

## A Study To Assess The Knowledge Regarding Rights And Responsibilities Among Patients Admitted To Tertiary Care Hospitals In Sangli, Miraj, And The Kupwad Corporation Area

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### ABSTRACT

**Introduction:** Patient rights are a code of conduct that governs interactions between patients and healthcare professionals. Assessing the knowledge of patients' rights and responsibilities have advantages and disadvantages. The title of study is "A study to assess the knowledge regarding rights and responsibilities among patients admitted in selected tertiary care hospitals in Sangli, Miraj, Kupwad Corporation area." The objectives are 1.To assess the knowledge regarding rights of the patients. 2.To assess the knowledge regarding responsibilities of the patients.3.To find out the association of knowledge regarding rights and responsibilities with selected demographic variables.

**Methodology:** A non-experimental descriptive research design was used and Quantitative approach was used for present study. By using simple random sampling technique 140 samples were selected for this study. A self-structured questionnaire was used to assess the knowledge score regarding rights and responsibilities among patients. A researcher gave the questionnaire to the patients for 15- 20 min to solve the questions. Analysis was done with using descriptive and inferential statistics and chi square test was used to find the association.

**Result and conclusion:** The level of knowledge regarding Rights of patients showed that the patients 64(45.72%) had good knowledge, 52(37.14%) had average knowledge and 24(17.14%) had poor knowledge. The level of knowledge regarding Responsibilities of patients showed that the patients 76(54.28%) had good knowledge, 43(30.72%) had average knowledge and 21(15%) had poor knowledge. The association of knowledge regarding rights and responsibilities with selected demographic variables the P-value is less than 0.05 so there is significance association between the Age, Gender, Education, Duration of stay in hospital and Received information with knowledge regarding rights and responsibilities.

**Keywords:** Knowledge, Rights & Responsibilities of patients, Tertiary Care Hospitals

### 1. INTRODUCTION

Patient rights are a code of conduct that governs interactions between patients and healthcare professionals. Each patient has the right to be informed of their rights and the responsibilities of their healthcare provider [1].

Patient rights were developed on the foundation of the understanding of human dignity and the fundamental equality of all people. The World Health Organisation (WHO), whose mission is to ensure "health for all," and the Universal Declaration of Human Rights (1948) both recognise "the inherent dignity" and the "equal and unalienable rights of all members of the human family" [2].

Patients today are increasingly aware of their expectations regarding their rights in healthcare, and it is the responsibility of healthcare providers to meet these expectations. However, there is limited understanding of healthcare providers' knowledge and attitudes toward patients' rights [3].

In health science literature and practice, the term "patients' rights" is relatively new, but it has grown to be essential to modern healthcare practices. Today's patients are much more aware of what to expect when they enter a medical facility. This study sought to explore what is known about hospitalised patients' rights [4].

The system protecting patient rights, defined by international laws and ethical regulations, varies according to each country's social, political, and economic context within its legal system.

Assessing patients' knowledge of their rights and responsibilities is crucial for several reasons: Understanding these rights and obligations benefits both patients and providers. It ensures quality care by empowering patients to hold healthcare providers accountable. Patients who know their rights can make informed decisions, actively participate in their treatment, and ask relevant questions, leading to better outcomes. Awareness of these rights enhances safety, as patients are more likely to report concerns, reducing medical errors. Respecting patient rights aligns with ethical principles and legal requirements, promoting trust and compliance. Additionally, when patients feel their rights are respected and their responsibilities are clear, their overall satisfaction with healthcare services improves [5].

While patient rights and responsibilities are essential, they can also present challenges. Some patients may assert their rights in ways that conflict with medical advice, creating tension with healthcare providers and potentially affecting treatment outcomes. Misinterpretation of these rights can lead to unrealistic demands, such as unnecessary tests or medications, straining healthcare resources. Additionally, ensuring compliance with patient rights may increase administrative and legal burdens, diverting time and effort from direct patient care. In emergencies, balancing autonomy with urgent decision-making can complicate timely interventions. Furthermore, variations in awareness and implementation of these rights across different healthcare systems may lead to inconsistent patient experiences and added financial pressures.

Overall, assessing patients' knowledge of their rights and responsibilities is essential for promoting patient-centred care, ensuring patient safety, and upholding ethical and legal standards in healthcare. Thus, this study was undertaken.

The research statement is: "A study to assess the knowledge regarding rights and responsibilities among patients admitted to tertiary care hospitals in Sangli, Miraj, and the Kupwad Corporation area." The study's objectives are: 1. To assess the knowledge regarding patients' rights. 2. To assess the knowledge regarding the responsibilities of patients. 3. To determine the association of knowledge regarding rights and responsibilities with selected demographic variables. The study assumes that patients may have some level of knowledge about their rights and responsibilities.

## 2. MATERIALS & METHODS

The research approach used in this study was quantitative, with a non-experimental descriptive design. The research variables focused on knowledge regarding patients' rights and responsibilities. The study was conducted in the general wards of selected tertiary care hospitals in the Sangli, Miraj, and Kupwad Corporation areas. The population consisted of patients admitted to the general wards of these hospitals. The inclusion criteria were: 1. Patients willing to participate and provide written consent. 2. Patients fluent in English, Marathi, or Hindi. 3. Patients capable of responding accurately. The exclusion criteria excluded critically ill patients. A simple random sampling technique (using the lottery method) was employed, and 140 samples were selected based on power analysis [6].

The data collection tool comprised two sections: Section 1: Collected baseline patient information (e.g., age, gender, education, duration of stay). Section 2: A structured knowledge questionnaire on patient rights (scoring: 1 for correct, 0 for incorrect). Section B: A structured knowledge questionnaire on patient responsibilities (same scoring system). The main study was conducted from 5 May to 10 July 2024, preceded by validity, reliability testing and a pilot study. Validity: The research tool was validated by 17 experts for content validity.

Ethical Approval: Obtained from the BVDU College of Nursing, Sangli Institutional Ethics Committee (Ref. no. BVDU/CON/SAN/947/2024-25). Informed Consent: Written consent was obtained from all participants.

Reliability Testing The split-half method assessed reliability using Spearman's rank correlation coefficient. Testing occurred on 18 April 2024 at Vivekanand Hospital, Kupwad, with 14 samples. Patient rights questionnaire:  $r = 0.84$  Patient responsibilities questionnaire:  $r = 0.81$ . Pilot Study Conducted on 27 April 2024 at Synergy Hospital, Miraj (duration: 1 day). 14 samples were selected to test feasibility.

Knowledge questionnaires were administered on 27 April 2024. Data analysis used descriptive statistics (frequency, percentage distribution) and the Chi-square test for associations. Modifications were made post-pilot study based on expert guidance.

### Data analysis and interpretation

Data analysis and interpretation were performed using SPSS version 26. The findings are presented in the following sections:

Section 1: Frequency and percentage distribution of patients according to demographic variables. Section 2: Frequency and percentage distribution of patients based on their knowledge level regarding patient rights. Section 3: Frequency and percentage distribution of patients based on their knowledge level regarding patient responsibilities. Section 4: Association between knowledge of patient rights and selected demographic variables. Section 5: Association between knowledge of patient responsibilities and selected demographic variables.

**Table No. 1: Frequency and percentage distribution of patients according to demographic variables. n =140**

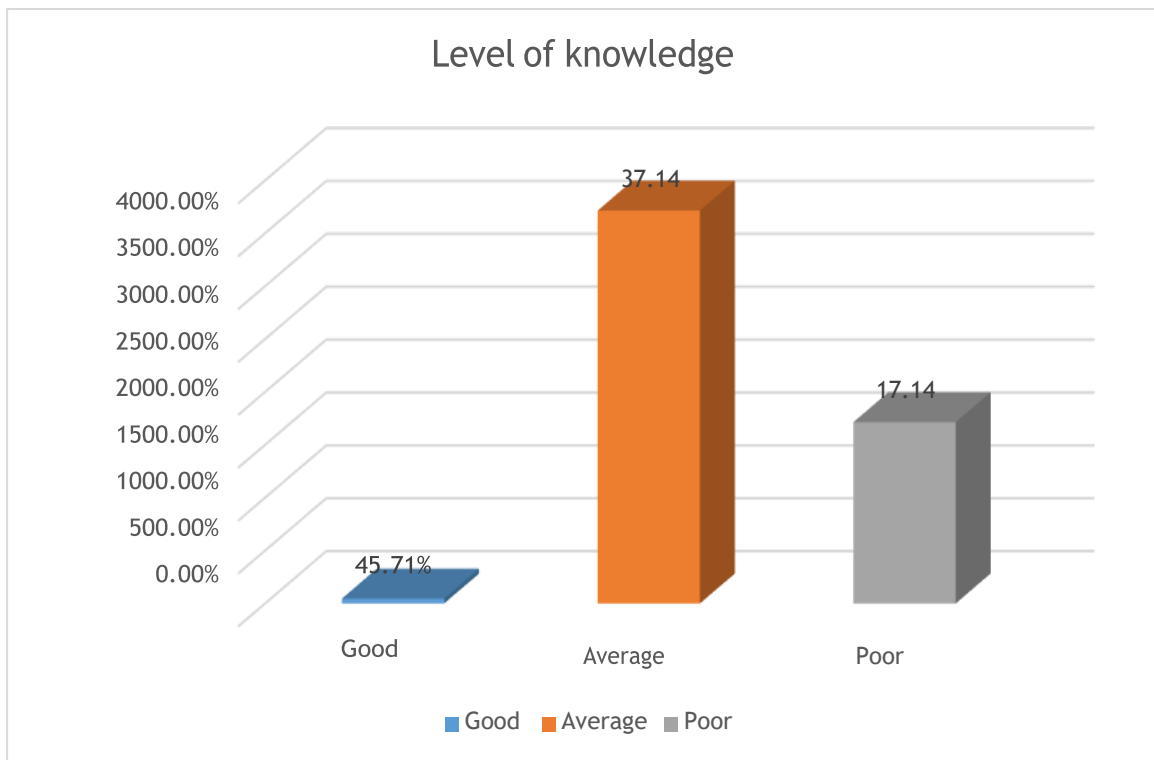
Sr. No	Demographic variable	Category	Frequency	Percentage
1.	Age (in years)	21-30	34	24.28
		31-40	30	21.43
		41-50	28	20
		50 and above	48	34.29
2.	Gender	Male	73	52.14
		Female	67	47.86
3.	Education	Non formal	3	2.14
		Primary	48	34.29
		Secondary	62	44.28
		Graduate& above	27	19.29
4.	Duration of stay	1-2 weeks	129	92.14
		3-4 weeks	10	7.14
		More than 4weeks	1	0.72
5	Have you received this information before	Yes	7	5
		No	133	95
	If yes, source of information- Hospital nursing staff informally			

The study findings show that, out of 140 (100%) patients, majority of the sample 48 (34.29%) were in the age group of 51 and above years whereas 34(24.28%) of the sample were in the age of 21-30 years and 28(20%) samples are in age group 41-50years. It was found that out of 140 (100%) patients, 73 (52.14%) of the sample were male and 67(47.86%) sample were female.

According to Educational status most of the patients are 62(44.29%) secondary educated,48(34.28%) of them are primary educated,27(19.28%) of them are graduated and above and 3(2.14%) of them are non-educated. The Duration of the stay most of the patients 129(92.14%) are staying from 1-2 weeks, 10(7.14%) are staying from 3-4 weeks and 1(0.72%) is staying from more than weeks. Most of 133(95%) of them are not received information before and 7(5%) of them are received information before

**Table No. 2: Frequency and percentage distribution of patients according to level of knowledge regarding rights of the patient. N=140**

LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE%
(7-10) Good	66	45.72%
(4-6) Average	50	37.14%
(0-3) Poor	24	17.14%



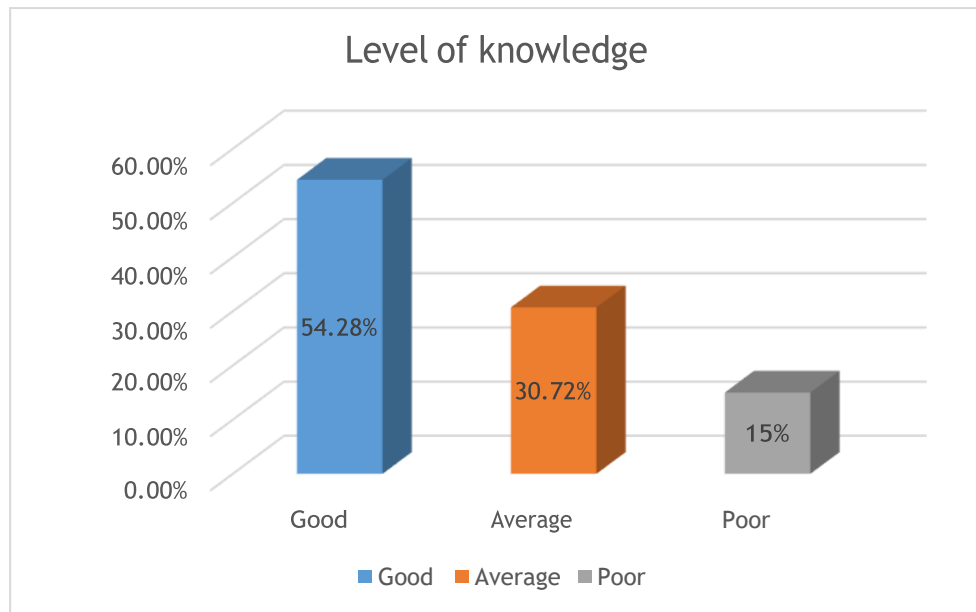
**Figure no. 6 level of knowledge regarding rights**

The above table No.2 shows that, most of the patients 64(45.72%) had good knowledge, 52(37.14%) had average knowledge and 24(17.14%) had poor knowledge regarding rights of patients.

**Table No. 3: Frequency and percentage distribution of patients according to level of knowledge regarding responsibilities of patients. N= 140**

LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE%
Good	76	54.28%
Average	43	30.72%
Poor	21	15%

Foot note: Score (6-7) Good, (3-5) Average & (0-2) Poor



**Figure No. 6 Bar graph showing the level of knowledge regarding responsibilities**

The above table No.3 shows that, majority of the patients 76(54.28%) had good knowledge, 43(30.72%) had average knowledge, 21(15%) had poor knowledge regarding responsibilities of patients

**table No. 4: Association between the rights of the patients and selected demographic variables.  
n=140**

Demographic variables	Frequency	Level of knowledge			d.f.	Chi-squar e	P-value	Significance
		poor	Average	Good				
<b>Age (in years)</b>								
21-30	34	4	7	24	3	69.714	0.0001	Significant
31-40	30	7	9	14				
41-50	28	4	12	12				
51 and above	48	9	22	17				
<b>Gender</b>								
Male	73	14	32	26	2	90.643	0.000001	Significant
Female	67	10	17	40				
<b>Education</b>								
Non formal	3	1	2	0	3	42.195	0.000037	Significant

Primary	48	8	15	25				
Secondary	62	12	26	24				
Graduation and above	27	3	7	17				
<b>Duration of stay in hospital</b>					2	171.36	0.00001	Significant
1-2 weeks	127	23	47	58				
3-4 weeks	10	1	3	6				
4 weeks and above	1	0	0	1				
Have you received this information before?					2	129.02	<0.0001	Significant
Yes	7	1	3	3				
No	133	23	47	63				
Primary	48	8	15	25				
Secondary	62	12	26	24				
Graduation and above	27	3	7	17				
<b>Duration of stay in hospital</b>					2	171.36	0.00001	Significant
1-2 weeks	127	23	47	58				
3-4 weeks	10	1	3	6				
4 weeks and above	1	0	0	1				
Have you received this information before?					2	129.02	<0.0001	Significant
Yes	7	1	3	3				
No	133	23	47	63				

The above table shows that The association of knowledge regarding rights with their Age, Gender, Education, Duration of stay in hospital and Received information the P-value is less than 0.05 so there is significance association between the Age, Gender, Education, Duration of stay in hospital and Received information with knowledge regarding rights .

**Table No. 5: Association between the knowledge regarding responsibilities of the patients with selected demographic variables. n=140**

Demographic variables	Frequency	Level of knowledge			d.f.	Chi- square	P-value	Significance
		poor	Average	Good				
<b>Age in years</b>					3	75.542	0.0351	Significant
21-30	34	3	10	22				
31-40	30	4	11	15				

41-50	28	6	4	17				
51 and above	48	8	18	22				
<b>Gender</b>					2	110.00	0.00001	Significant
Male	73	15	26	30				
Female	67	6	17	46				
<b>Education</b>					3	42.195	0.000037	Significant
Non formal	3	1	2	2				
Primary	48	5	16	26				
Secondary	62	13	21	27				
Graduation and above	27	2	6	21				
<b>Duration of Stay in hospital</b>					2	171.36	0.00001	Significant
1-2 weeks	129	17	38	71				
3-4 weeks	10	3	4	4				
4 weeks and above	1	1	1	1				
<b>Have you received this information before?</b>					2	129.02	<0.0001	Significant
Yes	7	1	6	5				
No	133	20	37	71				

The above table shows that, the association of knowledge regarding responsibilities with their Age, Gender, Education, Duration of stay in hospital and Received information the P-value is less than 0.05 so there is significance association between the Age, Gender, Education, Duration of stay in hospital and Received information with knowledge regarding responsibilities.

### 3. DISCUSSION

Table 1: Demographic Characteristics of Patients The findings show that out of 140 patients (100%), the majority (48 patients, 34.29%) were in the age group of 51 years and above, while 34 patients (24.28%) were aged 21-30 years and 28 patients (20%) were in the 41-50 years age group. Of the total sample, 73 patients (52.14%) were male and 67 (47.86%) were female.

Regarding educational status, 62 patients (44.29%) had secondary education, 48 (34.28%) had primary education, and 27 (19.28%) were graduates or above.

For the duration of hospital stay, 129 patients (92.14%) stayed for 1-2 weeks. 10 (7.14%) stayed for 3-4 weeks. 1 (0.72%) stayed for more than 4 weeks

Concerning prior awareness: 133 patients (95%) had not received information previously. 7 (5%) had received information before participation. Similar demographic variables were observed in a study on patients' rights knowledge conducted at Nepalgunj Medical College, Banke, Nepal, which also examined age, sex, and education [7].

Table 2: Knowledge Levels Regarding Patient Rights. The study found that 66 patients (45.72%) had good knowledge. 50 (37.14%) had average knowledge, and 24 (17.14%) had poor knowledge regarding patient rights. These results align with findings from a study on hospitalised patients' awareness of their rights, which reported: 22% had strong awareness 43% had average awareness. 35% had poor awareness of their rights [8]

Table 3: Knowledge Levels Regarding Patient Responsibilities The results showed: 76 patients (54.28%) had good knowledge. 43 (30.72%) had average knowledge, 21 (15%) had poor knowledge of patient responsibilities. Similar findings emerged from a Belagavi City study, where 76.14% of inpatients were aware of their responsibilities while 23.86% were unaware [9].

Table 4: Association Between Knowledge of Rights and Demographic Variables Analysis revealed significant associations ( $p < 0.05$ ) between knowledge of rights and: Age ( $p = 0.0001$ ), Gender ( $p = 0.000001$ ), Education ( $p = 0.000037$ ), Duration of hospital stay ( $p = 0.00001$ ), Prior information received ( $p = 0.0001$ ). These findings are supported by a study showing a significant association between nurses' knowledge of patient rights and their working unit ( $\chi^2 = 10.170$ ,  $p = 0.038$ ) at  $p < 0.05$  [10].

Table 5: Association Between Knowledge of Responsibilities and Demographic Variables Significant associations ( $p < 0.05$ ) were found with: Age ( $p = 0.0351$ ), Gender ( $p = 0.00001$ ), Education ( $p = 0.000037$ ), Duration of stay ( $p = 0.00001$ ), Prior information received ( $p = 0.0001$ ). The Belagavi City study similarly found associations between awareness of responsibilities and education ( $p = 0.000$ ) and gender ( $p = 0.023$ ) [9].

Recommendations: Future studies should use larger sample sizes for more consistent results. Implementation of comprehensive orientation programs for newly admitted patients regarding their rights and responsibilities. Comparative studies to assess practices of rights and responsibilities among patients

Study Strengths: Comprehensive assessment of both patients' rights and responsibilities knowledge. Analysis of knowledge levels and their association with demographic variables

#### 4. CONCLUSIONS

The study highlights the need for better patient education on rights and responsibilities to improve healthcare quality and satisfaction. Healthcare institutions should implement awareness programs to bridge knowledge gaps, especially for less-educated patients. Strengthening patient understanding can enhance ethical care, collaboration, and service efficiency. These findings offer valuable insights for policymakers and future research to promote patient-centred care.

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