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Patients' knowledge and exercise of their rights at the University College Hospital, Ibadan

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Abstract

Background: Patient rights have recently become the centre of national attention in the healthcare practice and Nigerians are becoming more aware of their rights. Despite this awareness, there is gap between their knowledge and ability to exercise their rights. The study was designed to assess University College Hospital patients' knowledge and exercise of their rights.

Method: This descriptive, cross-sectional study utilized a 45-item and self-administered questionnaire to gather information from three hundred and sixty (360) patients. The sample size was statistically determined and the respondents were randomly selected from Out-Patient Department. Ethical issues were duly considered. Data collection spanned four weeks. Data were analysed through the use of Statistical Package for Social Sciences (SPSS) version17.

Results: Most of the respondents (94.2%) have good knowledge of rights and few (37.2%) of them denied being actively involved in making decisions on issues concerning their care. However, about half (50.8%) claimed they were not fully informed about the diagnosis and treatment plans regarding their health conditions. About 75.0% of the respondents reported that they would seek redress if their rights are infringed upon.

Conclusion: Patients have good knowledge of their rights, yet they are not fully exercising these rights. Patients should be encouraged to participate in the decision making process on their health issues because it is a channel towards achieving positive patient outcomes. Adequate information about care including the risks of procedures, cost implications of care and possible outcomes of care among others should be provided. Provision of more information by health care providers may enhance patients' decision making and exercise of rights.

Keywords: *Patients' rights, knowledge of rights, exercise of rights, decision-making.*

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Résumé

Contexte: Droits du patient sont récemment devenus le centre d'attention nationale dans la pratique de soins et de Nigérians sont de plus en plus conscients de leurs droits. Malgré cette prise de conscience, il y a écart entre leurs connaissances et leur aptitude à exercer leurs droits. L'étude a été conçue pour évaluer l'University College Hospital patients' connaissance et l'exercice de leurs droits.

Méthode : Ce descriptif, étude transversale utilisé un 45-point et auto-administré questionnaire pour recueillir des informations auprès des trois cent soixante (360) patients. La taille de l'échantillon a été statistiquement déterminé et les répondants ont été choisis au hasard à partir de patients ambulatoires Ministère. Questions éthiques ont été dûment prises en considération. Collecte de données s'étend sur quatre semaines. Les données ont été analysées à travers l'utilisation du logiciel statistique pour les Sciences sociales (SPSS) version17.

Résultats : La plupart des répondants (94,2 %) ont une bonne connaissance des droits et quelques (37,2 %) d'entre eux ont nié avoir été participe activement à la prise de décisions sur les questions concernant leur garde. Cependant, environ la moitié (50,8 %) ont affirmé qu'elles n'ont pas été pleinement informé des diagnostics et des plans de traitement concernant leurs conditions de santé. Environ 75,0 % des personnes interrogées ont indiqué qu'elles cherchent à obtenir réparation si leurs droits sont violés.

Conclusion : Les patients ont une bonne connaissance de leurs droits, pourtant, ils ne sont pas pleinement l'exercice de ces droits. Les patients doivent être encouragés à participer au processus de prise de décision sur les questions relatives à la santé, car c'est un canal à la réalisation positive les résultats pour le patient. informations suffisantes au sujet des soins y compris les risques de procédures, les répercussions sur les coûts des soins et les résultats éventuels de soins parmi d'autres devraient être fournis. Fourniture de plus d'informations par les fournisseurs de soins de santé peut améliorer les patients' la prise de décisions et l'exercice des droits de la personne.

Introduction

As changes in health care system continue, many factors will affect how health care professionals practice. Patient rights have recently become the centre of national attention in the healthcare practice [1].

Paternalistic view has gradually been supplanted by one promoting patients' autonomy, whereby patients and healthcare providers share the decision-making responsibility. Consequently, healthcare provider-patient relationships are very different now than they were just a few decades ago [2]

Patients' satisfaction increases when healthcare professionals treat them in a more partner-like manner, more positively toned words, and more sociable conversation [3]. Providing good quality health care is a complex task that requires close cooperation between patients and healthcare professionals. Respects for patient rights can transform the provider-patient relationship from authoritarianism to partnership and can simultaneously improve the quality of health care.

Currently, Nigerians are becoming more aware of their rights [4]. In spite of this awareness, there is gap between their knowledge and ability to exercise their rights [4]. This is evident especially in the aspects of maintaining confidentiality and privacy; receiving adequate information about their health conditions and treatment plans; giving informed consent, and taking decisions on issues relating to their health [5]. People with low socioeconomic status, children, women and those with low level of education are affected covering about four-fifth of the world population [6]. Other factors such as occupation, cultural differences, failure in healthcare delivery system, to mention but a few, have contributed to the problem of not being able to exercise their rights as expected [3,4]. Therefore, patients' rights mean a legitimacy that a patient may deem to receive from the health care services for the protection of the benefits that he/she deems to receive [7].

Patients' rights vary in different countries depending on the prevailing local cultural and social norms [8]. In Thailand, rights are divided into moral rights and legal rights [9].

Despite the debate about how to conceive the provider-patient relationship, there is growing international consensus that all patients have a fundamental right to privacy, autonomy of decision, and access to information, free expression, self-determination, personalized attention, and non-discrimination [5,10]. The three most violated patients' rights include miscommunication, conflicts over payments, and lack of respect for personal, spiritual, and religious values and beliefs [10]. The acts that would make patients feel comfortable include the use of humour, reassurance, friendliness, and professionalism. Other similar dignity-promoting acts included explanations, giving information, reassurance, friendliness, offering choices, gaining consent, and promoting independence [11]. For effective implementation of patients' rights, WHO suggests that patients deserve the opportunity to have their complaints examined and dealt with in a thorough, just, effective, and prompt manner [8,12]

Further development of this concept has produced the term 'informed consent' which recognizes not only the patients' autonomy in decision but also the right to complete information. In one form or the other, respect for privacy and confidentiality has also been a responsibility of health care providers throughout history. Cultural values offer a challenge to the practice of medical and nursing ethics. Public (patient) awareness of their rights to informed consent and privacy is often low [13]. Patients' rights are services which those who are seeking or receiving healthcare deserve from their healthcare providers no matter what ethnic group, religion, race, gender, or age the individual belongs to. It is also an aspect of fundamental human rights [14].

Dignity entails the positive feelings that the individual has for the self, including respect, self-esteem, self-worth, trust, valuing self, and honouring self. The principle of respect for human dignity is therefore universal — recognized equally at both the international and national levels — as a fundamental value in society and as a central component of human rights discourse.

The factors that can impede the realization of patients' rights may include; some aspects of health care providers' and patients' behaviour; class differences, that might strain the provider-patient interaction process, dealing with difficult patients among others. Partnership can narrow the social and professional gap between the two parties and cultivate preference for utterances that do not encode outright denial of rights that are clearly spelled out in the statutes [15].

Health is not just a blessing one wishes for, but a fundamental human right recognized constitutionally and in regional and international covenants, some of which Nigeria has ratified [16]. Accordingly, the Government of the Federal Republic of Nigeria is required not only to implement schemes that will improve the health status of the citizens but also to institutionalize systems that will ensure, promote and protect their right to good health.

Sadly, the country has not made appreciable progress in the realization of her citizens' right to good and affordable health care. Respect for privacy, confidentiality and patients' right to participate in decisions concerning their care is almost non-existent [17].

The legal rights of patients in Nigeria include but not limited to right to personal liberty, the right to quality medical care without prejudice, the right to be informed about the condition, treatment options and possible results and side effects of treatment, the right to make informed decisions [17]. Legally, health care providers are accountable for the care they render [18]. Legal actions can be brought against them if there is a breached in the standard of care and that the breach results in harm to the patient [18]

Patients' ability to exercise their rights will boost their self -esteem, improve quality of lives and enable them to achieve a sense of fulfilment in terms of realization of personal aspirations and abilities hence the need for this study.

Objectives of the study

i. To assess the knowledge of patients concerning their rights

ii. To explore patients' roles in decision making process on issues concerning their health.

iii. To assess adequacy of information from healthcare providers on medical and nursing procedures.

iv. To explore patients' reactions to the violation of their rights.

Materials and method

This descriptive study utilized a cross-sectional design and it was carried out at the University College Hospital (UCH), Ibadan. The hospital is a tertiary institution founded in the year 1954, located in Queen Elizabeth Road, Orita-Mefa, in Ibadan North Local Government area of Oyo State. UCH is a research, training and service centre for all health professions and all health care needs for all age groups. It has 54 Departments and runs 75 consultative clinics per week. The bed capacity of the hospital is Eight hundred and five (805). The hospital has a magnet status and it is one of the excellent centres among thirteen others in Nigeria. The Hospital management encourages patients to know and demand for their rights. This is evident through the SERVICOM billboards placed in strategic places within the hospital.

Target population: This consisted of all patients utilizing the clinics facility. The average number of attendees in all the clinics per month (four weeks) is 3603.

Sample size determination: The Slovin's formula was used to calculate the sample size. The estimated population of patients is 3603; the number of sample size is as follows:

$$n = \frac{N}{1 + N(e^2)}$$

where:

n= the desired sample size

N= the estimated population

e= the level of precision or relative error of estimation equal 0.05

Using this formula, the sample size is as follows:

$$n = \frac{3603}{1+(3603)(0.05)(0.05)}$$

$$= \frac{3603}{10.007291667}$$

$$= 360.029, \text{ approximately } 360.$$

Study population

Respondents were drawn proportionally from the clinics as follows: MOP clinic (166), SOP clinic (70), Dental clinic (25), Haematology clinic (7), Eye clinic (21), ENT clinic (15), O&G clinics (56).

A simple random sampling technique was used to select respondents in each clinic.

Inclusion criteria

i. Ability to read and write

ii. Willingness to participate in the study

iii. Patients who had been admitted and discharged within the last six months

iv. Age above 18years

The instrument

The tool consisted of a 45- item self administered questionnaire developed after thorough literature review. It was divided into two main sections. Section A captured the socio-demographic information while section B was structured to answer the research questions. Each question on knowledge was assigned 1 mark. The total obtainable score was 7 marks. Good knowledge was a score of ≥ 4 while poor knowledge was a score of ≤ 3.

The face and content validity of the instrument were ensured by reviewing and critiquing by the researchers. The reliability of the instrument was established by using a test-rest among 36 patients who were conveniently picked from Jericho general hospital, Ibadan. A reliability coefficient score of 0.85 was obtained.

Ethical issues

Ethical approval was obtained from the UI/ UCH EC. Approval to collect data was also obtained from the management of the hospital. At individual level, information about the objectives of the study was provided, voluntariness was emphasized, and consent was taken before the administration of the questionnaire.

Method of data collection

The researchers and four trained research assistants participated in the data collection. At each clinic, the medical record officer and the nurse in charge were approached; the purpose of the study was explained and they were given copies of ethical and hospital approvals. This allowed access to the register and patients. The attendance register was used as the sample frame. A simple random sampling technique was employed to select one in every five patients. Ethical issues were addressed as earlier stated before the questionnaire was administered. Where a patient declined or not fit enough to participate; the researchers moved on. This was done until the specific (calculated) number in each clinic was attained. Respondents turned in their questionnaire immediately after completion hence the 100 percent retrieval rate.

The data were analyzed using the Statistical Package for Social Sciences (SPSS) version17. The results were presented in a descriptive manner using simple frequency tables and percentages.

Table 1: Socio-demographic characteristics of the respondents (n=360)

Characteristics	N	%
Age(in years)		
16-25	36	10.0
26-35	191	53.1
36 – 45	100	27.8
45 and above	33	9.2
Sex		
Male	99	27.5
Female	261	72.5
Average monthly income		
< than N50,000.00	12	3.3
N50,000.00-N99,000.00	137	38.1
N100,000.00-149,000.00	31	8.6
N150,000.00-N199,000.00	1	.3
No response	179	49.7
Number of out-patient clinic visit(s)		
First time	103	28.6
Second time	175	48.6
Third time and above	82	22.8
Length of stay on admission		
Less than one week	191	53.1
One week - two weeks	95	26.4
2weeks to one month	41	11.4
More than one month	33	9.2

Results

From the table above, the mean age group of the respondents was 23.6 years ± 8 and many (53.1%) of the respondents were within the age range of 26-35years, of which more (38.1%) of them earned between ₦50,000.00 - ₦99,000.00 as monthly income, close to half (48.6%) of them had visited the clinic for treatment for the second time and those for the first time were 28.6% and above half (53.1%) had been on admission for less than a week (Table 1).

The result revealed that almost all the respondents (94.2%) had good knowledge of patient's rights (Table 2)

Table 2: Respondents' knowledge of patients' rights

Knowledge of patient's rights	No	(%)
Good knowledge	339	94.2
Poor knowledge	21	5.8
Total	360	100.0

The result revealed that less than half (34.7%) of the respondents had the opportunity to ask their health care providers to explain everything about their health condition to them. About half (53.6%) of the respondents reported not being fully informed about their health status. One hundred and ninety (52.8%) respondents gave consent without information before the commencement of the treatment. However, few (37.2%) of the respondents stated that they were not actively involved in making decisions on issue concerning their care. About 301 (83.6%) of the respondents reported that patients could change their doctors if they wish (Table 3).

Table 4 shows that about half (51.1%) of the respondents reported that they received personalized information about the state of their health. But contrarily, about the same percentage (50.8%) reported not being fully informed about the diagnosis and treatment plans to be done with regards to their health conditions. Many (52.5%) of the respondents claimed that they were discharged by the doctor without appropriate medications, follow-up appointment and required education/information. They also claimed that they were not provided with medical report summarizing their medical condition. Result shows that about (74.2%) of the respondents would complain to the person responsible for the violation while 59.2% will complain to the director, some of them claimed that they will write complaint letter (73.6%) to the director. In the same vein, 75.0% of the respondents affirmed that they will seek redress (Table 5).

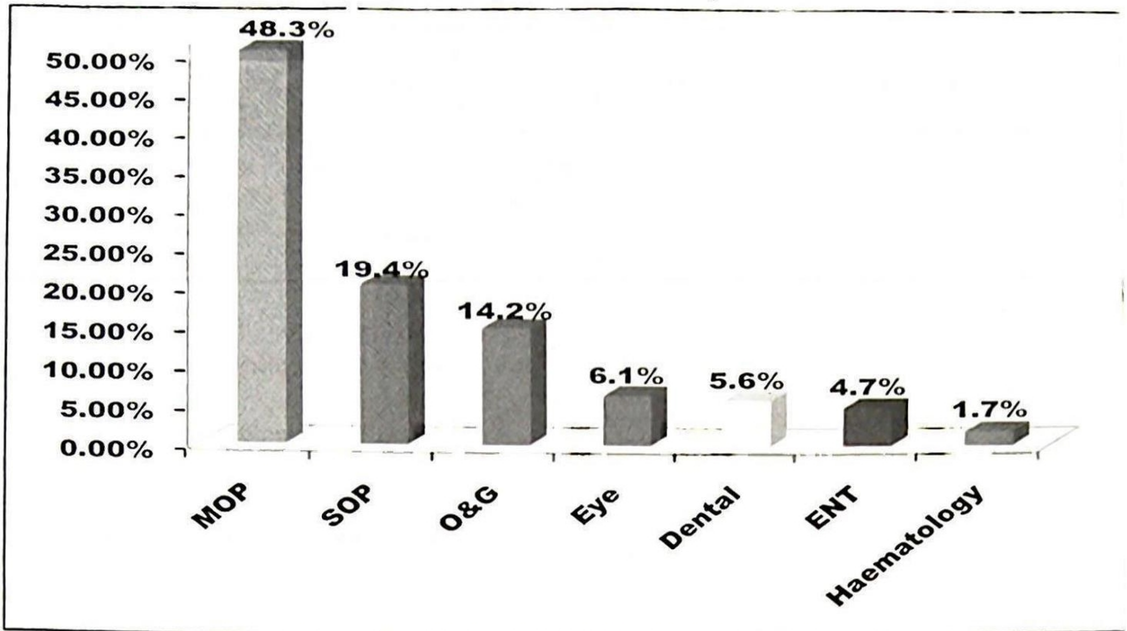

Fig. 1: Respondents' clinics.

Table3: Patients' roles in decision making process/exercising their rights (n=360)

Statement	Responses			
	Yes		No	
	N	%	N	%
I asked healthcare providers to explain everything about my health condition to me	125	34.7	235	65.3
I made decisions after being fully informed about my condition and the treatment options.	167	46.4	193	53.6
I was informed before giving consent	170	47.2	190	52.8
In making decisions on issue concerning my care, I was not actively involved	134	37.2	226	62.8
Nurses considered patients' involvement in their own care as interference in the nurses' duties	185	51.4	175	48.6
Patients can change their doctors if they wish	301	83.6	59	16.4

Table 4: Respondents' access to adequate information (n=360)

Statement	Responses			
	Yes		No	
	N	%	N	%
Information I received was personalized/individualized	184	51.1	176	48.9
I was fully informed about my diagnosis and treatment plans	177	49.2	183	50.8
I was discharged and given follow-up appointment and required education/information	171	47.5	189	52.5
I was able to obtain information about my health status	161	44.7	199	55.3

Table 5: Patients' intended reactions to the violation of their rights (n=360)

What would you do if your rights are violated?	Responses Yes N	Yes %	No N	No %
I will complain to the person responsible for the violation	267	74.2	93	25.8
I would complain to his/her director	213	59.2	147	40.8
I will make a written complaint to the director	265	73.6	95	26.4
I will appeal to the court	270	75.0	90	25.0

Discussion

The need to protect and promote the dignity, integrity, and respect for all patients is now widely accepted. The World Health Organization (WHO) predicts that the articulation of patient rights will make people more conscious of their responsibilities when seeking and receiving or providing healthcare. This will ensure that patient-provider relationships are marked by mutual support and respect.

Patient's knowledge of their rights

Patients demonstrated good knowledge of their rights in this study. The result however, contradicts the findings of a similar study in Turkey [19] where only 23% of the participants were able to recognize patient rights, while 32% could not; and almost half (45%) was undecided in recognizing patient rights. In another study carried out on patients' knowledge of in-hospital rights. Most patients, irrespective of their diagnosis or legal status, knew their rights [20]. In Saudi Arabia, there was a lack of patients' awareness regarding the patients' rights among hospitalized patients [3]. The fact that patients in UCH have good knowledge of their rights may not be unconnected to the efforts of the hospital management in creating awareness for the patients. However, a study revealed no relationship between receiving information and knowledge of patients' rights [21]. In 2003, Nigerian government adopted SERVICOM an acronym for service and compact [22]. SERVICOM is a Service Compact (Agreement) between the Federal Government including all its organs and the Nigerian people. SERVICOM Charter was to provide the following information:

- Quality services designed around customers' requirements
- Set out citizens' entitlements in ways they can readily understand
- List of fees payable and prohibit illegal demands
- Commitment to provision of services within realistic time- frames
- Specified officials to whom complaints may be addressed
- Publish these details in conspicuous places accessible to the public
- Conduct and publish surveys of customer satisfaction.

Broad objectives of Servicom

Among the major objectives of SERVICOM include:

- To provide quality service to the people
- To set out the entitlement of the citizens
- To ensure good leadership
- To educate the citizens (customers) on their rights
- To empower public officers to be alert to their responsibilities in providing improved efficient, timely and transparent service.

In a nutshell, SERVICOM has provided opportunity for members of the public to know their rights.

Patients' involvement in decision making process / exercise of rights on their health issues.

Patients' participation in their care is very crucial especially when decisions have to be made. The result shows that majority indicated that they were not actively involved in making decisions on issues concerning their care. Although it may be argued that patients may not have capacity to make decision based on their knowledge of their diseased conditions [23-25]. Healthcare providers can bridge this gap by providing information. This is even more necessary in this age of technology where patients have access to more information [26]. Providing information to clients/patients is part of the responsibilities the professional owes the society he/she is caring for [18]. Provision of correct and adequate information helps to clear doubts and misconceptions. In 2002, Spain introduced new legislation regulating the rights of patients thus an increase in Spaniards capacity for decision-making was observed when compared to other countries [24]. Patients should be encouraged to participate in the decision making process on their health issues because it is a channel towards achieving positive patient outcomes.

Patients' access to adequate information from healthcare providers

Most procedures were carried out on assumption that the patient already knew. This accounts for their responses in the study. Patients' consent must be taken before any procedure whether invasive or not otherwise it may be interpreted as malpractice since this is even contrary to the medical and nursing ethics [27]. It may be argued that time, and patients' conditions among others may not allow for full information yet, this all important task of giving full and correct information remain germane to positive provider-patient relationship[18].

Patients' intended reactions to the violation of their rights

Three-quarters (75.0%) of the respondents reported readiness to seek redress in the court. This strongly shows that patients are aware of their rights. Many factors may be responsible for this and it has very serious implications for healthcare providers especially nurses because of their high interaction and sometimes ambiguous and overlapping roles [27].

Implications for health care providers

Adequate information about care including the risks of procedures, cost implications of care and possible outcomes of care among others should be provided. Health care providers need to be cautious of the legal implications of consciously or unconsciously depriving patients the opportunity to exercise their rights. This error may attract litigations especially now that Nigeria is becoming more westernized in their socio-cultural dispositions. Quality assurance initiatives should include communication with patients pre and post procedure.

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