

Awareness of Patients' Rights among Inpatients of a Tertiary Care Teaching Hospital— A Cross-sectional Study

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ABSTRACT

Introduction: The rights of a patient are a set of rules of conduct which govern the interaction between the patients' and healthcare professionals. Every patient has a right to be informed about their rights and also the responsibility of the healthcare provider.

Aim: To assess awareness among inpatient about patients' rights at an academic accredited hospital.

Materials and Methods: A questionnaire based cross-sectional study was carried out among 350 patients admitted to the wards of a Tertiary Care Teaching Hospital. A 21-point questionnaire was developed based on standards of the National Accreditation Board for Hospitals and Healthcare Providers (NABH) and patients' charter of rights and validated. This charter of rights is also displayed in the hospital for patient's awareness. Frequencies and percentages were depicted. Chi-square test was used for statistical analysis.

Results: Positive awareness among the patients ranged from 28% to 97.4%. Females were more aware of their rights than males for 11 out of the 21 patient rights items. Younger adults

were more aware than any other age group participants. Participants who were admitted to wards of higher categories (deluxe rooms) had high degree of awareness about patients' rights and education. Patients from urban areas and higher educational status were more aware than patients coming from rural areas.

Conclusion: The study concludes that effective measures should be taken to improve the overall awareness not only among patients but also among different stakeholders in the healthcare delivery system. Readability of the patients' rights charter with good readability score, developing and distributing patient education materials in simple language about the rights and responsibilities to the patient and their family/relatives during their stay in the hospital or at the time of registration.

Continuing nursing and medical education in medical teaching institutions and hospitals should focus on patients' rights and its importance, its need for awareness and its consequences should be taught to students and hospital staff. Patient Right Committee in the hospital should be established for supervision monitoring and observance of patients' rights.

Keywords: Doctor-patient communication, Healthcare, Patients charter

INTRODUCTION

Patient's knowledge about their disease condition and rights creates a benchmark for effective doctor-patient communication [1]. Informed patients are better aware of their diseases, treatment, and care thus, they should also be made to actively participate in their own care [2]. This clearly calls for a view on patient education; the education should be more specifically patient-oriented.

Patient education can help reduce the average length of stay of patients in the hospital and suffice the growing expectations of patients from their healthcare providers [2]. Patients' rights differ in different jurisdictions globally and often depend on prevalent socio-cultural norms [3]. Though there are separate bills, charters and hospital documents regarding patients' rights available in different settings, the awareness among patients about these documents may be limited. Assuring that the rights of patients are protected and patient are given all the necessary education about their health requires more than educating policy makers and health providers; it requires educating citizens about what they should expect from their governments and their health care providers—about the kind of treatment and respect they owed [3].

It is necessary for the healthcare to abide by the patients' rights when providing care or services to the patients. The Universal Declaration of Human Rights in 1948 [3] described the rights of a patient emphasizing on fundamental dignity and equality. The rights of a patient depend on four-models of physician-patient relationship. The patient has a right to be heard in their own treatment plan and this depends largely on the relationship model between the

physician and his/her patient. In the paternalistic model, decision for patient is made by the physician about what would be good, acting as a decision maker. In informative model, the patient is informed by the physician and decision is to be made by the patient. The interpretive model, the physician helps the patients to make the decision by interpreting medical evidence relevant to their illness. In the deliberative model, after long consideration physician and patient both consider the best course of action of treatment [4]. This code does not represent patients' rights; those mentioned are incidental to the duties and responsibilities of physicians [5].

While considering the condition of India, The Medical Council of India published, in 2002, a Code of Ethics Regulations (COER) which deals with the duties and responsibilities of physicians in addition to certain rights of patients [6].

Hence, the present study was conducted to assess the awareness among inpatient about patients' rights at an academic accredited hospital.

MATERIALS AND METHODS

This cross-sectional study was conducted in a Tertiary Care Teaching Hospital for six months between November 2015 and May 2016. Ethical Committee approval was obtained from the Institutional Ethics Committee prior to the commencement of the study. Sample size was calculated before recruiting the patients with a final sample size of 350 $\{(d=0.05, p=0.65 \text{ and } Z=1.96) Z^2pq/d^2\}$. The aims and objectives of the study were explained to the patients, following which a documented informed consent was taken from those who

were willing to participate in the study. Patients who were admitted as in-patients and had remained beyond 24 hours in the hospital were invited to participate.

The questionnaire used in the present investigation consisted of 21 questions on patients' rights based on the charter of rights displayed by the hospital for the hospital and for which the hospital creates awareness among patients. The 21-point questionnaires were then distributed to the study participants, who were instructed to respond to each question with a 'yes' or a 'no'. The participants were also asked to mention personal details of gender, residence, educational and the duration of hospital stay.

STATISTICAL ANALYSIS

Frequencies and percentages were depicted. Chi-square test was used for analysing the differences in awareness between sub-groups based on sociodemographic characteristics. A p-value of <0.05 was considered statistically significant.

RESULTS

A total of 350 patients participated in the study conducted. [Table/Fig-1] illustrates the demographic profile of the study participants. A large proportion of the participants were males 58.9%. The average length of stay for most of the participants (62.6%) was short (2-6 days), whereas the patient with prolonged stay (15 and above days) only contributed to 4.6% of the study population.

Of the 21 rights of patients, on an average around 12.5 awareness items were known to the respondents. About 51.1% knew twelve or more items. Majority, i.e., 97.4% patients knew their physician's names while only 28% knew regarding their right to privacy and confidentiality [Table/Fig-2].

[Table/Fig-3] describes association of gender with patients' awareness of their rights. Both genders were equally aware about

	Number (n)	Percentage (%)
Age		
Young Adults (18-35)	107	30.6
Middle age adults (35-55)	133	38.0
Older Adults (56-65)	61	17.4
Elderly (66 and above)	49	14.0
Gender		
Male	206	58.9
Female	144	41.1
No. of Days Admitted		
Short	219	62.6
Average	115	32.9
Prolonged	16	4.6
Ward		
Deluxe	24	6.9
Special	48	13.7
Semi-special	121	34.6
General	157	44.9
Education		
No Schooling	23	6.6
Primary	63	18.0
Secondary	107	30.6
Graduate	132	37.7
Higher than Graduate	25	7.1
Residence		
Rural	211	60.3
Urban	139	39.7

[Table/Fig-1]: Sociodemographic characteristics of the study participants.

Patients Right	Response 'Yes'		Response 'No'	
	n (350)	%	N	%
Seen the Patients' rights board displayed	190	54.3	160	45.7
Right to privacy and confidentiality of patient information	98	28.0	252	72.0
To give feedback about treatment process	217	62.0	133	38.0
To give complaints of treatment process	183	52.3	167	47.7
To know the doctors name	341	97.4	9	2.6
To know the doctors qualification	110	31.4	240	68.6
To be informed about Inpatient charges	209	59.7	141	40.3
To be informed deposit amount required	282	80.6	68	19.4
To be informed to submit the details of Insurance	292	83.4	58	16.6
To know the approx. length of stay	192	54.9	158	45.1
To know the expected treatment cost	147	42.0	203	58.0
To know the health condition	300	85.7	50	14.3
To be informed about treatment complication	257	73.4	93	26.6
To be informed plan of care	246	70.3	104	29.7
To choose treatment	137	39.1	213	60.9
To give informed consent	237	67.7	113	32.3
To know health prognosis	307	87.7	43	12.3
To know about the medication administered	242	69.1	108	30.9
To be informed about healthcare infection and its prevention	130	37.1	220	62.9
To diet counselling	132	37.7	218	62.3
Be educated to prevent falls	127	36.3	223	63.7

[Table/Fig-2]: Awareness of patients' rights among the study participants. (*p ≤ 0.05).

the doctor's qualification (p=0.026) and right to diet counseling (p=0.001). Males were more aware of deposit amount (p=0.009), right to knowledge of health condition (p=0.044), treatment complication (p=0.014), medication administered (p=0.034) and plan of care (p=0.024). Women were more aware of the inpatient charges (p<0.001) and knowledge on preventing falls (p=0.032).

Statistically significant associations were found between age and having seen the patients' rights board, awareness of rights, feedback, knowledge of doctor's name, approximate length of stay, choice of treatment, knowledge of doctor's qualification, precautions for fall prevention and regarding the informed consent process [Table/Fig-4].

The groups were short stay (2-6 days), average stay (7-14 days) and prolonged stay of more than 14 days. Statistically significant difference was observed for item 7, 10 and 21. Participants staying for short duration were more aware than any other participants extending their stay from more than six days [Table/Fig-5].

Admission to selected wards and awareness of patient's rights were found to be significantly associated in relation to feedback, complaint, doctor's qualification, insurance card, approximate length of stay, expected treatment cost, treatment complication, choice of treatment, informed consent, medicine administration, healthcare infection, diet counselling and prevention of falls [Table/Fig-6].

Significant association was found between area of residence of participants and awareness of patient's rights in relation to doctor's qualification, deposit amount, choice of treatment and informed consent (p<0.001) [Table/Fig-7].

Significant association was found between education of participants and awareness of patients' rights in relation to having seen the patient's rights board displayed (p=0.012), awareness of rights (p=0.013), feedback (p=0.004), complaint (p=0.521), doctor's

Questions	Males		Female		p-value
	n= 206		n=144		
	n	%	n	%	
1. Seen the patients' rights board displayed	119	57.8	71	49.3	0.073
2. Right to privacy and confidentiality of patient information	59	28.6	39	27.1	0.423
3. To give feedback about treatment process	125	60.7	92	63.9	0.310
4. To give complaints of treatment process	101	49.0	82	56.9	0.158
5. To know the doctors name	202	98.1	139	96.5	0.496
6. To know the doctors qualification	55	26.7	55	38.2	0.026*
7. To be informed about inpatient charges	106	51.5	103	71.5	<0.001*
8. To be informed deposit amount required	156	75.7	126	87.5	0.009*
9. To be informed to submit the details of Insurance	169	82.0	123	85.4	0.466
10. To know the approx. length of stay	110	53.4	82	56.9	0.515
11. To know the expected treatment cost	81	39.3	66	45.8	0.229
12. To know the health condition	170	82.5	130	90.3	0.044*
13. To be informed about treatment complication	141	68.4	116	80.6	0.014*
14. To be informed plan of care	135	65.5	111	77.1	0.024*
15. To choose treatment	83	40.3	54	37.5	0.657
16. To give informed consent	139	67.5	98	68.1	0.502
17. To know health prognosis	178	86.4	129	89.6	0.412
18. To know about the medication administered	133	64.6	109	75.7	0.034*
19. To be informed about healthcare infection and its prevention	70	34.0	60	41.7	0.146
20. To diet counselling	63	30.6	69	47.9	0.001*
21. Be educated to prevent falls	65	31.6	62	43.1	0.032*

[Table/Fig-3]: Awareness of patients' rights based on the gender of the participants. (*p ≤ 0.05)

qualification (p=0.011), inpatient charges (p=0.071), approximate length of stay (p=0.036), cost of treatment (p=0.075), choice of treatment (p<0.001), and informed consent (p=0.069) [Table/ Fig-8].

DISCUSSION

The present study assessed the patients' rights awareness among in-patients at a Tertiary Care Center. The Tertiary Care Hospital where the study was conducted was compiled with displaying patient rights as suggested by the NABH. A study conducted in a southern state in India included several other rights that were displayed apart from the rights suggested by NABH [7]. These rights were not displayed in the current hospital setting. A study conducted in coastal south India showed that doctors were the most common source of information followed by nurses, posters, internet and television and radio [7]. In order to bring about uniformity across all hospitals in the country, a code of patient rights may be current need.

Majority of the patients, i.e., 64.3% of the participant had seen the patients' rights board put up in the hospital premises but only 28% of the participants were aware about their rights. In a study done in Sari, Iran, it was observed that majority of the patients (63.4%) had not seen the patients' rights board [6]. Another study in Iran also corroborated these findings [8]. In similarity, in a study conducted in Egypt, three-fourths of the patients had no knowledge of their rights [9]. Studies conducted in Turkey [10,11], showed lower awareness levels and established the need to educate patients and healthcare professionals in this regard.

Questions	Young Adults (18-35 years)		Middle age adults (36-55 years)		Older Adults (56-65 years)		Elderly (66 and above years)		p-value
	n= 107		n=133		n=61		n=49		
	N	%	n	%	n	%	n	%	
Seen the patients' rights board displayed	71	66.4	72	54.1	27	44.3	20	40.8	0.009*
Right to privacy and confidentiality of patient information	35	32.7	37	27.8	19	31.1	7	14.3	0.028*
To give feedback about treatment process	74	69.2	85	63.9	39	63.9	19	38.8	0.001*
To give complaints of treatment process	58	54.2	66	49.6	40	65.6	19	38.8	0.239
To know the doctors name	102	95.3	132	99.2	61	100.0	46	93.9	0.041*
To know the doctors qualification	43	40.2	33	24.8	26	42.6	8	16.3	0.027*
To be informed about inpatient charges	58	54.2	84	63.2	41	67.2	26	53.1	0.356
To be informed deposit amount required	81	75.7	109	82.0	55	90.2	37	75.5	0.228
To be informed to submit the details of Insurance	91	85.0	112	84.2	52	85.2	37	75.5	0.132
To know the approx. length of stay	68	63.6	72	54.1	32	52.5	20	40.8	0.005*
To know the expected treatment cost	49	45.8	56	42.1	28	45.9	14	28.6	0.062
To know the health condition	92	86.0	114	85.7	52	85.2	42	85.7	0.492
To be informed about treatment complication	72	67.3	103	77.4	43	70.5	39	79.6	0.108
To be informed plan of care	76	71.0	87	65.4	47	77.0	36	73.5	0.246
To choose treatment	47	43.9	58	43.6	20	32.8	12	24.5	0.006*
To give informed consent	74	69.2	96	72.2	43	70.5	24	49.0	0.023*
To know health prognosis	92	86.0	118	88.7	55	90.2	42	85.7	0.447
To know about the medication administered	69	64.5	94	70.7	46	75.4	33	67.3	0.227
To be informed about healthcare infection and its prevention	41	38.3	49	36.8	27	44.3	13	26.5	0.228
To diet counselling	35	32.7	51	38.3	35	57.4	11	22.4	0.418
Be educated to prevent falls	25	23.4	56	42.1	26	42.6	20	40.8	0.009*

[Table/Fig-4]: Awareness of patients' rights based on age. (*p ≤ 0.05)

In the present study, males in general were more aware of their rights. This finding was comparable with other studies in India [5]. Education was found to significantly associated with awareness of several rights in this study. This was comparable with study findings from Turkey [9].

Questions	Short		Average		Prolonged		p-value
	n= 219		n=115		n=16		
	n	%	n	%	n	%	
Seen the patients' rights board displayed	129	58.9	53	46.1	8	50.0	0.052
Right to privacy and confidentiality of patient information	68	31.1	26	22.6	4	25.0	0.151
To give feedback about treatment process	145	66.2	63	54.8	9	56.3	0.058
To give complaints of treatment process	120	54.8	57	49.6	6	37.5	0.166
To know the doctors name	213	97.3	114	99.1	14	87.5	0.558
To know the doctors qualification	74	33.8	32	27.8	4	25.0	0.234
To be informed about inpatient charges	144	65.8	57	49.6	8	50.0	0.006*
To be informed deposit amount required	176	80.4	92	80.0	14	87.5	0.729
To be informed to submit the details of insurance	190	86.8	89	77.4	13	81.3	0.063
To know the approx. length of stay	136	62.1	51	44.3	5	31.3	<0.001*
To know the expected treatment cost	94	42.9	42	36.5	11	68.8	0.709
To know the health condition	190	86.8	98	85.2	12	75.0	0.356
To be informed about treatment complication	163	74.4	82	71.3	12	75.0	0.754
To be informed plan of care	151	68.9	82	71.3	13	81.3	0.365
To choose treatment	92	42.0	42	36.5	3	18.8	0.073
To give informed consent	148	67.6	79	68.7	10	62.5	0.922
To know health prognosis	189	86.3	105	91.3	13	81.3	0.580
To know about the medication administered	151	68.9	78	67.8	13	81.3	0.690
To be informed about healthcare infection and its prevention	82	37.4	39	33.9	9	56.3	0.703
To diet counselling	89	40.6	34	29.6	9	56.3	0.568
Be educated to prevent falls	68	31.1	51	44.3	8	50.0	0.010*

[Table/Fig-5]: Awareness of patients' rights and education based on their length of stay in the hospital. (*p ≤ 0.05)

Questions	Deluxe		Special		Semi-special		General		p-value
	n=24		n=48		n=121		n=157		
	n	%	n	%	n	%	N	%	
Seen the patients' rights board displayed	16	66.7	26	54.2	64	52.9	84	53.5	0.411
Right to privacy and confidentiality of patient information	12	50.0	10	20.8	32	26.4	44	28.0	0.362
To give feedback about treatment process	24	100.0	39	81.3	76	62.8	78	49.7	<0.001*
To give complaints of treatment process	18	75.0	33	68.8	63	52.1	69	43.9	<0.001*
To know the doctors name	24	100.0	46	95.8	114	94.2	157	100.0	0.194
To know the doctors qualification	14	58.3	22	45.8	46	38.0	28	17.8	<0.001*
To be informed about inpatient charges	24	100.0	36	75.0	78	64.5	71	45.2	<0.001*
To be informed deposit amount required	23	95.8	43	89.6	89	73.6	127	80.9	0.103
To be informed to submit the details of insurance	23	95.8	47	97.9	99	81.8	123	78.3	0.001*
To know the approx. length of stay	23	95.8	30	62.5	58	47.9	81	51.6	0.001*
To know the expected treatment cost	16	66.7	29	60.4	40	33.1	62	39.5	0.004*
To know the health condition	24	100.0	45	93.8	96	79.3	135	86.0	0.094
To be informed about treatment complication	24	100.0	42	87.5	80	66.1	111	70.7	0.002*
To be informed Plan of care	24	100.0	37	77.1	73	60.3	112	71.3	0.047*
To choose treatment	18	75.0	24	50.0	44	36.4	51	32.5	<0.001*
To give informed consent	23	95.8	36	75.0	91	75.2	87	55.4	<0.001*
To know health prognosis	24	100.0	46	95.8	96	79.3	141	89.8	0.249
To know about the medication administered	24	100.0	38	79.2	74	61.2	106	67.5	0.005*
To be informed about healthcare infection and its prevention	23	95.8	19	39.6	41	33.9	47	29.9	<0.001*
To diet counselling	24	100.0	41	85.4	31	25.6	36	22.9	<0.001*
Be educated to prevent falls	17	70.8	19	39.6	35	28.9	56	35.7	0.020*

[Table/Fig-6]: Awareness of patients' rights and education based on the admitted ward of the participant. (*p ≤ 0.05).

Good number of participants was aware about the informed consent (67.7%) in this study. A study in Poland, in a tertiary university hospital showed 42.9% awareness in relation to informed consent

[5]. In a study conducted on the understanding of informed consent in Haryana, Northern India, it was found that 88% of the patients thought that they did not have the right to change their minds

Questions	Rural		Urban		p-value
	n= 211		n=139		
	n	%	n	%	
Seen the patients' rights board displayed	115	54.5	75	54.0	1.000
Right to privacy and confidentiality of patient information	52	24.6	46	33.1	0.090
To give feedback about treatment process	123	58.3	94	67.6	0.091
To give complaints of treatment process	103	48.8	80	57.6	0.126
To know the doctors name	208	98.6	133	95.7	0.164
To know the doctors qualification	51	24.2	59	42.4	<0.001*
To be informed about inpatient charges	129	61.1	80	57.6	0.507
To be informed deposit amount required	183	86.7	99	71.2	0.001*
To be informed to submit the details of insurance	179	84.8	113	81.3	0.463
To know the approx. length of stay	108	51.2	84	60.4	0.100
To know the expected treatment cost	83	39.3	64	46.0	0.225
To know the health condition	182	86.3	118	84.9	0.756
To be informed about treatment complication	156	73.9	101	72.7	0.806
To be informed plan of care	153	72.5	93	66.9	0.283
To choose treatment	66	31.3	71	51.1	<0.001*
To give Informed consent	126	59.7	111	79.9	<0.001*
To know health prognosis	191	90.5	116	83.5	0.066
To know about the medication administered	147	69.7	95	68.3	0.814
To be informed about healthcare infection and its prevention	76	36.0	54	38.8	0.332
To diet counselling	75	35.5	57	41.0	0.651
Be educated to prevent falls	72	34.1	55	39.6	0.312

[Table/Fig-7]: Awareness of patients' rights based on the residence of the participants. (*p ≤ 0.05)

Questions	No schooling		Primary		Secondary		Graduate		Higher than graduate		p-value
	n= 23		n=63		n=107		n=132		n=25		
	n	%	n	%	n	%	n	%	n	%	
1. Seen the patients' rights board displayed	7	30.4	30	47.6	60	56.1	78	59.1	15	60.0	0.012*
2. Right to privacy and confidentiality of patient information	3	13.0	12	19.0	32	29.9	42	31.8	9	36.0	0.013*
3. To give feedback about treatment process	9	39.1	27	42.9	51	47.7	81	61.4	15	60.0	0.004*
4. To give complaints of treatment process	23	100.0	62	98.4	102	95.3	131	99.2	23	92.0	0.521
5. To know the doctors name	4	17.4	10	15.9	22	20.6	61	46.2	13	52.0	<0.001*
6. To know the doctors qualification	8	34.8	33	52.4	68	63.6	83	62.9	17	68.0	0.011*
7. To be informed about inpatient charges	17	73.9	54	85.7	93	86.9	101	76.5	17	68.0	0.071
8. To be informed deposit amount required	20	87.0	52	82.5	96	89.7	104	78.8	20	80.0	0.211
9. To be informed to submit the details of insurance	8	34.8	28	44.4	54	50.5	87	65.9	15	60.0	0.001*
10. To know the approx. length of stay	6	26.1	22	34.9	46	43.0	61	46.2	12	48.0	0.036*
11. To know the expected treatment cost	16	69.6	54	85.7	90	84.1	119	90.2	21	84.0	0.075
12. To know the health condition	13	56.5	49	77.8	75	70.1	102	77.3	18	72.0	0.292
13. To be informed about treatment complication	14	60.9	50	79.4	67	62.6	98	74.2	17	68.0	0.777
14. To be informed plan of care	4	17.4	16	25.4	39	36.4	63	47.7	15	60.0	<0.001*
15. To choose treatment	8	34.8	37	58.7	70	65.4	99	75.0	23	92.0	<0.001*
16. To give Informed consent	17	73.9	54	85.7	95	88.8	118	89.4	23	92.0	0.069
17. To know health prognosis	7	30.4	29	46.0	74	69.2	88	66.7	19	76.0	<0.001*
18. To know about the medication administered	15	65.2	46	73.0	72	67.3	92	69.7	17	68.0	1.000
19. To be informed about healthcare infection and its prevention	7	30.4	28	44.4	36	33.6	51	38.6	8	32.0	0.831
20. To diet counselling	2	8.7	28	44.4	36	33.6	53	40.2	13	52.0	0.042*
21. Be educated to prevent falls	6	26.1	25	39.7	39	36.4	46	34.8	11	44.0	0.629

[Table/Fig-8]: Awareness of patients' rights and education based on the level of education of the participants. (*p ≤ 0.05)

after signing the consent. Overall, the participants in that study indicated poor level of awareness (17%). Further in-depth probing is required to understand whether patients actually understand the informed consent process which was unfortunately not captured in this study.

In a study conducted in Malaysia, shows that more than half (65%) of the patients were informed about their duration of the treatment [12]. In contrast to this, there was one study which states that only 85 (39%) of 218 participants agreed upon the anticipated length of stay informed to them [12].

If a patient has a limited understanding of his/her plan of care the ability to provide informed consent for hospital treatments and to assume own care after discharge will be effected [13]. Only 38% of the participants were aware about their plan of care. Strikingly, only 38% of the patients were aware about their health and diagnosis in a study conducted in Turkey [10]. In contrast to this study, a study conducted in Peshawar showed that only 30% of the patient was unaware of their health condition and diagnosis [14]. Likewise, in a study conducted in Nigeria, 37.2% of the patients denied active involvement in decisions concerning their care and nearly half of them (50.8%) claimed that they did not have sufficient knowledge about their diagnosis or about treatment plans regarding their conditions [7]. Zakariya AM et al., in a study found that 38% were unaware of the number of medications they were on and 87% did not know the names of their prescribed medicines [6].

Almost all the participants (97.4%) were aware about their doctor's name, this was in contrast in a study done in Riyadh, Saudi showed almost 97.3% did not know name of their health care providers [3]. It is the doctor's duty to inform the patient about their qualification to perform proposed treatment or diagnostic measure [15]. According to the patients, rights charter by disease management association of India, patients have all the rights to have complete information about the expected cost of the treatment whereas only 42% of the participants were informed about their expected cost of the treatment by their healthcare providers.

Patient advocacy groups provide advocacy to the patient. A patient advocacy group can work explicitly in these areas to increase transparency and credibility of healthcare system in India and protect patient rights [16]. Patient's gender, age and education are factors that show significant difference in awareness of rights and education. People with higher education tend to have more awareness due to their pre-knowledge and more knowledge-seeking behaviour. Patients belonging to higher economic strata choose better ward categories resulting in better information assimilation from health care workers as a result of lesser workload burden on health care givers. Patients may have more autonomy in urban compared to rural areas. The disease suffered by the patient, if has a poorer prognosis, the lesser will be the autonomy [4].

CONCLUSION

This study found that more than half the participants were aware of their rights in general, however; the awareness of various categories of rights was not similar in all groups. The participants were also largely aware regarding informed consent. Continuing nursing education and medical education should focus on patient rights, its

importance, need for awareness and consequences. Brochures or pamphlets in simple language about the rights and responsibilities of the patients in hospital can be given to the patient and also to their family/relatives at the time of registration with due attention to the rural and illiterate population using pictorial messages and using appropriate translations of the local language. A system should be in place including Establishment of Patient Rights Committee for supervision and monitoring of informing and observance of patients' rights, capturing feedback and redressal of complaints.

REFERENCES

- [1] Rajesh DR, Abhishek S, Mukul C, Gaurav SP, Venkateshan M, Anu B, et al. Patients awareness, attitude, understanding and perceptions towards legal nature of informed consent. *J Indian Acad Forensic Med.* 2013;35:40-43.
- [2] Improving health literacy to protect patient safety [Internet]. 1st ed. JCI; 2017 [cited 25 January 2017]. Available from: https://www.jointcommission.org/assets/1/18/improving_health_literacy.pdf
- [3] Habib FM, Al-Siber HS. Assessment of awareness and source of information of patients' rights: A cross-sectional survey in Riyadh Saudi Arabia. *American Journal of Research Communication.* 2013;1(2):1-9.
- [4] Krzych LJ, Ratajczyk D. Awareness of the patients' rights by subjects on admission to a tertiary university hospital in Poland. *J Forensic Leg Med.* 2013;20(7):902-05.
- [5] Ghooi RB, Deshpande SR. Patients' rights in India: An ethical perspective. *Indian Journal of Medical Ethics.* 2012;9(4):278-81.
- [6] Zakariya AM, Aman R, Hafizullah M. Patient awareness survey in a tertiary care hospital. *JPMI.* 2008;22(04):266-69.
- [7] Yaghobian M, Kaheni S, Danesh M, Rezayi Abhari F. Association between awareness of patient rights and patient's education, seeing bill, and age: A cross-sectional study. 2014;6(3):55-64.
- [8] Mastaneh Z, Mouseli L. Patients awareness of their rights: Insight from a developing country. *International Journal of Health Policy and Management.* 2013;1:143-46.
- [9] Zeina H, El Nouman A, Zayed M, Hifnawy T, El Shabrawy E, El Tahlawy E. Patients' rights: A hospital survey in South Egypt. *Journal of Empirical Research on Human Research Ethics: An International Journal.* 2013;8(3):46-52.
- [10] Zulfikar fulusoy M. Are patients aware of their rights? A Turkish study. *Nursing Ethics.* 2001;8(6):487-98.
- [11] Kuzu N, Ergin A, Zencir M. Patients' awareness of their rights in a developing country. *Public Health.* 2006;120(4):290-96.
- [12] Yousuf R, Fauzi A, How S, Akter S, Shah A. Hospitalised patients' awareness of their rights: A cross-sectional survey from a tertiary care hospital on the east coast of Peninsular Malaysia. *Singapore Med J.* 2009;50(4):494-99.
- [13] O'Leary K, Kulkarni N, Landler M, Jeon J, Hahn K, Englert K, et al. Hospitalised patients' understanding of their plan of care. *Mayo Clinic Proceedings.* 2010;85(1):47-52.
- [14] Unnikrishnan B, Trivedi D, Kanchan T, Rekha T, Mithra P, Kumar N, et al. Patients' awareness about their rights: A study from coastal south India. *Sci Eng Ethics.* 2017;23(1):203-14.
- [15] Pandit S. Medical negligence: Coverage of the profession, duties, ethics, case law, and enlightened defense - A legal perspective *Indian journal of urology.* 2009;25(3):372-78.
- [16] NABH- Accreditation Standards for Hospitals National Accreditation Board for Hospitals and Healthcare Providers (NABH). 3rd ed. November 2011.

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