



COGNIZANCE REGARDING PATIENTS' RIGHTS TO HEALTH: PERSPECTIVES OF DOCTORS WORKING IN A PUBLIC SECTOR TERTIARY LEVEL HOSPITAL

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ABSTRACT:

Objective: To assess cognizance and observance of rights of patients among doctors and their association with socio-demographic profile of doctors.

Study Design: Cross sectional study.

Setting: Medical & surgical wards of Liaquat University Hospital Hyderabad and Jamshoro Sindh Pakistan.

Period: 1st December 2021 to 28th February 2022.

Material & Methods: Data was collected on 417 consenting doctors working in designated wards; the relevant data was collected on a validated questionnaire with a pre-tested validity of 0.74. A 4-point Likert scale was used to seek doctors' perspectives on 20 most important aspects of patients' rights. Data was analyzed in SPSS version 26.0 for windows. The cumulative mean \pm standard deviation for cognizance regarding patients' rights among doctors were calculated. The observance of patients' rights was classified into 4 components as per standard classification. The chi-square, t-

test & one-way ANOVA test were applied to analyze required associations at p-value 0.05 taken as cut-off for significant results.

Results: Female preponderance (52.04%), house officers & internees (50.84%) were recorded. All aspects of socio-demographic fabric reveal statistically significant associations with their cognizance towards patients' rights ($p= 0.004$ for gender, $p = 0.000$ for marital status, $p = 0.005$ for educational status and $p = 0.002$ for designation); while regarding observance of patients' rights, significant results were obtained for gender of the doctors as well as for level of education ($p = 0.01$ & 0.005 , respectively).

Conclusion: There is a significant difference between the levels of cognizance & observance regarding patients 'rights among doctors.

Key words: Cognizance, Observance, Patients' rights, Health, Doctors, Perspectives.

INTRODUCTION:

Health was accepted as a cardinal human right in the constitution of World Health Organization (WHO) stating that the enjoyment of the highest standard of health is one of the prime rights of every person without differentiation of any socio-economic strata¹. Among human rights, the patients' rights towards their health are of pivotal importance². The patients' rights refer to the set of privileges which are linked to their psychological, physical, spiritual and social needs while they are in contact with the medical teams and healthcare system³. The rights of patients in the simplest form is considered as necessary ingredient for the upgradation of the values of health services⁴. Very recently, the relationship between doctors and the patients has experienced significant changes and patients experiencing maleficence in healthcare is a contemporary worldwide problem⁵. For this reason, doctors should respect their patient more than they ever did⁶. In most of the countries, the role of doctors is mandatorily linked to taking care of their patients' rights especially those who are unable to defend themselves⁷. The execution of rights of patients is necessary parameter of quality of health service⁸. A study showed that around 44% doctors had enough and adequate knowledge about patients' right to health⁹. Privacy and confidentiality are the main characteristics of ethical practice and have great importance in all communities as they are basic rights as far as patients are concerned^{10,11}. Due to advancement in technology in recent years, practices of health care service provider have also changed in a dramatic manner. Patient satisfaction regarding their health care has emerged as an increasingly pivotal health outcome. When doctors communicate with the patients, being honest is necessary to nurture trust and show respect towards the patient¹². Very less research is done in Pakistan especially addressing the cognizance of doctors regarding patients' right. This study is aimed at assessment of cognizance and observance of patients' rights among doctors in Pakistan. The results of this study will help to facilitate the implementation of patients' rights which are negligible in our country.

MATERIAL & METHODS:

A cross-sectional research was undertaken on doctors working in wards of general surgery and general medicine of Liaquat University Hospital (LUH) Hyderabad and Jamshoro, Sindh Pakistan during 1st December 2021 to 28th February 2022. The study commenced after getting approval from Research Ethics Committee (REC) of Liaquat University of Medical and Health Sciences, Jamshoro with REC number of LUMHS/REC/-135. The sample size was computed by referring to a study showing proportion of doctors not aware of the patients' rights as 56 percent⁹. Study participants comprised of four hundred and seventeen consultants, physicians, surgeons, internees, house officers, medical officers, resident medical officers, residents, post graduate students and specialists, all belonging to both genders. The consenting subjects working in current capacity at least for six months were considered eligible for study and were selected voluntarily by convenient sampling technique. A validated, preguided three-sectioned questionnaire was designed for data collection. The data collection tool was used after doing piloting & getting reliability index of 0.74. The socio-

demographic information of doctors included age, gender & educational status, professional designation. A 20-item, 4-point Likert scale including the phrases highlighting the cognizance of doctors about patients' rights was used. The information regarding observance of patients' rights by doctors was collected through a check list having option of YES & NO for all 20 phrases. After editing and cleaning, the data was entered in Statistical Package for Social Science version 26.0 for final analysis. The frequencies for all qualitative variables were calculated in percentages. The descriptive statistics for numeric variables e.g. age were explored as mean \pm standard deviation. The cumulative mean \pm standard deviation for cognizance regarding patients' rights among doctors were computed. The association of socio-demographic variables were sought in relation to cognizance of patients' rights by applying independent t-test & one way ANOVA test. The obtained data on observance of patients' rights was classified as under:

1. Observance of < 5 patients' rights by doctors
2. Observance of 6 -10 patients' rights by doctors
3. Observance of 11-15 patients' rights by doctors
4. Observance of >15 patients' rights by doctors

The analysis of the above categories of observation were carried out in relation to various socio-demographic variables of doctors by applying chi-square test. The p-value of ≤ 0.05 was set as cut-off for significant results for all applied tests of significance.

RESULTS

Majority of the participants were of age 18 to 27 years (63.54%) with preponderance of female (52.04%). Almost half of the doctors were either house officers or internees (50.84%), majority of the doctors' population had completed their undergraduate studies (86.33%) (Table-I).

Table-I. Socio-Demographic Characteristics of Study Population

<i>Socio-demographic variables</i>	<i>Frequency</i>	<i>%</i>
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%
Marital Status		
Married	159	38.13%
Unmarried	258	61.87%
Designation		
House officers/Internees	212	50.84%
Postgraduate residents	115	27.58%
Medical officers	33	7.91%
Consultants	57	13.66%
Educational Status		
Undergraduates	360	86.33%
Postgraduates	57	13.67%
Total	417	100%

Table-II. Socio-Demographic Profile of Doctors and its relation to their Cognizance Regarding Patients' Rights to Health.

<i>Sociodemographic profile</i>	<i>Attributes</i>	<i>Mean score of Cognizance regarding patients' rights</i>	<i>Statistics</i>	<i>p -value</i>
Gender	Males = 200	51.68	2.89 (t-statistics)	0.004*
	Females = 217	46.75		
Marital Status	Married = 159	54.01	- 4.58 (t-statistics)	0.000*
	Unmarried = 258	46.10		
Educational Status	Undergraduates = 360	48.16	-2.83 (t-statistics)	0.005*
	Postgraduates = 57	55.17		
Designation	House officers/Internees =212	52.43	2.36 (F-statistics)	0.002*
	Postgraduate residents = 115	54.03		
	Consultants = 57	53.32		
	Medical officers = 33	50.48		

***significant association**

Regarding relation between socio demographic profile of doctors and their cognizance regarding patients' rights, all study variables showed statistically significant associations (p=0.004, p= 0.000, p=0.005 and p= 0.002 for gender, marital status, educational status and for designation, respectively) (Table-II). The statistically significant association was observed between gender of the doctors well as for level of education & observance of the patients' rights by them (chi square value = 10.82 at *df* = 3, *p* = 0.01) & (Chi square value = 23.53 at *df* = 9, *p* = 0.005), respectively. The statistically significant association was observed between level of professional designation of the doctors and observance of the patients' rights by them (p=0.005).

The statistically insignificant association was observed between age bracket of the doctors and practice of the patients' rights by them (chi square value = 9.29 at *df* = 9, *p* = 0.41). The statistically insignificant association was also observed between marital status of the doctors and observance of the patients' rights by them (chi square value = 4.18 at *df* = 3, *p* = 0.24). (Table-III).

Table-III. Socio-demographic profile of Doctors and its relation to Observance of Patients' Right to Health

Socio-demographic profile		Level of Observance of Patients' Rights				p-value
Gender	Attributes	Observance of < 5 rights	Observance of 6 -10 rights	Observance of 11-15 rights	Observance of > 15 rights	
	Males	98	49	25	28	0.01*
	Females	72	68	36	41	
Age	18-27 years	96	77	43	49	0.41
	28-37 years	42	24	12	09	
	38-47 years	23	10	05	08	
	> 48 years	09	06	01	03	
Marital status	Married	69	49	17	24	0.24
	Unmarried	101	68	44	45	
Level of education	Undergraduation	136	105	57	62	0.01*
	Postgraduation	34	12	04	07	
Professional status	Internees	78	55	36	43	0.005*
	Postgraduates	46	43	16	10	
	Medical officers	12	07	05	09	
	Consultants	34	12	04	07	

***significant associations**

DISCUSSION

The gender-wise distribution of doctor in current study as depicted in Table-I is endorsed by findings in the study undertaken in Saudi Arabia showing female preponderance i.e. 52.7% physicians as females compared to 47.3% males. However, the proportion of internees in the same study was recorded as 21.7%. The age-wise distribution of doctors in the same study showed 71.1% physicians falling in age category of <30 years⁹. A Jordanian research conducted on the same subject found 48.9% of the physicians as being unmarried¹³. The research undertaken in Uganda revealed 40% doctors as being aware about patients' rights¹⁴. Another study conducted in Egypt showed that 54% of the doctors had cognizance regarding patients' rights¹⁵. However, there is dearth of literature comparing the cognizance level of doctors in relation to their demographic profiles.

Table-II depicts association between basic demographic characteristics of doctors and their cognizance about patients' rights; surprisingly, all study variables showed statistically significant associations i.e. $p = 0.004$, < 0.01 , 0.005 & 0.002 for gender, marital status, educational status and for designation, respectively. The mean score of cognizance regarding patients' rights among male doctors was 51.68 and among female doctors was 46.75. The mean score of cognizance regarding patients' rights among married doctors was 54.01 and among unmarried doctors was 46.10. The mean score of cognizance regarding patients' rights among undergraduate doctors was 48.16 and among postgraduate doctors was 55.17. The mean score of cognizance regarding patients' rights among house officers/internees was 52.43, among postgraduate resident doctors was 54.03, among consultants was 53.32 and among medical officers was 50.48. One study conducted in Nigeria to assess the cognizance and knowledge of patients' rights among physicians showed that physicians were having cognizance of patients' bill of rights as 60.6% and some were having good and other ones as having excellent knowledge. The factors which influenced the knowledge were being male, high education level, being doctors and being younger in age ($p < 0.001$, 0.004 , < 0.001 , and < 0.001 , respectively)¹⁶. There is contrasting literature concerning relation between health care providers' socio-demographic profile and their awareness about patients' rights to health. One study showed statistically significant difference when comparing knowledge scores of patient rights of the doctors with their age, professional groups and educational status¹⁷. The results of one study conducted on nurses showed that marital status of the nurses showed no any significant difference in terms of scores of patients' rights¹⁸. The statistically significant association was observed between gender of doctors and observance of the patients' rights by them as depicted in Table-III ($p = 0.01$). The practice of all twenty rights was assessed. Out of two hundred male doctors, majority i.e. 98 (49.00%) were practicing < 5 patients' rights. Contrasting to this, out of two hundred & seventeen female doctors, only 72 (36.00%) were actually observing < 5 patients' rights. The research conducted among nurses to assess the level of cognizance & observance of patients' rights concluded that gender was significantly associated with the practice of nurses regarding the patients' rights observance ($p < 0.05$)¹⁸. A descriptive study was conducted among eighty three nurses in hospitals of Larestan University Iran. According to the results of this study, the cognizance of most of nurses concepts (81.9%) regarding rights of patients' was weak; while only 1.2% nurses were having good awareness in this respect. Regarding, nurses' performance of patients' rights, it was reported as moderate in 83.1%, 13.3% poor and good in 3.6 percent¹⁹. The similar were the observations in another study too²⁰. There is dearth of research carried on doctors which could had provided more opportunity of comparison. The pivotal principles of Islamic ethics also order the respect for rights of human and dignity²¹. Table III also throws light on statistically insignificant associations observed between age strata of the doctors and practice of the patients' rights by them ($p = 0.41$). When practice of all the twenty rights of patients were assessed among various age groups of doctors, 23.02% (96 doctors) were found observing only < 5 patients' rights; contrasting to this, only 49 doctors (11.75%) doctors were actually observing > 15 listed patients' rights. In one study conducted in Iran, it was observed that there was no any significant association between age and observance of patients' rights ($p > 0.05$). Research participants of this study consisted of eighty

medical staffs including (physicians, nurses and medical students). They were working at internal plus surgical wards of affiliated educational hospitals of Mashhad University. The mean age of research participants was 36.3 ± 8.3 with range in between 22-55 years. They were assessed in total four areas i.e. respecting privacy of patients' and observing the principle of biomedical ethics of confidentiality, respecting the patients freedom of choice and also respecting patients decision-making in receiving health care services, providing suitable, adequate and to the point information to the patients and receiving of desirable and optimal health care by the patients. The mean rate of observing of patients' rights was 92.4 ± 4.8 among total 100 study subjects. Also, the observance of patients' rights by majority of research subjects was excellent (84.4%). There was no any significant differences among all four groups regarding this area ($p = 0.09$)²². Further in the current study, the statistically insignificant association was observed between marital status of the doctors & observance of patients' rights ($p = 0.24$). One descriptive cross-sectional study was conducted among 90 nurses of Ahvaz Jundishapur University Teaching Hospital recruited through random sampling with the help of proportional distribution between the sectors of hospitals revealed statistically insignificant difference in terms of scores of the observance of patients' rights when expressed as mean \pm standard deviation scores¹⁸. Regarding association between level of education of doctors and observance of patients' rights by them, there was observed a significant association ($p = 0.01$). Out of 360 undergraduate doctors having MBBS degree, 136 were observing < 5 rights while 62 doctors were having observance of > 15 patients' rights. Out of 57 postgraduate doctors and consultants, 34 were observing < 5 rights and only 07 were observing > 15 rights. A study was conducted among nurses to assess the level of cognizance and observance of patients' rights. The research concluded that education level was significantly associated with the performance of nurses regarding the patients' rights observance ($p < 0.05$)¹⁸. One study conducted in Saudi Arabia showed that 73.9% specialists and 68.4% consultants had adequate cognizance of patient bill of rights when compared to other categories of physicians, where there was quite low proportion ($p = 0.002$). The analyses of the results showed specialist cader doctors had 7.04 times more probability to have optimum level of awareness about patient bill of rights than the internees ($p = 0.04$)⁹. Finally, the statistically significant association was observed between level of professional designation of the doctors and execution of the patients' rights by them ($p = 0.005$). Few researches depicted that higher professional designation was associated with higher level of sense of responsibility among doctors related to practice as per patients' rights^{23,24}. This result is very encouraging and as per expectations & desires of patients. Clinical ethics is making progress towards this vision since past few years²⁵.

CONCLUSIONS

The assessment of cognizance of patients' rights among doctors as well as observance of these rights by them while working in hospitals especially in developing countries is the important but a least researched aspect of public health. The current study concludes that both parameters are largely dependent on the socio-demographic profile of doctors. Appropriate steps have to be taken regarding cognizance and observance of patients' rights and take this like national perspective cause in order to promote and legislate the execution and implementation of patients' rights in clinical and research aspects. Through workshops healthcare professionals are now familiar with Helsinki Declaration, Nuremberg code and also CIOMS guidelines and this is very good sign for the future²⁶.

CONFLICT OF INTEREST

There are no disclosed conflicts of interest involving the authors.

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