

## Level of facilitation of service delivery by observance of patient rights by healthcare workers and observance of duties by patients in corporate Hospital

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### Abstract

Observance of right to accessible healthcare, physician of choice, complete information, treatment-refusal, filing complaint and inviolability of personal privacy motivates active participation of patients in treatment decision making in healthcare. Implementation of rights by healthcare workers under management's supervision is intended to secure good medical practice and build & strengthen doctor patient relationship by avoiding medical malpractice if duo has sense of responsibility towards it. Contrarily, lack of respect to patients' rights may lead to hazards in health-status and ruined doctor patient relationship consequently decreasing efficiency, effectiveness, trust and optimal care of patients. Present survey study on randomly selected 282 patients of a corporate multispecialty hospital revealed high level observance of patients' rights and equally high sense of responsibility in healthcare decision making. High level of dissatisfaction was seen in long waiting-times, slightly rushed attitude of doctors and usage of medical terms. Electronic-media, print-media and counseling sessions in hospital were reported to be major sources of awareness in patients. Significantly high level of ignorance for laws safeguarding rights was noticed.

**Keywords:** Patient Rights, Duties, Healthcare, Satisfaction, Healthcare Service Delivery

### 1. Introduction

#### 1.1 Patient Rights

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. One of them is 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. Patient right encompass legal and ethical issues in provider- patient relationship, including right to privacy, the right to quality medical care without prejudices, the right to make informed decisions about care and treatment options, and to right to refuse treatment [1].

#### 1.2 List of patient's rights

- Access to care and clinical records regardless of demographic status.
- Respect and dignity.
- Privacy and confidentiality.
- Personal safety and security.
- To know identity and professional status of providers of healthcare.
- Right to obtain information from providers regarding disease, diagnosis & treatment.
- Communication.
- Right to informed consent.
- Right to consult a specialist.
- Transfer and continuity of care.
- Awareness of Hospital rules and regulations.
- Right to file complaint [2].
- To refuse the treatment.

- Protection from physical abuse and neglect [3].

#### 1.3 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.

#### 1.4 List of patient responsibilities

- Provide complete and accurate personal information and medical history pertaining to health.
- Provide a copy of advance directive if any to your doctor or hospital.
- Expected to ask questions in case of doubt.
- Expected to inform doctors if per chance instructions or regime cannot be complied with.
- Participate actively in healthcare decisions making.
- Respect and consideration for care providers fellow patients and staff.
- Safety of hospital property and staff.
- Correct information provision about health insurance coverage and pay bills on time.
- Keep appointments on time or inform otherwise [4].

#### 1.5 Laws and precautions related to patients' rights

Basic optimal healthcare is the right of every citizen and it is responsibility of state to provide it. The Government has legislated certain laws to protect citizens like The Drugs and Cosmetics Act, The Medical Council Act and The Consumer Protection Act. 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. Avenues for redressal of patient's complaints include Medical Council, Civil Courts, Consumer Courts and Criminal Courts [5].

## 1.6 Factors affecting implementation of patient's rights

**1.6.1 Negative factors:** Illiteracy, Language barriers, Low socio economic status, Feeling inferior to HWs, Fear of litigation, Work load <sup>[6]</sup>, Staff shortage, Institutional inadequacies, Lack of facilities <sup>[7]</sup>.

**1.6.2 Positive factors:** Empowerment of patients, Education, Healthy work environment, Employer guidance, Clear job description, Awareness of rights <sup>[7]</sup>.

### 1.7 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 <sup>[8]</sup>, Mass communication media, healthcare institutions, continuing education programmes, educational institutions, medical companies, political parties and religious groups <sup>[9]</sup>.

### 1.8 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 <sup>[10]</sup>.

### 1.9 Key characteristics of shared decision making

a. At least two participants be involved, b. Both share information, c. Both parties take steps to build consensus about preferred treatment, d. An agreement is reached on treatment to implement <sup>[11]</sup>. 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 <sup>[12]</sup>.

### 1.10 Role of awareness of patient's rights among healthcare providers and managers

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. Protecting the patient rights by HCWs will be possible only when they have gained necessary knowledge about it and suitable conditions be provided for respecting these rights. 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 <sup>[13]</sup> and due training <sup>[14]</sup>. Among the healthcare providers, it is accepted that the greatest responsibility for preserving patients' rights lies with the physicians, the nurses and the midwives. Nurses spend more time with the patients than the physicians, consequently, patients feel closer to nurses who therefore, have a duty to gain the awareness required to implement and maintain patients' rights facilitating the personnel work and increases satisfaction rate <sup>[9]</sup>, improved communication between patients and health care providers, evaluation and improvement in quality of services eliminating crevices, reducing heavy diagnostic and therapeutic cost, and ultimately maintaining and promoting the sanctity of medical community.

## 1.11 Barriers in observance of patient's rights

Interference, imbalanced nurse: patient ratio, nurses' dominance in the interactions, impoliteness, discrimination <sup>[15]</sup>, dissatisfaction with caregivers, staff shortages, specific work environment limitations, lack of awareness <sup>[7]</sup>, Lack of education <sup>[16]</sup>, lack of communication <sup>[17]</sup>, lack of respect for personal, spiritual, and religious values and beliefs of patients.

## 2. 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 hospital and observance of duties by 282 randomly selected patients during course of treatment in hospital.

### 2.1 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.

### 2.2 Exclusion Criteria

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

### 2.3 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.

## 3. Results and Discussions

### 3.1 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 103 were males and 179 were females incidentally at the time of study. Nearly half of the sample (53.55%) consisted of patients aged more than 45 years and above (*Figure 1*). More than half of the patients (62.05%) were lowly educated with less than a graduation degree (*Figure 2*). Distribution of sample according to occupation is depicted in *Figure 3*. Samples of all types were included in the study ranging from unemployed, employed, professionals, housewives, students, business persons to retired. Hence sample from various occupational sectors were used in study to analyze if occupation added to any variation in the level of awareness of rights and duties among them. Moreover majority of the sample was either females or lowly educated class, it justifies the sample inclusion.

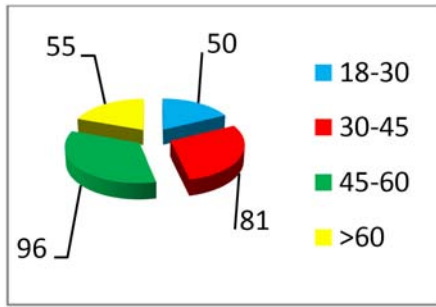


Fig 1: Age distribution of sample

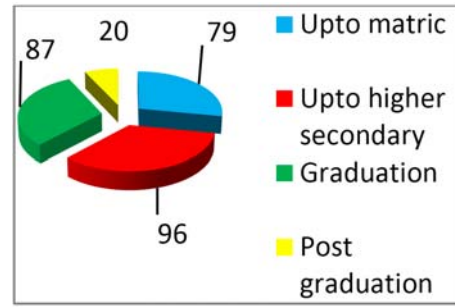


Fig 2: Education distribution of sample

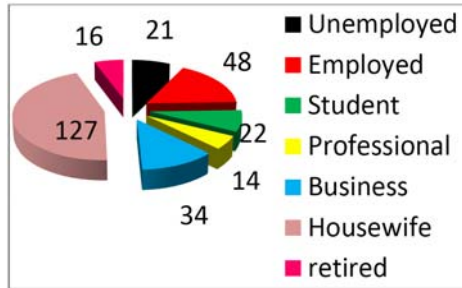


Fig 3: Occupation distribution of the sample

### 3.2 Assessment of Awareness of Rights in Patients

88.65% sample refuted that they found it hard to get appointment on a short notice. There was an approximately 51.42% sample who complained that even after getting a prior appointment, their waiting time for consultation was longer than necessary which significantly reduced patient satisfaction as well. 79.79% 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 (9.57%) reasoned that they either visited on holidays or there was an emergency where they had no choice or it was a basic court or

requirement proceeding or at maximum, the doctor was on leave. 100% sample complimented that doctors were competent and amply trained who treated them well and with dignity and respect thereby infusing a deep sense of respect for doctors in turn. All patients, except 1.06%, found that doctors paid enough attention to their details in the history reporting. Still 13.48% patients felt the rushed behavior of doctors during diagnostic and therapeutic time. 99.65% patients also complimented that they were examined thoroughly and disease and its treatment were aptly explained to them. The results are depicted as below in Figure 4.

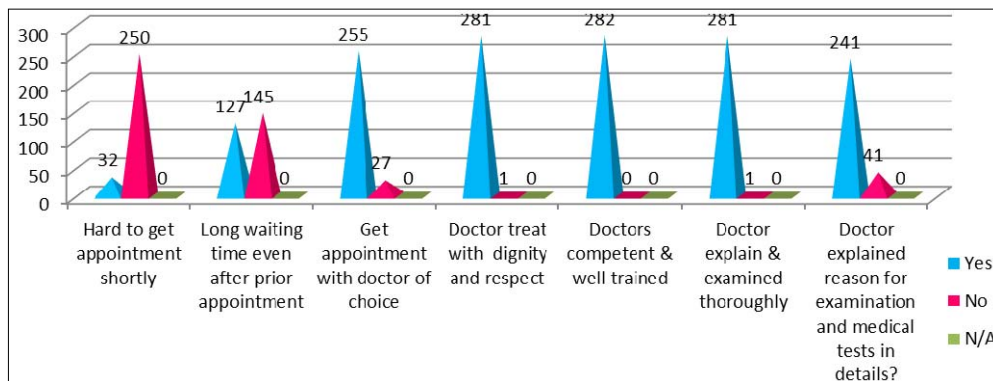


Fig 4: Observance of patient rights-I

When asked whether doctors used latest medical technologies and equipments in treating them, 54.61% affirmed positively to that. 45.04% patients didn't respond to the question, due to reasons like low awareness and education, reluctance in revelation, etc. 14.54% patients complained that they were not told about reason for physical examination and medical tests in details. 3.54% patients still believed that doctors sometimes used medical terms without explaining them the meaning confusing them & hindering successful treatment plan

implementation and better health outcomes. 100% patients felt that total secrecy and confidentiality was maintained in context to their medical histories and disease status by doctors and health authorities. 52.13% patients were not found 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 depicted in Figure 5.

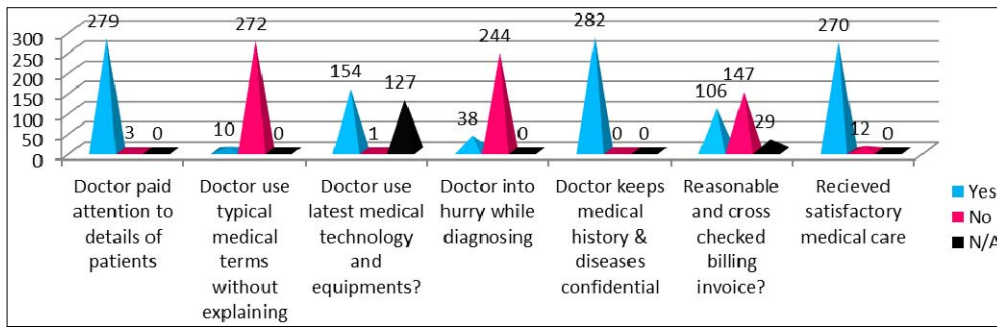


Fig 5: Observance of patient rights-II

Finally assessed was the source of information for rights in patients, in which awareness through media leading (82%), with educational leaflets and posters following (12%) and healthcare workers (doctors and nurses) with 2% and 4% respectively.

### 3.3 Assessment of Awareness of Duties in Patients

Second part assessed the awareness of patients towards their duties for effective medical treatment implementation. Foremost seen, almost all patients (99.29%) realized their

sense of responsibility of not consulting *two doctors at the same time* without each other's knowledge. 91.13% patients realized their responsibility in visiting hospital for *appointment well in time*. 100% patients paid their *fees on time* before appointment, as a rule of the hospital. All of them confirmed that past medical facts and *histories were revealed properly* to their doctors helping them in facilitating diagnosis. Patients were asked if they asked for *suitable treatment alternatives from doctors* to which 46.10% affirmed positively. The results are collated in *Figure 6* below.

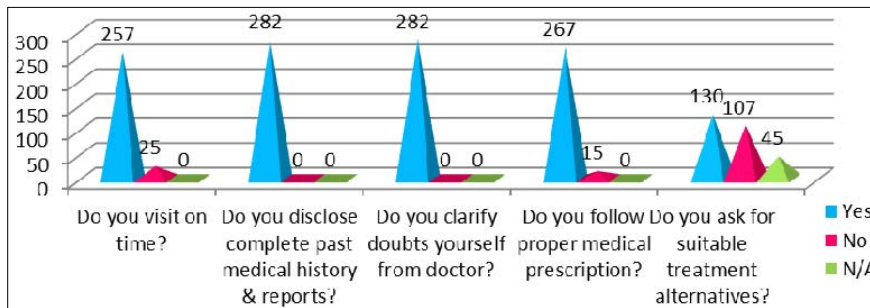


Fig 6: Observance of patient duties-I

Moreover 94.69% patients accepted that they follow treatment *prescriptions properly*. 280 out of 282 patients reported that they fully complied with the *doctor's instructions*. The significant revelation noticed was that 100% patients were bold enough to *clarify their doubts*, if any. 96.81% 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 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. Lastly, when asked if patients were aware of the *laws safeguarding their rights*, high level of unawareness was seen. 53.19% patients denied having any such awareness. Only 29.43% accepted being aware of such laws. Lastly, overall 95.74% 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. The above results are projected in the *Figure 7*.

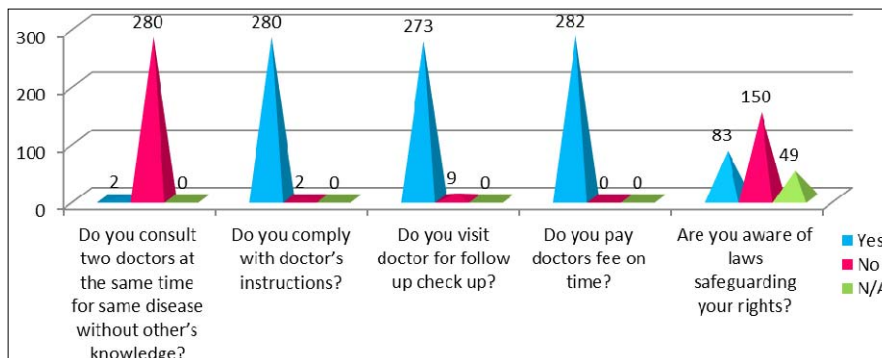


Fig 7: Observance of patient duties- II

#### 4. Conclusion

The present study assessed the level of awareness of patients visiting hospital regarding their rights and duties. Rights of patients were found to be given due respect by hospital authorities and healthcare workers thereby increasing the satisfaction level amongst patients. Patients complimented positively regarding facilitated access to healthcare in the form of appointment at short notice, treatment from preferred doctors of apt caliber & respectable treatment who pay due attention to patient's details, thorough examination and proper explanation and confidentiality of disease and treatment process. Still significant amount of dissatisfaction was noticed in patients regarding unnecessarily long waiting times even after taking prior appointment and use of typical medical terms while explaining the prognosis and treatment regime. Patients were also dissatisfied regarding the billing invoices generated at the end of treatment regarding reasonability and cross-checking.

On the perspective of duties, patients were found to be quite particular in observing their duties towards accomplishing of their medical treatment in the form of timeliness in visit, fees payment, history revelation, instruction and drug regime compliance and regularity in follow-ups. However, lack of confidence, poor socio-economic status and low level of education were found key culprits in forcing patients to stick to doctor's advice rather than asking for suitable and cheaper treatment alternatives. Last but not the least, a significant low level of awareness of patients regarding the laws safeguarding their rights was noticed for which health authorities are recommended to distribute and display educating materials in hospital and conduct counseling sessions for patients and their attendants making them aware of the same.

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