

Residents' Physicians' Awareness, Intention and Practice of Patient Rights at Ain Shams University hospitals

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Abstract

During the past few years, Egypt has implemented several and diverse legal, political, and administrative mechanisms to deal with health care ethical problems. Despite nurses and physicians agreement that patients have rights and that they are committed to respecting these rights, they are rarely able to do this. **Objectives:** To determine resident's physicians' knowledge, intention and practice of patient rights at Ain shams University Hospitals and to find out factors that affect Physicians' practice of patient's rights. **Methods:** A cross Sectional study was conducted on a convenience sample of 400 resident physicians that were recruited from different departments at Ain Shams University Hospital and agreed to participate in the study. A Self-administered structured questionnaire was used to collect information about: personal data, physicians' awareness, intention and practice of patient rights. **Results:** All (100.0%) of the participating physicians were aware about the statement of patients' rights in Egyptian health facilities; most of them obtain their knowledge from posters hanged on the wall of the hospital, undergraduate and post graduate curriculum, and mass media, (99.8%) had high intention score level towards practicing patient rights; while less than half of them (45.5%) had high practice score level. There was no statistically significant correlation between Residents' physician knowledge, Intention and Practice scores towards patient rights ($p>0.05$). In addition, there was a highly statistically significant difference between physicians practice score levels regarding their specialty ($p<0.01$); where the majority (77.0%) of participating physicians working in pediatric departments had got the highest practice score level for the statement of patient rights **Conclusion:** The current study found a gap between physicians' awareness, intention toward practicing patient rights' and their actual application of these rights. **Recommendations:** Hospital Management should develop pre-service (orientation period) and in-service training programs for resident physicians to update their knowledge and practices in all patients' rights aspects. Educating the patients about their rights and actions that they could take if these rights were violated is an important mean for improving patient satisfaction and improving the quality of care offered at health care facilities.

Keywords: *Awareness, practice, Patient Rights, Resident Physicians, Ain Shams University hospitals*

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Introduction

Practice as a health care professional is based on the mutual trust between patients and health care practitioners. To be a good health care practitioner, requires a life-long commitment to professional and ethical practices.¹ Patient rights are considered as a reflection of human rights and defined as the rules of conduct between people who benefit from health services and the health institutions and personnel who provide them. Patient rights priorities include: to be respected as a human being, receive health service in a high level, get information, get confirmation for medical processes, privacy and respect for private life.² The patients' bill of rights and responsibilities has three main objectives: to increase client confidence that the health care system is fair and responsive to client needs; to confirm the importance of a strong relationship between patients and their health care providers; and to confirm the critical role consumers play in safeguarding their own health.³⁻⁵

World Health Organization (WHO) predicts that the articulation of patient rights will in turn make people more conscious of their responsibilities when seeking and receiving or providing health care and this will ensure that patient-provider relationships are marked by mutual support and respect.⁶ Culture and socio-economic contexts create different barriers and facilitators to respecting patients' rights; so, WHO research group on patients' rights and citizens' empowerment suggested that each country should articulate its concerns and priorities according to its own cultural and social needs to promote and protect patients' rights.⁷ Implementation of patients' rights lead to the quality of health care services; decreased costs; more prompt recovery; decreased length of stay in hospitals; lower

risk of irreversible physical and spiritual damages; and more importantly, increased dignity of patients through informing them about their rights to participate in decision making.⁸

In Egypt, the patient's bill of rights was introduced into the Egyptian Hospital Accreditation standards, and was enforced in all hospitals across the country since 2005. The Egyptian patient's rights are concerned with access to health care, choice of care, health education and safety environment, participation in treatment plan, informed consent and information, researches, dignity, confidentiality, privacy, and patient's complaints and each hospital is obligated to develop quality committee to monitor and evaluate practice of patient's rights among health care provider.⁹

In Egypt, knowledge about patients' rights had been widely investigated as well as determining the commitment in respecting patient's rights among physicians and nurses. However, fewer studies assessed the practice of these rights among physicians and nurses.¹⁰

The aim of this study was to assess knowledge, attitude and practice of patient's rights among physicians at Ain Shams University hospitals.

Methods:

Study Design: In order to achieve the study objectives; Cross sectional study was conducted. **Study Site:** The study was conducted at Ain Shams University Hospitals; the study involved resident physicians working at different Medical, surgical, Pediatric and Paramedical units.

Study time: Data collection started at June 2016 and ended at August 2016. **Study population:** A convenience sample of resident physicians from all hospital

departments were enrolled after their agreement to participate.

Sample Size: Sample size was calculated using Open Epi, Version 3, open source calculator, A sample of 374 Physician which was rounded to 400 physicians were satisfactory to achieve a confidence level of 95.0% and power of 80.0%. The calculated sample size was based on results of a previous study finding carried out by *Nejad et al, 2011*¹¹ who mentioned that 58.33% of health care workers have good levels of awareness of patient rights.

Study Tools: A Self-administered structured questionnaire which was adopted from two studies carried out by *Kuzua et al., (2006)* and *Abou Zeina et al., (2013)*^{12,13} was used after translation to Arabic language to collect information about: personal data, General Awareness of patient rights, Source of Knowledge about patient rights, Physician Awareness of the statement of patients' rights in Egyptian MOH governmental health facilities, Action that the patients can take upon having his/her rights violated in your hospital, Reasons for patients not requesting proper services and Reasons for patients respect in private hospitals more than governmental and University hospitals, Physician intention toward practicing patient rights and physician practice of patient rights.

A pilot study was carried out on approximately 10% of the sample size to assess clarity of the statements in the questionnaire and to estimate the time required for completing it. Results of pilot study were excluded from the analysis.

Data Management and Analysis: The collected data was revised, coded, tabulated and introduced to a PC using statistical package for social sciences (IBM SPSS Version 20). **Scoring System:** Physician total Knowledge, Intension and

Practice score of patient rights was calculated by summing up the number of items in the questionnaire related to each of the fore mentioned sections; Knowledge, Intension and Practice percent score was calculated by dividing the total Knowledge, Intension and Practice score for each participant by the max score for that section.

Knowledge, Intension and Practice percent score was classified as High, Moderate and Low as follow: Low <60%, Middle 60% - <75%, High \geq 75%

Ethical Consideration: Administrative approval from hospital director of Ain Shams University hospitals and Ethical committee board approval were obtained to carry out the study. Anonymous questionnaires were used, and confidentiality of the data was assured.

Results:

The study results showed that more than half of the studied physicians were males, regarding participants' work area; about one quarter were working in paramedical depts.; others were working in obstetrics, surgery, pediatrics, intensive care units, medicine and psychiatry departments in descending order; All were resident physicians; with a mean age of (28.5200 ± 1.24236) , mean work duration in hospital of $(3.1675 \pm .64846)$, mean work duration in department of $(2.5550 \pm .60654)$ and average work hours per day of (11.0300 ± 1.71653) (Table 1).

Regarding Residents' physician source of Knowledge about the List of Patients' Rights; the current study showed that the majority of the participating physicians obtain their knowledge about the list of patient's rights from posters on the wall in the hospital, from the undergraduate curriculum, from post graduate curriculum, from posters hanged in the wall in another

Table (1): Characteristics of the studied physicians

Characteristics of the studied physicians		No (%)
Gender	Male	230 (57.5)
	Female	170 (42.5)
Specialty	Medicine	47 (11.8)
	Surgery	63 (15.8)
	Psychiatry	13 (3.2)
	Obstetrics	73 (18.2)
	Pediatrics	61 (15.2)
	Intensive care unit	49 (12.2)
	Paramedical departments	94 (23.5)
	Resident physician	400 (100.0)
Variables	Mean ± SD	
Age	28.52 ± 1.24	
Work duration in hospital	3.17 ± 0.65	
Work duration in department	2.55 ± 0.61	
Work hours per day	11.03 ± 1.72	

hospital, from the mass media while less than one third obtain their information from senior colleagues or peers (Figure 1). Concerning Physicians' awareness about the statement of patients' rights in Egyptian health facilities; All of the studied physicians were aware with total knowledge score (99.89 ± 0.87). including that the patients should (Receive all hospital services, Receive accurate information concerning Diagnosis, Receive accurate information concerning Treatment, Receive accurate information concerning Risks involved, Receive accurate information concerning Prognosis of an illness or health related condition, Confidentiality, Respect and Care, High

Quality of Care, Raising Complaints/Suggestions, Refusal of Treatment/Discontinuing treatment/ Leaving hospital, Receive treatment for pain, Services Fees); while the majority were aware of patient Privacy and that the patient had the right to Receive accurate information concerning Name of the treating physician.

Moreover; the majority of the studied physicians have positive intentions toward practicing patient rights; where they agree with the statements of Patients' rights in Egyptian health facilities with the total attitude % score toward the statement of patient rights was (98.90 ± 4.500).

Most of the studied physicians mentioned that they "sometimes" practice patient rights statements; where "Informing the patient about services fees" is the most practiced patient rights statement; being always practiced by more than half of the participating physicians; while "Receiving all hospital services, High Quality of care and Receive accurate information concerning Diagnosis" were always practiced by less than one quarter of the participating physicians respectively with the total mean practice % score was (75.46 ± 5.280) (Table 2).

Concerning Knowledge, Attitude and Practice score levels in the studied residents; almost all of participating physicians had high knowledge score level and high attitude score level; while less than half of them had high practice score level (Table 3). In addition to that; there was no correlation between knowledge, Attitude and Practice scores in the studied resident physicians (Table 4).

Regarding the relationship between practice score levels and residents' characteristics; the current study revealed that there was a statistically insignificant

Table (2): Physician Practice of patients' rights in Egyptian health facilities

Patients' rights in Egyptian health facilities	Never No. (%)	Sometimes No. (%)	Always No. (%)
1. Receive all hospital services	0 (0.0)	365 (91.2)	35 (8.8)
2. Privacy	0 (0.0)	275 (68.8)	125 (31.2)
3. Receive accurate information concerning Diagnosis	0 (0.0)	326 (81.5)	74 (18.5)
4. Receive accurate information concerning Treatment	0 (0.0)	303 (75.8)	97 (24.2)
5. Receive accurate information concerning Risks involved	0 (0.0)	316 (79.0)	84 (21.0)
6. Receive accurate information concerning Prognosis of an illness or health related condition	0 (0.0)	292 (73.0)	108 (27.0)
7. Receive accurate information concerning Name of the treating physician	1 (0.2)	224 (56.0)	175 (43.8)
8. Confidentiality	0 (0.0)	322 (80.5)	78 (19.5)
9. Respect and Care	0 (0.0)	313 (78.2)	87 (21.8)
10. High Quality of Care	0 (0.0)	327 (81.8)	73 (18.2)
11. Raising Complaints/Suggestions	0 (0.0)	307 (76.8)	93 (23.2)
12. Refusal of Treatment/Discontinuing treatment/ Leaving hospital	0 (0.0)	297 (74.2)	103 (25.8)
13. Receive treatment for pain	0 (0.0)	274 (68.5)	126 (31.5)
14. Services Fees	0 (0.0)	179 (44.8)	221 (55.2)
Total Practice % Score	Min 66.67	Max 100.00	Mean \pm SD 75.46 \pm 5.280

difference between physicians with middle and high practice score levels as regard physician Age, gender, Work duration in hospital, Work duration in department and Work hours ($p>0.05$). However; there is a highly statistically significant difference between physicians with middle and high practice score levels as regard their specialty ($p<0.01$); where the majority of participating physicians working in pediatric departments had got highest practice score level for the statement of patient rights (Table 5).

The majority of the participating physicians believed that patients do not request proper services due to the following reasons: "Patients are afraid of angry response from healthcare professionals", "Worried about a negative effect on their care" in addition to their "Poverty" respectively (Table 6).

Regarding Physician opinions about the possible Reasons for patients respect in private hospitals more than governmental

and University hospitals; this study revealed that the majority of the participating physicians believed that "Firm rules, Better salaries and Fear of dismissal" are the main reasons for patients respect in private hospitals is more than governmental and University hospitals (Figure 2).

Discussion:

Many countries have defined certain rights for patients within their healthcare systems (Joolae and Hajibabae, 2012). Health care organizations have established regulations or charters for patients' rights; hence, they have announced and implemented them, in order to achieve patients' satisfaction and provide ethical health care (Joolae et al., 2008; Mastaneh and Mouselis, 2013).

The current study aimed to determine Physicians' Knowledge, intention and Practice towards patient's rights at Ain shams University Hospitals

and to find out factors that affect Physicians' Knowledge, intention and Practice of patient's rights.

Table (3): Knowledge, Attitude and Practice score levels in the studied residents

Score Levels	Low	Middle	High
	<60% N (%)	60 - <75% N (%)	≥ 75% N (%)
Knowledge	0 (0.0)	0 (0.0)	400 (100.0)
Attitude	1 (0.2)	0 (0.0)	399 (99.8)
Practice	0 (0.0)	218 (54.5)	182 (45.5)

Table (4): Correlation between knowledge, Attitude and Practice scores

Total score	Total Knowledge Score r	P-value
Practice	0.048	0.338
Attitude	-0.030	0.550

Regarding the Characteristics of the studied physicians, this study aimed to represent all physicians in different hospital departments (including both medical departments as obstetrics, surgery, pediatrics, intensive care units, medicine, psychiatry as well as paramedical departments) in order to be able to generalize the study results on all resident physicians working at Ainshams university hospitals. In addition to that resident physicians were selected as the study population in this study as they are called front line staff who deal with the majority

of patients in the hospital, spending most of their time in the hospital dealing with ethical and legal issues concerned with patient treatment so their knowledge, intention and practice of patient rights should be well explored in order to promote the quality of service offered to the patients concerning their satisfaction and the respect of their rights and dignity. This is confirmed by a study carried out by Mohamed et al., 2012 who mentioned that ethical problems were commonly faced by physician residents. The majority of residents encountered ethical issues during their practice and more than one third of them claimed that they faced them on a daily basis; while senior staff who should act as mentors for those residents are mostly unaware of these ethical problems facing their junior staff, either because they have no time or due to administrative and communication barriers. That's why interviewing junior staff was the major concern in the current study.

Concerning Source of Knowledge about the List of Patients' Rights among the Study Subjects; the current study found out that the majority of the participating physicians obtain their knowledge about the list of patient's rights from posters on the wall in the hospital, undergraduate

Table (5): Comparison between practice levels as regard characteristics of the studied residents

Resident characteristics		Middle No. (%)	High No. (%)	X ²	P-value
Gender	Male	135 (58.7)	95 (41.3)	3.842	0.050
	Female	83 (48.8)	87 (51.2)		
Specialty	Medicine	30 (63.8)	17 (36.2)	52.227	0.000**
	Surgery	40 (63.5)	23 (36.5)		
	Psychiatry	7 (53.8%)	6 (46.2%)		
	Obstetrics	30 (41.1%)	43 (58.9%)		
	Pediatrics	14 (23.0%)	47 (77.0%)		
	Intensive care unit	25 (51.0%)	24 (49.0%)		
	Paramedical departments	72 (76.6%)	22 (23.4%)		

curriculum, post graduate curriculum, posters hanged in the wall in another hospital, from the mass media; while only one third of the studied residents obtained their information from senior colleagues or peers.

nurses; However; The proportion of physicians who stated undergraduate curriculum as a source of their knowledge were almost half that of the nurses. The same study also revealed that the mass media was the main source of information for the patients and their companions about eight times greater than their next source, placards on the hospital wall. Similar finding was mentioned by *Ghanem et al., 2015* who found that the internet and mass media were the most important sources of information to inform patients about their rights

Concerning Physician Awareness of the statement of patients' rights in the studied hospital; The current study revealed that all of the studied physicians were aware about the statement of patients' rights in Egyptian health facilities Moreover; the total knowledge score was (99.89 ± 0.87) .

The current study findings were similar to a study carried out by *Saleh and Khereldeem, 2013* who carried out a study to investigate the perception of physicians concerning patients' rights and their fulfillment in two governmental hospitals in Mecca, Saudi Arabia using a self administered questionnaire which examined the physicians' knowledge, attitude and perception towards these rights; the study revealed that all the physicians in both study hospitals indicated that the rights to know the name of attending physician, the right to be treated with caring and respect and the right to know treatment alternatives is considered an actual patient right. This could be attributed to the fact that these

This finding was similar to a study carried out by *Abou Zeina et al., 2013* who mentioned that the physicians who stated that placards on the hospital wall were the main source of knowledge about patient rights were almost double that of the rights are basic human rights and not for debate.

Regarding Physician Practice of patients' rights in the studied hospital; The present study revealed that the majority of the studied physicians mentioned that they "sometimes" practice patient rights statements; where "Informing the patient about services fees" is the most practiced patient rights statement; while "Receiving all hospital services, High Quality of care and Receive accurate information concerning Diagnosis" were always practiced by less than one quarter of the participating physicians respectively. In addition to that; the total mean practice %

Table (6): Physician opinions about the possible Reasons for not requesting proper services by the patients in health facilities

Reasons why patients are not requesting proper services	No. (%)
Afraid of angry response from healthcare professionals	388 (97.0)
Worried about a negative effect on their care	372 (93.0)
Poverty	370 (92.5)
Illiteracy	316 (79.0)
Psychological problems	248 (62.0)
Migration from rural areas	195 (48.8)
Shyness	179 (44.8)
Not knowing the rules and environment	148 (37.0)
Highly busy healthcare personnel, weakness in communication between patients and healthcare professionals	117 (29.2)
Other, Specify.....	0 (0.0)

score was (75.46 ± 5.280) . This was similar to a study carried out by *Ali et al., 2004* in Iran who found out that physicians score regarding the implementation of patients' rights in the hospital was 0.33 ± 0.1

out of 1 which was classified (weak). Despite the introduction of specific Egyptian Hospital Accreditation Standards for patient's rights, the results of a study carried out by *Ghanem et al., 2015* indicated that more than half of physicians and nurses in Alexandria Main University Hospital and the majority of them in Matrouh General Hospital had a poor practice related to patient's rights. Poor practice may be attributed to many factors such as shortage of medical and nursing staff, lack of awareness and attitude towards patient's rights, lack of pre-service and in-service training programs, unavailability of workshops or training seminars, lack of guidance and supervision during practice of patient's rights, and the unavailability of patient's rights policy and procedure. Consequently, these are due to limited budgets and inadequate facilities and unsupported management. These findings are consistent with *Joolae et al., 2008* who published that nurses and physicians are ready to exercise patient's rights, but are battling with some factors. This was further confirmed with another finding in the current study which revealed that show that all of the participating physicians had high knowledge score level, majority had high attitude score level; while less than half of them had high practice score level.

Regarding physicians' perception about the Reasons for patients respect in private hospitals more than governmental and University hospitals; the current study revealed that the majority of the participating physicians believed that "Firm rules, better salaries and Fear of dismissal" were the main reasons beyond respect of patient rights in private hospitals more than governmental and university hospitals.

The following findings were similar to findings of a study carried out by *Abou Zeina et al., 2013* who stated that there was a statistically significant difference between the study physicians and nurses concerning reasons why knowledge and patients' respect and care are more recognized in the private hospitals than in the MOH governmental hospitals; where;

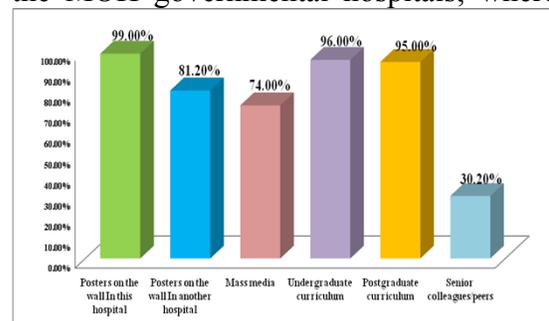


Figure (1): Source of Knowledge about the List of Patients' Rights among the Study Subjects

More than half of the study nurses related it to firm rules in the private sector; however; about one third of the study physicians related it to better salaries and fear of being fired. Minimal consideration was given to the "awareness of the patients". In addition to that; the hospital manager of the hospital believed that "Violation of patients' rights is not a matter of poor awareness of patients' rights. It is mainly due to poor perseverance and passivity of the patient in

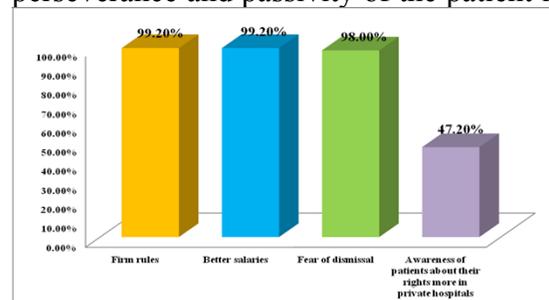


Figure (2): Physician opinions about the possible Reasons for patients respect in private hospitals more than governmental and University hospitals

calling for their rights, as well the poor working conditions in the governmental health facilities”

Concerning factors affecting residents' practice levels of patient rights at the studied hospital; the current study didn't find any significant association between practice levels and physician Age, Work duration in hospital, Work duration in dept and Work hours. This is explained by the fact that all the study population were resident doctors which are homogenous population concerning their age, years of experience and work duration who would be expected to have same practice level.

On the other hand; this study found a statistically significant association between physicians practice score levels and their specialty; where the majority of participating physicians working in pediatric departments had got highest practice score level for the statement of patient rights than physicians working in “Paramedical, Medicine and Surgery departments”. This is explained by the fact that child consent is very essential before practicing any procedure on children in comparison to other hospital and paramedical departments.

Regarding Correlation between knowledge, Attitude and Practice scores; the current study found that there was no correlation between knowledge, Attitude and Practice scores; this finding was similar to a study carried out by *Ali et al., 2004* in Iran who found out that Physicians knowledge about patients' rights was 0.90 ± 0.12 (excellent) out of 1. However; despite this excellent awareness of patient rights; physicians score regarding the implementation of patients' rights in the hospital was 0.33 ± 0.1 out of 1 which was classified (weak). The researchers concluded that physicians' information about patients' rights was in excellent level

however; the patients' rights was respected very little at the hospital.

To the best of our knowledge, patients' rights have been widely investigated in Egypt from 1987 to 2013 in determining the level of knowledge and awareness among patients, physicians, and nurses, as well as determining the commitment in respecting patient's rights among physicians and nurses (*El Soussi et al., 1987; El Sayed, 1988; Nabawy et al., 1990; Ead, 1999; Saleh, 2005; Mousa, 2010; Ahmed et al., 2013; Abou Zeina et al., 2013*). However, there is no study concerning assessing the practice of these rights amongst physicians and nurses. Despite nurses and physicians agrees that patients have rights and that they are committed to respecting these rights, they are rarely able to do this (*Ghanem et al., 2015*). However, it appears that there is still a large gap between the practice of patient's rights among nurses and physicians and their knowledge and awareness about patient's rights. Therefore, the present study fulfills this gap and assesses the practice of these rights amongst physicians. Therefore, it is considered the first step for measuring the physicians' performance regarding patient's rights. This is with the aim of protecting patient's right and improving the quality of care in the Egyptian health care organizations

Conclusion:

The current study found that there was a gap between physicians' awareness and intention toward practicing patient rights and their actual performance toward application of these rights among the patients attending the studied hospital. In addition to that; practicing patient rights from the health care provider point of view may carry an optimistic point of view as

this may not reflect the real situation of malpractice and violation of patient rights. The study also concluded that; Hanging posters on the walls of the hospital and including patient rights in the undergraduate curriculum may act as an effective method for educating health care providers about patient rights.

Study Limitations:

The present study had some limitations. It relied on self-reported knowledge, intention and practice of health care providers toward patient rights; the studied physicians were not observed while interacting with patients and providing patient care in real life situations; so the results about the actual behavior cannot be concluded. In addition to that the current study involved a sample only of residents at a single teaching institution. This limits the generalization of results to other settings. Nevertheless, the study highlights the need to identify physician residents who have unsatisfactory levels of knowledge, perceptions and practice towards ethical issues, to devise means to sensitize them to these issues and to train them appropriately on how to deal effectively with such legal issues.

Recommendations: The present study recommended that Hospital Management should Develop pre-service (orientation period) and in-service training programs for resident physicians to update their knowledge and practices in all patients' rights aspects. Educating the patients about their rights and Actions that they could take if these rights were violated is an important mean for improving patient satisfaction and improving the quality of care offered at health care facilities.

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