

Knowledge, Attitude and Behaviour of Consumer Protection Act among Oral Health Professionals in Jodhpur, Rajasthan

Abstract

Objective: To assess the knowledge, attitude and behavior related to Consumer Protection Act (CPA) among oral health professionals in Jodhpur, Rajasthan. **Materials and Methods:** A total of 112 Dentists (86 Males and 26 Females) from Jodhpur, Rajasthan, India were included in the study, who voluntarily completed a self-administered and close ended, 33 item questionnaire. List of dentists in private practice was taken from the local Indian Dental Association body. Informed consent was obtained from the dentists. **Results:** Results have shown that knowledge regarding CPA among 71.4 % participants was fair and attitude regarding CPA among 65.17% individuals was fair and poor among 20.53%, behaviour regarding CPA among 68.75% individuals was fair and poor among 16.96% individuals. A significant association was observed between knowledge and behavior of the study participants ($P= 0.043$). **Conclusion:** The above results shows that the knowledge, attitude and practice among the oral health professionals in Jodhpur, Rajasthan, India is fair and can be further enhanced by conducting various programmes related to CPA which will further help in better clinical practice.

Key Words

Oral health professionals, consumer protection; dentistry

Dr Kritika Mathur¹, Dr Shravani G Deolia², Dr Srivardhan Kalghatgi³, Dr Pankaj Suthar⁴, Dr Sumit Sharma⁵, Dr Naresh Khandelwal⁶

¹BDS, Jodhpur Dental College General Hospital, Jodhpur, Rajasthan, India

²MDS, Department of Public Health Dentistry, Sharad Pawar Dental College and Hospital, Wardha, Maharashtra, India

³Assistant Professor, Department of Public Health Dentistry, Mansarovar Dental College, Bhopal, India

⁴BDS, Consultant, Jodhpur, Rajasthan, India

⁵MDS, Department of Orthodontics and Dento-facial Orthopedics, Jodhpur Dental College General Hospital, Jodhpur, Rajasthan, India

⁶MDS, Department of Orthodontics and Dento-facial Orthopedics, Jodhpur Dental College General Hospital, Jodhpur, Rajasthan, India

INTRODUCTION

A consumer is defined as someone who acquires goods or services for direct use or ownership rather than for resale or use in production and manufacturing.^[1] Consumer protection consists of laws and organizations designed to ensure the rights of consumers as well as fair trade competition and the free flow of truthful information in the marketplace. The laws are designed to prevent businesses that engage in fraud or specified unfair practices from gaining an advantage over competitors and may provide additional protection for the weak and those unable to take care of themselves. Consumer protection laws are a form of government regulation which aims to protect the rights of consumers.^[2-4] Consumer Protection Act of 1986 was enacted for better protection of the interests of consumer grievances. This is done

through judicial mechanisms set up at district, state, and national levels where consumers can file their complaints, which are entertained by the judicial bodies referred to as consumer forums. These consumer forums have been empowered to award compensation to aggrieved consumers for the hardships that they have endured.^[5] This act empowers the patient to file lawsuits (in case of perceived negligence) in consumer courts.^[6] The Consumer Protection Act of 1986 that came into force on 15th April 1987 is a milestone in the history of socioeconomic legislation in the country.^[1] It is one of the most progressive and comprehensive piece of legislations enacted for the protection of consumers. The main objective of the act is to provide better protection of consumers. Unlike other laws which are preventive in nature, the provisions of this act are compensatory in nature. The act is

Table 1: Correlation analysis of demographic variables with knowledge, attitude and behavior about Consumer Protection Act among study subjects by using chi-square test

| Demographic variables | Knowledge | | Attitude | | Behavior | |
|-----------------------|----------------------|-----------|----------------------|-----------|----------------------|-----------|
| | X ² value | P - value | X ² value | P - value | X ² value | P - value |
| Age | 22.151 | 0.451 | 40.948 | 0.342 | 71.655 | 0.188 |
| IDA membership | 13.612 | 0.255 | 28.246 | 0.079 | 33.362 | 0.353 |
| Religion | 7.021 | 0.797 | 24.877 | 0.165 | 24.877 | 0.773 |
| Qualifications | 11.670 | 0.389 | 24.980 | 0.161 | 34.762 | 0.293 |
| Years of experience | 17.444 | 0.738 | 38.885 | 0.430 | 69.050 | 0.251 |

Table 2: Knowledge, attitude and behaviour of respondents

| Variables | Number of subjects | |
|-----------|--------------------|----------|
| | Knowledge | Attitude |
| Knowledge | ≤ 7 (poor) | 13 |
| | 8 to 13(fair) | 80 |
| | ≥14(good) | 18 |
| Attitude | ≤ 11 (poor) | 23 |
| | 12 to 22(fair) | 73 |
| | ≥ 23(good) | 15 |
| Behavior | ≤ 18 (poor) | 19 |
| | 19 to 37 (fair) | 77 |
| | ≥ 38 (good) | 15 |

Table 3: Pearson's correlation analysis of knowledge, attitude and behavior among respondents

| | Knowledge | | Attitude | | Behavior | |
|-----------|--------------|---------------|----------|---------|----------|---------|
| | r value | P value | r value | P value | r value | P value |
| Knowledge | | | | | | |
| Attitude | 0.052 | 0.590 | | | | |
| Behavior | 0.192 | 0.043* | 0.039 | 0.688 | | |

intended to provide simple, speedy and inexpensive redressal to the consumer grievances and relief of a specific nature and award of compensation wherever appropriate to the consumer. The act has been amended in 1993 and in 2002 both to extend its coverage and scope to enhance the powers of the redressal machinery. The act envisages a three-tier quasi-judicial machinery at the National (National Commission), State (State Commission) and District levels (District Forum).^[6] The dental profession is a vocation in which knowledge and skill is used for the service of others. Being a dental health care provider, it carries with it a responsibility to individual patients and society. The special status that society confers on the dental professionals requires them to behave in an ethical manner. This responsibility should be at the core of the dental professional's ethical behavior.^[3] Examination of a patient to diagnose, to treat or to operate without his/ her consent amounts to an assault in law, even if it is beneficial and done in good faith. The dentist may be charged for negligence, if he/she fails to give the required information to the patient before obtaining his/ her

consent to a particular interventional procedure.^[4] Doctors practicing ethically and honestly should not have any reason for fear. Law whether civil, criminal or consumer law, can only set the outer limits of acceptable conduct i.e. minimum standards of professional care and skill, leaving the question of ideal to the profession itself.^[1] The relationship between doctor and patient is based on trust and confidence. Lucky doctors of the past were treated like God and people revered and respected them. Today, in the era of commercialization and globalization on all spheres of life have witnessed rapid changes and dental and medical profession are no exceptions to these phenomena.^[1] During recent years there has been a steady rise in the number of claims in which damages are sought for personal injuries - whether they are sustained in road accidents, at the work place, or in health services.^[2] Studies on awareness among dental health professionals about laws related to the Consumer Protection Act (CPA) have rarely been reported in literature and in the Indian scenario there is severe paucity of the data exploring these issues hence the present study was undertaken to assess the

awareness, attitude and practices about CPA among oral health professionals in Jodhpur City, Rajasthan.

MATERIALS AND METHODS

The present cross-sectional survey was conducted in among the dental clinicians of Jodhpur city, Rajasthan, India. A list of all dental clinicians was obtained from the administrative office of the local branch of Indian Dental Association. Permission to conduct the study was obtained from the college authorities, and ethical clearance was obtained from the institution's ethical committee of its institutional review board, Jodhpur dental college, general hospital, Jodhpur, Rajasthan. The period of the study was from January to March 2013. A total of 180 dental professionals who had completed their undergraduate course and those who were pursuing /or completed their post-graduation were included in the study. A written informed consent was obtained from all those who were willing to participate in the survey. Out of 180 only 134 agreed to participate. A further 24 were excluded due to incomplete filling of proforma. So, the total sample comprised of 112 dental professionals. The close-ended and self-administered questionnaire was developed by the investigators. It elicited knowledge, attitude, and behavior of the study subjects regarding CPA. A total of 17, 8, and 8 items assessed respondent's knowledge, attitude, and behavior, respectively. Attitude was assessed by means of a 5-point Likert scale: definitely yes, yes, neutral, no, and definitely no. The response options for items assessing behavior were: less than 1 month, 1 to 6 months, 6 to 12 months, more than 1 year, and never. Demographic information such as age, gender, place of residence, religion, educational qualification, years of experience, membership of Indian Dental Association was also obtained. A total of 17 questions on consumer protection act focused on different levels of appeal for any fraud, the structure of courts for CPA, year of its inception, and monetary limits for appeals at district, state and national level. Questions related to attitude included whether, they should constantly update their knowledge on consumer protection act, and if they should maintain proper dental records of their patients, whether Dental council of India should include CPA in detail for undergraduate curriculum. Questions pertinent to behavior assessed how frequently the respondents perused scientific journals and the internet regarding consumer protection, whether they maintained accurate patient records, and if they had attended

any training programs on CPA. The questionnaire was pretested on a sample of 40 dental staff in the college before the start of the study. Cronbach alpha and split-half reliability values were 0.72 and 0.81 for knowledge; 0.78 and 0.80 for attitude; and 0.73 and 0.79 for behavior, respectively. The questions underwent subsequent revisions before the main study. The revisions were to clarify 9 questions of knowledge and 3 questions each for attitude and behavior. The results of the pretested questionnaire were not included in the main study; only its reliability and validity were assessed. The participants for the pretested questionnaire did not take part in the main study.

RESULTS

The demographic details of the participating dental professionals revealed that 46.5% (n=53) to be females and 53.5% (n=59) of the study subjects were males. 41.6% (n= 47) of the study subjects were BDS faculty, 58.4% (n= 65) MDS specialists respectively. Majority of the study subjects (36.4%) were having experience of less than 5 years Table 1. 45.6% of the study subjects were having 5-10 years and 18% had more than 10 years of experience. Correlation analysis of demographic variables with knowledge, attitude and behavior about Consumer Protection Act among study subjects by using chi-square test revealed none of the demographic factors to be statistically significant. The knowledge, attitude and behavior scores of the respondents are presented in Table 2. Behavior was found to be significantly correlated with knowledge; $p=0.043$ (Table 3).

DISCUSSION

Lately, Indian society is experiencing a growing awareness regarding patient's rights. This trend is clearly discernible from the recent spurt in litigation concerning medical professional or establishment liability, claiming redressal for the suffering caused due to medical negligence, vitiated consent, and breach of confidentiality arising out of the doctor-patient relationship. The patient-centered initiative of rights protection is required to be appreciated in the economic context of the rapid decline of State spending and massive private investment in the sphere of the health care system and the Indian Supreme Court's painstaking efforts to Constitutionalize a right to health as a fundamental right.^[7] The present study was an attempt to assess the knowledge, awareness and behavior of consumer protection act among dental health professionals of Jodhpur city, Rajasthan, India. In

the present study, knowledge attitude and behavior of the participants were found to be fair. Similarly the study among the dental schools of Ghaziabad revealed similar trend.^[8] Although the idea of informed consent is not new to health care profession, but its uptake and widespread use in the dental community has been slow to evolve. Even in dentistry, like other health care fields sometimes unforeseen mishaps occur despite our best efforts. Therefore, it is mandatory for all health care practitioners to obtain informed consent from their patients prior to every invasive and irreversible procedure. A written and signed informed consent in the only evidence that can save a practitioner frequent visits to the courtroom and large sum of money in legal fees in case of a mishap. Health care practitioners should keep them updated regarding changing laws by consulting their concerned organizations. As the need for informed consent becomes more evident to the dental profession, a dental professional should know that which procedures actually require written, informed consent. The answer to that question is relatively straightforward: Any procedure that is “invasive or irreversible” requires informed consent. The fact that a patient visits a dental office for an exam implies that he or she wants the doctor to conduct some type of clinical examination to determine what treatment might be needed, but most dentists take for granted the fact that more than 90% of their procedures are surgical in nature.^[9] Overall 93.7% of the dentists in the present study obtained consent from their patients. The surveys from Ghaziabad (90%)^[8] and Karnataka.^[10] (90.7%) also reported taking informed consent. Standard of care is an ever-evolving and a dynamic process which needs to be updated from time to time. Dental professionals need to understand and recognize the minimum standard of care as applicable to their profession, prescribed by the respective governing bodies. This is necessary to provide quality care as well as protect themselves from legal issues against medical negligence. Dentists are also required to keep up with advances in dental health care which is progressing at a rapid rate through continuing dental education programs. In addition, knowledge of the Indian judicial system regulations governing health care professionals is mandatory to protect oneself from liabilities arising either through their acts or from fraudulent claims of the patients.^[11] Only 54.3% dentists in the present survey reported updating their knowledge related to CPA or

participation in educational programmes, seminars of CPA. Therefore there is an immense need for dental professionals to update their understanding on the law of consumer protection act. Even in dentistry, like other health care fields sometimes unforeseen mishaps occur despite our best efforts. Therefore, it is mandatory for all health care practitioners to obtain informed consent from their patients prior to every invasive and irreversible procedure. A written and signed informed consent in the only evidence that can save a practitioner frequent visits to the courtroom and large sum of money in legal fees in case of a mishap. Health care practitioners should keep them updated regarding changing laws by consulting their concerned organizations.^[9]

REFERENCES

1. Viswanathan VN. Consumer rights in service sector. 1st ed. New Delhi, India: Concept Publishing Company; 2008. p. 89-110.
2. Acharya, Ashith B, Savitha JK, Nadagoudar SV. Professional negligence in dental practice: Potential for civil and criminal liability in India. *Journal of Forensic Dental Sciences* 2009;1:1-2.
3. Ammar W, Guile E. A one-year survey of dental malpractice claims in Riyadh. *Saudi Dental Journal* 2000;12:95-9.
4. Yadwad BS, Gouda H. Consent - Its Medico Legal Aspects. *Journal of Association of Physicians of India* 2005;53:891-4.
5. Patil AM, Anchinmane VT. Medicolegal aspects of consent in clinical practice. *Bombay Hospital Journal* 2011;3:203-8.
6. Mehta PS. A functional competition Policy for India. New Delhi, India: Consumer Unity and Trust Society; 2006 p. 39-55.
7. Joga Rao SV. Medical negligence liability under the consumer protection act: A review of judicial perspective. *Indian J Urol* 2009;25(3):361-71.
8. Prasad S, Menon I, Dhingra C, Anand R. Awareness of Consumer Protection Act among Dental Health Professionals in Dental Schools of Ghaziabad, India. *OHDM* 2013;12(4):262-8.
9. Kakar H, Gambhir RS, Singh S, Kaur Amarinder, Nanda T. Informed Consent: Corner Stone in Ethical Medical and Dental Practice. *J Family Med Prim Care* 2014;3(1):68-71.

- 19** Knowledge, attitude and behaviour of consumer Mathur K, Deolia SG, Kalghatgi S, Suthar P, Sharma S, Khandelwal N
10. Aradhya S, Sikka M, Anup N, Kumar R, Sharma V, *et al.* Consumer Protection Act - Are we Aware? International Journal of Medical and Dental Sciences. 2009;1:19-29.
11. Sridharan G, Jagadish PK. Standard of care in dentistry. J Orofac Sci 2012;4:100-2.