Respecting of Patient's Rights in Aspect of Doctor-Patient Communication in Surgery Wards

Anna Rosiek, Krzysztof Leksowski

Abstract: The goal of this paper is to evaluate respect of patient's right factors – both subjective and objective – influence the satisfaction with hospitalization of patients undergoing laparoscopy as a method to cure cholelithiasis.
Materials and Methods: The research was conducted on six health care units in Poland. These units were divided into two groups: Group I: 3 hospitals with the number of beds above 400, and Group II: 3 hospitals with the number of beds below 400. The research included 180 patients: 30 from each hospital. The research was conducted using the Servqual method. The research results were analyzed statistically.
Results: The results indicate that the factors pertaining to the patient's right – especially those related to personnel's competences and their communication with patients have a very significant influence on patient's satisfaction with his/her stay at a hospital ward. Fulfilling patient's needs in ethical aspect of therapy: the patient's right, communication with patients increases patient's comfort and, as a consequence, translates into satisfaction with the hospitalization. In both groups of hospitals, the surgical wards do not fulfill patient's expectations entirely and there is a need for improvement in this area. In hospital practice, communication with patients is one of the aspects that should be improved.

Key words: Healthcare, Hospital, Patient's Rights, Cholecystectomy, Surgery, Medicine, Communication

Introduction:

Hospitals are the most complex of purposeful organizations and they exist in the most turbulent specific industry environment. Hospitals constantly deal with life and death matters and must address their service to patients who are not directly paying for the service they receive. In many cases, patient is completely unaware of the costs of hospital treatment and procedures. Health care quality and patient satisfaction, and also patient safety, are common mantra of all health care providers in many countries including Poland. As we can see medical treatment in hospital environment is a special process which is continuously verified by doctor and patients' family both in health aspect - meaning restoring of normal body functions - and in the ethical aspect. Ethical aspect of treatment and decisions made in hospital environment have a strong connection with human rights. In this meaning respecting the human rights in a hospital ward is considered in three dimensions, such as:

- Fair and respectful treatment of the patient by physicians in hospital wards,

- Medical neutrality ensures unhindered access to medical treatment and nondiscriminatory treatment of the sick,

- Ethical aspects of the therapy: the patients' rights, communication with patients, dignity and patients' safety during surgical procedure..

Medical practitioners have a key role to play in protecting, promoting and fulfilling human rights. An organization called Physicians for Human Rights works closely with many human rights organizations in the world and The American College of Physicians has an active human rights committee. Medical organizations in Poland are also becoming more active in this area. Approaching human rights in the meaning of patient's rights, has to start by asking how the practicing physician confronts the human rights issue in daily clinical situations. Our research, conducted in surgery clinics in Poland. The learning objectives for the issue of medical and human rights in clinical situations is identifying ways in which physicians can participate in providing health care for patients (e.g. after laparoscopic cholecystectomy). The respecting of patient's rights by physicians and medical staff will be assessed form patients' point of view who were subjected to a surgical procedure.

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Materials and Methods:

The research for this paper was conducted on six health care units in Kujavian-Pomeranian province in Poland. The units were divided into two groups: Group I: 3 hospitals with the number of beds above 400, and Group II: 3 hospitals with the number of beds below 400. The research was conducted in public surgery clinics in Poland. In each category 90 patients were asked to answer a survey. They were asked to assess the doctor's work in the aspect of informing them about human rights particularly and their rights as patients and also about giving then information about the card of patients' medical rights. The patients were also asked if their dignity and privacy had been respected, and also how well the doctors communicated with them. The patients evaluated the difference between the expected service and the actually received medical service during their stay at a hospital. The method used to test the patients here is Servqual [1,2,3,4,5,6]. The originality of this method is to show that the perceived quality of service is the result of comparison of service expected by patient with the service received. Thanks to this method we measure the differences that exist between the quality perceived by a patient and service expected by said patient. In other words, this method tests patient's expectations regarding the service level in aspects of informing patients about human rights and the actual level of service present in a given hospital. It can also test the steps undertaken to improve the quality of health care service and their implementation in particular medical facility by comparing patient's expectations and patient's perceptions of the service provided by this medical facility. The value of the difference between the value desired by a patient in particular areas and the value perceived by said patient indicates the place where the organization should improve.
The research results were analyzed statistically. The authors used non-parametric statistical tests of Spearman, Kruskal-Wallis and Mann-Whitney U test.

Results:

Short description of the results of this study is presented below in graphs. The basic hypothesis – hypothesis zero in a study – is that there is no difference between of the two analyzed groups (Group I and Group II). In other words, all the patients treated, in both groups of hospitals, expect the same things during their hospital stay: protection of privacy, information about their rights, and high quality of hospital care.

Human Rights in aspects of Patient Rights in Medical Surgery Clinics

Human rights in the aspect of patient rights mean: respecting the confidentiality of patient-doctor relationship and patient-nurse relationship as nurses are also privy to sensitive information about patients' health and provide health care during hospital stay, humane treatment of all patients and nondiscriminatory treatment during surgery procedure and hospital stay. The research indicated that each patient was informed about their rights by medical staff. How the patients assessed this aspect, and their level of satisfaction is shown below.

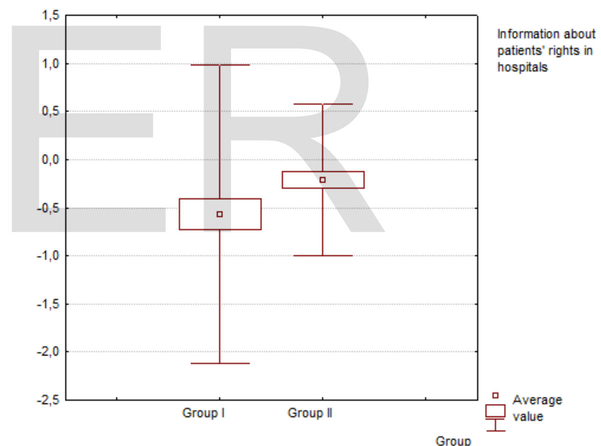

Figure 1. Average assessment of information about patients' rights.

The information about patients' rights was better evaluated in Group II. Despite the fact that in both groups the expectations were higher than the actual state, the difference in the average assessment was 0.36. The main reason for the negative feelings of patients staying at surgical wards was lack of information about patient's rights. Most people accept that individuals have a right of personal autonomy and control over what is done to their bodies. The right is firmly rooted in common law doctrines, including the self-defense privilege [7,8,9], and informed-consent standards

[10], and recognized in constitutional rights to refuse medical treatment [9,10] .

The Results of this study indicate a few important points. In general they point to the importance of the relationship between the physician and patient in changing patient's behavior, and attitude towards their care. Empowered and better informed patients are active participants in their care, and their physician encourages and supports this activation by reinforcing a more equitable, and collaborative partnership. Although healthcare focuses on individual wellness or freedom from pathology, while "public health" is concerned with promoting optimal health of the population as a whole [11], public health seeks not only the aggregation of individual satisfaction but, rather, the common good [12] such as a patient's rights. Accordingly, individual rights are constantly in tension with communitarian interests. In this aspect, we can show the new role of physicians as advocates of human rights in public healthcare. To develop the modern public health in context of human rights, this article examines current policy effort to promote health care of higher value through consumer's choice and protection of the basic rights of patients. This means that although there are differences in legislation, administration and procedures in health care in different countries, patient should receive a treatment that is delivered consistent with respect for patient's rights and patient's dignity. Equitable access to high quality medical care, ensuring patient's privacy and confidentiality of medical information, informing patients and obtaining their agreement before medical intervention, and also providing safe clinical environment during medical procedure are the main determinants of the new role of physicians in surgery clinics which appoint doctors to new roles of advocates of human rights. The Universal Declaration of Human Rights has been instrumental in guaranteeing the notice of human dignity in international law, providing a legal and moral basis for improving the standards of care and giving important guidance on social, legal and ethical issues. There still remains a great deal of work to be done to clarify the relationship between human rights, including patients' rights, and in this aspect understanding the physicians' role and the new relationship between patients and doctors in hospital practice is necessary. This new role of doctors and new promoted style of providing information to the patients is focused on doctors giving a more detailed information to their patients (about the illness, the treatment process and patient's rights) than it was previously. Doctors should see patients as consumers who have constitutionally reserved rights to health care respecting their dignity and privacy in a hospital environment. Thus the new situation sees the doctor as a provider of information about patients' rights in clinical practice. In public health care there is continuous debate about how to conceive of patient-physician relationship best. There is also growing international consensus that all patients have a fundamental right to privacy, confidentiality of their medical information and can also express a consent to or refusal of surgical treatment. In this meaning, the respect for patients' rights should be express by the staff also by informing patients about relevant risk of the medical procedures. This fact and the continuously changing legislation in the public healthcare sector create a new role of doctor as an advocate of human rights in everyday clinical practice. On the other hand, creation of the effective patient-protection laws relies on public healthcare knowledge of science and its applications along with an awareness of the ethical, social, legal and medical issues. As we can see, informing patients about human rights in the context of patients' rights and new role of doctors stay a natural consequence of changes in medical and political environment in public healthcare.

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Preservation of the rights to privacy and dignity of patients undergoing surgery

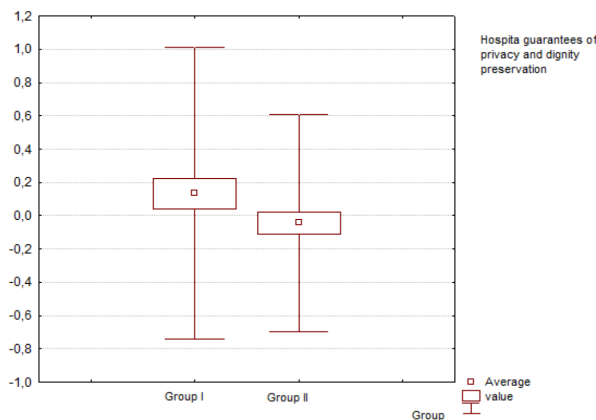

Figure 2. Average assessment of guarantees of privacy and dignity preservation.

In Group I the expectations turned out to be lower than the actual state while in Group II the expectations were higher than the actual state. The difference was 0.17 point. The main reason for the negative feelings of patients staying at surgical wards in Group II was the medical staff relationship with patients. Lower assessment of guarantees of privacy and dignity preservation in Group II is an effect of the power differential between patients and their doctors, which is deeply engrained in culture of medicine, different knowledge between doctors and patients, and is expressed through traditional passive patients role and dominant physician role. This passive role is contradictory with the new role of the doctor in society, which was postulated since 1973 by Keith Hodgkin. Lack of cooperation in the patient-physician relationship usually means a lack of involvement. Changing environment and philosophy of patient-centred care requires new methods of involving customers in the initial development of clinical guidelines that provide a framework for everyday clinical practice. It means that, the patient is more active in treatment process in a hospital surgery ward. The role of a doctor is also changing. Physician's role should focus on a complex and respectful treatment of a patient, high quality of information exchange between patients and doctors. Our study shows that preservation of dignity and guarantee of privacy is an important aspect of health care provided in surgery wards. Because of this patients who feel that they are treated fair by their doctors, regardless of their personal characteristics tend to be more motivated to relate to their physician. It also helps patients believe that they have an important role in their healthcare process as individuals and the assessment of dignity and preserving privacy is a little higher in this group of patients (Group I). As we can see, patients prefer treatment that they perceive as free of bias based on ethnicity, socioeconomic status, demographic or gender group or any factors which are not related to the patient's condition. They also prefer to be taken into consideration when it comes to treatment decisions and they prefer strong interaction with their doctor.

Discussion

The results of this study indicate that the development of modern public health care necessitates many necessary changes. First is the new role of physician as an advocate of human rights, and the new relationship between patients and doctors which is more interactive. Second, is the confrontation of practicing physician with human rights in daily clinical situations, where doctors can be instrumental in the process of redefining their new role and relationship towards patients. Respect for human right in clinical practice was better assessed by patients when the physician was listening to his/her patients carefully, gave the patients a feeling that they are partners in treatment process and seriously took patient's right to make treatment decisions. Treating patients with respect and dignity helps to develop a partnership with patients and contribute to their health and also improve healthcare quality process. Similar point of view present Berry et al. 2008 and Lubetkin et al. 2010, who postulate that patients–physician relationship may impact not only treatment process but also well-being of the patient [13,14]. It means that a physician who treats their patients fairly and as partners will also have his/her patients more active, and they will be more satisfied with the treatment results. These facts strongly support the new role of doctors who should be advocates of human right in public healthcare. Understanding doctor's role in patient-physician relationship and their association with

human rights is instrumental in contributing to patient's health better and to perception of clinical work by the patients. The role of the patient-physician relationship and the level of activation among individual patients are also examined by Alexander et al. 2012. Their research confirms that while talking about clinical situations, treatment process and new patient-physician relationship one has also remember about fair treatment which is guaranteed by Constitution in various countries[7] and is in agreement with WHO recommendations. This means, that human rights in medical aspect encompass many things: fair treatment, guarantee of privacy, informing patients about their rights to hospital treatment and care, and also nondiscriminatory treatment. Those aspects include also communication with patient, empathy and medical staff's competency to meet the emotional needs of patients. Doctors are taking a more patient-centered approach to their work in order to understand patients' illness and mind framework and meanings of illness to identify possible psychosocial causes of diseases and to understand patients' beliefs, priorities and preferences for treatment. This approach is also postulated by other authors [15], who argue that medical task requires that doctor listens to the voice of patient, and facilitates and encourages the patient's active involvement in communication of his or her beliefs, feelings and the psychosocial aspect of their experience with illness. It is quite opposite to the more common communication style which reflects doctors holding a strictly "disease-centered model" talk in terms of what has been referred to as the voice of medicine [16]. This theory focuses on the objective description of physical symptoms, early diagnosis and prescribing appropriate treatment but patients don't like this approach very much.

These differences in communication styles reflect not only communication skills but also differences in doctors' attitudes and orientations to the medical task. They also show new patient-physician relationship, and identify ways in which physician can participate in providing health care for patients. The new relationship between doctors and patients, which is more interactive, shifts towards the philosophy of patient–centered care and shared treatment decisions. Interactive relationship, good communication and shared decision-making is being developed to provide patients with information they want to receive, support individual treatment choices and support the new role of doctors who should be advocates of human rights in public healthcare.

Informing the patient about treatment during his/her hospital stay is a guarantee for patient's mental and physical health, patient safety climate and increase in their satisfaction. Over several past decades, the informed consent doctrine has become a staple of Polish health care system, creating a monumental shift in the way medicine is practiced. For much of the medical history, the Hippocratic Oath to "do no harm" meant doctors paternalistically determined what they believed to be the appropriate course of treatment for their patients [17,18]. Now, instead of simply following the will of their doctors, patients generally prefer to take a more active role in their health care, deciding which treatments, if any, are most appropriate for their individual circumstances [17]. As Professor Robert Post noted, "when physicians speak to us as our personal doctors, they must assume a fiduciary obligation faithfully and expertly to communicate the considered knowledge of the 'medical community.'[17,19]. Ideally, the process is one that promotes the type of thoughtful and effective communication between a patient and his or her physician that ultimately allows the patient to realistically and objectively balance the risks and benefits of a proposed healthcare in hospital ward [17].

In the Polish health care system's reform programs, the 'quality communication' concept involves two dimensions: technical and interpersonal. The former looks for achieving better results through the conduct and application of health care and scientific research. The latter comes from concerted efforts to increase respect for patients as human beings and improve their satisfaction with the health care services they receive. Health care leaders and managers have developed a heightened awareness of the importance of the moral dimension of health care service provision. This has resulted in a rapid proliferation of professional codes of ethics, codes of conduct for health professionals and patients'

rights documents, and assessment of the quality of care as a obligatory to each hospital. Many researchers show that showing on patient honest and sensitivity and so called "human approach" are main determinants of performance quality in hospital environment. So as we can see verbal communication, especially in the aspect of informing the patient about the treatment and drug therapy provided during hospitalization is important both from patient's and quality point of view in hospital practice. Patient like to be educated by nurses and doctors about they medical situation.

Regardless of advances in information technology, medical care will continue to involve direct communication between individuals [20] and patient education is one way to prevent medical errors [21] in hospital practices. When patients know the questions to ask and feel they can effectively communicate with caregivers, they are providing prompts to activate safe health care behaviors. Effective communication between the empowered patient and receptive caregiver not only helps alleviate patient's concern about experiencing a negative outcome [21], it also adds a patient-centered, customized set of cues to prompt the occurrence of critical safety-related behaviors.

The results of this paper also indicate that all elements influencing patient's assessment of respecting human rights in hospital ward such as: the expression of empathy, competence of the medical staff, how they communicate with patients and share information about patient's rights but also about the condition itself, the treatment and patient's involvement in the healing process are the factors that may impact patient's satisfaction with treatment. A similar position on this issue is presented by other researchers who found that the more medical staff is willing to express empathy, the better the patients assess their competence and, consequently, patients are more satisfied with their stay at a hospital and the course of treatment [22]. Meeting the emotional needs of patients is therefore an important area of medical care that should be provided to patients treated surgically. Others have suggested that the capacity for empathy in people in general can serve as a foundation for building interpersonal relationships that have a buffering effect against stress and can be an essential step in healthcare resolution [23]. Patients' involvement in treatment decisions and also empathic interpersonal engagement in the clinical environment leads to greater patient satisfaction[24,25]. Patients' satisfaction with hospital treatment, including surgery, is combined with interpersonal relationships (doctor-patient, nurse-patient), proper communication, information about diagnosis and human rights and pharmacological treatment. It has a strong and positive impact on a patient's overall experience of treatment and hospital stay.

We can see that the technical quality of medical service is closely correlated with patient's perception of interpersonal elements of health care such as: protection of the individuals' rights, respecting human rights and promotion of patients rights. Thus, the involvement of patients in the therapeutic process has a positive effect on their satisfaction with their hospital stay. Well-managed hospitals, constantly wanting to improve their image, must pay attention to the quality of service, efficiency of operations and the maximization of the efforts to secure full satisfaction of the patient by respecting patients' right to dignity preservation, privacy and respecting human rights. Such actions are the way to a positive image of the hospital in the eyes of patients. At the same time they also guarantee the loyalty of a patient, who should be treated by the medical community as a partner.

Conclusion

Investing in surgical services would be beneficial for all sectors in medicine and it could help to ensure the upholding of human rights in hospital's everyday practice even despite the fact that the researched parameters related to human rights are not statistically significant when it comes to patients' opinions. They are however important when it comes to the assessment of teamwork in surgery wards, especially in aspect of communication with patients and the aspect of care quality in hospital surgery ward, and the new role of physician as a advocate of human rights in hospital ward .

This study shows there are some specific positive obligations for the medical profession

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such as: protecting individuals' rights, fulfilling human rights and promoting rights of patients. These functions of Human Rights in Medicine are realized in hospital clinics as a concept of high quality standards by informing patients about their rights, teaching new doctors how to speak to patients and how to provide the service in surgery clinic. Each doctor must provide proper documentation on injury, they must respect the patients' privacy and protect detainees form abuse by third parties. In hospital practice, communication with patients is one of the aspects that should be improved.

It would be beneficial to establish broader definitions of medical ethics or create new international communication codes in human rights aspect of physician–patient communication. What is needed are procedures for implementing, monitoring, and enforcing existing standards and codes, as well as an increased awareness by the medical community of its human rights obligations. Additionally paying attention to patients' rights influences patient safety culture and factors in overall perception of safety in surgery ward. The best way to achieve this would be to make "medicine and human rights" a significant part of the ethics curriculum in medical schools.

The objective of the first stage of implementing patient safety culture is to create a strong brand for hospital through the implementation of public programs promoting better patient-doctor relation, education and training for staff to increase the level of relationship commitment with patients and respecting patients' rights such as preservation of dignity and privacy in hospital ward. Medical staff and hospital managers should be taught how to build strong relationship skills to establish commitment from patients, which is necessary on the medical market nowadays. Strong competition in this area of medical services creates new role for doctors as advocates of human rights and forces the medical staff to learn new skills and how to function as a team in hospital ward. More advanced skills, both in communication with patients and in recognizing and responding to the emotional needs of patients, should be used to build patients' loyalty to a hospital as a brand.

The objective of the second stage is to create a positive image for a hospital and surgery ward in which preservation of the patients' rights to privacy and dignity is of utmost importance. Launching awareness programs for all hospital staff, educating them on the importance of a relationship between patients and medical staff in the aspect of human rights should be a standard practice in hospitals.

The limitations of this study must be recognized, however. Firstly, there were few studies researching respecting of human rights in hospital practices and the assessment of how well those rights are respected from the patients' point of view and their expectations in this matter. This and other related identifying factors used in this study could suffer from lack of validity and reliability, but it is nevertheless interesting to look at the results of this study in the prospect of increasing competition among hospitals on the market and the changes (new role of doctors) it brings, which changes will eventually be evaluated by the market, i.e. patients themselves.

Secondly, the results of this study benefit from the patients' point of view and the analysis contained here can be interpreted in many aspects. Future studies can perhaps benefit from using other analytic techniques, from researching doctors' and other medical staff's points of view to further understand the problem of respecting the human rights in a hospital environment and how it works in everyday medical practice

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Anna Rosiek is Ph.D. Ross-Medica s.c., Poland

Krzysztof Leksowski is a Professor DSc MD. Department of General, Thoracic and Vascular Surgery Military Clinical Hospital in Bydgoszcz, Poland and Chair of Public Health Collegium Medicum in Bydgoszcz, Nicolas Copernicus University in Toruń, Poland.

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