

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



Shendi University



Faculty of Graduate Studies and Scientific Research

Research about:

**Awareness and Perception of patients
Regarding their Rights and Responsibility
- El-Mak Nimer University Hospital 2016**

A thesis submitted as partial fulfillment for the requirement of
Msc of Medical Surgical Nursing.

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الآية

بسم الله الرحمن الرحيم

قال تعالى :

﴿وَلَسَوْفَ يُعْطِيكَ رَبُّكَ فَتَرْضَى * أَلَمْ يَجِدْكَ يَتِيمًا
فَأَوَى * وَوَجَدَكَ ضَالًّا فَهَدَى * وَوَجَدَكَ عَائِلًا فَأَغْنَى *
فَأَمَّا الْيَتِيمَ فَلَا تَقْهَرْ * وَأَمَّا السَّائِلَ فَلَا تَنْهَرْ * وَأَمَّا
بِنِعْمَةِ رَبِّكَ فَحَدِّثْ﴾

صدق الله العظيم

سورة الضحى - الآية (5 - 11)



Dedication

*To my love and my king and the most supportive person in my
life to how give the meaning of life*

My father

To who I miss her more than everything in the world

My mother

*I would to thank my angles and they are the reason for my
happiness*

My sisters and brother

To my instructor in this default carrier

My husband (Khalid)

And my children's (Monia, Babiker)

*All my teachers whom learned me in basic, secondary schools, and
finally my university nurse*

My lovely friends

*Finally to all of them there and here I dedicate my lowly exertion
with sincerity*

Acknowledgment

*First the greatest thanks to God Almighty
Allah.*

Special thanks to my supervisor:

Dr : Higazi Mohammed Ahmed

*For his support, guideline and patience, thanks a
lot for him.*

*Finally I would like to thanks all of
the people who help me in this research*

ملخص الدراسة

المقدمة: تتطلب الرعاية الصحية الفعّالة تعاوناً بين المرضى و الممرضين والأطباء ومقدمي الرعاية الصحية الآخرين. التواصل بوضوح وصدق، احترام للقيم الشخصية ، مراعاة الاختلافات بين المرضى .⁽⁵⁾ قلة الاحترام لحقوق المرضى قد يؤدي إلى الأخطار للحالة الصحية وأمن المرضى. إضافة إلى ذلك قد يخرب العلاقة بين الموظّفين والمرضى الذي ينقصون الكفاءة و قد يؤثر علي فعاليه و جودة العناية المقدمة للمرضى.

نوع الدراسة:

أجريت هذه الدراسة الوصفية في مستشفى المك نمر الجامعي في الفترة من أغسطس إلى ديسمبر 2016. شملت الدراسة كل المرضى المنومين في عناية الباطنية والجراحة وعددهم خمس وستون. تم جمع البيانات باستخدام استبيان قياسي مغلق الأسئلة مكون من ثلاثة أجزاء بعد جمع البيانات تم تحليلها يدوياً ومن ثم باستخدام برنامج التحليل الحزمي للبيانات (SPSS) بالحاسوب إصداره (22).

الأهداف:

أجريت هذه الدراسة بغرض تقييم وعي وفهم المرضى لحقوقهم ومسئولياتهم في المستشفى

النتائج

توصلت الدراسة إلى أن (32 %) من المرضى أعمارهم أكثر من 50 سنة وأكثر من نصف (58) إناث و(40 %) من المرضى اللاتي شاركوا في الدراسة لم يسبق أن سمعوا عن أيّ حقوق مرضى في أي مكان وأكثر من ثلث (40%) من المرضى معرفتهم ضعيفة بخصوص اختيار نوعيه الرعاية الصحية. وأقل من النصف (46 %) من المرضى معرفتهم ضعيفة بخصوص قيمهم الثقافية والدينية واعتقاداتهم وأكثر من نصف (54 %) من المرضى معرفتهم ضعيفة بخصوص مشاركتهم في البحث الطبي وأكثر من نصف (55 %) من المرضى معرفتهم جيدة حول مسؤوليتهم تجاه المؤسسة الصحية التي تقدم لهم الخدمة العلاجية.

التوصيات:

توصلت الدراسة إلى عدة توصيات تمثلت في ضرورة تفعيل دور الإعلام والوسائط الالكترونية بالإضافة إلى مؤسسات الرعاية الصحية في توضيح دور و حقوق و مسئوليات المرضى عن طريق تقديم ندوات و لقاءات و برامج سمعية , مرئية و مقروءة. أيضاً علي إدارات المستشفيات تشجيع مقدمي الرعاية علي تعليم المرضى بالإضافة إلى توفير ملصقات حائطيه و كتيبات حتى يتمكن المرضى و ذويهم من معرفة حقوقهم وواجباتهم.

Abstract

Background:

Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care.⁽⁵⁾ lack of respect to patients' rights may lead to hazards to security and health situation of patients. Besides, it may ruin the relationship between the staff and patients that consequently decreases efficiency, effectiveness, and suitable care of patients⁽⁶⁾

Study design:

Descriptive, hospital-based study, was conducted in Shendi city in Elmek Nimer University hospital from August – December 2016, all patients in hospital who admitted medicine and surgical ward they were 65 patients were enrolled, standard closed ended questionnaire was used for data collection. The collected data was analyzed manually and then by using Computer software SPSS program version (22).

Objectives: To identify awareness and perception of patients regarding their rights and responsibility.

Result: study result that (32%) of patients age more than 50 years and more than half (58) female and (40%) of patients who participated in the study had never heard of any patients rights anywhere and more than one third (40 %) of patients were poor knowledge regarding receive health care and near the half (46%) of patients were poor knowledge regarding their cultural and religious values and beliefs and More than half (54%) of patients were poor knowledge regarding participate in medical research and More than half (55%) of patients were knowledgeable about their responsibility.

Recommendations:

Study recommended that important of activation of role of Mass communication media, health care institutions ,educational institutions, by perform lecture and auditory program and visual and reading program of patients rights and responsibility and the hospital administration encourage health care provider provide health education to patient regarding rights and responsibility also Formalize booklet of patients' rights in hospital and single poster on patients rights was available on walls of the unit to able patient and their family to the aware of patient their rights and responsibility.

Conducted farther studies in hospital to assess the health care provider's awareness and application of patient's right needs to assure that the health care providers understand patient right to improve the awareness of patient rights and responsibility.

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Chapter one

Introduction

Justification

Objective

Introduction

The notion of patient rights has been developed on the basis of concept of the person, and the fundamental dignity and equality of all human beings recognized since the Universal Declaration of Human Rights was adopted by the United Nations in 1948, Patient rights are considered as a reflection of human rights in our modern day. New elements of advanced technology medicine have added new dimensions to patient rights ⁽¹⁾

Health as fundamental human right is recognized in the World Health Organization's (WHO) Constitution, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being⁽²⁾. At present, there are many declarations defining the importance rights and responsibilities in the provision of health care ⁽³⁾ However, the mechanism of their implementation and their real contents vary among countries ,often depending upon prevailing cultural and social norms). Despite that patients' rights and responsibilities are increasingly emphasized around the world; it is still an ambiguous concept for health care providers and patients alike⁽²⁾ To provide ethical health care, it is important to consider patients' rights as mentioned in different patients' bills of rights or charters published in each country. Cultural differences, however, play an important role in individual attitudes and perceptions of rights in general and patients' rights in particular. As culture and socio-economic contexts create different barriers and facilitators to respecting patients' rights, a World Health Organization research group on patients' rights and citizens' empowerment suggested that each country should articulate its concerns and priorities according to its own cultural and social needs to promote and protect patients' rights ⁽²⁾

Patient responsibilities also state that the patient should protect the hospital and other properties, use of hospital facilities and equipments in safe and appropriate way and follow the hospital guidelines and instructions. The patient should attend his or her appointment on time and inform the hospital when counseling. Also patients should aware that smoking is not allowed in all

hospital areas ⁽²⁾, successful implementation of this rights and responsibilities will result in a drastic improvement in the provision of health care, and will lead to a higher degree of patient satisfaction and involvement in their health care decisions ⁽⁴⁾

Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision making about treatment choices and other aspects of their care. Hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender, and other differences as well as the needs of persons with disabilities.⁽⁵⁾

Awareness of patients from their rights can bring about a lot of advantages such as increased quality of health care services, decreased costs, more prompt recovery, decreased length of stay in hospitals, lower risk of irreversible physical and spiritual damages, and more importantly, increased dignity of patients through informing them about their rights to participate in decision making. On the other hand, lack of respect to patients' rights may lead to hazards to security and health situation of patients. Besides, it may ruin the relationship between the staff and patients that consequently decreases efficiency, effectiveness, and suitable care of patients. ⁽⁶⁾

Justification

The Patient's Bill of Rights increases health care providers' awareness of the need to treat clients in an ethical manner and encourages all health care providers to protect the right of patient ⁽⁸⁾

Effective health care requires collaboration between patients and physicians and other health care professionals. lack of respect to patients' rights may lead to hazards to security and health situation of patients. Besides, it may ruin the relationship between the staff and patients that consequently decreases efficiency, effectiveness, and suitable care of patients ⁽⁷⁾.

Objectives

General objective:

To identify awareness and perception of patients regarding their rights and responsibility.

Specific objective:

1. To identify Patients' aware of the existence of their rights.
2. To identify Patients' awareness of their concept of rights.
3. To identify Patients awareness regarding their role responsibility (concerning other patients ,staff ,hospital regulation).

Literature Review

Rights represent at least two ways to think about what we are we or what we deserve, harris (2001) puts forward the position that if all people are considered valuable and equal, then it follows that there are rights possessed by people by virtue of their humanity these basic rights could be translated into goods and services (such as the right to clean water, the right to food). These are positive rights, and because something needs to be provided, there is a responsibility for someone to furnish these items. Second, other rights can be determined to protect us (e.g., right to privacy, right to self-determination). these are negative rights preventing some action that would intrude on our lives or prevent us from acting as we choose laws guarantee some rights. Others are moral rights based on values and ethical principles but are not enforceable by law. “basic human rights” is a common phrase that we hear when discussing the condition of various people around the world, especially when those rights are compromised the united nations has a document, “the universal declaration of human rights,” that serves to represent what all people should be provided with or protected from in health care, there are increasingly heated discussions about rights of patients. it is true that in the past, patients were seen simply as passive recipients of whatever treatments or actions professionals determined necessary for their conditions. now, professionals recognize patient autonomy and patients’ active participation in health care, awareness of patients from their rights can bring about a lot of advantages such as increased quality of health care services, decreased costs, more prompt recovery, decreased length of stay in hospitals, lower risk of irreversible physical and spiritual damages, and more importantly, increased dignity of patients through informing them about their rights to participate in decision making, on the other hand, lack of respect to patients’ rights may lead to hazards to security and health situation of patients. besides, it may ruin the relationship between the staff and patients that consequently decreases efficiency, effectiveness, and suitable care of patients ⁽⁷⁾. patients’ rights promote and sustain beneficial relationships between patients

and health care providers, The role of patients' rights, therefore, is to reaffirm fundamental human rights in the health care context by according patients human treatment, the need to protect and promote the dignity, integrity, and respect of all patients is now widely accepted. to this end, the world health organization predicts that the articulation of patient rights will in turn make people more conscious of their responsibilities when seeking and receiving or providing health care and this will ensure that patient-provider relationships are marked by mutual support and respect⁽⁷⁾.

The American hospital association first devised patients' bill of rights in 1973, which formally began recognition of what patients are entitled to but may not always receive. the revised bill includes statements on confidentiality ,informed consent, and the right to refuse treatment .the it is an easy to understand brochure entitled "the patient care partnership : understanding expectations, rights and responsibilities. "The brochure is available in multiple languages. many health-care organizations followed the patient bill of rights with other more specific bills of rights, such as those developed by nursing homes and veterans' hospitals .in bioethics many issues can be framed within a rights context. an important rights issue is whether people have a "right" to health care, Such a right is discussed at every level of society, from local governments that determine services they will provide in city clinics and public schools to the federal government, which periodically grapples with the debate on national health insurance. Another prominent dispute is the "right to die" with dignity, which is arousing more interest as the largest cohort (the "baby boomers") edge toward the later decades of life combined threats of the loss of autonomy and the possibility of being subjected to endless, painful technological interventions while dying right fully substantiates such concerns. by contrast, the "right to life" is another central concept in our society as groups organize politically to prevent abortions and overturn wade decision of the supreme court.⁹ this right also extends to discussions of reproductive rights and the healthcare of pregnant women. these are but a few examples of rights issues and

potential conflicts. others can be identified as various areas in medical surgical nursing are explored ⁽¹⁰⁾ culture defines rights and obligations. the dominant culture in the united states, however, holds the ethnocentric perspective that our rights and values are shared globally ⁽⁸⁾

The concept of rights is often misused, overused, and abused our society tends to take rights for granted; rights and obligations are culturally defined. the dominant American society has an ethnocentric perspective in believing that its rights and values are shared globally, clients have certain rights including, but not limited to, the right to make decisions regarding their care be actively involved in the treatment process, be treated with dignity and respect these rights apply to all clients regardless of the setting for delivery of care. for example, during the initial assessment, the home health nurse discusses these rights with the client when clients are admitted to short-term acute care a genies or extended care facilities; they are also entitled to certain rights. in 1972, the american hospital association established a patient's bill of rights, which includes the rights and responsibilities of clients receiving care in hospitals. the patient's bill of rights increases health care providers 'awareness of the need to treat clients in an ethical manner and encourages all health care providers to protect the right of patient. ⁽⁹⁾

Effective health care requires collaboration between patients and physicians and other health care professionals, open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. as the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. hospitals must ensure a health care ethic that respects the role of patients in decision making about treatment choices and other aspects of their care. hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender, and other differences as well as the needs of persons with disabilities .the American hospital association presents patient's bill of rights with the

expectation that it will contribute to more effective patient care and be supported by the hospital on behalf of the institution, its medical staff, employees, and patients. the american hospital association encourages health care institutions to tailor this bill of rights to their patient community by translating and/or simplifying the language of this bill of rights as may be necessary to ensure that patients and their families understand their rights and responsibilities ⁽⁵⁾.

Bill of rights these rights can be exercised on the patient's behalf by a designated surrogate or proxy decision maker if the patient lacks decision making capacity, is legally incompetent, or is a minor, the patient has the right to considerate and respectful care, the patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis. except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits. patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. the patient also has the right to know the immediate and long term financial implications of treatment choices, insofar as they are known, the patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. in the case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfer to another hospital the hospital should notify patients of any policy that might affect patient choice within the institution, the patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the

hospital will honor the intent of that directive to the extent permitted by law and hospital policy. health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. the patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive; the patient has the right to every consideration of privacy. case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy, the patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. the patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records, the patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law, the patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. the hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case, when medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. the institution to which the patient is to be transferred must first have accepted the patient for transfer. the patient must also have the benefit of complete information and an explanation concerning the need for, risks, benefits, and alternatives to such a transfer, the patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care, the patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have

those studies fully explained prior to consent. a patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide, the patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate, the patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. the patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. the patient has the right to be informed of the hospital's charges for services and available payment methods. the collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. the effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. to participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment. patients should also be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. the hospital's rules and regulations are designed to help the hospital meet this obligation. patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. patients are responsible for providing necessary information for insurance claims and for working with the hospital to make

payment arrangements, when necessary .a person's health depends on much more than health care services. patients are responsible for recognizing the impact of their lifestyle on their personal health⁽⁵⁾.

Material and Methods

3.1.1. Methods:

The design used for this study was descriptive, cross-sectional study, aiming to identify awareness and perception of patients regarding their rights and responsibility in Elmak Nimer university hospital.

3.1.2. Study design:

This study was Descriptive, cross-sectional hospital -based study, done to assess to identify awareness and perception of patients regarding their rights and responsibility in Elmak Nimer university hospital From the period from Augusts to December 2016.

3.1.3. Study area:

This study was done in Shendi city, river Nile state, Sudan, which located in the north of Khartoum about 176Km, its population about 80000 persons (World health organization 2003) most of them are farmers.

Shendi city now is one of the rich cities in health care facilities; it contains three main hospitals, Elmak Nimer University hospital. Shendi teaching hospital and military hospital, and also there is hoshbannaga hospital and Elmiseiktab hospital.

3.1.4. Setting:

This study was carried out at Elmak Nimer University hospital. This hospital was established since 2002. And it's the second university hospital in Sudan. The hospital provides most types of medical services (medicine, surgery, Obs/Gyne, and pediatric). Beside these there are cardiac, renal, and oncology centers). In the hospital there is a big theater complex in which most type general operations can be done (caesarean, GIT surgery and orthopedic surgery...etc.)There was an outpatient clinic in the hospital established science 2009.

The hospital system for work, for nursing staff, morning shift for 8 hours in duration, and afternoon, evening shift for 16 hours, and is the distribution of

nursing staff according to need of hospital departments ,nurses they will rotated frequently without fixed intervals according to the need.

3.1.5. Study population:

Study was covered all patients admitted to medical surgical ward in Elmek Nimer hospital during period from Augusts to December 2016.

3.1.5.1. Exclusion criteria:

- Patients under 20 years old
- Critically ill patients (un stable)

3.1.6. Sampling:

1- Sample techniques:

Convenience sampling was used.

2- Sample size:- 65 patients were participated in this study.

3.2. Material

3.2.1. Data collection tools:

The data was collected by closed ended questionnaire designed by researcher based on reviewing of literature, it consists of three part question to fulfill the purpose of the study .

Part one: personal data (age, sex, occupation).

Part two: regarding awareness of patient their right, composed of (12) questions

Part three: regarding awareness of patient their responsibility

Knowledge scale system

The knowledge section comprised question about patient's awareness and perception their right and responsibility, the knowledge parte was measuring by using 4 categories:

A: "knowledgeable": if respondent answer all items.

B:"satisfied knowledge" respondent answer more than two third of answer

C: "unsatisfied knowledge"if respondent answers half of the total answer

D: "poor knowledge "if respondent answer less than half of the total answer

3.2.2. Validity and real ability:

The questionnaire have been revised by three expertise's they indicated that some items needed to be modified, and they assured that the tool was achieved the aim of the study.

3.2.3. Operational Design:

Operational design includes data collection technique and ethical consideration.

3.2.4. Data collection technique:

In this study the data was collected in one week, some of the patients are illiterate, explain the questionnaire items for them, and then let them to choose the item according to their knowledge, And filling by researcher himself.

3.2.5. Statistical Design:

The collected data were organized, categorized and tabulated in tables and graphs using frequencies and percentage. The statistical package for social sciences (SPSS version 22) was used for statistical analysis.

3.2.6. Ethical considerations:

The study was approved by ethical committee of research in the faculty of post graduate and scientific research. Before conducting the study, verbal permission was taken from hospital administration and from head nurse. The purpose of the study was explained to each one of patient and is assured them that the data collected from the questionnaire will remain confidential and it's not allowed for any person to identify it.

4. Results

The results were presented into the following sequences:

Section I: percentage and distribution of the study population according to their general characteristics and Scio -demographic data.

Section II:- the study group distributions accord to their knowledge

Section III:-Correlations and comparisons between variables of the study group (level of education, age, occupation , sex,) and knowledge.

Part 1:

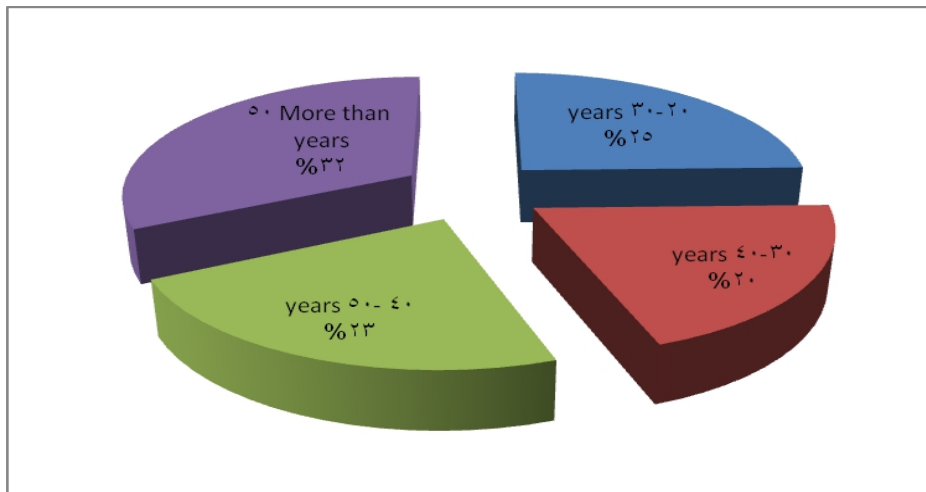


Figure No (1) distribution of study population according to their age.

The figure showed that, (25%) of patients have (20-30) years and (20%) have (30-40) years and (23%) have (40-50) years and (32) more than 50 years.

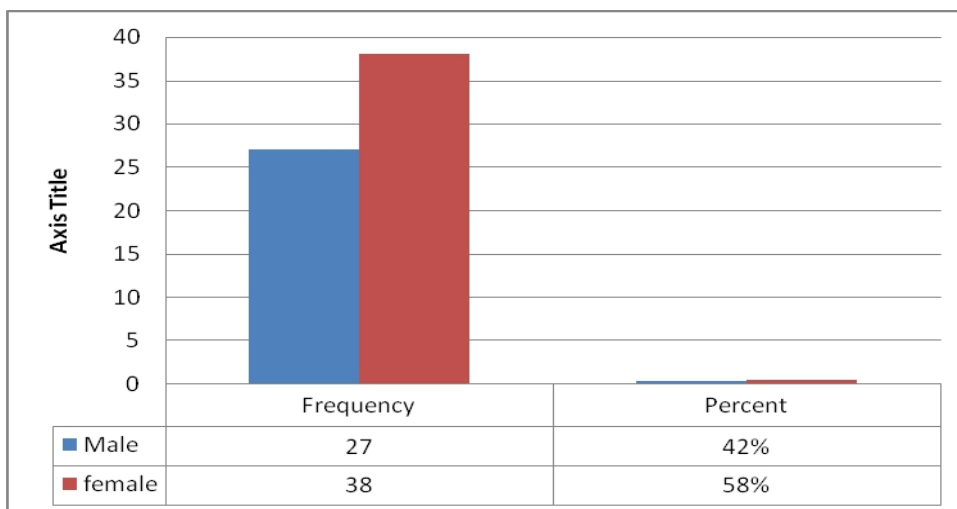


Figure No (2) distribution of study population according to their sex

The figure showed that (58%) of nurse's is female and (42%) is male.

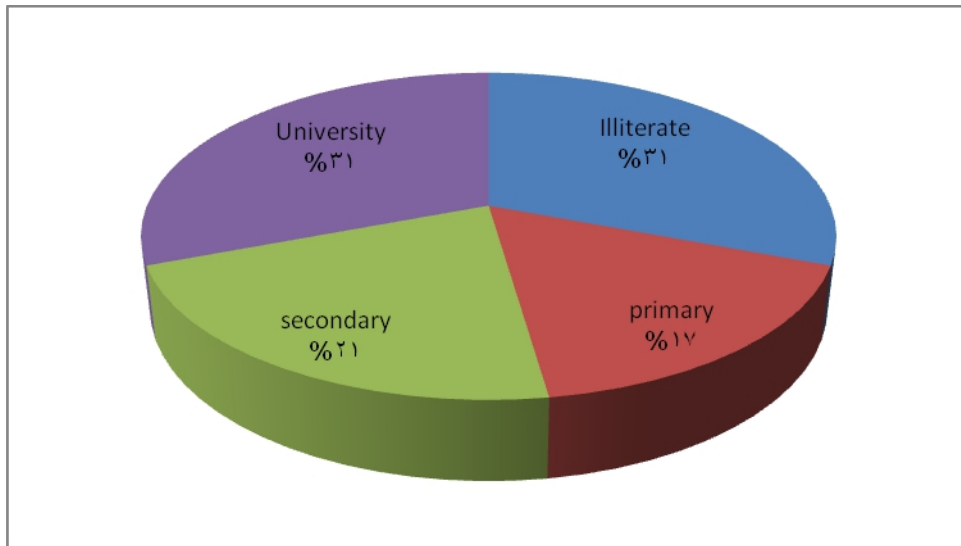


Figure No (3) Distribution of study population according to their educational level.

The figure showed that, (31%) of patients have Illiterate (17%) have primary school and (21%) have secondary school(31) University.

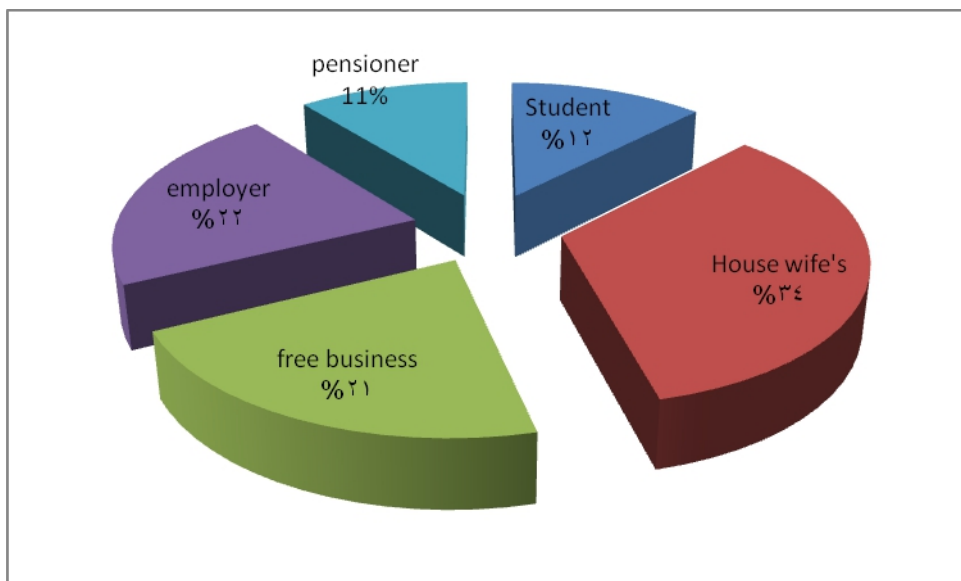


Figure No (4) Distribution of study population according to their occupation.

The figure showed that, (12 %) of patients have student (34%) have house wife and (21%)have free business(21%) employer (11%) pensioner.

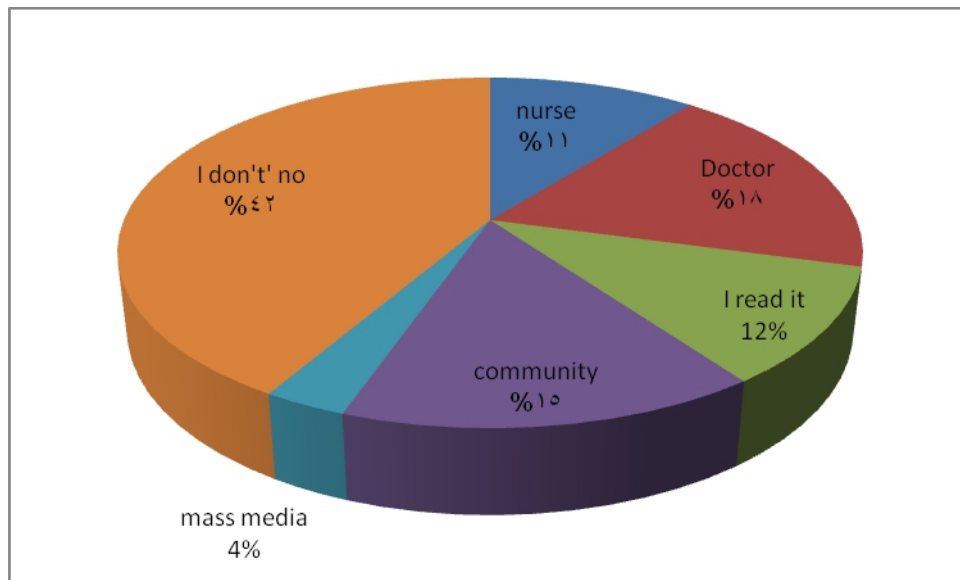


Figure No (6) Distribution of study population according to their source of awareness.

The figure showed that, (11 %) of patients have from nurse (18%) have from doctor and (12%) have read it (15%) from community (4%) from mass media (40%) don't know.

Table NO (1): Distribution of study population according to knowledge regarding aware there is existence of special patient's rights in the hospital?

| Level of knowledge | Frequency | Percent |
|---------------------------|-----------|---------|
| I'm know all information | 17 | 26% |
| I'm know some information | 22 | 34% |
| I don't know | 26 | 40% |
| Total | 65 | 100% |

The above table showed that (26%) of patients were know all information, (34%) were know some information, and (40 %) of patients were don't know

Table NO (2): Distribution of study population according to *knowledge* regarding to receive health care

| <i>Level of knowledge</i> | Frequency | Percent |
|---------------------------|------------------|----------------|
| Knowledgeable | 14 | 21% |
| Satisfying | 18 | 28% |
| Un Satisfying | 7 | 11% |
| poor knowledge | 26 | 40% |
| Total | 65 | 100% |

The above table showed that (21%) of patients were knowledgeable about receive health care, (28%) were satisfy knowledge, (11%) were un satisfy knowledge, and (40%) of patients were poor knowledge regarding receive health care.

Table NO (3): Distribution of study population according to *knowledge* regarding to your valuables

| Level of knowledge | Frequency | Percent |
|---------------------------|------------------|----------------|
| Knowledgeable | 8 | 12% |
| Satisfying | 15 | 23% |
| Un Satisfying | 15 | 23% |
| poor knowledge | 27 | 42% |
| Total | 65 | 100% |

The above table showed that(12%) of patients were knowledgeable about your valuables, (23%) were satisfy knowledge, (23%) were un satisfy knowledge, and (42%) of patients were poor knowledge regarding your valuables.

Table NO (4): Distribution of study population according to *knowledge* regarding to health care.

| Level of knowledge | Frequency | Percent |
|---------------------------|------------------|----------------|
| Knowledgeable | 11 | 17% |
| Satisfying | 12 | 18% |
| Un Satisfying | 13 | 20% |
| poor knowledge | 29 | 45% |
| Total | 65 | 100% |

The above table showed that(17%) of patients were knowledgeable about health care, (18%) were satisfy knowledge, (20%) were un satisfy knowledge, and (45%) of patients were poor knowledge regarding health care.

Table NO (5): Distribution of study population according to knowledge regarding to your cultural and religious values and beliefs.

| Level of knowledge | Frequency | Percent |
|---------------------------|------------------|----------------|
| Knowledgeable | 22 | 34% |
| Satisfying | 3 | 4% |
| Un Satisfying | 10 | 16% |
| poor knowledge | 30 | 46% |
| Total | 65 | 100% |

The above table showed that(34%) of patients were knowledgeable about your cultural and religious values and beliefs, (4%) were satisfy knowledge, (16 %) were un satisfy knowledge, and (46%) of patients were poor knowledge regarding your cultural and religious values and beliefs.

Table NO (6): Distribution of study population according to *knowledge* regarding to your medical information.

| Level of knowledge | Frequency | Percent |
|---------------------------|------------------|----------------|
| Knowledgeable | 18 | 28% |
| Satisfying | 8 | 12% |
| Un Satisfying | 11 | 17% |
| Poor knowledge | 28 | 43% |
| Total | 65 | 100% |

The above table showed that (28%) of patients ware knowledgeable about your cultural and religious values and beliefs, (12%) ware satisfy knowledge, (17%) ware un satisfy knowledge, and (43%) of patients ware poor knowledge regarding your cultural and religious values and beliefs.

Table NO (7): Distribution of study population according to knowledge regarding receive healthcare from health care provider.

| <i>Level of knowledge</i> | Frequency | Percent |
|---|------------------|----------------|
| To be cared for by qualified competent | 24 | 37% |
| To be cared for by specialized consultant | 8 | 12% |
| Not known | 33 | 51% |
| Total | 65 | 100% |

The above table showed that (37%) of patients ware receive healthcare by qualified competent , (12) cared for by specialized consultant, (51%) ware not known.

Table (8): Distribution of study population according to *knowledge* regarding management

| Level of knowledge | Frequency | Percent |
|---------------------------|------------------|----------------|
| Knowledgeable | 13 | 20% |
| Satisfying | 6 | 9% |
| Un Satisfying | 16 | 25% |
| Poor knowledge | 30 | 46% |
| Total | 65 | 100% |

The above table showed that (20%) of patients were knowledgeable about management, (9%) were satisfy knowledge, (25%) were un satisfy knowledge, and (46%) of patients were poor knowledge regarding management.

Table NO (9): Distribution of study population according to knowledge regarding To allow informed consent for your give all medical interventions

| <i>Level of knowledge</i> | Frequency | Percent |
|----------------------------------|------------------|----------------|
| Knowledgeable | 15 | 23% |
| Satisfying | 2 | 3% |
| Un Satisfying | 18 | 28% |
| Poor knowledge | 30 | 46% |
| Total | 65 | 100% |

The above table showed that(23%) of patients were knowledgeable about allow informed consent for your give all medical interventions ,(3%) were satisfy knowledge, (28%) were un satisfy knowledge, and (46%) of patients were poor knowledge regarding allow informed consent for your give all medical interventions

Table NO(10): Distribution of study population according to *knowledge* regarding your privacy

| Level of knowledge | Frequency | Percent |
|--------------------|-----------|---------|
| Knowledgeable | 20 | 31% |
| Satisfying | 10 | 15% |
| Un Satisfying | 6 | 9% |
| poor knowledge | 29 | 45% |
| Total | 65 | 100% |

The above table showed that 31%) of patients were knowledgeable about to your privacy, (15%) were satisfy knowledge, (9%) were un satisfy knowledge, and (45%) of patients were poor knowledge regarding to your privacy

Table NO (11): Distribution of study population according to *knowledge* regarding to participate in medical research

| Level of knowledge | Frequency | Percent |
|--------------------|-----------|---------|
| Knowledgeable | 13 | 20% |
| Satisfying | 4 | 6% |
| Un Satisfying | 13 | 20% |
| Poor knowledge | 35 | 54% |
| Total | 65 | 100% |

The above table showed that(20%) of patients were knowledgeable about participate in medical research, (6%) were satisfy knowledge, (20%) were un satisfy knowledge, and (54%) of patients were poor knowledge regarding participate in medical research.

Table NO (12): Distribution of study population according to *knowledge* regarding to Awareness of patient about their responsibility.

| Level of knowledge | Frequency | Percent |
|---------------------------|------------------|----------------|
| Knowledgeable | 36 | 55% |
| Satisfying | 13 | 21% |
| Un Satisfying | 8 | 12% |
| Poor knowledge | 8 | 12% |
| Total | 65 | 100% |

The above table showed that (55%) of patients were knowledgeable about their responsibility, (21%) were satisfy knowledge, (12%) were un satisfy knowledge, and (12%) of patients were poor knowledge regarding their responsibility.

| Patient wear regarding right related to their personal | Level of knowledge | | | | | | | | | | | |
|---|--------------------|-----|--------------|-----|-----------------|-----|------|-----|------|------|-----------------|------------|
| | Knowledge able | | Satisfaction | | Un satisfaction | | poor | | Age | Sex | Qual ificat ion | ocupati on |
| | F | P | F | P | F | P | F | P | | | | |
| If have your valuables | 8 | 12% | 15 | 23% | 15 | 23% | 27 | 42% | .308 | .727 | .000 | .016 |
| Related to your cultural and religious values and beliefs | 22 | 34% | 3 | 4% | 10 | 16% | 30 | 46% | .532 | .727 | .001 | .009 |

F= frequency.

P= percentage.

| Patient awareness regarding their right related to medical care | Level of knowledge | | | | | | | | | | | |
|---|--------------------|-----|-------------------|-----|----------------------|-----|----------------|-----|------|------|---------------|------------|
| | Knowledgeable | | Satisfy knowledge | | Un satisfy knowledge | | Poor knowledge | | Age | sex | qualification | occupation |
| | F | P | F | P | F | P | F | P | | | | |
| The right related to receive health care | 14 | 21% | 18 | 28% | 7 | 11% | 26 | 40% | .179 | .713 | .001 | .089 |
| The right Related to your medical information | 18 | 28% | 8 | 12% | 11 | 17% | 28 | 43% | .239 | .235 | .000 | .001 |
| The right Related to management | 13 | 20% | 6 | 9% | 16 | 25 | 30 | 46% | .367 | .952 | .002 | .002 |
| The right To allow informed consent for your give all medical interventions | 15 | 23% | 2 | 3% | 18 | 28% | 30 | 46% | .228 | .303 | .000 | .001 |
| The right Related to your privacy | 20 | 31% | 10 | 15% | 6 | 9% | 29 | 45% | .061 | .712 | .000 | .001 |
| The right Related to participate medical research | 13 | 20% | 4 | 6% | 13 | 20% | 35 | 54% | .020 | .515 | .001 | .006 |

F= frequency.

P= percentage.

5.1. Discussion

Patient rights have recently become the center of national attention in the practice of medicine. Implementation of patients' rights should not something that restricts the practice of medicine. Rather it can both contribute to the improvement of healthcare practices and achieve an equal distribution of responsibility between patient, physician and nurse. It was highly informative to assess the level of Patients' Awareness of their Rights.

The study revealed that (32%) of patients age more than 50 years and more than half (58%) female and (34%) of patients have house wife and (31%) of patients have Illiterate and (31%) University. With regard the Patients Rights the study showed (40%) of patients were don't know, (26%) of patients were know all information, (34%) were know some information These agree with the previous study show that Only (1%) of the subjects were aware of all the rights.⁽¹¹⁾

Study clarified that ,source of awareness of the patient less than quarter of them (18%) from doctor and (12%) have read it, (15%) from community,(11%) of patients have from nurse, (4%) from mass media (40%) of patients who participated in the study had never heard of any patients rights anywhere. This finding may indicate how the health care system has neglected such an important legal issue. No single poster on patients rights was available on walls of the unit and no lesson were given to patients concerning their rights These disagree with the previous study show that the source of information was the hospital, and who were asked to feedback information from nurses or they read it as a poster.⁽¹²⁾

The study explained that more than one third (40%) of patients were poor knowledge regarding their right to receive health care and (42%) of patients were poor knowledge regarding their valuables and (45%) of patients were poor knowledge regarding their health care. In addition that, near the half (46%) of patients were poor knowledge regarding their cultural and religious values and beliefs Comparing the results the present study with those in other countries is

difficult because of differences in legislation among health care systems, and differences in values and norms among societies⁽²⁾

Also the study show that (37%) of patients were receive healthcare by qualified competent , (12%) cared for by specialized consultant, (51%) were not know. The study found that near the half (46%) of patients were poor knowledge regarding their rights during management. Less than one third (23%) of patients were knowledgeable about allow informed consent before any invasive or high risk medical interventions ,(3%) were with satisfy knowledge level, (28%) were have unsatisfied knowledge, and (46%) of patients were have poor knowledge regarding allow informed consent during medical interventions

Just (31%) of patients were knowledgeable about privacy, (15%) were satisfy knowledge, (9%) were un satisfy knowledge, and (45%) of patients were poor knowledge regarding to your privacy, More than half (54%) of patients were poor knowledge regarding participate in medical research, the study reflect that More than half (55%) of patients were knowledgeable about their responsibility.

There was a direct and highly significant association between educational level and patient awareness regarding their all rights (p 0.000). The higher education level was associated with increase of awareness (0.001).

There was no statistically significant between the males and females regarding patient awareness regarding their all rights , This could be explained by the fact that female also admitted with their children and they are more often to ask questions related to their own and their family health and that is mean not receiving answer and awareness regarding their rights.

5.2. Conclusion

Based on the finding present study, it was concluded that:

- Lack of patients knowledge regarding patient right and responsibility
More than one third (40%) of patients who participated in the study had never heard of any patients rights anywhere.
- Knowledge was better among study group regarding responsibilities than rights.
- The study revealed that Their source of information was (18%) from doctor and (12%)have read it (15%) from community,(11 %) of patients have from nurse, (4%) from mass media. (40%) of patients who participated in the study had never heard of any patients rights anywhere

5.3. Recommendations

Study recommended that:

- 1- important of activation role of mass communication media, health care institutions, educational institutions, by perform lecture and auditory program and visual and reading program of patients rights and responsibility.
- 2- the hospital administration encourage health care provider provide health education to patient regarding rights and responsibility.
- 3- also Formalize booklet of patients' rights in hospital and single poster on patients rights was available on walls of the unit to able patient and their family to the aware of patient their rights and responsibility.
- 4- Conducted farther studies in hospital to assess the health care provider's awareness and application of patient's right needs to assure that the health care providers understand patient right to improve the awareness of patient rights and responsibility.

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جامعة شندي

كلية الدراسات العليا

استبيان لمعرفة معرفة المريض لحقوقه ومسؤولياته

القسم الأول :معلومات شخصيه خاصه بالمريض :- .

- 1- العمر
أ. 20 - 30 سنة () ب. 30- 40 سنة () ج. 40-50 سنة () د. 50 سنة فما فوق ()
- 2- الجنس
أ- ذكر () ب- أنثى ()
- 3- المستوى التعليمي:
أ- أمي () ب- أساس () ج- ثانوي () د- جامعي ()
- 4- الوظيفة:

- أ- طالب () ب- ربة منزل () ج- أعمال حرة () د-موظف () هـ - متقاعد ()
- القسم الثاني: أسئلة لمعرفة وعي المريض لحقوقه:
- 1- هل أنت مدرك بأن هناك حقوق للمريض خاصة به بالمستشفى؟
أ- اعرف كل الحقوق () ب- لدي معلومات بسيطة () ج - ليس دي فكره ()
 - 2- مصدر وعي مريض لحقوق المريض:
أ- الممرضة () ب- الطبيب () ج- قرأت عنها () د- المجتمع () هـ - من وسائل الاعلام ()
 - 3- فيما يخص الرعاية الصحية:
أ- أن تكون رعاية مُحترمة () ب- أن تكون الرعاية الصحية الآمنة ()
ج- ان تكون رعايه عطوفه () د. ليس لدي فكره ()
 - 4- إذا كان لديك أشياء ثمينة هل من حقك:
أ- تَجْمع وتضمّن طبقاً لسياسة المستشفى () ب - تحتفظ انت بها ()
ج- من حقك استرداد ممتلكاته عند الخروج من المستشفى () د- ليس دي فكرة ()
 - 5- فيما يخص مقدمو الرعاية الصحية:
أ- أن يعرفك الطبيب المعالج باسمه ومكانه () ب - أن يعرفك الممرض باسمه ومكانه ()
ج- ان يعرفك جميع الكوادر الطبيه المعالجه لك باسمائهم () د- ليس دي فكره ()
 - 6- فيما يخص قِيَمك الثقافية والدينية وعاداتك وتقاليدك:
أ- الالتزام باحترام قيمك الثقافيه () ب- الالتزام باحترام عاداتك () ج- الالتزام باحترام تقاليدك ()
د- السماح بممارسة الطقوس والشعائر الدينية () هـ- ليس دي فكرة ()
 - 7- فيما يخص المعلومات الطبية:
أ - التفسير الكامل للمرض () ب- التفسير الكامل لطرق التشخيص ()
ج- التفسير الكامل للخطط العلاجيه () د- التفسير الكامل للمضاعفات المتوقعه ()
هـ - ليس دي فكرة ()

8- فيما يتعلق بتلقي الرعاية الصحية من مقدمو الرعاية الصحية ان تكون:

أ- أن تكون من قبل مقدمو الرعاية الصحية المؤهلين ()

ب- أن ترى من قبل المستشار المتخصص. ()

ج- ليس لدي فكرة ()

9- من حقك فيما يتعلق بالمعالجة:

أ- التفسير الشامل من قبل الطبيب حول الخطه العلاجية ()

ب- المشاركة أو اتخاذ قرار المعالجة بنفسه ماعدا في حالة الطوارئ ()

ج- معرفه الآثار المترتبة علي قرارك ()

د- اعطاء سبب مقنع عند عدم امكانيه المستشفى لمواصله المعالجه ()

هـ - ليس لدي فكرة ()

10- عند طلب موافقتك ا لسماح للتدخلات الجراحية الطبية .

أ - استلام معلومات كافية عن التدخل الطبي ()

ب- استلام معلومات كافية عن الزمن المستغرق في التدخل الطبي ()

ج- استلام معلومات كافية عن المضاعفات والاثار الجانبية للتدخل الطبي ()

د- إستلام معلومات كافية عن الادوات المستخدمه لك في التدخل الطبي ()

هـ- ليس لدي فكره ()

11- فيما يتعلق بخصوصيتك:

أ - أن تراعي السرية التامة في المعلومات الطبية ()

ب- أن تراعي السرية التامة في المعلومات الاجتماعية ()

ج- أن يمنع أي شخص من الاطلاع عليها بدون إذنك ()

د- أن تراعي خصوصيتك عندالكشف الطبي و المعالجة () هـ- ليس لدي فكره ()

12- فيما يتعلق بالمُشارَكة في البحوث الطبية:

أ- استلام توضيح شامل للدراسه والفترة الزمنية ()

ب- قبول المشاركة لا يُؤثراً على الخدمات الطبية سلبياً او إيجاباً ()

ج - رفض المشاركة لا يُؤثّر على الخدمات الطبية سلبياً ()

د- الامتناع عن المواصلة في المشاركة اذاحدث له ضرر () هـ - ليس لدي فكره ()

القسم الثالث: أسئلة لمعرفة وعي المريض لمسؤولياته:

من واجبات ومسؤوليات المريض الآتي:

1 - مسئول من الاعتناء بصحته الخاصة () .

2 - مسئول من الاهتمام وحماية البيئة () .

3 - احترام حقوق المرضى الآخرين ومقدمو الرعاية الصحية ()

4 - إستعمال نظام الرعاية الصحية بشكل صحيح وأن لا ينتهكها ()

- 5- تزويد مقدمو الرعاية الصحية بالمعلومات ذات العلاقة الدقيقة للمعالجة التشخيصية، إعادة تأهيل أو لأغراض الاستشارة. والإمتثال إلى المعالجة الموصوفة أو إجراءات إعادة التأهيل ()
- 6- مسؤل من الإستفسار حول الكلف ذات العلاقة للمعالجة و إعادة تأهيل للترتيب للدفع ()