

Level of observance of patient rights and duties- A comparative study of a public sector teaching hospital and corporate hospital.

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Abstract

Like basic human rights, there are set of patient-rights, securing interests of sick. Implementation of rights by healthcare-workers secures good medical-practice & strengthens doctor-patient relationship by avoiding medical-malpractice. Alongside there are set-of-duties accompanying rights, observing which will facilitate treatment-delivery, thereby resulting in better health-outcomes, reduced-failures and relapses, and prevention of economic-losses of citizens and country. Lack of respect to patients-rights and observance-of-duties may lead to hazards in health-status and ruined doctor-patient-relationship consequently decreasing efficiency, effectiveness, trust and optimal-care of patients. Present paper compares level of observance of patient rights and duties in public and corporate-sector hospital through randomly-selected 282 patients from one hospital of each type. It revealed quality-observance of patients-rights and equally high-sense-of-responsibility in healthcare decision-making in corporate-hospital as compared to public-hospital. High-level-of-dissatisfaction was seen in long waiting-times, rushed-attitude of doctors and usage of medical-terms in both hospitals. High level of ignorance for laws safeguarding rights was noticed in corporate-hospital patients as compared to public-hospital.

Keywords: Patient Rights, Duties, Corporate Hospital, Public Teaching Hospital, Healthcare Service Delivery

Introduction

1.1 Patient rights: They are the basic rules of conduct between patients and medical caregivers as well as the institutions and people that support them ^[3].

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 ^[4].

1.2 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. Some of the patient duties 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 ^[5].

1.3 Role of Patients in Decision Making about Treatment- 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 ^[6]. 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 ^[7].

1.4 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. Among the healthcare providers, it is accepted that the greatest responsibility for preserving patients' rights lies with the physicians, the nurses and the midwives, especially nurses ^[8].

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 ^[9].

1. Factors affecting implementation of patient's rights

1.6. a. Negative factors: Illiteracy, Language barriers, Low socio economic status, Feeling inferior to HWs, Fear of litigation, Work load ^[10], Staff shortage, Institutional inadequacies, Lack of facilities ^[11].

1.6. b. Positive factors: Empowerment of patients, Education, Healthy work environment, Employer guidance, Clear job description, Awareness of rights ^[11].

1.7 Barriers in observance of patient’s rights: Interference, imbalanced nurse: patient ratio, nurses’ dominance in the interactions, impoliteness, discrimination [12], dissatisfaction with caregivers, staff shortages, specific work environment limitations, lack of awareness [11], Lack of education [13], lack of communication [14], lack of respect for personal, spiritual, and religious values and beliefs of patients.

2. Methods and Approach

The present survey study aimed to compare the level of facilitation of healthcare service delivery through observance of patient rights by the healthcare workers of public as well as corporate hospital and observance of duties by 282 randomly selected patients from each of the two hospitals during course of treatment.

2.1 Area of study: The sample of 282 patients was taken each from local public teaching hospital- Guru Nanak Dev Hospital, Amritsar and corporate hospital of the same region- Fortis Escorts Super-specialty Hospital, Amritsar.

2.2 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.

2.3 Exclusion Criteria

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

2.4 Procedure

The results from the past studies were tabulated and graphs for each question were plotted clearly depicting the comparison results for each hospital. In order to specify whether the results were significant enough to be projected, a Chi-Square test was applied on each questions’ data. The questions where significant difference was seen after Chi-Square Analysis for the two hospitals signified that different trends are seen in two hospitals. The ones with non-significant results showed that the problem exists in the same fashion in two types of hospitals and thereby both type hospitals need to focus on those problems improving the same.

3. Results And Discussions

The following are the comparison of the results from two studies [1, 2] conducted on 282 patients each from a public sector hospital (Guru Nanak Dev Hospital, Amritsar) and corporate sector hospital (Fortis Escorts Super Specialty Hospital, Amritsar). The results were compared and level of facilitation of healthcare service delivery by observance of patients’ rights by healthcare workers and observance of duties by patients were deduced.

3.1 Demographic Characteristics: Out of a total of 282 patients from each hospital, in corporate hospital, 36.52%

males and 63.47% females were found, whereas in public hospitals 42.55% were males and 57.45% were females participated. In both the sections, females were seen more as patients, depicting the poor health status found in females.

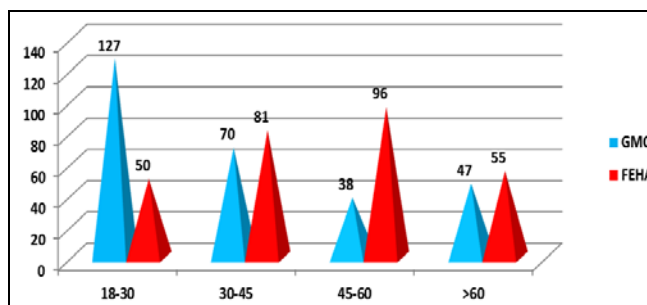


Fig 1: Comparison of Age distribution of sample.

Majority of patients in corporate hospital were from age group 45-60 years, whereas in public hospital was from 18-30 years age group.

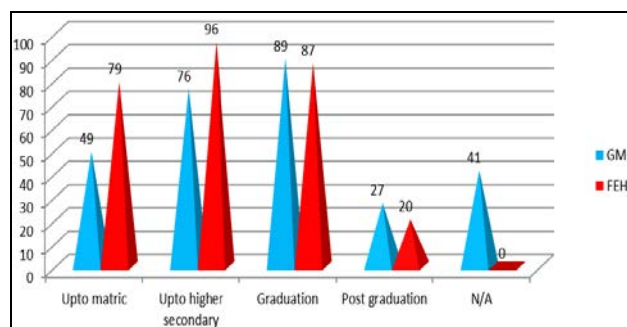


Fig 2: Comparison of Education distribution of sample

Patients visiting GMC belonged mainly to graduate cadre of education, most of them being the ones from adjoining medical and dental colleges, interns posted in hospitals and other under trainees. On the other hand, in Fortis Escorts Hospital, majority patients were of less than graduation.

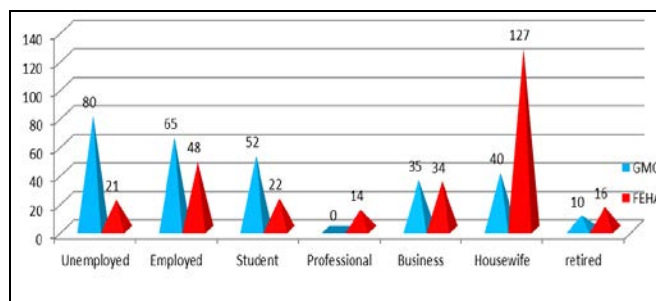


Fig 3: Comparison of Occupation distribution of sample

In GMC, a major chunk of patients seen were people employed in the same hospital or other local bodies and students of teaching hospital and other affiliated hospitals and colleges, whereas in Fortis hospital, majorly housewives were seen during time of study.

3.2 Comparisons of Observance of Patient Rights By Healthcare Workers In Two Hospitals.

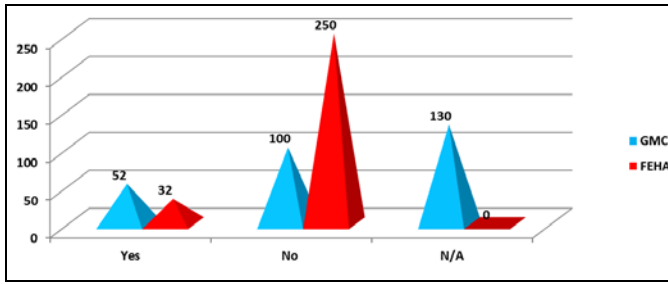


Fig 4: Difficulty of getting appointment at short notice.

Initially assessed was the ease of getting appointment at short notice in the 2 types of hospitals. On statistical comparison of data [$\chi^2=199.04$ ($p>0.005$)], a highly significant difference in the ease of getting appointment was deduced between both hospitals. Patients in corporate hospital were highly satisfied with the appointment booking system. Even in public hospital, patients reported that no such difficulty was found in routine, unless there are holidays or post-OPD times or surgery days of doctors. But still, patients retorted that there was no online booking system and they had to be present in person in order to get appointment which was not found in corporate hospital.

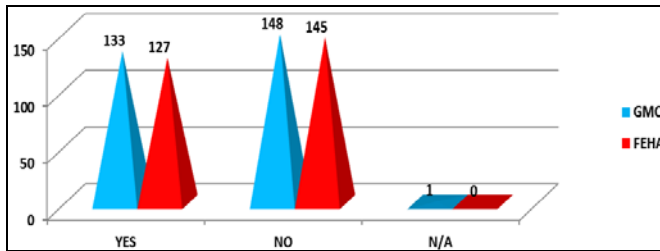


Fig 5: Long waiting time before consultation even after taking prior appointment.

After comparing data obtained, no significant difference was noticed and a high level of dissatisfaction with regard to long waiting times was seen in patients of both the hospitals, even after getting a prior appointment [$\chi^2= 0.2$].

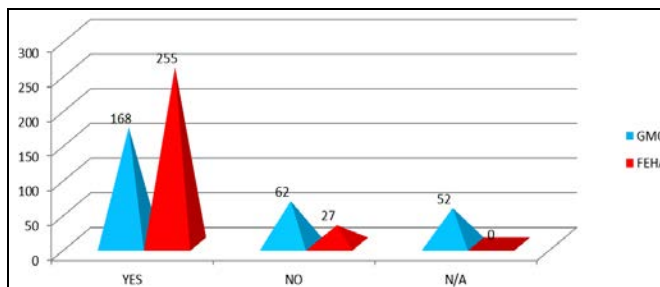


Fig 6: Got appointment with preferred doctor

High level of satisfaction was seen in observance of basic right of patients, i.e. right to get an appointment with doctor of own choice. The ones in public sector hospital, patients who denied this right explained that either doctor has to go to an emergency visit, or was on leave or it was a holiday, etc. As compared to public sector, in corporate sector, hardly 9.57% had complained regarding unavailability of preferred doctor. However, results comparing two hospitals were not statistically significant $\chi^2= 83.66$ ($p> 0.05$), therefore both the hospitals

observe the basic right of patients i.e. right to consult doctor of own choice.

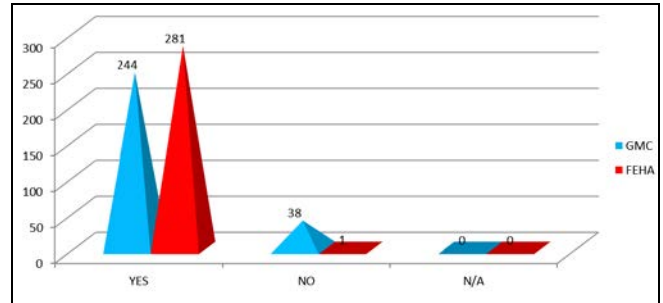


Fig 7: Doctor plays satisfactory role in examining patients and explaining diagnosis and treatment procedure to patients

There was a high level of satisfaction of patients in corporate hospitals regarding role of doctor in examining patient and explaining the diagnosis and treatment procedure thoroughly as compared to public hospital where due to highly crowded OPD, doctors do skip it sometimes thereby rushing with the process [$\chi^2= 37.7$ ($p> 0.05$)].

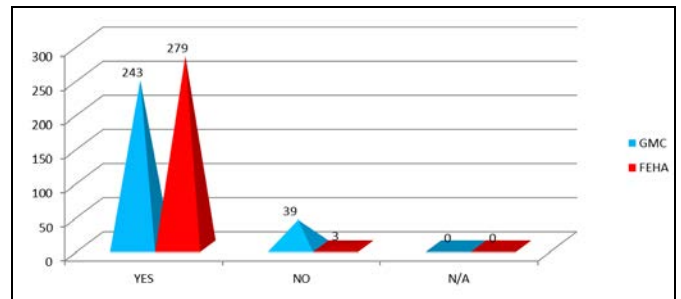


Fig 8: Doctor pays attention to Patient details while diagnosing.

Similarly patients from a corporate hospital were significantly satisfied with the doctor’s behavior of paying attention to patient details while diagnosing as compared to patients in GMC with $\chi^2= 33.338$ ($p> 0.05$). Therefore, efforts should be made to improve the level of communication skills and quality consultation time of doctors to increase the satisfaction level of patients of public hospitals.

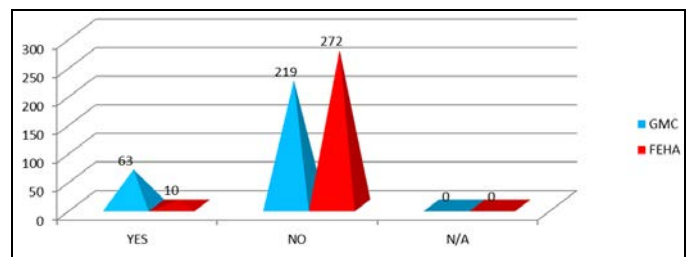


Fig 9: Doctor uses typical medical terms while explaining diagnosis and procedure to patients.

In public sector hospital, doctors were still found using typical medical terms while prescribing medicines or giving instructions to patients resulting in misunderstandings, poor patient compliance and thereby poor health outcomes. Significant difference was found in corporate hospitals [$\chi^2= 44.189$ ($p> 0.05$)] where doctors believe that clear and

satisfactory explanation is related to better health outcomes and thereby increased revenue by high patient turn-over rate.

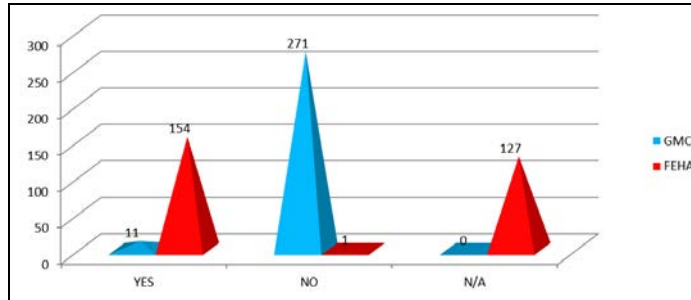


Fig 10: Doctors use latest and updated medical technology and equipments.

A highly statistically significant result of the comparison was revealed on analyzing satisfaction among patients of two hospitals with context to the usage of latest and updated medical technology and equipment in treating patients $\chi^2=518.92$ ($p>0.05$). Patients of public hospital were significantly dissatisfied regarding the use of old and outdated equipments and treatment procedures owing to poorly developed public hospital infrastructure.

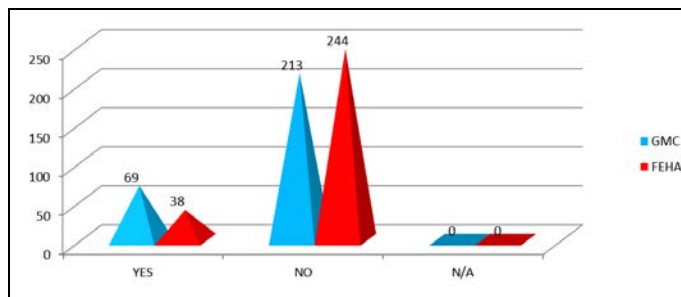


Fig 11: Doctors are in rush while diagnosing patients

Patients visiting public hospital retort that doctors do treat them hurriedly owing to limited staff availability and overcrowded OPDs as compared to the ones visiting corporate hospitals where hospitality remains the main motto of the healthcare workers and other staff [$\chi^2=11.082$ ($p>0.05$)].

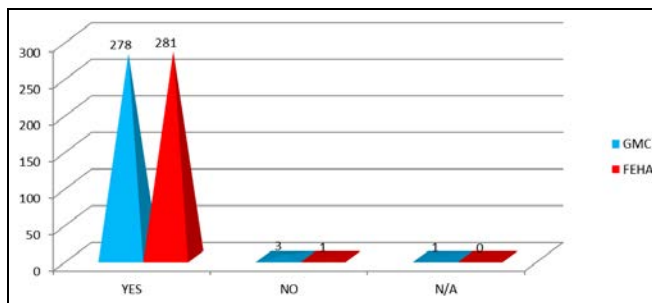


Fig 12: Doctors treat patients with dignity and respect.

The above figure shows that patients received respectful treatment and dignified care from doctors in both the sectors [$\chi^2=6.5$ ($p>0.05$)].

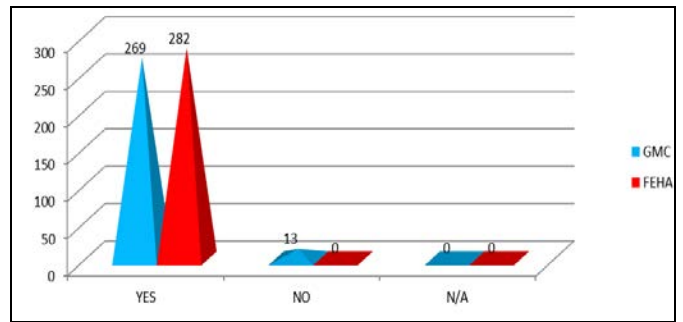


Fig 13: Doctors are well qualified and competent

Both the patients from public as well as private sector complimented that doctors were well qualified and competent where still the patients from corporate hospital were better satisfied than the ones visiting public hospital [$\chi^2=19.653$ ($p>0.05$)].

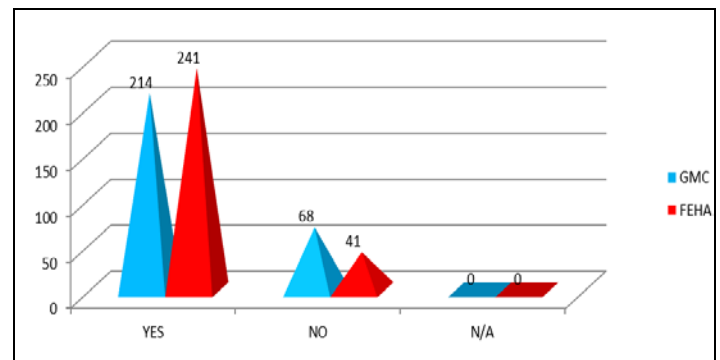


Fig 14: Doctors gave satisfactory reasons for physical examination and medical tests in detail before.

Majority of patients were satisfied with the reasons for physical examination and medical tests given by doctors before. Though this level of satisfaction was more in patients visiting corporate hospital rather than public hospital [$\chi^2=8.28$ ($p>0.05$)].

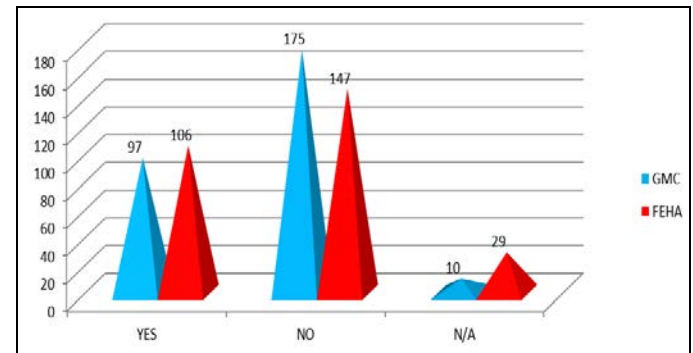


Fig 15: Patients satisfied with billing invoice received at the end of treatment (reasonability)

The figure above depicts the level of satisfaction among patients of both the hospital regarding the billing invoice received at the end of treatment. With the statistical analysis results equal to $\chi^2=12.079$ ($p>0.05$), patients from corporate sector were seen more satisfied as compared to public sector hospital.

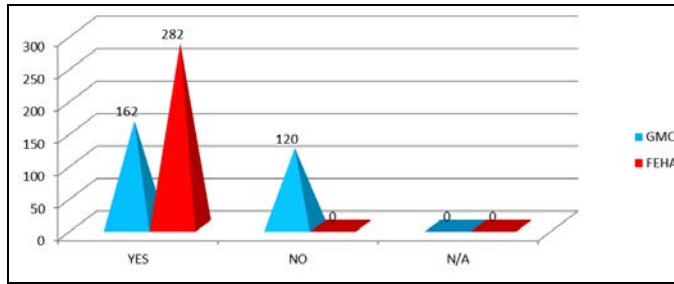


Fig 16: Privacy and confidentiality ensured

There was a high level of satisfaction of patients regarding the privacy and confidentiality of the medical histories and reports to external users in corporate hospital as compared to public hospital where patients fear that interns and under-trainees might divulge that to external users without their prior permission [$\chi^2= 152.44 (p> 0.05)$].

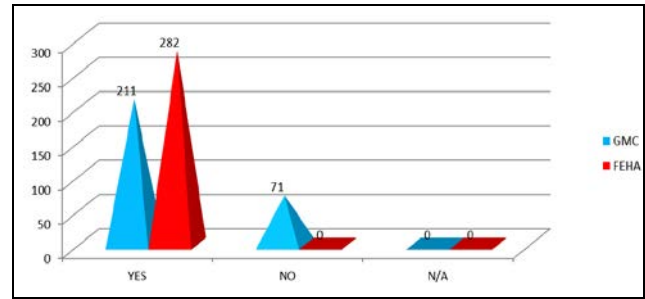


Fig 19: Do you disclose the past medical histories and reports completely?

High level of awareness was seen in patients visiting corporate hospital regarding revelation of past medical histories and reports completely to the treating doctors as compared to the ones seeking treatment in public hospitals [$\chi^2= 81.21 (p> 0.05)$]. This difference is due to lack of awareness, low level of education, barriers in communicating like poor socio economic status and confidence in them.

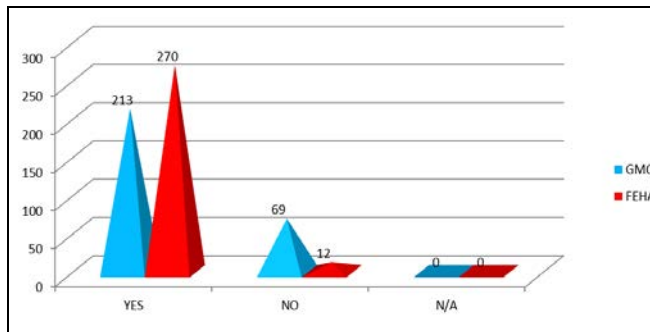


Fig 17: Medical care is satisfactory?

There was a highly significant difference seen in the level of satisfaction regarding medical care received in the two hospitals [$\chi^2= 46.536 (p> 0.05)$]. Patients from corporate hospital showed a significant level of difference in satisfaction with the same as compared to public hospital.

3.3 Comparisons of Observance of Duties by Patients in Two Hospitals.

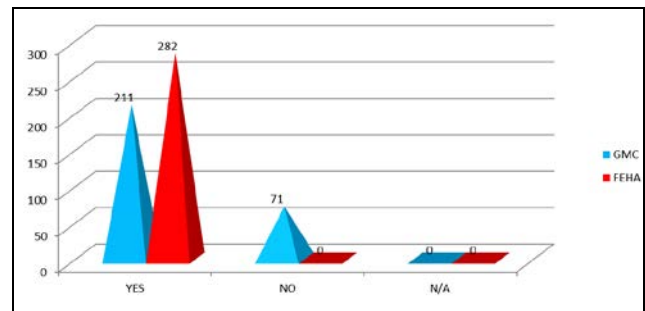


Fig 20: Do you clarify doubts from doctor yourself?

There was a considerable difference in the confidence level of the patients of two setups regarding the self-clarification of doubts from the doctors [$\chi^2= 81.21 (p> 0.05)$]. Corporate patients were more confident with high level of information seeking behavior due to more exposure to social media, lesser communication barriers, better socio-economic status, etc. Contrary was seen in the patients of public healthcare setup.

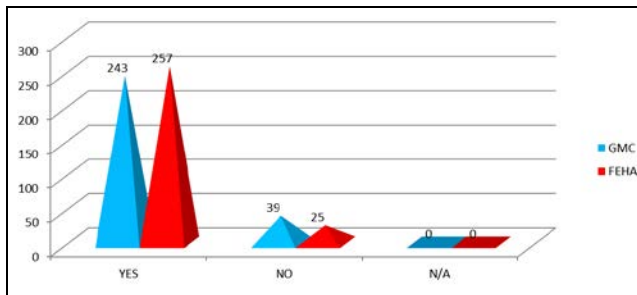


Fig 18: Do you visit hospital in time for your appointment?

There was no significant level of difference seen in patient's attitudes visiting both hospitals regarding punctuality for appointment [$\chi^2= 3.454 (p> 0.05)$], though patients from corporate hospital were more punctual because of missing their turn, rescheduled turn might cost hours of waiting time. In public hospital, patients told that they have to be on time as they get appointment only if they registered themselves in OPD hours, failing which, they either have to revisit next day or show in emergency ward.

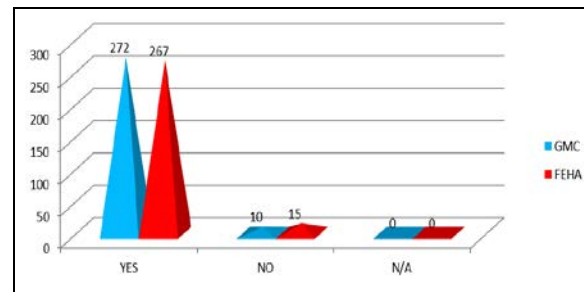


Fig 21: Do you follow proper medical prescription as advised by doctors?

Patients of both the hospital set-ups have the awareness of following proper medical prescription as advised by the doctors, although the public sector patients were seen to be more willing in following instructions as compared to the corporate patients [$\chi^2= 25.0464 (p> 0.05)$]. The patients of public hospitals had a complex of education, socio-economic background and awareness because of which they consider the doctors' word as the final verdict allowing no contradictions.

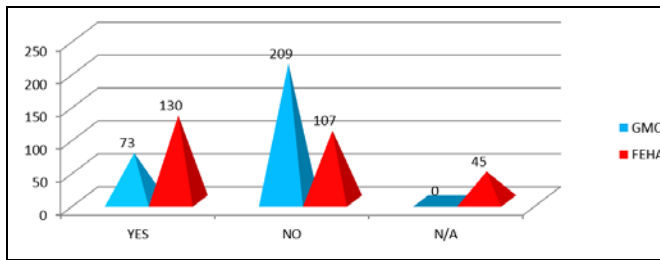


Fig 22: Do you ask for suitable treatment alternatives?

There was a significant difference seen in the attitudes of patients' regarding their questioning regarding suitable treatment alternatives, if any [$\chi^2= 50.724 (p> 0.05)$]. Public sector patients replied that they tend not to interfere in the doctors' decision regarding the treatment i.e. they do not voluntarily participate in the healthcare decision making leaving it to the doctors owing to their complexes and certain barriers in communicating their views/ opinions. However many of them reported that they clearly revealed their allergic status or the poor financial status to doctors which might leave them evading the treatment regime. Contrary was seen in patients of corporate hospital.

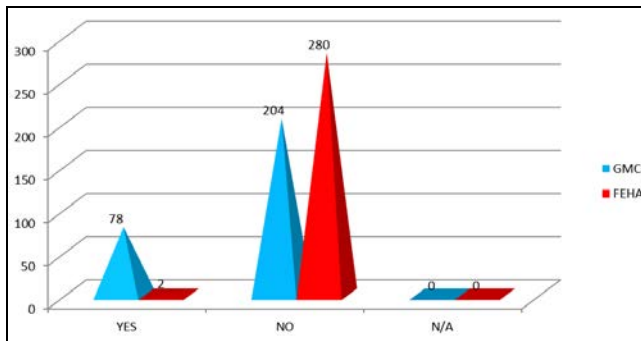


Fig 23: Do you consult 2 doctors at the same time for same disease without others' knowledge?

Highly statistically significant difference was noticed among the patients of public hospital and corporate hospital with regards to the awareness among them in hazards of consulting 2 doctors for the same disease and same time without the knowledge of other [$\chi^2= 84.134 (p> 0.05)$]. Corporate patients reported that they never do such a thing which might have them end up with treatment adverse effects or improper compliance of treatment regime. On the other hand, a significant percentage (27.66%) of public hospital patients still confessed doing the same.

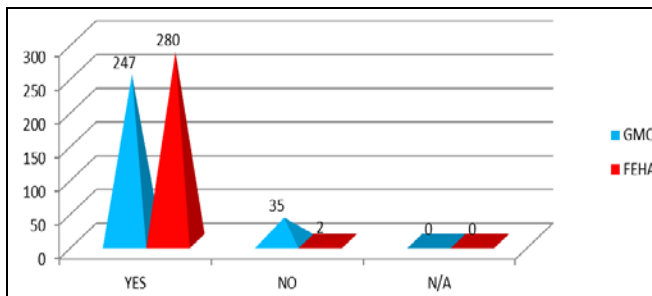


Fig 24: Do you comply with doctor's instructions?

Patients of both the sector hospitals were found complying with the doctors' instructions completely with corporate patients noticed to be on a higher side as compared to the public sector hospitals [$\chi^2= 31.498 (p> 0.05)$].

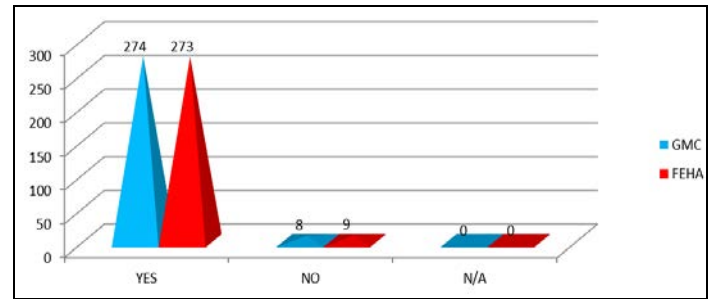


Fig 25: Do you visit doctor for follow up check-up?

Patients from both the setups were seen to have the attitude of keeping up with the follow-up appointments as advised by the treating doctor [$\chi^2= 0.06064 (p> 0.05)$].

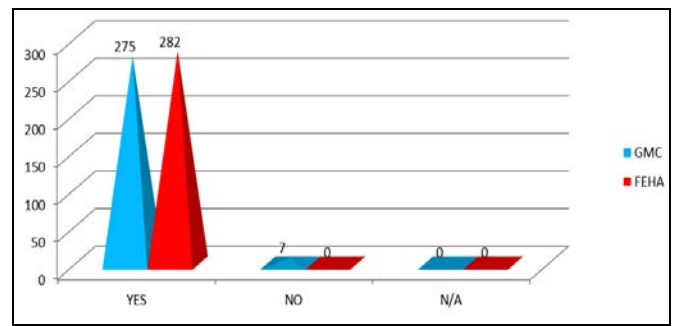


Fig 26: Do you pay doctors' fees on time?

With statistical analytical value to be $\chi^2= 7.088 (p> 0.05)$, patients of both the setups were found to pay doctors' fees on time. In corporate hospitals, the patients had to pay fees in advance as a part of hospital policies and procedures. However in public hospital, the economically poor patients denied being able to do the same.

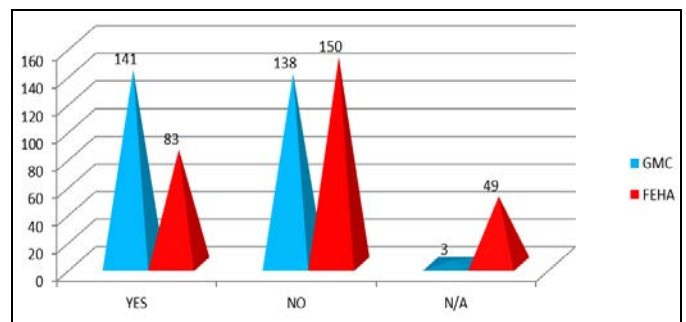


Fig 27: Are you aware of the laws safeguarding your rights?

Contrastingly higher level of difference was seen with respect to the awareness of laws safeguarding the rights of patients between patients of public sector and corporate sector [$\chi^2= 56.21 (p> 0.05)$]. Higher level of such awareness was seen in patients of public hospital as compared to corporate hospital.

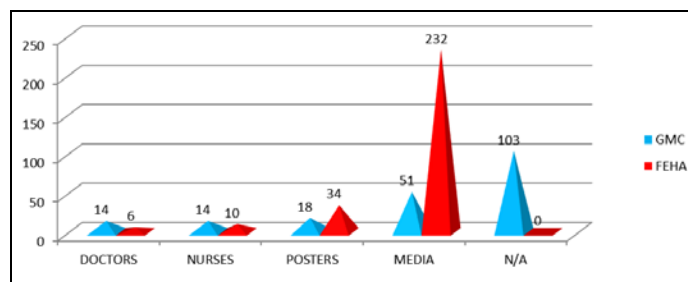


Fig 28: Source of awareness of patient rights and duties

The major source of awareness of patient rights and duties as reported by patients was media in both the sector hospitals. Other sources and their frequency are depicted above in Figure 28.

4. Conclusion

On comparing data obtained from patients of two hospitals (public and corporate sector), it was found that patients from corporate hospitals are more satisfied as compared to the ones from public sector hospital in context with ease of appointment with a competent doctor of own choice, role of doctor in diagnosing attentively and patiently and explaining treatment and giving reasons for medical tests, explaining using simple understandable language, use of updated and latest medical equipments and technologies, reasonable billing invoices, maintaining proper confidentiality and satisfaction with overall medical care received. Both the sector patients complimented that they were treated in a dignified way which enabled them to respect doctor in turn and confide in him with their personal details. However, inappropriately long waiting times were a source of dissatisfaction in both the sector patients.

On reviewing the observance of duties by the patients themselves, it was found that high level of awareness was noticed in patients of corporate hospitals as a duty to divulge complete medical past history to the treating doctor, self-clarification of doubts if any and suitable treatment alternatives, compliance of instructions and treatment regime and avoiding consultation of 2 doctors at the same time without others knowledge. However similar trends of awareness was noticed in both sector patients.

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