

EVALUATION OF PATIENT'S AWARENESS REGARDING PATIENT RIGHTS: A CROSS-SECTIONAL STUDY

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Abstract: Understanding and respecting patient rights are critical to healthcare quality and safety. However, there is limited data on the level of awareness among patients in Pakistan, particularly in public hospitals. **Objective:** This study aimed to evaluate the awareness of patients' rights among individuals visiting the inpatient departments of Nishtar Hospital, Multan, and Aziz Bhatti Teaching Hospital, Gujrat. **Methods:** A cross-sectional study was conducted in the Inpatient Departments of Nishtar Hospital and Aziz Bhatti Teaching Hospital from June 2023 to June 2024. A total of 200 patients were included in the study. Data were collected using a 14-item questionnaire divided into two sections. The first section gathered demographic information, including age, sex, qualification, and residence. The second section assessed awareness of patients' rights as outlined in the Charter by the Punjab Healthcare Commission, with responses graded on a 4-point Likert scale. Statistical analysis evaluated the association between awareness and demographic variables, with significance set at $p < 0.001$. **Results:** The mean awareness score among the patients was 23.85 ± 5.05 . Good awareness of patients' rights was observed in 11.5% of patients, while 60.1% had moderate awareness and 28.4% had poor knowledge. The highest score (3.20 ± 1.01) was recorded for awareness of the healthcare staff's identity and trustworthiness. Conversely, the lowest score (1.76 ± 0.72) was associated with awareness of the right to be consulted about treatment options and potential complications. A significant association was found between total awareness scores and various charter sections ($p < 0.001$). Additionally, residence and educational qualification were significantly associated with awareness levels, with urban residents and more educated patients demonstrating higher awareness ($p < 0.001$). **Conclusion:** The study found a moderate level of awareness of patient rights among individuals visiting the inpatient departments of the studied hospitals. These findings underscore the need for healthcare reforms and targeted awareness programs to improve patients' knowledge of their rights, thereby enhancing overall healthcare quality and patient satisfaction.

Keywords: Awareness, Knowledge, Inpatients, Patients

Introduction

Laws regarding patients' rights have been passed globally based on the Human Rights Act by the UN, such as the Helsinki Declaration, Sydney Declaration, and Alma-Ata Declaration (1). Compliance with patient rights helps improve the quality of care and patient satisfaction. All legislations serve the purpose of ensuring the ethical care of all subjects. Some of the patient's rights include providing them privacy and protection of their medical histories, gaining consent for procedures, confidentiality, and ensuring positive feedback on treatments (2). Due to patients' increased vulnerability and needs, it is necessary to fulfill their rights.

Similar to other countries, Pakistan has Patients' Rights Charters established by the Punjab Healthcare Commission, the Senate of Pakistan, and the Ministry of Health Care Services that are enforced and followed by institutes to achieve the best healthcare standards (3, 4) Awareness of patients' rights can lead to speedy recovery, reduced hospital stays, low costs, and a respectful patient-physician relationship. However, due to limited awareness among healthcare staff and the public regarding these charters, the standard of healthcare is not satisfactory.

The literature has explored patients' awareness of their rights in Pakistan, but the data is scarce. This study was

conducted to evaluate patients' awareness among individuals visiting Nishtar Hospital, Multan.

Methodology

A cross-sectional study was conducted in the Inpatient Departments of Nishtar Hospital and Aziz Bhatti Hospital from June 2023 to June 2024. A total of 200 patients visiting the hospital's inpatient department were included. ICU patients and the pediatric population were excluded from the study. The sample size was calculated using Danial's formula, keeping a 95% confidence interval, 50% population proportion, and 7% precision. All patients provided their consent to participate in the study. The ethical committee approved the study.

Data was collected through a 14-item questionnaire divided into two sections. The first section included questions about age, sex, qualification, and residence. The second section included rules of patients' rights from the Charter of Punjab Healthcare Commission, awareness regarding which could be graded on a 4-point Likert scale, with 1 representing unawareness and 4 being complete awareness. Awareness was graded as weak, moderate, and reasonable based on scores from 10 to 40. The reliability and validity of the questionnaire were verified with 0.86 Cronbach α .

SPSS version 24 was used for data analysis and evaluation. Categorical variables like age, gender, residence, and qualification were presented as frequency and percentage. Continuous variables like awareness regarding charter sections were presented as mean ± SD. Mann-Whitney U test was used to compare variables.

Results

A total of 200 responses from patients were included. The majority of patients (40%) were young adults, and 22% of the population was middle-aged. 65% of patients were female, and 45% had a primary education. The demographic information of patients is shown in Table I.

The mean awareness score was 23.85 ± 5.05. Only 11.5% of patients had good awareness, while 60.1% had moderate, and 28.4% had poor knowledge about their rights. The highest score obtained was 3.20 ± 1.01 in response to awareness about the status and identity of healthcare staff and an assurance of their trustworthiness. The lowest score was received in response to awareness regarding the right to be consulted about treatment options and complications (1.76 ± 0.72). Total awareness was significantly associated with each section of the charter (p<0.001) (Table II).

However, the association between awareness and age (p=0.10) and gender (p=0.41) was insignificant. Residence and qualification were significantly associated with awareness, as more qualified patients and patients in urban areas had a higher awareness score (p<0.001).

Table 1: Patients’ Demographic Data

| Features | N (%) |
|-----------------------|-----------|
| Age | |
| 18-25 years | 80 (40%) |
| 26-40 years | 76 (38%) |
| Over 40 years | 36 (22%) |
| Sex | |
| Male | 70 (35%) |
| Female | 130 (65%) |
| Qualification | |
| Primary education | 90 (45%) |
| High school education | 50 (25%) |
| Bachelors | 50 (25%) |
| Post-graduate | 10 (5%) |
| Residence | |
| Urban | 170 (85%) |
| Rural | 30 (15%) |

Table 2: Awareness Regarding Patients’ Rights

| Charter sections | Mean ± SD |
|---|-------------|
| Be treated without discrimination and professionally | 2.88 ± 1.0 |
| Be given full information regarding healthcare measures and treatments | 1.79 ± 0.81 |
| Be informed about the disease and its progress | 2.11 ± 0.77 |
| Be consulted regarding treatment options and their risks | 1.76 ± 0.72 |
| Have access to attending physicians and other healthcare staff | 2.73 ± 0.66 |
| Accept or refuse treatment or procedures | 2.15 ± 0.99 |
| Personal records and medical information be kept confidential | 1.84 ± 0.69 |
| Be informed about participation in research and the right to refuse | 2.10 ± 0.90 |
| Be informed about the status and identity of healthcare care staff that must be trustworthy | 3.20 ± 1.01 |
| Ensured that healthcare staff is qualified and professional | 1.95 ± 0.94 |

Discussion

This study evaluated the awareness of patients’ rights among individuals visiting Nishtar Hospital, Multan. The results revealed an 11.5% good level of understanding of patient rights. These results are similar to Munir et al. where 13.5% of patients were aware of the charter rights (5). However, this frequency is significantly lower than in Barati et al. and Dessalegn et al. where awareness was reported in 76% and 90% of patients, respectively (6, 7) Pakistan’s low awareness score is due to a lack of health reforms and awareness programs. In other countries, knowledge about rights improved after healthcare reforms.

In the present study, awareness scores varied with every charter right because some rights are part of treatment procedures so that patients may be aware of them. The highest score obtained was 3.20 ± 1.01 in response to awareness about the status and identity of healthcare staff and an assurance of their trustworthiness. This result is improved than Madadin et al. where 61.9% of patients were unaware that they had the right to know the identity of their physicians and treatment staff (8). The lowest score was obtained in response to awareness regarding the right to be consulted about treatment options and complications (1.76

± 0.72). 48.4% of participants in Hassan et al. were also unaware of their right to participate in their treatment decisions and be informed about the risks of each (9). The difference indicates the irregular enforcement of the institute’s charter, depriving patients of health rights.

A moderate awareness score of 2.88 ± 1.0 was recorded in patients regarding awareness about the right to receive non-discriminatory treatment. A poor score of 2.55 on a 5-point Likert scale was noted in the Saudia study (10). The similarity may be due to stereotypical society in both countries. However, in contrast to the study, other studies conducted in developed countries indicated that most patients were aware of their right to be treated without discrimination of age, race, nationality, or sex. (11, 12).

Residence and qualification were significantly associated with awareness, as more qualified patients and patients in urban areas had a higher awareness score (p<0.001). Banke et al. comply with these results (13).

Conclusion

Patients visiting the inpatient department recorded a moderate level of awareness of patient rights. Healthcare

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reforms and awareness programs are needed to enhance individuals' knowledge.

Declarations

Data Availability statement

All data generated or analyzed during the study are included in the manuscript.

Ethics approval and consent to participate

Approved by the department concerned. (IRBEC-NHM-023/23)

Consent for publication

Approved

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Conflict of interest

The authors declared the absence of a conflict of interest.

Author Contribution

ZAHIDA LATIF (Principal)

Study Design, Review of Literature. Conception of Study, Development of Research Methodology Design,

SABA NAYAB (Nursing Officer)

Coordination of collaborative efforts.

Conception of Study, Final approval of manuscript.

Manuscript revisions, critical input.

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