



POLICY BRIEF

Strengthening the Implementation of the Patients' Rights Charter in Hospitals: Evidence and Policy Options

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Executive Summary

The study assessed compliance with Iran's Patients' Rights Charter, explored the underlying causes of non-compliance, and developed practical solutions through expert consensus using a Delphi approach. The findings indicate that although compliance with domains such as service quality and privacy protection was relatively satisfactory, "major deficiencies existed in information provision (mean score: 2.46/5), participation in decision-making (3.3/5), and complaint handling mechanisms (0.6/5), while privacy protection (4.83/5) and service quality (4.79/5) received the highest ratings from patients.

A structured consensus process resulted in feasible and high-priority policy actions focusing on empowerment and training, structural and procedural reform, and feedback-based continuous improvement.

Materials and Methods

This policy brief is based on a three-stage descriptive cross-sectional study conducted in 2024 at Shahid Sadoughi Hospital in Yazd. In the first stage, 358 hospitalized patients and 65 healthcare providers completed questionnaires

based on Iran's Patients' Rights Charter. Patients were included based on willingness to participate; for patients, at least 24 hours of hospitalization and normal consciousness were required, while healthcare providers were included if they had at least one year of work experience. Sampling was performed using a multistage stratified approach across hospital wards. Data were collected through bedside interviews for patients and self-administered questionnaires for providers. The questionnaire was based on the standardized and previously validated Iran Patients' Rights Charter instrument (0–5 Likert scale). As no modifications (addition, removal, or rewording of items) were made to the original tool, no additional psychometric re-validation was conducted in this study. In the second stage, healthcare providers and hospital authorities identified barriers and proposed practical solutions. In the third stage, the proposed interventions were prioritized through a Delphi-based expert consensus process considering both importance and feasibility. Moreover, a panel of experienced healthcare providers (each with more than 10 years of hospital experience) and hospital managers from Shahid Sadoughi Hospital and other hospitals in Yazd were invited to a structured consensus meeting. Experts were

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selected purposively based on clinical and managerial expertise. A structured Delphi-style process was used, in which participants first reviewed and refined the list of proposed interventions derived from the first two study stages. In a subsequent round, experts rated each intervention on a 0–5 scale for importance and feasibility. Consensus was defined as $\geq 75\%$ of participants rating an item ≥ 4 , with an interquartile range (IQR) ≤ 1 . Items meeting these criteria were included in the final prioritized list of recommendations.

Problem Statement

Respect for patients' rights is a fundamental component of ethical healthcare practice and plays a central role in promoting trust, satisfaction, and adherence to treatment (1, 2). Iran's Patients' Rights Charter provides a comprehensive framework for safeguarding these rights; however, the results of this study indicate that its implementation remains inconsistent in practice. Patients reported low levels of satisfaction with access to information and complaint mechanisms, and awareness of the Charter at the time of admission was minimal, consistent with findings from other Iranian hospitals (3, 4). In addition, older patients tended to report lower compliance scores. Healthcare providers identified staff shortages, limited training opportunities, policy gaps, and cultural barriers as major constraints to effective implementation.

Insufficient compliance with the Charter may undermine patient autonomy, weaken institutional credibility, increase patient dissatisfaction and complaints, widen the gap between patients and healthcare providers, and reduce public trust in healthcare services. As public awareness of patients' rights continues to grow, healthcare systems are increasingly expected to respond effectively to these demands (5, 6).

Policy Context

During the past two decades, strengthening medical ethics and patient-centered care has become a national priority in Iran. The Ministry of

Health has mandated hospitals to implement the Patients' Rights Charter; nevertheless, monitoring mechanisms and operational strategies remain limited in many institutions. In practice, implementation of the Charter often remains limited to administrative requirements and is not fully integrated into routine clinical workflows, staff evaluation systems, or accountability mechanisms. Previous studies conducted in different regions of the country have reported similar shortcomings, particularly in information provision, transparency, and grievance management (1, 5). Despite the existence of formal guidelines, hospitals often lack integrated systems to translate these principles into routine practice. Furthermore, studies have shown that organizational ethical climate and leadership commitment play a major role in shaping ethical practice in healthcare settings (7, 8).

The present study contributes locally generated evidence and offers a consensus-based framework that can support institutional and regional policymaking. By combining empirical assessment with expert consultation, this research provides a practical model for strengthening ethical governance in hospital settings.

Policy Solutions and Options

Based on empirical findings and expert consensus, three complementary policy strategies are proposed to improve compliance with the Patients' Rights Charter.

Empowerment and Training Strategy

This strategy focuses on enhancing the knowledge, skills, and attitudes of healthcare providers, patients, and managers regarding patients' rights. Integrating the Charter into medical and nursing curricula and continuing professional development programs is essential. Moreover, targeted training for admission staff, secretaries, and social workers should be prioritized. The development of multimedia educational materials, clarification of staff roles in clinical wards, and regular workshops on ethical communication and informed consent can further strengthen professional competence (9).

Structural and Process Reform Strategy

This strategy emphasizes the creation of transparent and supportive organizational structures. Hospitals should provide simplified versions of the Charter at admission and rewrite it using practical examples. Transparency in service costs should be promoted through public reporting and staff training. Electronic complaint systems with tracking mechanisms and QR codes should also be developed. Clear guidelines must be established to protect patient dignity in sensitive clinical situations (10). Previous studies indicate that unclear procedures and weak institutional support remain major barriers to ethical practice (11, 12).

Feedback and Continuous Improvement Strategy

This strategy aims to institutionalize learning through systematic feedback. In addition, structured post-discharge satisfaction surveys should be implemented. Patient complaints must be regularly analyzed to identify recurring problems. The effectiveness of educational programs should also be evaluated periodically. Strong ethical climates and feedback systems have been associated with reduced moral distress and improved staff retention (7, 13). Finally, data from feedback systems should guide policy revisions and corrective interventions (7).

Table 1 summarizes the main gaps identified in the implementation of the Patients' Rights Charter and the corresponding evidence-based policy actions proposed through expert consensus.

Table 1. Key Problems in Implementing the Patients' Rights Charter and Corresponding Policy Solutions at Shahid Sadoughi Hospital

Identified Problem / Gap	Proposed Policy Solution	Facility(ies) in Charge	Priority
Low patient awareness of the Charter at admission	Provide simplified Charter copies and multimedia materials at admission	Patient Affairs Unit; Hospital Admission Office	High
Inadequate information about diagnosis and treatment	Train staff in ethical communication and informed consent	Medical Education Unit; Clinical Department Heads	High
Limited patient participation in decision-making	Implement shared decision-making and communication skills training	Clinical Governance Office; Department Heads	Moderate
Weak complaint and grievance mechanisms	Establish electronic complaint systems with QR codes and tracking	Patient Affairs Unit; Information Technology (IT) Unit	High
Lack of transparency in service costs	Publicize average procedure costs and train staff to explain expenses	Hospital Financial Affairs Unit; Admission Office	High
Insufficient ethics and patient rights training	Integrate patient rights into curricula and continuing education	Medical Education Department; Nursing Education Unit	High
Staff shortages and high workload	Improve workforce planning by prioritizing staffing in high-burden wards and reducing excessive workloads that limit effective communication with patients	Hospital Administration; Human Resources Department	Moderate
Low moral sensitivity among providers	Conduct regular ethics workshops and reflective learning sessions	Medical Ethics Committee; Education Department	High
Inadequate protection of dignity in sensitive situations	Develop clear clinical guidelines for special care contexts	Clinical Governance Office; Hospital Ethics Committee	Moderate
Weak use of patient feedback	Implement surveys and systematic complaint analysis	Quality Improvement Unit; Patient Affairs Unit	High

Priority Recommendations

Based on Delphi consensus, considering both importance and feasibility which were rated independently by each expert, priority should be given to delivering the Charter at admission, developing multimedia educational materials, revising the Charter with practical examples, integrating patient rights into training programs, establishing transparent complaint systems, and using monitoring data for continuous improvement. These actions were rated as both highly important and feasible.

Implementation Considerations

Effective implementation requires leadership commitment, allocation of financial and human resources, and integration of monitoring indicators into hospital evaluation systems. Furthermore, collaboration between clinical, administrative, and educational units is essential. Pilot implementation in selected wards may facilitate gradual scaling.

Conclusion

Strengthening compliance with the Patients' Rights Charter is an ethical, legal, and managerial necessity. Evidence from this study demonstrates persistent gaps in information provision and complaint management. By combining education, empowerment initiatives, structural reforms, and continuous feedback mechanisms, hospitals can move toward more transparent, accountable, and patient-centered care. "Hospital managers and policymakers can use this framework to strengthen patient-centered care through targeted education, structural reforms, and continuous monitoring of compliance with patients' rights.

Ethical considerations

This policy brief is derived from a study approved by the Ethics Committee of Shahid Sadoughi University of Medical Sciences, Yazd, Iran (Approval No. IR.SSU.SPH.REC.1403.078). Written informed consent was obtained from all participants prior to data collection. For participants under the age of 18 years, informed consent was obtained from their parent or legal

guardian. The study was conducted in accordance with the ethical principles of the Declaration of Helsinki.

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Conflict of interests

The authors declare that they have no competing interests.

Authors' contributions

MZ contributed to the study design, data collection, data analysis, interpretation of the findings, and drafting of the manuscript. MD and AF contributed to data collection, interpretation of the findings, and critical revision of the manuscript. MHL conceived and supervised the study, contributed to the study design, interpretation of the findings, and critically revised the manuscript. All authors read and approved the final version of the manuscript.

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