of healthcare personnel.

Keywords: autonomy, patient, hospitalized.

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INTRODUCTION

One of the challenges in medical ethics is the nature and field of patient autonomy during the treatment process. Respect for patient autonomy is a patient's right to choose treatment and other healthcare services (1). Although patients are the primary focus of the healthcare process, their participation in decision-making is unspecified (2). Patients as recipients of health services have some rights, and health service providers have a responsibility to protect them. In this field, one can refer to personal care, respecting the beliefs and values, and the dignity of the patient, right to know and participate in the decision-making, and patient autonomy (3). Autonomy is an aspect of freedom which is more broadly defined. Freedom is defined as the ability of people to do what they want and to have powers that cannot be breached or restricted by others (4). The purpose of patient autonomy is the ability of conscious or rational decision-making by the patient, and acting based on the decisions by using the data offered by the nurses and doctors for the most consistent and safest health decisions, and the ability of the patient for self-defense, and inferring the best decision over the time (5). Respecting human privacy and the independent personality of patients, confidentiality and autonomy can be one of the most basic principles of medical ethics. Patient autonomy to make decisions and respect is called freedom of action and behaviour. Due to the code of ethics, autonomy and respect of entities, as well as the provision of information to patients, can help them to participate in decision-making relevant to health services. Furthermore, patient satisfaction can be an underlying

component of a successful physician-patient relationship (6). According to the Statement of World Medical Association (WMA), the patient has not only the right to get personal medical records but also he/she has the right to choose adequate treatment among the existing treatment methods (7). The attitude of patients towards the inability to decide for self can result from low self-confidence, and lack of knowledge of patients about their rights in the hospital, which can cause performance reduction and psychological damage (8). It is therefore necessary to sensitize patients to their rights in hospital in order to change their attitude and promote incentives to preserve autonomy and improve their performance (9). Nurses are responsible for respecting the limits of patient autonomy as well as taking their health into consideration. There are different circumstances for taking nursing services. In the case of the unconsciousness of the nurses, the fundamental rights of the patients would be violated. Respecting patients' autonomy plays a key role in nursing, and nurses play a vital role in respecting patients' autonomy (10).

Evidence shows that support for autonomy is positively correlated with patients' confidence, satisfaction and mental health (11). A study conducted by Stack et al. Demonstrated that patient autonomy is significantly related to transplant preservation and life expectancy in dialysis patients (12). The participation and participation of patients in healthcare and self-control plans help patients identify their problems, preferences, and priorities and gather the requisite skills to resolve their problems and cope with their disease. Patient participation in nursing services can increase patient

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responsibility and engagement in health care behaviours and facilitate the treatment process (13). Medical team knowledge about patient rights, especially patient autonomy, is effective in considering this in patient interactions. Moreover, some tutorials are recommended relevant for a patient's autonomy and how to consider that in interaction with patients. However, it seems that despite to emphasis of nursing managers on the issue of respecting patient rights such as autonomy and respecting the dignity of the patient, such rights are mostly violated by the nurses because of negligence or unawareness of nurses (10, 14, 15).

It should be mentioned that a few studies looked at the concept of patient autonomy and observed it. Consequently, there is insufficient knowledge in this area, and it is necessary to work to reveal the situation in the area of patient autonomy. Furthermore, results from relevant studies demonstrate that the patient's autonomy is slightly observed. Therefore, in order for the authorities to pay attention to this issue, studies in this area should be undertaken to analyze this issue. Due to the importance of the concept of observing patient's autonomy as a global challenge and its significance in the process of treatment, the aim of the study is the perception of hospitalized patients regarding respecting to their autonomy in hospitals of Urmia.

METHODS AND MATERIALS

This study is cross-sectional descriptive research done on 528 patients admitted to hospitals of Urmia in 2019. Samples were selected using random cluster sampling of the patients hospitalized in clinical units of hospitals affiliated to Urmia University of Medical Sciences, who were qualified to participate in the study. To measure sample size, the study of Raei et al. (16) was used. Finally, using the sample size estimation formula and a probability estimate of 5%, 528 patients (n=528) were selected as sample size.

$$1 - \alpha = 0.95, P = 0.464$$

$$n = \frac{Z_{\alpha}^2 pq}{e^2} \cong 528$$

Because of the inequality of the volume of the patients hospitalized in the Imam Khomeini Hospital, Taleghani, Motahhari, Seyedoshohada, Shafa, Azerbaijan, Milad, Solati, Omid, Shams, Imam Reza, Arefian, and Artesh Hospitals, one-step cluster sampling was used. To this end, after referring to hospitals and gaining the consent of the management of healthcare centers, and with obtaining the number and the list of patients; patients were randomly selected using random numbers' table (each number used to show one patient). Data collection was done using the patients demographic information scale and the patient autonomy assessment questionnaire prepared by the researchers. The demographic information questionnaire of patients included items in the field of age, gender, marital status, education level, job, department, the name of the hospital, hospitalization period, hospitalization times, type of room, and several

inpatients in the room, and hospitalization duration. This was the form from part 1 of the questionnaire, which was complete through an interview with the patient, healthcare provider, and medical records. Researcher-made questionnaire of patient autonomy assessment by Raei et al. (16) under the title of comparing the status of observing autonomy of the patient' admitted to Isfahan hospitals is prepared and used. The instrument contains seven items on the patient's autonomy. Each item is formed by 5-point items with a Likert scale ranked as always (point 4), most of the time (point 3), sometimes (point 1), and never (point 0). The validity and reliability of the patient autonomy questionnaire are confirmed by the authors making that in Iran. The validity of the Raei et al. (2014) questionnaire was tested and confirmed. In their study, the reliability of the instrument was confirmed using face and content validity and with a survey of 10 members of the Faculty of Nursing, Isfahan Azad University. Reliability of the questionnaire was obtained to 0.83 in the study of Raei et al. (2014) with an estimation of Cronbach's alpha coefficient, which shows high reliability of the questionnaire (16). In this study, to evaluate the face and content validity of the questionnaire, the opinions of several professors of Urmia University of Medical Sciences were used. The reliability of the instrument was estimated using internal consistency assessment by Cronbach's alpha measurement in a 20-member sample of patients and obtained at 0.78.

After referring to clinical units of the said hospitals and while visiting the patient and presence in the bed, the research purposes were completely explained and a consent letter was taken about their participation in the study. They were ensured that their information remains secret. This study was confirmed by the Ethics Committee of Urmia University of Medical Sciences under ethics code IR.UMSU.REC.1399.130. Finally, the d\analysis of the collected data was done using SPSS-22, and descriptive statistics (frequency distribution, number, mean, and SD) and ANOVA tests were done. Data analysis was done at a confidence level below 0.05.

RESULTS

In this study, 528 inpatients participated. The results of this study showed that the mean age range of patients was 40.61±13.65 years old. The majority of the sample size was composed of females (51.1%) and married individuals (62.5%). Besides, the majority of them had a diploma degree (48.1%) and were self-employed (31.4%) (Table1). The results of the study showed that the mean value of patient autonomy observance based on patients was equal to 13.2±2.9, which is undesirable (table 2). Besides, the results revealed that about 51.7% of patients reported undesirable autonomy observance, 44.1% almost desirable, and only 1.1% reported the level of autonomy observance desirable (table 2). Moreover, the results showed that the level of observing autonomy of patients admitted to private hospitals is higher than public hospitals (p=0.001, F=4.70) (table 3).

Table 1: the demographic and social information of sample patients

Variable	Group	Frequency	Percent
Gender	Female	270	51.1
	Male	258	48.9
	Married	330	62.5
	Single	188	35.6
Marital status	Divorced	3	0.6

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	Widow	7	1.3
	Illiterate	11	2.1
Education	Secondary school	40	7.6
	Diploma	254	48.1
	BA	219	41.5
	MA	4	0.8
Job	Unemployed	159	30.1
	Self-employed	166	31.4
	Laborer	37	7.0
	Employee	131	24.8
Hospital	Retired	35	6.6
	Imam Khomeini	100	18.9
	Taleghani	80	15.2
	Motahhari	40	7.6
	Seyedoshohada	40	7.6
	Shafa	14	2.7
	Azerbaijan	50	9.5
	Milad	80	15.2
	Solati	14	2.7
	Omid	10	1.9
	Shams	12	2.3
	Imam Reza	52	9.8
Unit	Arefian	28	5.3
	Artesh	8	1.5
	Surgical operation	318	60.2
	Internal unit	210	39.8
Hospitalization period (day)	1	267	5.06
	2	249	47.2
	3	11	2.1
	4	1	0.2
Hospitalization history	Yes	383	72.5
	No	145	27.5
Room type	Public	463	87.7
	Private	65	12.3
Number of patients in a room	1	187	40.38
	2	276	59.62
Age *		40.61±13.65	

*reported as mean±SD

Table 2: leveling and the percent of patient autonomy observance

Leveling patient autonomy observance	Mean±SD	No/%	Scores range
Undesirable	6.25±1.3	6 (3.1)	0-7
Almost undesirable	12.03±1.8	273 (51.7)	8-14
Almost desirable	15.27±2.2	233 (44.1)	15-21
Desirable	22.4±2.4	6 (1.1)	22-28
Total	13.2±2.9	528 (100)	0-28

Table 3: comparing mean values of patient autonomy observance in Urmia Hospitals

Type of hospital	Mean±SD	Independent t-test
Educational	13.31±2.59	T= 3.04
Private	14.07±2.86	P=0.002**

* indicates statistical significance (p<0.05)

** indicates statistical significance (p<0.01)

According to the independent t-test, there was a significant difference between public and private hospitals of Urmia in terms of scores of patient autonomy observance based on patients (p<0.05). The results showed that the score of observance of patients' autonomy in private hospitals is significantly higher than in public hospitals.

DISCUSSION AND CONCLUSION

This study was conducted to Perception of hospitalized patients regarding respecting to their autonomy in hospitals of Urmia. The results of the study showed that the total mean value of autonomy observance is about

13.2±2.9, which is almost undesirable. The results of relevant studies show that the level of patient autonomy observance is low in health centers, and they have poor authority for the self-treatment process (10, 17, 18). In this regard, the findings of Rahmani et al. (2008) showed that patients believe that their autonomy is not observed during nursing cares and the majority of patients believed that nurses respect their autonomy weakly in two dimensions of the information provided for them and the amount of participation in the medical decision-making process (17). The findings of Sadeghi et al. (2008) showed that the autonomy of the adolescents is not observed by nurses. Hence, the necessity of holding educational courses to make nurses familiar with the significance of autonomy and observing that during care

giving for adolescents (18). Rahmani et al. (2010) mentioned in a study that there is a significant difference between the attitudes of patients and personnel in terms of observance of patient autonomy. The patients believed that their autonomy is not observed (10), and the result is consistent with the findings of the present study. However, the results obtained by Raiat Doost et al. (2018) showed that observance of autonomy is at a desirable level for both patient and personnel (19), which is inconsistent with the findings of this study. That can be because of the personal and social differences of participants of the two studies. The evidence shows that the observance of patients' autonomy leaves a positive effect on the treatment process. The results obtained by Lindberg et al. (2014) in Sweden under the title of "a way to participate in care and experience of the patient in intensive care units" showed that patients in ICU want to attend in decision making relevant to their caregiving because this can create safe confidence and caregiving space. More consciousness of patients of ICU is necessary not only as an inactive and taker of healthcare services but also as an active factor where participation in decision making is underlying (20). The findings of Moen et al. under the title of "the perception of ICU patients of the way of preserving their dignities (2015)" showed that participation in the treatment process is a variable between different modes of dependence and autonomy. Participation in caregiving can increase improvement speed. Using autonomy as a component by the client can increase the speed of improvement, although patients without taking benefit of autonomy used to have a slow improvement process. Patients needing intensive care had more tendencies than others to participate in the treatment process and used to be active in way of their health. Hence, they had more self-confidence than others (21). In Iran, the findings of Sadeghzadeh et al. (2016) showed that respecting patient autonomy can increase the self-esteem of the patient, and this can be positively effective in the improvement process (22). Besides, the findings of Ebrahimi et al. (2014) under the title of "the consequences of respecting the autonomy of inpatients" showed that respecting the patients' autonomy can leave positive effects such as physical and mental rest, decreased dependence, feel relax, following the treatments, and confidence (23). Hence, the significance of the observing patient autonomy is cleared more than before. The results obtained from this study show that the level of observing autonomy in Solati Private Hospital is higher than other hospitals. This seems rational due to the high costs of the centers and the high-quality services of the centers. The results of relevant studies show that the satisfaction of patients in private health centers is higher than in public centers; although autonomy is rarely investigated as a variable. The findings of Taner et al. (2006) in turkey showed that the satisfaction of patients admitted to private hospitals is more than public hospitals. They showed that patients in private hospitals were satisfied with the respect, privacy, and support of nurses and doctors (24). Besides, the findings of Sharma et al. (2013) showed that the mean value of satisfaction of patients with healthcare services of private hospitals was significantly higher than public hospitals (25). In general, paying attention to the ability and condition of patients and their companions will play an important role in empowering them and increasing the quality of care (26,27). That is most likely because of the satisfaction of patients' autonomy, choosing the doctor, and self-

treatment in private centers compared to public hospitals

CONCLUSION

The results obtained from this study revealed that the level of patient autonomy observance is almost undesirable, and this can leave a negative effect on medical service and patient satisfaction. Hence, due to the significance of this issue, the managers and officials of the healthcare system must make proper decisions to promote the autonomy level of patients and consider the required training in this field. According to the results obtained from this study, it is recommended to have educational courses for medical personnel employed in hospitals with the orientation of patient autonomy, so that the patients' autonomy is enhanced and their satisfaction is promoted. The findings of this study can be a beginning point for further studies and a base to study patient autonomy and identification of factors affecting that. the limitations of this study include reliance on self-reported information. Besides, the study was conducted just on Urmia hospitals, which can limit the generalization of the results. Hence, for better generalization of the results, it is recommended to do this work in more detail and in a more expanded way. To specify the situation of patient autonomy observance, and its effect on patient satisfaction and improvement; further studies should be taken in the world, especially in developing countries, so that proper solutions could be obtained to meet the problems in this field.

ACKNOWLEDGMENTS

The present study is selected parts of the Master Thesis of Nursery approved by the Urmia University of Medical Sciences under the ethics code IR.UMSU.REC.1399.130. In the end, the authors would like to appreciate the efforts of the Vice Chancellor for Research, Urmia University of Medical Sciences, Urmia Hospitals, and all dear patients who helped us to complete the thesis.

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