



St PAULS HOSPITAL MILLENNIUM MEDICAL COLLEGE
ASSESMENT OF PATIENT'S KNOWLDEGE AND PRACTICE
OF PATIENTS RIGHTS AND RESPONSIBILITIES IN
ST PAULS HOSPITAL MILLENIUM MEDICAL COLLEGE

BY: RUTHDIRIBA

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(MPH)

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(ASSISTANT PROFESSOR OF SURGERY)

A STUDENT REASEARCH PAPER TO BE SUBMITTED TO THE
DEPARTMENT OF PUBLIC HEALTH, SPHMMC, IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE
OF DOCTOR OF MEDICINE

OCTOBER, 2017

ADDIS ABAB, ETHIOPIA



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TABLE OF CONTENT

1. Introduction	7
2. Literature review	8
3. Objectives of the study	10
General objective	10
Specific objective.....	10
4. Methods	11
Study design :	11
Study setting:	11
Source population:	11
Study population:.....	11
Sample size determination:	11
Sampling technique.....	12
Data collection:	12
Data processing and analysis:.....	12
ETHICAL CONSIDERATION:.....	12
Variables of the study	13
Operational definition	13
5. Result	14
6. Discussion	18
7. Conclusion	20
8. recommendation	21
9. Strength and limitation of study	22
10. References	23
11. Annexes.....	24

LIST OF TABLES

Table 1 socio- demographic characteristics 1

Table 2 socio – demographic characteristics 2

LIST OF FIGURES

Figure 1 prevalence of knowledge patients list of rights

Figure 2 prevalence of knowledge patients responsibilities

Figure 3 practice of patients rights

Figure 4 reason for inpractice of patients rights

ACRONYMS AND ABBREVIATIONS

WHO – world health organization

SPHMMC – Saint Paul’s hospital millennium medical college

AMUH - Alexandria Main University Hospital

MGH - Matrouh General Hospital

ABSTRACT

BACKGROUND: Patient's rights are one of basis of human rights that increases patient's satisfaction and quality of care. Successful implementation of these rights creates better understanding between health workers and the patients. This study aimed at assessing the prevalence of patient's knowledge, attitude and practice of patient's rights among patients.

OBJECTIVES: to assess the prevalence of knowledge and practice of patient's rights and responsibilities among patients receiving inpatient treatment in SPHMMC.

METHODS: A descriptive cross sectional study was conducted in Saint Paul's hospital millennium medical college. Data was collected from 190 patients receiving inpatient treatment in Saint Paul's hospital millennium medical college.

RESULTS: most (103) respondents were females (54.2%) and 51.6% of the patients are between the age of 18 and 39. Prevalence of knowledge of patient's rights among patients is 51.1% and on their responsibilities is 85.8%. Patients had poor practice of their rights despite their good knowledge. Approximately less than half of the patients (48.3%) had good practice. Knowledge and practice of patient's rights differs from right to right. Right to receive proper medical care and right to know the reason of admission are the most known and practiced rights respectively. The media is the most common source of knowledge of patients rights and responsibilities. Significant relationship was found between the knowledge of patients on their rights and age, residence, educational level and department of admission. practice of patients rights have a significant relationship only with number of admission .

Conclusion : prevalence of knowledge of patients rights and responsibilities and its practice is low among patients. More should be done to create awareness, to empower patients on their own medical decision and secure a safe and quality health care system.

1. Introduction

Patient's rights, one of basic human rights, [1] is considered as main basis for the standards of clinical services.[2] It is an essential part of providing good healthcare [3]. Patients right even though it is a new subject introduced in literatures and practice of health [3] it is corner stone in modern medicine. After the declaration of WHO on patients rights "Patients rights is the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition." [1] There have been many declarations on the importance of the patient's rights including The Lisbon Declaration of World Doctors Association [4] and strategies of patients' rights in Amsterdam, Finland, Netherlands, and France.[3]

There are more than 40 list of rights included in WHO [1] sets patients rights. The patient right charter differs from one country to another but there are main principles agreed upon universally [3] Countries choose which patient's rights to include in their patients right charter and hospitals further can choose which rights to include.[3] Patient responsibilities include those actions on the part of patients that are needed so that healthcare providers can provide appropriate care, make accurate and responsible care decisions, address patients' needs, and maintain a sound and viable health care facility.[5]

Patients have more necessary physical, mental, and social needs than other individuals. This is because of their specific situations and vulnerability that may make them unable to meet all requirements [6]Awareness of patients from their rights can bring about a lot of advantages such as increased quality of health care services, decreased costs, more prompt recovery, decreased length of stay in hospitals, lower risk of irreversible physical and spiritual damages, and more importantly, increased dignity of patients through informing them about their rights to participate in decision making.[7] It can also serve to improve understanding between patients and medical staff if both were aware of their rights.[8] Successful implementation of this law could lead to a better understanding between health care providers and the patient through a more open discussion when the rights of each party are acknowledged.[4]

2. Literature review

Various researches have been conducted in order to determine the level of awareness and practice of patient's rights and responsibilities. The research that has been done in Iran on patient's awareness of their rights, conducted in tertiary hospital in 2013 found that only 10.1% of the patients had good knowledge on patient's rights.[3] In another research conducted in the same country in 2015 it was found that 89% of the patients were unaware of the relevant hospital legislation and 28% of them were not satisfied with the observance of their rights.[14] Research was conducted in two hospitals in Egypt, 2015, in two tertiary hospitals almost 27 % of patients in the AMUH and 53 % of patients in MGH did not have any awareness about their rights.[16] prevalence of Awareness of patients' rights in Uganda, was significantly higher amongst HWs (70%) than patients (40%).[19] The awareness of patients on their rights was found to be worse in patients receiving medical care in primary health care facility. Most patients (77.2%) didn't know about the existence of patients' list of rights, even though they were aware about some of their rights. [20]

Research done in Iran, 2013 found that most of the awareness of the patients was on the trust and assurance to confidentiality of treatment team and the least being about providing sufficient information about treatment options and their complications.[3] study in Uganda found that rights of patients are known in different prevalence among patients. Patient's knowledge regarding the awareness and practice of patient rights showed lower awareness in case of patients right to informed consent 35%. Lower practice was observed for right to be informed 49%, right to informed consent 44% and the right to grievance redressal 21%. Patients reported the practice of nurses to be high for right to confidentiality 94.7%, right to respect 84%, right to privacy 85.3%, right to be informed 64% and right to consent 60%. Relatively lower percentage of practice was observed for right to grievance redressal 24%. [19] In Egypt, The highest mean practice scores of patient' rights aspects were health care and respect as human being.[16]

There are factors that are associated with the prevalence of knowledge and practice of patients rights and responsibilities. In Iran 2013, study found that there is a significant relationship between the educational level and the place of residency with patient's awareness. [3] in longitudinal study that is conducted in the same country in 2015 found that significant difference was observed between observance of patients' rights according to hospitals, language, and place of residence of the patients. [14] in Africa, study done in Uganda found that Patients' awareness was associated with education level, employment status and number of hospital visits.[19]

Nurses are in closer contact with the patient and since they spend most of their time with patients, nurses are most suitable supporters of patients rights. [10] And according to Merakou and et al on their researches on satisfying patient's rights they mentioned as nurses are responsible in informing patients about their rights during their hospital admission. [15]

Regarding the participation of physicians and nurses in securing patients rights and responsibilities research was conducted in two hospitals in Egypt. 5.0% of physicians and nurses had good practice and 42 % of them had moderate practice in AMUH, while 29 % of physicians and nurses in MGH had moderate practice. With this finding they concluded that practice of patient rights among physician and nurses are in a poor level. [16] on specific rights, researches also tried to find relation between the practice of patients rights among patients and health workers in Lithuania. A clear discrepancy was indicated between physicians informing the patients (80% – 98% of physicians) and patients actually knowing (37% – 54%) their treatment prognosis, disease complications or possible alternative treatment methods.[18]

In similar research conducted in Uganda tertiary hospitals, At least 36.5% of patients faced a challenge regarding their rights whilst seeking health care. Most of the patients (79%) who met a challenge never attempted to demand their rights. [19]

3. Objectives of the study

General objective

- ✓ To determine the prevalence of knowledge and practice of patients right and responsibilities among patients in inpatients treatment in SPHMMC

Specific objective

- ✓ To assess the prevalence of knowledge
- ✓ To assess the prevalence of practice
- ✓ To determine factors affecting knowledge and practice of patients rights and responsibilities among patients

4. Methods

Study design : A descriptive cross sectional study was conducted to determine the prevalence of knowledge, attitude and practice of patients rights and responsibilities.

Study setting: St. Paul's hospital millennium medical college, Addis Ababa , was built in 1969 G.C by emperor Haile Selassie. Medical school opened in 2007 G.C, the new millennium era of the Ethiopian calendar. It currently has 392 beds with 340 beds for adult inpatient treatment.

Source population: The source population was all patients admitted to the hospital

Study population: the study population was all patients that are admitted to the hospital that are above the age of 18.

Sample size determination: Sample size was determined using the formula below from total of 340 patients. P value was taken 64% [19] with comparison of the knowledge, practice from previous studies done in Uganda on 2014 that gave the largest sample size.

$$n = \frac{(z \alpha / 2)^2 p(1-p)}{d^2}$$

Where n - sample size p – 64%

z - 1.96 d – 0.05

α – confidence (0.05)

Sample size become 354. With the correction formula taken for population size less than 10,000 (Sample size= $n / (1+n/N)$ N being the number of total population) sample size will be reduced to 173. Taking the non respondents rate to be 10% total sample size will be 190.

Sampling technique: Patients were selected by systematic sampling. Every second patients starting from first room was selected with the first patient being selected randomly. From total of 340 patents sample size of 190 has a ratio of 1:2 therefore every second patient were taken. If the patient doest fulfill the criteria being age more than 18 that is willing to give consent next patient was selected. Patients that are chronically sick, in intensive care unit and not present at time of data collection were excluded. After a questionnaire was developed from previous researches it was subjected for a comment by my research advisors. With this data was collected from the gynecology and obstetrics department (75), surgery (86) and internal medicine (29) department. Study was conducted from 24/06/2017-7/7/2017 G.C.

Data collection: Data was collected by interviewing the patients using Amharic questionnaire and with the help of translator when needed after having a written consent. Data was collected by me and two colleagues after being briefed about the research its objective and how to collect the data. The questioner contains three parts. The first part is on demographic data, second part on assessing patient's rights and responsibilities, and the third part on assessing patient's practice of their rights. There are 9 sets of patient's rights and 9 sets of responsibilities that are used to assess patient's knowledge asked by yes or no question. Prevalence of patient's rights was assessed by 7 patient's rights that asked giving a choice of always, usually, sometimes and never as a choice of how often they practice.

Data processing and analysis: Statistical analysis was carried out using the Statistical Package for Social Sciences (SPSS) version 20.0. Descriptive statistics (frequencies, percentages) were used to describe the practice of patient's rights and responsibilities among patients. Chi-square test were used to compare differences and statistical significance was set at P- value <0.05.

ETHICAL CONSIDERATION: Ethical clearance was approved by the institutional review board of SPHMMC prior to conduct of the research. Further precautionary measures were taken into consideration to safeguard the study of patients legal rights. Before the interview, consent forms were obtained from all 190 patients that participated in the study. In addition confidentiality and anonymity of patients were maintained through code number on the questionnaire.

Variables of the study

Independent variables: age, gender, place of residency, educational level, monthly income, length of hospital stay, number of previous admissions and source of knowledge about patients rights charter.

Dependent variables: level of knowledge, attitude and practice of patient's rights and responsibilities.

Operational definition

Operational definition was also adapted from previous research done in Uganda, 2014. Knowledge of patient's rights and responsibilities: questionnaire have 9 sets of rights and responsibilities each. Using likert's scale, if patients know more than 7 rights he/she is said to be to have good knowledge, 4 and above fair knowledge and poor knowledge if they know 3 rights and less.[19]

Practice of patient's rights: patients are said to have a very good practice if they always practice their rights, good practice if they exercise their rights sometimes and poor practice if they never practice.[19]

5. Result

All 190 patients consented and responded for the questioner. From this most (103) respondents were females (54.2%) and 98 (51.6%) represent age group between the age of 18 and 39. Largest part (110) of the patients (57.9%) were from rural part of Ethiopia and 71.1% are married. Only 24.7% have educational level above university and most 75.3% represent patients that had below secondary level education.

Gender	male	87	45.8
	female	103	54.2
Age	18-39	98	51.6
	40-59	66	34.7
	>60	26	13.7
Residence	urban	80	42.1
	rural	110	57.9
	single	30	15.8
marital status	married	135	71.1
	divorced	12	6.3
	widowed	13	6.8
educational level	illiterate	39	20.5
	primary school	51	26.8
	secondary school	53	27.9
	above university	47	24.7

Table 1 socio-demographic characteristics 1, inpatient treatment in SPHMMC, 2017

Around 93 patients (48.9%) of the patients had poor knowledge concerning their rights while only 51 (26.8%) had good knowledge. Whereas knowledge of patient's responsibilities is as high as 102 (53.7%) and only 27 (14.2%) had poor knowledge of their responsibilities as a patient while being treated in Saint Paul's millennium medical college hospital. Few (10.5%) of the patients had a very good practice of their rights while more than half (53.2%) of the patients had poor practices. Even if patients had diminished participation in practice of their rights almost all (95.8%) of patients had a good attitude on patients rights and whether or not they are respected by the hospital staffs and health workers.

Only 48.4% of patients know there are charters on patients rights and responsibilities from which most of whom 33.7% had heard and informed by the media, only 39.1% with less participation of physicians were informed by their rights from health workers.

monthly income	below 500	68	35.8
	500-2500	67	35.3
	2500-4500	29	15.3
	4500-6000	26	13.7
number of admissions	none	26	13.7
	once	99	52.1
	twice	44	23.2
	three times	21	11.1
length of hospital stay	less than one week	94	49.5
	between one to two weeks	53	27.9
	between two and four weeks	27	14.2
	more than one month	16	8.4
Admission	surgery	86	45.3
	gyn-obs	75	39.5
	internal medicine	29	15.3

Table 2 socio-demographics 2, inpatient treatment in SPHMMC,2017

The right to receive proper medical care (90.5%), the right to participate in decision making on one's health condition (74.2%) and the right to know hospitals rules and regulations (70%) are the most known rights while the right to refuse treatment (38.9%) is the least known patients rights.

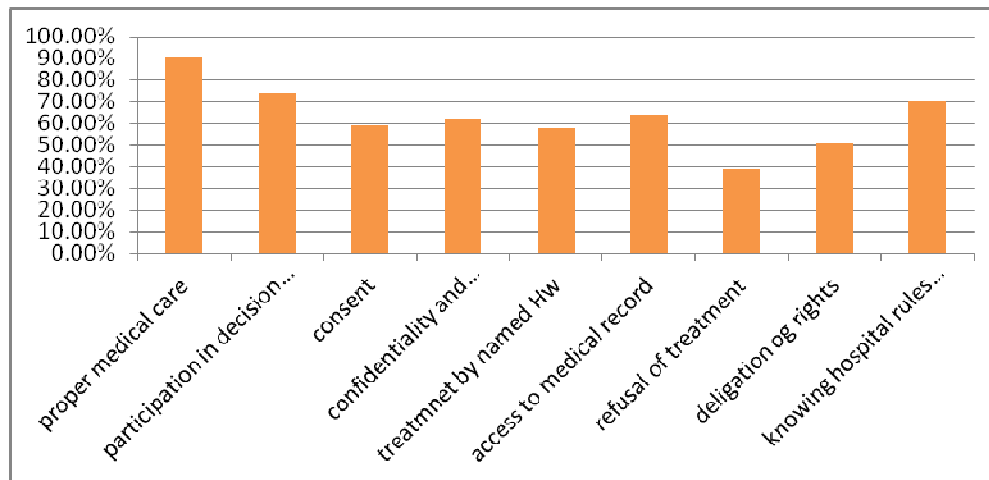


Figure 1 percentage of patients knowledge on list of rights, inpatient treatment in SPHMMC, 2017

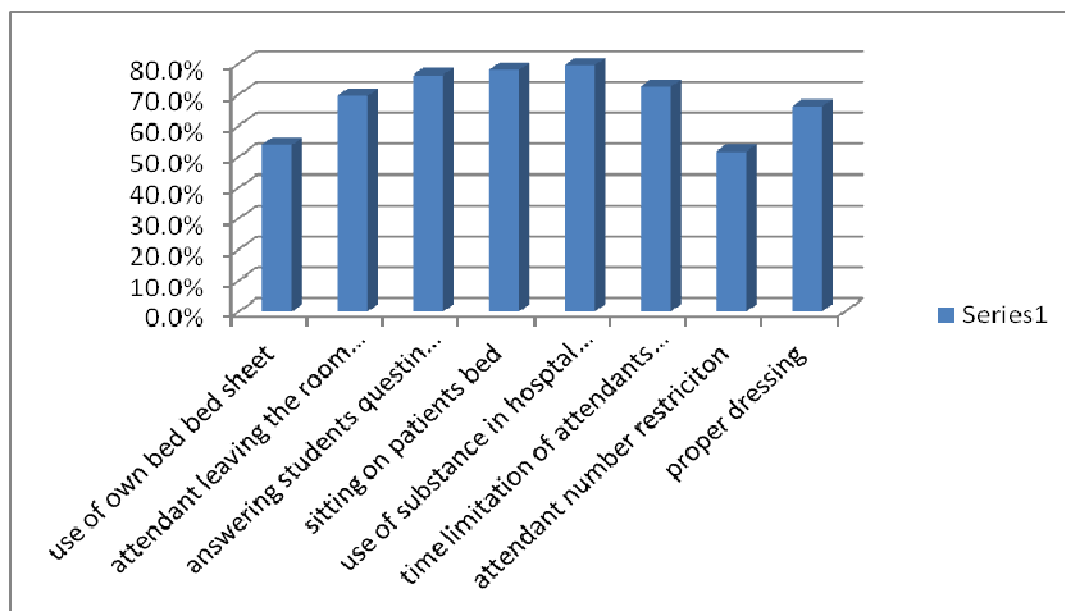


Figure 2 patients knowledge of there responsibilities, inpatient treatment in SPHMMC, 2017

The most practiced rights are the rights of patients to know the reason of admission (87.9%) and patients rights to participate in decision making (63.7%) where as rights to refuse treatment (42.1%) and the right to notify the concerned part (17.4%) for any misconduct or improper care are the least practiced rights.

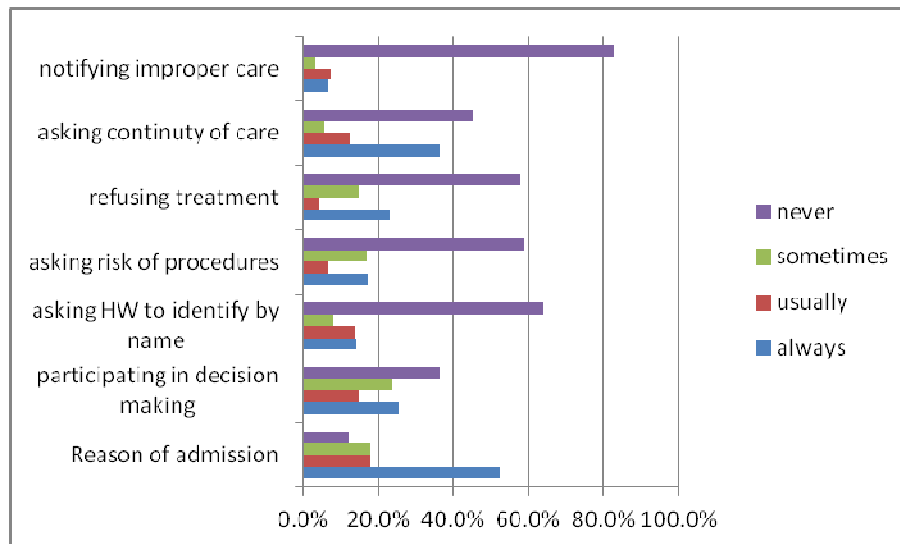


Figure 3 prevalence of practice of patients rights, inpatient treatment in SPHMMC, 2017

Some of the reasons that cause patients not to practice their rights were also included in the research. From this the most common reason that is mentioned is absence of knowledge on patient's rights (54.2%), preference of doctors decision (42.6%), bad relationship between the health workers and patients (14.7%), not knowing for whom to tell their suggestion (7.9%). Some of the patients also commented on other reasons for there to be part of administration body that is near to the patients like representative for them to feel secure on saying there suggestions freely.

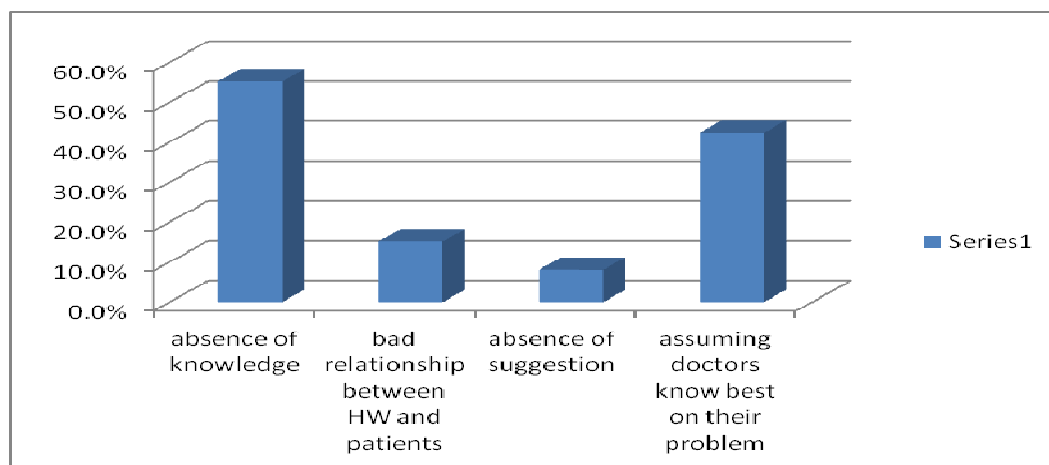


Figure 4 reason of inpractice , inpatient treatment in SPHMMC, 2017

No relationship have been found between knowledge and practice of patients ($p=0.055$) as well as between attitude and practice of patients rights ($p=0.382$). Significant relationship was found between the knowledge of patients on their rights and age ($p=0.021$), residence ($p=0.000$), educational level ($p=0.001$) and department of admission ($p=0.011$). practice of patients rights have a significant relationship only with number of admission ($p=0.035$).

6. Discussion

Patient's participation is increasingly recognized as a key component in redesign of health care process and is advocated as a means to improve patient's safety. Different researches suggested what affects patient's participation in their own health matters and some of them include, acceptance of new patients role, lack of medical knowledge, lack of confidence, co morbidity and demographic factors are mentioned to have a direct relationship. [8] Among health workers the desire to maintain control, lack of time, personal believes, type of illness and training in patients caregiver relationship are mentioned as factors that hinder patients to participate and practice there rights.[16] The London declaration endorsed by WHO world alliance for patients safety calls for 'greater role for patients to improve the safety of health care worldwide', also highlighted role that patients and their families could play in the improvement of health care.[1] Most of the health sector now day use paternalist model as to guide participation of patients which considers patients as a passive specter in is/her own healing process. Patients participation include right to be informed, right to choose and right to be heard.[11]

Researches done in Mongalore, south India indicated that doctors were found to be the most common source of information for the patients about their rights. In this research Awareness about patients rights was independent of gender, socio economic and educational status. The research concluded that there is a need to increase the awareness among patients about there rights to ensure informed decisions and best health care services.[15] In contrary to this, the media was found to be the most common source of information followed by the nurse staff with less contribution of the physicians. Knowledge was found to be dependent on age, residence, educational level and department of admissions while practice of patients rights is dependent on number of admissions.

Cross sectional study in Saudi Arabia king Khalid university hospital in Riyadh found that 64% knew about there diagnosis. Associated with educational level, chronicity of disease, awareness for their illness such as complication and name of education. Few patients 20% knew complications of there disease, 70% of patients were satisfied with doctors explanations. Knowing the diagnosis and complication were associated significantly with patients satisfaction.[7] Even though details on patients satisfaction and factors that are related to patients knowing there diagnosis was not studied, it was found that more than 80% of the patients ask and practice on the right to know there diagnosis and reason of admission. This research has a comparable outcome with south African study on patients awareness of the reason of admission. One hundred and thirty-six inpatients (51.5%) had global awareness of their clinical conditions and management plans. High degrees of awareness were reported on clinical diagnosis 206 (78.0%), reason for admission 203 (76.9%), planned management 206 (78.0%), and current medication 222 (84.1%). Fifty (18.9%) respondents were aware of their estimated admission duration.[14]

Knowledge of patients on the right to consent also go with the results done Researches done in patients on whether they ask to have informed consent, 35.3% don't ask any question and from those who do ask only 20.6% ask for the form not gist and 72.8% asked only specific aspects. The result suggested a lack of interest, awareness and understanding of the information presented in informed consent.[11]

Gugliani study revealed an increase with time in number of complaints for medical issues in a university hospital, as well as an increase in the perception of medical error after the passing of a law regarding patients right in France.[3]

A proportion of patients do not accept the new patients role and refuse to participate in decision making in representative sample of the USA population 52% respondent prefer to delegate decision making to their physicians and 86% expressed the desire to determine the choice of treatment in conjunction with their physician and to establish therapeutic partnership. [17]

7. Conclusion

Respecting patients rights is a fundamental aspect of providing a quality health care. Even though the results of this research have been comparable to other countries, the prevalence of knowledge of patients rights is still low in the research with lesser prevalence of practice of their rights. More should be done in creating awareness between patients and health workers to improve the gap of knowledge and increase quality of care.. Physicians must be advised o the importance of proper patients education. It also can be compensated by an increase in non physician based education tools. Implementation of patients rights should not be something that restricts the practice of medicine. Posters and fliers should be prepared and given out to patients that can be more convenient than having to consent for those rights up on admission of the patients. It also be good to include the topic as a part of health education.

8. Recommendation

Further, the knowledge, attitude and practice of patients rights among health workers can be studied which helps to prepare a program in educating health workers about patients rights and its significance in securing a quality health care system. Researches also can be conducted with same topic in other hospitals and compare the data that in turn helps to adapt ways and share experience that will empower patients and make them actively participate in decision making system. Each factor associated with patients rights and responsibilities and its relation with patient satisfaction can also be studied.

9. Strength and limitation of study

The study tried to include patients from all department proportionally but most of the patients in internal medicine department were critically ill it was hard to obtain consent. This resulted in uneven representation of departments. The research also didn't include patients in ophthalmology, psychiatry and ENT department. Most of the patients included what they feel is right or wrong o the assessment of patients awareness o their responsibility. This resulted in wrong representation of some rights and responsibilities as having high prevalence.

In addition to collecting data, patients were also advised and told on their rights and responsibilities. With this the patients had a chance to know what is expected from them and what rights they can exercise.

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11. Annexes

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