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## **A study to assess level of facilitation of service delivery by observance of patient rights by healthcare workers & observance of duties by patients in public teaching hospital**

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### **Abstract**

Observance of basic patient rights to accessible healthcare, physician of choice, complete information, treatment-refusal, filing complaint and confidentiality of personal and medical privacy motivates active participation of patients in healthcare treatment decision-making. Implementation of patient's rights by healthcare-workers especially in public hospitals is utmost necessary to secure good medical practice and build & strengthen doctor-patient relationship and rapport, avoiding legal complications which are a big issue these days especially after coming under the ambit of Consumer Protection Act. Lack of practice of patients' rights may lead to hazards in health outcomes and ruined doctor-patient relationship thereby compromising optimal care of patients, decreased efficiency, effectiveness, trust and loss of clinical work hours due to litigations. Present survey study on randomly-selected 282 patients of a public medical education institute and hospital (1128 bed capacity in all attached hospitals) revealed a mediocre level observance of patients' rights and an above average sense-of-responsibility among patients in healthcare decision making. Significantly high level of ignorance for laws safeguarding rights was deduced. Media remains major sources of awareness about rights and duties in such patients.

**Keywords:** Patient Rights, Duties, Public Hospital, Patient Satisfaction, Healthcare Service Delivery.

### **Introduction**

**Patient Rights:** Patient rights are those basic rules of conduct between patients and medical caregivers as well as the institutions and people that support them. A patient is anyone who has requested to be evaluated by or who is being evaluated by or who is being evaluated by any healthcare professional. Medical caregivers include hospitals, healthcare personnel as well as insurance agencies or any payors of medical related costs (Davis, 2015) [3].

Patient Rights has their origin from human rights, constitutional rights, consumer rights and civil rights along with Codes of Ethics of Medical & Nursing profession. Indian Constitution bestows certain rights on citizens like Right to Life. Right to Healthy Life is an integral part of the Right to life, threat to which is considered as denial of the Right to Life (Medicare Payment Advisory Commission (US, 1998). Some of the laws legislated to protect patient rights include The Drugs and Cosmetics Act, The Medical Council Act and The Consumer Protection Act redressed by avenues like Medical Council, Civil Courts, Consumer Courts and Criminal Courts (BAL, 2010) [2].

Some of the patient rights include access to care regardless of demographic status, respect and dignity, confidentiality, safety & security, obtain information from providers regarding disease, diagnosis & treatment, informed consent, consult specialist, continuity of care, refuse treatment, etc (Adapted from: <http://uhsystem.com>>Conway>patient-rights-and-responsibilities)

**Patient Responsibility-** According to Dr. William Glasser, it is the ability to fulfill ones' need and to do so in the way not depriving others of ability to fulfill their needs.

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Some of the patient rights included are provision of complete and accurate personal information and medical history related to health, provision of advance directive to doctor, clarify doubts, inform doctors if treatment can't be complied with, active participation in decision making, respect for

care providers, safety for hospital property, keeping appointments, etc. (Johns Hopkins Medicine, 2016) [12].

**Factors Affecting Implementation of Patient's Rights**

Positive factors	Negative factors:
Empowerment of patients, Education, Healthy work environment, Employer guidance, Clear job description, Awareness of rights (Joolae <i>et al.</i> , 2008).	Illiteracy, Language barriers, Low socio economic status, Feeling inferior to HWs, Fear of litigation, Work load (Kagoya, 2013), Staff shortage, Institutional inadequacies, Lack of facilities (Joolae <i>et al.</i> , 2008)

**Source of Information:** Major source of information reported in previous reviews are doctors, nurses, other healthcare providers & hospital boards, booklets on National Patients and their Families' Rights & Responsibilities', family & friends (Farida *et al.*, 2013) [4], mass communication media, healthcare institutions, continuing education programmes, educational institutions, medical companies, political parties and religious groups (Heidari *et al.*, 2014) [6].

**Role of Patients in Decision Making About the Treatment**

Patients want to be informed of treatment alternatives and involved in treatment decisions when more than one alternative exists. Patient participation in decision making is justified on human grounds alone and physicians should endeavour to engage them but till varying degrees and considering level of readiness to participate (Guadagnoli, 1998) [5]. It ensures respect for persons through provision of thoughtful consent for an option to decide on the best possible treatment in disease processes, so that the patient can make a rational voluntary decision regarding what he/she wants to do (Rajesh DR *et al.*, 2013) [14].

**Role of Healthcare Providers in Observance of Patients' Rights**

Awareness of patient rights among hospitals and healthcare workers will lead to ethical medical practice, boosting morale of both patients and healthcare team, failing which can lead to lack of healthy patient doctor relationship affecting health outcomes, distrust, losses for both patients and hospitals and legal complications.

The Codes of Ethics of medical and nursing councils define duties of the doctors and nurses towards the patients which forms basis of patient's rights (BAL, 2010) [2]. Appropriate care and observing patient rights require proper knowledge which would be possible through different ways such as side studies, retraining courses, academic courses during their education (Nejad, 2011) [10], and due training (Asadi, 2015) [1]. Among the healthcare providers, it is accepted that the greatest responsibility for preserving patients' rights lies with the physicians, the nurses and the midwives, specially nurses (Heidari, 2014) [6].

**Barriers in Observance of Patient's Rights:** Imbalanced nurse: patient ratio, nurses' dominance, impoliteness, discrimination (Ojwang *et al.*, 2010) [11], staff shortage, work environment limitations, low awareness (Joolae *et al.*, 2008) [7], poor communication (Yaghobian *et al.*, 2014) lack of respect for personal, spiritual & religious values and beliefs of patients.

**Methods and Approach**

The present survey study aimed to assess the facilitation in healthcare service delivery through observance of patient

rights by the healthcare workers of government teaching hospital and observance of duties by 282 randomly selected patients during their course of treatment.

**Inclusion Criteria**

- Patients willing or in condition to participate in survey
- Patients due for discharge on the day of data collection.
- Patients aged above 18 years, or their attendants or guardians.
- In and outpatients of the hospital
- Patients covered under any health insurance cover or scheme, belonging to any demographic characters were acceptable.

**Exclusion Criteria**

- Patients aged less than 18 years
- Critically ill patients/ ventilated patients/ disoriented neurological patients or the ones with altered mental status

**Procedure**

The study's importance, aims and techniques was clearly described to the patients prior to taking their informed consent and motivating them to take part in it. All respondents were given a clear choice and free will of participation. To get honest response, the sample was assured of anonymity which motivated them to reply without fear. The data was collected through a well-structured close ended questionnaire database which was tabulated and analyzed with the help of simple statistical tools like computation of percentage using Nominal Scale to reach the assessment results.

**Results and Discussions**

**Demographic Characteristics:** The survey was performed on randomly selected 282 patients (both in-patients and out-patients) visiting hospital for treatment in various clinical specialties out of which 42.55% were *males* and 57.45% were *females*. More number of females patients were seen in sample as they preferred public hospitals for treatment due to lack of financial control and decision making power due to inequality as compared to males. 69.86% of the sample consisted of patients *aged* less than 45 years (*Figure 1*).

The distribution of sample according to *education* is depicted in *Figure 2*. There was a significant sample (41.13%) of students and employees from medical college and nearby colleges with a graduation or post graduate degree. But still a majority of patients from low education level referred public hospital seeking treatment hence it is inherent in duty of doctors and other healthcare workers to spread awareness and observe patient rights diligently.

Distribution of sample according to occupation is depicted in *Figure 3*. Sample from all categories were noticed except

for professionals who prefer private hospitals or are covered under private hospitals owing to their corporate policy coverage. Hence, sample from various occupational sectors

were used in study along with majority of females or lowly educated class, it justifies the sample inclusion for study.

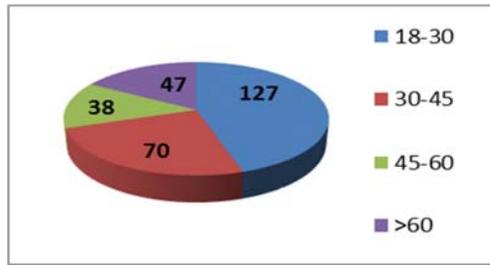


Fig 1: Age distribution of sample

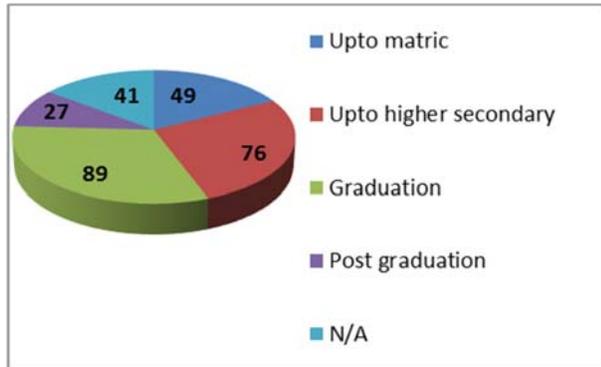


Fig 2: Education distribution of sample

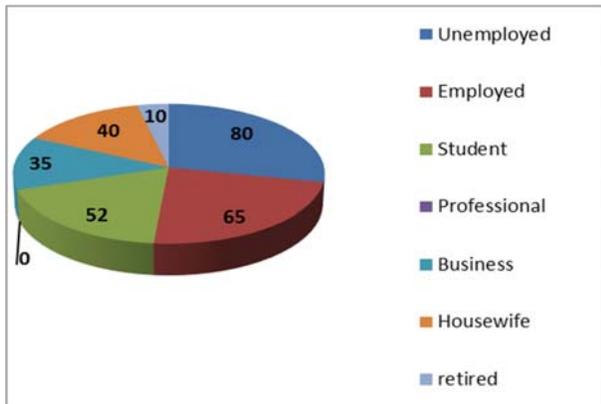


Fig 3: Occupation distribution of sample

**Assessment of Awareness of Rights in Patients**

Out of 53.90% replies received, 35.46% sample refuted that they found it hard to get *appointment on a short notice*. Rest of the sample didn't respond to the question because they came as OPD patients and no prior appointment is required for that. Doctors along with the associate staff (SRs, JRs, medical officers) attend all patients visiting OPD during their OPD hours. Those who replied confirmed that they either missed OPD hours or there was an intermediate holiday. Hence they either had to wait for the next working day or visit in emergency department. There was a 47.16% sample who complained that even after getting a prior appointment for their surgery or other procedures, their *waiting time* was longer than necessary which significantly reduced patient satisfaction as well. Those who denied it reported that there is a queue system of 'First Come, First Serve' which means that if they come earlier, they have comparatively lesser waiting time. 59.57% sample reported that they could easily get an appointment with the *doctor of their own choice* which is the basic right of the patients. Those who denied the same (21.98%) reasoned that they either visited on the day other than OPD day of that particular doctor they want to consult, holidays or in case of an emergency, court proceedings or recruitment checkup where they had no choice or the doctor was on leave.

95.39% sample complimented that *doctors were competent and 98.58% reported positively about them with regards to their respectful and dignified treating behavior* thereby infusing a deep sense of respect for doctors in turn. The above results are depicted in Figure 4.

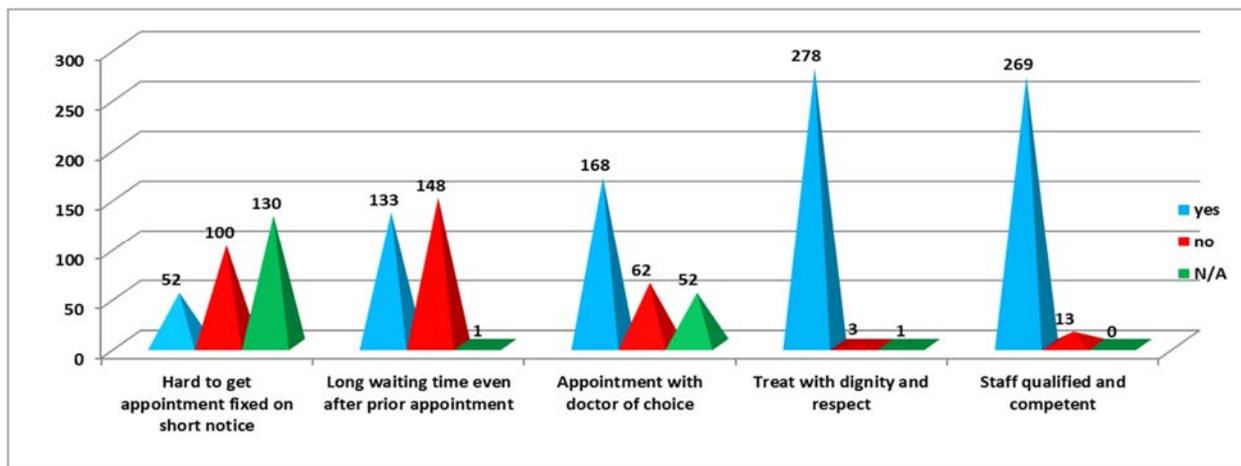


Fig 4: Assessment of Observance of Patient Rights-I

All patients, except 13.83%, found that doctors paid *enough attention* to their details in history reporting. 86.52% patients complimented that they were *examined thoroughly* and disease & its treatment were *aptly explained* to them. Still 24.47% patients felt *rushed behavior* of doctors during diagnostic and therapeutic process owing to poor infrastructural facilities, paucity in staff availability, heavily

crowded OPD, etc. 24.11% patients complained that they were not told about diagnosis and *reason for physical examination & medical tests* in detail. 22.34% patients retorted that doctors sometimes *used medical terms* without explaining meaning confusing them & hindering successful treatment plan implementation and better health outcomes (Figure 5).

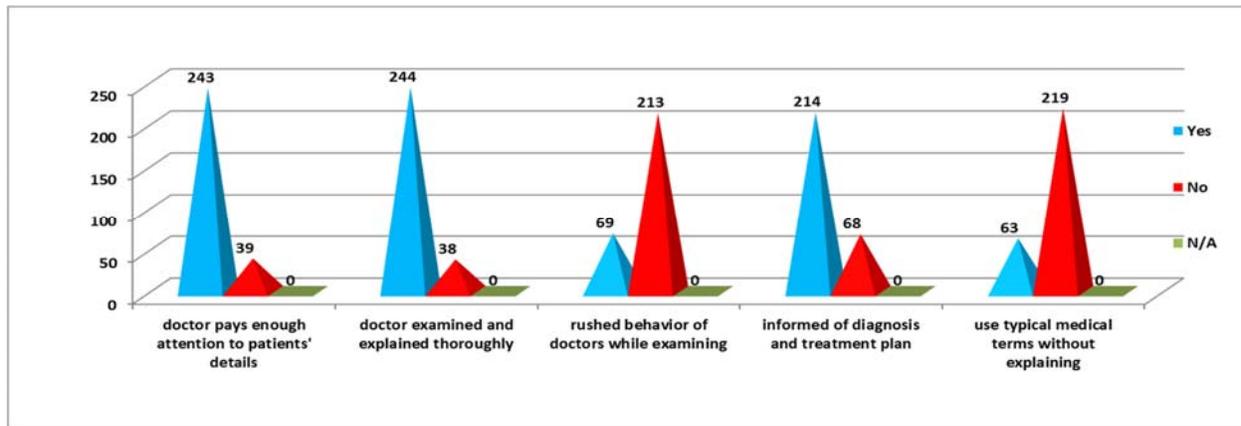


Fig 5: Assessment of Observance of Patients' Rights- II

When asked whether doctors *used latest medical technologies and equipments* in treating them, 96.10% affirmed negatively to that showing a lack of latest infrastructure and medical facilities in public hospitals. 3.90% patients found the technologies apt for treatment according to present day needs. 72.34% patients confirmed that they got ample information regarding disease treatment or any risks involved in medical or surgical procedure, before signing *the consent form* which is a positive revelation. Remaining ones denying the same also reported that either none explained the above clearly or they actually didn't understand the doctors' statements regarding

prognosis, treatment and risks involved owing to poor education level or low awareness. Only 22.70% patients found that they were *free to comment and discuss on receiving health care services* and were informed clearly of the *consequences of refusing treatment* for a certain disease. This part of counseling requires immediate attention as people of all classes and education level seek treatment from here and considering their level of awareness, it becomes the duty of healthcare providers to infuse in them the zeal to get treated properly for their and family's sake. The Figure 6 exhibits the above stated results.

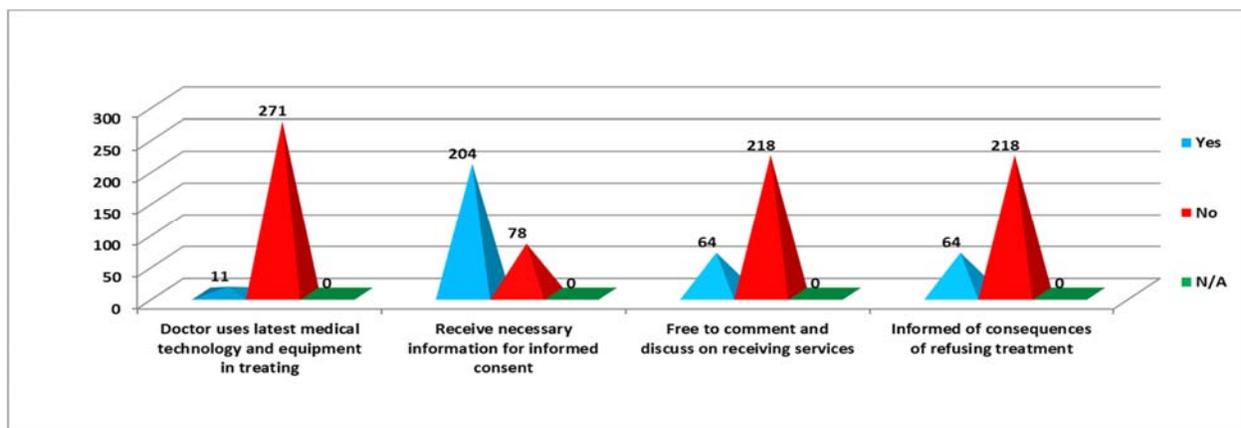


Fig 6: Assessment of Observance of Patients' Rights-III

21.63% patients were assured that their *refusal in taking part in researches* will have no effect on care delivered. It should be taken care with immediate effect as public sector hospitals specially affiliated to a teaching medical institute are a focus of numerous research projects. Fear of compromised care delivery on refusal may affect the reliability of answers received, thereby compromising the quality of research outcomes. 58.51% patients responded that they were *discharged appropriately*, with regards to their medication regime and follow up appointments.

93.61% respondents replied that at the end of their treatment or surgical procedure in the hospital, they were provided with *proper medical reports* summarizing their medical conditions and treatment chart. This is an important defense mechanism of a public sector hospital where innumerable litigations are filed in court regarding improper documentation, thereby leading to loss of quality clinical hours and other economic losses in terms of compensations. 57.44% patients felt that total secrecy and *confidentiality* was maintained in context to their medical histories and

disease status by doctors and health authorities. Remaining complained that the under-trainees or interns while noting their case histories in details are a source of leakage of diseased status details. 62.06% patients were not satisfied with *billing invoice* received at the end of treatment for their

reasonability and cross-checking hence authorities need to provide multiple payment modalities and provisions for error reduction in creating hospital billing invoices. The results are collated in Figure 7.

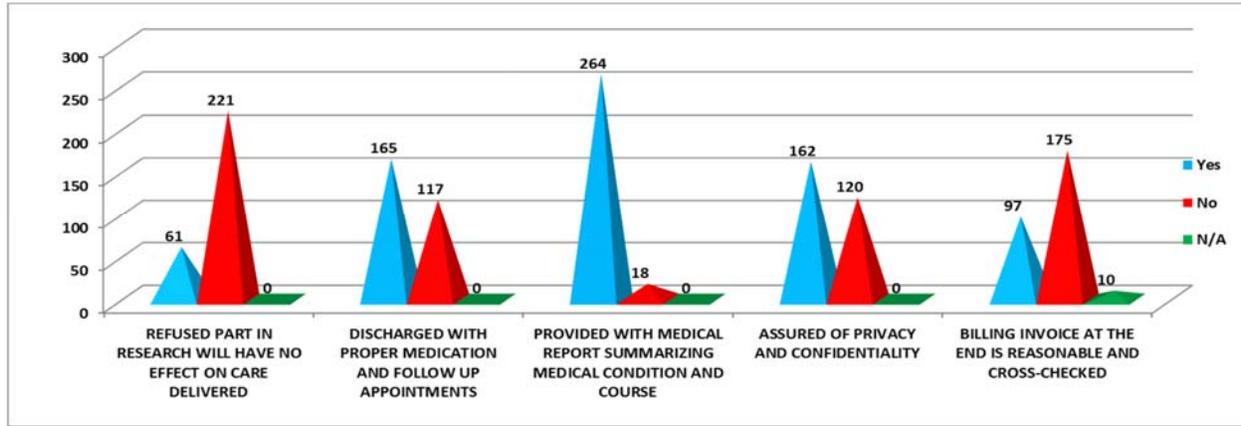


Fig 7: Assessment of Observance of Patients' Rights-IV

**Assessment of Source of Information Regarding Awareness of Rights and Responsibilities in Patients:** Majority of sample (51.5%) denied altogether having any information regarding patient rights and duties from any source. Remaining 48.5% reported having such knowledge from various sources like educational material like pamphlets & posters, and information from doctors and nurses as depicted in Figure 8.

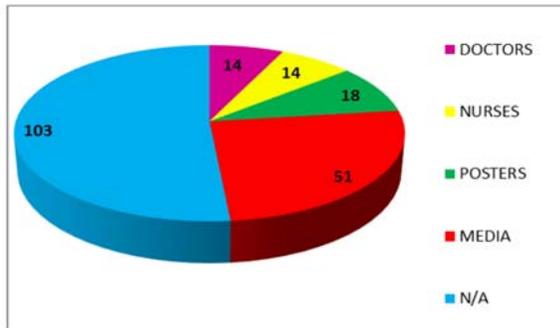


Fig 8: Source of Awareness of Rights in Patients

for effective medical treatment implementation. Foremost seen, a significant percentage of samples (72.34%) realized their sense of responsibility of not *consulting two doctors at the same time* without each other's knowledge. The ones who accepted that they consulted two doctors side by side was either out of ignorance or curiosity or low awareness about the hazards of doing so. 86.17% patients realized their responsibility in visiting hospital for *appointment well in time*. Except 7.10% patients, rest of them paid their *fees on time* before appointment, as a rule of the hospital. Remaining denied the same due to their inability to do so, for which the government pays some of the charitable percentage or were the patients from PGS quota. 74.82% patients *revealed their past medical facts and histories properly* to their doctors helping them in facilitating diagnosis. Patients were asked if they knew that asking for *suitable treatment alternatives from doctors is their basic right and they have to ask such questions from doctors themselves*, only 25.89% affirmed positively. Rest all of them refuted of any such awareness and never tried to do the same for the fear of compromised treatment or lack of knowledge and confidence, low education level and socio-economic status. They considered Doctor's statement as final word. Results are depicted in Figure 9.

**Assessment of Awareness of Duties in Patients:** Second part assessed the awareness of patients towards their duties

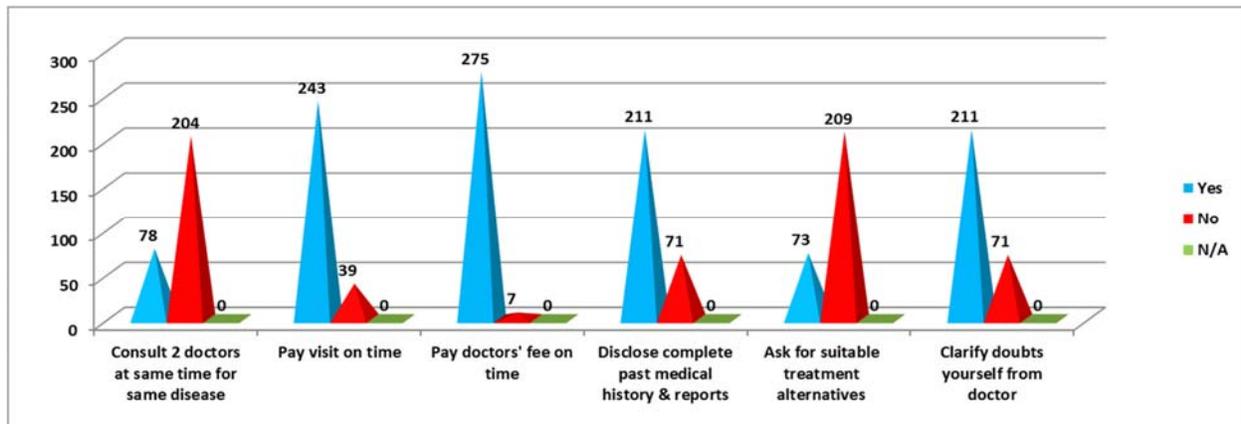


Fig 9: Assessment of Awareness of Duties amongst Patients-I

Moreover 96.45% patients accepted that they follow treatment *prescriptions as advised properly as guided*. Similarly 87.58% patients reported that they fully complied with the *doctor's instructions*. The ones denying this have complained that doctors were in a rush and could not explain them the treatment regime and instructions properly or there were some typical medical terms which they didn't understand due to which there was a faulty regime observance, compromising health outcomes. The ones who

denied the above fact reported that usage of typical medical terms, abbreviations, low confidence in clarifying doubts were the main reasons for negligence in treatment regime persual. 97.16% patients accepted that if needed they are regular in their *follow up appointments*. The sense of above responsibilities and their observance by patients facilitates them in proper medical treatment and leading to better health outcomes. The Figure10 projects the above results.

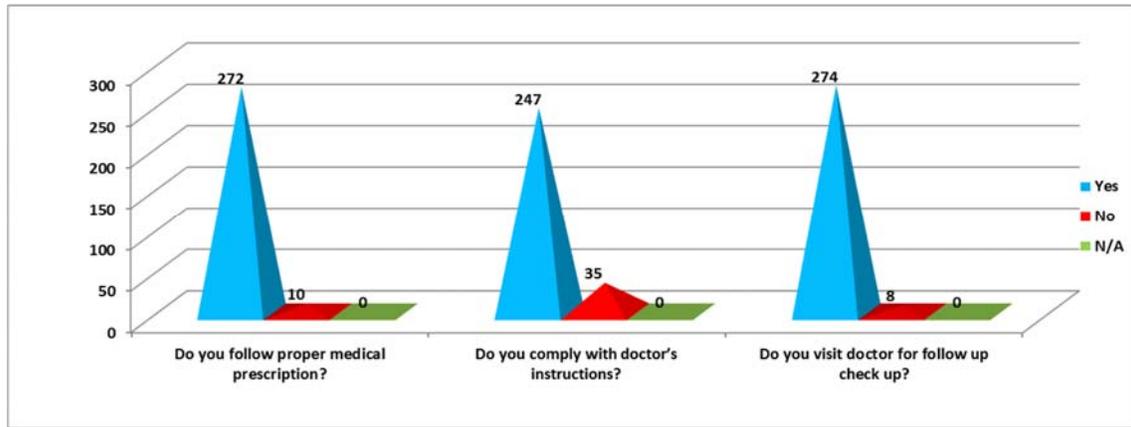


Fig 10: Assessment of Awareness of Duties amongst Patients-II

50% patients accepted having awareness regarding *laws safeguarding their rights*. Rest half denied being aware of any such laws available to protect their interests. Lastly, overall 75.53% patients were *satisfied with the care* they received in hospital in context with the respect of patient rights by the doctors and hospital authorities and high sense of responsibility towards their duties is deduced. Overall,

care from skilled and competent staff, was deduced as compared to the resources available with the hospital and expenses incurred in treatment from a public hospital as the major criteria for satisfaction among such patients is measured through monetary aspects. Figure 11 projects the above results graphically.

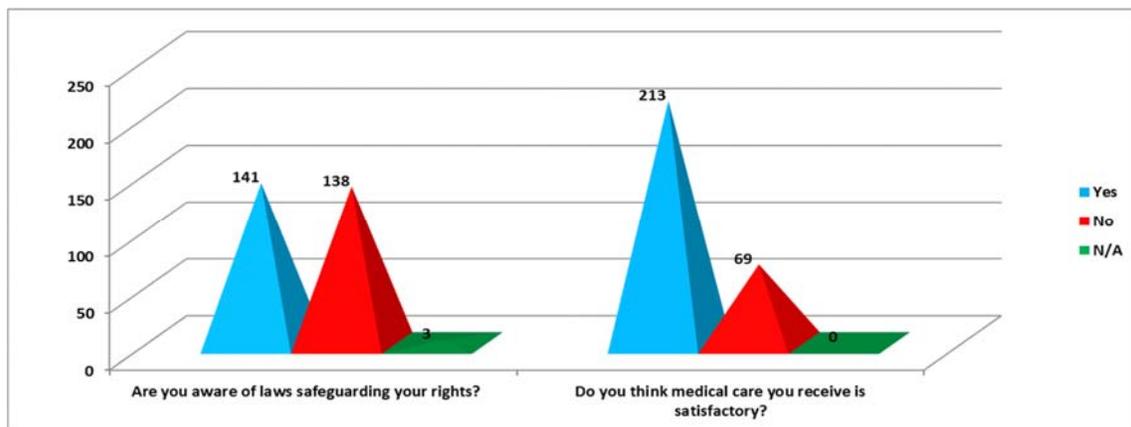


Fig 11: Overall awareness and Satisfaction among Patients

**Future Scope**

The study can be continued further by comparing the level of observance of patients' rights in public teaching hospital to a corporate hospital in the same region and outside, thereby pointing out the loopholes in the service delivery in a public sector hospital on which still a large section of community relies.

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