

Original Article



# The Impact of Patient Rights Training Workshop on the Awareness of Operating Room Technologists in Birjand, Iran

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## Abstract

**Background:** One of the most important indicators for assessing healthcare quality is evaluating patients' rights. Lack of awareness about these rights can lead to undesirable consequences, including distrust, dissatisfaction, and decreased quality of care during treatment. Considering that operating room technologists are recognized as advocates for patients' rights in the operating room, awareness of these rights holds even greater significance for them.

**Methods:** In this research, due to the limited statistical population, census sampling was performed on the operating room technicians of medical teaching hospitals of Birjand University of Medical Sciences, and the patients were selected based on the entry criteria. This study was a single-group educational intervention with a before-and-after design. The research samples consisted of 52 operating room staff (38 technologists and 14 anesthetists), selected through a census method. The data collection tools included a demographic questionnaire and a questionnaire on awareness of patient rights. The data were entered into SPSS 19 and analyzed using descriptive statistics and paired t-tests. Authenticity of texts, honesty, and integrity were observed throughout all stages of the present study.

**Results:** The paired t-test demonstrated a significant difference between the pre-test ( $34.2 \pm 25$ ) and post-test ( $73.1 \pm 28$ ) scores of awareness regarding patient rights. The results indicated that the highest level of understanding before the intervention was related to item 14 (it is the patient's right to have only those present in the operating room who are truly necessary during surgery). However, the lowest level of awareness belonged to item 8 (at the request of the patient's companions, life can be ended for an individual diagnosed with brain death). Additionally, in the post-intervention phase, participants reported the highest correct response rate for item 6 (unnecessary visits to the operating room during spinal anesthesia should be prevented). Conversely, the lowest correct response rate was associated with item 7 (as long as the patient is under the treatment of the attending physician, he/she does not have the right to seek advice from another physician for treatment).

**Conclusion:** According to the findings, the average awareness of operating room personnel regarding patients' rights was at an appropriate level, and it increased after the educational intervention. Therefore, organizing refresher courses on patients' rights can enhance clinical staff's awareness of these issues and improve the quality of care and treatment at the operating room level.

**Keywords:** Patient rights, Operating room staff, Training



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## Introduction

The professional life of the medical staff is mixed with a set of rules and regulations. In the meantime, those with more knowledge about the patient's rights charter will benefit from a good and honest service based on the provisions (1). Knowing about a subject improves the correct attitude and performance toward that subject (2). Today, in the healthcare system of many countries, legal rights have been defined for patients and health service providers are required to be aware of and comply with them (3). The patient's rights are a necessity for health service providers at any level, and they are obliged to comply with them. These laws protect patients against abuse and discrimination and improve ethical performance (4). In fact, they are considered the basic human rights and quality assurance standards that protect patients against abuse and discrimination and improve ethical performance (5). The rights of patients have been presented in the form of a charter, which is a starting point for moving in the direction of comprehensive attention to the rights of patients and a correct definition of the relationship between providers and recipients of healthcare services (6). Studies show that a lack of awareness and non-observance of the patient rights charter is one of the main causes of patients' dissatisfaction with the treatment team (7).

The studies conducted in Iran demonstrate the poor-to-moderate level of awareness of patients and even the average level of awareness of nurses, doctors, and interns regarding the bill of rights of patients (5, 8). In addition, studies performed in other countries indicated that doctors, nurses, and patients had little knowledge of human rights, personal privacy, legal aspects of patient rights, and legal aspects of medicine (9). Gosie et al concluded that only 3.48% of nurses are aware of the bill of rights of patients (10). Further, Kagoya et al reported that 4.69% of medical staff had never heard anything about the Bill of Rights (11). The operating room and surgery department is one of the hospital treatment departments, which is known as one of the most dangerous hospital departments (12). Patients in the operating room, due to unconsciousness, lack of familiarity with treatment procedures, and fear of the unknown and death, have special rights over other patients. Being unconscious in the operating room due to patients' unawareness of their rights and not knowing about all the processes have made the defense of patients' rights one of the specialized duties of room nurses (1). Awareness and observance of patients' rights by operating room nurses improve the quality of treatment and increase patients' trust and satisfaction. Unawareness of patients' rights causes adverse consequences, such as mistrust of the medical staff, dissatisfaction of patients, objections to legal authorities, and a decrease in the quality of care in treatment (13).

Therefore, operating room technologists, as part of the treatment team, must be aware of all laws regarding patient rights and understand that a lack of knowledge

about these laws can lead to personal or legal accusations or both. Additionally, since operating room technologists are recognized as advocates for patient rights in the operating room, their awareness of these rights becomes even more crucial. Thus, this study was designed to determine the impact of an educational intervention on the awareness of operating room technologists at Birjand University of Medical Sciences regarding patient rights laws and standards.

## Methods

This research is a single-group educational intervention study conducted before and after the intervention. The study sample consisted of all operating room technologists from the teaching hospitals affiliated with Birjand University of Medical Sciences, who were recruited through convenience sampling. The inclusion criteria for the study included being employed at one of the hospitals in the research environment, holding a university degree in operating room technology, and showing willingness to participate in the research. In this research, due to the limited statistical population, census sampling was performed on the operating room technicians of the medical teaching hospitals of Birjand University of Medical Sciences, and the patients were chosen based on the entry criteria.

The tool used for this purpose was a questionnaire developed by Hanani et al, which included two sections, namely, demographic information consisting of 7 questions and an awareness questionnaire containing 15 questions. The questionnaire had previously been utilized in research conducted in Iran, and its validity and reliability were assessed, achieving a correlation coefficient higher than 0.8 (1).

Responses to each question were measured using "true", "false", and "I don't know". If the responses were favorable, the first option received 2 points, the "false" option received 0 points, and the "I don't know" option received 1 point. If the responses were unfavorable, "true" received 0 points, "false" received 2 points, and "I don't know" received 1 point. The total scores were calculated, and participants were categorized into three groups based on their overall scores, including good (scores above 23), average (scores between 18 and 23), and poor (scores below 10) groups.

Initially, all participants received necessary explanations regarding the research, and after obtaining their informed consent to participate, they completed the pre-intervention questionnaire. Subsequently, the content of the educational program provided by a one-day, 4-hour workshop will be collaboratively held by the research team through question and answer about the 10 clauses of the patient's rights charter. Briefly, the educational content will include ethical concepts and patient rights, the history of patient rights statements, the five pillars of patient rights, confidentiality, informed consent, and how to give bad news to a patient. The educational content will

be collected based on medical ethics books, related articles in this field, and guidelines compiled by the Ministry of Health.

After the workshop, coded questionnaires were again distributed to the research units, and the questionnaires were collected upon completion by the operating room technologists.

The collected data were coded and entered into SPSS software (version 19) for analysis. Statistical tests included descriptive statistics such as means and standard deviations, as well as frequency counts. Descriptive tests and paired t-tests were employed to report scores and compare differences in mean scores before and after the intervention.

## Results

The findings indicated that most participants were female, with an average age of  $28 \pm 6$  years. Most participants held a bachelor's degree (88.2%), and their average work experience was  $13 \pm 5$  years. Among the participants, 38 were from the operating room technology field, and 14 were from the anesthesia field. Notably, 73.1% of the participants had no prior experience attending an ethics workshop. Additionally, 75.3% of the participants were married, and 40.6% had formal employment status.

The means and standard deviations of the pre-test and post-test scores regarding awareness of patient rights were  $25 \pm 2.34$  and  $28 \pm 1.73$ , respectively. The paired t-test showed a significant difference between the mean scores of the pre-test and post-test, with the post-test score being significantly higher than the pre-test score ( $P < 0.001$ ,  $t = 6$ ).

When comparing the number of responses (correct, incorrect, or I don't know) between the pre-test and post-test for each statement, the results indicated that the highest level of awareness before the intervention was related to statement 14 (it is the patient's right to have only those individuals present in the operating room during surgery whose presence is truly necessary). Conversely, the lowest level of awareness was associated with statement 8 (At the request of the patient's companions, life can be terminated for an individual diagnosed with brain death).

In the post-intervention phase, participants reported the highest correct response rate for statement 6 (unnecessary traffic in the operating room during spinal anesthesia should be prevented), while the lowest correct response rate belonged to statement 7 (as long as the patient is under treatment by the attending physician, they do not have the right to seek a second opinion from another doctor) (Table 1).

## Discussion

In this study, it was intended to determine the impact of an educational intervention on the awareness of operating room technologists at Birjand University of Medical Sciences regarding patient rights laws and standards. To the best of our knowledge, our study was the first one

to evaluate this issue within Birjand, and intervening to enhance awareness of employees about patient rights is a significant and valuable action as a human force development.

The findings of the present study revealed that the awareness score of participants significantly changed and increased after the educational workshop, which is consistent with the findings of previous studies (14,15).

Based on the findings of this research and those of other prior studies, implementing education (conducting workshops) has a positive impact on the awareness scores of therapists in various domains and healthcare providers regarding the patient's rights charter. It could be one of the effective strategies for fostering greater commitment to respecting patients' rights in hospitals, especially in operating rooms (16).

The highest level of awareness before the intervention was related to item 14 (it is the patient's right to have only those individuals present in the operating room during surgery whose presence is truly necessary), which aligns with the results of Ganjoo et al (16). This alignment may be due to the similarity in the research population concerning their professional characteristics (the mentioned study was conducted on operating room technology students). On the other hand, this finding contradicts the results of Javadyneya et al, indicating that participants (nurses) had the lowest awareness regarding the absence of individuals who are not directly involved in the treatment process (17). The reason for this discrepancy is probably the different professions of participants (nurses vs. operating room technologists) and the type of clinical environment (inpatient wards vs. operating rooms).

The limited presence of individuals in the operating room is more critical for maintaining physical and psychological safety and controlling infection compared to other areas of the healthcare system, which may explain the differing attitudes of staff toward unnecessary presence in the operating room.

Healthcare policymakers should exercise greater caution when creating a safe and secure care environment. Ensuring such conditions necessitates enhancing awareness among care providers about patient rights across various treatment aspects and service recipients. Additionally, ongoing supervision in practice is essential to ensure that the recommended ethical principles are consistently followed (18,19).

The lowest level of awareness in the pre-intervention phase was related to item 8 (at the request of the patient's companions, life can be ended for an individual diagnosed with brain death). This result conforms to the findings of Hanani et al (1), demonstrating that participants had the lowest awareness regarding the right to choose and make free decisions about requesting no resuscitation and additional treatments. This finding is consistent with those of previous studies. Roudi Rashtabadi et al also identified the lowest awareness score among respondents was related to the right to refuse treatment (20).

**Table 1.** Comparison of Responses (Correct, Incorrect, or I Don't Know) Between Pre-Test and Post-Test by Statement

Item	Patient Rights Awareness Questions	Before Intervention		After Intervention	
		Correct /Number (Percentage)	Incorrect/ I Don't Know	Correct Number (Percentage)	Incorrect/I Don't Know
1	The first step in establishing a connection with the patient is to maintain the patient's privacy.	46 (88)	6 (11)	48 (92)	4 (8)
2	Noise and loud talking in the operating room are an invasion of the patient's privacy.	44 (84)	8 (16)	47 (90)	5 (10)
3	The operating room technologist must prioritize the patient's interests over their own.	34 (65)	18 (35)	46 (88)	6 (12)
4	Regarding the costs of patient treatment, the operating room has the most important responsibility in informing the service recipient.	32 (61)	20 (39)	42 (80)	10 (20)
5	Operating room personnel are not obligated to accept a request from the patient to refrain from performing cardiopulmonary resuscitation during surgery.	32 (61)	20 (39)	49 (94)	3 (6)
6	Unnecessary traffic in the operating room during spinal anesthesia should be prevented.	37 (71)	15 (29)	51 (98)	1 (2)
7	As long as the patient is under the care of the attending physician, they do not have the right to seek a second opinion from another doctor.	29 (55)	23 (45)	33 (63)	19 (37)
8	At the request of the patient's companions, life can be terminated for an individual diagnosed with brain death.	21 (40)	31 (60)	47 (90)	5 (10)
9	The patient has the right to become familiar with the operating room environment before surgery if they wish.	36 (69)	16 (31)	44 (84)	8 (16)
10	The privacy of all patients, even those who are criminal offenders, must be maintained in the operating room.	38 (73)	14 (27)	48 (92)	4 (8)
11	Informing a patient with a terminal illness is independent of the patient's and their companions' emotional state.	31 (59)	21 (41)	44 (84)	8 (16)
12	It is the patient's right that individuals of the opposite gender are not present in the operating room before draping.	41 (78)	11 (22)	49 (94)	3 (6)
13	Patient rights should not be subject to variables such as the language, age, and gender of service recipients.	7 (86)	7 (14)	49 (94)	3 (6)
14	It is the patient's right to have only those individuals present in the operating room during surgery whose presence is truly necessary.	47 (90)	5 (10)	50 (96)	2 (4)
15	Patients need to know the academic rank of the surgical team and their areas of responsibility in the operating room.	32 (61s)	20 (38)	30 (65)	18 (35)

Other studies support that nurses' information about patients' right to select and make free decisions was not satisfactory before the intervention, but their awareness level increased after passing teaching sessions (14,21).

Considering these findings, therapists, especially operating room staff, do not have adequate awareness of patients' rights regarding treatment choices and their freedom and autonomy in refusing additional treatments. They may still require further education.

Ganjoo et al found that the highest level of awareness before the intervention was related to items concerning patient privacy, while the lowest awareness was associated with prioritizing patient interests over those of the surgical technologist. Additionally, their post-intervention phase showed that the highest level of awareness pertained to non-discrimination of patients' rights across variables such as language, gender, and age, while the lowest level again belonged to prioritizing patient interests over those of the surgical technologist. Considering that participants in this study were students, their lower awareness regarding the importance of non-discrimination in respecting various patients' rights and prioritizing patient benefits over personal interests (surgical technologists) may be due to insufficient exposure to operating room conditions and lack of professional experience (16). Nikbakht-Nasrabadi et al and Barati et al similarly demonstrated that nurses received high scores regarding patient privacy (14,21).

In the post-intervention phase, participants reported their highest correct responses regarding item 6 (unnecessary traffic in the operating room during spinal anesthesia should be prevented). In the study performed by Roudi Rashtabadi et al, students' lowest awareness score regarding patients' rights was related to confidentiality (20).

The lowest correct response rate was assigned to item 7 (as long as the patient is under treatment by their physician, they do not have the right to seek consultation from another physician). This option is also related to the right to choose a physician, and it appears that there has not yet been adequate improvement in awareness and attitude change among participants regarding this issue.

In the study of Zare Shahneh et al, the lowest level of awareness in this area belonged to respect for the patient's privacy and adherence to the principle of patient confidentiality, which requires more training to protect the patient's privacy by medical students. Conversely, the highest level of awareness of the participants was related to the patient's right to choose and make free decisions, and this could be due to the teaching of medical ethics to medical students (5). In the research performed by Ranjbar et al, the students had the highest level of knowledge in the area of the right to individual freedom, while their least level of knowledge belonged to the area of the right to access medical services (22). In the study of Mortazavi



et al, the highest percentage of awareness was related to the area of the patient's right to receive health services, whereas the lowest percentage was associated with the patient's right to choose and make decisions freely (23). In the study conducted by El-Sobkey et al, there was the highest level of awareness in the area of patients' privacy and confidentiality (24).

One of the reasons for the difference in the results of different studies can be the use of different questionnaires, considering different definitions and dimensions regarding the areas of awareness or various statistical populations in different studies.

Our study had some limitations, such as the small number of technologists, a single-group design, and the use of a self-reporting method, which could have decreased the generalizability of the findings. To address these limitations, it is recommended to conduct studies with larger sample sizes across various treatment and care centers involving diverse groups of healthcare providers.

### Application in Clinical Practice

All stakeholders should be aware of the rights of patients who receive healthcare services from the treatment centers. Continuous evaluation of staff in terms of knowledge about patient rights, as well as supervising and monitoring in workplaces, could be useful to identify and meet educational needs in healthcare providers and help enhance their capacities to create and maintain a safe and satisfactory environment.

### Conclusion

Our findings demonstrated that the awareness level of operating room staff increased after the intervention in most items. The patients have no choice or autonomy to protect their interests during surgery. This underscores the importance of being aware of the patient's rights charter and the commitment of operating room technologists to adhere to these regulations. It is recommended that workshops and periodic discussions be held to assess the awareness of therapists in various healthcare centers and that educational programs be designed and implemented based on the priorities of each group (professional characteristics and lack of awareness regarding the clauses of the patient's rights charter).

### Authors' Contribution

**Conceptualization:** Mozghan Moshtagh, Maryam Tolyat, Samaneh Bagherian.

**Data curation:** Mozghan Moshtagh, Maryam Tolyat, Samaneh Bagherian.

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**Writing—review & editing:** Kobri Soheili, Mozghan Moshtagh, Maryam Tolyat, Samaneh Bagherian, Mahdi Mikaeeli.

### Competing Interests

None declared

### Ethical Approval

The present study has been approved by the Ethics Committee of Birjand University of Medical Sciences (Ethic code: IR.BUMS.REC.1401.196). Comprehensive information regarding the reasons for the research and the confidentiality of the data was provided to the participants, and finally informed consent was obtained from them.

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