AWARENESS AMONG HOSPITALIZED PATIENTS OF THEIR RIGHTS: A CROSS SECTIONAL SURVEY FROM TERTIARY CARE HOSPITAL OF RAWALPINDI

Sumaira Masood, Mahmood-ur-Rahman, Humaira Mahmood*, Shazia Nisar, Shamaila Mohsin**

Army Medical College/National University of Medical Sciences (NUMS) Rawalpindi Pakistan, *Health Services Academy Islamabad Pakistan, **Combined Military Hospital Jhelum/National University of Medical Sciences (NUMS) Pakistan

ABSTRACT

Objective: To determine the level of awareness among patients admitted in hospitals about their rights to healthcare.

Study Design: Descriptive cross sectional study.

Place and Duration of Study: Study was conducted in medical and surgical wards of Military Hospital Rawalpindi, over six months duration from April to September 2015.

Material and Methods: In-patients, aged 12 -65 years who had been admitted for more than 48 hours were included in study. Well oriented and conscious patients were requested to choose single best option for each question in self-administered questionnaire. Awareness of patients of their rights was measured by adding up correct responses and was categorized into unsatisfactory, satisfactory and good. Data were entered and analyzed in SPSS version 20. Significant *p*-value was taken as <0.05.

Results: Among 140 respondents, 92 (65.7%) had overall unsatisfactory awareness of their rights, 41(29.3%) had satisfactory, and only 7(5%) had good level of awareness. Maximum awareness was about the right to informed consent (77.1%), followed by right of being treated with respect (37.9%). Awareness about right to decide about patient's own treatment was the lowest (17.1%). The difference of level of awareness among males and females was statistically significant ($p<0.001$). The awareness levels differed significantly with educational status of respondents ($p<0.001$).

Conclusion: Majority of patients had overall unsatisfactory level of awareness. However, majority had good knowledge of right to informed consent but poor knowledge of right to decision making about their treatment.

Keywords: Confidentiality, Informed consent, Medical paternalism, Patient rights.

INTRODUCTION

Human being is an individual with physical, mental and spiritual dimensions and hold rights during the health and illness[1]. The United Nations Commission on Human Rights (UNHCR) has formulated a report that clearly differentiates between human rights and rights to health. This report forms the foundation of World Health Organization (WHO)'s mission to ensure "health for all"[2]. The rights of patients are the expectations that must be observed in every health care service. These encompass his physical, mental, spiritual and social needs which are manifested as standards, rules and charters[1]. With advancing technologies and education, awareness of patients about their rights is increasing. Patients' expectations are many and want the best management in health care setting[3].

According to WHO, each country should formulate its own charter in the light of its own cultural and social needs to promote and support patients' rights[2]. Patient's rights are encompassed at various levels in areas like the provision of healthcare in respectful and dignified way, respect for religious and moral values (100%)[3], confidentiality (29.8%)[3] of medical records, opportunity for better understanding of information provided (17.4%)[3] and to be an informed participant for voluntary decision-making (29%)[4], have their questions answered (85%) & continuity of health care[4].

Correspondence: Dr Sumaira Masood, Community Medical Department, Army Medical College Rawalpindi Pakistan
Email: sumaira_mq@hotmail.com
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Patients especially of under developed country remain submissive, had poor (30.5)[5] knowledge of their rights, and those even with good knowledge (10.1%)[5] cannot claim their rights in a health care system and regard it as favor from health care setting and staff rather than their right[6]. Pakistan's constitution has incorporated principles of Universal Declaration of human rights however, unlike many other constitutions of the world, it does not explicitly address the topic of health in its chapter on fundamental rights[7].

In Pakistan, no national draft is available and the only set of rules governing the practice of health care professionals is the 'code of ethics'[8] formulated by the Pakistan Medical and Dental Council. The concept of charter or bill on patients' rights is new in the country. After 18th amendment, provinces like Punjab government has formulated charter on patients' rights and responsibilities of health care service 2013 and Sindh government is on its way of making health care commission act[9,10]. The poorly sustained and ineffective healthcare systems, poor literacy rate with people having no perception of rights, the mighty status of physicians, and refusal to hear bad news are some of these factors responsible for poor practice of patients' rights[4]. The awareness levels vary with age of patients, awareness with educational level and the place of residency, however so such difference was found between males and females[11].

Execution of health rights leads to betterment of health care delivery system, satisfaction of patients, shorter duration of hospital stay,[12] and equal sharing of responsibilities among patients and healthcare staff[13]. Although the patients want to receive detailed information about management, however, they are hesitant to take part in decision-makings and fear that asking health personnel may make him/her furious (40%)[4] and can negatively affect their care.

The rationale of this study is to determine the awareness of patients admitted in hospitals about their rights to healthcare. Patients knowledge of their rights reflect their health care-seeking behaviors. It can help in improving their satisfaction with health care provider as well as health care facility.

MATERIAL AND METHODS

A descriptive cross sectional study was conducted in Medicine and Surgery wards of Military hospital, Rawalpindi over six months duration from April to September 2015. A sample size of 140 was calculated using WHO sample size calculator with p=10.1%[5], it is computed to be 140, at 95% confidence interval and 5% permissible margin of error. In- patients, aged 12

Table-I: Demographic profile of respondents (n=140).

S. No	Characteristics	Frequency(n)	Percent (%)
1.	**Gender**		
	Males	64	46
	Females	76	54
2.	**Educational Status**		
	Illiterate	33	23.6
	Primary	41	29.3
	Matric	43	30.7
	Above matric	23	16.4
3.	**Entitlement**		
	Yes	135	96.4
	No	5	3.6

number of family members[5]. There were significant relationship between patient

-65 years who had been admitted for more than 48 hours were included in study. Patients who were oriented and conscious to comprehend question, were selected using non- probability consecutive sampling.

The questionnaire was validated by two experts of the field. It was pre-tested and structured questionnaire. The first part consisted of questions on demographic profile of patients (age, gender, education, occupation, disease, duration of stay in hospital, history of previous admission, entitlement) and in the second part, the respondents were requested to choose single best option for each question asked. Each correct response was scored one. The correct answer was obtained from patients rights drafts of the country[4,9,10]. The patients answering more than one option as correct were considered incorrect and so scored zero. Awareness of patients of their rights was measured by adding up all the correct responses. The minimum score obtained can be zero to the maximum 6 if all questions were answered correct. The awareness level was then classified as unsatisfactory (score below 2), satisfactory (score 3-4) or good (score 5 and above) according to the score obtained. More than one correct options were dealt with multiple response analysis.

These questions were obtained from literature review i.e. knowledge of right of being respected, attentively listened to and satisfied for queries, briefed about disease, its treatment options, facilitated to seek second opinion if needed, ensured confidentiality for all personal information provided, asked for consent to take part in research, told about follow up care at the time of discharge and provision of medical summary and reports.

The interviewer administered questions after taking informed written consent from the patients. Ethical approval was obtained from the hospital prior to the commencement of data collection.

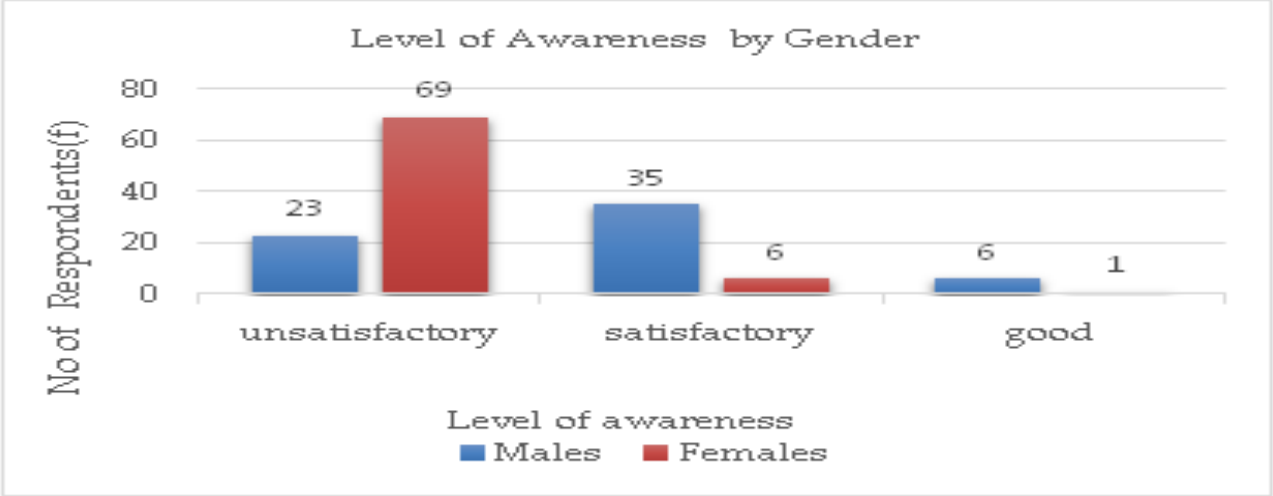

Figure-1: Multiple bar chart showing difference in awareness by gender.

Data were entered and analyzed on SPSS version 20. Chi square test was used to find relationship of awareness with age, gender, educational status. A *p*-value <0.05 was considered statistically significant.

RESULTS

Among 140 respondents, 64(46%) were males and 76 (54%) were females. Patients admitted in medical wards were 86 (61%) and those admitted to surgical wards were 54(39%). The mean age was 39.86 ± 12.92 years. The median duration of length of stay in hospital was 4 days. (3-30 days). The demographic profile of patients is shown in table-I.

In total, mean score for awareness was 2.07 ± 1.295. Among patients, 92 (65.7%) had overall unsatisfactory awareness of their rights, 41

(29.3%) had satisfactory, and only 7(5%) had good level of awareness. Overall, maximum awareness was about the right to informed consent (77.1%), followed by right of being treated with respect (37.9%). Awareness about right to decide about patient's own treatment was the lowest (17.1%).

Regarding multiple choice questions, 89 (41.2%) patients had correct knowledge of their right of choice to take part in research. However, 88 (40.7%) patients believed that health personnel can use their medical records for any purpose and that too without consent 39 (18.1%).

Knowledge of being treated with respect and dignity was questioned. Patients 134 (52.8%) believed that health personnel should communicate in simple language easily comprehendible by patient. Only 42 (16.5%) believed that there is no need that health personnel should introduce him/herself prior to treatment. Almost half of patients 78 (30.7%) believed that patients religious and cultural values should not affect treatment.

Awareness about extent of information delivered, was asked. Eighty three (42.1%) patients were aware of their right to get their all queries about disease answered. However, 86 (43.7%) believed that health personnel should tell only want he/she think is required and 28 (14.2%) agreed that there is no need for health personnel to inform patient.

Awareness regarding decision making in treatment, was asked. Patients did believe that health personnel should give detailed information about treatment options but then final decision should be made by health care personnel 76 (46.3%) and by patients themselves 20 (12.2%). However, 68 (41.5%) think that doctor can select treatment by his/her own without prior discussion with the patient.

Majority of patients 134 (49.1%) were aware of their right to understand discharge treatment and follow-up advice. Sixty patients (22%) believed that they did not have right to access health personnel for second opinion. More than half of patients 79 (28.9%) denied their right of leaving the hospital against the advice of the treatment team.

Majority 131 (76.6%) knew their right to consent i.e written consent should be taken prior to procedure and possible complications be told beforehand. However, 20 (11.7%) believed that health personnel can proceed without consent, and some 20 (11.7%) believe that health personnel can take consent afterwards.

The difference of level of awareness among males and females (X^2= 46.39, p<0.001) was statistically significant (fig-1). Overall scores showed that awareness levels differed significantly with educational status of respondents (X^2=35.3, p<0.001) as shown in fig-2.

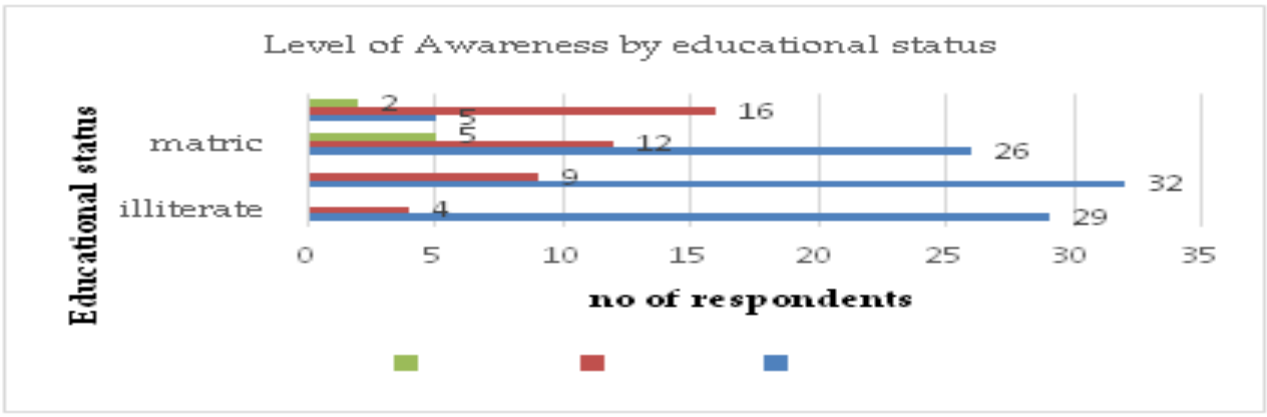

Figure-2: Multiple Bar chart showing difference in awareness by educational status.

There was no relationship of age (p=0.153) history of previous admission (p=0.611) and entitlement (p=0.751) with level of awareness.

DISCUSSION

Awareness of patients about their rights is fundamental in understanding various existing health care systems in a country and making them well-organized[13]. The awareness level of patients was low in our study. Only 5% had good knowledge compared to 29.1% patients in Iran[14] who had good knowledge. This great difference reflects the absence of any charter, bill on patient rights in our country.

In our study, only 30.7% believed that religion and cultural values should not affect treatment, however, in a study in Poland, 70.5% patients were aware that pastoral care should be given regardless of religion[13]. This difference may be because of religious disparities among populations. In our study, 16.5% patients agreed that there is no need for health care provider to introduce him/herself to patient. However, in Turkey, a great percentage of patients 69.6% never even requested to know their health care provider[15].

In our study, 89(41.2%) patients had correct knowledge to exercise their right to take part or not in any research compared to 34.7% in China who believed that doctor can force to take part in experimental research[16].

In our study, many patients (43.7%) were of view that health personnel should tell only want he/she think is required. Similar findings were in study in India where doctors inform patients less because they think patients are not willing to listen to the whole facts[17]. In a qualitative study in a transitional country, the patients were also in this favour and responded that too much information by physician burdens and confuses them[18]. In our study, many patients (42.1%) had knowledge that doctor should respond to all their questions as confessed by a physician in a qualitative study that doctor must reply to all queries till the patient is completely contented[18].

American medical association allows patient to decide themselves about their treatment or procedure[19] but in our study 46.3% of patients were of view that doctor should decide for patients treatment and only 12.2% were aware of the fact that they can decide for themselves. Paternalistic approach still exists in our setup as is a common practice in Asia that most patients avoid the concern of decision-making and oblige to the decision taken by relatives or doctor[17]. Patients desire to be actively involved during the medical consultation. Many elderly, and less educated patients favor a paternalistic model leaving decisions about their treatment and health to the medical expert[20].

Majority 131 (77.1%) knew that they should be informed about procedure beforehand. However, in a study in Karachi only graduates and above (16%) were aware of informed consent but a study in Poland showed less awareness about form of consent (42.9%)[13]. This difference may be due to extent to which knowledge about informed consent was asked in different studies.

Our study results showed that males had better awareness as compared to females in our study but in a study in Iran, gender made no difference[5,21]. Patients awareness improved with increasing educational status in our study and this difference was also found in a study on Iranian patients[5]. No such association was found in another study in Iran[21].

The results of this study can not be generalized as, it was conducted in a single hospital. More research is needed with a large sample size.

CONCLUSION

Majority of patients had overall unsatisfactory level of awareness. However, majority had good knowledge of right to informed consent but poor knowledge of right to decision making about their treatment.

CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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