CHAPTER I

INTRODUCTION

BACKGROUND AND SIGNIFICANCE OF THE PROBLEM

Quality of health care consists of structure, process and outcome. Structure includes adequacy of resources, environment, cleanliness, ventilation and suitable space, noise level and knowledgeable staff with intention to provide the best services. Process is an art in service and technicality. An art in service is in the form of respecting customers' rights, interpersonal relationship and friendliness and willingness from health care workers. As for technicality, it is an application of science and technology in medicine in order to improve the customers' health problems. Outcome is the result that can be expected when patients are currently treated and when they finally become well again. Therefore, the most important in quality of health care is to protect and to promote health care service and to prepare all requirements sufficiently. (Donabedian, 1980)

In Thailand, one of the aims of the Ninth National Health Development Plan citation is to further expand the notion of "Quality of Care" for the health care system. Customer satisfaction is one of the indicators of that quality. In addition, health service systems need to be developed to standardized service by using Hospital Accreditation (HA) (Bureau of Health Policy and Planning, 2002).

HA refers to assessment and recognition of quality of hospitals. The heart of HA in providing quality of care depends on patient's rights and dignity. And the quality of patient care means response to patient's needs with holistic approach under professional standard, and awareness of their rights and dignity. (The Institute of Hospital Quality Improvement and Accreditation, 2000)

In 1997, for the first time, the Thai Constitution explicitly specified the principles of human rights equity. Every citizen is entitled to receive quality medical services. In 1998, the declaration of patients' rights in Thailand were jointly approved by the Council for Registration of Medical Practice, Ministry of Public Health, the Medical

Council, the Pharmacy Council, the Dental Council and the Nursing Council of Thailand (Kongja, 1998).

The Bamrasnaradura Institute (BI), Ministry of Public Health was established in 1959 with a mission to control and treat infectious diseases, as an infectious hospital due to high prevalence and mortality of diarrhea during that time. In 1987, the Institute was the first hospital in Thailand to give treatments, to promote and to provide specific health care for HIV/AIDS patients.

BI is now a general hospital that deals with both infectious and non-infectious diseases. However, the hospital still emphasizes on its main mission in dealing with infectious diseases (mostly AIDS).

Since October 1, 2002, the BI current missions are: first to control communicable diseases by *doing research* (emphasis added); second to develop knowledge and technology for diagnosis; third to give treatment and rehabilitation; and to provide information on communicable disease to national and international health care staff and to be the "Learning and Training Institute in Infectious Diseases" of Thailand.

As a hospital, BI still receives a large volume of complaints from its customers, BI received 298 patient's complaints and expression of dissatisfactions in 2001, at the average of 24.83 a month, and 328 complaints in 2002, at the average of 27.33 a month. These complaints were for the whole Institute. Some complaints were about long waiting time, bad service behavior, and complicated procedures (BI, 2002). According to a study of the quality of service and customer's satisfaction in outpatient department at BI during January to February 2003, Boonjun found that the customer-rated the overall quality of care as average. Customer's satisfaction was also at average level. There were many factors in the study that reflected the customer's dissatisfaction: lengthy waiting time, unfriendly and temperamental staff.

According to Hall, Roter and Katz (1997), patients' satisfaction increases when physicians treat patients in a more partner-like manner, more positively toned words, and more sociable conversation (such as greetings and non medical chitchat). (Hall, Roter and Katz, 1988 cited in Glanz, et al, 1997)

Nowadays, the rapid advance of technological innovation helps enhance the health care systems. The benefits of advanced health care technologies are more obvious, more accurate, quicker diagnosis, more effective with longer life expectancy. However, there are also negative consequences from treatment by technological innovation such as increasing cost and more problems on ethical issues.

According to Boonpun (1996), health care system use modern equipment to assist nursing care and therapeutic for better improvement, but it might inadvertently forget that patients are also human. Technology can lead to Health Care Workers (HCWs') negligence of mental support, which may end up causing unfriendliness feeling between them. Boonpan mentioned that several factors may influence patients to choose to take legal action against HCWs.

From the earlier mentioned standpoints, we can think about providing good quality of health care as a complex task that requires close cooperation between patients and HCWs. In other words, satisfaction increases when HCWs and patients are aware of patients' rights. Indeed, respects for their rights can transform the doctor-patient relationship from authoritarianism to a partnership and can simultaneously improve the quality of medical care.

For reasons mentioned above, the BI needs to help their HCWs to develop awareness of patients' rights. In order to do so, the BI must first understand how patients' rights is perceived by both HCWs and the patients. These understandings would allow the Institute to instill in HCWs the awareness of the patients' rights. This study could be beneficial to both the patients and the HCWs. The outcome from this study could also become guidelines to solve the problems arising from patient's complaints and dissatisfactions.

RESEARCH QUESTIONS

1. What is the level of perception of patients' rights and practices of the patients' rights by HCWs at the BI?
2. What is the level of perception of patients' rights by patients at the BI?
3. Is there any connection between the perception of patients' rights and patients' rights practices by HCWs at BI?

OBJECTIVE

General Objective:

To assess perceived patients' rights by health care workers and patients at BI.

Specific Objectives:

1. To describe the characteristics of HCWs and patients at the BI.
2. To measure the level of perception of patients' rights and their level of its practices among HCWs and patients at BI.
3. To study the relationship between perceived patients' rights and HCWs' socio-demographic factors; age, gender, education, position, marital status, work experience, moral training and patients' rights' training at BI.
4. To study the relationship between perceived patients' rights and patients' socio-demographic factors; age, gender, education, occupation, income, and time of visit at BI.
5. To study the association between HCWs' perceived patients' rights and its practices at the BI.

RESEARCH HYPOTHESIS

1. Perceived patients' rights by HCWs at BI are associated with their practices.
2. There is difference in the level of perception of patients' rights among HCWs and patients at BI.
3. There is difference in the level of patients' rights practices among HCWs and patients at the BI.

CONCEPTUAL FRAMEWORK ON THE STUDY

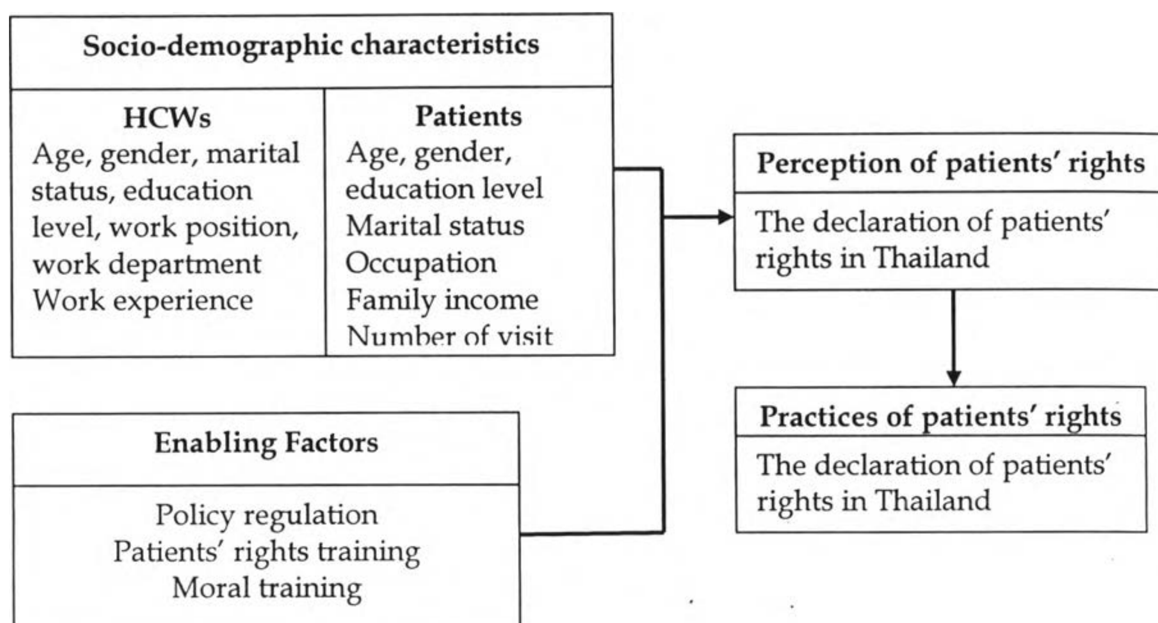

Figure 1.1 Conceptual Framework

VARIABLES

Independent Variables: HCW's socio-demographic variables include: age, gender, education level, position, marital status, work experience, work department, patients' rights training, moral training and hospital policy.

Patient's socio-demographic variables include: age, gender, educational level, occupation, income, marital status, and time of visit.

Dependent Variables: Proximate dependent; Perception of patients' rights

: Ultimate dependent; Practices of patients' rights towards the declaration of patients' rights in Thailand on April 16, 1998.

TERMINOLOGICAL AND OPERATIONAL DEFINITIONS

Throughout this study, the following terminology and operational definitions are used for specific variables. The first definitions are for the terminology that is used in general and the second ones are operational definitions for independent and dependent variables.

1. **Terminology definitions**

    1.1 Health care worker (HCW) refers to persons who work at the BI as doctors, nurses, and nurse aids.

    1.2 Patient refers to persons who registered to receive medical treatment.

    1.3 Out Patient Department (OPD) refers to department that gives services to patients who received medical care and discharged in that day.

    1.4 In Patient Department (IPD) refers to department that gives services to patients who are admitted in the hospital.

2. **Operational definitions**

    2.1 **Perception of patients' rights:** Attitude towards patients' rights, opinion about moving from traditional to practices of patients' rights, awareness about patients' rights and understanding of technical terms used in patients' rights are considered as the components of perception.

    Patients' rights: A legitimacy by which one may deem to receive from the medical services for the protection of the benefit that he deems to receive.

    2.2 **Patients' rights practices:** The actual or the usual way of medical caring relevant to patients' rights. The outlook is measured by using the ordinal scale questionnaire.

Expected Benefits

1. The result of study can be used as a guideline to provide appropriate health services which do not infringe upon patients' rights that patients should receive.
2. The result of study can be used as information for HCWs to be realized, to be alert and respect patients' rights in health care services.
3. The result of study will be helpful to conduct other researches and to apply acquired knowledge.

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