

Awareness of Patient's Rights Amongst the Teaching Faculty of Non-Medical Teaching Institutions in Belagavi

Rinku Porwal¹, Vishal Koulapur², Somshekhar Pujar³, Girish Moogi⁴, Kiran Patil⁵, Premalata Rotti⁶

¹Assistant Professor, Forensic Medicine & Toxicology, Shaikh Homoeopathic Medical College, Belagavi

²Associate Professor, Forensic Medicine & Toxicology, JN Medical College, Belagavi

³Associate Professor, Forensic Medicine & Toxicology, JN Medical College, Belagavi

⁴Principal and Head, Material Medica, Shaikh Homoeopathic Medical College, Belagavi

⁵Professor and Head, Organon of Medicine, Shaikh Homoeopathic Medical College, Belagavi

⁶Assistant Professor, Department Repertory, Shaikh Homoeopathic Medical College, Belagavi

Corresponding Author: Rinku Porwal

E-mail: romagporwal@gmail.com

ABSTRACT

Background: Patient self-sufficiency is affected by variety of factors, including illness, financial status and dependence. Many patients feel that they are not treated with due consideration and compassion and have no control towards their own care. This article reflects the study report about awareness of Patient's Right's proposed by Code of Ethics' Regulations, Medical Council of India, and the code with the charter of patients' rights of the Consumer Guidance Society of India. With the objective - to assess the awareness of patient's rights amongst the teaching faculty of non-medical institutions in Belagavi at various cognitive domains.

Methodology: A cross sectional observational study was conducted amongst the teaching faculty of non-medical teaching institutions at Belagavi for a period of six months. Data was collected using a validated pre-tested questionnaire form. The collected data was analyzed with SPSS V.20 software and the Results were expressed as percentage using appropriate tables and figures.

Result: 300 participants completed the questionnaire. A large proportion of the faculty members (57.75%) are aware about their rights as patients. 29.83% of faculty members are partially aware about their rights as patients and 12.41% of the faculty members are unaware about their rights as patients.

Conclusion: This study summarizes the awareness of patient's right's is moderate in overall awareness and low in high cognitive domain. This emphasizes the need for formal education regarding Patient's Right's among the general population.

Keywords: Patient's rights, awareness.

INTRODUCTION

World Health Organization¹ has a mission to ensure 'health for all'. The Universal Declaration of Human Rights⁸ (1948) international law of USA - recognizes 'the inherent dignity' and the 'equal rights of all members of the human family'. Based on this concept of the person, and the

fundamental dignity and equality of all human beings, the notion of patient rights was developed. In other words, what is owed to the patient as a human being, by physicians and by the state, took shape in large part thanks to this understanding of the basic rights of the person [1]. When we talk of the rights of a patient, we talk about the rights of a human being who is sick and suffering and needs help. It means that he has right to be provided the right kind of medical treatment by the right professionals at the right time using the right tools and techniques, with respect and human dignity, without any discrimination of any kind and much more than that. It means accountability of the health providers for ensuring all the above in terms of the laid down norms and standards of quality [2].

As derived from above, patient rights are rights which may be classified as either legal, those emanating from law, or human statements of desirable principles, such as the right to healthcare / right to be treated with dignity [3]. In India, unlike in many other countries, the rights of patients have not yet been spelt out in a legal form [2]. However, certain laws enacted from time-to-time and various judgments by the courts emanating from human rights, constitutional rights, civil rights, consumer rights and codes of ethics of medical and nursing profession have spelt out the obligations of the healthcare providers toward patients.

This has, indirectly, conferred certain rights on the patients, such as

- The right of access to healthcare and to be treated with respect and dignity (IMC Regulations).
- The right to be informed (COPRA).
- The right to consent and choice of care (IMC Regulations).
- The right to privacy and confidentiality (IMC Regulations).
- The right to choice of care and decision making.
- The right to redressal of grievances.

The legal declaration of patient rights can be traced in the Consumer Protection Act,[4] NABH Standards [5] addressing the issue of Patient Rights in Chapter 4: patient rights and education (PRE) and the American Hospital Association: A Patient's Bill of Rights [6].

Research about patients' rights, the degree to which these rights are exercised and respected will reveal the existing situation for the care givers including healthcare administrators to help with the policy making and management of the services. Thus, this investigation was to study the knowledge of the said population based on existing situation so as to reaffirm the said three basic needs, paving a clear path toward statutory compliance and healthy patient caregiver relationship.

Objective

To assess the awareness of patient Rights amongst the teaching faculty of non-medical teaching institutions in Belagavi city. *(At the level of high & low cognitive domains)*

METHODOLOGY

Type of research: Cross-sectional.

Research design: Survey method.

Tool: Pre tested validated questionnaire.

Sample size: 300.

Sampling method: Random sampling method.

Inclusion criteria:

- Non-medical institution Faculty
- Age 25-65yrs
- Education – Graduation and above

Exclusion criteria:

- Those that do not meet the inclusion criteria for the study
- Those that refuse to participate in the study

Written valid informed consent was obtained from all those that participated in the study. Data was collected on the basis of inclusion and exclusion criterion.

Data analysis: Through SPSS version 20 software and MS Excel.

RESULTS

Reliability test

A Reliability test for the questionnaire was conducted by **Cronbach's Alpha** - 0.829 i.e. the questionnaire is acceptable. (Acceptable range- >0.75)

Table 1 – Gender wise participation

		Frequency	Percent	Cumulative Percent
Gender	Female	181	60.3	60.3
	Male	119	39.7	100.0
	Total	300	100.0	

Table 2 – Age wise participation

Age	Range	Frequency	Percent	Cumulative Percent
	25-35 years	182	60.7	60.7
	36-55 years	104	34.7	95.3
	56-65 years	14	4.7	100.0
	Total	300	100.0	

Table 3 – Awareness based on the Questionnaire

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20
AWARE	254	244	192	205	185	200	179	192	222	176	202	141	159	93	118	95	165	142	134	167
PARTIALLY AWARE	41	50	88	69	90	73	92	73	68	92	77	120	97	124	116	122	95	105	109	89
UNAWARE	5	6	20	26	25	27	29	35	10	32	21	39	44	83	66	83	40	53	57	44

Table 4 – High cognitive domain questions

	Q3	Q4	Q12	Q13	Q14	Q15	Q16	Q19
AWARE	64%	68%	47%	53%	31%	39%	32%	45%
PARTIALLY AWARE	29%	23%	40%	32%	41%	38%	41%	36%
UNAWARE	7%	9%	13%	15%	28%	22%	28%	19%

Table 5 – Low cognitive domain questions

	Q1	Q2	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q17	Q18	Q20
AWARE	84%	81%	62%	67%	60%	64%	74%	59%	67%	55%	47%	56%
PARTIALLY AWARE	14%	17%	30%	24%	31%	24%	23%	31%	26%	32%	35%	30%
UNAWARE	2%	2%	8%	9%	10%	12%	3%	11%	7%	13%	18%	15%

Table 7 – Over All Analytical Result in Percentage

	OVER ALL ANALYTICAL RESULT	RESULT ON HIGH COGNITIVE DOMAIN QUESTIONS	RESULT ON LOW COGNITIVE DOMAIN QUESTIONS
AWARE	57.75%	47.33%	64.61%
PARTIALLY AWARE	29.83%	35.12%	26.19%
UNAWARE	12.41%	17.41%	9.08%

Table 8 - ANOVA Test for Significance

VARIABLES	HIGH COGNITIVE DOMAIN	LOW COGNITIVE DOMAIN	AT 5% LEVEL OF SIGNIFICANCE
AGE	p VALUE: 0.64 > 0.05	p VALUE: 0.655 > 0.05	INSIGNIFICANT
GENDER	p VALUE: 0.0025 < 0.05	p VALUE: 0.014 < 0.05	SIGNIFICANT

HYPOTHESIS A TESTING

- H0a- Age does not have an impact on high cognitive domain
- H1a- Age has an impact on High cognitive domain
- P value- 0.64 > 0.05 =accept h0a

HYPOTHESIS B TESTING

- H0b- gender does not have an impact on High cognitive domain
- H1b-gender has an impact on High cognitive domain
- P value- 0.0025 < 0.05 =reject h0

HYPOTHESIS C TESTING

- H0c- age does not have an impact on low cognitive domain
- H1c- age has an impact on Low cognitive domain
- P value- 0.655 > 0.05 =accept h0c

HYPOTHESIS D TESTING

- H0d- gender does not have an effect on Low cognitive domain
- H1d- gender has an effect on Low cognitive domain
- P value- 0.014 < 0.05 = reject h0d

Observations

- People are more aware of low cognitive domain questions.
- Age does not have an impact on high and low cognitive domain questions.
- Gender has an impact on both high and low cognitive domain questions.

DISCUSSION

No study was ever conducted on awareness of patient's rights at various domains. This study reveals a valid data about awareness of patient's rights at various cognitive domains amongst the teaching faculty of non-medical teaching institutions.

Limitation of study

The study about the awareness of patient's rights was conducted only on a small portion of educated people in Belagavi city.

CONCLUSION

This study summarizes the awareness of patient's right's and emphasizes the need for formal education regarding Patient's Right's among the general population.

Recommendation

Further studies are needed to analyse the awareness of patients' rights with a broader scope including various professionals and population at various domains.

REFERENCES

1. Assembly UG. Universal declaration of human rights. UN General Assembly 1948;302(2).
2. Joshi SK. Law and practice of medicine. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2010.
3. Pozgar, George D. Legal aspects of healthcare administration. Massachusetts: Jones and Bartlett Publishers; 2015.
4. Consumer Guidance Society of India[Internet]. Know your rights. Mumbai: CGSI[date unknown] [cited 2012 Sep 29].[about 10 screens]. Available from: <http://www.cgsiindia.org/knowyourrights.html>
5. National Accreditation Board for Hospitals and Healthcare Providers. Guide book to NABH Standards for Hospitals; 2016.
6. Cesar T, Hedrick S. ACHC: Accreditation for Home Care and Alternate Site Healthcare Services. Handbook of Home Health Care Administration. 2010.
7. Ghooi RB, Deshpande SR. Patients' rights in India: an ethical perspective. Indian J Med Ethics 2012;9(4):277-81.
8. Medical Council of India [Internet]. New Delhi: MCI; c2010. Code of Ethics Regulations, 2002. 2002 Mar 11[cited 2012 Sep 29]; [about 10 screens]. Available from: <http://www.mciindia.org/RulesandRegulations/CodeofMedicalEthicsRegulations2002.aspx>

Acknowledgements

- *Final year students (2015 batch) of A.M. Shaikh Homoeopathic Medical College. Belagavi.*
- *Dr. Animesh Jain- Professor and Head, Department of Community Medicine, Kasturba Medical College, Mangalore.*
- *Dr. Deepak Tumari- M.D. (Homeopathy).*
- *Mr. Prayag Gokhle -Biostatistician.*

Financial grants for this paper: Nil

Conflict of interest: None