

CHAPTER V

CONCLUSIONS, DISCUSSIONS, AND RECOMMENDATIONS

5.1 Conclusions

This cross-sectional explanatory research was done at Bamrasnaradura Institute during the period of January 20 through February 20, 2004. A self-administered questionnaire was developed and used for the data collection. Validity of the questionnaire was consulted by 2 doctors and 1 supervisor nurse. Reliability test was done among 20 HCWs and 20 patients at Bangkruey Hospital. The result, using Cronbach's alpha coefficient, was 0.81 for perception of patients' rights and practice of patients' rights by HCWs, and 0.83 by patients. Probability sampling (proportional stratified sampling and systematic sampling) was used to select study participants. The participants administered the questionnaire by themselves. The objectives were to measure descriptive statistic for the level of perception of patients' rights and practices of patients' rights. The association between them was measured by Chi-square test. The results are as follow:

The majority of respondents of HCWs who took part in this study were female (87.9%), in the age groups of 40 - 49 (42.7%). Most of them were married (61.8%). The educational level with the highest percentage was Bachelor's degree (45.7%). The majority of them worked at department of medicine, and had 22 years experience or longer (40.7%). All HCWs (100%) reported that they had experience of perceived knowledge of patients' rights which they learned from the picture of patients' rights shown at the Institute (37.1%). Most of HCWs had moral training or code of professional training as high as 92%.

The majority of respondents of patients who took part in this study were female (53.2%), married (55.0%) and in the age groups of 31 - 40 (37.8%). The level of educational level at the highest in percentage was bachelor's degree (27.5%).

The largest occupational sector was company's employees (39.0%). The highest income rate was 10,000 - 30,000 Baht per month (38.9%). The majority of visit was

three times or more (70.5%), and the majority of department that they received service was OPD medicine (60.8%). Most of them had experience of perceived knowledge of patients' rights (58.8%), and acquired this knowledge from the picture of patients' rights at the institute and other medical service centers (28.5%).

The HCWs' perception of patients' rights are one aspect of good practices of patients' rights. The aim of the study was to describe how HCWs and patients perceive the patients' rights. A brief result of the study is as follow:

1. The level of HCWs' perceived patients' rights and the level of practices of patients' rights at the BI were equally high.
2. The level of patients' rights perception in patients and the HCWs' practices toward the patients were also high.

Results of Hypothesis Testing

1. The association between the HCWs' perception and its practices was statistically significant at 7.126 (p-value < 0.05).
2. There was no statistically significant difference in level of perception of patients' rights among different groups of HCWs (p-value > 0.05).
3. There was statistically significant difference in level of practices of patients' rights among different groups of HCWs. (p-value < 0.05)
4. There was no statistically significant difference in patients' level of perception of patients' rights among different age groups. (p-value > 0.05)
5. There was statistically significant difference in perception of patients' rights among different education level and occupation of patients. (p-value < 0.05)
6. The patients' score of perceived patients' rights was higher than HCWs' score at 90.5% and 86.7%.

5.2 Discussions

The discussions are as follows: first, respondents' perceived patients' rights; second, HCWs' practices of patients' rights; third, patients' received practices of patients' rights from HCWs; fourth, the association between perception of patients' rights and its practices; finally, comparison of perception of patients' rights and its practices among different groups of HCWs.

5.2.1 Respondents' perceived patients' rights.

The result of this study showed that respondents' perception of patients' rights as a whole was high. The possible explanations are; first, most Thai patients trust their doctors, namely most relationships are like a parent-child relationship. Secondly, the Constitution of Thai Kingdom, 1997 concerning the patients' rights, item 1, says that the patients have the basic rights to receive public health services as stipulated in the Constitution Law. In Section 3, Rights and Freedom of Thai People, section 52 says that all people have equal rights to receive public health services up to the standards. In Section 3, Basic Policy of the Government concerning the patients' rights, item 2, says that the patients have the rights to receive public health services from health professionals without prejudice. In Section 30: Equality, i.e. Women and Men have equal rights (Kerdwichai, 1999).

Third, the Ministry of Public Health has a policy that all hospitals under its control must develop their qualities towards obtaining an HA. The indications in the patients' rights are in Chapter 5, section 13; the patients' rights and ethics of an organization. HA citation all HCWs should be aware of and honor the rights of all patients, regardless of age, gender, ethnic and religion (Institute for Hospital Development and Accreditation, 2000)

Further more, the patients' rights are also related with the ethics of medical and nursing professions. Therefore, HCWs may answer questions positively with common sense and their previous education of ethical practices. The professional ethics emphasize that the medical and nursing professionals should be aware of the values and prides of the patients, and give their services equally up to the specific professional standards. The Medical Council Regulations concerning the Ethics of the Medical Profession, 1983 are in Section 1 General Principles; Section 3 Medical

Professional Practices and Section 6 Experiments On Human Subjects (Boonchalermvipas, 2002).

In addition, the knowledge gained from the professional laws, including values and cultures of Thai society will convince doctors and nurses that they are the providers. After that there will be a decision-making and expression of treatment behaviors, all these are in the perception processes.

Considering respondents' perception of patients' rights in each item: For HCWs

The study found that HCWs at BI are well aware of patients' rights, particularly in item 2, the right to receive full medical service regardless of their status, race nationality, sex, age, etc, and item 8, the right to demand current information regarding his role in the research and risk involved. This finding agrees with the study of Suvapap (1999) which found that item 8 was at the highest score of nurses' perception.

The doctors, registered nurses, technical nurses and nurse aids all have high level of perception of patients' rights under item 8 at 75.9%, 84.4%, 70.3% and 66.1% respectively. This can be explained that the BI has a change in the vision of the Institution by focusing on medical care as prevention and treatment of the patients to treatments for the control of diseases by development of the knowledge, technologies, particularly an emphasis on doing more research. The BI is aware of patients' rights on human experiments as there is a Research Committee, and one Ethics Committee at the Ministry of Public Health (BI, 2002). One of the main points is that each institution should have an Ethics Committee to which all projects can be submitted for approval (Australian Consumers' Association, 1988). In contrast with study of Gomasatitaya (2000) it was found that nurses' perceived patients' rights on item 8 was the lowest because nurses who work at general hospital only focus on medical care as treatment, prevention, and promotion.

The lowest percentage of high-level perception under item 9 (45.2%) is on the right of patients to know or demand information as appeared in the medical records as requested. Ridomsutthisan (1997) supported the same finding, which found that most physicians working in a government hospital do not agree with the medical consumers in their rights to make copies of the information in the medical

registration files. The possible explanation is that first; HCWs may not know this right before and second; HCWs may not be clear about patients' rights because most HCWs believe that hospital's documents are classified and their copies should not be made or taken out of the hospital for fear of negative consequence to the doctors, hospital staffs or the hospital itself, especially legal aspects.

As can be seen in the Institute's policies conflicts, that making copies can be done only after receiving consents from the patient's doctor in charge, or an approval from the hospital director only.

Further more, this may be from the insufficient understandings in the Information Acts 1997, Section 25, which says that a person has the right to acquire the information involving himself upon submission of his request in writing.

The government authorities must let the person or his legal representative check or get a copy. If any of the information was found incorrect, he has the right to ask the authorities to make a correction. The person with the rights in this section shall include those who exercise their rights on behalf of the young and disabled (Boonchalermvipas, 2002). Therefore, the HCWs' unawareness of patients' rights for this item must be corrected soon.

For Patients

When considering each aspect, it was found that the patients perceived in the patients' basic rights to receive public health services at the highest level (80.5%). The possible reasons are that there are changes in Thai medical system, amendments of the Constitutional Laws, Declaration of the Patients' Rights, distribution of medical personnel's authorities to the general public and good information system.

At present, the government of Thailand is introducing universal healthcare coverage in which all Thai people have the equal right to access quality health care services and the health care expenditure is not a restriction in obtaining the health services. One of the main objectives for the Universal Coverage Policy of Thailand is an equal sharing of health care expenditure and equity of access to the same quality of health services as patients' rights items 1 and 2. The Thai Ministry of Public Health has been examining the possibility of this idea for several years (Sreshthaputra et al, 2001).

The patients' perception of their rights at a lowest percentage is the right to receive, upon request, information concerning treatments of their own as recorded in the medical records; at moderate level (28.8%). The possible reason is that the patients may not have thorough perception of their rights and that make them uncertain whether they have the rights or not.

In practice, most patients receive the above treatment rights at a high level (50%). More importantly, HCWs also have lowest percentage of perception under this item. This showed that both are still not thoroughly aware of their rights. This is corresponding with Boonchalermvipas, 2002, who criticized that in Thailand the patients' rights were established in order to reduce problems and conflicts between the hospitals and the patients who have the rights to access to the medical records.

This is also in line with the study of Kuekorphrom (2000), who found that the average perception score of this right was also lowest.

In comparison of perceived patients' rights between HCWs and patients, it was found that patients' perceived patients' rights were higher than HCWs in 11 out of 19 item of lists (Table 4.3.5a). The highest difference was in item 3.2, HCWs should give information to patient in order to make decision. The possible reasons are; first, nowadays, patients are aware of their rights more than in the past due to education; second, doctor-patient relationship is like parent-child form and Thai culture makes patients dare not ask for fear and respect for doctor, who is considered to be good and having moral integrity. Therefore, HCWs believe that doctor's role is telling patient what to do and patient' role is to cooperate. According to Boonchalermvipas (1997) , Kongja (1998) and Kunaratanapruk (2003) citation that announcing patients' rights in Thailand according to Thai's social values, aims to inform Thai citizen, patients, and medical professionals to their mutual understanding, in order to minimize conflicts, and lead to mutual trust for the best medical care. Hence, HCWs need to realize and change parent-child relationship model to mutual model, in order to respond to patients' rights and patients' need.

5.2.2 Practices of patients' rights

HCWs' practices of patients' rights.

From the result it was found that HCWs have a high level of practices of patients' rights (77.4%), which also corresponds with the high level of practices of the patients' rights received (61.5%). The possible important reasons are; first, in the education of the physicians and nurses, there are courses and training for the physicians and nurses of the right consciousness, morals and professional ethics. For nurse aids, who work under the supervision of physicians and nurses, will also learn about the patients' rights through their job. This corresponds with Gomasatitaya (2000) who found that the nurses' level of the practices of the patients' rights was high.

In considering each item, it was found that the highest percentage of practices of patients' rights by HCWs was under item 1 (91.0%), namely the basic right to receive health care services. This corresponds with the highest percentage of patients' received practices of patients' rights, which were item 2 and item 1, at 66.9% and 62.3% respectively. The possible reason is that these rights have appeared in the Declaration of Geneva since 1984. Further more, humans think and choose to obtain benefits for themselves, for their families, and for society. This leads to international human rights and fundamental freedoms, as stated in the Declaration of Human Rights of the United Nations Organization since 1984.

The aspect, which has lowest score in the practices of patients' rights, was under item 6 and item 5, namely the right to request a second opinion as well as change the place of medical service or treatment and the right to know name-surname and the specialty of the practitioner being at 37.8% and 45.4%. This also corresponds with the lowest percentage of high level that patients received from the practices toward the patients' rights being at 30.2% and 34.8% respectively. One possible reason is that nowadays some patients are still afraid and are not aware of this right and it sometimes leads to conflict and frustration. At the same time, doctors are not willing to listen to their patients' opinions. It agrees with Phaosavasdi (2003) citation that this right is provided to reduce conflicts and to protect patients' benefits by allowing patients to have rights to make decision of their own.

This corresponds with Boonchalermvipas (2002), who found that there were queries about the establishment of patients' rights. The enquirers wondered whether or not after the public were aware of their rights, they would make more complaints or prosecution against HCWs. In case of the right to seek consultation from other practitioners, there are still problems, because there are restrictions in the government hospitals because of the unbalanced number of doctors and patients. This corresponds with the opinions from HCWs and patients at 12.7%.

In considering all items of lists, HCWs' perceived practices of patients' rights were higher than patients, especially, item 7.1, HCWs keep patient's information confidential, exception being in case due to legal obligation. The possible reason is this right has been certified since Hippocratic oath. In addition, the criminal law, section 323, Information Act 1997, and Medical Council regulation on ethical issue 1983, mentioned that anyone, who is doing professional duties as doctor, pharmacist, lawyer or an assistant to those professionals, knowing or acquiring secrets of the other, and discloses the secrets. In this case it is likely that there will be damage done to someone; hence facing a liability of 6 months imprisonment and Baht 1,000 fine or both. Therefore, HCWs must protect themselves from the laws. On the other hand; first, patients may not trust HCWs to keep their secrets confidential; secondly, there were many patients who visited the OPD and they may have different ideas and perception of patients' rights; and thirdly, patients' expectation may be too great, even if the Institute or HCWs offer good service.

5.2.3 The relationship between general characteristics of the questionnaire respondents and their perception of the patients' rights.

From the results of the study, it was found that, educational level, work experience and work position of the HCWs have a significant relationship with the perception at 0.02,0.03,0.001. It can be seen that the courses for the doctors and nurses, which contain the courses in morals and professional ethics are important to make the HCWs perceive the patients' rights. Further more, the more working time, the more perception they will gain from the experience. The knowledge received from education and from work experience will make them perceive better. Hence, their practices will not abuse the patients' rights. This corresponds with the concept of perception viewed by Wongsawan (1986) which stated that if he/she perceived

something properly and correctly, with such old experience or old knowledge, he/she can then act a right behavior according to the cause and reason.

In the study from the patients, it was found that the educational level and occupation were associated with their perception ($p\text{-value} < 0.05$). This showed that higher education has an effect on their perception. Or it can be said that the highly educated and securely employed people will be more interested in and aware of their rights. On the contrary, the lesser educated and people at labor level may not be interested in their rights, or do not have time to pay attention to their health; hence lacking awareness. This corresponds with respondents' opinions (17.2%) that first, low education could make the perception of patients' rights less efficient. Secondly, patients' lack of attention to patients' rights (8.8%) and thirdly, 8.3% of the HCWs may be too busy in their work, or their routine work make them forget about the patients' rights. This corresponds with the study of Eungprabhanth (2001), on doctors' opinion of prosecution in Thailand, it found that the cause of prosecution was due to shortage of doctors, so they took little time for their patients.

In addition, in consideration of the number of OPD visit of patients it was found that there was exactly high perception of patients' rights in every group of patients, at 90.9% of one time, and exactly the same score for two times and three times or more, at 90.4%. Therefore, there was no statistically significant association between patients' number of OPD visit and their perception of patients' rights. The possible reason is that a patient who comes to the Institute pays attention to his/her health, and so he/she is aware of his/her rights.

5.2.4 The relationship between perception and the practices of the patients' rights

It was found that perception and the practices of the patients' rights of the HCWs are statistically significant related at $p\text{-value} 0.008$. This corresponds with the concept of perception that if the HCWs have high perception in patients' rights, there will be high level of practices of the patients' rights too. This showed that the HCWs have a correct and clear perception, which convinced them and make them see the importance of the patients' rights. This will result in the HCWs treating the patients without abusing their rights, giving them the required services to their expectations, giving them good quality of life and satisfaction, and good quality of services. This

corresponds with Gomastitaya (2000), who found that the perception of the patients' rights has a positive relationship with the practices of the professional nurses at 0.56.

But within the patients' group, it was found that the perception of the patients' rights had no statistically significant relationship with the received practices of patients' rights at p-value 0.52. The main reason is the Thai culture: most Thais are rather reluctant to do anything that they feel may annoy the physicians or HCWs; thus making them difficult to ask questions and ask for their rights. This corresponds with Eungprabhanth (2001), who claimed that most relationship between a physician and a patient is parent-child relationship. One possible reason is that it may be lack of thorough understanding of the patients' rights between patients and HCWs. This is in agreement with Phaosavasdi (2003) citation that in Thailand, although patients' rights are declared in the constitution, civil law, and professional society regulations, they are not widely known to either patients or doctors.

5.2.5 Comparison between perception of patients' rights and its practices among different groups of HCWs.

It was found that there was different percentage of high level of perception of patients' rights, at 93.1% of doctors, 90.9% of RNs, 73.0 of TNs and 85.7% of NAs, although there was no statistically significant difference in perception of patients' rights among different groups of HCWs at p-value 0.059. But in considering of each aspect it was found that in item 5 and item 6 there was statistically significant difference in perception at p-value 0.025 and 0.001 respectively. In other words, in item 5, RNs and doctors have highest score with 61.0% and 58.6% respectively but TNs' and NAs' perception were 45.9% and 35.7%. For item 6, it was the same as RNs and doctors, which have highest perception, at 62.3% and 62.1% but TNs' and NAs' perception was 45.9% and 28.6%. The important reason is that doctors and RNs' have more responsibility of direct care of patients rather than TNs and NAs. TNs and NAs may only work as the assistants to the doctors and RNs so they cannot make any decision. Regarding the rights to seek opinions from other medical practitioners, and requests for changing hospitals, these are largely the responsibility of the RNs and doctors.

In the practices of patients' rights of HCWs, there was statistically significant difference in the picture as a whole at 0.002. The highest practices of patients' rights

was doctors at 93.1% and the lowest was NAs (60.7%) But when looking at each aspect there was statistically significant difference in items 4, 8 and 10 (p -value <0.05). Although, there was no difference of perception of patients' rights among different groups of HCWs in these items (p -value > 0.05). This showed that the duty of doctors and RNs, TNs and NAs have an effect on the practices of the patients' rights. This could be that doctors and RNs have more important roles concerning the practices of patients' rights. More interestingly that under item 4, (namely the patients' right to receive urgent and immediate relief as necessary), it was found that the highest practice was RNs and TNs (75.0% and 72.0% respectively). On the other hand, the lowest practice was 40.7% of doctors. The low percentage from doctors could be related to the question from the questionnaire on AIDS patient who were at risk, or near death "How often you give urgent or immediate relief, regardless of whether patient or his relative request or not?" (See Annex B under section III, item 9). Link et al (1988) cited in Gregory and Lynne (1996) supported finding, it was found that while only 11% of medical and pediatric interns and residents were moderately or extremely resentful of having to care for AIDS patients, 25% would not continue to care for them if given a choice. Further more, Somogyi et al (1990) cited in Gregory and Lynne (1996) found that some physicians worry that treating AIDS patients carries financial liability. The important reason is that it was not worth treating AIDS patients as urgent case because the AIDS patients had no chance to recovery and having burden on the finance problem of patients will follow. Therefore, the rights and the moral duties of patient with HIV/AIDS and of the physicians and other HCWs who treat them are all important issues.

RECOMMENDATIONS

The results of the study showed that perception contributes to the practices of the patients' rights. Therefore, in order to support more changes in the behaviors concerning the practices of the patients' rights, the researcher is proposing the following recommendations:

For Health care workers and the Institute:

1. No more "routine procedures". It is common for doctors, nurses or other HCWs to respond to the question "Why is this being done?" with, "Don't worry, it is routine." All medical procedures should be performed because

they are specifically indicated for a patient. For example, the need for the patient's informed consent to an important piece of information material to the patient's decision is still routinely withheld, so the Institute should provide each patient with clear, concise, and complete explanation of all proposed procedures both written statement and verbal statement. On the other hand, the Institute should inform any patient who declined to receive treatments about the consequences of their refusal. The information must be clear and concise.

2. To arrange a training course for HCWs concerning the patients' rights with the emphasis on legislation that codifies and strengthens patients' rights, making them easier to understand and easier to follow.
3. The physicians, nurses and other staffs should jointly produce a Manual or Procedures concerning the practices of the patients' rights in accordance with the Declaration of the Patients' Rights, such as
 - 3.1 To establish policies restricting disclosure of, or access to, the confidential information described above to physicians, researchers, nurses, other HCWs and other patients only by permission of the patient or as necessary for patient care.
 - 3.2 To inform each patient, on request, the opportunity to discuss his or her condition with another physician or a consultant specialist.
 - 3.3 To improve the practice procedures of the patients' rights corresponding to the Declaration of the Patients' Rights. Also arrange to have a training course to ensure thorough understanding.
4. To establish complaint mechanism guidelines, a schedule of disciplinary measures and specific office to handle complaints received directly from patients.
5. To establish a monitoring measure for the treatments with respect to the patients' rights and arrange to have a collection of data for analysis, especially those data of the practices of the patients' rights, in order to find ways to prevent the abuse of the patients' rights re-occurring.
6. To arrange to have a course in patients' rights, morals and professional ethics to physicians and nurses from the first year until finished. This is to make them conscientious of their work.

For Patients:

Actually, patients have their rights, so they should exercise their rights with responsibility and prudence. It may be fair to HCWs to motivate their interest and exercise their rights as follows:

1. To follow Health Center rules and procedures affecting patient care and conduct.
2. To show respects and consideration for the rights of other patients and staffs.
3. To help the Institute improve their services by giving feedback about service needs and expectations.
4. To keep appointments, or inform those concerned if patients are unable to attend.
5. To inform his/her doctor if patients are currently consulting or receiving treatment from another health care professionals.
6. To give education about abuse of medical practices such as when pregnant women want elective operation by cesarean section, even though the indication is not valid and unnecessary.

RECOMMENDATIONS FOR NEXT RESEARCH

1. There should be a qualitative research in parallel with quantitative research, as more detailed information will be obtained.
2. There should be a future study in comparison between government and private hospitals.
3. There should be a future study of the perception of the patients' rights for patients with a particular type of illness such as HIV/AIDS, as these patients are more interested in their health than those with general illnesses.
4. There should be a Participation Action Research on Manual or Procedures concerning the practices of the patients' rights.
5. The same research should be done among inpatients.
6. There should be a study of the perception of the patients' rights among general public.