



Effect of Group Discussion on the Attitude of Healthcare Workers Toward the Patients' Rights: A Randomized Controlled Trial

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Abstract

Objective: Group discussion can enhance the knowledge and capabilities of the nurses in clinical judgments, however, its impact on the attitude toward respecting the patients' rights by nurses has been less focused. Therefore, this study aimed to investigate the effect of group discussion on nurses' attitude toward respecting the rights of patients in Shahid Madani hospital, Tabriz in 2014.

Materials and Methods: This experimental study with a pretest and posttest design and a control group was conducted on nurses. The research sample consisted of 142 working nurses who had a negative attitude score of less than 88 toward patients' rights. They were selected through the random sampling method and were assigned to 2 groups of experimental and control. A 2-partite questionnaire was used to collect data which included demographic data and observance of physical, psychological, and social rights of patients. Data were analyzed using SPSS.

Results: According to the results, no significant demographic difference existed between the 2 groups ($P > 0.05$). However, the analysis of covariance showed a statistically significant difference between the 2 groups in the score which was significantly higher in the intervention group compared to the control group ($P < 0.05$).

Conclusion: The results showed that group discussion can enhance observance of patients' rights by nurses. Therefore, it is recommended to use group discussion as an appropriate method in hospitals in order to change the attitude of nurses and to increase attention to patients' rights.

Keywords: Patients' rights, Group discussion, Attitude, Intervention

Introduction

Despite the youthfulness of medical ethics as an academic discipline, moral concepts are always propounded along with medicine and are as old as the history of medicine (1). Hippocratic Oath and the Liturgy of Shirazi are the first texts supportive of patients' rights and the main source of respect for the dignity of patients in medicine (2). As one of the most vulnerable social groups, patients are at physical, mental, social, or economic risks; this has led to special attention of human rights international societies to patients' rights (3). In fact, the emphasis on patients' rights in health care gains importance when the patients' vulnerability easily exposes them to infractions and flaws of the health system (4). Patients' right is in fact the protection of human rights in the field of health services. Protection of these rights can indicate the angles of relationship between them and patients and enables both sides to manage their relationships to the benefit of patients (5). Patients' rights refer to the observation of

affairs that are necessary and appropriate for the patient and are in fact arisen from patients' expectations from the process of success and treatment. With regard to the human dignity and patients' rights, health services should be provided fairly and based on respect for the rights and human dignity of patients. Therefore, nursing and medical care is founded on the respect for patient's dignity which increasingly becomes more important (6).

Observance of patients' rights is the most important and necessary ethical issue in a hospital. In addition, patient satisfaction is one of the most important indicators of effectiveness, efficiency, productivity, and quality of health services and treatment (7). Paying attention to patients' rights and their observance are important factors in improvement and comfort of hospitalized patients (8). Informing patients and their participation in decision-making and observance of their rights accelerate the recovery and reduces the length of hospitalization (9). In contrast, non-observance of patients' rights dissatisfies

Received 13 October 2016, Accepted 1 April 2017, Available online 15 April 2017

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them, resulting in less compliance with health care directives and hence less signs of improvement. It is also likely that patients leave or change the hospital despite incomplete treatment. This can therefore result in a risk to patient's health and safety as well as increased costs and reduced effectiveness of the services and care (10-12).

Patients' rights protection is considered as an essential part of nursing procedures, and according to Gadaw, it is an aid for patients to recognize the needs and inform them of their rights and protect them (13). This support is only possible when nurses have the necessary knowledge in this field, therefore, the more is the awareness of nurses of patients' rights, the better they will provide comprehensive nursing care to meet the physical, social, and psychological needs of patients, promoting the quality of nursing care and patients' satisfaction (14). Comprehensive care including patients' rights needs nurses' awareness which is achieved through ancillary studies, refresher courses, midterm workshops and seminars, and taking courses in school. In addition, group discussion is another useful method to enhance knowledge and skill (15). Group discussion is a useful tool for awareness and exchanging information, so that people can share their information and knowledge which help raise the educational level and increase the depth of insight and knowledge (16). Ajzan stated that attitude is deeply rooted in individuals' beliefs and their attitude toward the behavior is an important predictor of behavioral intentions and expression of their actual behavior. Therefore, according to this theory, it seems that attitude of nurses toward the rights of patients is affected by nurses' beliefs which determines their behavior (17). The insights and behaviors which are acquired and consolidated through learning and education, can also be changed, modified, and replaced through education, and group discussion undoubtedly can pave the way for changes in the behavior or insight. Reynolds believes that learning life skills including cooperation and interaction with others are better realized through group discussion. According to Damon et al, group discussion can increase critical power in nurses (18). Since group discussion is aimed to address the issues and problems of patients including their rights, it can be used to expand knowledge and insight and hence to make decisions closer to the realities and to lay the groundwork for observance of patients' rights more than before. Nursing is a profession with appropriate and sensitive knowledge to support, observe, and respect the rights of patients (19), and plays a key role in providing health services (20); however, studies show that nurses' knowledge and observance of patients' rights are not in a good status in Iran. For example, Naseriyani et al showed that patient's rights are observed in a low to moderate level in more than half of the cases (53.2%) (21). In addition, Galajeh et al indicated that nurses' knowledge and practice of patients' rights is moderate (22). Given the particular importance of recognizing and respecting the rights of patients by nurses during nursing care, as much as the nurses have more knowledge in the field of patient rights, these rights will be

more considered and executed. Therefore, statements and circulars are not enough for respecting these rights, rather, it requires necessary training to nurses (23). Considering the importance of the issue and lack of study in the field, especially in Iran, this study aimed to determine the effect of group discussion on attitudes of nurses, in order to help further development of respect for patient rights' by nursing personnel.

Materials and Methods

This is an experimental study which was performed as pretest and posttest on control and intervention groups. The study population consisted of all nurses working in Shahid Madani hospital in Tabriz. About 180 of them were selected using random sampling, so that 10 eligible general wards were selected and in order to control the interaction of the control group with the intervention group, they were randomly assigned to the control wards (n=5) and the intervention wards (n=5). Samples of the control group were selected from the control wards and of the intervention group from the intervention wards. According to pretest, a total of 142 nurses with a negative attitude score of less than 88 toward patients' rights were chosen and assigned equally in the intervention and control groups (n=71). The experimental group received 6 sessions of group discussion in six groups of 12 subjects with a duration of 45-60 minutes for each session. The researchers' objectives were determined at the beginning of each session, and each component of the patients' rights were discussed by the members in each session. The end of the sessions was assigned for conclusion. The arrangement of seats in the class facilitated group discussion and interlocution. The control group received no intervention during these sessions. Posttest was performed on both groups a week after the sessions. Both groups then received a pamphlet about patients' rights and the outline of discussions in the sessions.

A 2-partite hand-made questionnaire was used in this study, the first part included demographic information and the second part was about observance of the physical, mental, and social rights of patients. Validity and reliability of the tool was confirmed in many studies, including Vahedian et al (24) who determined the validity and reliability of the questionnaire through content validity and test-retest, respectively. In this regard, the correlation coefficient of the questionnaire of awareness of patients' rights was 0.95. However, content validity was used to determine validity in the present study. To this end, the questionnaire was provided to 10 faculty members in Tabriz University of Medical Sciences and after collecting their specialized views in this regard, the necessary corrections were made. In addition, Cronbach alpha coefficient was used to increase the reliability of the study on 142 nurses, which was obtained 0.63. The demographic part of the questionnaire included gender, age, education, marital status, workplace, work experience, employment status, and work shift and the second part contained 22 items which were graded according to Likert scale from

1 to 5 (strongly agree, agree, no idea, disagree, strongly disagree). The questionnaire score ranged from 22 to 110. The data were analyzed with SPSS-21 using descriptive statistics (mean, standard deviation, frequency, and percentage), chi-square test (to compare demographic qualitative variables of two groups), independent *t* test (to compare demographic quantitative variables of 2 groups), paired *t* test (to compare main variable between the groups, i.e. attitude toward the rights of patients in the pretest and posttest), and covariance (in two stages of baseline values adjustment and confounders adjustment).

Results

From a total of 142 participants in the study, 32 (45.1%) were male and 110 (54.9%) were female. In terms of workplace, the highest number of the nurses (31%) worked in ICU and the lowest number (5.6%) in the dialysis ward and CCU. The results of chi-square test showed no significant difference between the groups in terms of personal and social features of the participants including gender, marital status, education, employment status, and workplace ($P > 0.05$; Table 1).

Comparison of the mean and the mean difference between pretest and posttest of the 2 groups using the paired *t* test revealed a significant difference ($P > 0.05$; Table 2).

Comparison of age and work experience scores using

independent *t* test showed no significant difference between the 2 groups ($P > 0.05$; Table 3).

Covariance was used to compare the attitude of nurses in 2 stages. The first stage included adjustment of baseline values (age, work experience) and the second stage included adjustment of confounders (gender, workplace, marital status, work shift, education, employment status). The results showed a significant difference between the 2 groups ($P > 0.05$; Table 4).

Discussion

One of the most important components of patients' rights is to provide a humanistic and ethical care (25). Observance of patients' rights and respecting them are factors affecting the improvement and comfort of patients in hospitals (26). Mosadegh Rad and Esnaashary believe that since patients' knowledge plays a significant role in their satisfaction, informing them of their rights and respecting these rights by hospital staff will improve the efficiency of hospital services (27). According to the results of this study, the mean score of attitude toward observance of the patients' rights by nurses was 102.79 (1.03) in the intervention group and 96.16 (1.03) in the control group. This indicates that the patients' rights were respected by the nurses at an excellent level. In a study conducted by Vahedian et al, aimed to inform nurses about patients' rights and the rate of their observance, the mean score of

Table 1. Demographic Characteristics of the Study Population in the 2 Groups

Variable	Group	Control (n = 71)	Experimental (n = 71)	Source
Gender	Male	13 (18.3%)	19 (26.8%)	$P=0.228$; $df=1$; $X^2=1.45$
	Female	58 (81.7%)	52 (73.2%)	
Marital status	Single	23 (32.4%)	21 (29.6%)	$P=0.376$; $df=2$; $X^2=3.10$
	Married	47 (66.2%)	48 (67.4%)	
	Widowed	0 (0%)	2 (2.8%)	
Education	BSc	60 (84.5%)	65 (91.5%)	$P=0.196$; $df=1$; $X^2=1.67$
	MSc	11 (15.5%)	6 (8.5%)	
Employment status	Official	28 (39.4%)	28 (39.4%)	$P=1.00$; $df=1$; $X^2=0.00$
	Contractual	43 (60.6%)	43 (60.6%)	
Workplace	Pediatrics	7 (9.9%)	8 (11.3%)	$P=0.625$; $df=9$; $X^2=7.12$
	Surgery (women)	12 (16.9%)	6 (8.5%)	
	Surgery (men)	6 (8.5%)	10 (14.1%)	
	Internal (men-1)	8 (11.3%)	9 (12.7%)	
	Internal (men-2)	7 (9.9%)	6 (8.5%)	
	Internal (women)	8 (11.3%)	13 (18.3%)	
	CCU-2	6 (8.5%)	6 (8.5%)	
	CCU-3	3 (4.2%)	1 (1.4%)	
	ICU	13 (18.3%)	9 (12.9%)	
Dialysis	1 (1.4%)	3 (4.2%)		

Table 2. Comparison of Mean and Mean Differences of Pretest and Posttest in the 2 Groups

Variable	Control group	Experimental group	CI		T	df	P
	Mean \pm SD	Mean \pm SD	Lower	Upper			
Pretest	79.40 \pm 5.62	77.87 \pm 5.94	-	-	-	-	<0.001
Posttest	96.33 \pm 9.23	102.61 \pm 8.25	-	-	-	-	<0.001
Difference between pretest and posttest	16.93 \pm 10.44	24.76 \pm 9.00	26.87 19.40	22.61 14.45	23.16 19.40	70 70	0.00 0.00

Table 3. Comparison of Scores of Age and Work Experience Between the 2 Groups

Variable	Group	Number	Mean	Sig. (2-tailed)	Mean Difference (CI 95%)	P Value
Age	Experimental	71	34.53±6.68	0.680	-0.422 (-2.44 to 1.59)	0.680
	Control	71	34.95±5.42	0.680		
Work Experience	Experimental	71	11.41±6.26	0.756	0.302 (-1.61 to 2.22)	0.756
	Control	71	11.11±5.27	0.756		

Table 4. Results of the Covariance Between the 2 groups

Variable	df	F	P	Mean (SD)	Mean Difference		CI		Sig.
					Control	Experimental	Upper	Lower	
Age	1	0.019	0.12	102.79±1.03 (Experimental);	6.630	9.540	3.720	000	
Experience	1	0.21	0.64	6.16±1.03 (Control)					
Gender	1	2.33	0.89						
Marital status	3	0.29	0.82						
Education	1	2.58	0.11	105.64±3.28 (Experimental);	7.20	10.31	4.09	000	
Employment status	1	0.14	0.70	98.43±3.30 (Control)					
Workplace	9	0.05	0.40						

nurses – 0.68 (0.09) – was higher than average, and the mean rate of patients' rights observance – 4.09 (0.65) – was good; this is consistent with the present study (24). In another study to determine the knowledge of nurses about patients' rights and their observance by them, the mean rate of patients' rights observance was at a high level – 5.54 (62.4)–, which is consistent with the present study (28). A study by Arab et al in the hospitals of Tehran University showed that patients' rights are not respected well and this is not consistent with the present study (29). In a study by Tothova et al, respecting the rights of patients and their observance was very low among hospital staff, which is inconsistent with the present study (30). The results of Kazemnejad et al showed that the mean score of patients' rights observance from the perspective of two-thirds of the studied population (physicians and nurses) was weak and moderate; this is also inconsistent with the present study (31). Ledo et al stated that although 84% of nurses are aware of patients' rights, only 65% of them observe these rights during their activities; this is inconsistent with the present study (32). It seems that not respecting the rights of patients by nurses are related to organizational factors and recipients of care givers. All of these factors are related to patients' rights and are effective in promoting the rights of patients. In this regard, Hoshmand et al categorized organization-related factors, such as provision of facilities and equipment, enough skilled labor, observance of nurses' rights, raising care standards, and welfare of employees, as a leading class of facilitating factors (14). Accordingly, Merakou et al found that nurses are more often in close contact and in a more suitable position to support patients, but they did not take such a role, due to the shortage of personnel, lack of time, and lack of proper training in this regard (33). In addition, Mohammadi stated that given the non-standard hospitals and the lack of facilities, sufficient personnel, and a desirable physical work space, one cannot expect observance of patients' rights (34).

Regarding the relationship between gender, age,

education, and marital status with the rate of patients' rights observance from the perspective of nurses, the results showed a statistically significant difference; that is, a score difference of about 6.63 units existed between the intervention and control groups, which implies that training and learning can be effective and useful in observance of patients' rights, because education has been always a reliable means to improve the quality, performance, and resolving problems, and can aware people about health, disease, and health services (22).

Group discussion is a very important and valuable skill in the medical sciences groups, especially nurses, and research in this area can significantly enhance the quality of nursing services (35), because nurses play a vital role in the health care system and are in much and continuous contact with patients and their families. On the other hand, support is a necessary part of the nurses' activities and therefore, to be in a supporting role, nurses need to be aware of patients' rights and desire to play such a role, because the more is the awareness, the better they can promote nursing care quality and increase patients' satisfaction. This study showed that group discussion can significantly increase the score of attitude or awareness toward observance of patients' rights in the intervention group compared with the control group. This, in turn, can help raise their awareness and knowledge as well as their capabilities in the clinical judgment and diagnostic reasoning. It can also result in interaction and cooperation among group members and strengthening of this skill. This can also increase the critical power of participants, strengthen the rights of others, especially patients, and increase the acceptance of opposite views (22). Johnson et al believes that group discussion communicates the participants with each other in the group and increases their cooperation, confidence, and understanding (36). Gold et al revealed that the lack of appropriate in-service training programs and sufficient experience of instructors about ethical and legal issues can lead to inability of nurses in recognition of ethical and legal

problems (37). Therefore, nursing managers and nursing education planners are recommended to include the topics of patients' rights and nursing ethics in the nursing curriculum, and to provide educational courses such as continuous trainings, workshops, congresses, and conferences about the importance of patients' rights.

Conclusion

The results of this study showed that the use of group discussion helps improve the quantity and hence the observance of patients' rights by nurses at bedside. Given the role of nurses and other medical staff in the care and treatment of patients and the necessity of patients' rights observance, it is a good way to perform group discussion about patients' rights in other hospitals to witness more respect for the rights of patients.

As a limitation, the study was only conducted on a group of nurses working in Tabriz hospitals and this sample cannot be an illustrative example for the large community of nurses. Other research in this area can pave the way for further observance of the patients' rights and improvement of the quality of nursing care.

Suggestions

- Holding group discussion in other hospitals.
- Holding midterm workshops in the field of patients' rights.

Conflict of Interests

There is no conflict of interests.

Ethical Issues

The local ethics committee approved this study.

Financial Support

None to be declared.

Acknowledgments

This article was derived from a master thesis in the field of psychiatric nursing. The authors would like to give their gratitude to the research deputy of Tabriz University of Medical Sciences for cooperation and financial support as well as teachers, authorities, and nurses who helped perform this research.

References

1. Sharifi A, Jalali R, Shahbazi N. Evaluation of awareness of patients' rights and observance of patients admitted in Imam Reza Hospital in Kermanshah. *Journal of Medical Law*. 2012;6(23):133-137. (Persian).
2. Koula M, Panagiota Dalla V, Tina Garanis P, Kourea KJ. Satisfying patients rights: a hospital patient survey. *Nurs Ethics*. 2001;8(6):33-37. doi:10.117/096973300100800604.
3. Davaty A, Seyed Mortash S, Azimy A, Arbab Soleimany S. Evaluation of general practitioners' awareness of patient rights. *Medical Journal Scientific Journal of Shahed University*. 2010;91(18):82-86. (Persian).
4. Krzych J, Ratajczyk D. Awareness of the patients rights by subjects on admission to a tertiary university hospital in Poland. *Journal of Forensic and Legal Medicine*. 2013;20(7):902-905. doi:10.1016/j.jflm.2013.06.006.
5. Androula E. Patients Right. Trans Tabtazy M. 1st ed. Tehran: Nazhat; 2006.
6. Karro J, Dent AW, Farish S. Patient perceptions of privacy infringements in an emergency department. *Emerg Med Australas*. 2005;17(2):117-123. doi:10.1111/01742-6723.2005.0070.x.
7. Sterk P, Mahmody G, Anbary KH, Hossseini N. Evaluation of rights compliance of patients admitted to Shohada Hospital Ashayer in Khoram Abad. *Journal of Scientific Research, Lorestan University of Medical Sciences*. 2015;17(1):6-12. (Persian).
8. Josie Arkvazi H, Ashktorab T, Abassi M, Delpisha A, Manti R, Shahmir L. Organizational factors associated with patient rights by nurses and patients at hospitals affiliated with the University of Medical Sciences in Elam. *Journal of Medical Ethics*. 2015;7(23):143-146. (Persian).
9. Ellis JR, Hartely CL. *Nursing in Today's World*. Philadelphia Lippincott; 2001:255-494.
10. QtaninK, Kurz RS. The impact of nursing care and other health care attributes on hospitalized patient satisfaction and behavioral intentions. *J Healthc Manag*. 2004;49(3):181-196.
11. Zandiyeh M, Pakro Payravandi A, Imani B, Ahmadi S, Roshanaei GH. Quality of compliance of patients rights in operating rooms of Hamadan's educational hospital. *Journal Scientific Pajouhan*. 2012;13(2):22-26. (Persian).
12. Dehghan L, Dalvand H, Haghgoo H, Hosseini S. Occupational therapists and patients' rights: their level of clinical knowledge. *J Med Ethics Hist Med*. 2013;6:3.
13. Gadow S. Existential advocacy philosophical foundation of nursing. In: Pence T, Cantrall J, eds. *Ethics in Nursing: An Anthology*. New York: National League for Nursing; 1980:41-51.
14. Hooshmand A, Joolae S, Mehrdad N, Bahrani N. Nurses, information and their view points about patient's rights and practical facilitators in clinics. *Hayyat*. 2007;12(4):57-66. (Persian).
15. Rodyrashabady A, Bohrani F, Abbaszadeh A. Knowledge of a patients bills of rights observance of nurses and influencing factors in Kerman. *Past Medical History*. 2013; 5(17):39-54. (Persian).
16. Khosravi SH, J. AS. Focus group method of data collection. *Journal of Nursing and Midwifery*. 2010;23(68):19-30. (Persian).
17. Ajzan I. *Attitudes, Personality and Behavior*. Open University Press; 2005.
18. Reynolds M. *Groupwork in Education and Training -Ideas in Practice*. London: Kogan Page Limited; 1994:124
19. Baghcheghi N, Kohestani H, Rezaei K. Comparison of lecture and group discussion teaching method on nursing students' communication skills with patients. *Iranian Journal of Medical Education*. 2010;10(3):7-10. (Persian).
20. Özdemir MH, Ergonen AT, Sonmez E, Can IO, Salacin. The approach taken by the physicians working at educational hospitals in Inszmir towards patient rights. *Patient Educ Couns*. 2009;61(1):87-91. doi:10.1016/j.pec.2005.02.013
21. Naseriyani KH, Farniya F. Patient rights of nurses in hospitals in Yazd. *Journal of Forensic Medicine*. 2007;13(1):7-33. (Persian).
22. Ghalje M, Zakeri Z, Rezaei N, Abedzade R. Examination of knowledge of physitions and and nurses about patients'

- rights in Zahedan. *Akhlagh Pezeshki Journal*. 2010;3(2):69-75. (Persian).
23. Bokaie M, Anjazab B, Sarvary M, Fotouhi Z, Farajkhoda T, Abbasi M. Evaluation of the rights of health personal By health care From the perspective of hospital patients in Yazd. *Journal of Medical Ethics*. 2013;6(19):101-113. (Persian).
 24. Vahediyani A, Gasemkashani S, Avazeh A, Sephriniya M. Knowledge of patient's rights and observance by them in hospitals in Mashhad. *Journal of Nursing Care*. 2012;1(1):55-73. (Persian).
 25. Hakan M, Ozgur Can I, Ergonen AT, Hilal A, Onder M, Meral D. Midwives and nurses awareness of patients rights. *Midwifery*. 2006;25:756-65. doi: 10.1016/j.midw.2008.01.010.
 26. Yousuf RM, Fauzi AR, Shah A. Hospitalized patients awareness of their rights: a cross-sectional survey from a tertiary care hospital on the east coast of Malasiaya. *Singapore Med J*. 2009;50(2):494-499.
 27. Mosadegh Rad AM, Esnaashary P. Patients and physicians' awareness of patients' rights and its implementation at Beheshti hospital in Isfahan. *Iranian Journal of Medical Education*. 2004;11:45-53. (Persian).
 28. Dehbozorge M, Hadian M, Mohamadi J. The effect of the disease on the patient's bill of rights patient's expectations before and after training in Namazi Hospital. *Journal of Promotional Management and Health Development*. 2012;4(23):37-44. (Persian).
 29. Arab M, Zarei A, Hoseini M. Knowledge of patient rights and the observance of the patient perspective: a study in university hospitals in Tehran. *Journal of School Health Research Institute*. 2010;8(2):77-86. (Persian).
 30. Tothova V, Kahoun V, Mojzisova A. Patient's information about their Rights in the Hospital in Czech Republic. *University of South Bohemia, Faculty of Health and Social Sciences*. 2000;5(13):214-220.
 31. Kazemnejade SM, Hesamzadeh A. Implementation of patients bills of rights by physician and nurses from their colleagues points of view in educational hospital of Mazandaran University of Medical Sciences. *Mazandaran University of Medical Sciences Journal*. 2013;23(97) :216-23. (Persian).
 32. Lledó R, Salas L, González M, et al. The rights of the hospital patient: the knowledge and perception of their fulfillment on the part of the professional. The Group in Catalonia of the Spanish Society of Care for the Health Services User. *Rev Clin Esp*. 1998;198(11):730-5.
 33. Merakou K, Dalla Vorgia P, Garanis Papadatos T, Kourea Kremastinou J. Satisfying patient rights. A hospital patient survey. *Nursing Ethics*. 2001;8(6):499-508. doi:10.1177/096973300100800604.
 34. Mohammadi E. An investigation on Nursing's awareness of their own rights. *Proceedings of Nursing and Law Congress; 1998; Tehran: Ministry of health and medical education; 1998*.
 35. Safari M, Yazdanpanah B, Ghafarian H, Yazdanpanah S. Comparing the effect of lecture and discussion methods on students learning and satisfaction. *Iranian Journal of Medical Education*. 2006;1(6):59-64. (Persian).
 36. Johnson D, Wilson M, Cavanaugh B. Measuring the ability to meet family needs in an Intensive care unit. *Crit Care Med*. 1998;26(2):266-271
 37. Gold C, Chambers J, Dvorak EM. Ethical dilemmas in the lived experience of nursing practice. *J Nurs Ethics*. 1995; 2(2):131-142.

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