



A Study on Practices at a Tertiary Care Hospital with Respect to Patient Rights and Education, as Compared to NABH Accreditation Guidelines

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ABSTRACT

Hospitals currently operate in an environment of rapid socioeconomic and technical changes that raise concern for the quality of health care. Accreditation would be the single most important approach for improving the quality of care in hospitals.

Rights of patients in a hospital are to be respected and protected. Patient rights encompass legal and ethical issues in the provider-patient relationship, including right to privacy, quality medical care without prejudice, the right to make informed decisions about treatment options, and the right to refuse treatment.

OBJECTIVE : The objective of the study was to assess the NABH preparedness of a busy hospital with respect to patient rights and education.

MATERIAL AND METHOD : Research design applied was descriptive method with questionnaire based survey, personal interview and direct observation of the patients, their families, attendants and hospital employees and studying relevant records

RESULTS : The study revealed that concrete steps in terms of initiating mechanism of action to ensure strict adherence to patients rights and upgradation of the existing practices is necessary to comply with the NABH standards.

KEYWORDS: Hospital Accreditation, Patient Rights, Health Care

INTRODUCTION

Concerns on quality health care have increased lately because of increasing consumer awareness. Market forces, such as medical tourism, insurance and corporate sector have accelerated the demand for quality in healthcare services. Hospital accreditation has established comprehensive voluntary standards of health care service.

National Accreditation Board for Hospitals and Healthcare Providers (NABH) has been set-up to establish accreditation for healthcare organizations. NABH is an institutional member of International Society for Quality in Health Care (ISQua). The Board has representation from all stakeholders including government, consumers and healthcare industry (4).

Patients' rights and responsibilities form the most important of standards for NABH accreditation. While quality of care is one aspect, the hospital's organization must also protect patients and family rights during care. The organization has to define the patient and family rights and responsibilities, staff must be trained to protect these rights, and patients informed of their rights and educated about their responsibilities at the time of admission.

OBJECTIVES:

To study the standards relating to patient rights and education, existing practices on patient rights and education and awareness of patient rights among patients and employees, and hospital's contribution to patient education, to recommend practices to meet the requirements for the NABH standards.

RESEARCH METHODOLOGY:

The study was carried out at a specialty teaching hospital. The research design was descriptive and cross-sectional. A "self-assessment tool kit" provided by the NABH was utilized to assess the existing gap in the practices on patient rights and education. Later a survey was conducted to assess the awareness level of the nurses and inpatients regarding patients' rights and responsibilities. The sample size selected by simple random sampling was 100 inpatients and 100 nurses. Information was gathered by means of separate questionnaires for nursing staff and inpatients. The questionnaire for patients had 30 multiple choice questions covering patients' right to respectful care and dignity, patient safety, informed consent, privacy, informed participation in decision making, right to information, right to make choices. The questionnaire

for nurses included 19 close and open ended questions with an emphasis to identify patients' rights and responsibilities, nurses attitude towards patients rights and information need of patients.

RESULTS:

It was found that patients' rights were not documented / displayed in public areas such as OPD, casualty and wards. Patients and families were not informed of their rights in any format or language. Violation of patient and family rights is not recorded, reviewed and corrective / preventive measures not taken. Staff lack awareness of their responsibility in protecting the patients' and families' rights.

Patients and their families are involved in decision making but the information given to them is restricted based on benevolent paternalistic doctor and patient role model which needs to be changed to into a model of partnership. A general consent is obtained from patients on admission but scope of such consent is not explained to them. Patients simply sign consent form as a part of formality. Some existing practices are not documented but NABH strongly insists on documentation of all processes.

QUESTIONNAIRE FOR NURSES:

A majority (70%) of the nurses were 20 – 30 years of age. 89% of them were female. Their qualifications were: GNM (56%), Dip(Nursing) 23% and BSc 9%. 66% of nurses had work experience of 0-5 yrs, 12% 5 – 15 yrs. On designation, 90% of the participating nurses were staff nurses, 7% Hospital Auxiliary Staff, and 3% supervisors.

96% said they were aware of patient rights and responsibilities. Among these, 45% had heard about this at workplace, 42% were oriented during their CNE classes, 12% read in newspaper and 1% came across it through television programs. Majority believed that patient rights stemmed from Human Rights, and 99% believed that respecting patients' rights & providing information improve the quality of care.

To gain insight on participants' understanding of patients' rights and responsibilities, a set of 14 patient rights and 7 patient responsibilities were jumbled and the nurses were asked to arrange them under the right heading. 99% of participants could not correctly identify all 14 patients' rights and 7 responsibilities. Though they all acknowledged being aware of the subject none of them had correct information on the same.

59% of the respondents felt that there was no need to display patients' rights & responsibilities in a public area as this would provide them with additional knowledge and hence they would be more demanding leading to harassment of the nurses on duty.

The information most sought from them by patients are disease condition & prognosis followed by treatment plan, visiting time of consultants, cost of treatment, hospital facilities, safety, diet, pharmacy, housekeeping & cleanliness, linen & laundry. 28% nurses agreed that they find difficulty in communicating information to their patients but 72% tried overcoming communication hurdles to transmit requisite information to inpatients on admission.

59% nurses educate their patients regarding hospital rules and regulations by providing information brochure at the time of admission, 40% provided information verbally at the time of admission, 1% believed it was the duty of ward in-charge to educate the inpatients.

QUESTIONNAIRE FOR PATIENTS:

Maximum respondents were in the age group of 30-60yrs (60%). 61% were males whereas only 39% were females. 27% were graduates, 19% matriculates and 24% had only primary education. Almost an equal number of respondents were randomly selected from general ward (34), semi-special ward (33) and special rooms (33).

85% of respondents always had confidence & trust in their treating doctor and 15% most times. Not a single respondent said they had no confidence in their doctor. 42% patients said their doctors never talked in front of them as if they were not present, 30% reported that their doctors often ignored them while explaining their condition to the family members and 28% said they sometimes felt ignored by the doctors.

54% respondents received answers they could understand when they asked important questions to nurses on duty, 40% said nurses were busy and answered only partly, 4% did not understand and 2% had no queries as everything was explained by doctors.

44% of family members said they had enough opportunity to talk to a doctor when they wanted to, 40% felt this was limited, 6% patients did not need information and 5% patients said their family did not get enough opportunity to talk to doctors.

38% of the patients shared worries and fears with nurses, 34% felt they definitely had someone to talk to when they wanted to share their worries and fears and 8% complained that they had no one to talk to when they wanted.

34% respondents were involved in decision-making on their treatment and care, 44% felt they were involved only to some extent, 2% said they were not at all involved in the decision making process. 64% respondents said they were always given privacy when discussing their condition or treatment, 35% of respondents said they sometimes had privacy and sometimes it was not possible especially in general ward. Only 1% said they never got privacy to discuss their condition or treatment.

58% patients felt they were given enough privacy when being examined or treated, 39% sometimes, and 3% didn't feel enough privacy when doctors examined them especially in general ward.

69% patients said they received right amount of information from the hospital staff regarding their condition and treatment, 27% felt it was not enough and 4% had received too much information. 46% were explained in detail on risks and benefits of the operation/procedure/treatment in a simple lucid manner, 43% said they were explained the risks and benefits to some extent, 8% were not informed about risks and benefits of the treatment plan beforehand and 3% did not seek any explanations as the procedure was self-explanatory.

49% said hospital staff answered their questions regarding operation/procedure/treatment to some extent, 40% got satisfactory answers to their queries, 8% did not have questions and 3% said their queries were not answered.

On consent to treatment, 55% said consent was obtained before initiating treatment, 33% were not aware if their consent was obtained or not as they just signed some papers at admission, 9% felt consent was not obtained and 3% gave verbal consent, but written consent was not obtained.

48% of respondents said their family were given all information they needed to help recovery, 46% said some information was furnished, and 2% said no such information was given.

66% of respondents said they always felt being treated with respect and dignity while they were in the hospital, 31% sometimes and 3% respondents said they were not treated with respect and dignity.

CONCLUSION:

This study of practices relating to patients' rights and education was aimed at finding out the gap between the standards laid down by NABH and current practices in the hospital. The self-assessment study pointed towards the lacunae in the existing practices relating to patients' rights and responsibilities during their stay in the hospital and the treatment procedures, and revealed that existing practices related to patients' rights and education would need to be improved in a representative hospital, to rigorously meet the guidelines as directed by the accreditation organization. There exists a gap which needs to be overcome by staff education, and management would have to be proactive in laying down processes, creating infrastructure, inculcating a culture of complete disclosure, lucid communication, patient informed consent and participation in treatment options, and explicit display of rights and responsibilities across the admission and treatment locations.

Health-care providers in the typical Indian hospital would need to be re-educated and surveillance done to ensure that they follow the quality guidelines laid down in this important regard for ensuring patient dignity and well-being.

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