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## RESEARCH ARTICLE

## A STUDY ON THE LEVEL OF HOSPITAL STAFFS' AWARENESS ON PATIENTS' RIGHTS

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### Abstract

The assurance given to the patients that their rights are protected needs more, than educating policy makers and healthcare providers; this requires educating patients or their relatives about what they should expect from their healthcare providers, about the kind of treatment they are receiving and treatment's possible side effects. The effectiveness of patient's rights depends on the knowledge of the patient and their relatives along with the awareness of the ethical, social and legal issues surrounding them. It is also the duty of the patient or his/her relatives to get information about the treatment given. Successive cooperation of both, patient and healthcare providers is required to achieve fruitful outcome in patient's treatment and hospital growth. The purpose of the study is to analyse the awareness of patient rights and education among patients, hospital staffs and physicians. This study involves collection of information from patients of various hospitals from Chennai, Tamil Nadu, India. Sample size is 150. Questionnaire framed about patient rights and education were circulated among patients/relatives, hospital administrators and physicians.

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## INTRODUCTION

In today's healthcare system, clinical trials are impossible without patients. The sole purpose of conducting research is to benefit patients. But as the research progresses, the healthcare provider forgets their patients and concentrates more on developing their business. Even many patients are unaware of that they have rights and it is the duty of the hospital to educate patients about their rights. Patient rights vary in different countries depending on the culture and society. A physician treating patient is responsible for educating the patient about his/her condition, or to the relatives or guardian of the patient, in case the patient is of unsound mind or minor. It is the responsibility of the hospital to inform the patient/relative about the treatment and procedures they are undergoing and to get consent from the patient and relatives.

### OBJECTIVES

- To know whether the organisation protects patient and family rights and informs them about their responsibilities during care.
- To examine the level of awareness of staffs on patients' rights.
- To provide suggestions to improve the barriers.

### REVIEW OF LITERATURE:

**Edith Balint (1969)** describes patient-centered medicine as "understanding the patient as a unique human being".

**Hirschman (1970)** suggested that perceived failure in the delivery of goods and services led to two types of consumer response, which he described succinctly as exit and voice.

While for **Byrne and Long (1976)** it represents a style of consulting where the doctor uses the patient's knowledge and experience to guide the interaction.

**Roth, (1978)**, In addition to the ethical aspects, there is a clear economic factor at play: informed patients are active workers in their process of recovery because they are more responsible for their complaints and treatments. This leads to reductions in the health costs of the public administration and insurance companies.

**Reiser and Schroder (1980)** have written, "Repeatedly, Physicians feel the power of something intangible, yet unmistakable, in the nature of the doctor-patient relationship that helps a sick person get better,. It is hard to overestimate the potency and curative potential of this very unique and special relationships. For all our technical advances, this relationship remain one of medicine's most powerful therapeutic tools.

**Day, 1984; Malafi et al, 1993; Oliver, 1981, 1987; Singh and Howell, 1985:** People are often reculant to complain when they are dissatisfied with goods or services. There is evidence that the degree of dissatisfaction has a modest relationship with the likelihood of complaint.

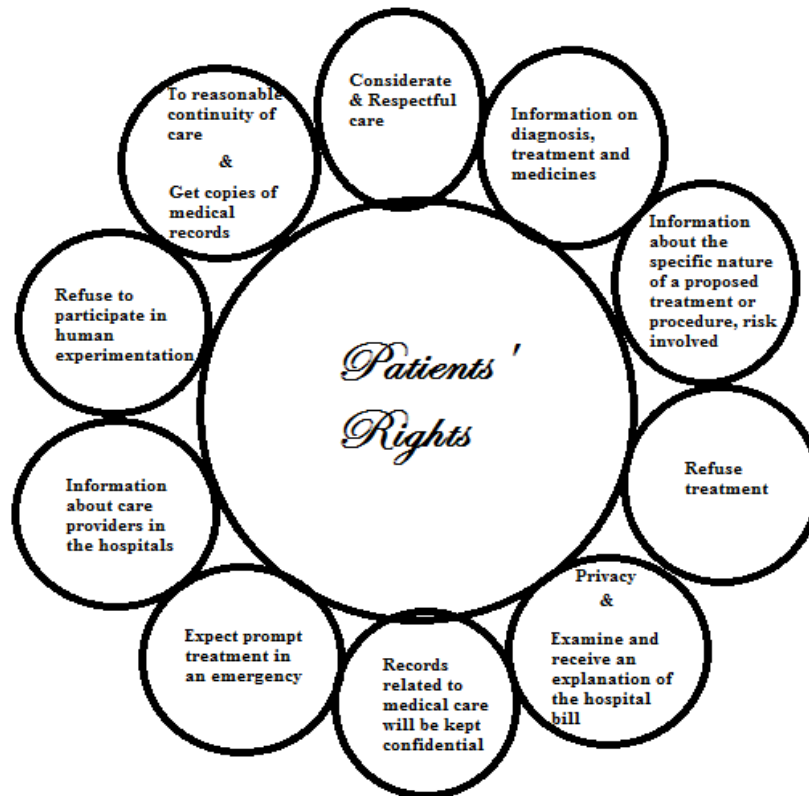
**Uhlmann, Carter and T. Inui (1984)** say that the thoroughness and completeness of the interview, the sensitivity in performing he physical examination, and the skill in discussing the result of the encounter and outlying the treatment are all dated to the success of the patient-doctor relationship. When the physician recognizes the patients' expectations and wishes for relationship, the patients' satisfaction with it is increased.

**Tuckett, Boulton, Olson & Williams, 1985:** Patient non-compliance and dissatisfaction with care were attributable to some failure on the part of doctors; for example, failure to regard patients as experts in their own illnesses.

**McWhinney (1989)** describes the patient-centered approach as one where "the physician tries to enter the patient's world, to see the illness through the patient's eyes". Giving in-formation to patients and involving them in decision-making have also been highlighted.

Creating a good inter-personal relationship between doctors and patients can be seen as an important purpose of communication. **Roter and Hall (1992)** state that "...talk is the main ingredient in medical care and it is the fundamental instrument by which the doctor-patient relationship is crafted and by which therapeutic goals are achieved".

#### RIGHTS OF A PATIENT



Source: Author

One of the first comprehensive statements of a patient's rights was drafted by the American Hospital Association in 1973. Today it must be posted in the corridors of every hospital facility the association has accredited and includes twelve basic rights:

1. A patient has the right to considerate and respectful care.
2. A patient has the right to receive complete information from a physician about a patient's diagnosis, treatment plan, and prognosis.
3. A patient has the right to obtain information about the specific nature of a proposed treatment or procedure, a disclosure of the risks involved, and information about medical alternatives.
4. A patient has the right to refuse treatment and to be informed of the medical consequences.
5. A patient has the right to privacy during discussion of one's medical condition and while undergoing medical care.
6. A patient has the right to expect all records related to medical care will be kept confidential.
7. A patient has the right to expect that reasonable efforts will be made to respond to the patient's request for services, and that the patient will not be transferred to another medical facility without advising the patient of the need to be transferred and without ensuring that the new facility will accept transfer of the patient.
7. A patient has the right to obtain information about the relationships amongst care providers in the hospital and related medical and educational institutions. This is designed to protect patients from conflicting interests that might affect quality of care.
8. A patient has the right to obtain information about human experimentation and research that might affect treatment or care, and to refuse to take part in such experimentation and research.
9. A patient has the right to expect reasonable continuity of care. This is meant to assure the patient that, for example, diagnoses will be followed up with continued treatment.
10. A patient has the right to examine and receive an explanation of the hospital bill.
11. A patient has the right to be informed of hospital rules and regulations that apply to patient conduct. This statement of rights provides benefit to both patient and hospital.
12. Though the quality of resolution varies widely, most hospitals have grievance committees that will hear complaints and staff representatives that act as patient advocates when a right is called into question.

#### **STANDARD OPERATING PROCEDURES (SOPs) on Patient rights**

1. **The organisation should protect patient and family rights and informs them about their responsibilities during care**
  - a) Patients and family rights must be documented.
  - b) Patients and families are to be informed of their rights in a format and language that they can understand.
  - c) The organisation's leaders are responsible to protect patients and family rights.
  - d) Staff should be aware of their responsibility in protecting patients and family rights.
  - e) Patients' family rights address any special preferences, spiritual and cultural needs. Violation of patient and family rights need to be recorded, reviewed and corrective/preventive measures must be taken.
2. **Patient and family rights support individual beliefs, values and involves the patient and family in decision making processes**
  - a) Patient and family rights address any special preferences, spiritual and cultural needs.

- b) Patient and family rights include respect for personal dignity and privacy during examination, procedures and treatment.
- c) Patient and family rights includes protection from physical abuse or neglect.
- d) Patient and family rights include treating patient information as confidential.
- e) Patient and family rights include refusal of treatment.
- f) Patient and family rights include informed consent before anaesthesia, blood and blood product transfusion and any invasive/high risk procedures/treatment.
- g) Patient and family rights include information and consent before any research protocol is initiated.
- h) Patient and family rights include information on how to voice a complaint.
- 3. A documented process for obtaining patient or family's consent exists for informed decision making about their case**
- a) General consent for treatment is obtained when the patient enters the organisation.
- b) Patient or his/her family members are more informed of the scope of such general consent.
- c) The organisation has listed those procedures where informed consent is required.
- d) Informed consent includes information on risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.
- e) The policy describes who can give consent when patient is incapable of independent decision making.
- 4. Patient and families have a right to information and education about their healthcare needs**
- a) When appropriate, patient and families are educated about the safe and effective use of medication and the potential side effects of the medication.
- b) Patient and families are to be educated about diet and nutrition.
- c) Patient and families must be educated about immunisation.
- d) Patient and families should be educated about their specific disease process, complications and prevention strategies.
- e) Patient and families are to be educated about preventing infections.
- f) Patient and families must be taught in a language and format that they can understand.
- 5. Patient and families have a right to information on expected costs**
- a) There should be uniform pricing policy in a given setting (out-patient and ward category).
- b) The tariff list must be available to patients.
- c) Patients and families should be informed about the estimated costs of treatment.
- d) Patient and families are to be informed about the financial implications when there is a change in the patient condition or treatment setting.

## RESEARCH METHODOLOGY

**Research Design:** The research design used in this study is descriptive and analytical in nature

**Sampling Technique:** The sampling technique followed to collect the data is Purposive Simple Random Sampling technique..

**Sample Size:** The sample size consists of 150 respondents.

**Nature of respondents:** The nature of the respondents was drawn from hospital staffs including doctors, administrators and nurses.

**Data Collection:** Primary data were collected from hospital staffs through distributing questionnaire. Secondary data were collected from articles, journals.

**Tools and techniques:** Percentage analysis and chi square was used.

## DATA ANALYSIS AND INTERPRETATION

### Percentage analysis

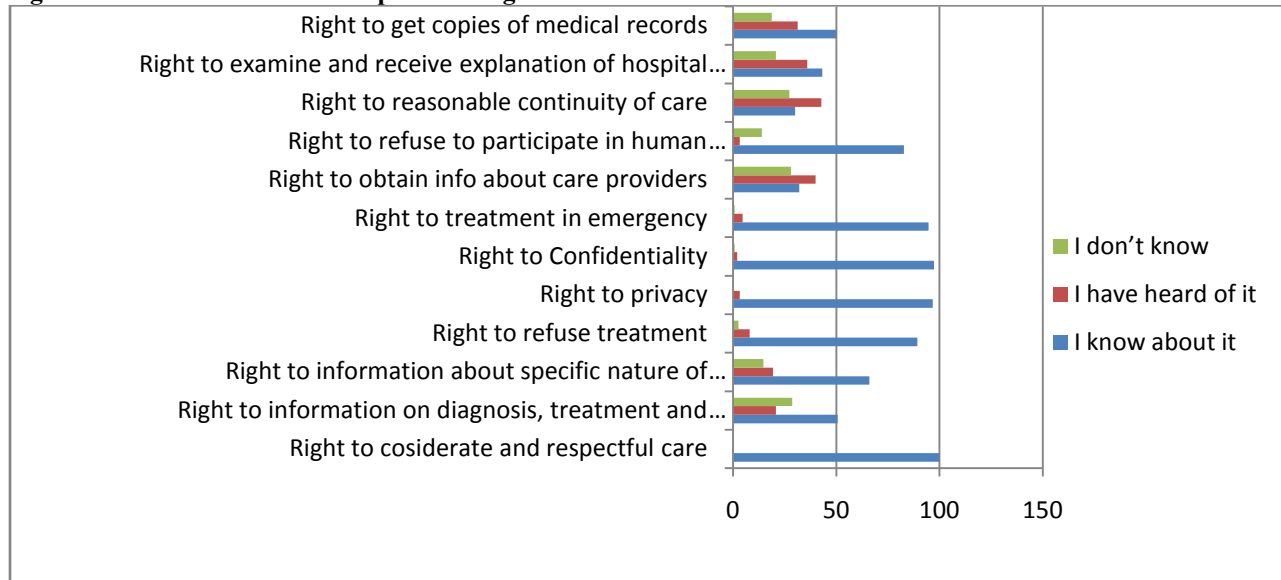
**Table 1: Awareness of staffs on patients' rights**

<b>Rights of patients</b>	<b>I know about it (%)</b>	<b>I have heard of it (%)</b>	<b>I don't know (%)</b>
Right to considerate and respectful care	100	0	0
Right to information on diagnosis, treatment and medicines	50.7	20.7	28.7
Right to information about specific nature of treatment	66	19.3	14.7
Right to refuse treatment	89.3	8	2.7
Right to privacy	96.7	3.3	0
Right to Confidentiality	97.3	2	0.7
Right to treatment in emergency	94.7	4.7	0.7

Right to obtain info about care providers	32	40	28
Right to refuse to participate in human experimentation	82.7	3.3	14
Right to reasonable continuity of care	30	42.7	27.3
Right to examine and receive explanation of hospital bill	43.3	36	20.7
Right to get copies of medical records	50	31.3	18.7

**Inference:** From the above table it is inferred that 100% staffs agree that they know about the right to considerate and respectful care, 50.7% of the staffs know about the right to information on diagnosis, treatment and medicines, 66% of staffs are aware of right to information about specific nature of treatment, 89.3% of staffs know the right to refuse treatment, 96.7% staffs know the right to privacy, on the right to confidentiality 97.3% of staffs know, 94.7% of staffs know the right to treatment in emergency, 32% know about right to obtain information about care providers, 82.7% know the right to refuse to participate in human experimentation, on the right to reasonable continuity of care 30% know about it, 43.3% staffs know about the right to examine and receive explanation of hospital bill. 50% of the staffs know the right to get copies of medical records

**Figure 1: Awareness of staffs on patients' rights**



**Chi-square test**

**Table 2: Relationship between age and staffs awareness on patients' rights**

**H<sub>0</sub>:** there is no significant relationship between age and staffs awareness on patients' rights

**H<sub>1</sub>:** there is significant relationship between age and staffs awareness on patients' rights

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	67.073	39	.003

**Inference:** at 5% level of significance, P=.003, therefore P value is less than 0.05.

Hence H<sub>0</sub> is rejected.

This shows that there is significant relationship between age and staffs awareness on patient rights.

**Table 3: Relationship between education and staffs' awareness on patient rights**

**H<sub>0</sub>:** there is no relationship between education and staffs awareness on patients' rights

**H<sub>1</sub>:** there is relationship between education and staffs awareness on patients' rights

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.243	26	.000

**Inference:** at 5% level of significance, P=.000, therefore P value is less than 0.05.

Hence H<sub>0</sub> is rejected.

This shows that there is significant relationship between education and staffs awareness on patient rights.

**Table 4: Relationship between profession and staffs' awareness on patient rights**

**H<sub>0</sub>:** there is no relationship between profession and staffs awareness on patients' rights

**H<sub>1</sub>:** there is relationship between profession and staffs awareness on patients' rights

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.391	39	.000

**Inference:** at 5% level of significance,  $P=.000$ , therefore P value is less than 0.05.

Hence  $H_0$  is rejected.

This shows that there is significant relationship between profession and staffs awareness on patient rights.

**Table 5: Relationship between gender and staffs' awareness on patients' rights**

$H_0$ : there is no relationship between gender and staffs awareness on patients' rights

$H_1$ : there is relationship between gender and staffs awareness on patients' rights

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.756	13	.101

**Inference:** at 5% level of significance,  $P=.101$ , therefore P value is greater than 0.05.

Hence  $H_0$  is accepted.

This shows that there is no significant relationship between gender and staffs awareness on patient rights.

**FINDINGS**

- 100% staffs agree that they know about the right to considerate and respectful care
- 50.7% of the staffs know about the right to information on diagnosis, treatment and medicines. 20.7 % have heard of this right while 28.7 % of staffs don't know about this right.
- 66% of staffs are aware of right to information about specific nature of treatment while 19.3 % have admitted that they have heard of this right and 14.7 % does not know this right.
- 89.3% of staffs know the right to refuse treatment, 8% have heard of it and 2.7% does not know.
- 96.7% staffs know the right to privacy while 3.3% have heard of it. None of them have said they do not know.
- On the right to confidentiality 97.3% of staffs know while 2% have said they have heard of it and 0.7 admitted they do not know.
- 94.7% of staffs know the right to treatment in emergency, 4.7% have heard of it while only 0.7% do not know this right.
- 40% have heard of the right to obtain information about care providers, 32% know about it and 28% don't know.
- 82.7% know the right to refuse to participate in human experimentation while 3.3% have heard of it and 14% do not know.
- On the right to reasonable continuity of care 42.7% have heard of it, 30% know about it and 27.3% do not know.
- 43.3% staffs know about the right to examine and receive explanation of hospital bill, 20.7 don't know and only 36% have heard of this right.
- 50% of the staffs know the right to get copies of medical records while 18.7% of staffs do not know and only 31.35 of staffs have heard of it.

**SUGGESTIONS**

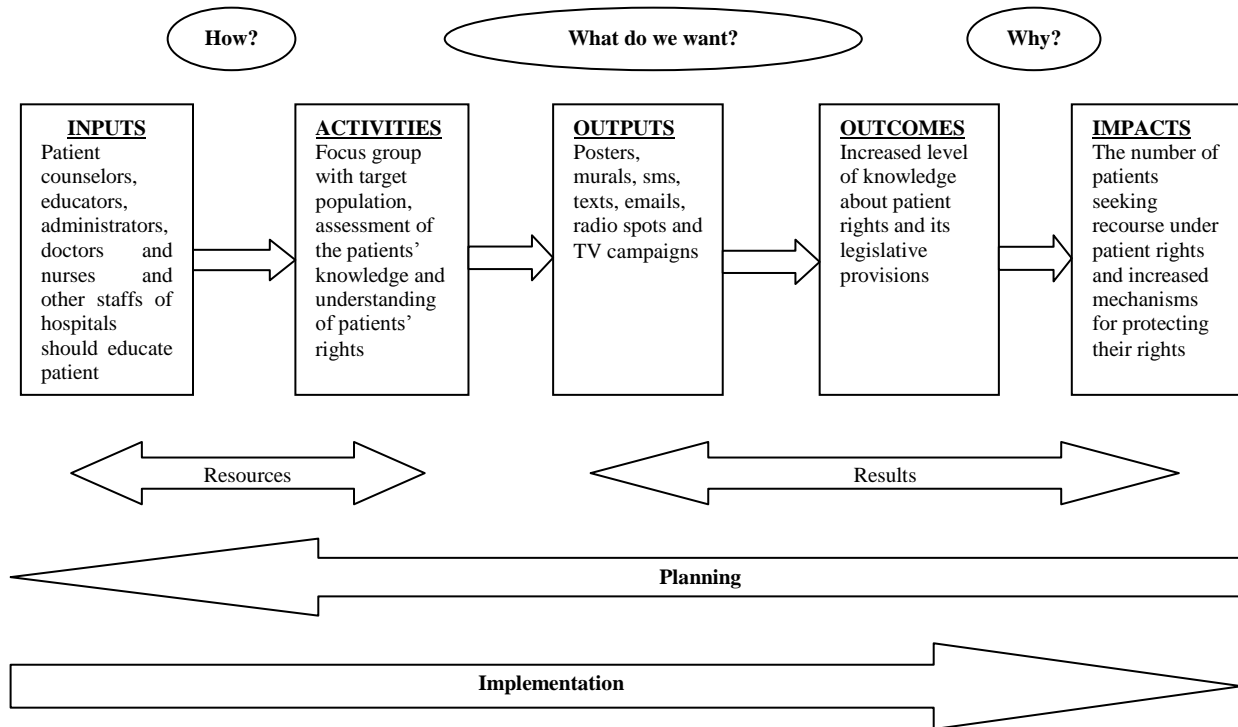
Health care workers have a responsibility to protect patient records from unauthorized access. Information that should be kept in closed, locked files except when being processed by authorized staff include

- All medical records
- Report of Verified Cases
- Communicable disease report cards
- Other records that contain patient names and other identifying information

**FRAMEWORK FOR EFFECTIVE IMPLEMENTATION OF PATIENT RIGHTS IN HOSPITALS**

**Goal** – Effective implementation and staffs co-operation towards patients' rights.

**Objectives** - 1) To assess the level of awareness and practice of patients' rights among patients and hospital staffs. 3) To examine the cooperation of patients/relatives for effective implementation of patients' rights. 4) To identify the role of hospital staffs on educating patients about their rights. 5) To evaluate the effectiveness of patient rights in hospitals.



## CONCLUSION

Since the data analysis shows that there is no relationship on gender of staffs and staffs' awareness on patients' rights, knowledge on patients' rights is irrespective of the gender. But age, education and profession has greater influence on the knowledge of the staffs on patient rights. Health care workers should receive training in and become informed about the policies and procedures used in their area for

- Obtaining informed consent
- Providing information to patients
- Protecting confidentiality

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