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Knowledge levels of physicians in samsun about Patients' rights

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Abstract

The patient-physician relationship is an issue that includes mutual rights in medical ethics. Patient rights is one of the sub-topics of human rights that has defined and developed in the last century. In this study, it was aimed to measure the knowledge level of physicians in Samsun province about patient rights. The study is a descriptive, cross-sectional and analytical study with a prospective survey prepared by literature review to measure the knowledge level of physicians about patient rights in Samsun. The data measurement tool includes questions measuring demographic data and knowledge level and was filled with face-to-face interviews with physicians who agreed to participate in the study. SPSS package program was used in the analysis of the data. The study was conducted with 287 physicians. 49.5% of the participants in the study reported that they received training on patient rights. It has been observed that general practitioners are more knowledgeable about patient rights. Physicians at the highest rate (98.3%) stated that "In health institutions, it is necessary to provide all kinds of hygienic conditions befitting human dignity, and to eliminate noise and all other disturbing factors". "The medical and social benefits expected from medical research may be prioritized over the life and bodily integrity of the volunteer who consents to the research" was the most negatively reported situation (13.6%). Physicians working in Samsun have a high level of awareness and perception of patient rights. Female doctors are more sensitive than male doctors in approaching patients within the framework of the principles of justice and equity, protecting privacy in case of death and hiding the diagnosis of the disease according to the psychological structure of the patient.

Keywords: Patient's rights, health care surveys, health care seeking behavior.

Introduction

Physician-patient relations are one of the fundamental subjects of medical ethics. In this relationship, trust, responsibility, keeping secrets and mutual respect are essential [1]. In doctor-patient relations, there are some rights that patients have, just like the rights of the physician. In this mutual and joint relationship between the physician and the patient, both parties have responsibilities to the rights of the other. It is important that they have accurate and clear information about what these equal rights are in terms of both the communication established and the treatment process to be healthy. Patient rights in the simplest way; is a term that is defined in international documents and indicates the application of human rights and values to health services [2].

Although the first information about patients' rights in history dates back to the Hippocrates era, with the publication of the Universal Declaration of Human Rights, patient rights began to take place in the literature as a sub-title of the concept of human rights [3]. The first international document on patient rights is the Lisbon Declaration published by the World Medical Association in 1981. With this declaration, physicians' attitudes towards their patients, patients' right to choose a physician, accept or refuse treatment, the privacy of personal information, and the right to refuse or accept psychological and implied consolation were written down for the first time [4]. After the publication of this statement, many countries around the world have made legal arrangements according to their own legal systems. Finland was the first country in Europe to make legal arrangements under the name of the Patient Rights and Situation Law [5]. In the following period, important regulations were made with the legal regulations about the diseases of the patients in France, and then Germany approved the Medical Treatment Contract Law in 1995 [6]. It has also made regulations on patient rights

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in Hungary and Poland, which are among the Balkan countries [7]. In parallel with the regulations made by the countries of the world, legal procedures are defined in Turkey with the Ministry of Health Patient Rights Regulation published on 01 August 1998 [8] and the Directive on Patient Rights Practices in Health Facilities prepared by the Ministry of Health on 15 October 2003 [9].

Although the issue of patient rights is a product of a humanitarian approach, these legal regulations in force impose important duties and responsibilities on all health professionals, especially physicians. In this study, it was aimed to examine the knowledge levels of physicians working in Samsun about patient rights and their attitudes towards their patients.

Materials and Methods

Research Population and Sample

The population of the research consists of a total of 982 physicians working in Samsun. The result of the power analysis, which was made with a 5% margin of error in the 95% confidence interval, was 277. The study sample consists of 287 physicians selected by simple randomization method.

Inclusion and Exclusion Criterias for Research

In order to be included in the study, it is necessary to work as a physician in public hospitals or family health centers in Samsun at the time the study population is calculated, to be over the age of 18, and to agree to participate in the study. Persons who did not fulfill at least one of these conditions were not included in the study.

Data Collection Method

Data; obtained by face-to-face interview method. The data collection tool used in the research consists of 2 parts. In the first part, there are 10 questions about demographic characteristics (gender, age, years of work in the profession, marital status, title, etc.). In the second part, it consists of 25 questions to determine the knowledge and attitude levels of physicians about patient rights. The expressions were arranged in the form of positive and negative sentences in order to ensure that the answer was healthy, and they were converted into positive expressions in order to score in terms of patient rights during the evaluation phase. The general reliability (cronbach's alpha) value of the scale was found as $\alpha = 0.894$. While creating the questionnaire used in the research, the studies conducted by Askar in 2006 [10] and by Tanriverdi and Ozmen in 2011 [11] were used.

Ethical Consent

Ethics committee approval was obtained from the Samsun Training and Research Hospital Non-Interventional Clinical Research Board with the decision number GOKA/2019/2/8 with the decision number 71 dated 20 December 2019 to conduct the study. Written permission was obtained from the Scientific Research Evaluation Commission of the Provincial Health Directorate and the hospitals where the research was carried out. Attention was paid to the principle of voluntariness in participating in the research. Before the study, the physicians were verbally informed about the purpose and benefit of the study. In the study, it was stated that personal

information would not be disclosed to anyone other than the researcher, by giving importance to the privacy of physicians and the confidentiality of employee information.

Analysis of Data

Data analysis was performed using the statistical software package SPSS 23.0 (Statistical Package for the Social Sciences–IBM®). Descriptive statistics on the distribution of independent variables in the study; numbers and percentages (n and %) for categorical variables; mean, standard deviation and median were used for numerical variables. In comparison of numerical variables, t-test for binary variables and one-way anova test for three or more variables were used. The $p < 0.05$ value was considered significant to determine the statistical significance level.

Results

The mean age of the physicians included in the study was 43.94 ± 9.61 years (min: 25, max: 68), and the mean age of working in the profession was 19.36 ± 9.62 years (min: 0, max: 43). It was observed that 115 (40.1%) of the physicians were female and 222 (77.4%) were married. When the titles of physicians are examined; It was determined that 134 (46.6%) were general practitioners and 133 (46.3%) were specialists. 124 (43.2%) of the physicians were working as family physicians. 142 (49.5%) of the physicians who participated in the study received patient rights training and these trainings; 27 (9.41%) reported that they received it from the hospital and 21 (7.32%) from the Provincial Health Directorate. Data on demographic and occupational characteristics are given in Table 1.

Table 1. Demographic and professional characteristics

Year	Mean±Standard Deviation
Age	43.94±9.61
Professional experience	19.36±9.62
Gender	n (%)
Female (n/%)	115 (40.1%)
Male (n/%)	172 (59.9%)
Marital status	
Married	222 (77.4%)
Single or Divorced/Widowed	65 (22.6%)
Academic title	
Medical practitioner	134 (46.7%)
Specialist Physician	133 (46.3%)
Associate Professor	3 (1.0%)
Professor	2 (0.7%)
Resident doctor	15 (5.2%)
Place of duty	
Primary health care / Family Physician	124 (43.2%)
Second/Tertiary care Physician	163 (56.8%)
Having previously received patient rights training	
Yes	142 (49.5%)
No	145 (50.5%)

98.3% of physicians replied "In health institutions, it is necessary to provide all kinds of hygienic conditions befitting human dignity, and to eliminate noise and all other disturbing factors"; 97.2% "Patient; should benefit from activities to promote healthy living and preventive health services within the framework of the principles of justice and equity"; 93.4% "In the provision of health services; Differences in patients' race, language, religion and sect,

gender, political thought, philosophical belief, economic and social status do not constitute a service difference"; 92.0% "The patient may also request a second opinion from another physician regarding the same health problem"; the sentence as "True". The ratios of the answers given by the physicians to the questions about the information they have about the patient's rights created by the literature review are given in Table 2.

Table 2. Physicians' knowledge of patient rights

	Number of physicians who responded positively n (%)
Patient; should benefit from activities to promote healthy living and preventive health services within the framework of the principles of justice and equity.	279 (97.2%)
Healthcare personnel; should be friendly and courteous to patients and their relatives.	243 (84.7%)
In health institutions, it is necessary to provide all kinds of hygienic conditions befitting human dignity, and to eliminate noise and all other disturbing factors.	282 (98.3%)
In the provision of health services; Differences in patients' race, language, religion and sect, gender, political thought, philosophical belief, economic and social status do not constitute a service difference.	268 (93.4%)
It is appropriate to hide the diagnosis if there is a possibility that the patient's psychological state will increase negatively and the disease progression will worsen.	108 (37.6%)
Except for legal measures, a person can choose who can be informed about their health status.	234 (81.5%)
If people who are not directly effective in the treatment of the patient need to be involved in the process of training; Informed consent should be obtained from the patient beforehand.	237 (82.6%)
The patient may also request a second opinion from another physician regarding the same health problem.	264 (92.0%)
Patients can review their own patient file and medical records directly, through their attorney or through their legal representative and get a copy.	249 (86.8%)
Death does not violate privacy.	228 (79.4%)
In requests for sterilization and termination of pregnancy, the patient's consent is required, as well as the spouse's consent if she is married.	255 (88.9%)
When it is necessary to go beyond the consent obtained while performing medical intervention; if there is a situation that may lead to the loss of an organ of the patient or loss of function; Medical intervention may be extended without seeking consent.	191 (66.6%)
Upon the patient's request, the personnel who will provide health services should provide information about their identity card, duties and titles.	226 (78.7%)
In cases where there is no medical problem, the patient may request to have a companion.	257 (89.5%)
The requests of the patient, who cannot make a request during the medical intervention, are taken into account before the intervention.	236 (82.2%)
If the harm that the research will cause to the volunteer cannot be predicted, the research cannot be carried out even if the volunteer gives consent.	194 (67.6%)
Within the possibilities of health institutions, patients are allowed to freely fulfill their religious duties.	255 (88.9%)
Informed consent for studies; It should be given freely, without any material or moral pressure. In medical research, consent can be obtained verbally.	125 (43.6%)
Healthcare workers are responsible for protecting the health of the patient and relieving their suffering. For this purpose, any attempt can be made, including euthanasia.	41 (14.3%)
Patients or their relatives have the right to all kinds of applications, complaints and lawsuits in case of violation of patient rights.	261 (90.9%)
When the patient is discharged; Verbal information should be given by healthcare professionals about general health status, medications, control dates, diet and what to do after discharge.	193 (67.2%)
The medical and social benefits expected from medical research may be prioritized over the life and bodily integrity of the volunteer who consents to the research.	39 (13.6%)
Medical interventions to minors for research purposes only, which are of no benefits to them, are subject to the consent of their parents or guardians.	107 (37.3%)
An incurable diagnosis can only be reported to the patient by a physician and with sensitivity. If the patient does not have a request to the contrary, the diagnosis is reported to the family.	175 (61.0%)
If there is patient consent; Medicines and equipments other than those authorized by the Ministry can be used in family planning services.	61 (21.3%)

The gender difference was statistically different on the level of knowledge about the sentences "It is appropriate to hide the diagnosis if there is a possibility that the patient's psychological state will increase negatively and the disease progression will worsen" and "Death does not violate privacy". The marital status difference was statistically different on the level of knowledge about the sentences "In health institutions, it is necessary to provide all kinds of hygienic conditions befitting human dignity, and to eliminate noise and all other disturbing factors", "Upon the patient's request, the personnel who will provide health services should provide information about their identity card, duties and titles", "Healthcare workers are responsible for protecting the

health of the patient and relieving their suffering. For this purpose, any attempt can be made, including euthanasia" and "When the patient is discharged; Verbal information should be given by healthcare professionals about general health status, medications, control dates, diet and what to do after discharge". The answers with statistically significant differences among the answers given are shown in Table 3.

It has been determined that general practitioners have higher averages in items than physicians in other titles. The comparison of the titles of the physicians in the study with the information they have on patient rights is shown in Table 4.

Table 3. Significant effects of gender and marital status differences on knowledge about patients' rights

	Female	Male	p value
It is appropriate to hide the diagnosis if there is a possibility that the patient's psychological state will increase negatively and the disease progression will worsen.	1.93±0.68	1.70±0.71	0.006
Death does not violate privacy.	1.42±1.12	1.22±0.58	0.042
	Married	Single / Divorced/ Widowed	p value
In health institutions, it is necessary to provide all kinds of hygienic conditions befitting human dignity, and to eliminate noise and all other disturbing factors.	1.01±0.16	1.06±0.30	0.047
Upon the patient's request, the personnel who will provide health services should provide information about their identity card, duties and titles.	1.28±0.69	1.63±0.88	0.001
Healthcare workers are responsible for protecting the health of the patient and relieving their suffering. For this purpose, any attempt can be made, including euthanasia.	1.95±0.55	2.28±2.52	0.040
When the patient is discharged; Verbal information should be given by healthcare professionals about general health status, medications, control dates, diet and what to do after discharge.	1.36±0.62	1.63±0.80	0.005

Discussion

The concept of patient rights came to the fore at a very late time in human history, towards the end of the 20th century. This right directly concerns health care. In the treatment process, the concept of patient rights should be known by both doctors, healthcare professionals and patients, and it should be applied in accordance with this awareness. For this reason, it will be useful to carry out studies on patient rights, to raise the issue and to draw attention to the issue. In this study, the knowledge levels of physicians working in public hospitals and primary health care institutions in Samsun province were examined. The study is limited to physicians working in Samsun Training and Research Hospital and Gazi State Hospital and family physicians working in primary health care services.

It has been determined that the physicians in the study have knowledge on basic subjects at the level of knowledge they have about patient rights. In a study conducted on physicians, it was found that nearly half of the physicians were unaware of the current Patient Rights Regulation, only one-third had read the regulation, and most of the physicians had very superficial information about

the basic approach and legal regulations regarding patient rights [12]. Sur et al., in their study with physicians, reported that when "the rights that come to mind when it comes to patients' rights" are questioned, the right to choose a physician comes first and the right to inform secondly [13]. In their study, Cakir et al. reported that 6.3% of the patients who will undergo surgical treatment and 75.8% of those who will be treated with medication are not informed and do not get their approval [14].

In our study, there is a statistically significant difference between the gender of the physicians and their answers about privacy. In Bostan's study, 59.2% of healthcare professionals stated that patients' right to privacy is not as important as the treatment of their disease [15], and in the study of Ocaktan et al. [16], the most accepted example of attitude was the need to protect privacy. In another study, it was found that health care recipients have problems in respecting their privacy and that some of the personnel who provide the service are less sensitive about privacy [17]. These different results revealed that there was not enough sensitivity to an important issue such as privacy. More studies are needed on this subject and more attention should be paid to this issue.

Table 4. Significant effects of title differences on knowledge about patients' rights

	Academic title	Mean±SD	P value
Patient; should benefit from activities to promote healthy living and preventive health services within the framework of the principles of justice and equity.	Resident doctor	1.00±0.01	0.010
	Medical practitioner	1.05±0.30	
	Specialist Physician	1.03±0.24	
	Associate Professor	1.67±1.15	
	Professor	1.00±0.01	
In health institutions, it is necessary to provide all kinds of hygienic conditions befitting human dignity, and to eliminate noise and all other disturbing factors.	Resident doctor	1.07±0.26	0.001
	Medical practitioner	1.02±0.19	
	Specialist Physician	1.00±0.12	
	Associate Professor	1.00±0.01	
	Professor	1.00±0.01	
Upon the patient's request, the personnel who will provide health services should provide information about their identity card, duties and titles.	Resident doctor	2.47±0.92	0.001
	Medical practitioner	1.22±0.61	
	Specialist Physician	1.38±0.76	
	Associate Professor	1.67±1.15	
	Professor	1.00±0.01	
Within the possibilities of health institutions, patients are allowed to freely fulfill their religious duties.	Resident doctor	1.40±0.51	0.001
	Medical practitioner	1.30±0.70	
	Specialist Physician	1.03±0.17	
	Associate Professor	1.00±0.01	
	Professor	1.00±0.01	
Informed consent for studies; It should be given freely, without any material or moral pressure. In medical research, consent can be obtained verbally.	Resident doctor	1.47±0.52	0.006
	Medical practitioner	1.82±0.72	
	Specialist Physician	1.53±0.58	
	Associate Professor	1.67±0.58	
	Professor	2.00±0.01	
When the patient is discharged; Verbal information should be given by healthcare professionals about general health status, medications, control dates, diet and what to do after discharge	Resident doctor	2.07±0.70	0.001
	Medical practitioner	1.46±0.68	
	Specialist Physician	1.31±0.61	
	Associate Professor	1.00±0.01	
	Professor	3.00±0.01	
An incurable diagnosis can only be reported to the patient by a physician and with sensitivity. If the patient does not have a request to the contrary, the diagnosis is reported to the family.	Resident doctor	1.33±0.62	0.007
	Medical practitioner	1.86±1.19	
	Specialist Physician	1.43±0.73	
	Associate Professor	2.33±1.15	
	Professor	1.50±0.71	
If there is patient consent; Medicines and equipments other than those authorized by the Ministry can be used in family planning services.	Resident doctor	0.02±0.00	0.001
	Medical practitioner	1.14±1.05	
	Specialist Physician	0.77±0.91	
	Associate Professor	0.01±0.00	
		0.01±0.00	

In the study conducted by Ozer et al., it was observed that there was a significant difference between the level of knowledge of patient rights and gender [18]. In Yuce's study, it was determined that the level of knowledge about patient rights was higher in women than in men [19], these findings are similar to our study and support our study.

In our study, it was found that single physicians were more sensitive in their attitudes towards patient rights than married physicians. It was thought that married physicians could not adequately follow the current legislation on patient rights, as they had to spend more time on their social lives such as spouses and children.

The difference in the titles of physicians creates a statistically significant difference on their knowledge and attitudes towards patient rights. It has been determined that as the level of education increases, the knowledge about patient rights also increases, and one becomes more knowledgeable and sensitive in this regard. In the study conducted by Yuce, it was determined that the level of knowledge and attitude towards patient rights changed positively as the level of education increased [19]. Kilicarslan et al. reported in their study that there was no statistically significant difference between the general perceptions of the participants about patient rights and their education level [20].

There are results at different levels of significance in the literature. Future studies may shed more light in this matter.

Conclusion

As a result of this study, which was carried out to determine the patient rights knowledge level of physicians working in Samsun; Physicians' awareness of patient rights was high and their perceptions were positive. It has been concluded that female physicians are more sensitive to privacy and hiding the diagnosis of the disease according to the patient's psychological structure than male physicians. In order to provide quality health services, the perception and knowledge level of health workers about patient rights should be increased with periodic trainings.

Conflict of interests

The authors declare that there is no conflict of interest.

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Ethical approval

Ethics committee approval was obtained from the Samsun Provincial Health Directorate Scientific Research Evaluation Commission with the decision number 71 and dated 20.12.2019, and the decision number

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