Patients' Awareness and Perception of Rights at Educational and Non-Educational Hospitals In Zagazig City

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Abstract

Background: Patient's rights, is an important part of modern healthcare practice and considered a reflection of human rights in the modern-day society. Promoting patient's rights is a priority of healthcare policy makers and health care providers in clinical practice especially in Low- and Middle-Income Countries where healthcare ethics is neglected. **Objective:** The current study was conducted to assess patients' awareness about their rights in educational and non-educational hospitals. **Method:** An observational cross-sectional study was carried out over a period of six months; from March to September 2017, at Internal medicine and Surgical departments. A sample size of 360 patients were randomly selected (240 from Zagazig University hospitals/educational hospital and 120 from General Zagazig hospital & Ahrar hospital/non-educational) selected randomly and respectively. Data was collected using an interview-based questionnaire. **Results:** There was significant difference in perception of rights between patients in educational and non-educational hospitals, moreover, between surgical and internal medicine departments mainly in the non-educational hospitals. The most practiced rights from the patients' perspective were asking for permission prior to examination, exposure of any part of the body and confidentiality of the admission file. **Conclusion:** The difference between hospitals in the implementation of ehtics and patient rights is highly linked to the attitude of the doctors in treating the patient and being trained to respect privacy and confidentiality of patients. Educational hospitals are more practing patients' rights than noneducational ones.

Key words: *Medical ethics / Rights /confidentiality*

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Introduction

Patient's rights, recently has become an important part of modern healthcare practice which considered as aterm in health sciences practice and a reflection of human rights in the modern day society.[1] Historically, Hippocrate was the first one who declared for protecting patients' rights, imposing on physicians the importance of respecting patients' autonomy. In 1948, United Nations published the Universal Declaration of Human Rights Act which passed legislations on patients' rights[2] and these rights has been developed based on the concept of the equality of all human being[3], which considered as a reflection of human rights in modern day.[4] Health care patients have rights, which must be acknowledged and protected which include observance of acceptable physical, mental, spiritual and social needs and health care

providers are responsible for establishing and maintaining patients' rights.[5]

Table (1): Patients' awareness about their rights

	Educational		Non-educational		P- value
	No	%	No	%	
The right to have enough time to ask about your disease and treatment?	127	55.2	47	39.16	**0.16**
The right to have privacy when you are discussing benefit, risks, duration of treatment with your physician?	132	55	97	80.83	<0.001*
The right to have privacy during examination	84	48.83	20	17.54	<0.001*
The right to had detailed information about the nature of your illness and diagnosis?	157	68.25	54	45	
The right to have detailed Information about benefit, risks, duration of suggested treatment and its alternatives?	157	68.25	54	45	<0.001*
The right to refuse any treatment or procedure related to your illness?	17	7.08	17	14.16	0.001*

**P-value<0.05 considered to be significant*

Informed consent has become the first paradigm for protecting and saving the legal rights of patients and it is important in guiding the ethical practice of medicine. It may be used for different purposes in different contexts: legal, ethical or administrative. Although these causes overlap, they are not identical, thus leading to different standards and criteria for what constitutes “adequate” informed consent.[6]

During the past few years, Egypt has implemented several diverse legal, political and administrative mechanisms to deal with health care ethical problems. Despite major achievements, several problems persist, including unethical behavior of health care workers, inequity, and poor patient realization of self-empowerment.[7]

Healthcare ethics is neglected in clinical practice in LMICs (Low- and Middle-Income Countries) such as Egypt. To our knowledge, there have been no previous surveys of assessment of perception of the patients about their rights. The objective of this study was to assess patient awareness and perception about his right as regards to their doctor's practice and to which extent does the patient obtained his rights in a tertiary educational hospital and non-educational hospitals in Zagazig City, Egypt.

Method

This is an observational cross-sectional study aimed to assess patients' awareness about their rights in Zagazig University hospitals, Zagazig General and Ahrar hospital these hospitals provide teritary level of of patient care covering major medical and surgical disciplines. Zagazig University hospitals represented the educational hospitals and Zagazig-General and Ahrar hospital represented the non-educational hospitals. The study was carried out over a period of six months; from March to September 2017, at the following departments:Internal medicine from medical department and general surgery, Obstetrics and Gynecology, Ophthalmology and Otorhinolaryngology from surgical departments. A convenience sample size of 360 in the studied hospitals was included in the study. This was

disptributed proportioannly between hospitals based on the attendence rate of the patients in all studied hospitals takeing in consideration the patients admitted for surgical operation in surgical departments.

Table (2): Patient perception about doctor's practice of confidentiality and privacy:

	Educational		Non-educational		P- value
	No	%	No	%	
Permission before starting clinical examination	215	89.5	94	78.3	<0.001*
Permission before expose any part of the body for examination	220	91.6	73	60.8	<0.001*
Confidentiality of admission file	142	61.7	53	44.16	<0.001*
Receiving information about diagnosis	99	43.04	34	28.3	<0.001*
Respecting privacy during discussing diagnosis and treatment	132	55	17	14.16	<0.001*

**P-value<0.05 considered to be significant*

Patients who were admitted as in-patients and had remained at least three days not more than 7 days in the hospital to enable them to exercise their rights[8] were invited to participate, while serious psychiatirc disorder and in intensive care unit, and less than 18 years old were excluded from the study.

Data was collected from study participants using an interview-based questionnaire, after explaining the purpose and aim of the study to those who participate and obtaining consent for the questionnaire to be filled anonymously and responses of all study participants were treated confidentially. A pilot study was carried out to evaluate the validity and reliability of the interviewed-based questionnaire applied on patients. Test-retest reliability was assessed using the questionnaire two times on 10% of the sample size (36 patients). Based on the result of pilot study some modifications and rearrangement of some questions were done. The questionnaires were translated using a back-translation technique. An expert translated the original questionnaire from Arabic into English. The Arabic version of the questionnaires was translated back into English by a bilingual individual. The back-translated and original versions of the questionnaire was compared with attention given to the meaning and grammar. Cronbach's Alpha test was used to measure consistency of the questionnaire a reliability of coefficient of 0.708 was considered to be accepted.

An interview-based questionnaire had been held to assess the practice of healthcare ethics and awareness about the patient's rights. It is divided into three parts: The first part of the questionnaire is concerned with socio-demographic characteristics such as (age, gender, residence, education level and income). The second part is concerned with inquiries about patient's bill of right. It includes 10 questions about patient's rights. Each question is answered by yes or no or not sure. Patients are asked whether they are aware of their rights. The third part is concerned with the patient awareness about the informed consent and application of informed consent in the studied hospitals, it includes close ended questions, each question is answered by yes or no or not sure and one question about who ask for informed consent.

Questions were developed from review of qualitative and quantitative literature for relevant Younis, et al,[9] and Bazmi, et al[10] including guidelines on principles of patients' rights provided by the World Medical Association 2015.

Patients were selected by systematic random technique (every third patient attending the hospital for invasive

procedure were taken). Selection of departments had been done according to the frequency of operations for proper assessment.

Table (3): Patients' perception about their rights regarding signing, reading and understanding the informed consent:

	Educational		Non-educational		P-value
	No	%	No	%	
Signed the informed consent	176	76.52	97	80.83	0.11
Thinking before signing the informed consent	45	25.56	47	48.45	<0.001*
Physician who asked to sign the consent form	23	13.06	22	22.68	0.017*
Reading the consent form	40	22.72	50	51.54	<0.001*
Understanding consent form	59	33.52	10	10.30	<0.001*

**P-value<0.05 considered to be significant*

General surgery, Ophthalmology, Obstetrics and Gynecology, Otorhinolaryngology and the internal medicine department were the only one with sufficient frequency of operations in all non-educational hospitals.

Obstetrics and Gynecology was selected because it is a separate department in both educational and non-educational hospitals that served many patients and had a lot of operations, while the special departments were excluded due to limited number of operations that carried out in non-educational hospitals.

Ophthalmology and Otorhinolaryngology were treated as one department due to limited number of physicians in non-educational hospitals and limited operation done in those hospitals compared with educational hospital.

Data management

The Collected data were recorded then presented and analyzed using SPSS (Statistical Package for the Social Sciences) version 22.0 and Epi info for windows version 3.5, data were represented in tables as frequencies and percentages. Quantitative variables were expressed as the mean ±standard deviation (SD) while the qualitative variables were expressed as a number and percentage. Chi square test was used to detect the relation between different qualitative variables. The results were considered statistically significant when the significant probability (P value < 0.05*).

Ethical consideration and administrative approach: Ethical approval for the study was obtained from studied hospitals, ethical review committee and all study participants' fulfilled consent for the study according to Helsinki declarations of biomedical ethics.

Results

This study was carried out by using interviewed-based questionnaire which divided into three parts (demographic part, awareness about patients' bill of rights and awareness about the informed consent).

The patients included 128 male and 232 females with mean age 44.825±16.25 in educational hospitals and 37.03±13.45 in non-educational hospitals and about 229 patients from urban area**.** About 36.25% of patients were illiterate compared to 15.83% in non-educational and about half of the patients in both hospitals were reading and writing. Patients' awareness and their opinion about receiving suitable care in different items of the rights charter are shown in Table 1, the least were found in had the right to refuse the treatment 7.08% & 14.16% and in the right to have privacy during examination.

The most practiced rights from the patients' perspective were asking for permission prior to examination, exposure of any part of the body and confidentiality of the

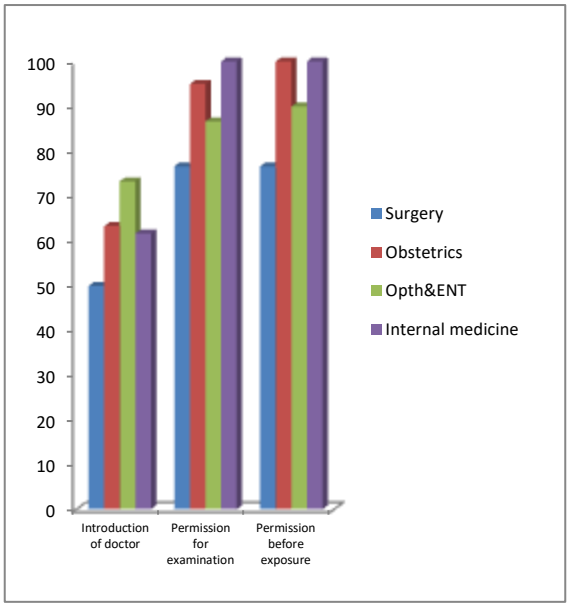

Figure (1): Introduction, permission for clinical examination and permission by different specialties in educational hospitals.

admission file 89.5%, 91.6% and 61.7% in educational hospitals compared to 78.3%, 60.8% and 44.16% in non-educational hospitals respectively. About 28.33% of patients in non-educational hospitals received information but limited about their diagnosis and 41.67% not understand the information due to using of medical terms in explaining the benefits, risks and duration of suggested treatment and 98.11% received information from the attending physician. However, in educational hospitals 43.04% of patients received information about the nature of disease and regarding the benefits, risks and duration of suggested treatment with statistically significant difference with the non-educational hospitals with p-value (<0.001&<0.001) and 80.8% received information from attending physician.

Perception of patient about doctor practice of confidentiality and about consent were detected by asking patients some questions as in table (2&3).

By comparing implementation of patients' rights between different specialists in educational hospitals as introduction before examination showed significant difference with p-value 0.002, asking permission before starting clinical examination with p-value <0.001 and also in asking permission before exposure any part of the body with p-value 0.000 with more in ophthalmology and ENT. While in non-educational hospitals about 100% of surgeons and obstetricians asked permission before clinical examination and about 33% of internal medicine doctors and also in asking permission before exposure any part of the body (graph1&2).

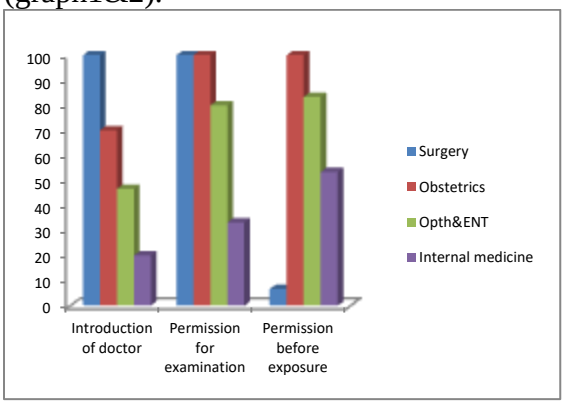

Figure (2): Introduction, permission for clinical examination and permission by different specialties in non-educational hospitals.

About half of patients in surgery department in educational hospital, received information but did not understand it due to use of medical terms and also in information related to benefits, risks and duration of treatment and about 85% of them received information from attending physician while in obstetric department there were some of withhold truth in oncology cases and this was found in about more than 15% of cases did not know any information about their clinical

diagnosis and treatment, in Ophthalmology & ENT departments about 50% of patients received information and more than 90% received it from attending physicians and 41.6% of patients in internal medicine department received limited information. While in non-educational hospitals, about more than half of patients in obstetric department received information but limited and 40% did not understand it due to medical terms, 43.3% of patients in surgery department received limited information while nearly the same percent in ophthalmology &ENT departments received information about their clinical diagnosis and half of patients in internal medicine received limited information.

The results showed that the healthcare providers in internal medicine department in educational hospitals was not familiar with the informed consent as about 85% of patients not signed consent while other departments used the consent also, healthcare providers in internal medicine department in non-educational hospitals were not familiar with the informed consent as about 70% of patients not signed consent while other departments used the consent.

Discussion

This is a cross-sectional study done in both educational and non-educational hospitals to assess perception of rights among patients in both educational and non-educational hospitals. There was significant difference in perception of rights between patients in educational and non-educational hospitals.

Socio-demographic factors of the patients were influenced the interaction between a physician and the patient and consequently the medical service quality.[11] In this study most of participants were from rural villages around the city (63.36%) and about 50% were illiterate and this needed the clinicians to be aware and more sensitive to the culture of patient. Knowledge about the patient socio-demographic variables helps the physician to be more able to communicate with the patient and attain the patient trust. While a study done in developing countries to assess patient satisfaction with their rights the studied participants were from urban area (82%) and about 48.5% of them were below high school.[12]

In this study, more than 43% of the patients in educational hospitals had taken detailed information about nature of illness, benefit, risks, duration of treatment and its alternatives and about 26.5% did not understand while 41.7% of patients in non-educational hospitals had taken information but not understand this is explained due to the using of clinicians medical terms in their explanation. This agreed with a study done in hospitalized patient to assess their understanding of their plan of care about 48% of patients had information about their plan of care in tests or procedures.[13]

The study found that 54.16% of patients in non-educational hospitals did not satisfied with the time given to them from doctors mostly in the emergency departments as surgery and obstetrics departments regarding respecting patient's confidentiality, privacy and autonomy in accepting or refusing any treatment or procedure, while 55.2% of patients in educational hospitals satisfied with the time given to them, lack of satisfaction is due to long time spent in emergency, overcrowding, inadequate infrastructure of the hospitals and increase waiting time for attendance. This did not agree with a Brazilian study done to assess the patient satisfaction in an emergency service, found that the patients had a good level of satisfaction (mean of satisfaction 3.69±0.54) with the care provided by the team of hospitals mainly nurses, this good

level of satisfaction presented in this study may attributed to the short time spent in the emergency and lower than in the other units.[14]

While in Pakistan, a study done to assess patient satisfaction with doctor patient interaction by Jalil et al.,[15] found that 54.2% of patients did not satisfy with time of consultation, this was due to doctor not shared more information and shared only information which is understandable for the illiterate patient. In doing so, other important issues related to health education are ignored by the physicians like explaining the medical condition and safety measures for patients before seeing doctor's clinic. Neither the doctors tell what was diagnosed nor do the patients enquire.

Regarding to withholding information about diagnosis to the patients, in this study about 6 cases in obstetric unit, clinicians withhold the diagnosis from the patients with request from their family, regarded this to their young age and terminal cases. This is not agreed with McCabe et al.,[16] who saw that disclosure of diagnosis and truth-telling is an important ethical issue as beneficence and non-maleficence while Punjani,[17] said that telling the truth needs to be done in a timely and sensitive manner and in certain situation withhold truth telling may enhance patient care and prevent harm. This also agreed with a cross-sectional study done in India to detect if cancer patient need to know his diagnosis, found that about 94% of patients had a strong need for information about their illness and treatment.[18]

Regarding to patient satisfaction about (understanding informed consent, enough time before signing consent, reading the consent and who asked him to sign it) in this study. Neary half of patients who had been interviewed in educational hospitals said that they had no enough time to read the consent and about 77.27% did not read the consent, about 51.7% of them explained this due to the trust to their doctors but in non-educational hospitals most of the patients said that the doctors not ensured that they understood the consent before signing it. Mohamed et al.,[19] measured the patient satisfaction in Alexandria University hospitals found that, only 48.0% of patients were satisfied with their treating physician while (67.0%) were satisfied with the practice of their doctor in obtaining an informed consent and 62.0% with having privacy during medical consultation**.**

Conclusion

The difference between hospitals in implementation of healthcare ethics depend on the how the physicians practiced it with the patient and how he/she trained to respect privacy and confidentiality of patients more than educational or non-educational hospitals.

Recommendations: Improving the patient satisfcation about the quality of care in hospital through measuring the perception of their rights can bring a lot of advantages such as increased quality of health care services, decreased costs, more prompt recovery, decreasing length of stay in hospitals, lower risk of irreversible physical and spiritual damages and increased dignity of patients through informing them about their rights to participate in decision makingis. We recommended many measure for the hospital adminstrators through appling more education to the physicians about respecting the patients rights, secure access to the patient data, more regulators emphasize the importance of keeping the confidentiality of the patients' medical data in the health field.

Limitation of the study: The present survey had some limitations in coaporation of the patients with the researchers. It relied on

the patients' mood during filling the questionnaire. This limits the generalization of results to other settings.

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