

Original Article

Cognizance of patients' rights towards health in a teaching hospital in Sindh, Pakistan: A comparative study

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ABSTRACT

Objectives: The objective of this study is to compare cognizance of patients' rights among patients and doctors.

Material and Methods: The comparative cross-sectional study was undertaken in various wards of a teaching hospital in Sindh, Pakistan to explore cognizance of patients' rights among patients and doctors. A total of 390 patients and 417 doctors were selected from the general medicine and general surgery wards of a teaching hospital in Sindh, Pakistan, from December 01, 2021 to February 28, 2022, through convenience sampling. A validated, pre-guided questionnaire was used for data collection. SPSS version 26.0 was used for analysis. The cumulative and segregated analysis of mean \pm standard scores of patients' and doctors' cognizance regarding patients' rights were assessed using an independent t-test.

Results: The segregated analysis of the mean scores of cognizance of patients' rights among patients and doctors revealed that the majority of associations were statistically significant ($p < 0.05$), with a few exceptions. These included the right to receive the best available care and respect ($p = 0.29$), the right to know about their treatment in an understandable language ($p = 0.23$), and the right to receive healthcare in a hygienic, clean, and safe environment ($p = 0.79$).

Conclusion: There is a significant difference in the levels of cognizance regarding patients' rights between patients and doctors.

Keywords: Cognizance, Patients' rights, Doctors, Compare, Patients

INTRODUCTION

Patient rights are a direct expression of human rights in the field of medicine. These rights are among the most pivotal components of providing moral care.^[1] They reflect recognition of human dignity and equality linked to patients' psychological, physical, spiritual, and social needs.^[2] Many studies have emphasized the necessity of these rights and also the importance of complying with them by establishing rules and regulations in the respective field. However, merely issuing directives and statements is insufficient for observing patients' rights in practice. It is crucial to provide necessary training for healthcare workers and providers. Additionally, patients and their families should be viewed as

active participants in their own treatment. Doctors involved in the delivery of healthcare have a combined responsibility to implement patients' rights.^[3] The authority and expertise of doctors, paired with the vulnerability of patients, establish a fiduciary relationship between them.^[4] As a result, doctors must work to uphold patient autonomy and ensure justice.^[5] A good physician is not only technically competent but also ethically sound.^[6] The legal and ethical dilemmas surrounding informed consent, privacy, confidentiality, and other patients' rights have been recognized for a long time;^[7] yet, hurdles in their implementation continue to persist. A study conducted in Saudi Arabia reported that 73.8% of patients were unaware of their rights.^[8] In developing countries, structural differences, that is, imbalance of power

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between care-seeking patients and healthcare providers along with prevalent social injustices makes cognizance of patients' rights even more critical.^[9] Implementing patients' rights in parallel with human rights, is a necessary parameter for maintaining quality healthcare services.^[10] In underdeveloped countries like Pakistan, cognizance of patient's rights is practically negligible, despite the existence of an Islamic code of medical ethics.^[11] A few years ago, the Pakistan Medical and Dental Council formulated an ethics code for doctors, although no tangible steps have been taken to guarantee their application.^[12] To provide quality healthcare services, it is evident that serious studies should be conducted on the perception and observance of patients' rights. This study aims to explore cognizance of patients' rights in various wards of a teaching hospital in Sindh, Pakistan.

MATERIAL AND METHODS

This comparative cross-sectional research was conducted at Liaquat University Hospital in Jamshoro and Hyderabad, Sindh, from December 01, 2021 to February 28, 2022. The study populations comprised patients and doctors selected through convenience sampling. Conscious and consenting patients of both genders, aged 18 years and older, who remained in the hospital for at least 3 days, were recruited for this study. All consenting doctors of both genders, regardless of age, working as consultants, medical officers, postgraduate students (degree courses) and house officers in all surgical and medical wards of Liaquat University Hospital (LUH) Hyderabad/Jamshoro, were included as research participants. A study conducted in Islamabad, Pakistan, showed that 64% of patients were unaware of their rights to health.^[13] Using a prevalence-based formula for proportions, the required sample size for patients was calculated to be 390. A study in the Kingdom of Saudi Arabia (KSA) found that 56% of doctors were unaware of patients' rights.^[14] Applying this value to the prevalence-based formula, the sample size for doctors was calculated to be 417. The study was carried out after obtaining approval from Ethical Review Committee (ERC) of Liaquat University of Medical and Health Sciences (LUMHS), Jamshoro (LUMHS/REC/-135 dated August 16, 2021). A validated, pre-guided questionnaire was designed for data collection from both populations—patients and doctors—to gather appropriate information. The validity of the questionnaire was tested after pilot study, achieving a Cronbach's alpha reliability index of 0.74. The data collection tool comprised two sections: Section-A included questions regarding the socio-demographic profiles of patients (e.g., age, gender, and educational status) and doctors (e.g., age, gender, and educational status, professional designation). Section B comprised of a self-designed 20-item Likert scale assessing the cognizance about patients' rights, with response options

being strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4). Data were analyzed with SPSS version 26.0 for Windows. Frequencies of categorical variables were calculated in percentages, while descriptive statistics for continuous variables, such as age, were expressed as mean \pm standard deviation. The cumulative and segregated mean \pm standard deviation for cognizance of patients' rights among doctors and patients were calculated, and the differences between them were assessed using independent t-test.

Inclusion criteria

Population A

All patients of either gender aged 18 years and older who met the following criteria were included;

1. Those who were competent to give consent and willing to participate in the study.
2. Patients who were fully conscious.
3. Those who remained admitted in any medical and surgical ward for at least 3 days.

Population B

All consenting doctors of either gender working in all surgical and medical wards of LUH Hyderabad/Jamshoro who met the following criteria were included;

1. Regular consultants or medical officers who had worked for at least 6 months in LUH.
2. Postgraduate students who had completed 6 months of training at LUH.
3. House officers who had completed at least 3 months at LUH.

Exclusion criteria

Population A

1. Patients below 18 years of age.
2. Patients who were critically ill and unconscious.
3. Patients who were discharged or transferred before 3 days of admission.

Population B

1. Consultants or medical officers on a contract basis.
2. Consultants or medical officers who had worked for less than 6 months at LUH.
3. Postgraduate students who had worked for less than 6 months at LUH.
4. House officers who had worked for less than 3 months at LUH.

5. Doctors who did not consent to participate in the study.

Statistical data analysis

Data were analyzed using SPSS version 26.0 for Windows. Frequencies of categorical variables were computed in percentages. Descriptive statistics for continuous variables, such as age, were expressed as mean \pm standard deviation. The cumulative and segregated mean \pm standard deviation for cognizance of patients' rights among doctors and patients were calculated, and the difference between them were assessed using independent t-test.

RESULTS

A total of 390 patients were recruited for the study. Of these, 39.2 % were aged over 48 years, and there was a male prevalence of 62.05% compared to 37.95% females. Most subjects (78.97%) were married, while 59.5% were uneducated and 45.6% patients were self-employed. Regarding the socio-demographic profile of doctors, the majority (63.54%) were aged between 18 and 27 years, with a female prevalence of 52.04% and 68.87% being unmarried. Almost half of the doctors were either house officers or interneers (50.84%), and the majority had completed their undergraduate studies (86.33%), as shown in Table 1.

Table 2 shows the association between cognizance of patients and doctors regarding patients' rights ($p < 0.01$).

In the segregated analysis of the mean scores for cognizance of patients' rights among patients and doctors, the majority of associations were found statistically significant ($p < 0.05$), with three exceptions. For the question regarding the right to receive optimal care and respect, there was no statistically significant difference between the mean scores of the two study populations ($p = 0.29$). Similarly, when asked about patients' rights to obtain information regarding their treatment in comprehensible language, the mean scores were statistically insignificant ($p = 0.23$). Regarding the right to receive healthcare in a clean, hygienic, and medically safe environment, the mean scores were also statistically insignificant between the two study populations ($p = 0.79$), as shown in Tables 3a and 3b.

DISCUSSION

Patients' rights are fundamental human rights that protect individuals against abuse and discrimination, while promoting ethical practices.^[15] Health is recognized as a fundamental human right in the constitution of World Health Organization (WHO), irrespective of religion, race, economic status, and social conditions.^[16] By applying standards for the observance of patient rights, we can protect patients from

Table 1: Socio-demographic characteristics of study participants.

Socio-demographic variables	f	%
Doctors' Population n = 417		
Age (in years)		
18-27	265	63.54%
28-37	87	20.86%
38-47	46	11.03%
48 and above	19	4.55%
Gender		
Male	200	47.96%
Female	217	52.04%
Educational Status		
Undergraduates	360	86.33%
Postgraduates	57	13.67%
Designation		
House officers/Internees	212	50.84%
Postgraduate residents	115	27.58%
Medical officers	33	7.91%
Consultants	57	13.66%
Patients' Population n = 390		
Age (in years)		
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%
Educational Status		
Educated	158	40.51%
Uneducated	232	59.49%

Table 2: Association between cognizance of patients and doctors regarding patients' rights

Group of Participants	f (%)	Mean \pm Standard Deviation	p-value
Patients	390 (48.32%)	39.10 \pm 18.77	<0.01*
Doctors	417 (51.68%)	49.11 \pm 17.52	
Total	807 (100 %)		

*significant association, Bold values signifies $p < 0.05$.

racial segregation, abuse, and promotes ethics. There is a lack of research in Pakistan, particularly regarding the perception of patients' rights among doctors and patients, which is why this study was conducted. Among the participants, 39.23% of patients were over the age of 48, with a higher male prevalence of 62.05%, and 59.49% of patients were uneducated. One study conducted in Egypt reported a male preponderance of 60%, with 50% of patients being uneducated.^[17] This indicates a slightly higher proportion of illiterate participants compared to the Egyptian study, which may reflect the differing literacy

Table 3a: The cognizance of the patients and doctors regarding patients' rights

Patients' rights	Patients' score mean \pm standard deviation	Doctors' score mean \pm standard deviation	Test statistics	p-value
Patient have the right to know the designation of the doctor responsible for the treatment.	2.27 \pm 1.22	2.50 \pm 1.38	-2.49	0.01*
Patient have the right to receive best available care and respect	2.16 \pm 1.15	2.25 \pm 1.39	-1.05	0.29
Patient have the right to be treated by competent and qualified specialist	1.93 \pm 1.13	2.39 \pm 1.38	-5.063	0.00*
Patients have the right to be fully communicated about all the diagnosis plus treatment plans	1.72 \pm 1.06	2.31 \pm 1.42	-6.646	0.00*
Patient have the right to receive all necessary information so to provide informed written consent for all procedures	1.94 \pm 1.07	2.67 \pm 1.40	-8.302	0.00*
Patients have the right to make decisions without any external influence	1.99 \pm 1.09	2.22 \pm 1.37	-2.539	0.01*
Patients have the right of confidentiality and privacy	2.02 \pm 1.10	2.60 \pm 1.41	-6.513	0.00*
Patients have the right for their cultural views to be respected at all times	1.81 \pm 1.09	2.35 \pm 1.41	-6.128	0.00*
Patients have the right to receive information about their treatment in an understandable language	2.12 \pm 1.14	2.01 \pm 1.36	1.188	0.23
Patient have the right to receive guidance on how to access their attending physician and to choose their doctors	2.04 \pm 1.07	2.48 \pm 1.40	-5.016	0.00*

*Significant associations, Bold values signifies p<0.05.

Table 3b: The cognizance of the patients and doctors regarding patients' rights

Patients' rights	Patients' score mean \pm standard deviation	Doctors' score mean \pm standard deviation	Test statistics	p-value
Patient have the right to file complaints against any doctor and seek compensation for negligence	1.75 \pm 0.967	2.28 \pm 1.395	-6.228	0.00*
Patient have the right to be discharged as recommended by their physician, along with appropriate medications, necessary information, and future follow-up appointments.	2.05 \pm 1.113	2.58 \pm 1.434	-5.855	0.00*
Patient have the right to know the total duration and cost of their treatment.	1.94 \pm 1.098	2.27 \pm 1.406	-3.67	0.00*
Patient have the right to receive healthcare in a hygienic, clean, and safe environment.	2.14 \pm 1.075	2.16 \pm 1.385	-0.255	0.79
Patient have the right to access records relevant to their medical care.	1.91 \pm 1.067	2.34 \pm 1.410	-4.806	0.00*
Patients have the right to be informed about side effects and potential complications of their treatment.	1.88 \pm 1.051	2.35 \pm 1.407	-5.411	0.00*
Patient have the right to refuse or consent to participate in medical research	2.00 \pm 1.122	2.42 \pm 1.406	-4.720	0.00*
Patient have the right to seek a second opinion from other physician.	2.00 \pm 1.077	2.47 \pm 1.439	-5.233	0.00*
Patient have the right to be informed of all harmful effects on their health if they refuse treatment.	1.94 \pm 1.079	3.05 \pm 1.242	-13.47	0.00*
Patient have the right to receive a detailed medical report describing their health condition during their stay in the hospital.	2.09 \pm 1.169	3.41 \pm 1.013	-17.17	0.00*

*Significant associations, Bold values signifies p<0.05.

rates in the respective countries. Regarding the socio-demographic profile of doctors, the majority (63.54%) were aged between 18 and 27 years, with a female dominance of 52.04%. This finding is supported by another study conducted in Saudi Arabia, which also reported a female preponderance of 52.7%.^[16] In terms of the association between cognizance of patients and doctors regarding patients' rights, the difference between the cumulative mean \pm standard deviation of 390 patients (39.10 ± 18.77) and the 417 doctors (49.11 ± 17.52) was found to be statistically significant ($p < 0.01$). A study revealed that cognizance of the patient bill of rights was 60.6%.^[18] In contrast, another study reported this figure as 40%.^[9] Additionally, a study conducted in Egypt found that 54% of doctors were cognizant regarding patient' rights.^[19] However, there is dearth of literature comparing the cognizance levels of doctors and patients. The segregated analysis of the mean scores of cognizance of patients' rights among patients and doctors revealed that most associations were statistically significant except for three components, that is, (i) the right to receive best available care and respect, (ii) the rights to receive information of their treatment in an understandable language, and (iii) the right to experience healthcare in hygienic, clean, and safe environment ($p = 0.29$, $p = 0.23$ and $p = 0.79$ respectively). When asked about the right to be cared for by qualified specialists, patients' score of mean \pm standard deviation was 1.93 ± 1.13 , while doctors' mean score was 2.39 ± 1.38 . A research in Pakistan indicated that only 33% patients were aware of this right.^[11] Regarding the right to confidentiality and privacy, patient's & doctors' mean scores were 2.02 ± 1.10 and 2.60 ± 1.41 , respectively. When inquired about the patients' right of patients to refuse participation in medical research, the mean score was 2.00 ± 1.12 .^[20] For the right to access their medical records, to their healthcare, patient mean score was 1.91 ± 1.06 , while doctor's mean score was 2.34 ± 1.41 . A study conducted in Mecca Saudi Arabia concluded that 85.7% of physicians believed patients should have the right to access their medical records regarding their health conditions.^[21] Additionally, a study of nursing students in Spain, Poland, and Slovakia revealed that 71.5% nurses in Poland, 75% nurses in Spain, and 67.7% nurses in Slovakia were aware of their duty regarding this aspect of patient rights ($p < 0.001$).^[18] The impotence of sources of information regarding patients' rights and the methods to increase awareness.^[22] Patients' expectations are rising, and they seek the best available resources for their treatment.^[23] By birth, all human beings are free and possess equal rights and dignity.^[24] Noncompliance with patients' can hinder recovery, increase hospitalization days, enhanced treatment costs, and create unrest among patients.^[25] Therefore, all healthcare professionals, especially doctors, should be informed and aware of patients' rights.

CONCLUSION

There is a significant variation in the levels of cognizance regarding patients' rights among patients and doctors. Analysis of the mean scores for cognizance revealed that the majority of associations were statistically significant, except for the three components of patients' rights previously mentioned. To address this gap, ethics education at both undergraduate and postgraduate level should be implemented for all medical doctors, nurses, and other healthcare providers. They must be trained in all aspects of patients' rights and encouraged to practice these rights in hospitals. Additionally, healthcare providers should take the initiative to educate patients about their rights.

Ethical approval

The research/study approved by the Institutional Review Board at Liaquat University Of Medical and Health Sciences, number LUMHS/REC/-135, dated 16th August 2021.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Nil.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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