

Socio-demographic Correlates of Cognizance of Patients' Rights Among Admitted Patients in a Teaching Hospital of Sindh Pakistan

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Abstract:

Background: The rights of patients refer to certain privileges that are to be provided to them irrespective of the circumstances when the patients demand for them. The current study aimed to assess cognizance of patients' rights.

Objective:

To assess cognizance of patients' rights among admitted patients & its association with various socio-demographic variables in a teaching hospital in Sindh, Pakistan.

Methods:

Study setting: All general medicine and general surgery wards of Liaquat University Hospital (LUH) Hyderabad and Jamshoro.

Study design: Cross-sectional study.

Study period: 1st December 2021 to 28th February 2022.

Study population, Sample size & sampling techniques: The 390 admitted patients were selected through convenience sampling.

Data collection tool & data analysis: Data was collected on a validated questionnaire after doing piloting. The socio-demographic variable of patients well as cognizance of patients' rights were the variables of interest. The SPSS version 23.0 for windows was used for analysis. The frequency for all categorical variables were computed in percentages. The continuous variables e.g. age etc. were expressed as mean \pm standard deviation. The cumulative mean \pm standard deviation for cognizance were calculated. The association of socio-demographic variables of subjects were sought in relation to cognizance of patients' rights by applying student t-test & one-way ANOVA test. The p-value of ≤ 0.05 was taken as cut-off for statistically significant results for all applied tests of significance.

Results: Among 390 patients recruited in study, 39.2 % belonged to age group > 48 years. The 63.54% were of age 18 to 27 years with female preponderance i.e., 52.04 %. Overall mean \pm standard deviation of score of cognizance was 39.10 ± 18.77 . The gender and marital status of the patients were statistically significantly associated with cognizance of patients ($p = 0.00$, $p = 0.002$ respectively).

Conclusion: The current study concludes that cumulative as well as individual parameters related to cognizance of rights towards health are highly dependent on the socio-demographic profile of patients.

Key words: Cognizance, awareness, patients' rights, admitted patients,

BACKGROUND:

Health is declared as cardinal human right irrespective of religion, race, economic and social & political background as per constitution of World Health Organization (WHO) ¹. The consideration of patients' rights is a crucial parameter for health service quality^{2,3}. As a matter of fact, the health system is judged by the clients/ beneficiaries of the health system⁴. Therefore this is mandatory that authorities should measure and report what matters most to the patients⁵. Multiple studies confirm that good quality healthcare services means to build an environment of satisfaction and loyalty among patients. The more the atmosphere is customer-friendly, safe, responsiveness & communicative, the more it will be trustworthy for the patients⁶. Moreover, the patients preferences are now reported gaining more attention in decision making processes in health facilities^{7,8}. There is dearth of research on this very important aspect of health system research in developing countries like Pakistan. The authors felt urgent need of conducting a research to seek cognizance of patients' rights towards health. Obviously, the results of this study would help in need assessment of health workers 'training in terms of Patients' Rights Charter in Pakistan. It can enormously help doctors & patients to work in a synergistic way which might help in future to implement these rights in places where these are practically negligibly existing.

OBJECTIVES:

1. To assess the cognizance of patients' rights among admitted patients in a teaching hospital in Sindh, Pakistan.
2. To determine association of cognizance of patient rights with various socio-demographic variables of patients.

METHODS:**Study area, design & period of study:**

A descriptive cross-sectional study was conducted in medical and surgical wards of Liaquat University Hospital (LUH), Sindh, Pakistan from 1st December 2021 to 28th February 2022.

Study population, sample size & sampling technique:

One of the study conducted in Islamabad Pakistan found 64% of patients as being unaware about their rights to health⁹. Applying this prior knowledge for seeking the sample size to the formula of proportions: $(n = Z^2 \times p \times q / e^2)$, the sample size was computed as 354. Adding 10% more to accommodate the non-responders, the required sample size was calculated as 390.

The admitted patients of either gender aged 18 years or above in medical and surgical wards of LUH Hyderabad/Jamshoro Sindh Pakistan who were fully conscious & competent to give consent & who remained admitted in ward at least for 3 days, were recruited for the research through convenient sampling technique.

Research tool: A researcher-made, validated, preguided questionnaire was designed for data collection by principal investigator himself & was launched after doing piloting. The Cronbach alpha coefficient was found as 0.74. The questionnaire comprised of TWO sections; the Section-A comprised of queries regarding socio-demographic profile of patients. The Section-B comprised of self-designed, 20-item phrases highlighting the cognizance about patients' rights.

The significance of each phrase was measured by using a 4-point Likert scale arranged as strongly disagree=1, somewhat disagree=2, somewhat agree =3, strongly agree=4. Variables of interest were age, gender, marital status, educational status, professional/occupational status & Cognizance regarding patients' rights.

Data analysis: After editing and cleaning, the data was entered in SPSS version 23.0 for windows. The frequency for all categorical variables were computed in percentages. The descriptive statistics for continuous variables e.g. age were expressed as mean \pm standard deviation. The cumulative mean \pm standard deviation for patients' cognizance regarding patients' rights were calculated separately. The association of socio-demographic variables of patients were sought in relation to their cognizance regarding patients' rights by applying one-way ANOVA test and student t-test. The p-value ≤ 0.05 was taken as cut-off for statistically significant results for all applied tests of significance.

RESULTS:

Table 1

Socio-Demographic Characteristics of Patients
(n = 390)

Socio-demographic variables	Frequencies	%
Age		
18-27	71	18.20%
28-37	91	23.33%
38-47	75	19.23%
48 and above	153	39.23%
Gender		
Male	242	62.05%
Female	148	37.95%
Marital Status		
Married	308	78.97%
Unmarried	82	21.03%

Educational Status		
Educated	158	40.51%
Uneducated	232	59.49%
Professional/Occupational Status		
Unemployed	152	38.97%
Self Employed	178	45.64%
Privately Employed	44	11.28%
Government Employee	16	4.10%

Among total 390 patients recruited in study, 39.2 % belonged to age group > 48 years. There was male preponderance i.e. 62.05% against 37.95% females. Majority of the participants (78.97%) were married, 59.5% were uneducated and 45.6% patients were self-employed.

Table 2
The Cognizance of the Patients Regarding their Rights to Health

<i>Components of Patients' rights</i>	<i>Score mean ± standard deviation</i>	<i>Components of Patients' rights</i>	<i>Score mean ± standard deviation</i>
Right to know about the professional status and identity of the healthcare professional responsible for his/her treatment.	2.27 ± 1.22	Right to file a complaint regarding his/her medical provider and have compensation for medical errors	1.75 ± 0.967
Right to receive optimal care and respect	2.16 ± 1.15	Right to be discharged as per recommendations by the doctor with appropriate medications, required information and follow up appointment	2.05 ± 1.113
Right to be cared by qualified and competent specialist	1.93 ± 1.13	Right to be informed about duration of treatment and total cost of treatment	1.94 ± 1.098
Right to be fully informed of all diagnosis and treatment plans	1.72 ± 1.06	Right to receive health care in a clean, hygienic and medically safe environment	2.14 ± 1.075

Right to give informed consent for all medical procedures	1.94 ±1.07	Right to review record relevant to his/her medical care	1.91 ±1.067
Right to free decision making without any external influence	1.99 ±1.09	Right to be fully informed about any side effects and complications of his/her treatment	1.88 ±1.051
Right to privacy and confidentiality	2.02 ±1.10	Right to refuse to participate in research studies	2.00 ±1.122
Right that cultural views and beliefs should be respected even if it is against medical advice	1.81 ±1.09	Right to seek a second opinion from another doctor	2.00 ±1.077
Right to receive information regarding his/her treatment in an understandable language and without any medical jargon	2.12 ± 1.14	Right to information of all harmful effects on his/her health on refusal to get treatment	1.94 ± 1.079
Right to get information about how to access his/her doctor and have freedom in selecting his/her physicians	2.04 ±1.07	Right to be provided with a medical report comprising patients' condition and course during their admission in hospital	2.09 ±1.169

The least mean score for the component of patients' right addressing right to be informed about diagnosis and treatment plans i.e. 1.72 ; while highest diversity of responses were recorded for the component addressing right to know about the professional status and identity of the healthcare professional responsible for his/her treatment i.e. standard deviation of 1.22.

Table 3

Association between Socio-Demographic Profile of Patients and Cognizance Regarding Patients' Rights

<i>Sociodemographic profile</i>	<i>Attributes</i>	<i>Mean score of Cognizance regarding patients' rights</i>	<i>Test statistics</i>	<i>p-value</i>
Gender	Males = 242	48.86	17.56 (t statistics)	0.00*
	Females =148	23.14		
Marital Status	Married = 308	37.59	3.10 (t- statistics)	0.002*
	Unmarried = 82	44.75		

<i>Educational Status</i>	Educated = 158	41.08	- 1.7 (t- statistics)	0.08
	Uneducated = 232	37.75		
<i>Occupational /Professional Status</i>	Unemployed = 152	38.42	2.03 (F – statistics)	0.10
	Self-employed =178	43.44		
	Private employee =44	39.48		
	Government employee =16	46.43		

***significant associations**

The gender and marital status of the patients were statistically associated with cognizance of patients regarding their rights ($p = 0.00$, $p = 0.002$ respectively).

DISCUSSION:

The success of a health system is judged primarily by the confidence of people posed on their health system¹⁰. Several studies throw light on lesser level of satisfaction towards fulfillment of their rights towards health¹¹. In comparison to the socio-demographic profile of the present study, another study conducted in Egypt showed male preponderance (60%) as against 40% females. The same study also showed that 50% of patients were illiterate or uneducated¹². The underlying reason of difference between both studies could be the overall difference of literacy rate in both countries. A research undertaken in Iran showed that majority of patients i.e. 78.5% were married². A study conducted in Uganda showed that 42.7% of patients were self-employed¹³. The age wise distribution of patients recruited in current study was nearly similar to the findings of another study conducted in Sudan showing 39.6% patients falling in age group > 50 years¹⁴.

The current research was an effort to explore views of twenty components of patients' rights. Overall mean±standard deviation of score of cognizance among patients regarding their rights to health was 39.10 ± 18.77 . This observation status is consistent with that of another study

evaluating health service recipients as moderately satisfied regarding their rights to health¹⁵. Contrasting to this another research reported an unfavorable status of cognizance among patients¹⁶. The research conducted in Uganda showed that awareness of patients' rights among patients was 40 per cent¹³. Another research concluded that only 44.73% patients rated the observation of their rights to health as satisfactory¹⁷. In one study, the highest awareness score was 22 with overall mean awareness score of the patients regarding their rights as high as 18.16 ± 3.47 ¹⁸. The results of one study conducted at Ibadan city of Nigeria, majority of the patients (94.2%) reported having sound knowledge of their rights. However, almost half (50.8%) of the participants claimed that they were not totally communicated and informed about the diagnosis and all the treatment plans concerning their health conditions¹⁹. In one study conducted in Pakistan when patients were asked about their cognizance regarding their right to be cared by a competent and qualified staff and also to be attended by specialist, 33% of the patients were aware of their right⁹. When asked about the patients have the right to free decision making without any external influence, the patient score of mean \pm standard deviation was 1.99 ± 1.09 . In one Indian study regarding awareness of rights of patients it was concluded that 55% of patients were having cognizance of right to choice and free decision making²⁰. When asked about the patients have the right to privacy and confidentiality, the patient's mean \pm standard deviation score was 2.02 ± 1.10 . In one study conducted in hospitals in Kerman Iran, it was shown that regarding the patient right to privacy & confidentiality, the patient score of mean \pm standard deviation was 3.65 ± 0.62 ²¹. Regarding cognizance about the patients' right to get information about how to access his/her doctor and have freedom in selecting his/her physicians, the patient score of mean \pm standard deviation was 2.04 ± 1.07 . In one study conducted in Iran exploring the same issue among nursing staff, the mean \pm standard deviation of score was $2.30 \pm$

1.12²². When asked that patient have the right to be informed about duration of treatment and total cost of treatment the patient score of mean \pm standard deviation was 1.94 ± 1.09 . In one study conducted in Saudi Arabia it was shown that when patients were asked about the treatment plans and costs involved in their health care, the mean scores were 3.71 and 3.06 for patients regarding both questions²³. When inquired about the patients' right to refuse to participate in research studies, the patient score of mean \pm standard deviation was 2.00 ± 1.12 . In one study conducted in Egypt, it was shown that when patients were asked about their accord or refusal to participate in medical or nursing research studies, the results showed that 45% of the patients were having perception of their rights being practiced by doctors²⁴. The literature is however lacking in further exploration of the statistically significant difference in various components of such inquiries.

While exploring the difference in scores of patients' cognizance regarding their socio demographic fabric, the diversity of results were obtained. In many similar studies, individual and social characteristics of patients have been reported as strong influential factors^{25,26}. Gender and marital status of the patients were found statistically significantly associated with cognizance of patients regarding their rights ($p < 0.01$). The mean score of cognizance regarding patients' rights among males was 48.86 and among females was 23.14. Male predominance was reported by another research i.e.53.1 percent²⁷. The mean score of cognizance regarding patients' rights among married patients was 37.59 and among unmarried patients was recorded as 44.75. In one study published in King Fahad Hospital in Saudi Arabia, the results of the association between gender and patients' bill of rights awareness showed that the males were having awareness level as 56.3% and females 43.8%; however this difference in proportion was found statistically insignificant ($p=0.80$)²⁸. Another study conducted in Iraq seeking the same association revealed

that 77.4% males and 69.1% females were having awareness with a highly significant difference. In one study conducted in Poland it was shown that patients' marital status have no effect on their cognizance of the patients' rights and laws²⁹. The mean score of cognizance regarding patients' rights in educated patients was 41.08% and it was 37.75% in uneducated patients. The results also showed that unexpectedly, uneducated patients were having more awareness and they disagree on withholding information regarding their health status more than those patients who were more educated with significant difference ($p < 0.05$)³⁰. The literature reveals that educational status directly enhances the level of awareness of patients regarding their rights towards health^{31,32}. A study conducted in Egypt showed that those patients who were earning lesser income had low level of perception of patients' rights as compared to those having sufficient income ($p = 0.01$). Those patients who were earning sufficient income had mean scores of 70.40 ± 17.60 as compared to those who were earning lesser income 77.50 ± 19.70 scores¹². In terms of employment status, surprisingly about one-third of the patients in current study as well as in another study were housewives i.e. 31.6% and 35.6 percent³³.

CONCLUSIONS:

The assessment of cognizance of patients' rights among patients in developing countries is the important aspect of public health. The current study concludes that cumulative parameters regarding patient's perspectives towards their right to health are highly dependent on the socio-demographic profile of patients. This information can help concerned authorities in making patient friendly policies so as to improve patients' trust on health care providers.

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