



**Awareness on Patients Rights among In-patients of a Tertiary Care Private Teaching Hospital of Kolkata, India**

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**Abstract**

**Background:** Patients’ rights gained importance in India in 2018 after the national Govt. operationalized the charter on patients’ rights. Unless clients are aware, operability of such rights remains hollow. Considering the issue, it was decided to ascertain awareness of patients’ rights in the background of common socio-demographic variables among in-patients of a private tertiary-care teaching hospital in Kolkata during 05-16 June 2023.

**Methods:** Descriptive, cross-sectional, questionnaire-based study, conducted among in-patients of a hospital. Patients were approached, explained study purpose and informed consent was obtained. A structured self-administered questionnaire was made on basis of National Charter on Patients’ Rights. Sample size was calculated using documented awareness rate of 85% at 95% confidence limit. The data was collected, analyzed, tabulated and statistically validated through chi-square test for significance.

**Results:** Study population comprised of mostly females (67%), ruralites (100%), educated to primary standard (54%), economically poor (89%) with a mean age of  $44.2 \pm 13.9$  years. Awareness varied between 9-44%;

highest being–‘Right-to-Emergency-Medical-Care’. Men were more knowledgeable compared to females; education had strong contribution. Awareness indices were significantly associated with socio-demographic attributes; outstanding being ‘Right for human dignity & privacy of female patients’ to education of respondents.

**Conclusion:** The study revealed that rural, semiliterate, mostly female, poor clients from a private tertiary-care teaching hospital had some knowledge on patients’ rights portraying a refreshing dawn in the horizon of awareness of patients’ rights -likely to improve patients’ satisfaction in the long run in rural Kolkata, India.

**Recommendations:** The study recommends formation of Advocacy Group to disseminate basics of patients’ rights among hospital in-patients.

**Keywords:** Awareness, Informed Consent, Patients’ Right.

**Introduction**

The rights of a patient are a set of rules of conduct that govern the interaction between the patients and healthcare professionals. Every patient is entitled to be informed about his rights and responsibilities while undertaking treatment at any healthcare establishment and hospital staff shall ensure that such rights are neither

overlooked nor mistreated in any way. Informed patients are better aware of their diseases, treatment and care therefore, they may actively participate in their own care.<sup>1</sup> The Universal Declaration of Human Rights in 1948 described the distinct rights of a patient emphasizing on fundamental dignity and equality.<sup>2</sup> On the basis of existing laws and regulations, Indian Govt. formulated Charter of Patients' Rights under the stewardship of National Human Rights Commission (NHRC), India and Min. of Health & Family Welfare implemented the same in August 2018.<sup>3</sup> Therefore, it is imperative that the patients know about their legitimate and bona-fide rights and exercise the same as and when needed.

In this modern era of medical technology, humanely approach to the patient's values, preferences and choices while rendering medical care to a creditable mark to satisfy patients, has become immensely intricate. Mounting tariff of health care expenses, medico-legal issues and heightened patients' consciousness remarkably made the physicians and medical staffs further accountable to the clients more than ever before.<sup>4</sup> Patients need to be rendered best treatment and appropriate investigations through incisive analysis of clinical condition & planned procedure involving Patients in decision making and deciding the future course of action maintaining patient's autonomy and integrity.<sup>5</sup> Across-the-board, consciousness about the patients' rights is on the rise over the global horizon.

Internationally awareness of citizens in general and patients in particular do not commensurate with the unprecedented expansion of information technology. A study conducted in Iran in 2013 revealed that 62(31%) patients had low awareness on patients' right, 108(59%) of them had moderate and only 20(10%) had good level of awareness.<sup>6</sup> Erstwhile study in Dhaka,

Bangladesh on patients' awareness of their rights reflected that 59% had good level of awareness about their rights<sup>7</sup> in contrast, Sudan reported 93% were unaware of their rights as patients.<sup>8</sup> India has been no exception; studies reported diverse awareness indices for many important elements of patients' rights in India.<sup>9, 10</sup> Patients' rights practice does not claim any skilful application of clinical doctrine or prescription of intricate medicine; on the other way around, it persuades the modernization of medical care and an equal distribution of obligation between patient, physician and nurse.

### **Novelty and State of the Art**

Patients' rights came to the fore-front in India post-2018 after the Federal Govt. implemented the charter on patients' rights.<sup>3</sup> Marginalized clients often found hesitant in claiming their dues or redress grievances to the hospital authority; while official lawful representation has been quite common among the Indian affluents. Such disparity portrays the inequality in Human Rights contrary to the Universal Human Rights Declaration 1948 emphasizing fundamental dignity and equality of every human being.<sup>10</sup> The current study dictates its own standing when we reckon that health is a universal right for all; therefore, knowledge about patients' rights merits attention unequivocally for the sake of public good. Defending and fostering patients' rights would be creditably vital in upholding the quality of healthcare services in Indian sub-continent undoubtedly.

### **Justification**

Patients' rights portray the image of current healthcare conventions in any society; possibly pondering patients as the most susceptible and vulnerable in a hospital setting. Therefore, illuminating the rights of patients is often resonated as significant proviso in clinical parlance and deemed as one of the essential quantifiable keys in

hospital environment necessitating the imperativeness of the present intent.

Not many studies are available on awareness of patients' rights as such under Indian context especially for the marginalized semi-literate rural population. Indian studies reported diverse awareness indicators for several essential elements of the patients' rights that too among the urban population from higher social strata only.<sup>9,10</sup> Present endeavor has its own significance when we consider health is a universal right for all the citizens including the indigent population; therefore knowledge about patients' rights cannot be overlooked in any way even among the down-and-out.

### **Aim and Objectives**

Striding through the trend, it was decided to ascertain the awareness about patients' rights in the background of common socio-demographic variables among the in-patients of a private tertiary care teaching hospital in outskirts of Kolkata, India during 05-16 June 2023.

### **Methods**

The study was conducted among the admitted in-patients of a private hospital in the North 24 Parganas district of West Bengal within the jurisdiction of greater Kolkata during 05 – 16 June 2023. The hospital is a 700 bedded multi-speciality establishment; serves neighboring rural population with acceptance of 'Swasthya Sathi' health insurance scheme of State Govt. of West Bengal, India incurring minimum individual expenses. Patients admitted through the three major departments of medical, surgical, obstetrics and gynaecology at various wards in the hospital were approached, explained the purpose of the study and informed consent was obtained in writing. Only consenting in-patients were included in the study. The study instrument used is a structured self-admissible questionnaire made on the basis of National Charter on Patients' Rights, other available related

literature and the same was filled up in presence of the probing scholar. Socio-economic parameters were classified as per current socio-economic scale.<sup>11</sup> The work was carried out as an element of the 'Elective Module' of 3<sup>rd</sup> professional MBBS students as a part of 'National Medical Commission of India', MBBS under-graduate curriculum under the patronage and permission of Academic Section of the said institution including institutional ethical clearance.

Number of studies have documented patients' right awareness in the mark of 85% for many important parameters like Right to be informed, Right to confidentiality and Right to choice making - including specific variables like - 'to know the health condition', 'to know health prognosis', 'to know the information about illness', 'confidentiality in patient information' and 'to know treating doctors name'.<sup>9, 10, 12</sup>

Considering the awareness rate, the sample size was calculated to be 196 at 95% confidence limit with a margin of error of 5%. However, it was decided to carry out the work among 200 in-patients on enumerative sampling basis as available on the days of study in the stated wards of the hospital. The data was collected, tabulated and analyzed on a spread sheet for descriptive statistics like percentage, mean and SD. The data on various points of patients' rights elements were considered in dichotomous way that is 'aware' and 'unaware' for the analytical purposes and was validated by chi-square test for statistical significance there-after.

### **Results**

Patients admitted in the various wards belonged to different age groups (Table-1 & Fig-1). Majority 74(37%) patients were from 35-54 years of which 60(30%) were females; followed by 68(34%) from the younger lots of 15-34 years that included 38(19%) women. Mean age of patients was  $44.2 \pm 13.9$  including

43.8±16.8 for the men and 44.4±12.2 for the women respectively. Notably 174(67%) patients appertained to fairer sex.

Majority of the patients 108(54%) were educated up to primary level followed by 72(36%) had secondary education (Table-2 & Fig-2). 102(56%) of the patients were employed as unskilled workers as vendors, cleaners, ayahs, attendants, sweepers and 74(37%) of them were jobless. Monthly income for 162(81%) families hovered in the range of Rs.6175 to 18496. Fifty six (28%) were unskilled workers, matriculate, employed, earned regular wages with a monthly family income range of Rs. 6175 to 18496. However, 58(29%) patients were unemployed, educated to primary level, not having regular individual earning belonged to families with meagre monthly income in the range of Rs. 6175 to 18496.

Table 1: Patients according to age and gender

Age	Gender		Total No (%)
	Male No (%)	Female No (%)	
15-34	30 (15%)	38 (19%)	68 (34%)
35-54	14 (7%)	60 (30%)	74 (37%)
55-65	8 (4%)	14 (7%)	22 (11%)
66 +	14 (7%)	22 (11%)	36 (18%)
Total	66 (33%)	134 (67%)	200 (100%)

Fig.1: Patients according to age and gender

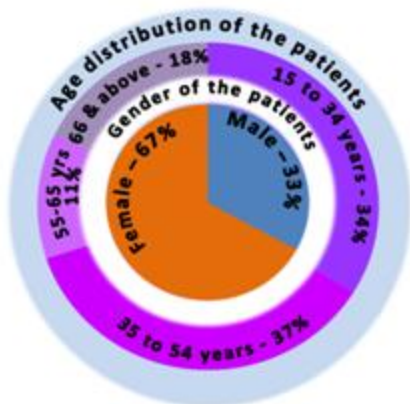


Table 2: Patients according to education, profession & monthly family income

Education	Profession {No. (%)}			Total No (%)	Monthly family Income {No. (%)}			
	Skilled	Unskilled	Unemployed		30831 to 46128	18497 to 30830	6175 to 18496	<6174
No schooling	-	-	2 (1%)	2 (1%)				2(1%)
Primary	2 (1%)	48 (24%)	58 (29%)	108(54%)			94(47%)	14(7%)
Secondary	2 (1%)	56 (28%)	14 (7%)	72(36%)		4(2%)	68(34%)	
Graduates	10(5%)	8 (4%)	-	18(9%)	2(1%)	16(8%)		
Above	-	-	-	-				
Total	14(7%)	112(56%)	74(37%)	200(100%)	2(1%)	20(10%)	162(81%)	16 (8%)

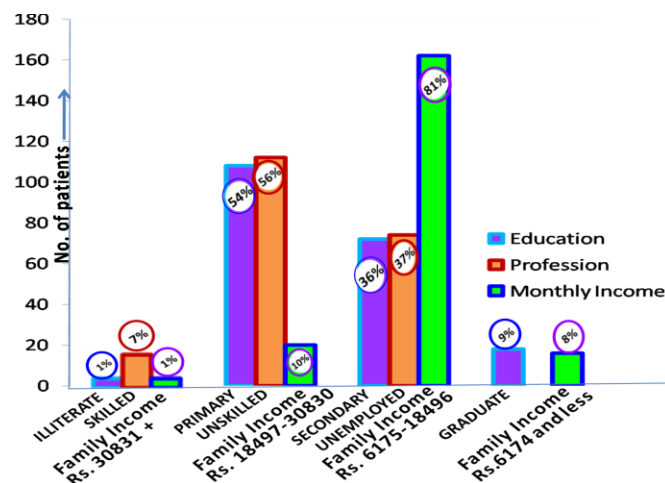


Fig.2: Patients according to education, profession & monthly family income

Thirty eight (19%) patients from 35-54 year age group stated knew about right to emergency medical care, second opinion from a doctor if required, personal respect and receive the body of deceased (Table-3) that constituted the highest proportion of awareness among the studied patients. Preponderantly patients from the age group of 35-54 year assemblage demonstrated significantly the higher percentage of understanding about the patients' rights as compared to other age groups. Notably higher percentage of awareness distinctively prevailed among the male subjects for various attributes of patients' rights (Table-4). 'Right to Emergency Medical Care' found known by 36 (54.5%) men and 54 (38.8%) women constituting the highest observed awareness index among all the patients followed by criteria of 'Right to Second Opinion' i.e. 32 (48.4%) and 38 (28.4%) among men and women

respectively; the differences observed on these entities among the genders were statistically significant. Awareness among men in respect to the right to privacy and confidentiality, human dignity and privacy for females, personal respect, safety and quality care, to give informed consent for procedure, demand discharge and

receive body of deceased was significantly higher as compared to women. Awareness about right to protection in trials/research and redressal of grievance was considerably lacking, as low as 8 (12.1%) men and 10 (7.5%) women only knew about these rights.

Table 3: Patients right awareness according to age

Patient's Rights (n-200)	Awareness as per age (No.)				Total(200) No. (%)	Significance (p<0.05 Significant)
	15-34 (68)	35-54 (74)	55-65 (22)	66 & + (36)		
Right to Privacy & Confidentiality	10	28	16	10	64 (32.0)	p<0.05
Right to Information for illness, diagnosis, treatment & cost	8	28	16	8	60 (30.0)	p<0.05
Right to know Doctor's name & qualification	10	28	16	10	64 (32.0)	p<0.05
Right to Records & Reports	5	14	8	5	32 (16.0)	p<0.05
Right to know approx. length of stay	14	28	16	10	68 (34.0)	p<0.05
Right to Emergency Medical Care	14	38	16	20	88 (44.0)	p<0.05
Human Dignity & Privacy for Female	8	28	16	4	56 (28.0)	p<0.05
Right to Second Opinion	13	38	15	4	70 (35.0)	p<0.05
Right to have transparency in rates of charges	5	14	14	5	38 (19.0)	p<0.05
Right to personal respect & Non-discrimination	13	38	15	4	70 (35.0)	p<0.05
Right to Safety & Quality Care	5	10	8	5	28 (14.0)	p<0.05
Right to give informed consent for procedure	14	26	16	10	66 (33.0)	p<0.05
Right to Choose Alternative Treatment	13	35	14	18	80 (40.0)	p<0.05
Right to Proper Referral & Transfer	7	14	14	7	42 (21.0)	p<0.05
Right to Protection in trials & research	3	7	5	3	18 (9.0)	p<0.05*
Right to take Discharge of patient	7	14	14	11	46 (23.0)	p<0.05
Right to receive body of deceased	13	38	15	4	70 (35.0)	p<0.05
Right to Redress Grievance	3	7	5	3	18 (9.0)	p<0.05*

\* Not significant.

Colossal percentage (50-100%) of patients from the higher family income group (Rs. 18593 – 47265) knew most of the elements of patients' rights in comparison to lower most income group (6 - 62.5%) having a monthly

family earning less than Rs. 6327 and the middle income families (Rs. 6327- 18593) with an awareness range of 3-39.5% (Table-5). Differences observed in awareness among the patients varied significantly according to



monthly family income. When considered in totality, overall awareness found as low as 9% for redressal of grievance and protection in trials/research to 44% for right to emergency medical care. Thirty five percent and above had understanding about right to second opinion, humane respect and non-discrimination, receive body of deceased and choose alternative treatment. Awareness about confidentiality, right to information about illness/diagnosis and length of stay in hospital prevailed only among 30-32% of the patients. Overall 28 (14%) and 16 (32%) patients knew about 16 and 9 items of the patients' rights respectively.

Nine to sixteen (50-88.9%) of the graduate patients were found aware about most of the facets of the patients'

rights as compared to only 4 to 30 (3.6 -27.3%)patients educated up to the paltry primary standards (Table-6).The sharp difference observed inawareness level corresponding to the various educational grades of the patients is found statistically significant. Awareness on 'right to redress grievance' and 'protection in trials and research' was considerably low, present in 18 (9%) patients in totality even including the educated lot. Knowledge on 'right to emergency medical care' was discerned to be the highest among 44(88%) patients in entirety including 16 (88.9%), 52 (72.2%) and20 (18.5%) individually among the graduates, matriculates & patients educated to primary standard correspondingly.

Table 4: Patients right awareness according to gender

Patient's Rights (n-200)	Awareness gender wise			Significance (p<0.05 Significant)
	Male(66) No. (%)	Female(134) No. (%)	Total(200) No. (%)	
Right to Privacy & Confidentiality	28 (42.4)	36(26.9)	64 (32.0)	p < 0.05
Right to Information for illness, diagnosis, treatment, complications & cost	26 (39.4)	34 (25.4)	60 (30.0)	p < 0.05
Right to know Doctor's name & qualification	27 (41.0)	37 (27.6)	64 (32.0)	p<0.05*
Right to Records & Reports	13 (19.7)	19 (14.2)	32 (16.0)	p<0.05*
Right to know approx. length of stay	28 (42.4)	40 (29.9)	68 (34.0)	p<0.05*
Right to Emergency Medical Care	36 (54.5)	52(38.8)	88 (44.0)	p < 0.05
Human Dignity & Privacy for Female	28 (42.4)	28 (20.9)	56 (28.0)	p < 0.05
Right to Second Opinion	32 (48.4)	38 (28.4)	70 (35.0)	p < 0.05
Right to have transparency in rates/ charges	16 (24.2)	22 (16.4)	38 (19.0)	p<0.05*
Right to personal respect & Non-discrimination	30 (45.5)	40 (29.9)	70 (35.0)	p < 0.05
Right to Safety & Quality Care	13 (19.7)	15 (11.2)	28 (14.0)	p<0.05*
To give informed consent for procedure	30(45.5)	36(26.9)	66 (33.0)	p < 0.05
Right to Choose Alternative Treatment	35 (53.0)	45(33.6)	80 (40.0)	p < 0.05
Right to Proper Referral & Transfer	16 (24.2)	26(19.4)	42 (21.0)	p<0.05*
Right to Protection in trials & research	8(12.1)	10(7.5)	18 (9.0)	p<0.05*

Right to take Discharge of patient	24 (36.4)	22 (16.4)	46 (23.0)	p < 0.05
Right to receive body of deceased	30 (45.5)	40 (29.9)	70 (35.0)	p < 0.05
Right to Redress Grievance	8 (12.1)	10(7.5)	18 (9.0)	p<0.05*

\* Not significant. Percentage calculated column wise.

Table 5: Patients right awareness according to family income

Patient's Rights (n-200)	Awareness as per family income [No. (%)]				Total(200) No. (%)	Significance (p<0.05 Significant)
	31591 to 47265 (2)	18593 to 31590 (20)	6327 to 18592 (162)	<6327 (16)		
Right to Privacy & Confidentiality	2 (100.0)	15(75.0)	42 (25.9)	5 (31.2)	64 (32.0)	p < 0.05
Right to Information for illness, diagnosis, treatment & cost	2 (100.0)	15 (75.0)	39 (24.1)	4 (25.0)	60 (30.0)	p < 0.05
Right to know Doctor's name & qualification	2 (100.0)	15 (75.0)	40 (24.7)	7 (43.8)	64 (32.0)	p < 0.05
Right to Records & Reports	2 (100.0)	13 (65.0)	14 (8.6)	3 (18.8)	32 (16.0)	p < 0.05
Right to know approx. length of stay	2 (100.0)	15(75.0)	46 (28.4)	5 (31.2)	68 (34.0)	p < 0.05
Right to Emergency Medical Care	2 (100.0)	15(75.0)	64 (39.5)	7 (43.8)	88 (44.0)	p < 0.05
Human Dignity & Privacy for Female	2 (100.0)	15(75.0)	35 (21.6)	4 (25.0)	56 (28.0)	p < 0.05
Right to Second Opinion	2 (100.0)	16(80.0)	46 (28.4)	6 (37.5)	70 (35.0)	p < 0.05
Right to have transparency in rates of charges	2 (100.0)	15(75.0)	18 (11.1)	3 (18.8)	38 (19.0)	p < 0.05
Right to personal respect & Non-discrimination	2 (100.0)	12 (60.0)	46 (28.4)	10 (62.5)	70 (35.0)	p < 0.05
Right to Safety & Quality Care	2 (100.0)	12(60.0)	12 (7.4)	2 (12.5)	28 (14.0)	p < 0.05
Right to give informed consent for procedure	2 (100.0)	14(70.0)	46 (28.4)	4 (25.0)	66 (33.0)	p < 0.05
Right to choose Alternative Treatment	2 (100.0)	14(70.0)	54 (33.3)	10 (62.5)	80 (40.0)	p < 0.05
Right to Proper Referral & Transfer	2 (100.0)	12(60.0)	24 (14.8)	4 (25.0)	42 (21.0)	p < 0.05
Right to Protection in Trials & Research	2 (100.0)	10(50.0)	5 (3.1)	1 (6.3)	18 (9.0)	p < 0.05
Right to take Discharge of patient	2 (100.0)	15(75.0)	24 (14.8)	5 (31.2)	46 (23.0)	p < 0.05
Right to receive body of deceased	2 (100.0)	15(75.0)	46 (28.4)	7 (43.8)	70 (35.0)	p < 0.05
Right to Redress Grievance	2 (100.0)	10(50.0)	5 (3.1)	1 (6.3)	18 (9.0)	p < 0.05

Percentage calculated column wise

Out of 14 patients engaged in skilled work, 10 (71.4%) knew about right to privacy and confidentiality, right to information about illness, approximate length of stay, emergency medical care, second opinion, transparency in rates, personal respect, informed consent, choose alternative treatment and to receive mortal remains of the deceased (Table-7). Although as individual cluster of skilled workers, the proportion appears quite high (71.4%) when considered in entirety it amounts to a paltry 7% only. Among 74 unemployed patients, only 20 (27%) had idea about right to emergency medical care and choose alternative treatment. Knowledge about right to emergency medical care was found touching tall proportion in all three subcategories of occupational status. The differences observed in awareness among the patients varied significantly according to the occupational status of patients.

Awareness on patients' rights for certain salient factors of paramount importance as appeared in the present

Table 6: Patients right awareness according to education

Patient's Rights (n-200)	Awareness as per education No. (%)				Total(200) No. (%)	Significance (p<0.05 Significant)
	Illiterate (2)	Primary (108)	Secondary (72)	Graduate (18)		
Right to Privacy & Confidentiality	-	20 (18.5)	29(40.3)	15 (83.3)	64 (32.0)	p<0.05
Right to Information for illness, diagnosis, treatment & cost	-	14 (12.9)	30 (41.7)	16 (88.9)	60 (30.0)	p<0.05
Right to know Doctor's name & qualification	-	14(12.9)	34 (47.2)	16 (88.9)	64 (32.0)	p<0.05
Right to Records & Reports	-	6(5.5)	14 (19.4)	12 (66.7)	32 (16.0)	p<0.05
Right to know approx. length of stay	-	18(16.7)	34 (47.2)	16 (88.9)	68 (34.0)	p<0.05
Right to Emergency Medical Care	-	20(18.5)	52 (72.2)	16 (88.9)	88 (44.0)	p<0.05
Human Dignity & Privacy for female	-	5(4.6)	35 (48.6)	16(88.9)	56 (28.0)	p<0.05
Right to Second Opinion	-	14(12.9)	40 (55.6)	16(88.9)	70 (35.0)	p<0.05
Right to have transparency in rates of	-	5(4.6)	17 (23.6)	16(88.9)	38 (19.0)	p<0.05

analysis like right to information for the illness, diagnosis, treatment, complications and cost, right to emergency medical care, human dignity & privacy for female patients, right for second opinion, right for transparency in rates of charges, right to render informed consent for any procedure and right to take discharge of the patient were matched individually with the socio-demographic attributes like age, gender, family income, education and occupation on the basis of the calculated statistical significance and chi-square statistics (Table 8 & Figure 3). The educational status & family income demonstrated very strong remarkable significance with the above said patients' right awareness elements and the tallest of the order has been the 'Right for human dignity & privacy of female patients' to the educational status of the subjects.



Right to personal respect & Non-discrimination	-	20(18.5)	34 (47.2)	16(88.9)	70 (35.0)	p<0.05
Right to Safety & Quality Care	-	5(4.6)	14 (19.4)	9 (50.0)	28 (14.0)	p<0.05
Right to give informed consent for	-	14(12.9)	36 (50.0)	16(88.9)	66 (33.0)	p<0.05
Right to Choose Alternative Treatment	-	30(27.3)	34 (47.2)	16(88.9)	80 (40.0)	p<0.05
Right to Proper Referral & Transfer	-	13(11.8)	15 (20.8)	14(77.8)	42 (21.0)	p<0.05
Right to Protection in trials & research	-	5(4.6)	4 (5.6)	9 (50.0)	18 (9.0)	p<0.05
Right to take Discharge of patient	-	14(12.9)	18	14(77.8)	46 (23.0)	p<0.05
Right to receive body of deceased	-	15(13.6)	39(54.2)	16(88.9)	70 (35.0)	p<0.05
Right to Redress Grievance	-	4(3.6)	5(6.7)	9(50.0)	18 (9.0)	p<0.05

Percentage calculated column wise

### Discussion

The universal human rights aptly embrace the patients' rights; a very distinctive declaration that reflects care-givers' perspective and outlook during the tenure of medical treatment & procedures where-in we need to safe-guard the patients from all kinds of ill-treatment, negligence and immoral practices. Patients' rights depict image of current healthcare practice in any society; possibly contemplating patients as the most vulnerable

Table 7: Patients right awareness according to occupation

Patient's Rights (n-200)	Awareness as per occupation No.(%) (%)			Total(200) No. (%)	Significance (p<0.05 Significant)
	Skilled (14)	Unskilled (112)	Unemployed (74)		
Right to Privacy & Confidentiality	10 (71.4)	39(34.8)	15 (20.3)	64 (32.0)	p<0.05
Right to Information for illness, diagnosis, treatment & cost	10 (71.4)	35 (31.3)	15 (20.3)	60 (30.0)	p<0.05
Right to know Doctor's name & qualification	9(64.3)	40 (35.7)	15 (20.3)	64 (32.0)	p<0.05
Right to Records & Reports	6(42.9)	20 (17.9)	6 (8.1)	32 (16.0)	p<0.05
Right to know approx. length of stay	10(71.4)	42 (37.5)	16 (21.6)	68 (34.0)	p<0.05
Right to Emergency Medical Care	10 (71.4)	58 (51.8)	20 (27.0)	88 (44.0)	p<0.05
Human Dignity & Privacy for female	9(64.3)	35 (31.3)	11(14.9)	56 (28.0)	p<0.05
Right to Second Opinion	10 (71.4)	44 (39.3)	16 (21.6)	70 (35.0)	p<0.05

group. Therefore, enlightening the rights of patients is replicated as significant condition of medical amenities and one of the essential clinical indices in the caring and compassionate hospital environment.<sup>13</sup> Consequently, promotion of the patients' rights remains utmost priority among the medical professionals. Informed patients are well acquainted about their illnesses, treatment protocol & care and that being so, can actively participate in their own recovery efficiently.<sup>10</sup>

Right to have transparency in rates of charges	10 (71.4)	22 (19.6)	6 (8.1)	38 (19.0)	p<0.05
Right to personal respect & Non-discrimination	10 (71.4)	45 (39.3)	15 (20.3)	70 (35.0)	p<0.05
Right to Safety & Quality Care	6 (42.9)	18 (16.1)	4 (5.4)	28 (14.0)	p<0.05
Give informed consent for procedure	10(71.4)	40 (35.7)	16 (21.6)	66 (33.0)	p<0.05
Right to Choose Alternative Treatment	10 (71.4)	50 (44.6)	20 (27.0)	80 (40.0)	p<0.05
Right to Proper Referral & Transfer	9(64.3)	22 (19.6)	11(14.9)	42 (21.0)	p<0.05
Right to Protection in trials & research	6 (42.9)	10 (16.1)	2 (5.4)	18 (9.0)	p<0.05
Right to take Discharge of patient	9 (64.3)	26 (23.2)	11(14.9)	46 (23.0)	p<0.05
Right to receive body of deceased	10 (71.4)	45 (39.3)	15 (20.3)	70 (35.0)	p<0.05
Right to Redress Grievance	6 (42.9)	10 (16.1)	2 (5.4)	18 (9.0)	p<0.05

Percentage calculated column wise

Table 8: Important elements of patients' right awareness according to socio-demographic traits

Patient's Rights (n-200)	Awareness by socio-demographic traits				
	Age No. (%)	Gender No. (%)	Famincome No. (%)	Education No. (%)	Occupation No. (%)
Right to Information for ill-ness, diagnosis, treatment, complications & cost	60 (30.0)	60 (30.0)	60 (30.0)	60 (30.0)	60 (30.0)
	p - 0.00001	p - 0.03	p - 0.00001	p- 0.00001	p - 0.0005
	Chi Sq-33.1	Chi Sq - 4.9	Chi Sq - 26.3	Chi Sq -50.0	Chi Sq-14.9
Right to Emergency Medical Care	88 (44.0)	88 (44.0)	88 (44.0)	88 (44.0)	88 (44.0)
	p - 0.00001	p - 0.03	p - 0.003	p- 0.00001	p - 0.0004
	Chi Sq -26.1	Chi Sq - 4.4	Chi Sq - 11.2	Chi Sq- 67.8	Chi Sq- 15.7
Human Dignity & Privacy for Female patients	56 (28.0)	56 (28.0)	56 (28.0)	56 (28.0)	56 (28.0)
	p - 0.00001	p - 0.001	p - 0.00001	p- 0.00001	p - 0.00005
	Chi Sq- 39.4	Chi Sq -10.2	Chi Sq - 29.9	Chi Sq - 78.3	Chi Sq- 19.7
Right to Second Opinion	70 (35.0)	70 (35.0)	70 (35.0)	70 (35.0)	70 (35.0)
	p - 0.0002	p - 0.005	p - 0.00001	p- 0.00001	p - 0.0006
	Chi Sq-16.4	Chi Sq-7.87	Chi Sq - 24.3	Chi Sq- 60.3	Chi Sq- 14.9
Right to have transparency in rates of charges	38 (19.0)	38 (19.0)	38 (19.0)	38 (19.0)	38 (19.0)
	p - 0.00001	p - 0.18	p - 0.00001	p -0.00001	p - 0.0006
	Chi Sq- 35.1	Chi Sq - 1.8	Chi Sq - 55.1	Chi Sq -73.1	Chi Sq - 14.9
Right to give informed consent for procedure	66 (33.0)	66 (33.0)	66 (33.0)	66 (33.0)	66 (33.0)
	p - 0.0001	p - 0.008	p - 0.0001	p- 0.00001	p - 0.0009

	Chi Sq- 21.1	Chi Sq - 6.9	Chi Sq - 17.7	Chi Sq -55.3	Chi Sq - 14.1
Right to take Discharge of patient	46 (23.0)	46 (23.0)	46 (23.0)	46 (23.0)	46 (23.0)
	p - 0.00001	p - 0.001	p - 0.00001	p - 0.00001	p - 0.0003
	Chi Sq -28.6	Chi Sq -9.9	Chi Sq -43.3	Chi Sq -56.8	Chi Sq -16.2

★ Indicates highest statistical significance

One-off portrayal of charter on patients' right and its display in hospital premises would not optimize the practice and application of patients' rights in desirable direction. Effective functionality would occur only in ascension of public awareness, community empowerment and steady socio-economic development. It is believed that the clients can play significant role in the protection and execution of patient's rights, a matter that ultimately reflects patient satisfaction in the long run. Earlier study from India observed that majority (38%) of the patients were young (18-35 years) followed by 31% being middle-aged (36-59 years);<sup>10</sup> that's more or less akin to the finding of the present study having 37% in 35-54 year group followed by 34% belonging to 15-34 years. Mean age of patients in present study is  $44.2 \pm 13.9$  that corroborate the finding of others. 14 Aggarwal et al found male preponderance (59%) among the studied patients in contrast to female dominance observed in the present work. 10 Cent percent patients in this study belonged to the neighboring rural areas; that corresponds to the findings of couple of studies registering 61.7% & 60.3% rural participants respectively. 12, 13 Acceptance of health insurance facility (Swasthya Sathi) from West Bengal State Govt. enabled these patients to avail treatment from this private institution in spite of the toiling limitations of the high cost of treatment and hospital stay.

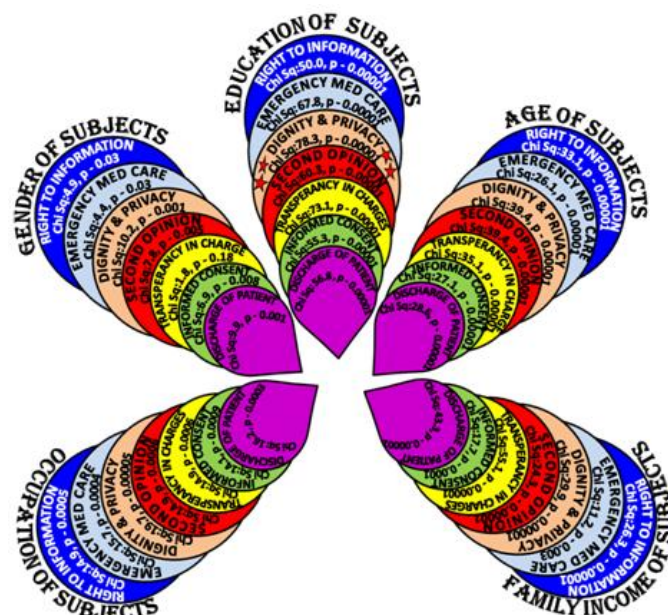


Fig. 3: Certain elements of patients' rights awareness according to socio-demographic traits

★ – Indicates highest statistical significance

Majority in the current effort were educated to primary standard (54%), employed in unskilled job (56%) and had monthly family income in the range of Rs.6175 to Rs.18496 (81%); this observation is in contrast to the past studies in India where 37% and 30% subjects were observed to be graduates and matriculates respectively.<sup>10</sup> A similar study from Maharashtra annotated that 26.5% and 23.5% were non-matriculate and illiterate respectively.<sup>11</sup> Altogether 104(52%) patients had seen the patients' right board displayed in the hospital building, however only 9-44% patients knew about various aspects of patients' rights when considered on individual entity. Further it was seen that 28 (14%) and 16 (32%) patients knew about 16 and 9 items of the patients' right elements

respectively. An earlier study notified that although 51.5% had seen the display board on patients' rights in OPD complex yet only 39.8% actually had handy knowledge on the same.<sup>11</sup> A former study has documented that around 51% were generally aware in respect to 12 items of the patient right chart.<sup>10</sup>

Study conducted in India revealed that nearly all patients (97.4%) were aware about their doctor's name<sup>10</sup> in comparison to only 32% in present intent. Large no. of patients didn't know their doctor's name may be due to the fact that the doctors probably never introduced themselves to the patients directly or indirectly. Patients being rural with low educational background never felt important to enquire about the treating doctor. A study from India stated that only 42% of patients were informed about the expected cost of treatment by their healthcare providers in comparison to 30% in the present work who knew about the illness, cost of treatment and expected length of stay in the hospital, all decisive of expenditure on this account.<sup>15</sup> Informed consent about major/minor procedures and interventions are important while delivering care to the patients. In this work only 33% respondents knew about such consents as against 43.9% and 67.7% reported in Indian studies.<sup>10,12</sup> Knowledge about approximate length of stay in hospital prevailed in 34% patients as against 49.5% and 54.9% in past Indian studies.<sup>10,12</sup> The differences observed can be explained by the socio-demographic attributes of the patients of the study. Noteworthy understanding was seen among the study group for right to emergency medical care (44%), choose alternative mode of treatment (40%), opt for second opinion (35%), personal respect & non-discrimination (35%), to receive body of deceased (35%) and privacy & confidentiality (32%). These constituted the episteme of awareness among 14% and 32% of patients, who knew about 16 and 9 items respectively of

the charter of rights. Comparable statistics from India as documented are – right to choose alternative treatment (39% and 41%) and privacy & confidentiality (28% and 40%) respectively.<sup>10, 12</sup> Earlier studies in India documented that statistically significant association exists between the age of participants and their awareness on many important elements of patients' rights.<sup>10, 12</sup> In the present discourse, 19% of the entire patients of 35-54 year group knew about right to emergency medical care, second opinion, personal respect and receive the body of demised marking the highest index of awareness. Pre-eminently patients from 35-54 year assemblage in the present probe demonstrated significantly higher score of understanding about patients' right as compared to the other age groups. It appears that ageing helps gaining experience – experience imbibes knowledge from informal discussions among day-to-day associates and fellow-patients possibly culminating in better appreciation of the issues on patients' rights. Patients belonging to higher economic order had better understanding ensuing in assimilation of information on patients' rights both from health care workers as well through mutual discussions.<sup>10</sup> Patients from the higher family income group in the current work significantly had better cognizance on the elements of patients' rights in comparison to lower-most and middle income group families respectively. Education tends to have positive impact on general awareness due to pre-existing perception, concomitant knowledge-seeking behaviour hence easy assimilation of available information. Studies in the recent past concluded that educational status of patient is directly related to the awareness on patients' rights.<sup>13</sup> In the present analysis, graduate patients were significantly better informed about most of the facets of patients' rights as compared to matriculates and just literates (primary standards); being substantiated by

findings of others as well. 10The social disparity among the skilled and unskilled workers is a reflective in the context of education, training, employment and earning capacity thereby exposure to variety of life situations and gaining knowledge in general thereby access to information. Patients employed in skilled work in the current study had superior knowledge and the differences observed in awareness among the patients varied significantly according to the occupational status of the respondents, is substantiated by the findings of the past. 16Specific rights like - information for illness-treatment-complications-cost, emergency medical care, human dignity and privacy for female patients, prospect for second opinion, simplicity in rates of charges, informed consent for procedures and seeking discharge of patient were significantly associated with socio-demographic attributes like age, gender, family income, educational status and occupation in the present study; analogous observation has been annotated by Vasantha and Ross in India. 16 Congruently, education & family earnings portrayed superlatively very high significance with the above said patients' right fundamentals; of what remarkably onerous has been the 'Right for human dignity and privacy of female patients' to the educational status of the patients. General education not only imparts all-round knowledge and skill, but also fosters expansion of one's perspectives, facilitates progressive outlook and stimulates independent thinking in decision making for attaining required knowledge as per need. The most important consideration behind eminence of patients' rights is the inherent and inalienable dignity as a human being and respectable citizen of any country. Increase in medical and legal consciousness in general has resulted in appreciation of the patient's rights as ethical standards in the form of conventions. At international level there exists two treaties, the International Covenant on Civil &

Political Rights of 1966 17 and the International Covenant on Economic, Social and Cultural Rights of 1966 18 that depict the basic principles of civic life based on which the charter on patients' rights has come in to being. When the patient is familiar of his rights adequately; can ensure fulfilment of the same through his participation and cooperation. Otherwise, best of the knowledge of patients' rights may not bring forth the desired outcome because of the client's inability to express expectations and possible prospects about care and cure. Therefore, patient's awareness of his rights remains the linchpin in executing formalized mechanism related to medical treatment and care ensuring patient satisfaction significantly.

### **Limitations**

The study has limitations over the settings where-in rural, economically inferior and educationally diffident group having mostly female members from a tertiary care private hospital exhibited quite low awareness on patients' right; therefore needs guarded approach while comparing the results with other literature. Secondly, there could be possibility of information bias towards obtaining facts from the submissive under-rated patients where-in respondents may have presented an acceptable response to the researcher rather than revealing the truth.

### **Conclusion**

Significance of the present work remains with the fact that the same has been conducted in a private tertiary level teaching hospital dispensing care to the rural, semiliterate, mostly female clients from poorer strata of the society who demonstrated at least some knowledge on patients' rights. The setting is atypical and the findings are welcome of its kind, possibly justified because of exposure of these underprivileged groups to a private hospital due to the assistance from the local Government. This showcases a new beginning in the



horizon of awareness of patients' rights in the diffident rural community and is likely to improve patients' satisfaction in the long run in rural India

### Recommendations

The study recommends creation of 'Patients' Rights Advocacy Group' in the hospital comprising of nurses, physicians and health care workers to educate the patients on their legitimate rights and assist them in execution of the same according to the situational need. Apart from the 'Patients' Rights Charter' display board, suitable posters depicting the rights at prominent places in the wards and corridors would help disseminate the required information in the long run. It is also recommended that further qualitative exploratory research may be carried out to know patients' views and opinions on the individual items of patients' rights. This will help the researchers expose to what extent educated as well as non-educated patients know their rights and if they don't know or are unable to get their rights executed; that would seek a further avenue for research to unveil contributing factors for such issues.

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**Informed Consent:** Informed consent was taken from the participants in writing.

**Ethical Approval:** Obtained from the appropriate authority of the hospital

**Data availability:** Data available with the corresponding author and will be made available on request

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