RESEARCH ARTICLE

KNOWLEDGE, ATTITUDES, BEHAVIORS OF THE DOCTORS ABOUT PATIENT RIGHTS, AND PATIENT COMPLAINTS: A CROSS-SECTIONAL STUDY

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ABSTRACT

Patient rights are the entitlements that individuals who need to benefit from health services have just because they are human. These rights should be complied with during health service delivery. This study was conducted to evaluate the knowledge levels, attitudes, and the claim reasons of doctors working in Erzurum city center concerning patient rights and to offer solutions to the matter. A cross-sectional descriptive survey was done. All doctors working in Erzurum city center were included in the study. The participation rate was 82%. A questionnaire with sociodemographic questions and information questions about patients' rights was used as a data collection tool. The questionnaire was applied to doctors face-to-face. Physicians' knowledge scores on patient rights were reasonably high. However, it was observed that the knowledge levels were not reflected in attitudes and behaviors at the same rate. Only one-third of the participants had read the Patient Rights Regulation, and half of them had received training on the subject. Of the physicians, 76.6% (n=562) think that the concept of patient rights limits the rights of doctors, and 97.4% (n=714) claimed that there were unnecessary/inappropriate complaints to the patient-rights units. Of the physicians, 64.6% received complaints from patients and/or their relatives. The most common complaint reason was communication problems (21.3%, n=294). While the doctors providing health care, 8.3% were not smiling at their patients, 1.1% (n=8) were not paying attention to patient privacy, 20.5% (n=149) were not giving verbal information to patients, 7.3% (n=53) were not receiving written consent from patients before the medical intervention. Physicians must develop positive attitudes towards patient rights practices and internalize these rights. Education on patient rights should be included in the medical education curriculum in preclinical and clinical periods. Doctors should be informed about the changes and updates made in the regulation with in-service training. The factors that prevent the transformation of knowledge into attitudes and behaviors should be revealed in larger studies.

***Keywords**: Patient Rights, Attitude, Complaint.*

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ARAŞTIRMA MAKALESİ

DOKTORLARIN HASTA HAKLARINA İLİŞKİN BİLGİ, TUTUM, DAVRANIŞLARI VE HASTA ŞİKAYETLERİ: KESİTSEL BİR ÇALIŞMA

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ÖZ

Hasta hakları, sağlık hizmetinden yararlanma ihtiyacı olan bireylerin sırf insan oldukları için sahip oldukları haklardır. Sağlık hizmeti sunumu sırasında, bu haklara uyulmalıdır. Bu çalışma, Erzurum il merkezinde görev yapan doktorların hasta haklarına ilişkin bilgi, tutum ve davranışlarını değerlendirmek ve konuya çözüm önerileri getirmek amacıyla yapılmıştır. Kesitsel ve tanımlayıcı anket çalışmasına, il merkezinde çalışan tüm doktorlar dahil edilmiştir. Katılım oranı %82 idi. Veri toplama aracı olarak sosyodemografik sorular ve hasta hakları ile ilgili bilgi sorularının yer aldığı bir anket kullanılmıştır. Anket doktorlara yüz yüze uygulanmıştır. Hekimlerin hasta hakları konusundaki bilgi puanları oldukça yüksektir. Ancak bilgi düzeylerinin tutum ve davranışa aynı oranda yansımadığı görülmüştür. Katılımcıların sadece üçte biri Hasta Hakları Yönetmeliğ'ini okumuş ve yarısı konu ile ilgili eğitim almıştır. Hekimlerin %76,6'sı (n=562) hasta hakları kavramının hekimlerin haklarını sınırladığını düşünürken, %97,4'ü (n=714) hasta hakları birimlerine gereksiz/uygun olmayan şikayetler olduğunu belirtmiştir. Hekimlerin %64,6'sı hasta ve/veya yakınlarından şikayet almıştır. En sık şikayet nedeni iletişim sorunlarıydı (%21,3, n=294). Sağlık hizmeti verirken hekimlerin %8,3'ü hastalarına gülümsemediğini, %1,1'i (n=8) hasta mahremiyetine dikkat etmediğini, %20,5'i (n=149) hastalara sözlü bilgi vermediğini, %7,3'ü (n=53) tıbbi müdahaleden önce hastalardan yazılı onam almadığını belirtmiştir. Hekimlerin hasta hakları uygulamalarına yönelik olumlu tutum geliştirmeleri ve bu hakları içselleştirmeleri önemlidir. Hasta haklarına yönelik eğitimler tıp eğitimi müfredatında preklinik ve klinik dönemlerde mutlaka yer almalıdır. Hekimler yönetmelikte yapılan değişiklik ve güncellemelerden hizmet içi eğitimler ile haberdar edilmelidir. Bilginin tutum ve davranışa dönüştürülmesini engelleyen faktörler daha geniş çaplı çalışmalarla ortaya konulmalıdır.

***Anahtar kelimeler**: Hasta Hakları, Tutum, Şikayet.*

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I. INTRODUCTION

The concept of Patient Rights (PR), which is the reflection of Human Rights in health services, is gaining importance around the world and in Turkey. First seen historically in the Hammurabi laws. This notion mentions the responsibilities of doctors in case of faulty medical practices (Teall, 2014). The first international documents on PR are the Nuremberg Codes and the Helsinki Declaration (Asplund and Hermerén, 2017; Vollmann and Winau, 1996). Descriptions of clinical research, provisions regarding human and animal subjects, duties of doctors towards patients and colleagues, and unethical behaviors are included in the Helsinki Declaration.

Put into effect in Turkey in 1998 and updated in 2015, the Patient Rights Regulation is an important guide being the first regulation on this subject in Turkey based on the rights in international declarations and agreements, defining the clear and detailed rights of patients, and initiating PR practice (TC Ministry of Health, 2019). These are the rights of individuals while receiving any health service. The purpose of PR is "protecting, supporting, and strengthening the individuals who receive health services." Compliance with these rights in the provision of health services increases the quality and efficiency of the care, solves communication problems between the patient and the doctor to a great extent, and as a result, will positively contribute to the increase in patient satisfaction and service quality (Virone and Tarasenko, 2010).

This study aimed to examine the knowledge levels attitudes and behaviors of doctors working in Erzurum city center on PR regulation, the rate of complaints within the regulation's scope, the factors affecting these results, and to suggest solutions.

II. METHODS

2.1. Participants

This is a descriptive questionnaire study conducted with doctors working at all healthcare levels in Erzurum city center between January and May 2017. The population of the study consisted of 988 doctors working in Erzurum city center. Sampling was not used as it was aimed to reach all doctors in the population.

2.2. Ethical Permission

Ethical permission for the research was obtained from the Non-Invasive Clinical Research Ethics Committee of Atatürk University Faculty of Medicine (Date: 31.05.2016, number: 8/11), and the permission for implementation was obtained from the General Secretariat of Provincial Public Hospitals (Date: 22.09.2016, number: 98003106/604.01.02).

2.3. Data Collection

At the time the data was collected, in Erzurum city center, there were two State Hospitals, two branch hospitals, one University Hospital, one Regional Training and Research Hospital, one private hospital, 31 Family Health Centers, and an Emergency Service Center. According to the Provincial Health Directorate data, as of 2017, 988 doctors were working in these institutions.

A questionnaire based on the Patient Rights Regulation (PRR) and consisting of 3 parts was used to collect data. The 35-item questionnaire contained in the first part demographic information of the participants (age, gender, duration of service in the profession, specialty, and career status) and in the second part the PR knowledge level of physicians. The third part of the questionnaire included questions aiming to evaluate participants' attitudes and behaviors on the subject, and the fourth part considered factors affecting complaints of the patients and their relatives within the scope of the PRR.

A face-to-face questionnaire was applied to all participants on a voluntary basis. A total of 810 questionnaires were included in the analysis (participation rate 82%).

2.4. Statistical Analysis

Statistical Package for the Social Sciences (SPSS 20) program was used for data analysis. Knowledge score (KS) was calculated for each participant by taking the correct knowledge as 1 point and the wrong knowledge as 0 points. Categorical variables were presented as numbers and percentages, and numerical variables as mean, standard deviation, median, minimum, and maximum values. The Mann-Whitney U test was used for pairwise comparisons of numerical variables that were not normally distributed. Kruskal Wallis variance analysis with post-hoc Bonferroni correction was used to compare more than two groups. The Chi-Square test and Fisher's Exact test were used to compare categorical variables. The statistical significance level was accepted as $p<0.05$.

2.5. Limitations of the Study

In our study, contents of the PRR document were used to measure the patient rights knowledge scores of physicians. Since a "Patient Rights Scale" could not be found in the literature review, it could not be included in the study, which may be considered a limitation. Additionally, the physicians' attitudes were assessed by self-reporting. Furthermore, the average examination time allocated to patients was not determined objectively, and data obtained from the patient rights units regarding complaints were not verified.

III. RESULTS

3.1. Descriptive Findings

Of the doctors participating in the study, 65.4% (n=530) were men, and 34.6% (n=280) were women. When their distribution according to the workplace was examined, 23.3% (n=187) were working in primary care, 13% (n=105) in secondary care, 61.2% (n=496) in tertiary care, and 2.8% (n=22) in private hospitals (Table 1).

Table 1. Descriptive Characteristics of the Doctors

		Frequency (n)	**Percentage (%)**
Sex	Female	280	34.6
	Male	530	65.4
Institution category	Tertiary care	496	61.2
	Secondary care	105	13.0
	Primary care	187	23.1
	Private	22	2.7
Career status	General practitioner	216	27.3
	Specialty trainee	208	26.3
	Specialist	251	31.7
	Academic	116	14.7
Profession	Internal sciences	513	63.3
	Surgical sciences	223	27.5
	Basic sciences	62	7.7
	Manager	12	1.5

Of the doctors, 11.4% (n=92) participating in our study stated that they were not informed of the Patient Rights Regulation in force in Turkey, and only one-third of the participants indicated that they had read the PRR.

The rate of doctors that received training on PR was 55% (n=445), and the main source of education has been determined as undergraduate education (72%, n=330). When participants were asked to evaluate their level of knowledge about PR, only 27.3% (n=221) found themselves sufficient.

Of the institution types, primary care physicians were the most satisfied with their profession. Of the participating physicians, 93% (n=753) thought that patients and their relatives should receive training on patient rights, as should healthcare professionals.

The daily mean number of outpatients seen by doctors participating in the study was 62.78 ± 41.42. This number was highest among specialty-trainees with 300-400 examinations per day and lowest among academics (around 5 patients). The average time reserved for examining a patient in the polyclinic was 7.21±4.221, while the mean duration that could be reserved for counseling a patient was 6.50±4.929. The number of outpatient clinics per day was significantly higher in internal branches (65.85±45.11) than in the surgical disciplines (57.56±30.02). Participants of both branches could not find sufficient time allocated to patients in outpatient clinics, which was significantly higher in internal departments (p=0.012).

3.2. PRR Knowledge Scores

Physicians' mean total knowledge score within the framework of PRR was 30.71±2.66 over a maximum of 35 points. Of the doctors, 87.7% knew all the articles of PRR at a good level, and their knowledge scores were not related to any variable. When the responses of doctors to the questions about the patients' and their relatives' rights to request information were evaluated, a statistically significant difference was found in eight of the ten items (Table 2).

Table 2. Relationships between Knowledge on the "Right to Access Information" and Career Status

Responses to the regulation regarding the "right to access information"	Career									
	Practitioner		Assistant		Specialist		Academician			
	Number n	Percentage %	Number n	Percentage %	Number n	Percentage %	Number n	Percentage %	χ^2	p
"Patients have the right to choose a doctor"										
False	0	0.0	0	0.0	3	1.3	1	1.0	6.167	0.104
True	207	96.3	165	87.3	200	88.1	91	94.8		
Total	215	100	189	100	227	100	96	100		
"Patients have the right to request both verbal and written information about their diseases"										
False	4	1.9	14	7.4	14	6.2	11	11.5	11.173	0.011
True	211	98.1	175	92.6	213	93.8	85	88.5		
Total	215	100	189	100	227	100	96	100		
"A patient can examine files and records regarding their health condition and take a copy"										
False	17	7.9	35	18.5	44	19.4	22	22.9	16.523	0.001
True	198	92.1	154	81.5	183	80.6	74	77.1		
Total	215	100	189	100	227	100	96	100		
"A patient may request a second opinion from another physician about their health status regarding a complaint"										
False	22	10.2	22	11.6	23	10.1	14	14.6	1.410	0.703
True	193	89.8	167	88.4	204	89.9	82	85.4		
Total	215	100	189	100	227	100	96	100		
"Information can only be provided by a doctor"										
False	155	72.1	24	12.7	47	20.7	16	16.7	205.240	0.000
True	60	27.9	165	87.3	180	79.3	80	83.3		
Total	215	100	189	100	227	100	96	100		
"It is essential that information is provided directly to the patient"										
False	9	4.2	14	7.4	25	11.0	16	16.7	12.386	0.006
True	206	95.8	175	92.6	202	89.0	80	83.3		
Total	215	100	189	100	227	100	96	100		
"Information is provided by giving the patient a reasonable time, except in emergencies"										
False	8	3.7	13	6.9	2	.9	3	3.1	12.905	0.005
True	207	96.3	176	93.1	225	99.1	93	96.9		
Total	215	100	189	100	227	100	96	100		
"The patient is informed in writing and verbally about the medical intervention to be applied by the intervening health personnel"										
False	2	.9	17	9.0	8	3.5	5	5.2	15.720	0.001
True	213	99.1	172	91.0	219	96.5	91	94.8		
Total	215	100	189	100	227	100	96	100		
"A patient may request not to receive information or information be given to their relatives"										
False	151	70.2	27	14.3	34	15.0	10	10.4	235.087	0.000
True	64	29.8	162	85.7	193	85.0	86	89.6		
Total	215	100	189	100	227	100	96	100		
"In cases where it is thought to have a bad effect on the spiritual structure of the patient and adversely affect the course of the disease, the diagnosis can be hidden from the patient"										
False	37	17.2	78	41.3	102	44.9	31	32.3	48.166	0.000
True	178	82.8	111	58.7	125	55.1	65	67.7		
Total	215	100	189	100	227	100	96	100		
"Patients have the right to object the reports on their health status and request a new report from the same or another institution"										
False	21	9.8	32	16.9	37	16.3	10	10.4	5.488	0.139
True	194	90.2	157	83.1	190	83.7	86	89.6		
Total	215	100	189	100	227	100	96	100		

GP: General practitioner.

3.3. Physicians' Attitudes and Behaviors towards Patient Rights

In terms of physician attitudes and behaviors, 8.3% were not smiling to their patients, 1.1% (n=8) were not paying attention to patient privacy while providing health care, 20.5% (n=149) were not giving verbal information to patients undergoing medical intervention, 7.3% (n=53) were not receiving written consent from patients before the medical intervention, and 61.2% (n=445) were not providing a copy of the consent form to patients or their representatives (Table 3).

Table 3. Physicians' Attitudes and Behaviors towards PR

	Frequency (n)	Percentage (%)
Are you able to provide friendly, gentle, and compassionate service to patients?		
Yes	178	24.6
No	60	8.3
As possible	486	67.1
Total	724	100.0
Do you get written consent from the patients undergoing medical intervention?		
Yes	443	60.9
No	53	7.3
As possible	231	31.8
Total	727	100.0
Do you pay attention to patient privacy during the examination and medical interventions?		
Yes	519	71.4
No	8	1.1
As possible	200	27.5
Total	727	100.0
Do you give verbal information to the patients undergoing medical intervention?		
Yes	473	65.1
No	149	20.5
As possible	105	14.4
Total	727	100.0
Do you give a copy of the consent form to patients or their representatives?		
Yes	282	38.8
No	445	61.2
Total	727	100.0

3.4. Physicians' Complaint Cases under PRR

Of the doctors participating in the study, 64.6% (n=469) had been complained by patients and/or their relatives. However, 97.4% of the physicians (n=714) thought that there were unnecessary/inappropriate complaints to the PR units, and 76.6% (n=556) believed that the concept of patient rights limits the rights of doctors.

Although the rate of complaints of physicians who do not know that there is a regulation on PR in Turkey was higher, the difference between the groups was not statistically significant ($p>0.05$).

The doctors who stated that they had read the PRR received more complaints, and the difference between the groups was statistically significant ($p=0.001$).

When evaluated according to the field of specialization, the most complained group was surgeons (%75.3, n=168), while doctors in basic sciences were the least complained (33.9%, n=21). The difference between the groups was statistically significant ($p<0.001$).

When evaluated according to career status, the most complained participants were specialists (72.5%, n=182), and the least complained group was academicians (56%, n=65) ($p<0.001$).

The doctors who stated that the daily workload was hefty received more complaints; complaint rates increased with the workload (79.5%, n=105 vs 63.7%, n=72). The relationship between workload and complaints was statistically significant ($p=0.006$).

On the other hand, 76% (n=260) of the complaints were against night shift doctors, and 59.8% (n=237) were against physicians who did not have shifts. The doctors on duty were more complained ($p<0.001$).

The average number of daily examinations by doctors who were complained was 68.01±45.752, while the mean number of examinations of the physicians who were not complained was 51.76±27.318. The difference was statistically significantly ($p<0.001$).

When the relationship of the complaints with the institution types was evaluated, doctors working in the secondary care and private hospitals attracted more complaints than the primary and tertiary care physicians. The difference between these groups was statistically significant ($p<0.001$).

The most common complaint reasons were communication problems (21.3%, n=294), followed by inappropriate requests (18.4%, n=254) and wait times (17.9%, n=247) (Figure 1).

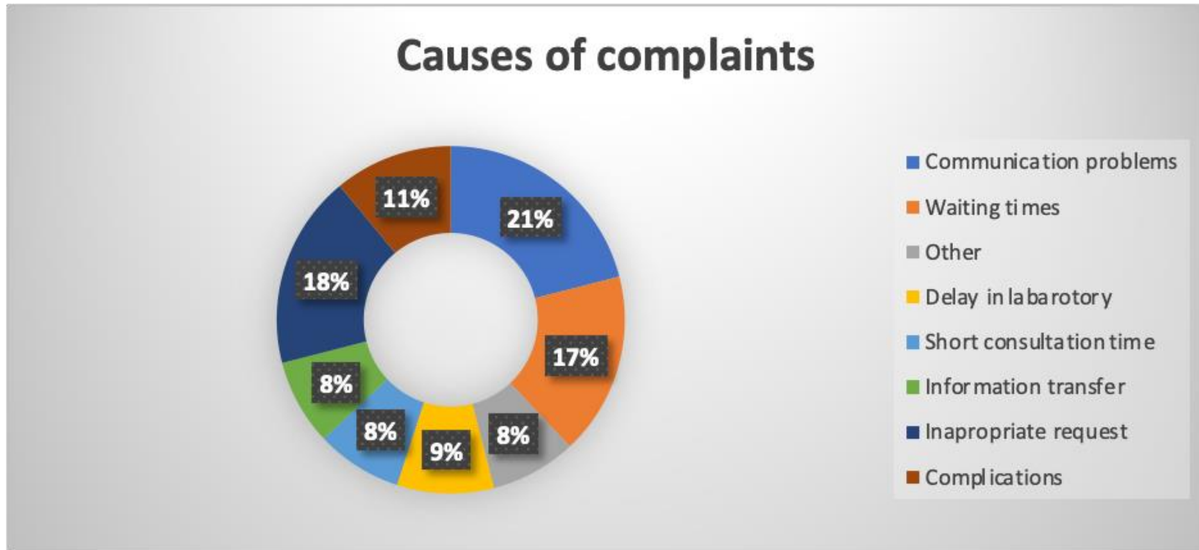

Figure 1. Causes of Patient and Patient Relatives Complaints

When the causes of complaints were evaluated according to the institution, the most common reason for complaints among secondary and tertiary care physicians was communication problems (20.9%, n=49 and 24%, n=189, respectively) and illegal requests in primary care physicians (19.2%, n=57). The most common causes of complaints among doctors working in private hospitals were communication problems, inappropriate demands, and post-treatment complications, with a common rate of 19.2% (n=10).

IV. DISCUSSION

At the end of the nineties, human-centered health service provision was started to be discussed in Turkey and the Patient Rights Regulation entered into force in 1998 (TC Ministry of Health, 2019). However, different results were found about the knowledge of healthcare professionals concerning patient rights. In Bilir and other's study (2015), 13.6% of the emergency room workers, and in Teke and other's study (2007), 21.7% of the nurses stated that they had never encountered the concept of patient rights in their professional lives. Half of the participants in Özdemir and other's study (2000) knew that there is a regulation on PR. In Eşiyok and orther's study (2007), 15% of the participants stated that they were not aware of such a regulation. In our study, the rate of doctors who were not aware of the PR Regulation was relatively lower (11%) compared to other investigations. However, considering the elapsed time, it made us think that the health services provided on the basis of patient rights did not reach the desired level, and there are still physicians with uncovered educational needs.

As in our study, knowing the articles of the patient rights regulation was high in other reports as well. (Bilir et al., 2015; Duran et al., 2008; Eker et al.; Topbas et al., 2005; Zincir and Kaya, 2009) The reason for this may be that the questionnaires prepared based on the articles of the regulation are

not validated scales; they contain easily answerable questions using logic. Despite the high knowledge scores in this study, only 27.3% of the participants perceived their knowledge level as 'sufficient'.

The rate of complaints from doctors varies worldwide. As to a study conducted in New Zealand, 34.6% of the physicians had been complained (Cunningham, 2004). When looked at the healthcare personnel complaint rates in other studies, the rates were 41% in Ocaktan and other's study (2004), 52% in Eşiyok and other's study (2007), 28% in Bilir and other's study (2015), and 30% in Barın's study (2014). It is noteworthy that the rate found in our research was (approximately 2/3) higher compared to other studies. When the statistics of the Turkish Ministry of Health on PR are examined, it is seen that the complaints made about healthcare workers increase every year. While this number was 35 547 in 2005, it reached 179 265 in 2011, recording a 5-fold increase (General Directorate of Health Services., 2021). This may be the publication of the circulars and directives that determine the application principles of the PRR and make the complaint units accessible. Additionally, emerging multiple options for society and the increasing interest of the media and law firms may have contributed to this change.

Interestingly, in our study, it was observed that doctors who studied PRR received significantly more complaints. Although the regulation was read by most physicians, they might have had difficulties in practice, or physicians might have read the regulation to obtain information and write pleadings after being complained. A study conducted in Ireland revealed that doctors found the complaints unwarranted and annoying and requested that those who made misleading complaints should be punished (Bostan, 2007). Cunningham reported that complaints affected the psychology of physicians, and this reflected negatively on the physician-patient relationship. (Cunningham, 2004)

In line with the literature, almost all physicians (97%) who participated in our research stated that there were unnecessary complaints, and 93% said that regulations should be made to prevent these complaints. Of the doctors participating in our study, 77% thought that the concept of PR limits the rights of physicians. According to the study of Bostan (2007), 67% of the participants saw PR as a concept against healthcare personnel.

Promotion and education concerning patient rights and fundamental human rights should be the main starting point of the health system. Improper planning from this perspective may have caused doctors and healthcare professionals to be misunderstood and may have led to a clash between physicians and patients. Changing the concept of PR into 'Health-related rights' may cover both service providers and receivers. Thus, this change can contribute to better communication by preventing the formation of two separate groups. In this context, it should be taken into consideration that historically, the concept of patient rights was first put forward and advocated by physicians (Code, 1998).

In Turkey, additional payments are made to hospital doctors for each examination and medical intervention (Akdağ and Koç, 2012). On the other hand, doctors in public institutions in Turkey are obliged to serve all admitted patients. Due to all these factors, the number of daily patients daily may exceed the suggested numbers. The "Central Appointment System" put into practice to solve this problem could not provide the desired results. As a result, many communication problems ensue between doctors and patients. The reflection of this situation in our research was the most common complaint of physicians working in the public sector.

The World Health Organization suggests the average consultation time allocated for a patient as 15-20 minutes (Yardım and Eser, 2017). In one study in Turkey, it was found that 82% of the physicians were able to spare less than 5 minutes to their patients at the first visit (Güldal et al., 2005). We observed that the number of daily outpatient clinics during secondary care shifts was far too many. Especially surgeons received significantly more complaints when on duty. Of the doctors, 80% described their daily workload as "heavy or very heavy" and stated that the average time they could allocate for an outpatient examination was 7 minutes, which didn't suffice.

Time constraints may lead to poor management of the health problem, disruption of diagnosis and treatment, improper prescribing, increase in malpractice, increased re-admission institutions, shortening of the time allocated to preventive health services, as well as burnout and job dissatisfaction among physicians (Yardım and Eser, 2017). In addition, it has been reported in various studies that the improvement in the patient-physician relationship increases the trust and positive perceptions about the physician and decreases malpractice-related complaints (Brennan and Mello, 2003; Carmel and Glick, 1993; Levinson and Roter,1997).

Reasons for complaints may differ according to the institution types. The primary health care practice planned according to the geographical location in Turkey may have caused the physicians to know their assigned population very well, facilitate patient-doctor communication, and decrease communication problems, as well as illegal requests such as inappropriate medicines and haphazard sick leaves or health reports.

Similar to our study, in the study of Kırgın Toprak and Şahin (2012) evaluating the data between the years 2006-2009, the most complained group among healthcare workers was doctors (60%), and the most complained among the doctors were the specialist physicians and surgeons. Furthermore, it was observed that the most frequently complained surgical branches were orthopedics and gynecology & obstetrics (Barın, 2014). This finding was confirmed in our study. Explanations of this can be the high risk in surgical departments, prolongation of the patient's time in the hospital for pre-and post-operative procedures, and inappropriately rapid and significant recovery expectations.

Communication problems in the health sector are encountered not only in Turkey but all over the world. Communication between healthcare personnel and patients is one of the most crucial factors determining patient satisfaction (Harrison et al., 2016; Reader et al., 2014; Ridd et al., 2009; Rubinsky and Cooke-Jackson, 2017). Patient satisfaction is one of the important outputs in healthcare services. In a study conducted in Singapore, it was observed that the most common cause of complaints were communication-related problems (73%). Thus, the necessity of continuous training and improvements for patient communication was emphasized (Wong et al., 2007). Studies conducted in Switzerland, Boston, and Australia revealed similar results. (Montini et al., 2008; Parry and Hewage, 2009; Pfeil et al., 2018)

In the 6-year study on the "Health Complaint Information Program," Taylor and others (2002) examined emergency room complaints and revealed the most common reason for complaints as communication-related problems. As solutions, it was emphasized that it is necessary to focus on personnel training in the short term and to determine intervention strategies in the long run.

In a Teheran study, communication problems were determined as rudeness, insensitivity, inappropriate explanations, weak or inadequate communication, and insufficient response to patients' requests. (Moghadam et al., 2010)

In studies where complaints made to health institutions were analyzed, the importance of effective and positive communication between healthcare personnel and patients is emphasized, and periodic training on positive communication is recommended.(Beaupert et al., 2014; Gallagher and Mazor, 2015) The high rate of communication-related complaints in our study reveals the need for training. Significant differences between the responses of the doctors participating in the survey regarding the patients' right to demand information are another supportive data that this training need should be met. The significant difference between general practitioners and other physicians may be an indicator of the educational policy change in recent years. As a matter of fact, the "Clinical Communication Skills Modules" used in undergraduate medical training have been modified in recent years in the structure of these PR training, which was previously given only theoretically, and patient-physician interviews with standard and simulated patients were modeled. In our study, although the physicians' level of knowledge was high, this was not correlated with their attitudes and behaviour, which may indicate that the classical theory-based education they had in the school was not sufficient. The changes in medical education in recent years are expected to have positive repercussions in the future. With future

studies, the difference can be demonstrated concretely. Furthermore, it was considered that it would be beneficial to improve the awareness of physicians and patients by providing training opportunities. In this context, the responses of the doctors in our study pointing to the educational needs of the patients in addition to healthcare professionals are remarkable.

V. CONCLUSION

Patient rights should definitely be included as a subject in undergraduate medical education, and the curriculum should be structured to cover attitudes with horizontal and vertical integration. It has been evaluated that besides health professionals, public education on PR can contribute to preventing unnecessary complaints. In order to increase the quality of communication, regulations should be made to ensure sufficient time allocation of doctors to their patients. When approaching patient rights, highlighting the acknowledgments and wishes could prevent seeing patients and healthcare professionals as opposing groups and contribute to employee motivation and patient satisfaction.

Ethical Approval: Ethical permission for the research was obtained from the Non-Invasive Clinical Research Ethics Committee of Atatürk University Faculty of Medicine (Date: 31.05.2016, number: 8/11), and the permission for implementation was obtained from the General Secretariat of Provincial Public Hospitals (Date: 22.09.2016, number: 98003106/604.01.02).

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