

Original paper

Rights' and Responsibilities among Hospitalized Patients in Karbala city

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Abstract

Background: The development of a strategy to promote patients' rights and responsibilities has to be carefully prepared, in order to ensure that the intention is translated into practical action, which commands the support of all parties involved. Such action does not follow automatically, but takes time to become fully effective. National situations vary in respect of legal frameworks, health care systems, economic conditions, and social, cultural and ethical values. Patients' rights, is recently introduced term in health sciences literature and practice and has become an important part of modern health care practice. Patients now are much more aware of what they expect from health care professionals, when they enter the health care environment.

Objective: The main objective of this study was to determine the level of awareness of rights and responsibilities among hospitalized patients' in Karbala city.

Patients and Methods: Across-sectional study was conducted in Karbala city center of Karbala governorate, the study consists of (200) patient recumbent in public hospitals and data were collected by direct interview with those patients by using a questionnaire form designed by the author based on WHO legislations' this questionnaire consisting of three parts form (some demographics characteristic, patients Rights' and patients Responsibilities). Statistical analysis was done by using Chi-Square (χ^2) test.

Results: Most patients did not know about the patients' bill of rights, even though they are spontaneously practicing their rights and responsibilities.

Conclusion: - Despite the enjoyment of the patients were lying in government hospitals full rights enshrined internationally, there was a lack of patients' awareness regarding the patients' rights and responsibilities.

Key words: Patient's Rights, Patient's responsibilities, Awareness of patients' rights and responsibilities

Introduction

Constitutes a medical error a more serious professional error because, unlike professional mistakes committed by other professionals affects directly on human health and life. how much of a man lost his life because of a mistake made during a surgery and how much a person fails to appropriate treatment due to an error in the diagnosis of disease suffering ^(1,2), for this, study was selected determine the level of awareness of patients' rights and

responsibilities among internationally government hospitals in Karbala city. In order to shed light on the enjoyment of patients of their responsibilities towards the commitment of the medical staff and other patients. Patients' rights vary in different countries and in different jurisdictions, often depending upon prevailing cultural and social norms. Different models of the patient-physician relationship, which can also represent the citizen-state relationship, have been developed, and these have informed the

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particular rights to which patients are entitled (3). Global developments impacting on social, economic, cultural, political and ethical affairs have also affected our understanding of what is meant by 'human rights' However, the fundamental reason for the importance attached to patients' rights and the corresponding increase in legislation, is that respecting patients' rights is an essential part of providing good healthcare (4-6). Surveying the rate of observance of patients' rights in medical services provides a suitable guide for health system management to ensure an appropriate relationship between service providers and service recipients. More studies that concerning the degree of observance of various aspects of patients' rights from the viewpoint of different stakeholders and effects of demographic, environmental and cultural factors on their awareness (7). The aim of this study was to determine the level of awareness of rights and responsibilities among hospitalized patients' in Karbala city.

Patients and Methods

Across-sectional study was conducted in Karbala city center of Karbala governorate. The study consists of (200) patient recumbent in public hospitals this sample was selected randomly from different wards from the selected hospitals. Data were collected by direct interview with those patients by using a questionnaire form designed by the author based on WHO legislations', a questionnaire consisting of three parts form some demographics characteristic, patients Rights' and patients Responsibilities. Rating and Scaling of the three levels was rated on the 3 points (likert respondent scale) it was scored as (3) for **Yes** level, (2) for **I don't know** level and (1) for **NO** level for general good question in all domains inspected of the respondents, while the scale was 1, 2, 3 for **Yes**, **I don't know** and **NO**

respectively for the bad question. Collected data were analyzed by using the statistical system package of SPSS-18 (PASW statistical) after being coded. Data were presented in frequency, percentage. Statistical analysis was done by using Chi-Square (χ^2) test. The comparison of significant (P-value) in any test were S=Significant difference (P<0.05) and NS= Non Significant difference (P>0.05) throughout the present study. The scale of the 3 levels of socioeconomic status was rated on the 3 point (Tiwari S, Kumar scale) it was scored as high level, middle level and low level.

Results

A total of 200 patients were surveyed, Table (1) shows the demographic profile of the study population according to gender, age groups and Marital status. the present study revealed that the overall number of participants were male 51% more than female 49% it shows nearly similar distribution in both gender males: female's ratio was 0.99: 1. On the other hand, the highest overall number of patients were in age groups (20-39) years 46% while the lowest presents were 9.5% in age groups (40-59) years. About the participations marital status this table shows 74% were married.

Figure (1) were summarizes the frequency of socio – economic status for the study sample, the following figure shows that the majority of the reviewers for hospitals were in poor class 84% and 3% were in high class.

Figure (2) show the distribution of awareness of patients about their rights in the hospital, this figure shows that 99% Patients enjoyment of their rights provided for by law in the hospital.

Figure (3) The following figure shows the extent of patient compliance responsibilities within the government hospitals, the highest percentage (67%) of the total sample was compliance

responsibilities and the remaining weak rate of 66 (33%).

Table (2) This table shows that the length of stay in the hospital, where the highest percentage of participants are within a period of less than a week (80%) of the total sample, on the other hand the following table shows the number of visits to the hospital, where the highest percentage is to visit once 48% of the total sample and the lowest percentage is three times the visit 11.5% of the total sample.

Table (3) this table shows that the 92.5 % of the study sample did not aware that there is special bill of patients' rights in the hospital, and 89% of study sample did not aware about the bill of patients' right, while 89% of patients didn't aware any rights and responsibility. On the other hand, 91% of study sample did not aware the source of information was from nurses /doctor or they read it as a poster.

Table 1. Distribution of study group according to patient's gender, age group and marital status

Variable		No.	%
Gender	Male	102	51
	Female	98	49
Total		200	100
Age Group	Less than 20	36	18
	20-39	92	46
	40-59	19	9.5
	Over 60	53	26.5
Total		200	100
Marital status	Married	148	74
	Unmarried	50	25
	Widow	2	1
Total		200	100

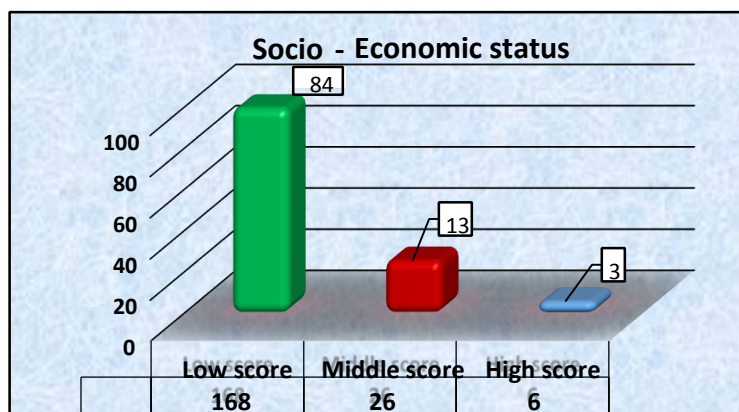


Figure 1. Distribution of study sample according to socio – economic status

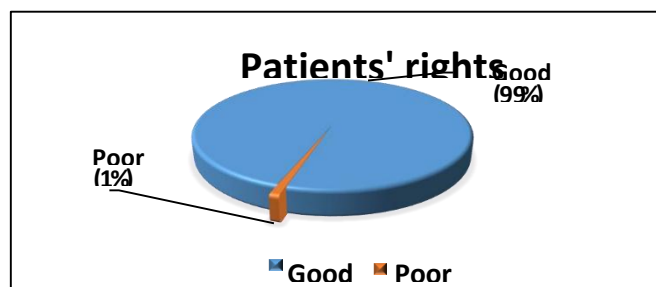


Figure 2. Distribution of study sample according to awareness of their rights.

Table (4) this table shows the relationship of extent the application of the patient rights and some demographic characteristic (gender, age groups, residence, socio-economic status and marital status), no significant difference between variables.

Table (5) shows the relationship of extent the application of the patient responsibilities' and some demographic characteristic (gender, age groups, residence, socio-economic status and marital status), no significant difference between variables.

Table (6) this table shows that the relationship between the extent of the application of patient rights and length of hospital stay and the number of visits to the same hospital where the below table no significant difference between the variables.

Table (7) This Shows the relationship between the extent of the patient's responsibilities and length of stay in the hospital during the period of application lie with the number of visits to the same hospital, the table below showed no significant difference between the lengths of stay in the hospital while there was significant difference with Number of hospitalization admission.

Discussion

Formalized in 1948, the Universal Declaration of Human Rights recognizes “the inherent dignity” and the “equal and unalienable rights of all members of the human family”. Moreover, it is based on this concept of the person, and the fundamental dignity and equality of all human beings, that the notion of patient rights was developed.

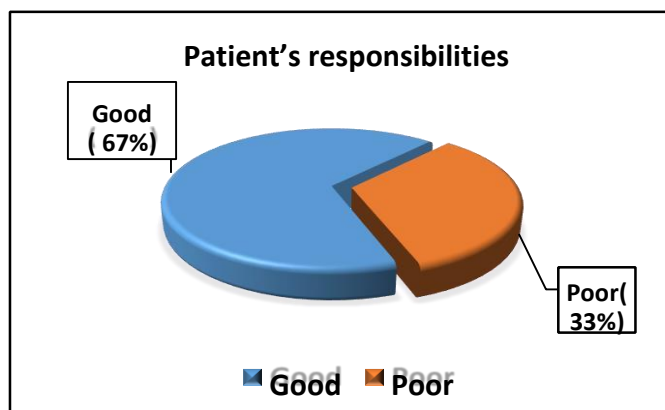


Figure 2. Distribution of study sample according to awareness of their responsibilities.

Table 2. Distribution of study sample according to the period of lying in the hospital and Number of hospitalization admission

Variable	No.	%
The period of lying in the hospital	Less than one week	80
	Week to two weeks	16.5
	2 weeks to one month	2.5
	More than one month	1
Total	200	100
Number of hospitalization admission	Once	48
	Twice	27
	3 times	11.5
	More than 3 times	13.5
Total	200	100

Table 3. Distribution of study sample according to some knowledge about the special bill of patients' rights in the hospital

Variable		No.	%
Are you aware that there is special bill of patients' rights in the hospital	Yes	15	7.5
	No	185	92.5
Total		200	100
Are you aware about the bill of patients right	Yes	22	11
	No	178	89
Total		200	100
How many rights you are aware of	Non	178	89
	1-3	17	8.5
	4-6	4	2
	7-10	1	0.5
Total		200	100
Source of awareness of patients' rights	Non	183	91.5
	My doctor explained it to me	11	5.5
	I read it as a poster	4	2
	My relative read it to me	2	1
Total		200	100

Table 4. The relationship of extent the application of the patient rights and some demographic characteristic

Demographic characteristic		Knowledge		P-value
		Good	Poor	
Gender	Male	101	1	0.9 NS
	Female	97	1	
Age	Less than 20	36	-	0.8 NS
	From 20-39	91	1	
	From 40-59	19	-	
	Over 60	52	1	
Residence	Urban	146	2	0.4 NS
	Rural	52	-	
Socio-Economic status	Low score	167	1	0.2 NS
	Middle score	25	1	
	High score	6	-	
Marital status	Married	146	2	0.7 NS
	Unmarried	50	-	
	Widow	2	-	

* using Chi-Square (χ^2) test

In other words, what is owed to the patient as a human being, by physicians and by the state, took shape in large part thanks to this understanding of the basic rights of the person. Patients' rights vary in different countries and in different jurisdictions, often depending upon prevailing cultural and social norms. Different models of the patient-physician relationship which can also represent the citizen-state relationship have been

developed, and these have informed the particular rights to which patients are entitled ⁽⁸⁾. To achieve the aim of the present study a descriptive cross-sectional study was conducted, included a sample of (200) recumbent patient in the city of Imam Hussein (A.S) Medical and Women's Hospital and Obstetrics in Karbala. The study showed that 51% of respondents were male and 49% are female, as shown in table (1).

Table 5. The relationship of extent the application of the patient responsibilities' and some demographic characteristic.

Demographic characteristic		Knowledge		P-value
		Good	Poor	
Gender	Male	65	37	0.3 NS
	Female	69	29	
Age	Less than 20	22	14	0.6 NS
	From 20-39	60	32	
	From 40-59	14	5	
	Over 60	38	15	
Residence	Urban	96	52	0.2 NS
	Rural	38	14	
Socio-Economic status	Low score	111	57	0.6 NS
	Middle score	18	8	
	High score	5	1	
Marital status	Married	100	48	0.5 NS
	Unmarried	32	18	
	Widow	2	-	

Table 6. The relationship of extent the application of the patient rights and the length of hospital stay and the number of visits to the same hospital

Variable		Knowledge		P-value
		Good	Poor	
Length of stay in the hospital	Less than one week	158	2	0.9 NS
	Week to two weeks	33	-	
	2 weeks to one month	5	-	
	More than one month	2	-	
Number of hospitalization admission	Once	95	1	0.8 NS
	Twice	53	1	
	3 times	23	-	
	More than 3 times	27	-	

Using Chi-Square (χ^2) test

Table 7. The relationship of extent the application of the patient responsibilities and the length of hospital stay and the number of visits to the same hospital

Variable		Knowledge		P-value
		Good	Poor	
Length of stay in the hospital	Less than one week	110	50	0.5 NS
	Week to two weeks	19	14	
	2 weeks to one month	4	1	
	More than one month	1	1	
Number of hospitalization admission	Once	63	33	0.01*
	Twice	38	16	
	3 times	10	13	
	More than 3 times	23	4	

S. by using Chi-Square (χ^2) test

The study also showed that 46% of respondents were of the age groups (40-20 years) and the lowest percentage are between (60-40) years (9.5%) of the starved sample and 74% of study sample were married as shown in table (1).in figure (1) the study shows 84% of the

study sample were in low class for the socio-economic indicator that mean most of patient how were visiting or lying in the non-private hospital were in poor class. In figure (2) the study showed that (99%) of patients enjoying full rights in spite of a lack of awareness of these rights as

showed in table (3) that complies with the other study in **Saudi Arabia, Iran, Turkey, Greece and European** ⁽⁹⁻¹³⁾. The study also in figure (3) the showed that 67% of patients who are committed to the performance of their responsibilities within the hospitals and that was good sign. With regard to the existence of a list of patients' rights and responsibilities in government hospitals about 93 % of the study sample doesn't confirmed its existence as shown in Table (3) that complies with **Mosadegh-Rad, Zu'lfikar and Fotaki**^(9,10,14). Table (4) showed no significant difference between the enjoyment of patients their rights with certain demographic characteristics such as gender, age and socio-economic status and this is a good indicator of the lack of differentiation in the provision of services by the medical and service staff to patients in different strata and ethnicities. Table (5) shows the relationship of the patients' responsibilities and some demographic characteristics such as race, age, housing and soci-economic status this table observed no significant difference between the variables, on the other hand, the study showed in table (6) a comparison between the length of stay and the number of patient visits to the same hospital and the enjoyment of patients their rights where it was noted no significant difference and this is clear evidence of a good indication that non-private hospitals offer the same services throughout the week and it is differentiation. In table (7) shows the relationship of length of stay in the hospital with the patient's responsibilities in terms of the observed no significant difference that an indication of the length of stay do not affect the extent of patient responsibilities commitment while observed significant difference between the number of visit the patient at the hospital with his responsibilities toward health institutions and their employees.

Conclusions

This study shows that (99%) of the patients were enjoyed their rights and more than half of patients (67%) were committed to their responsibilities within the hospital. About half the patients, that lying in hospitals aged between (20-40) years. This study shows that no differentiation between the level of service delivery by the medical and service toward patients lying in hospitals.

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