

THE KNOWLEDGE LEVEL OF DOCTORS AND INPATIENTS REGARDING PATIENT' RIGHTS AND OBLIGATIONS IN DENPASAR CITY

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ABSTRACT

The relationship between doctors and patients in healthcare services was contractual, creating rights and obligations for both parties. A good understanding of patients' rights and obligations enhanced the quality of healthcare services, fostered a more harmonious doctor-patient relationship, and facilitated better medical decision-making. Therefore, it was essential to assess the level of knowledge among doctors and inpatients regarding patients' rights and obligations in Denpasar City. This study aimed to determine the level of knowledge of doctors and inpatients regarding patients' rights and obligations in Denpasar City. It employed a descriptive observational design with a cross-sectional approach. Data were collected through questionnaires distributed to 200 doctors and 200 inpatients in Denpasar City. The study findings indicated that most doctors had a very good level of knowledge regarding patients' rights (88.5%) and obligations (77.5%). Meanwhile, patients' knowledge of their rights was categorized as very good (55%) and good (37.5%), whereas their knowledge of their obligations was also classified as very good (53.5%) and good (40%). The level of knowledge of doctors and inpatients in Denpasar City regarding patients' rights and obligations fell within the good to very good category.

Keywords : Doctor-patient relationship., healthcare quality., knowledge assessment.

INTRODUCTION

Maintaining good health and preventing diseases were fundamental concerns for every individual, as daily activities could not function effectively without proper health. Health encompassed physical, mental, and social well-being and was recognized as a fundamental human right under both national and international regulations. In Indonesia, the right to health was stipulated in Article 28H Paragraph (1) of the 1945 Constitution, while internationally, it was governed by the Universal Declaration of Human Rights issued by the United Nations.¹The realization of health as a fundamental right was facilitated through services provided by hospitals, healthcare professionals, and patients themselves. The primary interaction occurred between doctors and patients, where doctors delivered medical treatment, and patients received it.² In legal terms, this relationship was classified as an agreement, while in healthcare, it was referred to as a therapeutic relationship.³ This relationship was built upon mutual trust and established specific rights and obligations for both parties.⁴ It also aligned with human rights principles, including the right to self-determination and access to medical information.⁵ Within this agreement, the primary focus was not the medical outcome itself but the professional effort made to achieve it (*inspanning verbinten*).³

Article 274 of the Indonesian Law Number 17 of 2023 mandated that medical professionals provided healthcare services in accordance with professional norms, service standards, operational procedures, medical ethics, and patient needs. This obligation corresponded with patients' rights to receive high-quality medical care, as outlined in Article 276 of the same law.⁶ A clear understanding between doctors and patients regarding these rights and obligations was essential to ensuring an ethical and effective therapeutic transaction.⁴ Such understanding played a crucial role in enhancing service quality, reducing healthcare costs, accelerating patient recovery, minimizing malpractice risks, and reinforcing patient dignity. A good understanding of patient rights and obligations not only contributes to improving the quality of healthcare services but can also influence healthcare workers' commitment to meeting hospital service standards.²⁸ Conversely, a failure to uphold patient rights led to a decline in healthcare quality, inappropriate treatment, and poor medical outcomes, potentially increasing the risk of medical errors that compromised patient safety.⁷ A lack of awareness among doctors and patients regarding these rights and obligations disrupted the doctor-patient relationship and reduced the efficiency of healthcare services. Moreover, it led to legal complications, as exemplified by the case of Siti Chomsatun, a malpractice victim at a Central Jakarta

hospital. Following a thyroidectomy, she experienced severe breathing difficulties and vocal cord paralysis; however, the doctor administered inappropriate corticosteroid treatment.⁸ This case illustrated how a lack of patient awareness was exploited, resulting in decisions that contradicted medical ethics. Therefore, ensuring that doctors possessed a comprehensive understanding of patient rights and obligations was essential in preventing unethical medical practices.⁹ Therefore, this study was conducted to assess the level of knowledge of doctors and inpatients in Denpasar City regarding patients' rights and obligations.

OBJECT AND METHOD

This study was an observational descriptive study with a cross-sectional design aimed at determining the level of knowledge among doctors and inpatients in Denpasar City regarding patient rights and obligations. Data collection was conducted using a 5-point Likert scale questionnaire. The study population included doctors and inpatients in from healthcare facilities in Denpasar City, with a total sample of 400 respondents (200 doctors and 200 patients) selected through consecutive sampling based on inclusion and exclusion criteria from October-November 2024.

RESULT

Characteristics of Respondents

Table 1. Characteristics of doctors

Characteristics	Frequency (n=200)	Percentage (%)
Gender		
Male	89	44.5%
Female	111	55.5%
Age		
21 - 39 years	147	73.5%
40 – 59 years	52	26%
60 – 65 years	1	0.5%
Internal Factors		
Formal Education		
Yes	134	67%
No	66	33%
Work Experience		
0 – 2 years	74	37%
3 – 5 years	44	22%
6 – 10 years	28	14%
11 – 20 years	40	20%
> 20 years	14	7%
External Factors		
Workplace		
Primary Healthcare Facility (Level 1)	53	26.5%
Secondary Healthcare Facility (Level 2)		
Tertiary Healthcare Facility (Level 3)	70	35%
Professional Development Training		
Yes	77	38.5%
No	72	36%
	128	64%

Questionnaires were distributed directly to eligible respondents and informed consent was obtained prior to data collection to ensure ethical compliance.

The inclusion criteria in this study comprised doctors practicing in Denpasar City, patients who had undergone inpatient care in Denpasar City, patients aged 21–65 years, and doctors and patients who were willing to participate in the study. Meanwhile, the exclusion criteria included doctors and patients who did not complete the questionnaire, doctors with a legal education background or those working in medical ethics committees, as well as patients with psychiatric disorders. The study variables included internal, external, and impersonal factors, as well as the level of knowledge of doctors and patients. Data were obtained through a questionnaire based on Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2018 and were analyzed using univariate analysis in Microsoft Excel to determine the frequency distribution in tabular and narrative forms. This research was approved by the Ethics Committee of the Faculty of Medicine, Udayana University, with the number 2423/UN14.2.2.VII.14/LT/2024.

Impersonal Factors

**Knowledge of Legal Regulations on
Patient Rights and Obligations**

	146	73%
Yes	54	27%
No		

Based on **Table 1**, the majority of respondents in this study were female, totaling 111 individuals (55.5%). Most doctors were aged 21–39 years, accounting for 147 individuals (73.5%), and worked in tertiary healthcare facilities, with a total of 77 individuals (38.5%). A total of 134 doctors (67%) had received formal education on patient rights and

obligations; however, only 72 doctors (36%) had attended professional development training. Work experience varied, with most having 0–2 years of experience (37%). Additionally, 146 doctors (73%) had obtained information regarding legal regulations related to patient rights and obligations.

Table 2. Characteristics of patients

Characteristics	Frequency (n=200)	Percentage (%)
Gender		
Male	99	49.5%
Female	101	50.5%
Internal Factors		
Age		
21 - 39 years	132	66%
40 – 59 years	60	30%
60 – 65 years	8	4%
Education Level		
Did not complete elementary school	0	0%
Elementary school		
Junior high school	3	1.5%
Senior high school	6	3%
Diploma	83	41.5%
Bachelor's degree	9	4.5%
Postgraduate degree	87	43.5%
	12	6%
External Factors		
Access to Health Information		
Social Media		
Internet	57	28.5%
Brochures/leaflets in healthcare facilities	18	9%
Healthcare professionals	34	17%
Other print/electronic media (TV, radio, newspapers)	49	24.5%
Never received information	1	0.5%
Payment Method for Healthcare Services		
National Health Insurance	41	20.5%
General		
	146	73%
	54	27%
Impersonal Factors		
Knowledge of Legal Regulations on Patient Rights and Obligations		
Yes		
No	68	34%
	132	66%

Based on **Table 2**, the majority of respondents were female, with a total of 101 individuals (50.5%), and most were within the age range of 21–39 years, totaling 132 individuals (66%). In terms of education, 83 respondents

(41.5%) had completed senior high school, while 87 respondents (43.5%) held a bachelor's degree. The most common payment method used was national health insurance (73%). A total of 159 respondents (79.5%) stated

that they had received information regarding patients' rights and obligations, with the primary sources being social media (28.5%) and healthcare professionals (24.5%). However,

only 68 respondents (34%) were aware of the legal regulations related to patients' rights and obligations, while the remaining 66% had not obtained such information.

Results of Doctors' Knowledge Level

Table 3. Doctors' knowledge level of patients' rights and obligations

Level of Knowledge	Patient Rights		Level of Knowledge	Patient Obligations	
	n=200	%		n=200	%
Very good (74-90)	177	88.5%	Very good (35-40)	155	77.5%
Good (60-73)	22	11%	Good (28-34)	43	21.5%
Fair (46-59)	1	0.5%	Fair (22-27)	2	1%
Poor (32-45)	0	0%	Poor (15-21)	0	0%
Very Poor (18-31)	0	0%	Very Poor (8-14)	0	0%

Based on **Table 3**, the level of doctors' knowledge regarding patients' rights and obligations showed that most respondents had a very good understanding. For patients' rights, the majority of doctors, 177 individuals (88.5%), were in the very good category, followed by 22 individuals

(11%) who had a good level of knowledge. As for patients' obligations, 155 individuals (77.5%) had a very good level of knowledge, followed by 43 individuals (21.5%) in the good category.

Table 4. Inpatients' knowledge level of patients' rights and obligations

Level of Knowledge	Patient Rights		Level of Knowledge	Patient Obligations	
	n=200	%		n=200	%
Very good (74-90)	110	55%	Very good (35-40)	107	53.5%
Good (60-73)	75	37.5%	Good (28-34)	80	40%
Fair (46-59)	13	6.5%	Fair (22-27)	11	5.5%
Poor (32-45)	1	0.5%	Poor (15-21)	1	0.5%
Very Poor (18-31)	1	0.5%	Very Poor (8-14)	1	0.5%

Based on **Table 4**, the level of inpatients' knowledge regarding patients' rights and obligations showed that the majority of respondents had a good to very good understanding. For patients' rights, 110 patients (55%) were in the very good category, while 75 patients (37.5%) had an

understanding in the good category. As for patients' obligations, 107 patients (53.5%) had a very good level of knowledge, followed by 80 patients (40%) in the good category.

Distribution of Doctors' Knowledge Levels on Patients' Rights Based on Internal, External, and Impersonal Factors

a. Internal factors

Table 5. Distribution of doctor' knowledge level of patients' rights based on internal factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Formal Education						
Yes	87.31	11.94	0.75	0	0	67
No	90.9	9.1	0	0	0	33
Work Experience						
0-2 Years						

3-5 Years	81.1	18.9	0	0	0	37
6-10 Years	86.7	13.3	0	0	0	22.5
11-20Years	100	0	0	0	0	14
> 20 Years	92.5	5	2.5	0	0	20
	100	0	0	0	0	6.5
					Total	100

Table 5 showed that the majority of doctors had a knowledge level in the very good category, both among respondents who had received formal education (87.31%) and those who had not (90.9%). Meanwhile, the majority of doctors in each work experience group had a knowledge level in the very good category. In the group of doctors with 0–2 years of experience, 81.1% were in the very good category.

b. External factors

Table 6. Distribution of doctor' knowledge level of patients' rights based on external factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Workplace						
Primary Healthcare Facility (Level 1)	87.31	9.4	1.9	0	0	26.5
Secondary Healthcare Facility (Level 2)	87.1	12.9	0	0	0	35
Tertiary Healthcare Facility (Level 3)	89.6	10.4	0	0	0	38.5
Professional Development Training						
Yes	90.3	9.7	0	0	0	36
No	87.5	11.7	0.8	0	0	64
					Total	100

Based on **Table 6**, the majority of doctors at all levels of healthcare facilities had a knowledge level in the very good category. In Level 3 healthcare facilities, 89.6% of doctors were in the very good category, while 10.4% were in the good category. Meanwhile, for professional development

training, the majority of doctors had a knowledge level in the very good category, regardless of whether they attended the training or not. Among doctors who attended the training, 90.3% were in the very good category, while 9.7% were in the good category.

c. Impersonal factors

Table 7. Distribution of doctor' knowledge level of patients' rights based on impersonal factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Legal Regulations						
Yes	92.5	7.5	0	0	0	73
No	77.78	20.37	1.85	0	0	27
					Total	100

Table 7 showed that the majority of doctors who understood legal regulations had a higher level of knowledge compared to those who did not. Among doctors who understood legal

regulations, 92.5% were in the very good category, while 7.5% were in the good category.

Distribution of Doctors' Knowledge Levels on Patients' Obligation Based on Internal, External, and Impersonal Factors

a. Internal factors

Table 8. Distribution of doctor' knowledge level of patients' obligations based on internal factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Formal Education						
Yes	78.4	20.9	0.7	0	0	67
No	75.8	22.7	1.5	0	0	33
Work Experience						
0-2 Years	68	31	1	0	0	37
3-5 Years	78	20	2	0	0	22.5
6-10 Years	93	7	0	0	0	14
11-20Years	82.5	17.5	0	0	0	20
> 20 Years	85	15	0	0	0	6,5
	Total					100

Table 8 showed that the majority of doctors, regardless of whether they had additional formal education, had a high level of knowledge regarding patients' obligations. Among doctors with formal education, 78.4% were in the very good category. Meanwhile, the majority of doctors across

different work experience groups had a high level of knowledge regarding patients' obligations, with the highest proportions observed among doctors with 6–10 years of experience (93%) and those with more than 20 years of experience (85%).

b. External factors

Table 9. Distribution of doctor' knowledge level of patients' obligations based on external factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Workplace						
Primary Healthcare Facility (Level 1)	79.2	20.8	0	0	0	26.5
Secondary Healthcare Facility (Level 2)	75.7	22.9	1.4	0	0	35
Tertiary Healthcare Facility (Level 3)	77.9	20.8	1.3	0	0	38.5
Professional Development Training						
Yes	73.6	26.4	0	0	0	36
No	7.69	18.75	1.56	0	0	64
	Total					100

Based on **Table 9**, the majority of doctors in each workplace category fell into the very good category, with the highest proportion found among doctors in Level 1 Healthcare Facilities (79.2%). Meanwhile, most doctors, regardless of whether they had attended professional development

training, exhibited a high level of knowledge regarding patients' obligations. Among those who had participated in training, the majority (73.6%) were categorized as very good, while 26.4% were classified as good.

c. Impersonal factors

Table 10. Distribution of doctor' knowledge level of patients' obligations based on impersonal factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Legal Regulations						
Yes	81.5	81.5	0	0	0	73
No	66.67	66.67	1.85	0	0	27
	Total					100

Table 10 showed that doctors with an understanding of legal regulations had a higher level of knowledge regarding patient obligations. The majority were classified in the very good category (81.5%).

Distribution of Inpatients' Knowledge Levels on Patients' Rights Based on Internal, External, and Impersonal Factors

a. Internal factors

Table 11. Distribution of inpatients' knowledge level of patients' rights based on internal factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Age						
21-39 Years	56.8	35.6	6.1	0.8	0.8	66
40-59 Years	50	41.7	8.3	0	0	30
60-65 Years	62.5	37.5	0	0	0	4
Education Level						
Did not complete	0	0	0	0	0	0
Elementary school						
Junior high school	0	66.7	33.3	0	0	1,5
Senior high school	50	33.3	16.7	0	0	3
Diploma	43.4	48.2	8.4	0	0	41.5
Bachelor's degree	77.8	22.2	0	0	0	4,5
Postgraduate degree	63.22	29.89	4.6	1.15	1.15	43.5
	75	25	0	0	0	6
Total (%)						100

Table 11 showed that most patients had a very good understanding of patient rights, with 56.8% in the 21-39 age group, 50% in the 40-59 age group, and 62.5% in the 60-65 age group. Based on education level, the highest percentages were in patients with a diploma (77.8%), a bachelor's degree (63.22%), and a postgraduate degree (75%), followed by those with a senior high school (43.4%) and junior high school education (50%).

b. External factors

Table 12. Distribution of inpatients' knowledge level of patients' rights based on external factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Access to Information						
Social Media						
Internet	63	33	4	0	0	28.5
Brochures/leaflets	55.6	33.3	5.6	0	5.6	9
in healthcare facilities	71	26	3	0	0	17
Healthcare professionals	49	49	2	0	0	24.5
Other print/electronic	0	0	100	0	0	0.5
Never received information	39	41.5	17.1	2.4	0	20.5
Payment Method						
National Health Insurance	54.11	38.36	6.16	0.68	0.68	73
General	57.4	35.2	7.4	0	0	27
Total						100

Based on **Table 12**, most patients with better access to information, especially through brochures (71%) and social media (63%), had a very good understanding of patient rights. Meanwhile, most patients used national health insurance (54.11%) and general payment methods (57.4%) were also in the very good category.

c. Impersonal factors

Table 13. Distribution of inpatients' knowledge level of patients' rights based on impersonal factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Legal Regulations						
Yes	76.5	23.5	0	0	0	34
No	43.9	44.7	9.8	0.8	0.8	66
Total						100

Table 13 showed that most patients who had an understanding of legal regulations were in the very good category (76.5%) and good category (23.5%).

3.6 Distribution of Inpatients' Knowledge Levels on Patients' Obligations Based on Internal, External, and Impersonal Factors

a. Internal factors

Table 14. Distribution of inpatients' knowledge level of patients' obligations based on internal factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Age						
21-39 Years	55	37	6	1	1	66
40-59 Years	48	47	5	0	0	30
60-65 Years	62.5	37.5	0	0	0	4
Education Level						
Did not complete elementary school	0	0	0	0	0	0
Elementary school	0	100	0	0	0	1.5
Junior high school	50	50	0	0	0	3
Senior high school	43.4	48.2	7.2	1.2	0	41.5
Diploma	56	44	0	0	0	4.5
Bachelor's degree	65.52	27.59	5.75	0	1.15	43.5
Postgraduate degree	50	50	0	0	0	6
Total						100

Table 14 showed that most patients had a very good level of knowledge regarding patient obligations, with 55% in the 21-39 age group, 48% in the 40-59 age group, and 62.5% in the 60-65 age group. Based on education level, the highest percentages were seen in patients with a diploma (56%), a bachelor's degree (65.52%), and a postgraduate degree (50%), followed by those with a senior high school (43.4%) and junior high school education (50%).

b. External factors

Table 15. Distribution of inpatients' knowledge level of patients' obligations based on external factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Access to Information						
Social Media	64.9	35.1	0	0	0	28.5
Internet	44.4	44.4	5.6	0	5.6	9
Brochures/leaflets in healthcare facilities	70.6	29.4	0	0	0	17
Healthcare professionals	46.94	44.9	6.12	2	0	24.5
Other print/electronic	0	100	0	0	0	0.5
Never received information	36.6	46.3	17.1	0	0	20.5
Payment Method						
National Health Insurance General	56.16	36.99	6.16	0	0.68	73
	46.3	48.15	3.7	1.85	0	27

Total 100

Based on **Table 15**, most patients with better access to information, especially through brochures (70.6%) and social media (64.9%), had a very good understanding of c. Impersonal factors

patient rights. Meanwhile, most patients used national health insurance (56.16%) and general payment methods (46.3%) were also in the very good category.

Table 16. Distribution of inpatients' knowledge level of patients' obligations based on impersonal factors (n=200)

Variable	Very Good	Good	Fair	Poor	Very Poor	Total
	%	%	%	%	%	%
Legal Regulations						
Yes	61.8	35.3	2.9	0	0	34
No	49.2	42.4	6.8	0.8	0.8	66
						Total 100

Table 16 showed that most patients who had an understanding of legal regulations were in the very good category (61.8%) and good category (35.3%).

DISCUSSION

Characteristics of Doctor and Inpatient Respondents

Based on the characteristics of the doctors who participated as respondents, the majority were female (55.5%) and aged between 21 and 39 years (73.5%). This finding aligned with data from the Ministry of Health of the Republic of Indonesia (2022) and the Indonesian Medical Association, which indicated that the proportion of female doctors tended to be higher (59.3%) than male doctors and that 61.2% of doctors in Indonesia were aged ≤ 40 years.^{10,11} The majority of doctors worked in Level 3 healthcare facilities (38.5%), which served as referral hospitals with a broader range of services. This distribution resulted from the concentration of healthcare facilities and a larger population in urban areas, which attracted more medical professionals to work in such institutions. Additionally, Level 3 healthcare facilities offered career development opportunities and access to more advanced medical technology, making them appealing to doctors.¹²

A total of 67% of doctors had received formal education on patients' rights and obligations, yet only 36% had attended professional development training related to these aspects. This finding suggested that although the fundamental understanding of patient rights was relatively good, there remained a need for capacity building through continuous training. Samuel et al., stated that advanced training played a crucial role in enhancing doctors' understanding of legal and medical ethics.¹³

The low participation rate (36%) of doctors in professional development training could be attributed to several factors, including time constraints and high workloads. These challenges made it difficult for doctors to attend additional training outside their daily clinical duties. A lack of institutional support and incentives for participation might also reduce doctors' motivation to engage in such training. Moreover, medical education institutions had not yet fully provided adequate training,

particularly for doctors in remote areas.¹⁴ Other studies also indicated that although training could improve doctors' knowledge, its implementation faced challenges, such as scheduling adjustments for speakers and participant attendance consistency.¹⁵

On the other hand, the majority of patient respondents were aged between 21 and 39 years (66%), with most having completed high school (41.5%) or a bachelor's degree (43.5%). This age distribution indicated that most patients were in their productive years, during which they were more proactive in seeking healthcare services.¹⁶ Several factors contributed to this trend, including awareness of the importance of health in supporting productivity and quality of life, particularly for those who worked or had family responsibilities.¹⁰ Furthermore, individuals in this age group generally had better financial access, either through personal income or national health insurance, making it easier for them to obtain medical services.¹⁷ Lifestyle factors and health risks, such as stress and an unbalanced diet, also encouraged this age group to utilize medical services more regularly.¹⁸ The predominance of high school and bachelor's degree education levels among respondents also reflected the education patterns in Denpasar, where most residents had access to quality formal education.¹⁸ Higher education levels correlated with increased health awareness and a tendency to utilize healthcare services more effectively.²⁰ Despite the relatively high education levels, 66% of patients were unaware of the legal regulations concerning patient rights and obligations. This finding indicated a gap in the dissemination of information regarding patient rights within the healthcare system.²¹

The study also found that 73% of patients used national health insurance services, indicating that most patients relied on the national health insurance system. However, 20.5% of patients reported that they had never received information about their rights and obligations despite routinely using healthcare services. This finding was consistent with a study conducted at Ganding Sumenep Public Health Center, which revealed that many national

health insurance participants were unaware of their rights and obligations due to a lack of socialization and information regarding national health insurance regulations.²²

4.2 Level of Knowledge of Doctors and Inpatients

The majority of doctors and inpatients in Denpasar had a good to very good level of knowledge regarding patient rights and obligations. A total of 88.5% of doctors had a very good understanding of patient rights, while 11% were in the good category. Additionally, 77.5% of doctors had a very good understanding of patient obligations, while 21.5% were in the good category. On the other hand, patient knowledge about patient rights showed that 55% of patients had a very good understanding, while 37.5% were in the good category. Patient knowledge about obligations was also relatively high, with 53.5% in the very good category and 40% in the good category.

Doctors' knowledge of patient rights was associated with formal education and work experience. Doctors with more than five years of work experience had better understanding than those who had just started practicing. This trend was due to direct exposure to various medical cases and increased patient interactions, allowing doctors to better understand legal and ethical aspects in medical practice.²³ Meanwhile, patients' knowledge of their rights and obligations was influenced by access to information and education level. Patients with higher education levels tended to have better understanding, as stated by Cahyana Putra & Harmanto, who found that digital-based education and direct counseling could improve patient understanding by up to 40%.²⁴

4.2 Distribution of Doctors' Knowledge Levels Regarding Patients' Rights and Obligations Based on Internal, External, and Impersonal Factors

a. Internal Factors

Internal factors included formal education and work experience. Doctors with longer work experience tended to have a better understanding of patients' rights and obligations because they frequently encountered cases that required knowledge of legal and ethical aspects of medical practice. Additionally, a higher level of formal education played a role in enhancing doctors' comprehension of patients' rights.¹³

b. External Factors

External factors included workplace settings and professional development training attended by doctors. Doctors working in Level 3 healthcare facilities had a higher level of understanding compared to those in Level 1 facilities. This was due to greater exposure to complex cases and stricter regulations in referral healthcare institutions.¹³ Furthermore, doctors who participated in training or seminars on patients' rights and obligations demonstrated a higher level of understanding compared to those who relied solely on work experience without additional training.²⁵

c. Impersonal Factors

Impersonal factors were related to doctors' understanding of legal regulations. Doctors with a better comprehension of legal regulations had a higher level of knowledge regarding patients' rights and obligations, as they were more aware of the legal aspects of medical practice.²⁶

4.4 Distribution of Patients' Knowledge Levels Regarding Patients' Rights and Obligations Based on Internal, External, and Impersonal Factors

a. Internal Factors

Internal factors included education level and age. Patients with higher levels of education tended to have a better understanding of their rights and obligations. As stated by Cahyana Putra & Harmanto, patient knowledge could increase by up to 40% through digital education and direct counseling.²⁴ Additionally, age also influenced comprehension levels, as patients in the productive age group (21–39 years) were more proactive in accessing healthcare services and seeking information about their rights and obligations. This was associated with an awareness of the importance of health in supporting productivity and quality of life.¹⁰

b. External Factors

External factors included access to information and healthcare payment methods. Patients who obtained information from healthcare professionals or social media had a better understanding than those who had never received information about their rights and obligations. The lack of socialization regarding patients' rights and obligations within the healthcare system led to limited patient understanding of their role in therapeutic transactions.²² Additionally, the method of payment also played a role. The majority of patients used national health insurance (73%), indicating that they depended on the national health insurance system. This was due to the affordability of healthcare services and a better understanding of their rights and obligations as national health insurance participants, allowing them to utilize medical services more effectively.^{22,27}

c. Impersonal Factors

Impersonal factors were related to patients' understanding of legal regulations governing their rights and obligations. Patients who understood these regulations had a higher level of knowledge compared to those who were unaware of them.²⁶

CONCLUSIONS AND SUGGESTIONS

The majority of doctors had very good knowledge of patient rights (88.5%) and patient obligations (77.5%), while 55% of patients had very good knowledge of patient rights and 53.5% had very good knowledge of patient obligations. Based on the study conducted on the knowledge level of doctors and inpatients regarding patient rights and obligations in Denpasar, these findings can serve as a consideration for hospitals and medical personnel to improve education and awareness. Additionally, this study is expected to be a reference for future research on the relationship between knowledge level and patient

compliance, as well as the effectiveness of educational methods. Further research with a broader respondent scope and more in-depth methods is needed to gain a more comprehensive understanding and develop more effective educational strategies in healthcare services.

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