



“TO STUDY THE AWARENESS OF PATIENTS RIGHTS IN A TERTIARY CARE TEACHING HOSPITAL, BELAGAVI, NORTH KARNATAKA - A FACILITY BASED CROSS SECTIONAL STUDY”

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ABSTRACT:

Background: Fundamental rights emphasize the importance of treating every individual with equality, dignity, respect, and ensuring the protection of the underprivileged from exploitation. Patient rights are twofold: they pertain to both the treatment itself and the manner in which patients approach and receive care, aligning with basic rights to dignity, respect, safety, integrity, privacy, and the protection of cultural and religious values. Patients should be educated about their rights, such as the right to seek a second opinion, refuse treatment against medical advice, lodge complaints, informed consent, autonomy, and privacy and confidentiality. This study was analysed how well patients and healthcare workers in a teaching hospital in Belagavi, Karnataka understood and followed these patient rights.

Objective: The goal is to find out how much patients know about their rights, what affects their understanding of these rights and how well healthcare workers follow these rights.

Materials and Methods: This study was done using a questionnaire over six months from September 2024 to February 2025 with a total of 270 participants -135 inpatients admitted to various wards and 135 healthcare staff. A 21 question survey was designed for patients, and 19 questions were created for healthcare providers. The findings were presented as frequencies and percentages, and the data was analysed using the Chi-square test and SPSS version 29.

Results: Most of the patients were male (56.7%) and female (43.3%) whereas healthcare providers consisted of 54.8% females and 45.2% males. Regarding gender, awareness levels were similar between males and females, with no significant association ($p = 0.157$). A person's age didn't make much difference. However, education level did matter - people with more education were more aware ($p = 0.001$). People from rural areas knew more about their rights ($p=0.001$). The department/ward of hospitalization significantly influenced awareness levels ($p = 0.002$) with patients in private wards had the highest good awareness (31.6%). The study showed that most patients knew about their rights in which 82% knew they had the right to informed consent, 96% were aware of their right to privacy and confidentiality, 85% knew they could file complaints and 94% knew they could access their medical records. About 55% understood they had right to choose their car and 91% strongly agreed they had the right to know their diagnosis and treatment options. However, fewer patients knew they had the right to refuse treatment (32%). Also, just 47% knew the name and qualifications of the doctor treating them. While analysing adherence to these rights, 90% confirmed access to healthcare, and 96% said their privacy was respected, 90% agreed that the patients are involved in decision making, 87% agreed to informing approximate length of stay, 92% patients were informed approximate cost involved and 90% were culturally sensitive. The gap observed were in training on patient rights by hospital in which 18% staff projected lack of training. About 36% of the staff had either not seen or were not aware that patient rights displayed and 27% were not aware of the complaint redressal system. The finding that 37% of staff acknowledged patient rights violations within the hospital is concerning.

Conclusion: The study found that most patients knew about their rights, and that these rights were practiced in the hospital, though some areas still require immediate attention and improvement. Patient Rights Committee with stricter policies and monitoring the implementation of Patient Rights is recommended. Efforts should be made to raise awareness not just among patients, but also among all those involved in healthcare. The ongoing education in hospitals should emphasize the importance of patient rights, including the need for awareness and the consequences of neglecting them.

Key words: Healthcare, Patient rights, Informed Consent, Confidentiality, Privacy, Grievance Redressal, Length of Stay, Violations.

Introduction

Patients unlike the foster years are well informed about their rights and expect healthcare providers to deliver care and quality service on the foundation of equality, integrity and of the highest level. Patients' knowledge about their rights has hence articulated into a transparent and coordinated doctor-

patient communication with trust and confidence. Human rights are enshrined in the national constitution providing dignity, integrity and equality. 2 The patient rights has to be prominently displayed at a place visible to everyone in the healthcare facility to educate and raise the awareness of the patients and their relatives.3 It calls for the patients to be actively incorporated and participate in their own care rather than being passive recipients of services.4

Patient rights vary from country to country depending upon the cultural and social factors of the area. It is widely believed that patient rights are still not adhered and practiced in most medical establishments.5 It can be considered that all humans, irrespective of gender, age, education, state of health or economic condition enjoy these rights.6 World Health Organisation has advised that each country should establish its own regulations for human rights according to the geographical, social, cultural and economic capabilities of the country.7 In India, certain laws enacted from time to-time and various judgments by the courts emanating from human rights, constitutional rights, civil rights, consumer rights and codes of medical ethics have spelt out the obligations of the healthcare providers towards the patients.9 It is the duty of the government to protect the patient rights and is an institutional commitment.10

Results of a few previous studies have indicated lack healthcare providers knowledge of patient rights and compliance of these rights in the hospitals. Observance and adherence to the patient rights protocol will naturally promote quality patient care and patient satisfaction resulting in efficient health care system.11 Patients have the right to receive complete details regarding their diagnosis, treatment, procedures and prognosis of illness in a way and language that is easily understood. Patients must be competent to understand the relevant information and the decision choices and must not be enforced into accepting treatment against their wishes.12 Thus, the investigator wants to study the existing situation of the selected hospital so as to assess the awareness of the patient rights, both among the patients and the healthcare providers and its compliance.

MATERIALS AND METHODS

A cross sectional survey was conducted through questionnaire in a tertiary care teaching hospital for six months from September 2024 to February 2025. Sample size was of 270. In order to achieve a representative sample, the total sample size was divided as 135 inpatients and 135 healthcare providers. The questionnaire consisted of 21 and 19 questions to the patients and healthcare staff respectively.

STATISTICAL ANALYSIS

Frequencies and percentages were depicted. Chi-square test was used for analysing the differences in awareness of the patients and healthcare providers based on socio demographic characteristics. A p-value of 60 was considered statistically significant

ETHICAL CLEARANCE:

An institutional ethics committee at Jawaharlal Nehru Medical College in Belagavi, Karnataka, approved the study vide reference No MDC/JNMCIEC/378 Dated 06/08/2024.

RESULTS

Table 1 represents the socio-demographic characteristics of patients. The majority of the patients were male (56.7%), while females were 43.3%. Most patients were above 50 years old (60.7%), Regarding educational background, 38.5% had primary education, while 31.9% secondary education, 19.2% bachelor's degree, 3.0% had a master's degree, whereas 7.4% were illiterate. Residentially, 61.5% belonged to urban areas, whereas 38.5% were from rural regions. Majority (56.3%) were in the general ward, 29.6% in semi-private wards, and 14.1% in private wards.

Table 2 depicts patients' awareness of their rights. Regarding general awareness of patients' rights, 31.9% agreed, while 25.2% strongly agreed. However, (21.5%) strongly disagreed, indicating gaps in awareness (Graph1). Regarding understanding informed consent, 43.7% strongly agreed and 38.5% agreed. However, 13.3% disagreed, showing room for improvement in patient education. Regarding refusing treatment, 21.5% strongly agreed, while 17.0% agreed whereas 31.9% strongly disagreed suggesting a lack of awareness. Most patients (92.6%) felt comfortable discussing concerns with

Socio demographic		n	%
Gender	Male	76	56.7
	Female	58	43.3
Age	<35	21	15.6
	35-50	32	23.7
	>50	82	60.7
Educational Background	Illiterate	10	7.4
	Primary education	52	38.5

	Secondary education	43	31.9
	Bachelor's degree	26	19.2
	Master's degree	4	3.0
Residence	Urban	83	61.5
	Rural	52	38.5
Department/ Ward	General	76	56.3
	Private	19	14.1
	Semi private	40	29.6

Table 1: Socio Demographic characteristics of Patients

Healthcare providers. Regarding access to medical records, 67.4% strongly agreed, 26.7% agreed and 3.0% disagreed indicating minimal barriers to accessing records. For privacy and confidentiality of medical information, 65.2% strongly agreed, 31.1% agreed and 0.7% strongly disagreed, showing high awareness. On awareness regarding doctors' names and qualifications, 46.7% patients were aware, while 48.1% were partially aware. Only 5.2% were ignorant. Regarding the right to complain, 44.0% agreed, 41.8% strongly agreed. However, 6.7% strongly disagreed, indicating that some patients were unaware of voicing complaints. Lastly, 91.1% strongly agreed that they had the right to receive the diagnosis, treatment options, and expected outcomes.

Awareness		n	%
Awareness of Patient Rights	Strongly disagree	29	21.5
	disagree	24	17.7
	Neutral	5	3.7
	Agree	43	31.9
	Strongly agree	34	25.2
Meaning & understanding of Informed Consent	Strongly disagree	3	2.3
	Disagree	18	13.3
	Neutral	3	2.2
	Agree	52	38.5
	Strongly agree	59	43.7
Right to Refuse Treatment	Strongly disagree	43	31.9
	Disagree	32	23.7
	Neutral	8	5.9
	Agree	23	17.0
	Strongly agree	29	21.5
Comfortable Discussing Concerns with Healthcare Providers	Strongly disagree	1	0.7
	Disagree	2	1.5
	Neutral	0	0.0
	Strongly agree	7	5.2
	Agree	125	92.6
Right to Access Medical Records	Strongly disagree	4	3.0
	Disagree	4	3.0
	Neutral	0	0.0
	Agree	36	26.7
	Strongly agree	91	67.4
Right to Privacy & Confidentiality regarding Medical Information	Strongly disagree	1	0.7
	Disagree	2	1.5

	Neutral	2	1.5
	Agree	42	31.1
	Strongly agree	88	65.2
Awareness regarding Treating Doctors Name & Qualification	No	7	5.2
	Yes	63	46.7
	Partially	65	48.1
Right to Complain	Strongly disagree	9	6.7
	Disagree	7	5.2
	Neutral	3	2.3
	Agree	59	44.0
	Strongly agree	56	41.8
Right to receive Diagnosis, treatment Options & Expected Outcomes	Strongly disagree	0	0.0
	Disagree	0	0.0
	Neutral	0	0.0
	Agree	12	8.9
	Strongly agree	123	91.1

Table 2: Patients' Awareness of their Rights

Source of information		n	%
Source from where you learnt about Patient Rights	Health providers	4	3.0
	Boucher/Pamphlet	0	0.0
	Online	14	10.4
	Family/Friends	65	48.1
	Not aware	52	38.5
Satisfaction regarding information provided by hospital	Very satisfied	1	0.7
	Satisfied	86	63.7
	Neutral	48	35.6
	Dissatisfied	0	0.0
	Very dissatisfied	0	0.0
Patient Rights Displayed in the Hospital	No	115	85.2
	Yes	9	6.7
	Not aware	11	8.1

Table 3: Source of Information of Patient Rights

Table 3 represents patients based on the source of information. Family and friends were the main source with 48.1%. Online sources contributed to 10.4%, while only 3.0% received information from healthcare providers. Interestingly, no patients reported learning from pamphlets or brochures. Regarding satisfaction with the information provided by the hospital, 63.7% of patients were satisfied, while 35.6% remained neutral. In terms of hospital transparency, 85.2% of patients reported that patient rights were not displayed in the hospital, while only 6.7% confirmed seeing them. Additionally, 8.1% were unaware of whether such information was displayed, highlighting the need for better visibility and communication of patient rights within healthcare facilities.

Table 4 shows the patients experience with the healthcare providers in the hospital concerning their rights. Regarding the length of hospital stay, most patients (51.9%) stayed for 2-4 days, while 26.6%

Experience with patient rights		n	%
Length of Stay in hospital	2-4 days	70	51.9
	5-10 days	36	26.6
	> 10days	29	21.5
Information regarding expected Length of Stay	No	16	11.9
	Yes	118	87.4
	Partially	1	0.7
Information provided regarding Cost Involved	No	22	16.3
	Yes	112	83.0
	Partially	1	0.7
Patient Rights not respected or Upheld	No	135	100.0
	Yes	0	0.0
Level of Respect shown by healthcare providers	Excellent	14	10.4
	Good	118	87.4
	Fair	3	2.2
	Poor	0	0.0

Table 4: Patients Experience in the Hospital Related with Patient Rights

Stayed between 5-10 days, and 21.5% more than 10 days. In terms of communication about the expected length of stay, 87.4% patients reported receiving information, 11.9% did not while 0.7% received partial information. Similarly, 83.0% were informed about the costs involved, 16.3% were not while 0.7% reported receiving partial information. Notably, all patients (100%) indicated that their rights were respected and upheld in the hospital, with no reports of rights violations. Regarding the level of respect shown by healthcare providers, 87.4% of patients rated it as good, while 10.4% described it as excellent. A small percentage (2.2%) rated it as fair, and no patients reported poor treatment. Overall, the findings suggest that the hospital provided a positive patient experience with strong communication about hospital stays and costs, high respect for patients' rights, and a generally good level of professionalism from healthcare providers.

Table 5 reveals association between awareness and socio demographic characteristics. Regarding gender, awareness levels were similar between males and females, with no significant association ($p = 0.157$). Among males, 18.4% had good awareness, while 65.8% had average awareness. In females, only 10.3% had good awareness, while 62.1% had average awareness. Age did not show a significant association with awareness ($p = 0.557$). Patients older than 50 years had the highest proportion of average awareness (69.5%). Educational background showed a strong and significant association with awareness ($p = 0.001$). Illiterate patients had the poorest awareness (60%), while those with a bachelor's degree had the highest percentage of good awareness (38.5%). Residence also had a significant association with awareness ($p = 0.001$). Patients from rural areas had better awareness, with 26.9% having good awareness compared to only 7.2% of urban patients. The department/ ward of hospitalization significantly influenced awareness levels ($p = 0.002$). Patients in private wards had the highest good awareness (31.6%), while those in general wards had the lowest (5.3%). Semi-private wards had an intermediate level, with 25% having good awareness. Overall, education, residence, and ward type significantly influenced patient awareness, while gender and age did not show statistically significant associations.

Table 6 presents the patients based on their awareness levels. The majority of patients (64.4%) had an average level of awareness regarding their rights in the healthcare setting. A smaller proportion (14.8%) demonstrated good awareness, while 20.7% had poor awareness.

Table 5: Association between awareness and socio demographic characteristics

		Awareness						Chi-square (Sig.)
		Poor		Average		Good		
		n	%	n	%	n	%	
Gender	Male	12	15.8	50	65.8	14	18.4	3.699 (0.157)
	Female	16	27.6	36	62.1	6	10.3	
Age	<35	6	28.6	12	57.1	3	14.3	3.042 (0.557)
	35-50	8	25.0	18	56.2	6	18.8	
	>50	14	17.1	57	69.5	11	13.4	
Educational Background	Illiterate	6	60.0	4	40.0	0	0.0	22.676 (0.001) *
	Primary education	13	25.0	34	65.4	5	9.6	
	Secondary education	5	11.6	34	79.1	4	9.3	
	Bachelor's	3	11.5	13	50.0	10	38.5	

	degree							
	Master's degree	1	25.0	2	50.0	1	25.0	
Residence	Urban	23	27.7	54	65.1	6	7.2	13.430 (0.001) *
	Rural	5	9.6	33	63.5	14	26.9	
Department/ Ward	General	20	26.3	52	68.4	4	5.3	15.911 (0.002) *
	Private	4	21.0	9	47.4	6	31.6	
	Semi private	4	10.0	26	65.0	10	25.0	

	n	%
Poor	28	20.7
Average	87	64.4
Good	20	14.8

Table 6: Distribution of Patients by Awareness Level

Table 6s indicate that while most patients have a moderate understanding of their rights, a significant portion still lacks adequate awareness, highlighting the need for improved education and communication regarding patient rights in healthcare facilities.

HEALTHCARE PROVIDER ANALYSIS

Table 7 presents the socio-demographic characteristics of healthcare staff. The workforce consists of 54.8% females and 45.2% males. In terms of age, the majority (54.8%) were between 20-30 years. Regarding profession, nurses made up the largest proportion (69.6%), while physicians accounted for 13.3%. Experience levels varied, with 50.4% of staff having 1-5 years of experience, 23% with 5-10 years, 24.4% with over 10 years. The majority of staff (57%) worked in the ICU. These demographics highlight a predominantly young, nursing- workforce with varied levels of experience primarily concentrated in ICU and OPD department.

		n	%
Gender	Male	61	45.2
	Female	74	54.8
Age	20-30	74	54.8
	30-40	48	35.6
	>40	13	9.6
Profession	Physician	18	13.3
	Nurse	94	69.6
	Administrative staff	16	11.9
	Allied health professionals	7	5.2
Experience (Years)	<1	3	2.2
	1-5	68	50.4
	5-10	31	23.0
	>10	33	24.4

Department/ Ward	ICU	77	57.0
	General	9	6.7
	Private	0	0.0
	Semi-private	5	3.7
	QC/PRO/CVTS	21	15.6
	OPD	23	17.0

Table 7: Socio Demographic Characteristics of Healthcare Providers

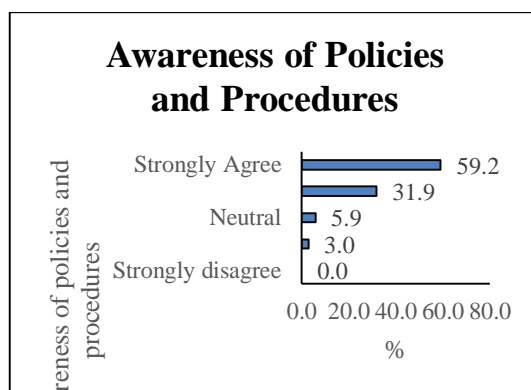
Table 8 provides insights into the awareness of patient rights among healthcare staff. A significant proportion (59.2%) strongly agreed and 31.9% agreed that policies and procedures regarding patient rights are in place, with only a small percentage (3%) disagreeing (Graph 1). Patient unawareness about their rights varied, with 40.7% stating it happens occasionally, 22.2% frequently, 20.8% rarely, and only 16.3% saying it is always observed. Regarding patient information about their course of treatment, 74.1% reported that patients are provided, while 14.8% remained neutral, and 3.7% disagreed. The frequency of patient awareness about their confidentiality, 62.2%

		n	%
Awareness regarding Policies and procedures	Strongly disagree	0	0.0
	Disagree	4	3.0
	Neutral	8	5.9
	Agree	43	31.9
	Strongly Agree	80	59.2
Are you confident in understanding Informed Consent, Privacy, Confidentiality	Strongly Disagree	0	0.0
	Disagree	0	0.0
	Neutral	11	8.2
	Agree	40	29.6
	Strongly Agree	84	62.2
Does hospital impart Regular Training	Strongly Disagree	1	0.7
	Disagree	4	3.0
	Neutral	20	14.8
	Agree	52	38.5
	Strongly Agree	58	43.0
Patient unawareness about their rights	Rarely	28	20.8
	Occasionally	55	40.7
	Frequently	30	22.2
	Always	22	16.3
Patients Informed regarding Course of treatment	No	20	14.8
	Yes	100	74.1
	Partially	15	11.1
Patient Rights Displayed in Hospital	No	27	20.0
	Yes	87	64.4
	Not aware	21	15.6

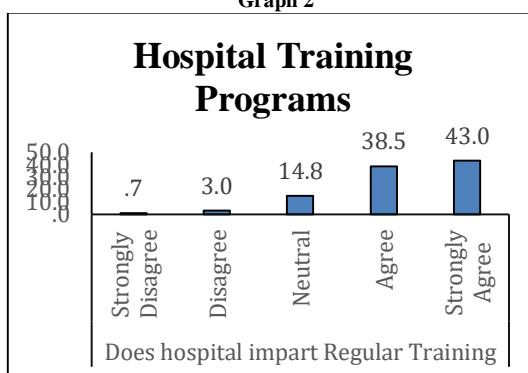
Table 8: Staff Awareness regarding Patient Rights

agreed, while 8.2% rights, 43% strongly agreed for improvement in ensuring consistent dissemination of this information. Finally, 64.4% indicate that patients' rights are displayed in hospitals, whereas 20% state they are not, and 15.6% were unaware (Graph 3). Regarding training, 38.5% agreed that regular training is imparted, while 14.8% neutral and 11.0% disagreed (Graph 2). Findings suggest that while awareness and training on patient rights exist, there is room for improvement.

Graph 1



Graph 2



Graph 3



Table 9 presents data on healthcare staff's awareness of adherence to patient rights. Regarding privacy and confidentiality, 55.6% of staff strongly agreed and 42.2% agreed that these rights are upheld, with only 2.2% remaining neutral. In decision-making involvement, 55.6% strongly agreed and 34.8% agreed, while 8.2% were neutral and 1.4% disagreed. For informing patients about the length of stay,

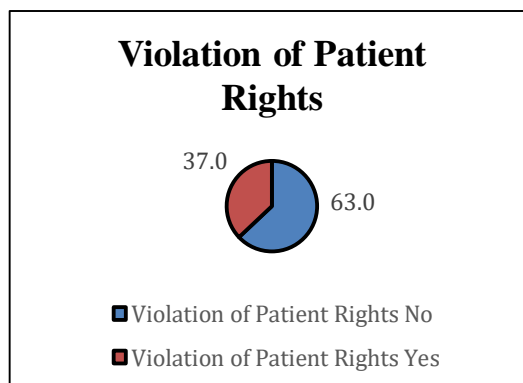
		n	%
Privacy & Confidentiality of Patients	Strongly disagree	0	0.0
	Disagree	0	0.0
	Neutral	3	2.2
	Agree	57	42.2
	Strongly agree	75	55.6
Patients involved in Decision Making	Strongly disagree	1	.7

	Disagree	1	.7
	Neutral	11	8.2
	Agree	47	34.8
	Strongly agree	75	55.6
Patients informed regarding probable Length of Stay	Strongly disagree	2	1.5
	Disagree	5	3.7
	Neutral	11	8.1
	Agree	36	26.7
	Strongly agree	81	60.0
Culturally Sensitive to patients	Strongly disagree	2	1.5
	Disagree	1	.7
	Neutral	11	8.1
	Agree	60	44.5
	Strongly agree	61	45.2
Barriers to obtain Informed Consent from patients	Time constraints	5	3.7
	Language barrier	60	44.4
	Patient understanding	32	23.7
	Patient decision making capacity	38	28.1
Patients informed regarding Anticipated cost	No	10	7.4
	Yes	99	73.3
	Partially	26	19.3
Complaint Redressal system	No	13	9.6
	Yes	98	72.6
	Not sure	24	17.8
Violation of Patient Rights	No	85	63.0
	Yes	50	37.0

Table 9: Distribution of Awareness of Adherence to Patient Rights among Staff

60% strongly agreed and 26.7% agreed, while a small portion remained neutral (8.1%) or disagreed (5.2%). Cultural sensitivity among staff was also recognized, with 45.2% strongly agreeing and 44.5% agreeing, whereas 8.1% were neutral and 2.2% disagreed. Barriers to obtaining informed consent include language barriers (44.4%), patient decision-making capacity (28.1%), and patient understanding (23.7%), while time constraints (3.7%). Regarding anticipated costs, 73.3% confirmed that patients are informed, while 19.3% partial awareness and 7.4% stated patients are not informed. On the complaint redressal system, 72.6% agreed it exists, 9.6% believe it does not, and 17.8% were unsure. Lastly, 37% acknowledged patient rights violations, while 63% believe no violations occur (Graph 4). These findings indicate strong adherence to patient rights, though some areas, such as informed consent and complaint resolution require further attention.

Graph 4



Awareness	n	%
Poor	21	15.5
Average	100	74.1
Good	14	10.4

Table 10: Distribution of staff by Awareness Level

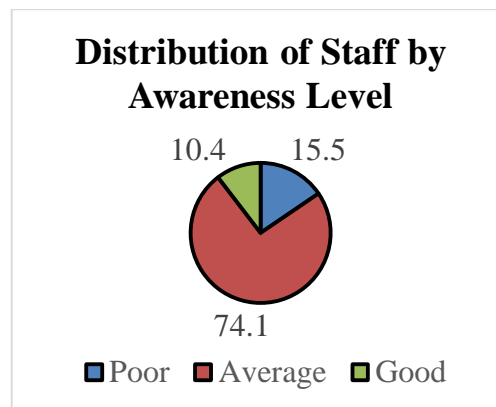
Table 10 presents staff by awareness level. The majority of staff (74.1%) had an average level of awareness, indicating that while they possess some knowledge, there are gaps that need improvement. About (10.4%) exhibited good awareness, suggesting that only a limited staff had a strong understanding. Meanwhile, 15.5% of staff awareness was poor, highlighting a need for targeted training and education efforts (Graph 8). These findings suggest that while most staff had a moderate understanding, there is room for improvement in enhancing overall awareness levels.

Table 11 presents the association between socio-demographic characteristics and awareness levels among healthcare staff. Gender and age did not show significant associations with awareness levels. Males and females exhibited similar awareness distributions, with most falling into the "average" category (72.1% for males and 75.7% for females). Similarly, age groups showed a majority with average awareness, with slight variations in good awareness levels. However, profession exhibited a significant association with awareness ($p=0.025$). Physicians displayed a higher proportion of good awareness (22.2%) compared to nurses (9.6%) and administrative staff (6.3%). Experience in years did not show a statistically significant association ($p = 0.243$), though those with over 10 years of experience have slightly higher good awareness (12.1%). Staff in ICU, general, and semi-private wards had high average awareness, while QC/PRO/CVTS and OPD departments had a more varied distribution. The department/ward category showed some association with awareness ($p=0.085$), though not statistically significant. Overall,

		Awareness						Chi-square (Sig.)
		Poor		Average		Good		
		n	%	n	%	n	%	
Gender	Male	10	16.4	44	72.1	7	11.5	0.309 (0.880)
	Female	11	14.9	56	75.7	7	9.4	
Age	20-30	11	14.9	57	77.0	6	8.1	1.642 (0.820)
	30-40	8	16.7	34	70.8	6	12.5	
	>40	2	15.4	9	69.2	2	15.4	
Profession	Physician	3	16.7	11	61.1	4	22.2	12.556 (0.025) *
	Nurse	10	10.6	75	79.8	9	9.6	
	Administrative staff	7	43.7	8	50.0	1	6.3	
	Allied health professionals	1	14.3	6	85.7	0	0.0	
Experience (Years)	<1	0	0.0	1	33.3	2	66.7	7.416 (0.243)
	1-5	11	16.2	52	76.4	5	7.4	
	5-10	6	19.3	22	71.0	3	9.7	
	>10	4	12.1	25	75.8	4	12.1	
Department/ Ward	ICU	8	10.4	59	76.6	10	13.0	12.225 (0.085)
	General	0	0.0	9	100.0	0	0.0	
	Private	0	0.0	0	0.0	0	0.0	
	Semi-private	0	0.0	5	100.0	0	0.0	
	QC/PRO/CVTS	8	38.1	12	57.1	1	4.8	
	OPD	5	21.7	15	65.2	3	13.1	

Table 11: Association between Socio Demographic and Awareness

Graph 5



Professional role significantly influences awareness levels. Other factors, such as gender, age, and experience, did not demonstrate strong statistical significance in determining awareness levels (Graph 5).

DISCUSSION

A facility based cross sectional study wherein a total of 135 patients participated in the study. While assessing the demographic profile of the study participants, 76 (57%) were male and 58 (43%) were female. . With regard to their education, 7% were uneducated, 39% had primary education, 32% had secondary education, 19% had graduated and 3% were above graduation. Urban participants were 62%. The inpatients were from general ward 76 (56%), private ward 19 (14%) and semi-private ward 40 (30%). The male patients were more aware of the patient rights as compared to females. The patients with age of >50 displayed more awareness of the patient rights. The educational background had a relevant impact on the knowledge and awareness of the patient rights. A significant difference was observed with regards to the knowledge and awareness as per their residential status (0.001) with rural residents being more aware as compared to the urban. The awareness level of inpatients between private ward, semi-private ward and general ward respondents was significantly different. A similar study was conducted by Dildar Muhammad where a total of 200 patients participated, consisting of 92 males (46%) and 92 females (46%). The participants' ages ranged from 17 to 70 years. In terms of education, 38% were illiterate, 12% had completed primary education, 8% had attended middle school, 20% had completed matriculation, 12% had intermediate education, and 10% had graduated or pursued education beyond that level. The findings from this study highlighted that over one-third (38%) of the participants were illiterate.² Another study was conducted by Alphonsa B. Fernandes and colleagues at an Indian tertiary hospital, involving a sample size of 120 hospitalized patients. The sample consisted of 60 patients from the general ward and 60 from the private ward, selected using a convenience random sampling technique. The study found a significant difference in the level of awareness of patient rights between those in the private and general wards, with varying educational qualifications among the respondents in each ward likely contributing to this disparity.⁸ In this study, the healthcare providers with a sample size of 135, consisted of 74 (54.8%) females and 61(45.2%) males. As per their age, the majority (54.8%) were between 20-30 years, followed by 35.6% in the 30-40 age group, and only 9.6% above 40 years. Regarding profession, nurses made up the largest proportion (69.6%), while physicians accounted for 13.3%, administrative staff for 11.9%, and allied health professionals for 5.2%. Experience levels varied, with 50.4% of staff having 1-5 years of experience, 23% with 5-10 years, 24.4% with over 10 years, and a small fraction (2.2%) with less than a year. The majority of staff (57%) were employed in the ICU, while 17% were in the OPD, 15.6% in QC/PRO/CVTS, 6.7% in general wards, and 3.7% in semi-private wards. In a similar study conducted by Alireza Sabzevari and et. al. subjects of this study were eighty medical staffs working at internal and surgical. Mean age of subjects was 36.3±8.3 (range: 22-55 years). The respondents consisted of equal number of 50% males and 50% females. In terms of education, 36.2% of subjects were Bachelors and 25% were PhD. In terms of career, 37.5% of subjects were nurses and 25% were physicians. These demographics highlight a predominantly young, nursing-majority workforce with varied levels of experience, primarily concentrated in ICU and OPD departments. While assessing patients' awareness of their rights, it was observed that 57% patients were aware of patients' rights, 82% patients knew the meaning and understood informed consent, 55% were not aware of their right to refuse treatment, 98% patients were comfortable in discussing their concerns with healthcare providers, 96% knew their right to access medical records and right to privacy and confidentiality regarding their medical information, 48% were partially aware regarding the treating doctors name and qualifications, 14% were ignorant of their right to complain and 100% patients were aware of their right to receive diagnosis, treatment options and expected outcomes. A significant number (91%) of the healthcare staff confirmed awareness regarding the policies and procedures related to patient rights. The knowledge related to informed consent, privacy, and confidentiality was understood by 92% staff. A varied view was observed on the matter of hospital training on patient rights, wherein 43% strongly agreed and 38.5% agreed that regular training is provided, while 14.8% remained neutral, and 3.7% disagreed. It was noticed regarding the information about the diagnosis and further course of treatment, 74.1% of the healthcare staff reported that patients are informed, while 14.8% stated that they are not informed, and 11.1% confirmed that partial information is provided to the patients. In a study conducted by Alireza Sabzevari and et. al. findings showed that knowledge of most of the subjects under study regarding items of patients' rights, inventory was optimal, and 100% of them were informed about components of observing patients' rights. The lowest rates of observing patients' rights were related to the lack of being informed of treatment details and inclusion of patients' in decision-making. ¹¹ In a study conducted by Ghassem Abedi and et.al. a meta-analysis of 20 articles published on the bill of patient rights were analysed. In five studies, the domain of patient respect observed was reported as an average of 58.16% and varied from 16.63 to 95.5. In six studies, the domain of selection right and freedom in decision-making was reported as an average of 39.5% and varied from 8.1 to 72.44. In four studies, the domain of handling system of patient's complaints was reported as an average of 39.5%, which varied from 13.2 % to 66.7%.

In five studies, the average observance of patient privacy was determined to be 38.27% and varied from 10.6 to 80.27%. In three studies, presenting information to patient had an average of 34.4% with a variance of 14.7 to 71.2. In three other studies, average patient was reported at 75.5% with a variance of 43.8 to 82.89%³. These values are greater than those reported in this study. The reason for these differences could be due to the negligence of service providers and lack of information sharing with patients and healthcare providers concerning the patient bills of rights. Educational programs, leaflets, booklets, and posters can be helpful in this regard.

In this study it is evident that the main source from where patient (48%) learnt about their rights was from their relatives and friends. Further 10% were aware of their rights by acquiring knowledge online. At the same time 39% were not aware of their rights. With regards to the satisfaction regarding information provided by hospital 64% patients were satisfied and 36% were neutral in their response. Majority of the patients (92%) did not notice/ were not aware of the patient rights displayed in the hospital. Similarly, While the healthcare staff answering to the question regarding display of patient rights in the hospital, 64.4% indicated that patients' rights are displayed in hospitals, whereas 20% stated they are not, and 15.6% were unaware. In a study conducted by Upasana Agarwal and et.al. majority of the patients, i.e., 64.3% of the participant had seen the patients' rights board put up in the hospital premises.¹ In another study by Nadia Batool, almost 20% patients got their information from the doctors, while 22% got their information from nurses, 26% heard it from the friends and family and 32% said that media sources helped them.⁹ Further in a study by Bashayer Dhaifallah Al Anazi and et. al. the main source of information regarding the Patients' Bill of Rights was from lecturers.¹² The stakeholders in the hospital including the patients should be sensitized about the importance to adherence to the patient rights.

The average length of stay for most of the participants (52%) was short (2-4 days), whereas the patient with prolonged stay were 27% for 5-10 days and 21 % above 10 days. The information regarding the approximate length of stay in the hospital was informed to 87% patients. However 12% patients were not informed of the length of stay. Further the information of the approximate cost involved in the treatment was apprised to 83% patients, however, 16% were not aware of the same. In a study conducted by Upasana Agarwal and et. al., the average length of stay for most of the participants (62.6%) was short (2-6 days), whereas patient with prolonged stay (15 and above days) only contributed to 4.6% of the study population. Statistically significant difference was observed with participants staying for short duration were more aware than any other participants extending their stay from more than six days.

It was observed that knowledge regarding privacy and confidentiality was optimal. The matter related to patient involvement in decision-making, showcased majority agreeing to their involvement however, 10% were neutral/ disagreed. For informing patients about the probable length of stay, 87% agreed, while a small portion remained neutral (8.1%) or disagreed (5.2%). The healthcare providers were culturally sensitivity toward patients with 90% agreeing, whereas 8.1% were neutral and only 2.2% disagreed. The main reasons which contributed to barriers in obtaining informed consent included language barriers (44.4%), patient decision-making capacity (28.1%), and patient understanding (23.7%), while time constraints were the least reported issue (3.7%). There was a notable difference in informing patients regarding anticipated costs, wherein 73.3% confirmed patients are informed, while 19.3% reported partial awareness and 7.4% stated that patients are not informed. Further, varied answers were received related to complaint redressal system, 72.6% agreed it exists, 9.6% believed it did not, and 17.8% were unsure. Importantly, 37% of the staff acknowledged patient rights violations in the hospital, while 63% believed no violations occur. In a study conducted by Alphonsa B Fernandes, the hospital fared poorly with respect to the respondents' rating only 21% regarding the presence of a grievance redressal system in the hospital which is a right of the patient. This was true for both, private and general ward patients with no significant difference between the two. These findings indicate strong adherence to patient rights, though some areas, such as informed consent and complaint resolution, require further attention.

The association between socio-demographic characteristics and awareness levels among healthcare staff showcased that gender and age did not show significant associations with awareness levels however, profession exhibited a significant association with awareness ($p = 0.025$). Physicians had a higher proportion of good awareness (22.2%) compared to nurses (9.6%) and administrative staff (6.3%). It was observed that healthcare staff with more than 10 years of experience had slightly higher good awareness (12.1%). Staff in ICU, general, and semi-private wards had high average awareness, while QC/PRO/CVTS and OPD departments had a more varied distribution. In a study conducted by Alireza Sabzevari, there was no significant relation between age of participants and observing patient rights by medical staff (84.4%) ($r=0.011$, $p=0.927$). No significant relation between subjects' gender and amount of observing patient rights ($p=0.140$) and no significant relation between subjects' education and amount of observing patients' rights ($r=-0.005$, $p=0.963$). Also no significant difference between gender of subjects and the rate of observing patients' rights ($p=0.360$). These findings highlight the need to train and educate all the staff involved in healthcare. Regular upgradation cadres and retraining is the need of the hour to ensure patient centric care.

CONCLUSION

The study was vital in finding that most respondents were aware of patient rights. So also, most of the patient rights were practiced in the hospital in varying degrees. Although in this study, the observance of patients' rights by medical staff is optimal in most areas, the area of providing appropriate and adequate information needs to be promoted. The results suggest that some specific rights such as the right to refuse treatment, awareness regarding doctors' names and qualifications, complaint redressal, training of medical staff and prominent display of patients' bill of rights in the hospital require immediate attention. Family and friends were the most common source of information about patient rights, while only very few patients received information from healthcare providers. Continuing nursing and medical education in medical teaching institutions and hospitals should focus on patients' rights and its importance, its need for awareness and its consequences should be taught to students and hospital staff. Patient Right Committee in the hospital should be established for supervision monitoring and observance of patients' rights. The study concludes that effective measures should be taken to improve the overall awareness not only among patients but also among different stakeholders in the healthcare delivery system.

Conflict of interest

The authors of this study confirm that there are no known conflicts of interest associated with this publication.

Data availability

All data are available on request

Acknowledgements

The authors would like to express their sincere thanks and deepest gratitude to all respondents who participated in this study. The authors extend their appreciation to KLE University for permitting and supporting the present study. We would also like to thank Miss Anjali Patil and Mr Alex Carvalho for their help and guidance in the statistical analysis providing tabular and graphical representation of the results. We would like to acknowledge and thank the hospital administrators and personnel for their help.

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