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Znajomość praw pacjenta wśród osób leczonych w Wojewódzkim Szpitalu Specjalistycznym w Zgierzu

Streszczenie

Wstęp. Prawa pacjenta są ściśle powiązane i wywodzą się z idei praw człowieka. Postęp cywilizacyjny, a także rozwój medycyny przyczyniły się do powstania regulacji prawnych, które mają na celu między innymi ochronę dóbr pacjentów. Ich znajomość jest istotnym czynnikiem w interakcjach lekarz-pacjent, kształtującym prawidłowe relacje oraz określa zachowania w problemowych sytuacjach. Wiedza o prawach pacjenta umożliwia korzystanie w pełni ze świadczeń opieki zdrowotnej oraz zapobieganie naruszeniom i zaniechaniom w stosunku do pacjenta.

Cel. Celem pracy jest ocena znajomości praw pacjenta wśród osób leczonych w Wojewódzkim Szpitalu Specjalistycznym w Zgierzu.

Material i metody. Badanie przeprowadzono z użyciem anonimowego kwestionariusza ankiety własnego autorstwa. Badaną grupę stanowiło 100 losowo wybranych pełnoletnich pacjentów obojga płci. Ankieta zawierała 23 pytania dotyczące znajomości praw pacjenta, sposobu uzyskiwania informacji o prawach pacjenta, zjawiska łamania praw, nabywania wiedzy o prawach pacjenta oraz danych społeczno-demograficznych: płci, wieku i wykształcenia respondentów.

Wyniki. Analiza wyników badań świadczy o dostatecznym stopniu wiedzy pacjentów, bez znajomości szczegółów, na temat ich praw. Najczęstszym źródłem informacji o prawach pacjenta w opinii badanych jest telewizja. Spośród nich 94% jest przekonanych o występowaniu zjawiska łamania praw pacjenta w Polsce; 47% osób doświadczyło go osobiście. Najwięcej naruszeń dotyczy prawa do świadczeń medycznych i informacji.

Wnioski. Wyniki wskazują na konieczność posiadania pełniejszej wiedzy o prawach pacjenta zarówno przez pracowników służby zdrowia, jak i samych pacjentów.

Słowa kluczowe: prawa pacjenta, informacja zdrowotna, edukacja.

Knowledge of the patient's rights among the subjects treated in the Voivodship Specialist Hospital in Zgierz

Abstract

Introduction. Patients' rights are closely related to and derived from the idea of human rights. The progresses of civilization as well as medical advances have contributed to the legal regulations, which are designed to protect the patients. Their knowledge is an important factor in the doctor-patient interaction, shaping the correct relationships and defining the behavior in problem situations. Knowledge of the patient's rights allows you to fully benefit from health care services and prevent violations and negligence in relation to the patient.

Aim. Assessment of the knowledge of patients' rights in the group of patients treated in the Voivodship Specialist Hospital in Zgierz.

Material and methods. The study was conducted using an anonymous questionnaire created by the authors. The study group consisted of 100 randomly selected adult patients of both sexes. The questionnaire included 23 questions on knowledge of the patient's rights, methods of obtaining information on the patient's rights, the patient's rights violation, the acquisition of knowledge about the patient's rights and socio-demographic data (gender, age and education of the respondents).

Results. The analysis of the results shows sufficient knowledge of patient's rights, however, without going too much into details. The most common source of information about the patient's rights in the opinion of respondents is television. Ninety four percent of them are convinced of the existence of the phenomenon of patient's rights violations in Poland; 47% of the respondents have experienced it personally. Most violations concern the right to medical care and information.

Conclusions. The results point to the need for a better knowledge of the patient's rights by both health professionals and the patients themselves.

Keywords: patient's rights, health information, education.

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INTRODUCTION

The dynamic development of medicine and modern technology have become a strong impulse that triggered the beginning of the idea of the patient's rights [1,2]. They are closely related to the development of the concept of human rights.

Autonomy, freedom and all the rights belonging to the human being have become civilization standard of the modern world. Therefore, regardless of obstacles, entering the role of a patient cannot deprive anyone of any freedoms or rights. This situation needs to be legally regulated to supplement human rights as the fundamental rights [1,3,4].

Knowledge of these rights and the ability to use it in practice allows a more complete development [5]. Popularity of rights was dictated by both the creation and availability of advanced healthcare systems, which have their source in the social human rights. It is a consequence of the transformations made in the development of the idea of protection of individual rights [6].

The idea of the patient's rights has at least two functions: to facilitate the proper performance of the profession indicating the preferred behavior, and determines the behavior patterns in problem situations [7].

AIM

The main objective of this study was to collect data on patients' knowledge of their rights. Accordingly, the specific questions were formulated:

- Do patients know their rights?
- Are the patient's rights respected by the medical staff?
- Which of the patient's rights are most commonly violated?
- What is the most important element in the patient's contact with the health services?
- How to ensure that patients know their rights?

MATERIAL AND METHODS

The study was conducted in the Maria Skłodowska-Curie Voivodship Specialist Hospital in Zgierz. The research method used in this study was a diagnostic survey using an anonymous questionnaire created by the authors. The answers were completely voluntary. The study group consisted of 100 randomly selected adult patients of both sexes from the following wards: nephrology, department of outpatient addiction treatment, internal medicine, cardiology and gynecology.

The questionnaire consisted of 23 questions: 4 open and 19 closed ones (single or multiple choice). Apart from the cafeteria approach, five-point scale was used to assess the responses from 1 to 5, with 1 being a very poor rating, 2 – poor, 3 – sufficient, 4 – good, and 5 – very good.

The questions concerned the knowledge of the patient's rights, methods of obtaining information on the patient's rights, the patient's rights violation, the acquisition of knowledge about the patient's rights and socio-demographic data – gender, age and education of the respondents.

The results were analyzed using the STATISTICA PL 9.0 suite. The qualitative data shows the number of responses to a given variant of the features and the corresponding percentage. In the case of an ordinal scale (five-point response scale to assess the knowledge of the patient's rights) basic order statistics was calculated (median and a quarter – 1st – Q25 and 3rd – Q75). To study the relationship between qualitative variables, the chi-squared independence test was used. For comparison, the variables measured on an ordinal scale, the Mann-Whitney U test was used. Statistically significant results were considered those at $p < 0.05$.

RESULTS

Among the 100 people who took part in the study, 52% were women and 48% were men (Figure 1).

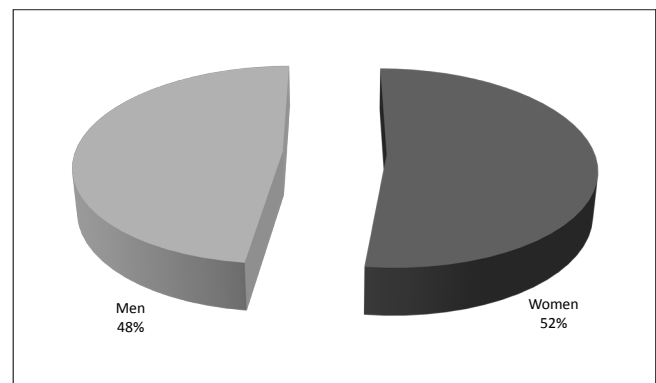


FIGURE 1. Respondents by gender.

The largest group (42%) were respondents in the age group of 40-65, followed by (31%) patients aged 25-40. Fourteen percent were between 18-25 years of age and in the range of 65-80 – 11% of patients. Only 2% of respondents were over 80 years of age (Figure 2).

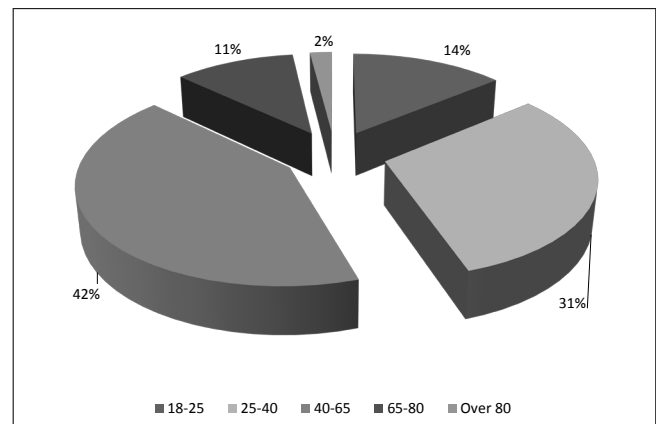


FIGURE 2. Respondents by age.

By far, the most numerous (52%) group of respondents were the people with the secondary education, and one out of three respondents (33%), was the holder of a bachelor's or master's degree. The least represented were people with primary (5%) and vocational education (10%) (Figure 3).

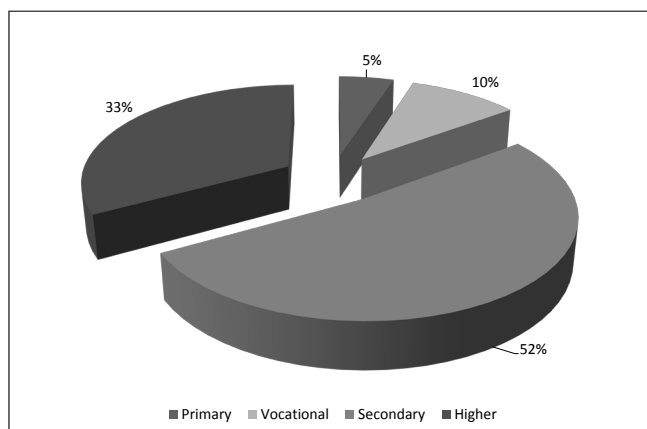


FIGURE 3. Respondents by education.

To the question: “Have you heard about the existence of the patient’s rights?” ninety-three respondents (93%) gave an affirmative answer, including 50 (96%) of women and 43 (90%) of men. Only 7% of respondents gave a negative answer (Table 1). There is no statistically significant correlation between gender and the response to this question.

TABLE 1. Knowledge of the patient’s rights by respondents’ gender.

Knowledge of the patient’s rights	Gender						p
	N		%				
	Total	Men	Women	Total	Men	Women	
Yes	93	43	50	93	90	96	0.3712
No	7	5	2	7	10	4	

Thirty five percent of respondents had a chance to become familiar with the patient’s rights in a public or private health care facility. The vast majority of respondents, however, drew on their knowledge of the patient’s rights from the media – 48% received information from television, 31% from newspapers, and 16% from the radio. Frequently appearing answer in the *Other* category was the Internet, much less friends or family.

There is no statistically significant relationship between the gender of the patient and the sources of information about the patient’s rights. The analysis shows that the majority of women (55.77%) had acquired the knowledge from the television. For men, the same proportion of respondents (39.58%) learned about the patient’s rights in the outpatient clinic, doctor’s office or hospital and television. Definitely, the source of information least frequently mentioned by the respondents was radio stations (Table 2).

TABLE 2. Sources of information about the patient’s rights by respondents’ gender.

Source of information	Gender						p
	N		%				
	Total	Men	Women	Total	Men	Women	
Press	31	17	14	31.00	35.42	26.92	0.3589
Television	48	19	29	48.00	39.58	55.77	0.1055
Radio	16	10	6	16.00	20.83	11.54	0.2053
Outpatient clinic, doctor’s office or hospital	35	19	16	35.00	39.58	30.77	0.3559
Other	27	11	16	27.00	22.92	30.77	0.3769

The respondents also assessed their level of knowledge of the patient’s rights on the basis of a five-point response scale. The majority of respondents (56%) assessed the state of knowledge as sufficient. Sixteen percent of people found their information on this topic as insufficient and 15% as good. One in ten of respondents found the amount and the level of information about the patient’s rights as very bad. Only 3% of respondents described their level of knowledge in this area as high (very good).

There is a statistically significant ($p < 0.05$) correlation between gender and the assessment of knowledge about the patient’s rights. Women estimate their level of information significantly higher than men. The percentage of women rating their knowledge as good or very good is 28.83%; among men, the percentage of good or very good level amounted only to 6.25% of the respondents (Table 3).

TABLE 3. Level of knowledge about the patient’s rights by respondents’ gender.

Level of knowledge about the patient’s rights	Gender						p
	N		%				
	Total	Men	Women	Total	Men	Women	
1	10	8	2	10%	17%	4%	0.0146
2	16	7	9	16%	15%	17%	
3	56	30	26	56%	63%	50%	
4	15	2	13	15%	4%	25%	
5	3	1	2	3%	2%	4%	

Calculating the location measurements, one can say that half the women assess their knowledge as sufficient at most, (median=3), 25% of women, as satisfactory at most (Q25=3) and 75% of women – as good at most (Q75=4). In the case of men – half of the respondents assess their knowledge as satisfactory at most (median=3), 25% – as bad at most (Q25=2) and 75% – as satisfactory at most (Q75=3) (Figure 4).

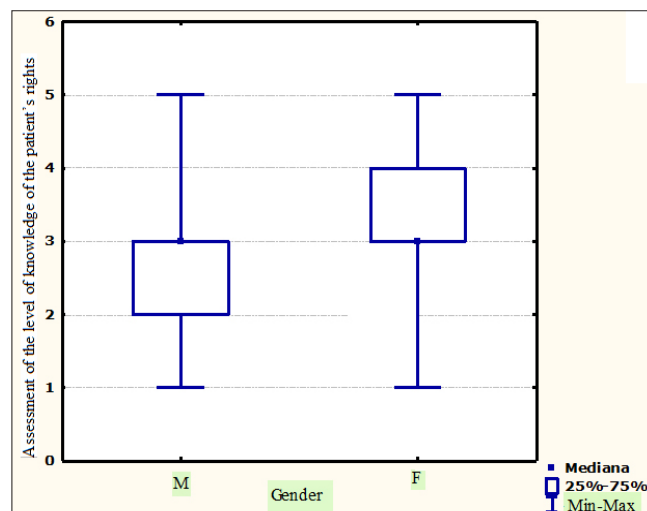


FIGURE 4. Assessment of the level of knowledge of the patient’s rights by respondents’ gender.

To the question: “Do you think that the patient’s rights are violated in Poland?” the vast majority of respondents (94%) gave an affirmative answer. Only 6% of respondents denied the existence of such a process in our country. The answer NO was marked by 8% of men and 4% of women (Table 4). There is no statistically significant correlation

between the gender of the patient and the response to this question.

TABLE 4. Opinion on cases of the patient's rights violations in Poland by respondents' gender.

Are the rights violated?	Gender						P
	N			%			
	Total	Men	Women	Total	Men	Women	
Yes	94	44	50	94	92	96	0.6013
No	6	4	2	6	8	4	

At the same time, only 47% of respondents confirmed that in the past two years, they had been subject to violation of the right or omission. Such situation was denied by 53% of respondents. One cannot fail to notice that the rights towards women were violated more often than towards men – no statistically significant differences from the points of view of a patient's gender (Table 5).

TABLE 5. Opinion on the surveyed patient's rights violations by gender.

Violation of rights	Gender						P
	N			%			
	Total	Men	Women	Total	Men	Women	
Yes	47	23	24	47	48	46	0.8599
No	53	25	28	53	52	54	

Sixty-one percent of respondents using health care services had not noticed the list of the patient's rights anywhere in the outpatient clinic, doctor's office, or hospital. In this group, there were 65% of men and 58% of women, with no significant differences in the responses to this question in gender groups. Every tenth person found it difficult to give a definite answer (Table 6).

TABLE 6. Information on the patient's rights in health care facilities in the opinion of men and women.

Information on the rights	Gender						P
	N			%			
	Total	Men	Women	Total	Men	Women	
No, I did not notice or I do not recall	61	31	30	61	65	58	0.4740
Yes, I noticed	29	14	15	29	29	29	
Difficult to say	10	3	7	10	6	13	

Almost half of the respondents (47%) noted that over the period of the last two years, their rights had been respected. The remaining group mostly pointed to the limitations in the possibility of obtaining information about the status of their health as well as on procedures performed (29%) as well as the lack of access to health services suited to the requirements of current medical knowledge (28%). Sixteen percent of people did not feel safe, 14% pointed to the lack of privacy and dignity (13%) in the course of providing health care services by medical personnel. Eight percent of respondents felt that their right to self-determination was limited, and only in the case of 4% of the respondents medical confidentiality was not maintained. The smallest percentage of respondents pointed to the protection of medical data (1%) and respect of the values they profess (1%) (Table 7).

TABLE 7. Violation of the respondents' rights by age.

Patient's rights	Gender						p
	N			%			
	Total	Men	Women	Total	Men	Women	
Right to medical care	28	14	14	28.00	29.17	26.92	0.8029
To dignity	13	8	5	13.00	16.67	9.62	0.2949
To privacy	14	9	5	14.00	18.75	9.62	0.1884
To information	29	12	17	29.00	25.00	32.69	0.3970
To confidentiality	4	3	1	4.00	6.25	1.92	0.5536
Medical data protection	1	-	1	1.00	0.00	1.92	0.9679
To self-determination	8	4	4	8.00	8.33	7.69	0.8019
To respecting physical and mental integrity	2	1	1	2.00	2.08	1.92	0.5107
To the feeling of safety	16	6	10	16.00	12.50	19.23	0.3590
To respecting professed values	1	-	1	1.00	0.00	1.92	0.9679
No rights were violated	47	23	24	47.00	47.92	46.15	0.8599

There is no statistically significant correlation between the gender of the patient and the type of violated rights.

The most frequently violated patient's rights according to women are: the right to information (32.69%), the right to health care services (26.92%).

The most frequently violated patient's rights according to men are: the right to health care services (29.17%), the right to information (25%).

The subjects participating in the survey expressed the opinion on what they think is the most important element in contact with health care services. Forty-one percent of respondents believe the most important factor in creating the correct patient – doctor relationship is the professionalism of the latter. The next most frequently mentioned requirement was creating a friendly atmosphere (27%) and availability (23%). Only 9% of respondents indicated the mutual trust as a very important factor affecting the quality of the patient – health care relationship.

The replies given by men and women were very similar in this respect (no statistically significant difference by gender); however, attention should be paid to availability indicated by women more than twice as often as by men (30.77% – with respect to 14.58% by men). Both groups listed professionalism in the first place (45.83% of responses by men and 36.54% – by women). Friendly atmosphere was also important (about 27% of the patients' responses) (Table 8).

The respondents, regardless of gender, age and the level of education confirmed that health professionals needed to be better educated on the patient's rights (Table 9). Only 3% of respondents were against educating the patients; 97% of respondents gave an affirmative answer in this regard, including 96% of men and 98% of women (no statistically significant difference between women and men) (Table 10).

TABLE 8. Respondents' opinion on contact with health care by respondents' gender.

Opinion	Gender						p
	N			%			
	Total	Men	Women	Total	Men	Women	
Professionalism	41	22	19	41.00	45.83	36.54	0.3451
Availability	23	7	16	23.00	14.58	30.77	0.0547
Respect	18	9	9	18.00	18.75	17.31	0.8512
Thorough information	17	8	9	17.00	16.67	17.31	0.9321
Trust	9	4	5	9.00	8.33	9.62	0.8998
Creating friendly atmosphere	27	13	14	27.00	27.08	26.92	0.9856
Other	12	5	7	12.00	10.42	13.46	0.8728

TABLE 9. Health care education according to men and women.

	Numerical values			Percentage values		
	Total	Men	Women	Total	Men	Women
Yes	100	48	52	100	100	100
No	-	-	-	-	-	-
Total	100	48	52	100	100	100

TABLE 10. Education of patients on their rights according to men and women.

Education of patients	Gender						p
	N			%			
	Total	Men	Women	Total	Men	Women	
Yes	97	46	51	97	96	98	0.9439
No	3	2	1	3	4	2	

People who recognize the need for patient education about their rights, at the same time were asked about who should supply such education. Sixty-eight percent of respondents believe that the patient education should be realized through flyers, ads and posters. Sixty percent of respondents felt that providing such information should be the duty of the medical staff of health care facilities. Half of the respondents would also expect such education through the mass media advertising campaigns. Forty percent of respondents expect schools to be engaged in information campaigns. Responses from men and women did not reveal statistically significant differences (Table 11).

TABLE 11. Education of the patient's rights according to men and women.

Education	Gender						p
	N			%			
	Total	Men	Women	Total	Men	Women	
Mass media	53	29	24	53.00	60.42	46.15	0.1534
Doctors, nurses	60	27	33	60.00	56.25	63.46	0.4621
There should be patient's rights leaflets in health care facilities	68	31	37	68.00	64.58	71.15	0.4816
School should educate children about the patient's rights	40	18	22	40.00	37.50	42.31	0.6239
Other	3	1	2	3.00	2.08	3.85	0.9439

CONCLUSIONS

1. The results from a survey of patients demonstrate their sufficient knowledge of the patient's rights. The vast majority of respondents, at least once in their life have come into contact with the concept of the *patient's rights*.
2. Precise knowledge of the contents of patient's rights is incomplete. The results indicate that the respondents have heard of the existence of rights protecting the rights of the patient, however, they are not familiar with their details.
3. Women rate their level of knowledge about the patient's rights higher than men do.
4. In the opinion of the respondents, the most common source of information about the patient's rights is television.
5. The vast majority of respondents (94%) are convinced that the patient's rights are violated in Poland, but considering their own experience, this is the case concerning 47% of people.
6. The patient's rights, which were most frequently violated, included the right to health care services and the right to information.
7. According to the respondents, the most important factors in the doctor – patient relations are the doctor's professionalism, friendly atmosphere and accessibility.
8. The vast majority of respondents felt that both health professionals and patients should have a thorough knowledge of the patient's rights.

REFERENCES

1. Bujny J. Prawa pacjenta. Między autonomią a paternalizmem. Warszawa: C.H. Beck; 2007.
2. Boratyńska M, Konieczniak P. Prawa pacjenta. Warszawa: Difin; 2001.
3. Iwanowicz-Palus G. Prawa pacjenta w Polsce. Prawo i Medycyna. 2000;8(2):80.
4. Kujawa E. Prawa pacjenta – nowa rzeczywistość, nowe dylematy moralne. In: G. Rogala-Pawelczyk. Prawa pacjenta a etyka zawodowa pielęgniarki i położnej. Warszawa: Naczelna Rada Pielęgniarek i Położnych; 1998.
5. Lasocik Z. Edukacja w zakresie praw człowieka. In: A. Rzepliński. Prawa i wolności człowieka. Warszawa: Exit; 1993. p.125.
6. Drozdowska U. Cywilnoprawna ochrona praw pacjenta. Warszawa: C.H. Beck; 2007.
7. Poździej S. Prawa człowieka i prawa pacjenta – osiągnięcia II połowy XX wieku. Zdrowie i Zarządzanie. 2001;2:17.

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