The Nursing Students' Views About the Patient's Rights at the West Black Sea Universities in Turkey

Rahime Aydin Er, Nermin Ersoy, Sevim Celik

1Department of Nursing, Kocaeli University Vocational School of Health, Kocaeli, Turkey
2Department of History of Medicine and Ethics, Kocaeli University Faculty of Medicine, Kocaeli, Turkey
3Department of Nursing, Bulent Ecevit University Vocational School of Nursing, Zonguldak, Turkey

Keywords: Nursing Ethics; Nursing Education; Patient's Rights; Nurse's Role; Patient Advocacy

1. Background

Generally, patient's rights refer to the human rights to which patients are entitled while they are in the care of health services (1). It refers to rights that are secured by international agreements, laws, and other legislation, which are granted entirely on the basis of the humanity of individuals who require health services (2). It is based on international documents such as the Universal Declaration of Human Rights and the World Medical Association Declaration and legal requirements based on these documents (3).

In Turkey, the first legislation related to patient’s rights, “The Regulation of Patients’ Rights” (RPR), was enacted in 1998. Although there is clear knowledge about what the patient’s rights are, the responsibilities of health institutions and professionals regarding this subject as well as the way of implementing these rights are not clear. Thus, “the directive for practice of patient’s rights” (4) was issued in 2005 to practice, enhance, and standardize patient’s rights. The RPR was recently updated on May 8, 2014 (5), which stated that the rights of vulnerable patient groups would be further protected in our country by future legislation (2).

Health team members play an important role in the implementation and the protection of patient’s rights, a topic dealt with great care in medical ethics (6). In this sense, nurses are expected to provide patients with safe, sufficient, and ethical care (7). However, the role of patient’s rights advocacy assigned to nurses in particular gives patients the right to make decisions about themselves, whereas the same role requires the nurses to advocate the patients’ rights on behalf of them when they cannot use (8). This role, defined for the first time in 1976 by The American Nurses Association Code of Ethics, prohibits nurses from acting unethically and breaking the law (9). The Turkish Nurses Association gives Turkish nurses a similar responsibility and wants them to support patients so that the individuals the nurses serve would be competent to defend their own rights.

Nursing schools, professional organizations, and health institutions have an important responsibility to ensure that both nurses and student nurses are prepared for this role (10). It is necessary for nurses to observe and even to protect the moral integrity of patients in order to speak about
2. Objectives

This study aimed to assess the curriculum of ethics education related to patient's rights in nursing in order to learn how ready the students were for patient's rights advocacy. This study was conducted on undergraduate nursing students at the end of their education.

3. Materials and Methods

3.1. Study Design and Population

A self-administered, structured questionnaire that included five questions and 15 items was used in this descriptive study. The study population consisted of fourth year nursing students at seven health schools in the Black Sea Universities Association, where 10% of Turkey's undergraduate nursing students study (Abant Izzet Baysal University, Bartin University, Bulent Ecevit University, Duzce University, Karabuk University, Kocaeli University, and Sariyer University) in 2010-2011. This study was conducted at five universities because one of the universities did not have nursing department, and the other did not have a final semester (seven academic semester).

3.2. Data Collection

Permissions were obtained from the universities chosen for the study. Information about the study was given by visiting the nursing schools. The data were collected from three universities between October 2010 and February 2011 by two researchers and from the other two universities by a volunteer nursing lecturer who had previously agreed to assist with data collection. The students completed and left the questionnaires in their classroom when not affected their schedule. This process took approximately twenty minutes.

The questionnaire was created by the researchers based on other relevant research (3, 10). The first section consisted of questions regarding demographic data (five questions), and the second section evaluated students' views about the patient's rights guaranteed by the Turkish RPR (5). The students were asked to respond as "agree", "neither agree nor disagree" or "disagree" to the items in the second section. A few minor changes were made after pilot testing for content and clarity with 15 nursing students.

3.3. Ethical Considerations

Ethical approval for the study was obtained from the Kocaeli University Ethics Committee (21 February 2011, 6/5/2011). An anonymous self-administered questionnaire was used. The first page of the questionnaire included information about the aim and content of this study. It was also added that participation in the study was voluntary, and the participants were assured that the confidentiality of their answers would be respected. In addition, the data were not used for any purpose other than this research.

3.4. Data Analysis

SPSS 13 (SPSS Inc, Chicago, IL, USA) was used for data analysis. Descriptive statistics (frequency distributions, percentage, mean and standard deviation) were calculated for the obtained data. A chi-square test was used to determine the association between opinions about patient's rights and demographic variables.

4. Results

Of 321 students, 238 participated in this study (74.1%). The students' mean age was 22.11 ± 1.21 years (range, 17-28 years). The majority of the students (82.8%) were female (Table 1). Students' opinions about patient's rights are shown in Table 2. In total, 98.7% of the students agreed that healthcare is a right, that patients have the right to identify, choose, and change their healthcare providers (84.9%), and that patients have the right to see and copy their own medical records (84.5%). In addition, 89.5% agreed about respecting the privacy of the patient before and after death.

Students had positive opinions about providing information to the patients since almost all of students (97.1%) agreed that patients should be informed of their disease, its treatment, and the benefits and harms of treatment. More than half of the students (58.8%) believed that the truth must be told to the patients. Nearly half of students (49.2%) agreed that the patient has right to refuse treatment. The item "children should participate in decisions related to treatment" was agreed by nearly one quarter
of the students (29.4%). One quarter of nursing students (23.1%) believed that patients have the right to die. Most students (92.0%) agreed with the patients’ right to donate their organs after death, but consenting to the use of their own organs falls to half (51.3%). Moreover, 62.6% of the students agreed that the criterion for continuing treatment is the patient’s quality of life (QoL), and 11.8% shared the belief that newborns whose QoL would never improve should be allowed to die (Table 2).

There were statistically significant differences in the students’ opinions about patient’s rights by sex of participants. For instance, in comparison to female students, fewer male students agreed that patients have the right to donate organ after their death ($\chi^2 = 9.028; P = 0.011$), and that the newborn with disability should be allowed to die ($\chi^2 = 6.020; P = 0.049$) (Table 3).

### Table 1. Characteristics of Nursing Students (n = 238)

| Characteristic          | Value$^a$ |
|-------------------------|-----------|
| **University**          |           |
| Abantizzet Baysal (42$^b$) | 37 (15.5) |
| Bulent Ecevit (83)       | 67 (28.2) |
| Duzce (42)              | 38 (16.0) |
| Kocaeli (68)            | 46 (19.3) |
| Sakarya (86)            | 50 (21.0) |
| **Gender**              |           |
| Female                  | 197 (82.8) |
| Male                    | 41 (17.2)  |

$^a$ Data are presented as No. (%).
$^b$ The numbers in parentheses indicates the total number of nursing students at the university.

### Table 2. Preferences of Nursing Students to Patient’s Rights (n = 238)

| Patient’s Right Which I Agree                                      | Value$^a, b$ |
|-------------------------------------------------------------------|-------------|
| Health care is a right                                            | 235 (98.7)  |
| Before any treatment or intervention patients should be informed  | 231 (97.1)  |
| and give their consent                                           |             |
| The patient has right to permit the use of body organs after death| 219 (92.0)  |
| The patient’s information can be shared with relatives with the  | 213 (89.5)  |
| permission of the patient                                        |             |
| The patient’s information should remain confidential after death  | 204 (85.7)  |
| Patients have the right to identify, choose and change their     | 202 (84.9)  |
| healthcare personnel                                             |             |
| Patients have a right to see their own laboratory results and     | 201 (84.5)  |
| medical records                                                  |             |
| “Quality of life” standards should be used to determine if        | 149 (62.6)  |
| treatment continues                                              |             |
| Patients should be fully informed about their status (including   | 140 (58.8)  |
| bad news)                                                        |             |
| After your death, you will donate your organs                     | 122 (51.3)  |
| Even if it causes death, a conscious patient has the right to     | 112 (47.1)  |
| refuse treatment                                                 |             |
| Children should agree with decisions about their treatment after | 70 (29.4)   |
| seven years of age                                               |             |
| Patients have the right to die                                   | 55 (21.1)   |
| Upon the terminally ill patient’s request, nurses and physicians  | 36 (15.1)   |
| should be allowed to end life                                    |             |
| Newborns with severe disabilities should be allowed to die        | 28 (11.8)   |

$^a$ Data are presented as No. (%).
$^b$ These preferences were listed in order of ranking so the table can read easily.

### Table 3. The Association Between Opinions About Patient’s Rights and the Sex of Nursing Students (n = 238)

| Patient’s Rights                                                                 | Sex of Nursing Students, % | $X^2$ | P Value |
|----------------------------------------------------------------------------------|----------------------------|-------|---------|
| **Patients have the right to permit the use of body organs after death**          |                            |       |         |
| Agree                                                                            | 94.4                       | 80.5  | 0.011   |
| Neither agree nor disagree                                                       | 3.1                        | 9.7   |         |
| Disagree                                                                         | 2.5                        | 9.8   |         |
| **Newborns with severe disabilities should be allowed to die**                    |                            |       |         |
| Agree                                                                            | 13.2                       | 4.9   |         |
| Neither agree nor disagree                                                       | 31.5                       | 19.5  |         |
| Disagree                                                                         | 55.3                       | 75.6  |         |

$^b$ These preferences were listed in order of ranking so the table can read easily.
5. Discussion

Health professionals are expected to know patient’s rights, to put these rights into practice, and even to advocate for their patients’ rights. Although it is possible to acquire this knowledge with training after graduation, medical education and nursing education intends that students should be made aware of ethical responsibilities by education before graduation. In the present study, it was noted that most of the students thought that patients’ informed consent should be obtained prior to the treatment or intervention. Accordingly, student nurses were prone to protect and respect patient autonomy, which is very important in patient’s rights. However, the fact that only half the nursing students said that patients had the right to decline treatment created doubts whether this modern idea was understood properly or not. Another study (10) conducted with nursing students in our country reported similar results; near graduating (last year) students said, with percentages similar to those of first year students, that patients had the rights to decline the treatment, which indicated that nursing education ethics curricula should be improved.

The majority of the students said that patients had the right to access medical records that would help them make autonomous decisions and to acquire a copy of these records. Moreover, most of the students said that patient confidentiality should be respected, and that this confidentiality should be protected after death. According to these findings, students were ready for their ethical responsibilities in patient’s confidentiality and the protection of privacy.

Telling the truth reflects the trust on which the patient and nurse relationship is based. It is another important ethical responsibility of nurses (8). Yet only half of the nursing students thought that patients had the right to know the whole truth about their conditions. Another study conducted with nursing students reported that increasing number of students, especially fourth year students, agreed that patients had the right to be told the truth (10). We might suggest that the reason why nursing students had a negative view about this patient right might be resulting from their clinical experiences because some of the intern nurses noted that patients are not actually told the truth in practice. However, it has been reported that patients want to know all the side effects of the diseases including death and fatal diseases, too (20, 21). Therefore, it would be beneficial if the topic of telling the truth and its exceptions were emphasized in ethics in nursing education.

Few students believed that children older than seven years old should be included in treatment decisions. This draws attention to the fact that child patients, like other patients, should be informed about their diseases and treatment according to their knowledge capacity and should be included in treatment to the degree that they are competent to do so (22). Children should abso-
al beliefs and societies’ traditions and values can shape the students’ views related to patient’s rights, and not all these views are related to their educational program. More studies are needed to evaluate the effectiveness of education on patient’s rights in nursing to resolve patient’s rights ethical problems in health care services and to provide ethical care.

The majority of nursing students studying in five nursing schools at West Black Sea Universities in our country believed in patients’ rights such as informing patients, truth telling, and protection of patients’ privacy and medical records. However, the patient’s rights to refuse treatment, children’s active participation in treatment, the prioritization of life quality in treatment, and respect for patients’ rights to die were less recognized by nursing students. Therefore, wide-ranging research on the adequacy and methodology of current ethics education, as well as discussion of ethical issues, seems to be essential.

Acknowledgements

We thank all the participating nursing students and nursing school administrators at West Black Sea Universities for their valuable support during conducting this research.

Authors’ Contributions

Rahime Aydin Er and Nermin Ersoy were responsible for the study design, prepared the draft of the manuscript, and made critical revisions to the paper. Rahime Aydin Er and Sevim Celik performed the data collection and analysis.

Financial Disclosure

The authors declare that they have no conflicting interests.

References

1. Onal G. Rights of patients in prison. In: Ulman YI, Gul TB, Kadioglu FG, Yildirim G, Edisan Z editors. Expanding Medical Ethics to Bioethics.. Ankara: Turkish Bioethics Association Publica- tions; 2009, pp. 248-55.
2. Onal G. Anatomy of patient rights. J Aciademin Univ Health Sci. 2012(3):7-14.
3. ER RA. Attitudes to Patient Rights of Students at the Beginning and End of Nursing Education: Kocaeli Sample. Turk Klinikleri J Med Ethics. 2012(20):339-45.
4. Republic of Turkey Ministry of Health., Hasta Hakları Uygulama Yönergesi (The Directive for Practice of Patient Rights):. T.C. Sağlık Bakanlığı, 2005. Available from: http://jgsb.saglik.gov.tr/has-tahaklari/yeniyonerge.htm.
5. Republic of Turkey Ministry of Health., Hasta Hakları Yönetmelğinde Değişiklik Yapılması Dair Yönetmelik (Regulation Amending the Regulation of Patients’ Rights):. Official Gazette of Republic of Turkey; 2014. Available from: http://www.cesmigazete. gov.tr/eskiler/2014/05/20140508-3.htm.
6. Yakov G, Shilo Y, Shor T. Nurses’ perceptions of ethical issues related to patients’ rights law. Nurs Ethics. 2010;17(4):501-10.
7. Erdil F, Korkmaz F. Ethical problems observed by student nurses. Nurs Ethics. 2009;16(5):589-98.
8. Ersoy N. Ethics in oncology nursing. Turk J Oncol. 2009;24(4):391-7.
9. Bu X, Wu YW. Development and psychometric evaluation of the instrument: attitude toward patient advocacy. Res Nurs Health. 2008;31(3):63-75.
10. Altun I, Ersoy N. Undertaking the role of patient advocate: a longitudinal study of nursing students. Nurs Ethics. 2003;10(5):462-71.
11. Gorgulu RS, Dinc L. Ethics in Turkish nursing education programs. Nurs Ethics. 2007;14(5):741-52.
12. Erdemir F. Nurse’s role and functions and the philosophy of nursing education. J Cumhuriyet Uni Nurs. 1998;2(1):59-63.
13. Deveci E, Oge Turktaş A, Ozan AT, Tokdemir M, Acik Y. Awareness about patients rights amongst patient admitting to a primary level health care facility. Turk Klinikleri J Med Ethics. 2005;13(3):374-8.
14. Ozer N, Ozu ZK. Do the surgical clinic inpatients know their rights? J Ataturk Univ Nurs. 2009;12(4):29-38.
15. Ozturk H, Yilmaz F, Hindistan S, Cilginer D, Yesilcicek K. Evaluations of doctors, nurses and patients about patient’s rights in hospitals. Turk Klinikleri J Med Ethics. 2007;14(5):3145-52.
16. Tasci KD. Evaluation of patients to received care after birth from the aspect of patient rights. J Ataturk Univ Nurs. 2007;10(1):262-33.
17. Zulfiikar F, Uluosy MF. Are patients aware of their rights? A Turk ish study. Nurs Ethics. 2001;8(6):487-98.
18. Hak an Odatemir M, Ozgu Can I, Ergonem AT, Hilal A, Onder M, Meral D. Midwives and nurses awareness of patients’ rights. Mid- wifery. 2009;25(6):756-65.
19. Teke A, Ucar M, Demir C, Celis O, Karda T. Evaluation of knowledge and attitudes of the nurses working in a training hospital about patients’ rights. TAP Prev Med Bull. 2007;6(4):259-66.
20. ER RA, Sensos MO, Aplnar A, Ersoy N. Ethical Problems About Informed Consent in Orthopedics: A Sample from Kocaeli. Turkiye Klinikleri J Med Sci. 2011;31(2):455-63.
21. Karahısır F. The evaluation of the thoughts and ideas of the physicians, nurses and fatal patients about the death and euthanasia. Turkey: Ataturk University Institute of Health Sciences Unpublished Master Thesis; 2006.
22. De Lourdes Levy M, Larcher V, Kurz R. Ethics Working Group of the Confederation of European Specialists in P. Informed consent/assent in children. Statement of the Ethics Working Group of the Confederation of European Specialists in Paediatrics (CESP). Eur J Pediatr. 2003;162(9):629-33.
23. Aydin E. The issue of informed consent in children. J Turk Pediat. 2003;46(2):48-52.
24. Berkten Egin A, Ocman M, Ersoy N, Acar Z. Definition of the ethical values and ethics codes for Turkish midwifery: a focused group study in kocaeli. Nurs Midwifery Stud. 2013;2(3):217.
25. Mandiracioglu A, Osoy SA. Last year students of Ege University Medical Faculty and nursing school approaches to the issue of euthanasia. Turkey: Ataturk University Institute of Health Sciences Unpublished Master Thesis; 2006.
26. Kaya H, Acun E. The views of nursing students about euthanasia. Turk Klinikleri J Med Ethics. 2005;13(2):315-9.
27. Ozer N, Saritas S, Ozlu ZK. Knowledge and thoughts of nursing students about organ donation and transplantation. J Anatolia Nurs Health Sci. 2010;19(2):24-31.
28. Tam WM, Suen IK, Chan HY. Knowledge, attitudes and commitment toward organ donation among nursing students in Hong Kong, Transplant Proc. 2012;44(4):1996-200.
29. Bilgel H, Sadikoglu G, Bilgel N. Knowledge and attitudes about organ donation among medical students. Tc Med. 2006; 18(2):99-106.