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ASSESSING AWARENESS OF PATIENTS' RIGHTS AMONG PATIENTS AND HEALTHCARE PROFESSIONALS: A CROSS-SECTIONAL STUDY

Mrs. Lenya Ann Mohan

Assistant professor, T John college of Nursing, Bangalore

ABSTRACT

Patient rights are fundamental to healthcare provision and ensure the dignity, autonomy, and well-being of individuals. This cross-sectional study aimed to assess awareness of patients' rights among patients and healthcare professionals in a Tertiary Care Hospital. A validated questionnaire based on the National Accreditation Board for Hospitals and Healthcare Providers (NABH) standards and the patients' charter of rights was administered to 350 patients. The findings highlighted variations in awareness levels, with specific groups demonstrating higher awareness. The study emphasizes the importance of improving awareness among patients and healthcare professionals and suggests strategies such as enhancing readability of rights charters, developing patient education materials, and incorporating patients' rights education in medical teaching institutions.

Keywords: patient rights, Healthcare, Patients' charter.

INTRODUCTION

Patient awareness of their disease condition and rights plays a crucial role in fostering effective doctor-patient communication. Informed patients, who are knowledgeable about their diseases, treatments, and care, are better equipped to actively participate in their own healthcare. Therefore, patient education should be tailored to meet their specific needs and empower them in their healthcare journey. Patients' rights are integral to healthcare, ensuring patient autonomy, privacy, and access to quality care. However, awareness of these rights among patients and healthcare professionals remains variable. This study aims to assess and compare the awareness of patients' rights among patients and healthcare professionals in a Tertiary Care Hospital. The findings contribute to the existing literature and provide insights into strategies for enhancing awareness and fostering a culture of respect and patient-centered care. Therefore, the aim of this study was to assess the awareness of inpatients regarding patients' rights at an accredited hospital.

MATERIALS AND METHOD

A cross-sectional study was conducted among 350 patients admitted to the wards of a Tertiary Care Hospital. A 21-point questionnaire, developed based on NABH standards and the patients' charter of rights, was used. The questionnaire was validated, and frequencies and percentages were calculated to analyze the data. The 21-point questionnaires were distributed among the study participants, with clear instructions to respond to each question by selecting either 'yes' or 'no'. Additionally, participants were requested to provide personal details, including gender, residence, educational background, and

duration of hospital stays. The Chi-square test was employed for statistical analysis.

RESULT AND DISCUSSION

A total of 350 patients participated in the study conducted. [Table/Fig-1] illustrates the demographic profile of the study participants. A large proportion of the participants were males 58.9%. The average length of stay for most of the participants (62.6%) was short (2-6 days), whereas the patient with prolonged stay (15 and above days) only contributed to 4.6% of the study population.

	Number (n)	Percentage (%)
Age		
Young Adults (18-35)	107	30.6
Middle age adults (35-55)	133	38.0
Older Adults (56-65)	61	17.4
Elderly (66 and above)	49	14.0
Gender		
Male	206	58.9
Female	144	41.1
Residence		
Rural	211	60.3
Urban	139	39.7

[Table1]: Socio-demographic characteristics of the study participants.

Of the 21 rights of patients, on an average around 12.5 awareness items were known to the respondents. About 51.1% knew twelve or more items. Majority, i.e., 97.4% patients knew their physician's names while only 28% knew regarding their right to privacy and confidentiality [Table/Fig-2].

Patients Right	Response 'Yes'		Response 'No'	
	n (350)	%	N	%
Seen the Patients' rights board displayed	190	54.3	160	45.7
Right to privacy and confidentiality of patient information	98	28	252	72
To give feedback about treatment process	217	62	133	38
To give complaints of treatment process	183	52.3	167	47.7
To know the doctors name	341	97.4	9	2.6
To know the doctors qualification	110	31.4	240	68.6
To be informed about Inpatient charges	209	59.7	141	40.3
To be informed deposit amount required	282	80.6	68	19.4

To be informed to submit the details of Insurance	292	83.4	58	16.6
To know the approx. length of stay	192	54.9	158	45.1
To know the expected treatment cost	147	42	203	58
To know the health condition	300	85.7	50	14.3
To be informed about treatment complication	257	73.4	93	26.6
To be informed plan of care	246	70.3	104	29.7
To choose treatment	137	39.1	213	60.9
To give informed consent	237	67.7	113	32.3
To know health prognosis	307	87.7	43	12.3
To know about the medication administered	242	69.1	108	30.9
To be informed about healthcare infection and its prevention	130	37.1	220	62.9
To diet counseling	132	37.7	218	62.3
Be educated to prevent falls	127	36.3	223	63.7

[Table/Fig-2]: 21 patient rights for the research study
(* $p \leq 0.05$).

DISCUSSION

In this study, the awareness of patients' rights among in-patients was assessed. The Hospital where the study was conducted complied with the display of patient rights as suggested by the NABH. However, a study conducted in a southern state in India included additional rights that were not displayed in the current hospital setting. Furthermore, a study in coastal south India revealed that doctors were the primary source of information on patients' rights, followed by nurses, posters, internet, television, and radio. To promote consistency across all hospitals in the country, the implementation of a code of patient rights may be necessary.

Patient advocacy groups play a crucial role in advocating for patients. These groups can work explicitly in these areas to enhance transparency and credibility in the healthcare system in India and protect patient rights. Factors such as gender, age, and education significantly influence awareness of rights and education among patients. Individuals with higher education tend to have greater awareness due to their existing knowledge and proactive information-seeking behavior. Patients from higher economic backgrounds often choose better ward categories, leading to better information assimilation from healthcare workers, who have a lighter workload burden. Additionally, patients in urban areas may have more autonomy compared to those in rural areas. Furthermore, the prognosis of the patient's disease can impact their level of autonomy, with poorer prognoses associated with lesser autonomy.

CONCLUSION

This study underscores the importance of enhancing awareness of patients' rights among patients and healthcare professionals in a Tertiary Care Hospital. Measures should be taken to improve readability of patients' rights charters, develop patient education materials, and incorporate patients' rights education in medical teaching institutions. Continual education and training should focus on the significance of patients' rights, the need for awareness, and the consequences of non-adherence. Establishing patient rights committees can ensure ongoing supervision and monitoring of patients'

rights, promoting a patient-centered healthcare environment.

To enhance awareness, it is recommended to provide patients and their families/relatives with brochures or pamphlets in simple language explaining their rights and responsibilities in the hospital. Special attention should be given to the rural and illiterate population by utilizing pictorial messages and appropriate translations in the local language. Furthermore, implementing a system that includes the establishment of a Patient Rights Committee can facilitate the supervision and monitoring of informing patients about their rights, ensuring compliance, capturing feedback, and addressing complaints effectively.

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