AWARENESS OF PATIENT RIGHTS AMONG IMPATIENT OF A TERTIARY CARE HOSPITAL

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfilment for the award of the

degree of Master of Business Administration

(MBA)

in

Hospital Management

by

Barnali Roy

Under the Supervision and Guidance of

Dr. Susmit Jain

2022

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled ***Awareness of Patients' Rights among Inpatient of a Tertiary Care Hospital*** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Barnali Roy
(Signature)

Name of Student-Barnali Roy

Date 18-6-22

THE MISSION HOSPITAL DURGAPUR

Date: 18.06.2022

To whom it may concern

This is to certify that **Ms. Barnali Roy** a student of **MBA in Hospital & Healthcare Management** at IIHMR University, Jaipur, has undergone **Dissertation Program** in the Department of Quality Assurance at the Mission Hospital, Durgapur from 21.03.2022 to 18.06.2022. Her topic for Dissertation was **"Patient Rights".**

We wish him all the very best for his future endeavors.

For the Mission Hospital, Durgapur

Ramesh Lall
President-HR & Admin.

The Mission Hospital, Durgapur | 219(P) Immon Kalyan Sarani, Sector-2C, Bidhan Nagar, Durgapur - 713212
P: 0343 2535555 | M: 9233355555 | F: 0343 2532550 | Email: hospital@themissionhospital.in | www.themissionhospital.com
Call: 9800881600 for free Ambulance within City Limits of Durgapur
A Unit of Durgapur Medical Centre Pvt. Ltd. CIN: U85110WB1987PTC042580

CERTIFICATE

This is to certify that dissertation titled Awareness of Patient Rights among Inpatient tertiary care hospital is a recordof there search work. undertaken by Barnali Roy inpartial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Faculty Guide –Dr. Susmit Jain
IIHMRUniversity,Jaipur

Date-25.6.22

School Dean-Dr.
Mahender Kumar
IIHMRUniversity,Jaipur
Date25.6.22

ABSTRACT

Title: -**Awareness *of Patients rights among Inpatient Tertiary Care Hospital***

Submitted by: Barnali Roy Guided by: Dr. Susmit Jain

Using healthcare services is governed by a set of duties and rights known as patient rights. Patient rights include the right to practise one's religion in accordance with one's beliefs and practises, the right to informed consent, the right to file a complaint, the right to know the expected cost and results of a treatment, the right to know the risks and complications associated with the treatment, the right to access one's clinical records, the right to protection from physical abuse and neglect, and the right to know the name of the doctor who will be providing the treatment. In order to improve the quality of healthcare services, patients should be aware of these rights.

Therefore, the current study's objective was to evaluate inpatients' (IPD) knowledge of patients' rights at a hospital providing tertiary care. To gauge the level of knowledge among IPD patients and patients receiving discharge, bilingual questionnaires were issued. Once the data was collected, it was organised and recorded in MS Excel, and a descriptive analysis was done on the data. The goal was to evaluate the level of patient knowledge regarding patient rights, the degree of patient awareness of their rights, the predictors of patient knowledge, and the level of adherence to these rights by the medical team.According to the examination of the graph question, patients understand their rights to an average extent. It was unclear whether they could seek a second opinion from a doctor and whether medical staff could tell the patient's family about their condition without getting permission. A patient's charter of rights was unknown to about 58.33 percent of patients. The majority of those questioned stated that they were unaware that hospital administration was required to tell patients about grievance redressal at the beginning of their hospital stay.

The goal of this inquiry was to determine the reason behind patients having less awareness about their rights at Mission Hospital. We shall comprehend the aspects that significantly

influence patients' average degree of knowledge more fully. To ascertain whether there is a connection between geographic location and patient knowledge of patient rights, a chi-square test was used. It was discovered that there was a significant link. This illustrates how people in rural areas are less knowledgeable of patient rights than those in urban areas. Therefore, it is important to verbally remind patients of their rights and that a patient charter is available. It is crucial to adequately train employees and offer them lessons on the subject so that they can inform patients about their rights.

Key words-Patients rights,Hospital,Assessment,Inpatients,NABH,Protection

Acknowledgements

The successful completion of the dissertation and final outcome of this project required a lot of guidance and assistance from different people and I consider myself fortunate to have so many people around to guide me.

I own my profound gratitude to**Dr.Partha Pal (Chief Medical Superintendent)** for guiding me and always adding value to my understanding of different department in the hospital . I am also thankful to**Dr.TaraknathTaraphdar** (Assistant Medical Superintendent: Quality and audit) for his help in further nurturing my understanding about the depth and providing me guidance regarding the project.

I am also thankful to each and every staff of the Mission Hospital Durgapur for sharing their experience and knowledge and providing their precious time to add value to my knowledge . Without their cooperation , the dissertation and the project work would not have been possible.

I whole heartedly thank Honourable **Dr.Mahender Kumar** (Dean, Academics, IIHMR University, Jaipur) for his Support, Guidance and Encouragement throughout this project.

I would like to thank my Mentor **Dr. Susmit Jain**. I feel extremely proud to be his student. His guidance proved valuable during the research work and his consistent Encouragement was an inspiration to me throughout this project.

Barnali Roy

LIST OF GRAPHS

List of Table

ABBREVIATION

1. ***DAMA-Discharge against medical Advice***
2. ***LAMA-Leave against medical advice***
3. ***IPD-Inpatient Department***
4. ***O-Observed Value***
5. ***E-Expected value***
6. ***D(f)-Degree of freedom***

Chapter 1:**Introductio**n

The preservation of patients' rights is not ensured by the passage of a regulation. The fundamental guidelines for behaviour between patients and medical professionals, as well as the organisations and individuals who promote them, are known as patient rights. In order to create a clear system of communication with patients and their families, policies and procedures must be developed. These include defining patient rights and responsibilities, identifying difficult situations to improve communication skills, developing communication protocols to handle these difficult situations, sensitising and training all healthcare providers about these requirements, and outlining unacceptable behaviour and informing the staff about it. Treating patient information as private is one of the rights of both patients and their families.

Patients' and families' rights include maintaining the privacy of patient information, treating patients with respect and dignity without regard to their illness, age, religion, or gender, and providing them with information about potential complications. They also have the right to access patient records.

Patients are among the most vulnerable people in society, making patient rights an essential human right. Patient rights are crucial building blocks for delivering quality healthcare and advancing moral medical practises. As a result, upholding patient rights is seen as a crucial issue in efforts to improve the quality of healthcare services and as a key component of establishing clinical service standards.

Olejarczyk JP, Young M. Patient Rights And Ethics. [Updated 2022 May 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-

The aim of the study is to assess the Patient's Rights among Inpatients of the hospital and to determine if they had received a service compatible with their rights charter.

1.1RESEARCH QUESTIONS:

What are the factors that are affecting the patients' awareness about their rights?
What is the awareness of patient rights from a patient perspective to meet the requirement for NABH standard?

1.2. OBJECTIVES:

- To assess the level of knowledge of patients regarding patient rights.
- To assess the patients' awareness of their rights, the predictors of knowledge of patients' rights and the degree of adherence to these rights by the medical team from the patients' perspective.
- Factors affecting the patients' awareness about their rights and hospital's contribution patient education, to recommend practices to meet the requirements for the NABH standard.

Chapter2: Review of Literature

AUTHOR(Year)	Title of the Study and Location	Sample Size	Sample Techniques	Sailent Features
1. Nahlaa Ashraf Zaitoun, 2Dina AliiShokry, 3Maha Abdelrahman Mowafy January 2021	Patients' Awareness & Perception of Patients Rightat Educational and NonEducational Hospitals - Zagazig University, Egypt	360 patients	Random sampling technique	The aimof the present study was to determine if patients in 2 type of hospital were aware of their rights. Method: From MM03 to MM09 2017, the departments of internal medicine and surgery underwent a six-month observational cross-sectional study. 360 patients was randomly chosen, with 240 coming from educational hospitals affiliated with Zagazig University and 120 coming from general Zagazig and Ahrar hospitals, respectively. An interview-based questionnaire was used to gather the data. Results: Patients in educational and non-educational hospitals saw rights quite differently. Additionally, internal medicine and surgical departments differed significantly, mostly in non-educational institutions. From

				the standpoint of the patients, the rights that were most frequently upheld were obtaining permission before an examination, exposing any part of the According to patients, obtaining consent before examination, disclosing any portion , and maintaining the privacy of the admission file were the rights that were most frequently exercised. Conclusion: The way that doctors approach their patients and their education about patient privacy and confidentiality are directly tied to how differently institutions apply ethical standards and patient rights. Educational hospitals more commonly defend patients' rights than non-educational hospitals.
2.EmaanSammeh Mohamed [1], Ammany Edwaard Seeddhom [1], Eman Ramadan Ghazawwy [1] March 2018	Awareness and practice of patient rights from a patient perspective: an insight from	514	A cross-sectional study.	During their stay at the hospital, 514 patients in total were questioned. A standardised questionnaire was used to gather data, and it asked participants about their understanding of and level of observance of patient rights. Principal outcome metrics A

	Upper Egypt-Egypt			mean knowledge score was used to gauge how well-informed people were regarding various patient rights issues. The patients' understanding of their rights was assessed in light of various factors. The degree to which medical professionals and nurses adhere to patients' rights was evaluated. Results: Nearly 76 percent of patients were unaware that there was a charter outlining their rights as patients. In this study, the median score for understanding patient rights was 7.2 out of 14, or 2.71 percent. The level of education of the patient has a big impact on their knowledge score. The majority of patients (98.1%) who were interviewed claimed that the medical staff had not told them about their options for therapy. Conclusions: The majority of patients did not have a sufficient understanding of their rights. Healthcare

				professionals should put more of a focus on educating patients and including them in choosing their own treatments.

Chapter3:Methodology

3. MATERIALS&METHODS:

STUDY DESIGN: Descriptive cross-sectional study.

SETTING: Mission Hospital in Durgapur, West Bengal Durgapur.

STUDY POPULATION

- **Inclusion criteria:**IPD patient, Patient going on discharge.
- **Exclusion criteria:**DAMA,LAMA patient
- **Study tools:** Questionnaire

  Secondary data wascollected through: Text Books, Websites

DURATION OF STUDY: March 21- June 18,2022

SAMPLE SIZE:60 Patients

SAMPLING TECHNIQUE: Random sampling technique. Thiswas implemented by giving questionnaires(bilingual language) to each patient in general ward.

DATA COLLECTION PROCEDURE: Primary Data collected using Series of Questions &secondary data would be collected from internet,websites,books and journal article. Patients were interviewed during their hospital stay. Descriptive cross-sectionalsurvey was done through questionnaier. Questionnaire consists of 16 questions (Draft attached).

OPERATIONAL DEFINITIONS:

Inpatient Dept- An inpatient department or IPD is a unit of a hospital or a healthcare facility where patients are admitted for medical conditions that require appropriate care and attention. It will include general male and female ward. General VIP room for patients.

DATA ANALYSIS PLAN: Chi square was done toanalyze the relationship between knowledge of the patient and geographic region of the patient

ETHICAL CONSIDERATIONS:

Informed consent were obtained from all the study participants. Appropriate measures would be stated to ensure data security, privacy, and confidentiality. Data collected would be for the project purpose. Information which will be received will not be misused.

IMPLICATIONS OF RESEARCH:

Patient education helps the patient establish an active self-care attitude, get over feelings of weakness brought on by illness, and learn about and understand his or her diagnosis and course of treatment. Patients' sense of dignity can be raised when they are aware of their own rights, which enables them to collaborate with doctors on taking decision. Patients' rights education also raise the quality of medical care, cut costs, and shorten hospital stays in addition to enhancing their sense of dignity.

Chapter 4:Results

4.The results of the following study are depicted in a graphical representation, which are explained in following way

1. Is it right for hospital employees to be disrespectful of you because of your caste or culture?

Fig No-4.1

Title-Is it right for hospital employees to be disrespectful of you because of your caste or culture

It was observed that the awareness level regarding patients' awareness of their right regarding getting respect irrespective of caste or culture was highest among patients.Out of 60 patients 52 patient have good knowledge.

2. Can doctor give information regarding illness, treatment process and possible outcome?

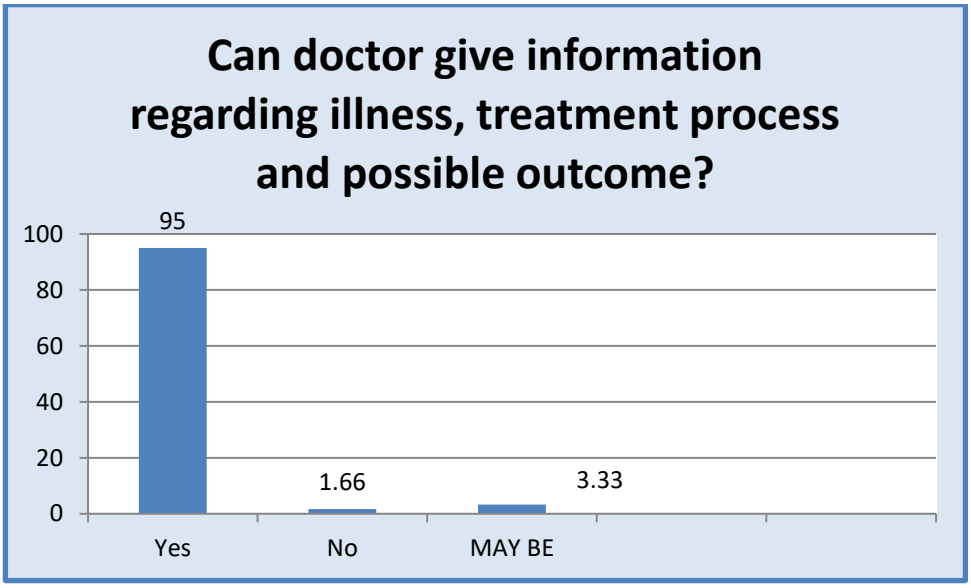


Fig No-4.2

Title-**Can** doctor give information regarding illness, treatment process and possible outcome

It was observed that out of 60 patient 57 of them knows about the treatment process and possible outcomes.

3. Can the doctor tell your relatives about your health condition without asking you?

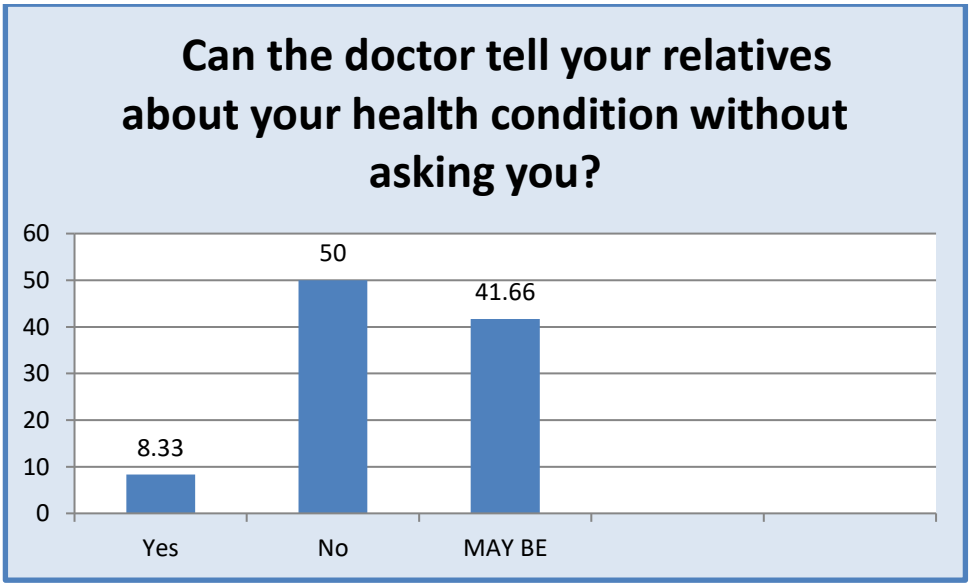


Fig No-4.3

Title-Can the doctor tell your relatives about your health condition without asking you

It was observed that out of 60 patient 50% of them have idea about it and rest 41.66 is confused about it.

4. Can hospital administration perform any medical procedures without taking consent?

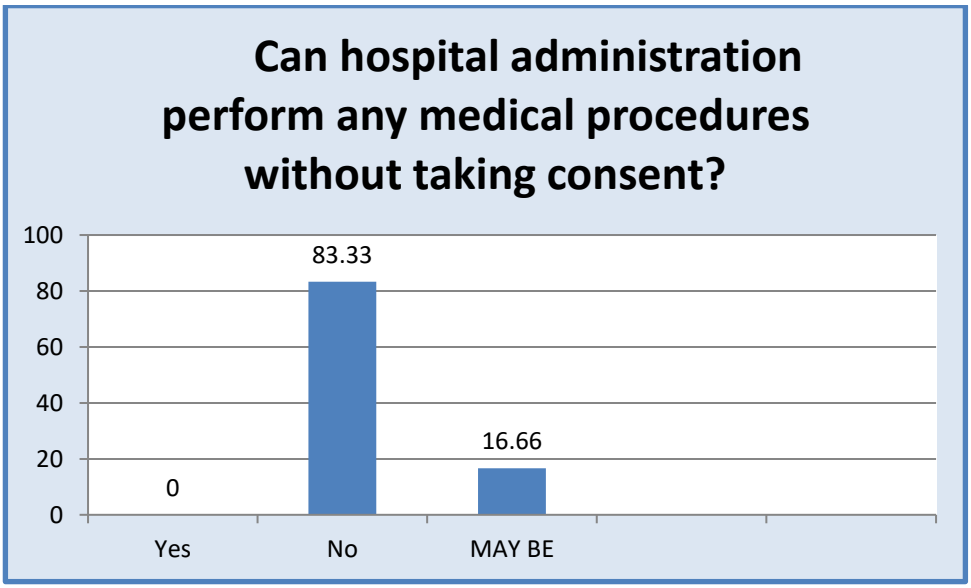


Fig No-4.4

Title-Can hospital administration perform any medical procedures without taking consent

It was observed that patients have good knowledge regarding consent.Out of 60 Patients 83.3% of them knows about it.

5. Do you know Hospital management has to give information to the patient regarding grievance redressal at the very beginning of the stay in the hospital

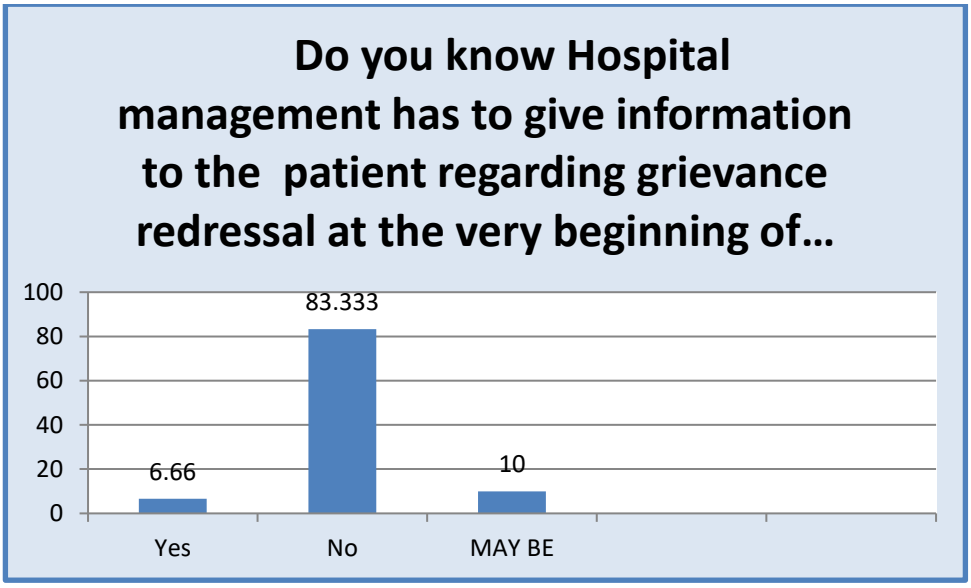


Fig No-4.5

Title-Do you know Hospital management has to give information to the patient regarding grievance redressal at the very beginning of the stay in the hospital

It was observed that patient don't have good knowledge about grievance redressal at the very beginning of admission in hospital.

6. Do you know Information on illness and treatment process should be provided to you by doctor?

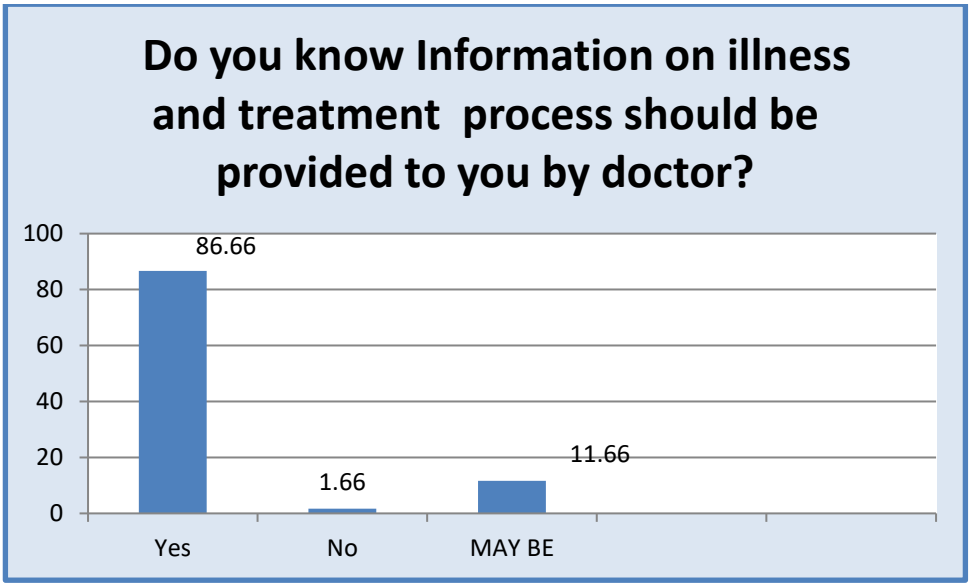
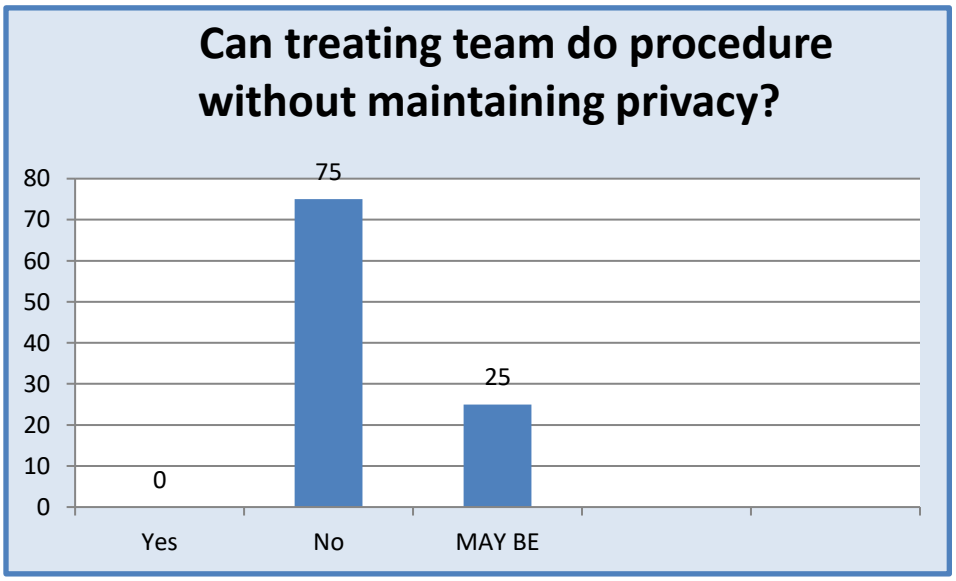


Fig No-4.6

Title-Do you know Information on illness and treatment process should be provided to you by doctor

It was observed that 86.66 patient knows information on illness and treatment process that will be provided by doctor.

7. Can treating team do procedure without maintaining privacy?



It was observed that maximum patient has knowledge about it and rest of them were confused about it

Fig No-4.7

Title-Can treating team do procedure without maintaining privacy

8) Have you read the Patient rights &responsibilities of The Mission Hospital from poster?

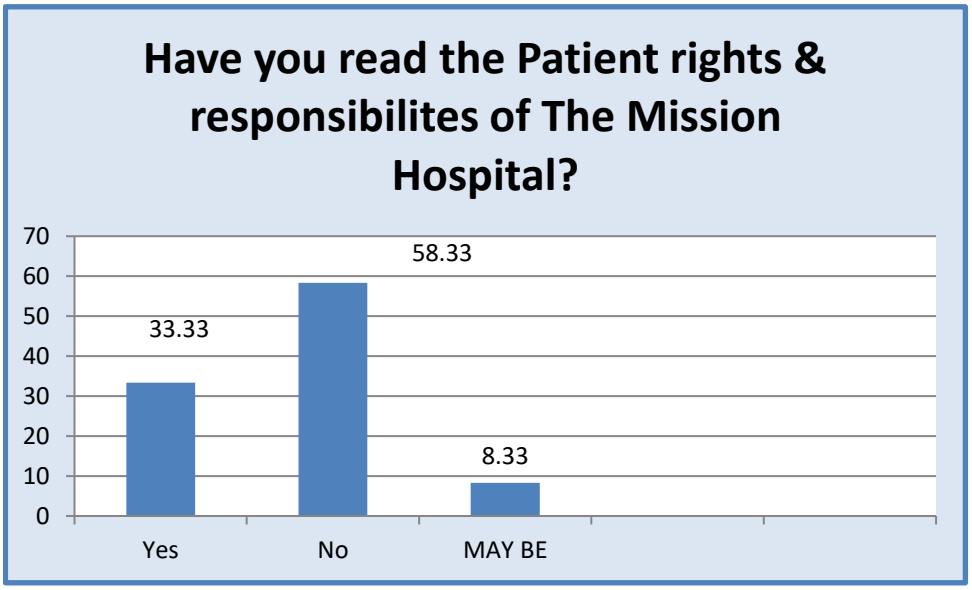


Fig No-4.8

Title-Have you read the Patient rights & responsibilites of The Mission Hospital

It was seen out of 60 patient maximum of them hadn't read about patient rights and responsibilities.

9. Did you have accessibility to health care at everytime?

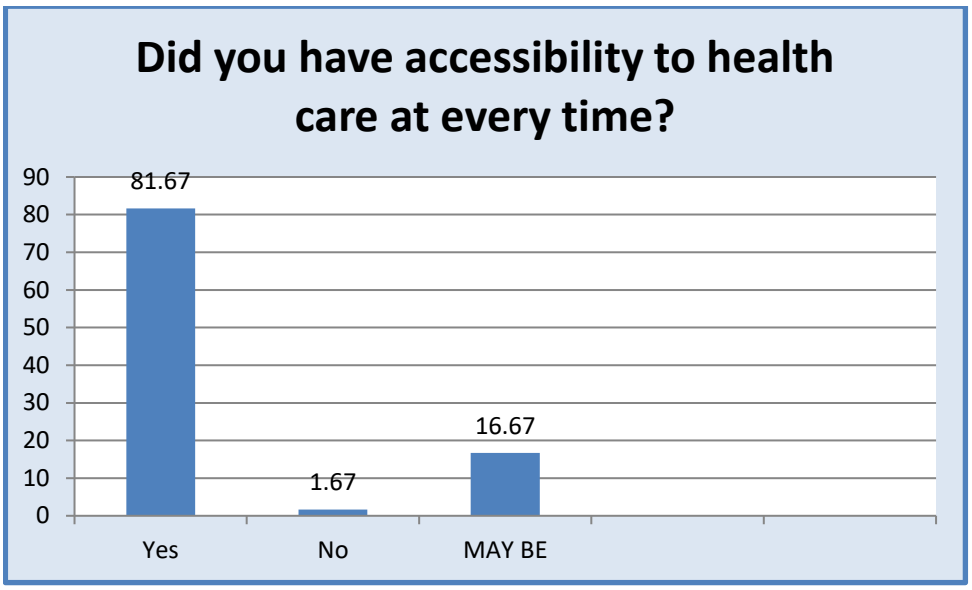


Fig No-4.9

Title-Did you have accessibility to health care at everytime.

It was seen out of 60 patient of them had accessed to health care all times.

10. Is it right to receive emergency services and first-aid whenever required?

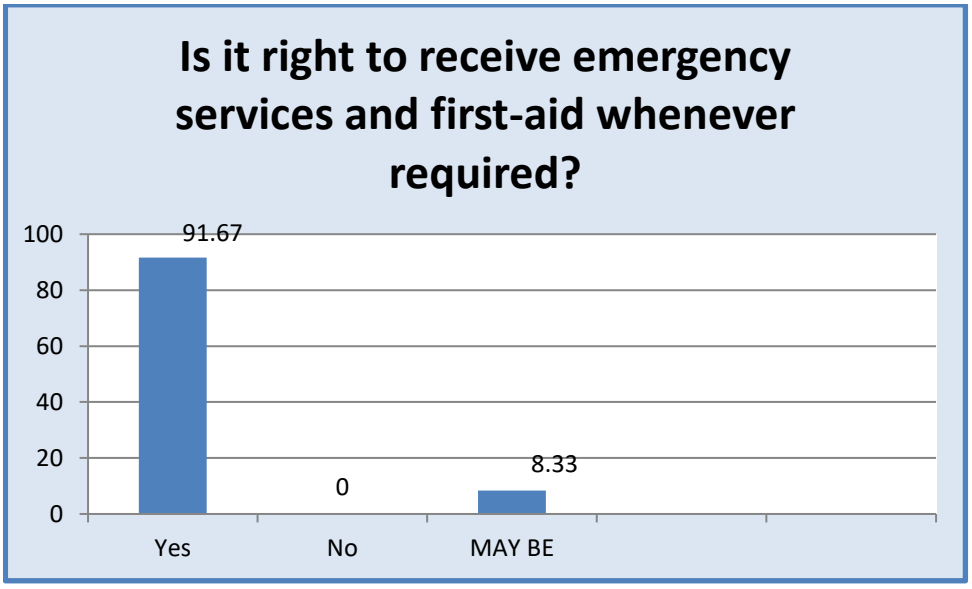


Fig No-4.10

Title-Is it right to receive emergency services and first-aid whenever required

It was observed that 91.666 patient have good knowledge about it.

11. Is it right to know about available choices before completing the treatment plan?

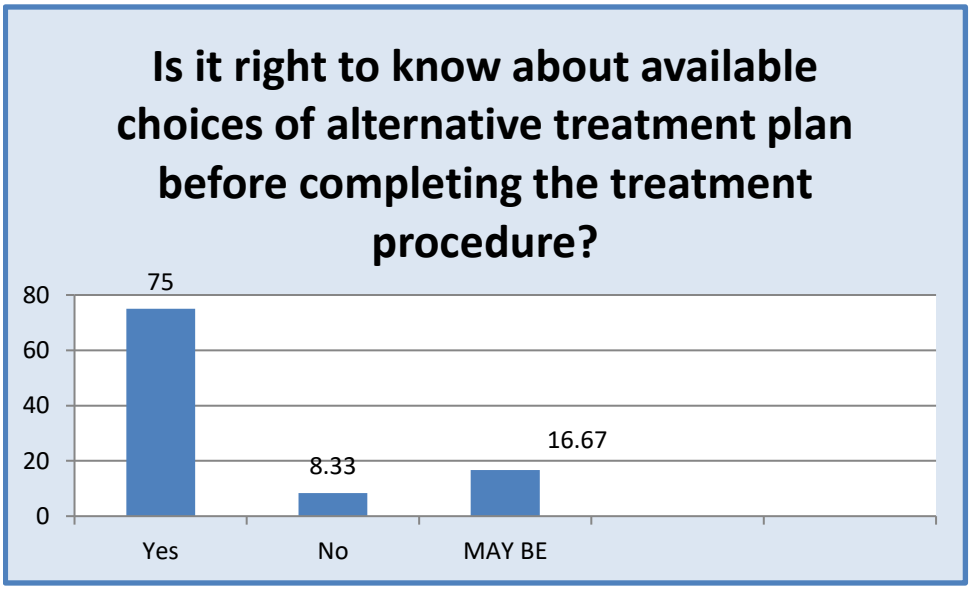


Fig No-4.11

Title-Is it right to know about available choices of alternative treatment plan before completing the treatment procedure

It was observed that 75% of patient have good knowledge regarding to it.

12. Do you have feasibility of 2nd oinion consultation from different source?

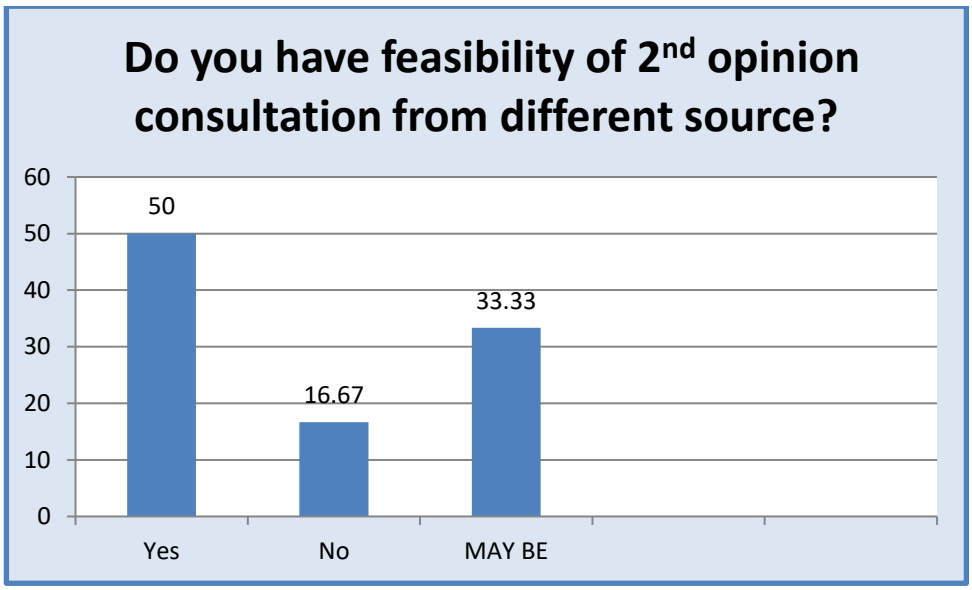


Fig No-4.12

Title-Do you have feasibility of 2nd opinion consultation from different source?

It was seen that 33 percent of patient are confused about it.

13. Did you have access to the case study?

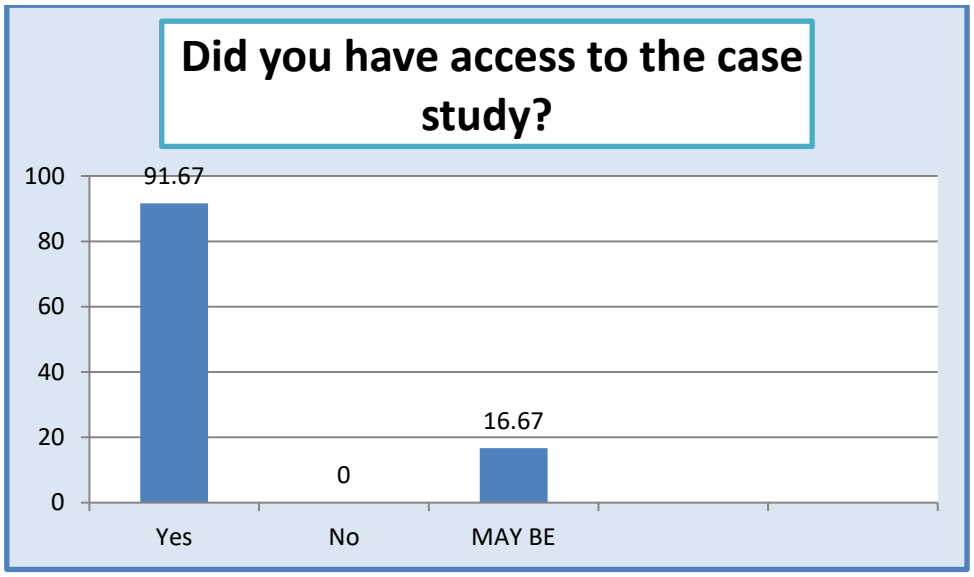


Fig No-4.13

Title- Did you have access to the case study

It was observed that patients have good knowledge about it.

14 . Do you know that you have the legal right to share your opinions, make remarks, or file a grievance against medical care you are getting or previously got from a physician or hospital?

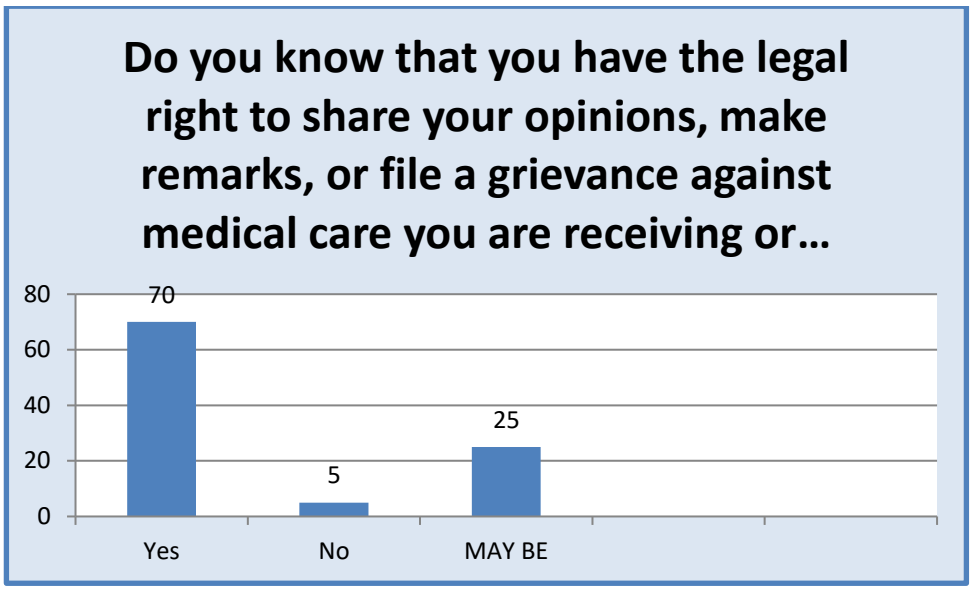


Fig No-4.14

Title- Do you know that you have the legal right to share your opinions, make remarks, or file a grievance against medical care you are getting or previously got from a physician or hospital?

It was observed that out of 60 patient 40 (70%)of patient knows about it .

15.Do you belong to urban or Rural?

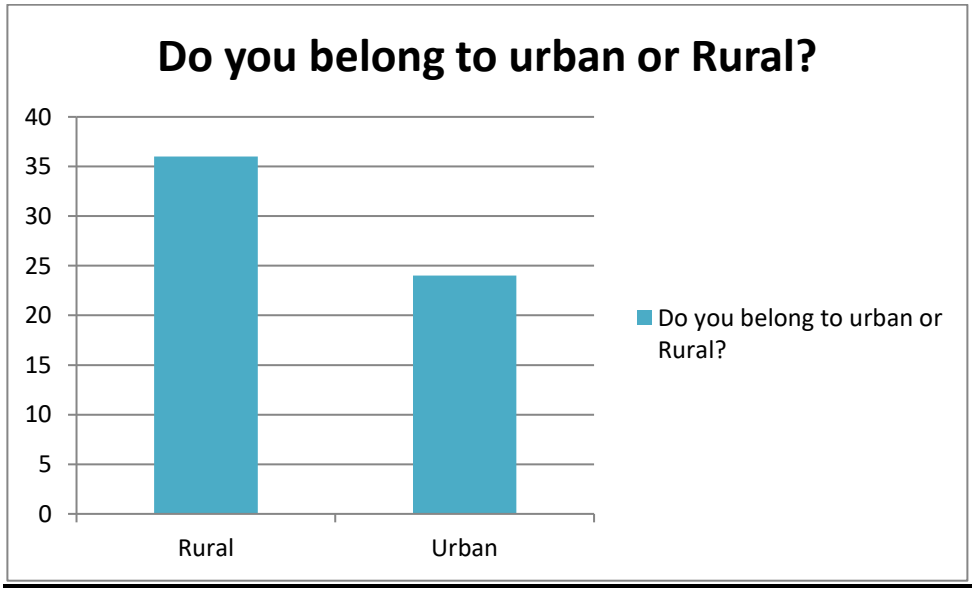
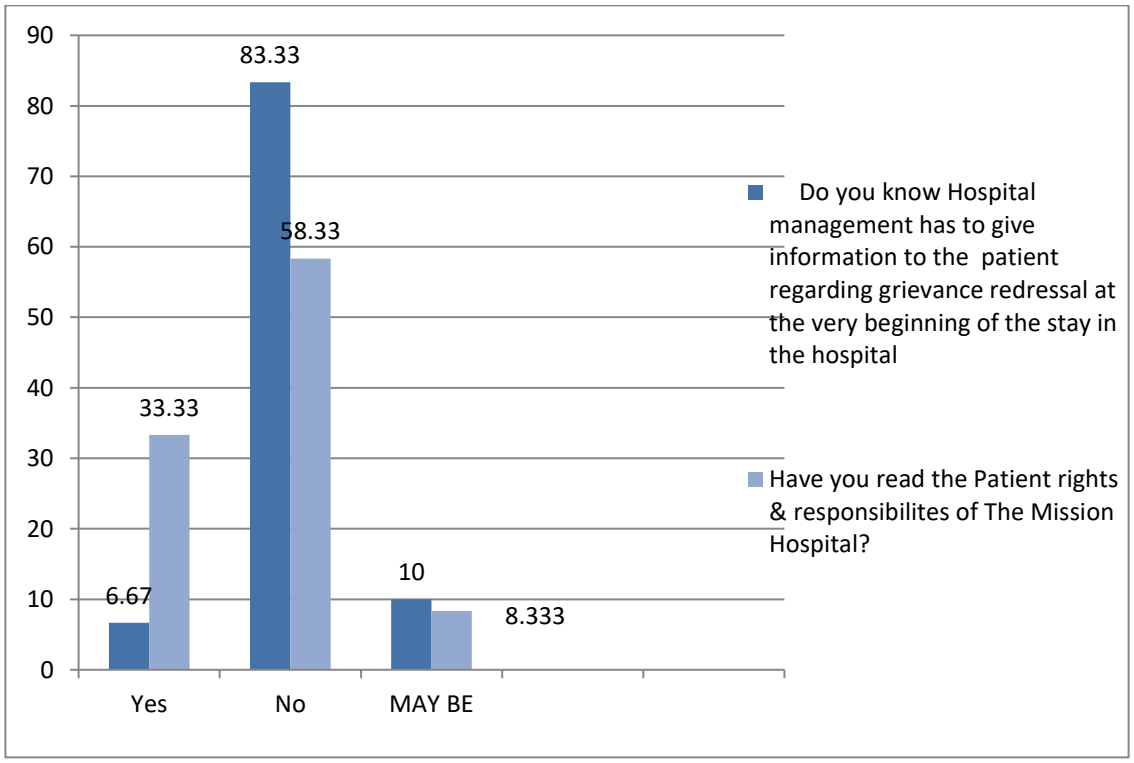


Fig No-4.15

Title- Do you belong to urban or Rural

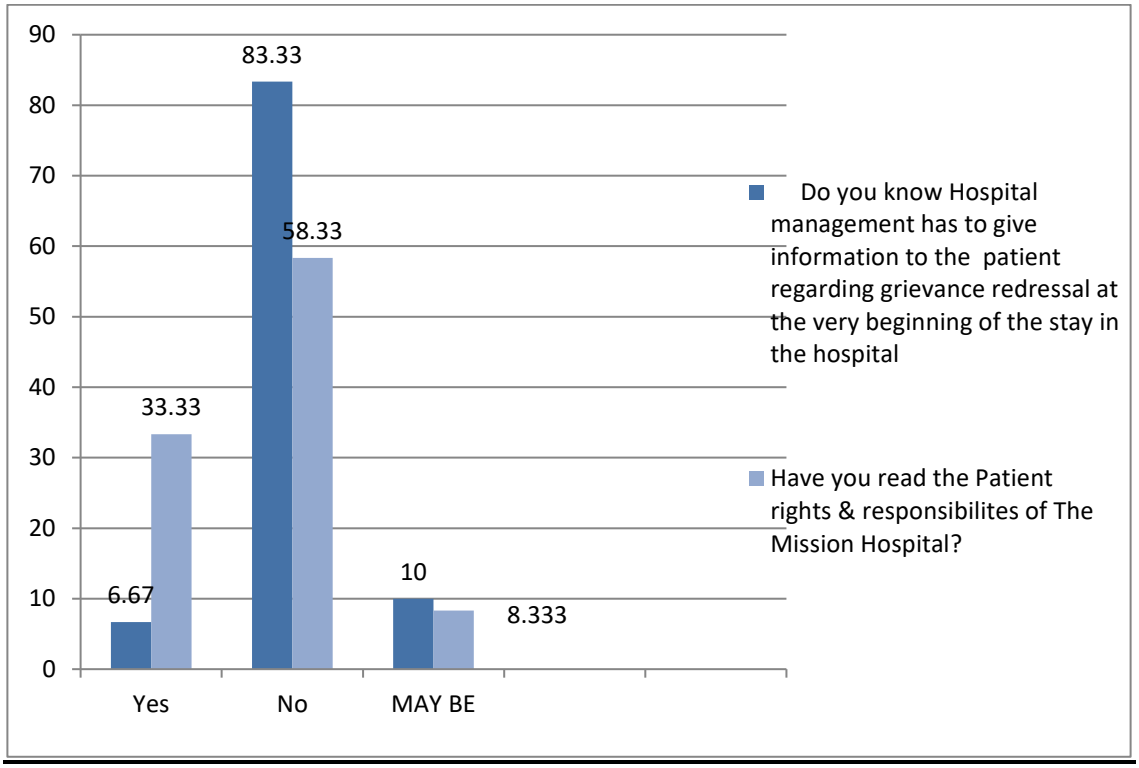
4.17Question Wise Percentage Awareness.



It was seen according to the question wise pattern,maximum awareness was seen for question number 1,2,4,9,6,7,10,12

Confused 3,12

4.18Lowest Awareness



Questions with an awareness level lower than 50 percent was seen for Question numbers 5 and 8.

Chi square was done to see whether Geographic region and level of knowledge of Patients is correlated.

QUESTIONS IN WHICH PATIENT HAS LOW LEVEL OF KNOWLEDGE

4.19Correlation between Geographic Region And level of Knowledge of patient regarding reading the charter of patient rights and responsibilities.(Which has low Knowledge)

High- Good knowledge

No knowledge –No knowledge

Partial knowledge–In the questionarrie May be option

Table No-4.19

Title-Correlation between Geographic Region And level of Knowledge of patient regarding reading the charter of patient rights and responsibilities.(Which has low Knowledge)

4.19 Table of observed Value

Geographic Region	**NO.**	**%**	KNOWLEDGE		
			Have high knowledge	**No Knowledge**	**Partial Knowledge**
a.Rural	36	60%	6	19	11
b) **Urban**	24	40%	10	12	2
Total			16	31	13

=(3-1) (2-1)

=(2)(0)

d(f)=2

Significance Level=0.05

d(f)=5.991

Table No-4.19

Title-Correlation between Geographic Region And level of Knowledge of patient regarding reading the charter of patient rights and responsibilities.(Which has low Knowledge

Table of Expected Value.

Geographic Region	**NO.**	**%**	LEVEL OF KNOWLEDGE		
			Have high knowledge	**No Knowledge**	**Partial Knowledge**

a.Rural	36	60%	9.6	18.6	7.8
b) **Urban**	24	40%	6.4	12.4	5.2

Table No-4.19

Title-Correlation between Geographic Region And level of Knowledge of patient regarding reading the charter of patient rights and responsibilities.(Which has low Knowledge)

Calculation of X^2

RURAL observed values	Expected values	O-E	$(O-E)^2$	$(O-E)^{2}/E$
6	9.6	-3.6	12.96	1.35
19	18.6	0.4	0.16	0.008602151
11	7.8	3.2	10.24	1.312820513
10	6.4	3.6	12.96	2.025
12	12.4	-0.4	0.16	0.012903226
2	5.2	-3.2	10.24	1.969230769

CHI SQUARE = 6.678556658

Significance level =0.05

X2 tabular =5.991

X2 calculated=6.67855

x2 calculated>x2

tabular

We dont accept Null Hypothesis & AcceptAlternatehypothesis

ALTERNATE HYPOTHESIS –Geographical Region is associated with level of knowlege regarding reading the charter of patient rights.

Null Hypothesis-There is noassociation between geographical region and level of knowlege regarding reading the charter of patient rights.

Table No-4.20

Title-Correlation between Geographic Region And having information that hospital management has to give information regarding grievance redressal at the very beginning of the hospital

4.20Correlation between Geographic Region And having information that hospital management has to give information regarding grievance redressal at the very beginning of the hospital.

Table of observed Value

Geographic Region	**NO.**	**%**	LEVEL OF KNOWLEDGE		
			Have high knowledge	**No Knowledge**	**Partial Knowledge**
a.Rural	36	60%	1	24	2
b) **Urban**	24	40%	3	26	4
Total			4	50	6

=(3-1) (2-1)

=(2)(0)

d(f)=2

Significance Level=0.05

d(f)=5.991

Table No-4.20

Title-Correlation between Geographic Region And having information that hospital management has to give information regarding grievance redressal at the very beginning of the hospital

Geographic Region	**NO.**	**%**	KNOWLEDGE regarding grievance redreessal		
			High have knowledge	**Inadequate(no knowlege)**	**Moderate partialknowlegeknowlege**
a. Rural	36	60%	2.4	30	3.6
b) **Urban**	24	40%	1.6	20	1.44

Table of Expected Value.

Table No-4.20

Title-Correlation between Geographic Region And having information that hospital management has to give information regarding grievance redressal at the very beginning of the hospital

Calculation of X^2

RURAL observed values	**Expected values**	**O-E**	**$(O-E)^2$**	**$(O-E)^{2}$ //E**
1	2.4	-1.4	1.96	0.81666667

24	30	-6	36	1.2
2	3.6	-1.6	2.56	0.71
3	1.6	1.4	1.96	1.225
26	20	6	36	1.8
4	1.44	2.56	6.5536	4.55

CHI SQUARE = 10.3038889

Significance level =0.05

X2 tabular =5.991

X2 calculated=6.67

x2calculated>x2tabular

Null Hypothesis is not acceptedand Alternate hypothesis is accepted

ALTERNATE HYPOTHESIS –Geographical region is associated with the level of knowledge Regarding informationthat hospital management has to give informationregarding grievance redressal at the very beginning of the hospital.

Null Hypothesis- Geographical region is not associated with the level of knowledge regarding information that hospital management has to give information regardinggrievance redressal at the very beginning of the hospital.

Table No-4.21

Title-Correlation between Geographic Region And having knowledge that hospital management cant be disrespectful to them because of their caste or culture

4.21Correlation between Geographic Region And having knowledge that hospital management cant be disrespectful to them because of their caste or culture

QUESTIONS IN WHICH PATIENT HAS HIGH LEVEL OF KNOWLEDGE

Table of observed Value

Geographic Region	**NO.**	**%**	LEVEL OF KNOWLEDGE		
			Have high knowledge	**No Knowledge**	**Partial Knowledge**
a.Rural	36	60	28	0	8
b) **Urban**	24	40	24	0	0
Total			52	0	8

Significance Level=0.05

d(f)=5.991

Table No-4.21

Title-Correlation between Geographic Region And having knowledge that hospital management cant be disrespectful to them because of their caste or culture

Table of Expected Value.

Geographic Region	**NO.**	**%**	LEVEL OF KNOWLEDGE		
			Have high	**No**	**Partial**

			knowledge	Knowledge	Knowledge
a. Rural	36	60	31.2	0	4.8
b) **Urban**	24	40	20.8	0	3.2

Table No-4.21

Title-Correlation between Geographic Region And having knowledge that hospital management cant be disrespectful to them because of their caste or culture

Calculation of X^2

RURAL observed values	**Expected values**	**O-E**	**$(O-E)^2$**	**$(O-E)^{2}$ //E**
28	31.2	-3.2	10.24	0.32820513
0	0	0	0	0
8	4.8	3.2	10.24	2.13333333
24	20.8	3.2	10.24	0.49230769
0	0	0	0	0
0	3.2	-3.2	10.24	3.2

Calculated value=1.37931

Tabular value=6.15

Calculated value>Tabular value

We don't accept null hypothesis.

Alternate hypothesis- Geographical region is associated with the level of knowledge regarding Informationthat hospital management cant be disrespectfull to them because of caste or culture.

Null hypothesis- Geographical region is notassociated with the level of knowledge regarding Information that hospital management cant be disrespectfull to them because of caste or culture**.**

Table No-4.22

Title-Correlationbetween Geographic Region Andhaving knowledge that consent has to be taken before performing any surgical procedure

4.22 Correlation between Geographic Region Andhaving knowledge that consent has to be takenbefore performing any surgical procedure

Table of observed Value

Geographic Region	**NO.**	**%**	LEVEL OF KNOWLEDGE		
			Have high knowledge	**No Knowledge**	**Partial Knowledge**
a.Rural	36	60	26	0	10
b) **Urban**	24	40	24	0	0
Total			50	0	10

Table No-4.22

Title-Correlationbetween Geographic Region Andhaving knowledge that consent has to be taken before performing any surgical procedure

Table of Expected Value.

Geographic Region	**NO.**	**%**	LEVEL OF KNOWLEDGE		
			Have high knowledge	**No Knowledge**	**Partial Knowledge**
a. Rural	36	60	30	0	6
b) **Urban**	24	40	20	0	4

Table No-4.22

Title-Correlationbetween Geographic Region Andhaving knowledge that consent has to be taken before performing any surgical procedure

Calculation of X^2

RURAL observed values	**Expected values**	**O-E**	**$(O-E)^2$**	**$(O-E)^{2}$ //E**
26	30	-4	16	0.53333333
0	0	0	0	0
10	6	4	16	2.66666667
24	20	4	16	0.8

0	0	0	0	0
0	4	-4	16	4

Calculated value=8

Tabular value=5.991

Calculated value>Tabular value

We accept alternative hypothesis and reject null hypothesis.

Alternate Hypothesis- Geographical region is associated with the level of knowledge regarding that consent has to be taken

before performing any surgical procedure

Null Hypothesis-Geographical region is not associated with the level of knowledge regarding Informationthat knowledge that consent has to be takenbefore performing any surgical Procedure.

Chapter 5 Discussion

Average awareness level was observed with question-wise analysis which was done to observe awareness of patient rights among patient .More than 33% patients are confused whether they can obtain second opinion from other specialist or not and about whether hospital management can tell relatives about his/her condition without asking him/her.

About 58.33 percentage of patients didn't know there is a charter of Patients Rights.Majority interviewed told that they did not know hospital management has to give information to the patient regarding grievance redressal at beginning of stay in the hospital.

Chi Square was used to analyze whether there is a relationship between knowledge of patient right and patient is from urban or Rural.

5.1 LIMITATION

The present study has following limitations

- Only the patient who wanted to fill the questionnaire
- This study relied on the patients' mood during filling the questionnaire

Chapter 6:CONCLUSION

The study was done to determine how much patients knew about their legal rights.. Descriptive analysis was modified for this study in order to meet the goals of the investigation. The data was collected from 60 respondents by a structured questionnaire. Random Sampling technique was used to select the sample. A structured questionnaire was used to know the knowledge of patient regarding their rights. Chi square was done to analyse whether there is a relationshipbetween knowledge of patients and geographic region of the patient.

The conclusion drawn in light of the findings.

- The average knowledge level of the patient was substantially average .
- About 58.33 percentage of patients didn't know there is a charter of patient Right.
- Majority interviewed told that they did not know hospital management has to give information to the patient regarding grievance redressal at beginning of stay in the hospital.
- Only 50% of patient knows that they have the right to obtain second opinion from another specialist.
- It was foundthere is a significant relationship.Which proves that people from rural region have low knowledge regarding patient rights compare to urban.

6.1Recommendation

- Patient should be informed verbally of their rights and that a patient charter is available.
- Training and proper classes should be conducted about patient rights to employees so that they can give information to patient regarding it.
- Posters, pamphlets, books, and educational programmes can be useful in this regard.
- Since both urban and rural residents utilise social media these days, so this can be used to inform patients about their rights.

- Knowledge about the patient Geographic region of the patient will help hospital management to communicate with the patient and give them information regarding patient rights.

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Annexures- Draft Questionnaire

KNOWLEDGE OF PATIENTS RIGHT AMONG PATIENTS.

Age-

Gender- Male/Female

Education-

1. Is it right for hospital employees to be disrespectful of you because of your caste or culture?

- Yes
- No
- May be

2. Can doctor give information regarding illness, treatment process and possible outcome?

- Yes
- No
- May be

3.Can the doctor tell your relatives about your health condition without asking you?

- Yes
- No
- May be

4.Can hospital administration perform any medical procedures without taking consent?

- Yes
- No
- May be

5.Do you know Hospital management has to give information to the patient regarding grievance redressal at the very beginning of the stay in the hospital

- Yes
- No
- May be

6.Do you know Information on illness and treatment process should be provided to you by doctor?

- Yes
- No
- May be

7.Can treating team do procedure without maintaining privacy?

- Yes
- No
- May be

8)Have you read the patient rights and responsibilities of the Mission Hospital?

- Yes
- No

9.Did you have accessibility to health care at every time ?

- Yes
- No
- May be

10. Is it right to receive emergency services and first-aid whenever required?

- Yes
- No
- May be

11. Is it right to know about available choicesof alternative treatment plan before completing

the treatment procedure?

- Yes
- No
- May be

12. Can you obtain a second opinion consultation from another specialist?

- Yes
- No
- May be

13. Did you have access to the case study?

- Yes
- No
- May be

14 . Do you know that you have the legal right to share your opinions, make remarks, or file a grievance against medical care you are getting or previously got from a physician or hospital?

- Yes
- No
- Not much

15.Do you belong to Rural or urban?

- Yes
- No

Age-

Male/Female-

Education-

1. আপনারজাতবাসংস্কৃতিরকারণেহাসপাতালেরকর্মচারীদেরআপনারপ্রতিঅসম্মানকরাকিঠিক??

- হ্যাঁ
- না
- হতেপারে

2. ডাক্তারঅসুস্থতা, চিকিত্সাপ্রক্রিয়াএবংসম্ভাব্যফলাফলসম্পর্কেতথ্যদিতেপারেন□

- হ্যাঁ
- না
- হতেপারে

3. ডাক্তারকিআপনাকেজিজ্ঞাসানাকরেআপনারস্বাস্থ্যেরঅবস্থাসম্পর্কেআপনারআত্মীয়দেরবলতেপারেন?

- হ্যাঁ
- না
- হতেপারে

4. সম্মতিনানিয়েহাসপাতালপ্রশাসনকিকোনচিকিৎসাপদ্ধতিসম্পাদনকরতেপারে?

- হ্যাঁ
- না
- হতেপারে

5. আপনিকিজানেনযেহাসপাতালেথাকারএকেবারেশুরুতেহাসপাতালেরব্যবস্থাপনাকেরোগীরঅভিযোগ নিষ্পত্তিসংক্রান্ততথ্যদিতেহয়

- হ্যাঁ
- না
- হতেপারে

6. আপনিকিজানেনযেঅসুস্থতাএবংচিকিত্সাপ্রক্রিয়াসম্পর্কেতথ্যডাক্তারআপনাকেসরবরাহকরবেন?

- হ্যাঁ
- না
- হতেপারে

7. আচরণকারীদলকিগোপনীয়তাবজায়নারেখেপ্রক্রিয়াকরতেপারে?

- হ্যাঁ
- না
- হতেপারে

8. আপনাকেকিরোগীরঅধিকারসনদেরএকটিঅনুলিপিদেওয়াহয়েছিল?

- হ্যাঁ
- না
- হতেপারে

9. আপনিকিসবসময়েস্বাস্থ্যসেবাঅ্যাক্সেসকরেছেন?

- হ্যাঁ
- না
- হতেপারে

10. যখনইপ্রয়োজনতখনইজরুরিপরিষেবাএবংপ্রাথমিকচিকিৎসানেওয়াকিঠিক?

- হ্যাঁ
- না
- হতেপারে

11. চিকিত্সাপরিকল্পনাসম্পূর্ণকরারআগেউপলব্ধপছন্দগুলিসম্পর্কেজানাকিঠিক??

- হ্যাঁ
- না
- হতেপারে

12. আপনিকিঅন্যবিশেষজ্ঞেরকাছথেকেদ্বিতীয়মতামতেরপরামর্শপেতেপারেন?

- হ্যাঁ
- না
- হতেপারে

13. . আপনিকিমেডিকেলরিপোর্টেরএকটিকপিপেতেপারেন?

- হ্যাঁ
- না
- হতেপারে

14. .
আপনিকিগোপনীয়তাবাস্বাস্থ্যপরিচর্যারগুণমানসম্পর্কিতকোনোউদ্বেগেরবিষয়েএকটিঅভিযোগজমাদিতেপারেনএবংতারপরেপরবর্তীকোনোপদক্ষেপবাফলাফলসম্পর্কেতথ্যপেতেপারেন?

- হ্যাঁ
- না
- হতেপারে

15. আপনিকিজানেনআপনারমৌলিকজরুরীচিকিৎসাসেবাপাওয়ারঅধিকারআছে?

- হ্যাঁ
- না
- হতেপারে

16. আপনিকিজানেনযেআপনিযেস্বাস্থ্যসেবাপাচ্ছেনবাডাক্তারবাহাসপাতালেরকাছথেকেপেয়েছেনসেসম্পর্কেআপনারমতামতদেওয়ার, মন্তব্যকরারবাঅভিযোগকরারঅধিকারআছে?

- হ্যাঁ
- না
- হতেপারে