

Korean Nurses' Awareness of Patients' Rights in Hospitals

Yong-Soon Kim*, Moon-Sook Yoo*, Jin Hee Park*

I. Background

Improvements in standards of living have increased people's desire to care for their health. The spread of such enhanced health-care concerns has strengthened people's awareness that they should aid disease prevention by taking care of their own health by obtaining appropriate knowledge and information on healthy life. Also, the increase in patients recognizing their rights has led to the establishment of relevant laws and regulations related to the health rights and knowledge of medicine.^{1,2)}

The concept of patients' rights has developed markedly since the declaration in 1948 by the WHO that all human beings are entitled

to fundamental dignity and equality. An increase in the understanding of basic rights led patients to be proactive in their medical care, which has in turn led to a focus on the responsibility of the health-care providers who are in charge of health care.^{3,4)}

Patients' rights in a health-care system in general and patient-nurse relationships in nursing practice in particular have been viewed increasingly as essential aspects of nursing care. In 1953, the International Council of Nurses adopted the Code of Ethics for Nurses, which has since served as the standard for nurses.⁵⁾ This code expresses patients' rights in various categories, stipulating that nurses should respect the human rights, values, cultures and spiritual beliefs of

Corresponding Author: Jin Hee Park, College of Nursing, Ajou University. Tel: 82-31-219-7019. jhee@ajou.ac.kr

* College of Nursing, Ajou University

- 1) Paik HR & Rhee KC. A Study on the Patient's Rights to Know-Focused on Level of Knowledge, Demand, Evaluation and Practice. Korean J Family Administration 2003 ; 21(1) : 73-89.
- 2) Wilkinson R. Human rights. Nurs Stand 2000 ; 14(46) : 33-34.
- 3) Dreezen I & Nys H. Human rights: implications for patients and staff. EDTNA ERCA J 2003 ; 29(2) : 93-95.
- 4) World Health Organization. Patients' rights. Available at www.who.org (Accessed 15 Nov. 2006)
- 5) International Council of Nurses. Codes and Declarations: Nurses and Human Rights. Nurs Ethics 2001 ; 8(1) : 272-282.

individuals and their families, faithfully serve their patients, and maintain the confidentiality of information of patients and their families to which they have access while performing their duties. Meanwhile, the Code of Ethics for Korean nurses were announced in 1972 based on the code of the International Council of Nurses and was revised in 1983, 1995 and 2006. The Korean code also states that nurses must maintain the confidentiality of patient data to which they have access while performing their duties.⁶⁾

In 1985, one consumer group introduced patients' rights to promote high-quality care and protect patients in the increasingly money-driven health care system into Korea. Yonsei University Medical Center published a patients' bill of rights for the first time in 1993. Since 2003, the Ministry of Health and Welfare has required the Medical Institution Evaluation Report to include this patients' bill of rights. Almost all medical institutions explain to patients the rights to which they are entitled, and this has resulted in a new Korean medical law.⁷⁾ The fundamental law of public health came into effect in 2000 in Korea to improve patient access to health care. It includes patients' rights to autonomy, informed con-

ent, privacy and confidentiality.⁸⁾ This law has significantly affected patients' rights in Korea. It stipulates the rights of patients to decide by themselves and to be fully informed, and the duties of health-care providers to provide all relevant information to patients.

However, the slow speed of changes to health-care providers' recognition is not consistent with the rapid changes in patients' recognition of their rights in Korea, even though the relationships between health-care professionals and patients have shifted from authoritative and dependent relationships to more equal and mutual ones, as most clearly demonstrated in patient-care providers relationships and in the context of medical care.^{9,10)} Moreover, nursing is in a rather ambiguous position in this regard, because on the one hand nurses have ideologically valued patients' rights and autonomy, since they generally view their role as patient advocates, whereas nurses also exercise a great deal of authority and control over patients.¹¹⁾

Patients' rights are now widely recognized in Korean society, especially by Korean nurses. However, few studies have investigated ethical aspects of patients' rights from the perspective of health-care providers

6) Han SS, Yeom YR, Ahn SH, Kim YS. Nursing ethics. Seoul : Korean Nurse Association, 2004.

7) Kim YS, Park JW, Son YJ, Han SS. A longitudinal study on the development of moral judgement in Korean nursing students. Nurs Ethics 2004 ; 11(3) : 254-265.

8) Ministry of Government Legislation. Change of Patients' rights in Korea. Available at www.klaw.go.kr (Accessed 10 Feb. 2007)

9) Haug MR & Lavin B. Practitioner or patient—who's in charge? J of Hlth Soc Behav 1981 ; 22 : 2-29.

10) Blanchard CG, Labrecque MS, Ruckdeschel JC, Blanchard EB. Information and decision-making preferences of hospitalized adult cancer patients. Soc Sci Med 1988 ; 27(11) : 1139-1145.

11) Kim DS, Eun Y, Kim HS. Patient-Nurse Collaboration in Nursing Practice: A Korean Study. J Korean Acad Nurs 2002 ; 32(7) : 1054-1062.

involving nursing staff in Korea. Therefore, this research aimed at exploring nurses' attitudes, understanding and concerns of nursing ethics in relation to patients' rights to autonomy, informed consent, privacy and confidentiality, which are fundamental concepts in ethics in general and in health-care ethics in particular.¹²⁾

II. Purpose

The purposes of this study were (1) to determine nurses' awareness on patients' bills of rights, (2) to determine the extent to which patients' rights to autonomy and informed consent are honoured by nurses, and (3) to determine the extent to which patients' rights to privacy and confidentiality are honoured by nurses.

III. Methods and Materials

1. Data collection

Data were collected using a structured questionnaire developed specifically for this study based on a review of the literature related to patients' rights. The developed questionnaire was amended and supplemented by a preliminary survey of 2 nursing ethical researchers and 20 nurses. Questions

which were confusing, ambiguous, or gave very skewed responses were either removed, rewritten, or replaced.

The questionnaire contained 21 questions, comprising 4 general questions about patients' rights, 12 questions about their rights of autonomy, and 5 questions about informed consent, privacy and confidentiality.

This research was conducted by 700 nurses working in four hospitals located in Seoul and other metropolitan areas in Korea. Prior to data collection, ethical approval was obtained from the heads or the Institutional Review Boards at the four hospitals. An information sheet provided to the participants explained the details of the study, and the voluntary nature of the participation was also emphasized by respondents submitting completed questionnaires anonymously. Written informed consent was obtained prior to asking questions. The questionnaires were distributed and collected between August 1 and 30, 2005, with 97% of the distributed questionnaires being collected by a researcher, of which 618 were used for the analysis after excluding those with incomplete answers.

2. Data analysis

The basic descriptive statistics was applied, using the Statistical Package for Social Sciences (SPSS) software (version 11.5) to examine the nature of nurses' awareness of patients' rights.

12) Kim A, Autonomy and autonomy competencies: a practical and relational approach. *Nurs Philosophy* 2006 ; 7 : 205-217.

3. Subjects

The participants of the study were 618 nurses working in four medical centers located in metropolitan areas. The participants were between 23 and 55 years old, with a mean age of 28.9 (SD = 5.85). All participants were women. 64.9% were unmarried and 37.4% were Christian. 50.8% had completed a vocational college and 41.9% had a bachelor's degree. When it comes to a career, one-third have worked no more than 2 years, 22.8% between 2 and 5 years, 24.9% between 5 and 10 years, and 23.0% have worked over 10 years. A third (28.5%) of the subjects worked

in a medical ward and 24.6% in a surgical ward <Table 1>.

4. Study limitations

The cross-sectional design of this study prevented any assessment of trends, and hence additional research is required to confirm the findings. This study was also limited by the survey not investigating differences in the medical-institution environments and in the level of education, which was due to the necessary data not being provided by the medical institutions.

<Table 1> Demographic variables of the subjects

N=618

Variables	Categories	Mean±SD	n(%)
Age(years)		28.9±5.85	
	≤25		175(28.3)
	≤30		227(36.7)
	≤35		155(25.1)
	36<		61(9.9)
Marital status	Married		217(35.1)
	Unmarried		401(64.9)
Religion	Christian		231(37.4)
	Roman Catholicism		124(20.1)
	Buddhism		99(16.0)
	Others		63(10.2)
	None		101(16.3)
Education level	Vocational college		314(50.8)
	Bachelor's degree		259(41.9)
	Above bachelor's degree		45(7.3)
Career(years)	<2		181(29.3)
	<5		141(22.8)
	<10		154(24.9)
	10≤		142(23.0)

IV. Results

<Table 2> showed the results of nurses' awareness on patients' bills of rights. Over half of the participants (67.6%) answered that they had read patients' bills of rights, while 27.6% answered that they had heard of it but never read it. In the awareness of patients' rights to know, 3.7% answered that they did not know it. When asked "What actions do you think patients should take when their rights are not respected?", 69.9% of the participants thought

that patients should complain to the person who has infringed their rights.

The results of patients' rights to autonomy and informed consent were summarized in <Table 3>. Almost all participants answered that they considered it important to respect patients' decisions (98.4%) and health-care providers should respect patients' decisions (98.7%). However, in the questions asked that subjects gave patients an opportunity to select time on which a nursing procedure was performed, less than half answered they did so. Also, about 70% of the participants answered

<Table 2> Subjects' awareness on patients' bill of rights N=618

Contents	Categories	n	%
Are you aware of patients' bill of rights	Do not know	32	5.2
	Have heard of it but never read	170	27.6
	Have read it	416	67.6
Are you aware of patients' rights to receive information on procedures, medication and other treatment?	Do not know it	23	3.7
	Have heard of it but never read	159	25.7
	Have read it	436	70.6
What actions do you think patients should take when their rights are not respected?	Patients should not deal with it	2	0.3
	Patients should make their complaints to the person who have infringed upon their rights	432	69.9
	Patients should make their complaints to the chief of the person who have infringed upon their rights	137	22.2
	Patients should enter a legal action	18	2.9
	Others	29	4.7
What actions do you take when your rights as a patient is not respected?	I would not deal with it	17	2.7
	I would make their complaints to the person who have infringed upon their rights.	421	68.1
	I would make their complaints to the chief of the person who have infringed upon their rights	142	23.0
	I would enter a legal action	24	3.9
	Others	14	2.3

<Table 3> Subjects' awareness on patients' rights to autonomy and informed consent N=618

Contents	Yes n(%)	No n(%)
Do you give a patient an opportunity to select a day on which a nursing procedure is performed?	262(42.6)	353(57.1)
Do you give a patient an opportunity to select an hour at which a nursing procedure is performed?	409(33.4)	205(66.6)
Do you allow patients to select where on their skin blood will be taken or a venous injection applied?	489(79.4)	127(20.6)
Do you give a patient an opportunity to refuse a nursing procedure?	409(66.8)	202(33.0)
Do you explain patients the purposes and side effects of medication beforehand?	562(90.9)	50(8.1)
Do you beforehand explain to patients the purposes and required time for a nursing procedure?	560(91.1)	55(8.9)
Do you help patients decide on a procedure, medication, and other treatments after giving them detailed explanations?	468(76.5)	144(23.5)
Do you give patients medication and/or apply nursing procedures only after explaining their oral consent?	474(77.7)	136(22.3)
Do you consider it important to respect patients' decisions?	606(98.4)	10(1.6)
Do you think health-care providers should respect patients' decisions?	607(98.7)	8(1.3)

red that they gave a patient an opportunity to refuse a nursing procedure and helped patients decide on procedures and treatments t based on detailed information. Just 77.7% answered that they gave patients medication and/or apply nursing procedures only after requesting the oral consent. In contrast, over 90% of participants answered "Yes" to the following questions: "Do you explain to patients the purposes and side effects of medication beforehand?" and "Do you beforehand explain to patients the purposes and required time for a nursing procedure?"

Nurses' s awareness on patients' rights to

privacy and confidentiality were presented in <Table 4>. When asked "Have you ever said a patient' s name or diagnosis results of the patient so loudly, without permission, that others could hear it?", 40.2% of the participants answered "Yes". When asked "Have you ever described an examination or treatment that a patient will receive so loudly without permission that others could hear it?", 38.2% of the participants answered "Yes". About 20% of the participants answered that they had an experience to mention the results of an examination or private information of a patient so loudly without permission that others could

〈Table 4〉 Subjects' awareness on patients' rights to privacy and confidentiality N=618

Contents	Yes n(%)	No n(%)
Have you ever said a patient's name or diagnosis results of the patient so loudly without permission, that others could hear it?	247(40.2)	368(59.8)
Have you ever described an examination or treatment that a patient will receive so loudly without permission that others could hear it?	236(38.2)	382(61.8)
Have you ever mentioned the results of an examination or private information of a patient so loudly without permission that others could hear it?	90(14.6)	527(85.4)
Have you ever told the results of an examination or private information of a patient to his/her relatives or friends without permission from him/her?	111(18.0)	507(82.0)
Have you ever told the results of an examination or private information of a patient to other hospitals or doctors without permission from him/her?	80(13.0)	537(87.0)

hear it and to tell the results of an examination or private information of a patient to others without permission from the patient. The above responses indicate that typically more than 20% of the participants had not respected the patients' rights to privacy and confidentiality.

V. Discussion

Recent changes in the social recognition of health-care providers and in the social concept of health-care mean that health-care systems need to focus on patients' rights and the responsibility of taking care of their health. In this environment, this research investigated the extent to which nurses take note of patients' rights in clinical practices.

More than 30% of the subjects in this study answered that they had little knowledge of

patients' rights. In Korea, evaluation systems assessing the quality of services provided by medical institutions include patient's rights. Moreover, almost all medical organizations have their own patients' bills of rights that they make their staff members aware of. However, the present results show that it is necessary to provide more education on patients' bills of rights, stressing the importance of the rights of patients in health care.

The present findings showed that Korean nurses had poor awareness of the importance of patients' rights to autonomy and informed consent. Less than half of the subjects responded that they would allow a patient to select a day and time prior to performing a nursing procedure. Moreover, only 80% of the subjects would give patients information before performing a procedures, medication or treatment. This implies that patients' rights to autonomy and informed consent are not

fully respected in clinical practices. Similar results were obtained by Kim et al.,¹³⁾ who reported the nurses have weaker belief in patients' self determination on their care than the patients.

Autonomy is a fundamental concept in ethics in general and in health-care ethics in particular.¹⁴⁾ The principle of informed consent, aimed at the lawfulness of health assistance, tends to reflect the concept of autonomy and self-determination of a person requiring and requesting medical and/or surgical intervention.¹⁵⁾ Nurses should provide patients with full information on various matters related to nursing, respect the right of patients to decide by themselves and ensure that they understand their right to accept or refuse a nursing procedure. Furthermore, in order to respect patients' autonomy, care providers must understand the concept of patient free will is and allow patients to orally express their freely made decisions before any medical treatment or procedure is performed.^{16,17)}

Nurses' awareness toward patients' rights to privacy and confidentiality were also analyzed. Half of our subjects admitted that they had

infringed the rights of patients to privacy and confidentiality. This result is consistent with Leino-Kilpi et al.¹⁸⁾ reporting that patients complained about their names and social security numbers being said loudly enough to be heard by other hospital patients. They emphasized that health-care providers should try to keep patients better informed about the principles of data protection and secrecy.

Moreover, about 20% of our subjects responded that they had provided information about a diagnosis or information of a patient to a third party without permission from the patient. This indicates that patients' legal rights are also infringed in clinical practices. Such infringements of patients' rights to privacy and confidentiality occur worldwide. Woogara¹⁹⁾ interviewed patients, doctors and nurses at three wards of a hospital in the UK to determine the current state of the privacy rights. Almost all the respondents agreed that the private lives of patients should be respected, but they also reported that this information was rarely kept secret in clinical practices. Meanwhile, Tuckett²⁰⁾ researched the rights of residents in nursing homes, many of whom claimed that their privacy had been

13) Kim DS, Eun Y, Kim HS. Patient-Nurse Collaboration in Nursing Practice: A Korean Study. *J Korean Acad Nurs* 2002 ; 32(7) : 1054-1062.

14) Haug MR & Lavin B. Practitioner or patient—who's in charge? *J of Hlth Soc Behav* 1981 ; 22 : 2-29.

15) Mallardi V. The origin of informed consent. *Acta Otorhinolaryngol Ital* 2005 ; 25(5) : 312-327.

16) McHale J, Gallagher A, Lsobel M. The UK Human Rights Act 1998: Implications for Nurses. *Nurs Ethics* 2001 ; 8(3) : 223-233.

17) Schopp A, Valimaki M, Leino-Kilpi H, Dassen T, Gasull M, Lemonidou C, Scott PA, Arndt M, Kaljonen A. Perceptions of informed consent in the care of elderly people in five European countries. *Nurs Ethics* 2003 ; 10 : 48-57.

18) Leino-Kilpi H, Nyrhinen T, Katajisto J. Patient's rights in laboratory examinations: do they realize? *Nurs Ethics* 1997 ; 4(6) : 451-464.

19) Woogara J. Patient privacy of the person and Human rights. *Nurs ethics* 2005 ; 12(3) : 273-287.

20) Tuckett AG. Residents' rights and nurses' ethics in the Australian nursing home. *Int Nurs Review* 2005 ; 52 : 219-224.

violated. Merakou et al.²¹⁾ found that 65.8% of nurses considered that confidentiality was a right, whereas only 38.8% of them said that secrets are kept at hospitals.

Privacy and confidentiality is a basic ethical and legal human right. In order to secure the dignity and freedom of all humans, including patients, privacy and confidentiality should be included as one of the key concepts in health-care systems.²²⁾ This is why professional nurses must be familiar with responsibilities, protocols and legislation in their country, regarding patients' rights to privacy and confidentiality. Also, nurses should recognize that patients can suffer emotional, social and economic problems when their privacy and confidentiality are abused.^{23,24)} and only patients can decide what information can be shared with others, and to what extent.

VI. Conclusion and Recommendations

This was a descriptive study to identify nurses' awareness on patients' rights in clinical practices. We found that patient' rights to autonomy, informed consent, privacy and confidentiality are not properly honoured in

clinical practices of Korea. Therefore, further empirical studies should explore issues related to patients' autonomy, informed consent, privacy and confidentiality in nursing care. The findings also suggest that it is necessary to educate nurses about ethics and being sensitive to the dignity and rights of patients. This research represented a large-scale investigation into nurses' attitudes towards patients' rights in Korea, where there have been few studies into respecting patients' rights.

In the rapidly changing environment of health-care, many factors have affected how health care is practiced. In light of the need to increase the awareness of human rights, patients' rights should permeate clinical practices and health-care policies. Health-care services are considered a basic ethical and legal right of all humans, and health care should be viewed as a partnership between patients and care-providers, with the basic principle of nursing being to respect patients' rights, values and dignity. **ME**

➤ **Keywords** : Patients' rights, Autonomy, Informed consent, Privacy, Confidentiality

21) Merakou K, Dalla-Vorgi O, Garanis-Papadato T, Kourea-Kremastinou. Satisfying Patients' Rights: A Hospital Patients Survey. *Nursing Ethics* 2001 ; 8(6) : 2441-2446.

22) World Health Organization. A Declaration on the Promotion of Patients' Rights in Europe: European consultation on the rights of patients. Amsterdam, 1994 : 28-29.

23) Woogara J. Human Rights and Patients' Privacy in UK Hospitals. *Nursing Ethics* 2001 ; 8(3) : 234-245.

24) Erde E, Pomerantz SC, Saccocci M, Kramer-Feeley V, Cavallieri TA. Privacy and patient-clergy access: perspectives of patients admitted to hospital. *J Med Ethics* 2006 ; 32(7) : 398-402.

Korean Nurses' Awareness of Patients' Rights in Hospitals

KIM Yong-Soon*, YOO Moon-Sook*, PARK Jin Hee**

Patients' rights and patient-nurse relationships in nursing practice have been viewed increasingly as essential aspects of nursing care. A cross-sectional questionnaire survey was conducted between August 1 and 30, 2005 to examine 618 Korean nurses' awareness of patients' rights regarding autonomy, informed consent, privacy, and confidentiality. Data were collected by means of a structured questionnaire. The results indicate that nurses have little awareness of the importance of patients' rights regarding autonomy, privacy, and confidentiality. As an understanding of these rights is essential to good clinical practice, this study suggests that there is a need for education programs focused on understanding the legal and ethical rights of patients in the care of nurses.

◉ **Keywords** : Patients' rights, Autonomy, Informed consent, Privacy, Confidentiality

* College of Nursing, Ajou University

** College of Nursing, Ajou University: *Corresponding Author*