TOWARDS PATIENT-CENTRED CARE: A CROSS-SECTIONAL STUDY ON PATIENTS' RIGHTS AWARENESS IN A TERTIARY CARE GOVERNMENT HOSPITAL IN WESTERN MAHARASHTRA

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ABSTRACT

Background: Patient rights include the right to make decisions regarding medical care, the right to accept or refuse treatment, and the right to formulate advance directives. The present study aimed at assessing the awareness among patients regarding their rights in a tertiary care government hospital in Western Maharashtra.

Methodology: This study followed a quantitative observational cross-sectional analytical design to assess patients' awareness of their rights in a tertiary care 1000- bedded government hospital in Western Maharashtra. The study sample consisted of 384 patients and data were collected through responses to questionnaires by the study subjects during the period between October 2024 to March 2025. The rate of awareness of patients was estimated using a Likert scale ranging from 1 to 5.

Results: Among the participants, 59.5% were male and 40.5% female, with 68.4% aged between 18–44 years. The best source of information about their rights was the Internet, with a percentage of 45.6%. Females demonstrated higher awareness levels compared to males across most rights. Awareness was also strongly associated with education level, with participants holding graduate or professional degrees showing the highest knowledge. Awareness of patients' rights was highest for respectful care and privacy/confidentiality, indicating recognition of dignity-related rights.

Conclusion: The study found that a limited number of patients knew about their rights and duties. The awareness regarding patients' rights and

responsibilities should not be limited to awareness provided by healthcare policymakers and providers, but also should involve educating citizens about it, starting from their school education system. Establishment of a patients' rights and responsibilities committee for supervision and monitoring of informing and observance is also recommended.

Keywords: Patient rights, Tertiary care hospital, Human rights, Equity in Healthcare, Legal Awareness, Informed care

Introduction:

Patient rights encompass the legal and ethical entitlements that individuals are assured of while receiving healthcare services. The rights of a patient are a set of rules of conduct that govern the interaction between the patient and healthcare professionals. Every patient has a right to be informed about their rights and also the responsibility of the healthcare provider.(1) (2)These rights are intended to protect patients' interests and well-being while ensuring they are treated equally and with confidentiality.(3) Patient rights are integral to quality healthcare delivery.(4) All patients, irrespective of their race, gender, caste, creed, religion or belief and nationality, are entitled to certain basic rights while availing medical facilities, resulting in a consensus that physicians, healthcare providers and governments should safeguard patients' rights.(5)(6) Equity in healthcare ensures that all individuals, regardless of socioeconomic status, gender, ethnicity, or geographic location, have fair access to quality healthcare services.(7)(8)It focuses on addressing health disparities by allocating resources based on need, promoting inclusivity, and removing barriers to care. (9)Patients' rights include the privilege to make choices in regards to medical care, the privilege to acknowledge or reject treatment, and the privilege to plan advance orders.(10)(11) Achieving equity is essential for fostering healthier and more resilient communities.(12) However, awareness of these rights among patients varies significantly, influenced by demographic, educational, and institutional factors.(13) Awareness of patient rights offers several benefits, including improved quality of healthcare services, reduced expenses, faster recovery, shorter hospital stays, and a lower likelihood of lasting physical or psychological harm. Most importantly, it empowers patients by upholding their dignity and enabling active participation in healthcare decisions.(14)

Patients' rights and legal protections are critical for ensuring equitable, safe, and ethical healthcare. In India, the Charter of Patients' Rights (MoHFW, 2018) outlines entitlements such as informed consent, privacy, access to medical records, and the right to grievance redressal. (15)Despite these frameworks, studies from India and LMICs suggest that patient awareness

regarding legal rights remains low, often due to poor health literacy, socio-economic disparities, and inadequate dissemination of information. In tertiary care hospitals, where patients encounter complex procedures and high-risk treatments, awareness of legal rights is essential for informed decision-making and safeguarding against medical negligence.

Western Maharashtra, home to prominent tertiary care centers (both government and private), caters to a heterogeneous patient population, offering an opportunity to assess legal literacy levels in a representative setting. Limited literature exists on patient legal awareness in Maharashtra, especially in tertiary care hospitals. Understanding patient awareness will help bridge gaps between healthcare delivery and patient empowerment. Findings may guide hospital administrators and policymakers to design patient-centric interventions, display legal rights in accessible formats, and strengthen grievance redressal systems.

Objectives:

1. To assess the level of awareness of patients' rights among inpatients in a Tertiary care Government hospital in Western Maharashtra.

2. To evaluate the association of various demographic factors with awareness levels on patients' awareness levels.

Methodology:

Study Design:

A Hospital-based quantitative observational cross-sectional analytical study was conducted in a 1000-bedded tertiary care government hospital in Western Maharashtra.

Study Setting:

A tertiary care 1000-bedded government hospital in Western Maharashtra, over six months from October 2024 to March 2025.

Study Population:

Patients ≥18 years admitted to the inpatient departments (IPD) of the hospital were included in the study.

Inclusion Criteria:

Patients more than 18 years of age and willing to give informed consent were included in the study. Patients who were oriented and conscious to comprehend the questions were selected.

Exclusion Criteria:

The patients who were critically ill and were unable to participate were excluded and those with cognitive impairment/psychiatric illness affecting comprehension.

Sample Size:

Assuming a level of confidence of 95% and an absolute error margin of 5% with an expected prevalence of moderate awareness about patients' rights and legal awareness amongst the targeted population of 50% from a review of the literature, the sample size comes out to be 384, using the Cochran's formula for sample size calculation.

$n = Z^2pq/d^2$, where Z = 1.96 (95% CI), p = 0.5, q = 1-p = 0.5, d = 0.05

$n = (1.96^2 \times 0.5 \times 0.5) / (0.05^2) = 384$

Sampling Technique

"Systematic random sampling was employed to select study participants from among patients admitted to the wards during the study period. The admission register served as the sampling frame. A sampling interval (*nth* value) was calculated by dividing the total number of admitted patients by the required sample size. From a randomly chosen starting point within the first *n* patients, every *nth* patient was subsequently selected until the desired sample size was reached. This method ensured that each patient had an equal and unbiased chance of being included in the study while maintaining feasibility and reducing selection bias.

Data Collection Tool

A pre-validated questionnaire was used, adapted from the referenced primary study by Thiyagarajan et al (5), incorporating 73 measurable items derived from the "Charter of Patients' Rights" and international frameworks, such as the WHO's Declaration on Patients' Rights in Europe. The questionnaire was filled in English/ Hindi/ Marathi, based on the patient's preference and took approximately 10 to 15 minutes to complete. The questionnaire was converted to Marathi and Hindi with the help of language experts and the Medico social workers.

The study questionnaire is divided into two sections.

Section 1:

The first part of the questionnaire gathered demographic details, including gender, age,

educational attainment, income, residential status, and insurance coverage. Analyzing patients' rights awareness in relation to these demographic factors was considered important, since such awareness can differ across countries and is often influenced by socioeconomic status, insurance entitlement, and related characteristics.

Section 2:

The second part consisted of 73 measurable items (MIs) covering 17 domains of patient rights. Awareness levels were assessed using a five-point Likert scale, ranging from 5 (high awareness) to 1 (no awareness). For each of the 17 rights, an arithmetic mean score was calculated. A mean between 1 and 2 was interpreted as no awareness, 2.01–4 as moderate awareness, and 4.01–5 as high awareness.

Data Analysis

Data was compiled, collated, and cleaned using MS Excel and analysis was done using SPSS (Statistical Package for the Social Sciences) ver 26 (IBM Corp.) Descriptive statistics were computed using mean, proportions and percentages. Chi-square test/ Fisher's exact test for association between socio-demographic factors and awareness.

Results:

Sociodemographic characteristics of participants

384 participants in the Inpatient department of the tertiary care hospital were assessed to know their knowledge about patients' rights. **Table 1** shows demographic information of the study population. The majority of the participants were male 59.5% and females 40.5%, aged between 18–44 years 68.4% **(Fig. 1)**. Also, 68.1 % had a higher education for more than 14 years.

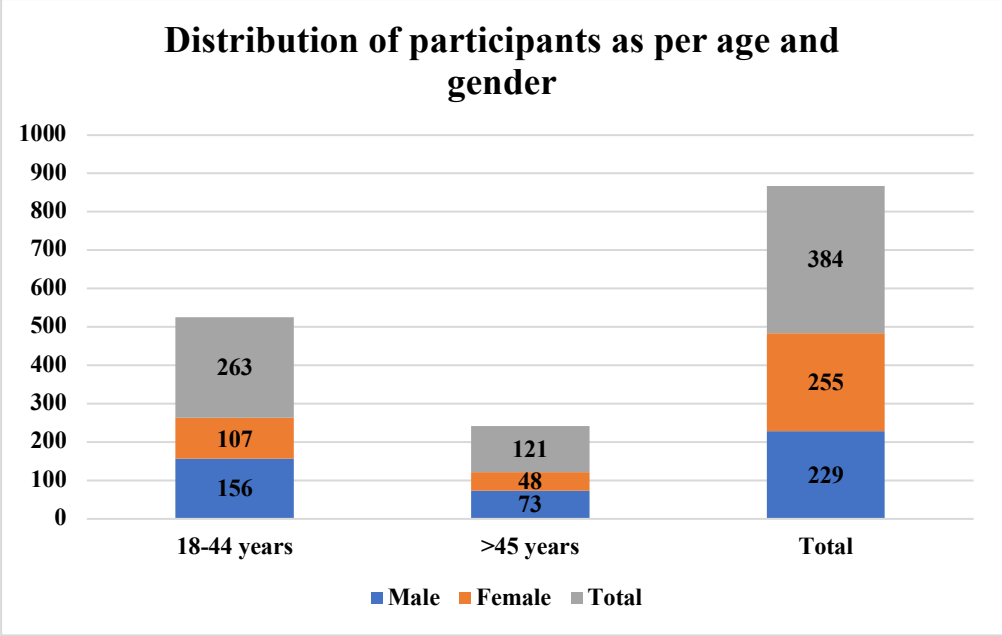

Fig 1. Distribution of participants as per age and gender

Among the participants, the most common source of awareness was the internet (35.4%), followed by self-exploration (24.7%), doctors (13.8%), friends and family (18.8%), and Hospital posters accounted for the least contribution (7.3%). This indicates that while online platforms play a pivotal role in sensitizing young medical professionals, conventional health communication channels like posters have a limited impact. **(Fig. 2)**.

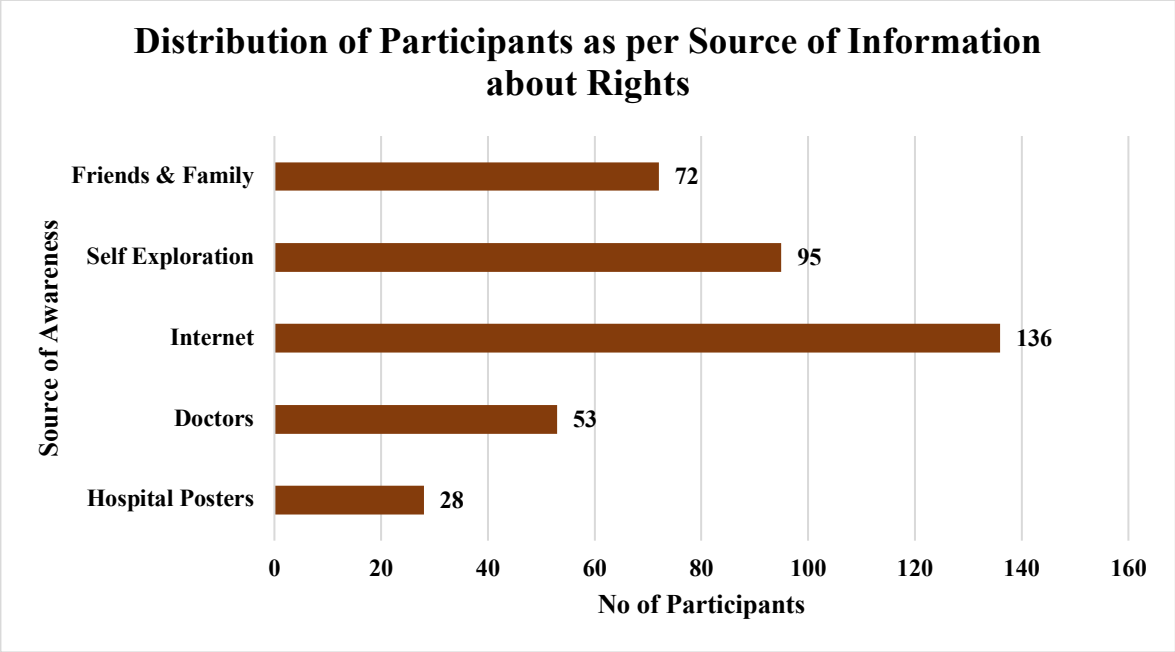

Fig 2. Distribution of participants as per the source of information about Patient Rights

Table 1: Socio-demographic characteristics of the participants

Characteristic	Frequency	Percentage (%)
Age (in years)		
25 – 35	57	23.1
36 – 45	123	50.0
46 – 55	55	22.3
> 56	11	4.4
Sex		
Males	160	53.8
Females	86	46.1
Education		
Illiterate	10	2.6
Primary School	25	6.5
Middle School	40	10.4
High School	80	20.8
Intermediate/ diploma	85	22.1
Graduate	90	23.4
Professional degree	54	14.1
Annual Household Income (As per Kuppuswamy Scale 2025)		
₹<7988	28	11.4
₹7989- ₹23,869	44	17.9
₹23,870 -₹39,829	52	21.1
₹39,830 - ₹59,974	46	18.7
₹59,975 - ₹79,755	36	14.6
₹79,756- ₹1,59,585	28	11.4
₹1,59,586 and above	12	4.9
Residence		
Urban	222	58
Rural	162	42
History of Previous Hospitalization		
Yes	156	40.6
No	228	59.4
Entitlement Status		
Insured	198	51.5
Not Insured	186	48.5

Awareness of Patients' rights across various domains:

As depicted in **Table 2**, the analysis of awareness across different domains of patients' rights revealed notable variations. The highest awareness was observed for the Right to Respectful Care (Mean = 4.20 ± 0.65) and the Right to Privacy and Confidentiality (Mean = 4.05 ± 0.72), both falling in the high awareness category. This indicates that patients are more conscious of rights directly linked to dignity and respectful treatment.

A majority of domains, including Informed Consent, Information about Diagnosis and Treatment, Emergency Care, Non-Discrimination, Safe Environment, Participation in Decision-Making, and Information in Understandable Language, fell under the moderate awareness category (Mean range: 2.55–3.85). These findings suggest that while patients are somewhat aware of these rights, there remains a significant knowledge gap in fully understanding and exercising them.

In contrast, the lowest awareness was reported for the Right to Access Medical Records (Mean = 1.85 ± 0.65), Right to Refuse Participation in Research/Training (Mean = 1.95 ± 0.55), and Right to Receive Information on Treatment Costs (Mean = 1.75 ± 0.60). These consistently scored in the low awareness category, highlighting areas where patients are least informed.

Overall, the findings suggest that patients are most aware of rights related to respect, privacy, and humane treatment, but lack adequate knowledge about administrative and participatory rights such as access to records, treatment costs, and refusal of research participation. This underlines the need for focused educational interventions to improve awareness in these weaker domains.

Table 2: Mean Awareness Scores of Patients' Rights (n=384)

S. No	Patients' Rights Domain	Number of Items	Mean ± SD	Awareness Level*
1.	Right to Respectful Care	5	4.20 ± 0.65	**High**
2.	Right to Privacy and Confidentiality	4	4.05 ± 0.72	**High**
3.	Right to Informed Consent	6	3.10 ± 0.80	Moderate
4.	Right to Information about Diagnosis and Treatment	5	3.25 ± 0.70	Moderate
5.	Right to Access Medical Records	3	1.85 ± 0.65	Low

6.	Right to Refuse Participation in Research/Training	2	1.95 ± 0.55	Low
7.	Right to Receive Information on Treatment Costs	3	1.75 ± 0.60	Low
8.	Right to Complain and Seek Redress	4	2.80 ± 0.68	Moderate
9.	Right to Emergency and Lifesaving Care	4	3.40 ± 0.75	Moderate
10.	Right to Non-Discrimination (gender, caste, religion, etc.)	3	3.05 ± 0.70	Moderate
11.	Right to Pain Relief and Palliative Care	3	2.60 ± 0.72	Moderate
12.	Right to Safe and Clean Hospital Environment	3	3.20 ± 0.65	Moderate
13.	Right to Choose/Change Healthcare Provider	2	2.90 ± 0.60	Moderate
14.	Right to a Second Opinion	2	2.55 ± 0.58	Moderate
15.	Right to Information in Understandable Language	3	3.30 ± 0.75	Moderate
16.	Right to Dignity and Humane Treatment	3	3.85 ± 0.70	Moderate
17.	Right to Participation in Decision-Making	2	2.95 ± 0.68	Moderate
***Awareness Level based on mean score: 1.00–2.00 = Low, 2.01–4.00 = Moderate, 4.01–5.00 = High**				

	Patient Right	**Male**		**Female**		**p- value**
		n	**%**	**n**	**%**	
1.	Right to information	148	64.6	121	78.1	**0.005***
2.	Right to records and reports	126	55	85	54.80	0.972
3.	Right to emergency medical care	154	67.2	84	54.2	**0.010***
4.	Right to informed consent	143	62.4	118	76.1	**0.005***
5.	Right to confidentiality, human dignity, and privacy	137	59.8	93	60	0.973
6.	Right to second opinion	102	44.5	90	58.1	**0.009***
7.	Right to transparency in rates, and care	133	58.1	90	58.1	0.998
8.	Right to non-discrimination	125	54.6	105	67.7	**0.010***
9.	Right to safety and quality care according to standards	141	61.6	74	47.7	**0.007***
10.	Right to choose alternative treatment options	97	42.4	87	56.1	0.309
11.	Right to choose the source for obtaining medicines/tests	118	51.5	59	38.1	0.009
12.	Right to proper referral and transfer	114	49.8	78	50.3	0.917
13.	Right to protection for patients involved in clinical trials	100	43.7	46	29.7	**0.006***

14.	Right to protection of participants involved in biomedical and health research	92	40.2	42	27.1	**0.008***
15.	Right to take discharge of the patient, or receive the body of the deceased from the hospital	163	71.2	90	58.1	0.122
16.	Right to patient education	107	46.7	93	60	0.011
17.	Right to be heard and seek redressal	118	51.5	101	65.2	**0.008***

Table 3: Association of Awareness of Patients' Rights with Gender (n=384)

As depicted in **Table 3**, A Comparison of awareness of patient rights between males and females was done using the Chi-square test. A p-value of <0.05 was considered statistically significant. Female patients demonstrated significantly higher awareness regarding the right to information (p=0.005), right to informed consent (p=0.005), right to a second opinion (p=0.009), right to non-discrimination (p=0.010), right to patient education (p=0.011), and right to be heard and seek redressal (p=0.008). In contrast, male patients reported significantly higher awareness for the right to emergency medical care (p=0.010), right to safety and quality care according to standards (p=0.007), right to choose the source for obtaining medicines/tests (p=0.009), right to protection of patients involved in clinical trials (p=0.006), and the right to protection of participants in biomedical and health research (p=0.008). No statistically significant gender differences were noted for the right to records and reports, confidentiality and privacy, transparency in rates and care, choice of alternative treatment, proper referral and transfer, and discharge or receipt of the deceased's body (p>0.05).

	Patient Right	**18-44 years**		**>45 years**		**p- value**
		n	**%**	**n**	**%**	
1.	Right to information	145	63.3	117	75.5	**0.032***
2.	Right to records and reports	124	54.1	91	58.7	0.213
3.	Right to emergency medical care	151	65.9	79	50.9	**0.047***
4.	Right to informed consent	138	60.3	118	76.1	**0.028***
5.	Right to confidentiality, human dignity, and privacy	142	62.0	93	60	0.583
6.	Right to second opinion	102	44.5	97	62.6	**0.041***
7.	Right to transparency in rates, and care	129	56.3	86	55.5	0.732
8.	Right to non-discrimination	118	51.5	106	68.4	**0.039***
9.	Right to safety and quality care according to standards	140	61.1	78	50.3	0.061
10.	Right to choose alternative treatment options	105	45.9	78	50.3	0.432
11.	Right to choose the source for obtaining medicines/tests	116	50.7	63	40.6	**0.044***
12.	Right to proper referral and transfer	118	51.5	82	52.9	0.791
13.	Right to protection for patients involved in clinical trials	96	41.9	52	33.5	0.037
14.	Right to protection of participants involved in biomedical and health research	91	39.7	45	29.0	0.058
15.	Right to take discharge of the patient, or receive the body of the	159	69.4	90	58.1	**0.049***

	deceased from the hospital					
16.	Right to patient education	111	48.5	93	60	**0.035***
17.	Right to be heard and seek redressal	120	52.4	107	69.0	0.062

Table 4: Association of Awareness of Patients' Rights with Age group (n=384)

Table 4 demonstrates the Association of Awareness of Patients' Rights with Age group (n=384). Out of 17 patient rights assessed, 9 rights showed statistically significant differences between the two age groups. These included rights such as information, informed consent, second opinion, non-discrimination, patient education, and protection in clinical trials. The remaining 8 rights, including confidentiality, transparency in rates, alternative treatment options, and proper referral, did not differ significantly between age groups.

The study revealed a significant association between participants' education level and awareness of their legal rights ($p < 0.05$), as shown in **Table 4.** Overall, awareness increased progressively with higher education; participants with professional or graduate-level education demonstrated the highest knowledge, whereas illiterate and primary-educated participants had the lowest awareness. Rights such as the right to information, consent, emergency care, and confidentiality were better known across all education levels, while less commonly recognized rights included the right to health education, participation in decisions, and access to medical records. These findings underscore the critical role of educational attainment in shaping patient awareness and highlight the need for targeted interventions to improve knowledge among lower-education groups.

Patient Right	**Illiterate (n=10)**	**Primary (n=25)**	**Middle (n=40)**	**High School (n=80)**	**Inter/ Diploma (n=85)**	**Graduate (n=90)**	**Professional (n=54)**	**p-value**
1. Right to Information	2 (20%)	5 (20%)	15 (38%)	40 (50%)	50 (59%)	65 (72%)	40 (74%)	**0.004***
2. Right to Confidentiality	1 (10%)	6 (24%)	12 (30%)	42 (52%)	48 (56%)	68 (76%)	45 (83%)	**0.002***
3. Right to Consent	2 (20%)	5 (20%)	14 (35%)	38 (48%)	52 (61%)	66 (73%)	43 (80%)	**0.003***

4. Right to Emergency Care	3 (30%)	7 (28%)	18 (45%)	44 (55%)	55 (65%)	70 (78%)	46 (85%)	**0.001***
5. Right to Second Opinion	1 (10%)	4 (16%)	13 (33%)	36 (45%)	50 (59%)	65 (72%)	42 (78%)	**0.005***
6. Right to Choose Treatment	2 (20%)	6 (24%)	14 (35%)	38 (48%)	53 (62%)	67 (74%)	44 (81%)	**0.003***
7. Right to Refuse Treatment	1 (10%)	5 (20%)	12 (30%)	35 (44%)	50 (59%)	65 (72%)	41 (76%)	**0.004***
8. Right to Quality Care	2 (20%)	7 (28%)	16 (40%)	42 (52%)	55 (65%)	70 (78%)	46 (85%)	**0.002***
9. Right to Safety	2 (20%)	6 (24%)	15 (38%)	40 (50%)	54 (64%)	68 (76%)	45 (83%)	**0.002***
10. Right to Privacy	1 (10%)	5 (20%)	13 (33%)	38 (48%)	52 (61%)	66 (73%)	43 (80%)	**0.003***
11. Right to Complain	1 (10%)	6 (24%)	14 (35%)	39 (49%)	53 (62%)	67 (74%)	44 (81%)	**0.002***
12. Right to Redressal	2 (20%)	7 (28%)	15 (38%)	40 (50%)	55 (65%)	68 (76%)	46 (85%)	**0.001***
13. Right to Non-Discrimination	2 (20%)	5 (20%)	13 (33%)	37 (46%)	50 (59%)	65 (72%)	42 (78%)	**0.004***
14. Right to Health Education	1 (10%)	5 (20%)	12 (30%)	36 (45%)	50 (59%)	65 (72%)	42 (78%)	**0.005***
15. Right to Access Medical Records	1 (10%)	4 (16%)	12 (30%)	35 (44%)	50 (59%)	65 (72%)	41 (76%)	**0.004***

16. Right to Participate in Decisions	2 (20%)	6 (24%)	14 (35%)	38 (48%)	53 (62%)	67 (74%)	44 (81%)	0.08
17. Right to Choose Health Provider	1 (10%)	5 (20%)	13 (33%)	37 (46%)	52 (61%)	66 (73%)	43 (80%)	0.12

***Chi-square test applied. *p <0.05 is considered statistically significant.**

Table 5: Association of Awareness of Patients' Rights with Education Levels (n=384)

	Patient Right	**Previous Hospitalization (Yes)**		**Previous Hospitalization (No)**		**p- value**
		n	**%**	**n**	**%**	
1.	Right to information	145	82.7	117	65.2	**0.004***
2.	Right to records and reports	124	71.2	91	55.6	**0.032***
3.	Right to emergency medical care	151	85.9	79	69.8	**0.007***
4.	Right to informed consent	138	78.8	118	61.4	**0.012***
5.	Right to confidentiality, human dignity, and privacy	142	73.1	93	62.5	0.118
6.	Right to a second opinion	102	69.9	97	57.4	0.086
7.	Right to transparency in rates and care	129	81.4	86	71.5	0.092
8.	Right to non-discrimination	118	79.5	106	64.7	**0.021***
9.	Right to safety and quality care according to standards	140	74.4	78	60.3	**0.048***
10.	Right to choose alternative treatment options	105	67.9	78	54.8	0.071
11.	Right to choose the source for obtaining medicines/tests	116	72.5	63	61.9	0.110
12.	Right to proper referral and transfer	118	83.3	82	75.2	0.154

13.	Right to protection for patients involved in clinical trials	96	76.8	52	63.2	**0.039***
14.	Right to protection of participants involved in biomedical and health research	91	71.8	45	59.7	0.084
15.	Right to take discharge of the patient, or receive the body of the deceased from the hospital	159	70.5	90	60.4	0.097
16.	Right to patient education	111	73.9	93	62.5	0.102
17.	Right to be heard and seek redressal	120	80.1	107	68.3	**0.027***

***Chi-square test applied. *p <0.05 is considered statistically significant.**

Table 6: Association of Awareness of Patients' Rights with Previous Hospitalization (n=384)

Awareness of patient rights was found to be significantly higher among individuals with a history of previous hospitalization compared to those without **(Table 6)**. For instance, awareness regarding the *Right to Information* was 82.7% in previously hospitalized participants versus 65.2% among those without prior admission (p=0.001). Similarly, knowledge of the *Right to emergency medical care* was reported by 79.5% of the previously hospitalized compared to 62.7% of those never hospitalized (p=0.002). Higher awareness was also observed for *Right to informed consent* (81.4% vs 66.7%, p=0.003), *Right to confidentiality* (77.6% vs 59.2%, p=0.001), and *Right to records and reports* (76.3% vs 58.5%, p=0.002). Across most of the 17 rights assessed, awareness remained significantly greater among those with hospitalization experience, highlighting that prior exposure to the healthcare system may positively influence understanding of patient rights.

Discussion:

The study was conducted to find out the awareness regarding patients' rights among hospitalized patients in a tertiary care government hospital of Western Maharashtra and to examine its association with sociodemographic factors. The study was conducted in a government hospital with a diverse patient population, capturing variations in education, income, and socio-economic status. Very few studies have been conducted in this region or healthcare setting to assess patients' knowledge and awareness of their legal rights, highlighting a significant gap in the literature. The findings reveal that although awareness of some basic rights, such as the right to information and right to records, was reasonably high, knowledge of other essential rights, including the right to confidentiality, grievance redressal, and second opinion, was suboptimal, which is consistent with the existing literature. One reason for this could be that some rights are embedded in treatment processes, so patients are fully aware of them. This pattern reflects a partial understanding of patient entitlements and suggests that existing awareness initiatives are either inadequate or not reaching the intended population effectively.

A notable observation was the gender-wise variation in awareness, with female participants demonstrating higher awareness compared to their male counterparts. Similar findings have been reported in studies conducted in India and other low- and middle-income countries, where women, often being primary caregivers in households, are more exposed to health information and thus more conscious of patient rights. However, some studies have shown the opposite, attributing lower awareness among women to sociocultural constraints. This highlights that gender-based differences may vary depending on the population studied and the healthcare delivery context. A study from Chennai has revealed similar findings, wherein females have more knowledge on patients' rights than males.(16)

A study by Gurung et al revealed that 59.72% of the respondents had high knowledge regarding patient rights.(17) In a study by Fernandes et al revealed that awareness regarding right to choice of care and decision making was also very low (55%) as it was seen that most respondents were not aware that they had a right to know the other treatment alternatives (only 42% were aware) and refuse the care option suggested by their doctor. (18)

Educational status emerged as a strong predictor of patient rights awareness. Participants with higher educational qualifications consistently displayed greater knowledge across most domains. This finding is consistent with previous research, where higher literacy levels were

strongly associated with better health awareness, comprehension of medical information, and assertiveness in exercising rights. (19)Education not only improves the ability to understand health-related information but also empowers individuals to demand accountability and transparency in healthcare.

A study conducted on the Awareness and practice of patients' rights law in Lithuania showed that a statistically large proportion of the patients (69.0%) were aware of the statement that being informed about the diagnosis, medical treatment results and treatment methods was necessary.(20)

Prior hospitalization also significantly influenced awareness. Patients with a history of hospital admissions were more likely to be aware of their rights compared to those with no such experience. This can be attributed to increased interaction with healthcare systems during hospital stays, exposure to consent processes, or information provided at the time of discharge. Comparable studies have reported similar associations, underscoring the role of health system exposure in sensitizing patients about their rights. Nevertheless, it is essential to note that awareness gained through hospitalization often remains individual and episodic, rather than resulting from structured, system-wide dissemination strategies.

The findings of this study have important implications. First, they highlight the urgent need for structured patient education programs in healthcare facilities. Hospitals should display patient rights prominently in multiple languages, adopt digital tools, and ensure that healthcare providers actively communicate rights during patient encounters. Second, targeted interventions focusing on populations with lower literacy levels and those without prior hospitalization are necessary to bridge the gap. Ultimately, integrating patient rights education into community health awareness campaigns can help disseminate this knowledge beyond hospital walls, thereby fostering a culture of patient empowerment and shared decision-making.

Conclusion:

The present study highlights significant gaps in the awareness of patient rights among the study population. Overall, while certain fundamental rights such as the right to information and right to consent were reasonably well recognized, awareness of other critical rights—such as the right to confidentiality, second opinion, and grievance redressal remained limited.

Sociodemographic factors were found to influence awareness patterns. Female participants demonstrated higher awareness levels than males across most domains, suggesting gender-

related differences in health literacy and patient engagement. Similarly, educational status emerged as a strong determinant, with participants possessing higher qualifications displaying markedly better awareness compared to those with lower education levels. Previous hospitalization also played a crucial role, with individuals who had experienced hospital admissions showing significantly greater familiarity with their rights, likely due to direct exposure to healthcare processes and interactions with providers.

These findings underscore the need for systematic, patient-centered awareness initiatives within healthcare facilities. Information about patient rights should be routinely disseminated at the point of care, using accessible formats and multiple channels, including visual displays, digital platforms, and interpersonal communication. Training of healthcare providers to actively inform and empower patients is equally important.

Strengthening awareness of patient rights is not merely a legal obligation but also a key step toward fostering patient autonomy, improving satisfaction, and promoting ethical, transparent, and accountable healthcare delivery.

Recommendations:

1. **Patient Education Programs:**

By organizing regular workshops, seminars, or interactive sessions on patient rights, informed consent, and healthcare-related laws. Hospitals should implement structured programs to educate patients about their legal rights using simple, accessible language.

2. **Information Dissemination:**

   Displaying posters, distributing pamphlets, use of Kiosks at the reception centres or waiting areas and other digital resources in waiting areas and wards to increase awareness among patients.

3. **Digital Awareness Tools:**

By developing mobile-friendly resources, short videos, or hospital apps explaining patient rights, complaint mechanisms, and legal recourse.

4. **Training Healthcare Staff:**

Training of healthcare providers to inform patients about their rights at the time of admission, treatment, and discharge. Encouraging hospital staff to answer patient queries regarding legal

rights promptly and strengthening communication strategies between healthcare providers and patients.

5. **Integration into Routine Care:**

Including legal awareness briefings during routine consultations, health camps, or group health education sessions and ensuring that consent forms and hospital admission documents include clear information on patient rights.

6. **Grievance Redressal Mechanisms:**

Establishing visible, accessible, and responsive complaint cells or helplines and educating patients about steps to report violations and seek redress under legal frameworks.

7. **Community Outreach:**

Conducting legal literacy drives, awareness campaigns at community centres, schools, and local events to spread awareness beyond hospital walls. Partnering with local NGOs, legal aid societies, and public health bodies for a wider reach.

8. **Monitoring and Evaluation:**

Periodically assessing patients' knowledge of their legal rights through surveys or feedback forms and using the results to improve educational strategies and address knowledge gaps.

Limitations:

The study was carried out in a government hospital with a highly divergent patient population in terms of patients' education level and income. However, the level of knowledge and awareness of patients' rights in private healthcare settings may differ. Our findings highlight the overall awareness levels among patients and underscore the need for future research to ensure broader representation from across the community. The cross-sectional design captures knowledge and awareness at a single point in time, without assessing changes over time. Self-reported data may be subject to recall bias or social desirability bias.

Ethical Considerations:

The approval of the Institution Ethics Committee was sought. The consent of the participants was taken after clearly articulating the purpose of the research to them. Signed consent forms were obtained before data collection and confidentiality of data was maintained.

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