

Knowledge and Attitudes of Nurses Regarding Patient Rights in Kingdom Saudi Arabia

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Background

The patient right is described as the code of behavior that governs interactions between individuals who receive health services and the organizations that provide them, and is owed by the patient to both the practitioner and the government. The status and preservation of this right as they pertain to the nursing profession[1, 2].

Health care professionals such as physicians, health assistants, and most importantly nurses are constantly in contact with patients, since nurses stay with the patient at all times to give care. To ensure the highest quality of care, healthcare nurses need not only be knowledgeable about illness but also aware of human rights violations and patient maltreatment that may occur in the hospital while delivering care[3, 4].

Numerous facets of the interactions between midwives or nursing staff and patients were scrutinized in a manner similar to that of physicians and patients[5, 6]. Medical technological advancements have the potential to have a major effect on patient rights[7, 8]. Global events that have impacted social, financial, cultural, geopolitical, and moral issues have also impacted our perception of what "human rights" are. Yet, the basic reason for the increased emphasis on patients' rights and the resulting growth in legislation is because protecting patients' rights is a necessary component of delivering quality health care[9, 10] thus this

study is determined for evaluating the level of knowledge and attitude of nurses towards patient rights.

Methods:

Study design and sample:

A descriptive and cross-sectional study.

Study population and sample size:

The study included 250 nurses from different 5 hospitals chosen randomly then a minimal sample size of 190 participants was estimated using a 95 percent confidence level with a 5% absolute accuracy and an anticipated prevalence rate of 80% [11].

Study tools and data collection:

This questionnaire was prepared based on research and understanding of the literature then it was used to gather data. The study data were gathered through the completion of documents by nurses during a ten-minute time frame observed by the researcher. The questionnaire is divided into two sections. The first section contains questions regarding the nurse's distinguishing traits, while the second section has questions about nurses' knowledge and attitudes toward patient rights. The second section of the questionnaire is organized and scored as follows: "I agree = 1 point" and "I disagree = 0". Additionally, a pilot study of 20 patients (10 men and 10 females) was undertaken to confirm the questionnaire's validity, and individuals participated in the pilot research were eliminated from the study's original data.

Ethical approval: Each subject provided informed permission. Permission was given by the hospital's medical health committee.

Statistical analysis:

IBM SPSS software for Windows version 21.0 was used to gather and analyze all data. P-values less than 0.05 were statistically significant.

Results:

Demographics of the studied subjects:

The demographics of the included nurses were presented in Table. 1. The majority of respondent nurses were females, 68% of the nurses in the survey worked as technical nurse, 48 percent worked for 10-20 years, and 32% worked for 5-10 years.

Table (1): Demographics of included nurses:

	N	%
Age (years)		
<35	83	33.2
35-50	62	24.8
>50	105	42.0
Range	21-58	
Mean±SD	46.54±11.57	
Gender		
Male	93	37.2
Female	157	62.8
Job title		
Technical	170	68.0
Specialist	80	32.0
Years of Experience		
<5	49	19.6
5-10.	81	32.4
10-20.	120	48.0
>20	52	20.8
Range	4-25.	
Mean±SD	18.454±6.118	

Knowledge and attitude of the nurses:

The most of nurses approved and agreed about the rights of the patients and they have positive attitude toward respecting the rights of the patients at any department of the hospital including justice, fairness, care, attention, respect, elimination of uncomfortable and noisy factors, safe environment, no racism, visiting times, companion, ability to use complaints and lawsuits, change health institutions, emergency medical interventions, proper information, Nursery education, adequate and qualified services.

Table (2): knowledge and attitude of studied participants.

	Agree		Disagree		Chi-square	
	N	%	N	%	X ²	P-value
Patients should benefit from the activities that are promoting healthy life and preventive health services in accordance with the principles of justice and fairness.	238	95.2	12	4.8	204.304	<0.00*
He/she must receive friendly, courteous, compassionate health care services by showing respect, care and attention	210	84	40	16	115.600	<0.00*
He/she must receive health care in an environment where all kind of hygienic conditions are provided; all noisy and uncomfortable factors shall be eliminated.	233	93.2	17	6.8	186.624	<0.00*
Patient has the right to benefit from any kind of health care services that are required by conditions	238	95.2	12	4.8	204.304	<0.00*
Patient should receive service without taking into account race, language, religion or creed, sex, political opinion, philosophical belief, economic or social status.	220	88	30	12	144.400	<0.00*
He/she should receive health care services in a safe environment.	218	87.2	32	12.8	138.384	<0.00*
Patients may require that he/she, family or relatives to be informed about health status, except for mandatory situations related to public health.	240	96	10	4	211.600	<0.00*
He/she must be able to accept visitors in accordance with the principles and procedures, which are determined by the institutions and organizations.	245	98	5	2	230.400	<0.00*
Patients may require companion within the possibilities of health institutions and organizations	213	85.2	37	14.8	123.904	<0.00*

and if it is deemed appropriate by the physician.						
In case of violation of rights, he/she has the right to be able to use complaints and lawsuits and any application within the framework of legislation	220	88	30	12	144.400	<0.00*
Patients have the right to receive diagnosis, treatment and care in compliance with medical needs, and they also have right to refuse it	243	97.2	7	2.8	222.784	<0.00*
He/she has the right to choose and change health institutions if necessary	240	96	10	4	211.600	<0.00*
Patients must get all kind of health service in an environment that is suitable for confidentiality	198	79.2	52	20.8	85.264	<0.00*
Medical intervention may be performed without patient consent in cases where health measures should be taken if it concerns public health and medical necessity	208	83.2	42	16.8	110.224	<0.00*
Patients may demand all kind of information related to their health status, verbally or in writing	208	83.2	42	16.8	110.224	<0.00*
In any medical intervention, patient's consent must be obtained and he/she should benefit from services within the frame of the consent.	243	97.2	7	2.8	222.784	<0.00*
The patient should be informed of any attempt related to him/her	240	96	10	4	211.600	<0.00*

Knowledge and attitude score:

The knowledge and attitude score was high among the majority of subjects (76%), average among 20% and weak among only 4% (Table. 3, Fig.1).

Table (3): knowledge and attitude score:

Total Knowledge and attitude		
	N	%
Weak	10	4.00
Average	50	20.00

High		190	76.00
Total		250	100.00
Range		10-27.	
Mean±SD		19.454±5.155	
Chi-square	X²	214.4	
	P-value	<0.001*	

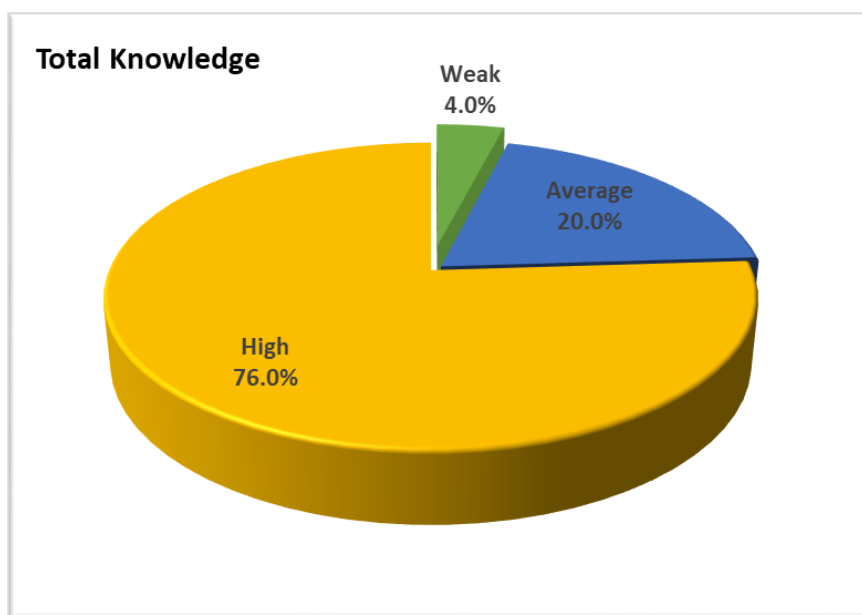


Fig. 1: knowledge and attitude score

The relation between the demographics with knowledge and attitude of included subjects:

The higher knowledge and attitude score was significantly related with older age, longer years of experience, working as a specialist nurse.

Table (4): Relation between different studied basic demographic data and knowledge, attitude score.

	Total knowledge and attitude	
	r	P-value
Age (years)	0.754	<0.001*
Years of Experience	0.655	<0.001*
	Knowledge and attitude	Total

			Weak	Average	High	
Job title	Technical	N	37	93	40	170
		%	100.0%	82.3%	40.0%	68.0%
	Specialist	N	0	20	60	80
		%	0.0%	17.7%	60.0%	32.0%
Total		N	37	113	100	250
		%	100.0%	100.0%	100.0%	100.0%
Chi-square		X²	73.336			
		P-value	<0.001*			

Discussion

This survey found that 76 percent of nurses believed that patient rights were important and showed high knowledge and attitude score regarding patient rights.

Patients' satisfaction is an important factor in determining the quality of health treatment. As a result, the health care system's primary goal is to satisfy the needs and expectations of its patients. Patient satisfaction with health care services is directly related to how nurses treat and interact with patients[12, 13]. Attitudes and behaviors that are consistent with patients' right to privacy are the most important factors in determining what patients anticipate in terms of personal rights, excellent communication and attention, a safe atmosphere, and high-quality services.[14, 15]

Attitudes and actions of health care workers are critical to patient satisfaction because they are in line with the rights and expectations of individuals getting care. Patients' rights are said to come

into play throughout service time, particularly when it comes to the knowledge and attitude of health care workers[4, 9, 16, 17].

During their stay in the hospital, patients are subjected to a great deal of stress. Nurses have a crucial role to play in helping patients face the challenges and stress they are under. In order to fulfill this function, nurses explain the treatment plan to the patient, defend the patient's rights, and assist the patient in protecting his or her own rights[18, 19].

The study participants showed association between older age, years of experience, and being specialist nurse which could be attributed to gaining more experience will result in more knowledge, more respect and enhance the nurse and patient interaction.

Conclusion:

According to the findings of the study, studies on patient rights play a significant role in the development of health care and are essential. Based on national and worldwide health system models, patient rights centers' research should be implemented. Patient Rights and Education Units' trainings for staff should have a greater impact, and a change in knowledge, attitude and behavior should be pursued. Health care workers and patients' families should be taught about their rights, as well as the need of creating a patient rights culture.

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References:

1. Gurung T, Neupane S. Knowledge and Attitude Regarding Patients Right among Nurses in a Teaching Hospital: A Descriptive Cross-sectional Study. JNMA; journal of the Nepal Medical Association. 2019;58(222):88-93.
2. D'Souza SE, Qadiri GJ, Leena KC. Impact of planned teaching program on the attitude of nurses with regard to patient rights in two multispecialty teaching hospitals in India. Journal of education and health promotion. 2018;9:36.
3. Akca SO, Akpınar YY, Habbani T. Knowledge and attitudes of nurses regarding patient rights: a Corum/Turkey sample. Revista da Associacao Medica Brasileira (1992). 2015;61(5):452-7.
4. Sheikhtaheri A, Jabali MS, Dehaghi ZH. Nurses' knowledge and performance of the patients' bill of rights. Nursing ethics. 2016;23(8):866-76.
5. El-Sobkey SB, Almoajel AM, Al-Muammar MN. Knowledge and attitude of Saudi health professions' students regarding patient's bill of rights. Int J Health Policy Manag. 2014;3(3):117-22.
6. Youngkong S, Kapiriri L, Baltussen R. Setting priorities for health interventions in developing countries: a review of empirical studies. Tropical medicine & international health : TM & IH. 2009;14(8):930-9.
7. Ozdemir MH, Ergönen AT, Sönmez E, Can IO, Salacin S. The approach taken by the physicians working at educational hospitals in Izmir towards patient rights. Patient education and counseling. 2006;61(1):87-91.
8. Heidari S, Nayeri ND, Ravari A, Sabzevari S. How organizational learning is associated with patient rights: a qualitative content analysis. Global health action. 2016;9:30939.
9. Al-Saadi AN, Slimane SBA, Al-Shibli RA, Al-Jabri FY. Awareness of the Importance of and Adherence to Patients' Rights Among Physicians and Nurses in Oman: An analytical

- cross-sectional study across different levels of healthcare. Sultan Qaboos University medical journal. 2019;19(3):e201-e8.
10. Farokhzadian J, Dehghan Nayeri N, Borhani F. The long way ahead to achieve an effective patient safety culture: challenges perceived by nurses. BMC Health Serv Res. 2018;18(1):654.
 11. RAOSOFT. Available online at: <http://www.raosoft.com/samplesize.html>. 2017.
 12. Zebiene E, Razgauskas E, Basys V, Baubiniene A, Gurevicius R, Padaiga Z, et al. Meeting patient's expectations in primary care consultations in Lithuania. Int J Qual Health Care. 2004;16(1):83-9.
 13. Zebiene E, Svab I, Sapoka V, Kairys J, Dotsenko M, Radić S, et al. Agreement in patient-physician communication in primary care: a study from Central and Eastern Europe. Patient education and counseling. 2008;73(2):246-50.
 14. Freilich J, Wiking E, Nilsson GH, Olsson C. Patients' ideas, concerns, expectations and satisfaction in primary health care - a questionnaire study of patients and health care professionals' perspectives. Scandinavian journal of primary health care. 2019;37(4):468-75.
 15. Eide TB, Straand J, Braend AM. Good communication was valued as more important than accessibility according to 707 Nordic primary care patients: a report from the QUALICOPC study. Scandinavian journal of primary health care. 2018;39(3):296-304.
 16. Bodenheimer T. Coaching patients to be active, informed partners in their health. Families, systems & health : the journal of collaborative family healthcare. 2018;38(2):190-2.
 17. Gomes IL, Caetano R, Jorge MS. [Knowledge of health professionals about the rights of hospitalized children: an exploratory study]. Ciencia & saude coletiva. 2010;15(2):463-70.
 18. Chaloner C. An introduction to ethics in nursing. Nursing standard (Royal College of Nursing (Great Britain) : 1987). 2007;21(32):42-6.
 19. Lee G, Hayes N. Assessment and provision of continuing healthcare: an integrative literature review. Nursing older people. 2019;31(5):23-8.