Doctors’ knowledge of patients’ rights at King Fahd Hospital of the University

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Abstract:

OBJECTIVES: To assess the level of physicians’ knowledge about the contents of patients’ bill of rights (PBR) and its implementation.

MATERIALS AND METHODS: This cross-sectional study was carried out at a university hospital in the Eastern Province of Saudi Arabia. All physicians working in the hospital received a self-administered questionnaire to measure their level of knowledge of PBR. Scoring was done to determine the knowledge of the details. The study was approved by the Institutional Review Board of the University Hospital and permission sought from the administration. Data analysis performed with SPSS; descriptive analyses included frequency and percentages for categorical variables, and mean and standard deviations for continuous variables. Bivariate analyses were carried out to determine association between sociodemographic variables and the level of knowledge (adequate/inadequate). Logistic regression analysis were performed to calculate adjusted odds ratio at 0.05 significance level.

RESULTS: Most (52.7%) of the physicians were females, were aged between 25 and 30 years (58.5%), and Saudi (80.2%). The majority of the physicians belonged to the residency program (44.9%) and had work experience of 1–5 years (45.4%). About 44% physicians had adequate knowledge about PBR and 55.56% had inadequate knowledge. Regarding physician’s response to each item of PBR, the majority (98.1%) gave correct answer to Item 2: “Patients should know the identity and professional status of the healthcare providers responsible for their treatment” (98.1%). Item 25: “Doctors are entitled to withhold any procedures related to a patient’s condition if the patient refuses their choice of treatment” was the item with the least correct response (15.5%).

CONCLUSION: Reinforcement and strict implementation of PBR are necessary. The institution should provide training and motivate physicians, especially younger doctors regarding PBR to ensure good health for all and safeguard the integrity of both the physician and the hospital.

Keywords: Ethics, knowledge of patient’s rights, patient’s rights

Introduction

In Saudi Arabia, the basic law of governance states that “the State shall look after public health and provide health care for every citizen.”[1] Accordingly, in 2001, the Ministry of Health (MOH) established the General Directorate of Patients’ Relation to look after patients’ rights and in 2006 was able to publish the first edition of patients’ bill of rights (PBR) in Saudi Arabia, which was endorsed in 2010 by the National Society for Human Rights in Saudi Arabia.[2] On November 22, 2011, the International Conference on Patients’ Rights was organized in Saudi Arabia. On December 27, 2011, a new edition of PBR was published. This was presented at the National Conference on Patients’ Rights in Saudi Arabia organized by the MOH on April 4, 2012.

Patients’ rights movement is growing worldwide, making governments and healthcare providers more accountable for the provision of high-quality health services. A health system that provides treatment and care should adhere to the existing laws and policies to adequately protect patients’
rights and ensure patients’ safety. It has been suggested that to improve PBR, several courses of action should be taken. Most importantly, informed consent on medical procedures and treatment is necessary.[6]

Vivian et al.’s (2009) study showed that out of 183 students, 71% reported witnessing patient rights abuses and professional lapses, including physical abuse (38%), verbal abuse (37%), disrespect for patients’ dignity (25%), and inadequately informing patients about their treatment (25%).[4]

Alghanim (2011) found out that more than three-quarters of patients and one-third of primary healthcare (PHC) providers did not know of the existence of the PBR, and three-quarters of patients and almost half of health providers had very little knowledge of what PBR entailed.[3]

Although knowing what PBR entailed is fundamental to an efficient healthcare system, a few studies have been done to assess the knowledge of the details of the PBR. This study aimed to assess the knowledge of physicians about the substance of the PBR and its implementation.

Materials and Methods

A cross-sectional study was conducted in a university hospital and affiliated centers and clinics. All physicians working in the King Fahad Hospital of University at the time of the study were included in the study.

Data was collected using a self-administered questionnaire developed by the researchers based on the PBR document published by the MOH, Saudi Arabia, in 2007.[4] The first part of the two-part questionnaire contained questions on demographic data (age, gender, and nationality), medical specialty (internal medicine, surgery, obstetrics, and gynecology, pediatrics, family medicine, and other medical and surgical specialty), years of experience, and level of education/professional status (interns, both program and service residents, specialist and consultants, both faculty and nonfaculty).

The second part was a test of the physician’s knowledge of the substance of the PBR. A total of 34 items about PBR were included with three possible responses “Agree”, “Disagree”, and “Do not know”. Some space was provided at the end of the questionnaire, for the physician to write down any comments. For the questions related to knowledge, each correct answer was given a score of 1 and 0 for every incorrect response. The summative scores were converted into percentages. If the knowledge percentage was ≥75, then the level of knowledge was categorized as adequate, and inadequate if it was <75.

The reliability of the tool was tested using Cronbach’s alpha to calculate the overall internal consistency for the entire 34-item scale of the knowledge of physicians on the PBR scale, and the coefficient was 0.72. The questionnaire was validated by two consultants of medical ethics. One of them was on the Medicolegal Committee and the other on the Ethics Committee. The questionnaire was piloted on ten participants in another hospital to examine the clarity of the questionnaire. Corrections were made accordingly and the time required for completion was assessed.

The study was approved by the Local Committee of the Saudi Commission for Health Specialties for the family medicine training program in the Eastern Province of Saudi Arabia and approved by the Institutional Review Board of the university hospital. Permission to conduct the study was granted by the administration. All participants were assured that data were confidential and anonymous.

The data were entered into MS Excel program and cleaned for outliers and entry error. The cleaned data were imported into statistical software SPSS version 16.0 (SPSS Inc. Released 2007. SPSS for Windows, Version 16.0. Chicago, SPSS Inc.) for the data analyses. Descriptive analyses included frequency and percentages for categorical variables, and mean and standard deviations for continuous variables. Bivariate analyses were carried out to calculate odds ratio (OR) for association between sociodemographic variables and the level of knowledge (adequate/inadequate). Logistic regression analysis were performed to calculate adjusted odds ratio at 0.05 significance level.

Results

A total of 250 questionnaires were distributed to the doctors; 207 physicians responded giving a response rate of 82.14%. Of those who responded, most of the participants (52.7%) were females, most (58.5%) were aged 25-30 years, and were Saudis (80.2%) [Table 1]. A large proportion of the physicians in the study were residents (44.9%), followed by interns (21.7%), consultants (18.4%), and specialists (11.1%).

The highest representations in the sample belonged to medical (21.3%), surgical (18.8), and other specialties (21.7). The smallest numbers were from pediatrics (13.5%), general practice 19 (9.2%), emergency medicine 18 (8.7%), and obstetrics and gynecology 14 (6.8%).

Many physicians (45.4%) had work experience between 1 and 5 years, followed by (28%) having <1 year experience [Table 1].
Table 2 shows the physician’s response to each item of the PBR questionnaire. Each correct answer represents the physician knowledge of the PBR. Item 2: “Patients should know the identity and professional status of the healthcare providers responsible for their treatment” had the highest proportion of correct response (98.1%). There were three other items which had more than 95% of correct responses. Item 19: “Doctors are entitled to withholding any procedures related to a patient’s condition if the patient refuses their choice of treatment” was the item with the least correct responses (15.5%) and five other items had correct responses <50%. More than two-fifths of the physicians, (44.44%), had adequate knowledge.

The physicians aged 31–40 years had a higher proportion (71.9%) of knowledge than the other age groups which was considerably less ($\chi^2 = 15.44$, $p = 0.001$). More than three-fifths of the specialists (73.9%) and consultants (68.4%) had adequate knowledge of PBR compared to other physician categories where the proportion was quite low ($\chi^2 = 16.82$, $p = 0.002$). Of the physicians who had >5 years’ work experience, 70.9% had adequate knowledge of PBR compared to the lower proportions of the other groups with work experience ($\chi^2 = 9.974$, $p = 0.007$).

The results of unadjusted and adjusted logistic regression analyses of physicians’ level of knowledge on PBR are presented in Table 3. The analyses showed that the physicians in the specialist category were 7.04 times more likely to have adequate knowledge of PBR than the interns (adjusted odds ratio [AOR] =7.04; 95% CI: 1.09–45.52) ($p = 0.040$).

**Discussion**

The aim of this study was to assess the knowledge of physicians about the substance of the PBR and its implementation. Most of the participants were aged 25–30 years (58.5%), and the majority (80.2%) were Saudis. This implies that Saudization policy was being implemented.

Since the study hospital was a teaching hospital, the majority of the physicians in the study were in the residency program (44.9%) and many physicians had work experience between 1 and 5 years (45.4%). As expected, there was more representation of those in the medical specialty (21.3%) because it had the highest number of doctors and wide range of fields.

About 44% physicians had adequate knowledge. The results are slightly different from the study by Alghanim, which reported that 48.8% of PHC staff had “little or very little” knowledge of the details of the bill ($P < 0.001$).[5]

The physicians’ response to each item of PBR showed that a majority gave the correct answer to Item 2: “Patients should know the identity and professional status of the health care providers responsible for their treatment” (98.1%). The study by Saleh and Khereldeen had the same findings that all physicians in both study hospitals indicated that the right to know the name of the attending physician (100%) is considered an actual patient’s right.[7] Item 16 “Consent must be written in a language can be understood by the patient” and “the patient should be notified about the diagnosis and all treatments updates in comprehensible language” have 96.6% correct response rate. Item 19: “Doctors are entitled to withholding any procedures related to a patient’s condition if the patient refuses their choice of treatment” was the item with the least correct responses (15.5%).”

A study by El-Sobkey et al. on the knowledge of PBR showed that half (52.3%) of the students knew of the existence of Saudi PBR, but only 7.9% of them knew some of the details.[8] Similar results were observed in other international studies, like Abou Zeina et al.
Table 2: Responses to each item of the patient’s bill of rights (PBR) questionnaire (n=207)

| Number | Contents of the PBR                                                                 | Correct response N (%) | Incorrect response N (%) | Do not know N (%) |
|--------|-----------------------------------------------------------------------------------|------------------------|--------------------------|------------------|
| 1      | Patients are not required to be treated with courtesy and respect during times of emergency | 172 (83.1)            | 29 (14.0)                | 6 (2.9)          |
| 2      | Patients should know the identity and professional status of the healthcare providers responsible for his/her treatment | 203 (98.1)            | 3 (1.4)                  | 1 (0.5)          |
| 3      | A patient is entitled to know the name of the physician performing the procedure, except in emergency cases | 168 (81.2)            | 27 (13.0)                | 12 (5.8)         |
| 4      | Patients are entitled to know a method of contacting her/his treating physician | 166 (80.2)            | 18 (8.7)                 | 23 (11.1)        |
| 5      | Patient’s culture and beliefs should be respected even if it was against medical advice | 152 (73.4)            | 37 (17.9)                | 1 (8.7)          |
| 6      | A patient may have the possibility of obtaining a second opinion within the same hospital or another | 173 (83.6)            | 16 (7.7)                 | 18 (8.7)         |
| 7      | When examining a patient, a third party (male or female) should be present | 157 (75.8)            | 33 (15.9)                | 17 (8.2)         |
| 8      | Treatment options should be discussed within the health team; patients are only entitled to know the treatment plan* | 97 (46.9)             | 99 (47.8)                | 11 (5.3)         |
| 9      | The patient’s medical record can be accessed by health-care team members, researchers, or other hospital staff* | 69 (33.3)             | 120 (58.0)               | 18 (8.7)         |
| 10     | A doctor can disclose adult patient information to anyone upon his/her permission | 120 (58.0)            | 66 (31.9)                | 21 (10.1)        |
| 11     | A doctor can disclose patients’ information to a research team without his/her permission* | 153 (73.9)            | 34 (16.4)                | 20 (9.7)         |
| 12     | A doctor can disclose an adult patient’s information to a specific family member (father-husband-wife) without his/her permission* | 163 (78.7)            | 30 (14.5)                | 14 (6.8)         |
| 13     | A doctor can disclose a patient’s information to judicial department only with his/her permission* | 56 (27.1)             | 116 (56.0)               | 35 (16.9)        |
| 14     | A doctor can disclose a patient’s information (to local and/or national health authorities) in case of communicable diseases | 182 (87.9)            | 16 (7.7)                 | 9 (4.3)          |
| 15     | A consent form is required for both routine and emergent lifesaving procedures* | 74 (35.7)             | 120 (58.0)               | 13 (6.3)         |
| 16     | Consent must be written in a language understandable by the patient | 200 (96.6)            | 3 (1.4)                  | 4 (1.9)          |
| 17     | Patient should be provided by one consent for different interventions such as surgery, anesthesia, and radiology* | 115 (55.6)            | 73 (35.3)                | 19 (9.2)         |
| 18     | Treatment procedure should be done even if refused by the patient* | 178 (86.0)            | 15 (7.2)                 | 14 (6.8)         |
| 19     | Doctors are entitled to withhold any procedures related to a patient condition if patient refuses their choice of treatment* | 32 (15.5)             | 144 (69.6)               | 31 (15)          |
| 20     | Patients in governmental hospitals do not have the right to refuse participation in any research done by the hospital* | 146 (70.5)            | 37 (17.9)                | 24 (11.6)        |
| 21     | Patient does not have the right to quit after agreeing to participate in a research* | 144 (69.6)            | 40 (19.3)                | 23 (11.1)        |
| 22     | Patient has the right to know in advance about her/his treatment cost and insurance coverage | 187 (90.3)            | 8 (3.9)                  | 12 (5.8)         |
| 23     | Patient does not need to know about treatment cost if she/he was covered by insurance* | 140 (67.6)            | 42 (20.3)                | 25 (12.1)        |
| 24     | Patients have the right to choose his own statements to be written in the medical report* | 145 (70.0)            | 41 (19.8)                | 21 (10.1)        |
| 25     | The medical team should report any violence against children to the concerned authority | 198 (95.7)            | 2 (1.0)                  | 7 (3.4)          |

*Statement of disagreement. PBR = Patient’s bill of right

patients’ rights in Egypt. In those studies, half of the study physicians and nurses lacked knowledge. Habib and Al-Siber recommended that more should be done by healthcare providers to increase patients’ awareness of their rights and their role in making decisions on their treatment. The physicians aged 31–40 years had a higher proportion (71.9%) of adequate knowledge in that age category, compared to the proportion of the other age groups. More than three-fifths of the specialists (73.9%) and consultants (68.4%) had adequate knowledge of PBR compared to that of the other physician categories. Of the
physicians who had >5 years of work experience, 70.9% had adequate knowledge of PBR compared to those with less work experience ($\chi^2 = 9.974, P = 0.007$). This implies that older, more experienced physicians and more senior doctors had better level of knowledge of PBR. Because of their experience and skill in their field, they appreciated the importance of PBR in rendering quality care to patients and their contribution to maintaining the integrity of the institution and protecting themselves from medical lawsuits.

Furthermore, multivariate logistic regression analyses also showed that the physicians in the specialist category are 7.04 times more likely to have adequate knowledge on PBR compared to interns (AOR = 7.04; 95% CI: 1.09–45.52) ($p = 0.040$).

### Conclusion

Knowledge on the PBR was inadequate, and reinforcement and strict implementation of PBR are necessary. The institution should train and motivate physicians on PBR, especially younger doctors to ensure good health for all and safeguard the integrity of both the physician and the hospital.

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Nil.

### Conflicts of interest

There are no conflicts of interest.

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