

Original Article

Assessment of Awareness and Practice of Patient Rights from Patients' Perspective in Governmental Hospitals in Alexandria, Egypt

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Abstract

Background: Patient rights are essential in ensuring that individuals receive respectful and ethical care. The awareness of and adherence to these rights among both patients and healthcare professionals significantly impact their practical enforcement.

Objectives: The study aimed to assess awareness and practice of patient rights from patients' perspective in governmental hospitals in Alexandria governorate in Egypt.

Methods: A cross-sectional study was conducted on 300 inpatients at Abu Qir, Ras El-Tin and Gamel Abd El-Naser Hospitals. The study participants were distributed equally between the three hospitals by equal proportions, and they were taken randomly from different departments of the three hospitals. A structured interview questionnaire was used. It included three sections: sociodemographic and medical characteristics, awareness of inpatients of different aspects of patient rights, practice of patient rights from patients' perspective (perceived practice).

Results: The overall mean awareness score of patient rights scored in this study was 13.07 ± 3.68 out of a maximum score of 18. The majority of patients had good awareness (91%). The overall mean perceived practice by patients score of patient rights in this study was 10.14 ± 3.80 out of a maximum score of 19. More than half of patients had a good perceived practice (62%). Most inpatients were aware about their rights to be provided with appropriate medical services available in hospital facilities irrespective of gender, age, and religion (96.7%), and to have their pain assessed and treated (92.7%). Age and education level were the only significant predictors of increased level of awareness. Lack of awareness and deficient practice were reported in the items related to obtaining a second opinion consultation, getting information about treatment plans, signing informed consent for participation in research, and dealing with complaints.

Conclusion: Most inpatients had a good level of awareness of patient rights and perceived good practice of these rights by healthcare providers.

Keywords: Patient rights, awareness, practice, Egypt

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INTRODUCTION

Patient rights are considered important human rights as patients are vulnerable group in societies.⁽¹⁾ Patient rights are a compound entity that incorporates legal and ethical issues encompassing the doctor-patient relationship.⁽²⁾ Patient rights stem from ethical principles within healthcare. These guiding principles - autonomy, beneficence, non-maleficence, and justice - help medical professionals make decisions that emphasize patient wellbeing and dignity. Autonomy supports patients' right to make informed choices about their care, while beneficence and non-maleficence ensure actions taken are for the patient's benefit and avoid harm. Justice demands fair treatment, guaranteeing that resources

and care are distributed equitably among all patients.⁽³⁾ Patient rights are influenced by social, cultural, and country specific factors. As a result, patient rights differ from country to country.⁽⁴⁾ However, healthcare organizations have established regulations or charters for patient rights in most countries and announced and implemented them, in order to attain quality healthcare and patients' satisfaction.⁽⁵⁾ In 1948, the Universal Declaration of Human Rights was established by the United Nations and has been implemented worldwide over the world.⁽⁶⁾ It was suggested by The World Health Organization research group, that investigates the field of patient rights, that each country should develop its own regulations for patient rights according to its needs and priorities.⁽⁷⁾ The Egyptian Ministry of Health and Population (MOHP) has

established the patient's bill of rights and incorporated it as a part of the Egyptian Hospital Accreditation standards. It has been enforced in all hospitals across the country since 2005. ⁽⁸⁾ Moreover, patient centered care standards incorporate patient rights as part of the General Authority of Healthcare Accreditation and Regulation (GAHAR) hospital standards formulated in 2021. ⁽⁹⁾ In Egypt, patient rights cover different aspects concerning access to health care, choice of care, health education and safe environment, participation in treatment plan, informed consent and information, research, dignity, confidentiality, privacy, and patient complaints. ⁽⁹⁾

Adherence to patient rights can contribute to the advancement of ethical medical practice, better care, and the development of respect and trust in the healthcare system. ⁽¹⁰⁾ Patients' awareness of their rights can be of great benefit and has a lot of advantages as improving the quality of health care services, decreasing costs, more prompt recovery, minimizing length of stay in hospitals, lowering the risk of irreversible physical and spiritual damages. Furthermore, patients' awareness of their rights increases the dignity of patients through informing them about their rights to participate in decision making. On the other hand, a lack of adherence to patients' rights may lead to hazards to the security and health situation of patients. Besides, it may destroy the relationship between the healthcare providers and patients which leads to a decrease in the efficiency and effectiveness of healthcare. ⁽¹¹⁾

Achievements concerning patient rights and ethical problems in healthcare have been noticed in Egypt. However, unethical behavior of some healthcare providers and several problems including poor knowledge and lack of understanding of patient rights concepts still exist. ⁽¹²⁾ Patient rights have been widely investigated in Egypt to determine the level of knowledge and awareness among patients, physicians, and nurses. ⁽¹³⁻¹⁶⁾ However, there are few studies concerning assessing the practice of these rights amongst physicians and nurses from patients' perspective. ^(16,17) Patients are considered the cornerstone in evaluating the quality of health services as being customers and important stakeholders. This study aimed to assess awareness and practice of patient rights from patients' perspective in governmental hospitals in Alexandria governorate in Egypt. Policymakers could use this information to create strategies that enforce patient rights.

The study aimed to assess awareness and practice of patient rights from patients' perspective in governmental hospitals in Alexandria governorate in Egypt.

METHODS

The study was conducted at three general hospitals, two of them are affiliated to the Ministry of Health

and Population in Alexandria which are Abu Qir General Hospital and Ras El-Tin Hospital. The third one is affiliated to the Health Insurance Organization which is Gamel Abd El-Naser Hospital. withal three hospitals have the same scope of services like emergency services and diagnostic ancillary services that are available all the time. There are inpatient departments such as the internal medicine department, general surgery department, orthopedic department, obstetrics and gynecology department, and pediatric department. There are also Intensive Care Units, Pediatric Intensive Care Units and Neonatal Intensive Care Units. As for Gamal Abd El-Naser hospital, it has a greater number of inpatient beds.

The study used a descriptive cross-sectional design. The target population consisted of inpatients admitted to those hospitals to receive treatment and medical care. Patients admitted to the hospital, stayed more than 24 hours, and aged 18 years and above were included in the study while patients who were critically ill and patients with deteriorated mental health conditions were excluded. The sample size was 300 inpatients. The calculation of sample size was based on a previous study conducted in Egypt⁽¹³⁾ that revealed the prevalence of patients' awareness about some aspects of their rights to be 87.7%, using the margin of error 0.04 and a confidence level of 95%, the minimum required sample size was 259 patients, and it was increased to 300 patients. Sample size was calculated using Epi-info software. The study participants of inpatients were distributed equally between the three hospitals by equal proportions, and they were taken randomly from different departments of the three hospitals.

A structured interview questionnaire was designed based on Egyptian hospital accreditation standards of the General Authority for Health Care Accreditation and Regulation (GAHAR) 5th edition (2021) ⁽⁹⁾ and was also adopted from a questionnaire used in a previous study.⁽¹³⁾ The questionnaire was translated to Arabic language and content validity was confirmed by obtaining suggestions from qualified experts.

Data was collected by interviewing inpatients from different departments of the three hospitals. Data was gathered in November and December of 2023. A written informed consent was obtained from participants in the study after ensuring that all data obtained was used for research purposes only. Consented patients were interviewed in their wards for 15-20 minutes after explaining the aim of the study to them. A pilot study was conducted on 10 patients to evaluate the feasibility of the questionnaire and the intelligibility of its language, after which no modification was made.

The questionnaire included three sections: The first section is composed of fifteen questions concerning sociodemographic and medical characteristics. The

sociodemographic data were age, sex, marital status, residency area, occupation, highest education level, number of family members, family income level, number of previous admissions to the hospital during the last year, number of hospital days of admission, and admitted department. Also, this section included a question about knowledge of patient rights charter and the source of this knowledge. Questions from number sixteen to number thirty-three assessed awareness of inpatients of different aspects of patient rights and were included in the second section of the questionnaire. These patient rights were: the right to be provided with appropriate medical services irrespective to gender, age, and religion, the right to receive the care that respects patient values and beliefs, the right to be informed about rights and responsibilities in a manner that can be understood, the right to receive empathetic and respectful care at all the times, the right to receive privacy during clinical examination, the right to confidentiality, the right to receive a full explanation about medical condition, the right to sign an informed consent form before any medical procedure, the right to accept or refuse to participate in any medical research, the right to be treated in a hygienic environment, the right to be educated about financial costs, and the right to participate in care decisions to the extent they wish and to refuse or discontinue treatment, the right to know the identity/name of physicians, nurses, and any other person involved in patient care, the right to file a complaint regarding any concerns and to be informed about the results of such complaints, the right to receive medical care in a secured environment, the right to have patient pain assessed and treated and the right to seek second opinion either inside or outside the hospital.

The last section of the questionnaire (questions 34-52) inquired about the practice of patient rights from patients' perspective (perceived practice). Patients were asked about adherence to their rights by their care providers and included: giving patients a copy of charter of patient rights, access to health care including emergency and first-aid services whenever required, respectful dealing of the medical team with the patient and introducing themselves to the patient by showing their ID, giving the needed information in clear understandable way and answering all patient's queries and questions, informing the patient about the available choices before completing the treatment plan, obtaining a second opinion consultation from another specialist inside or outside the hospital, receiving a copy of medical reports when requested, signing a form for participation in any research, signing an informed consent form before any medical procedure and receiving all necessary information before signing it, presence of safe place to keep patients' belongings, availability of appropriate

clothing and any necessary personal items, knowledge about presence of policy that deals with financial cost and health insurance, informing the patient about how to submit a complaint and giving feedback to him, and assessing patient's pain and treating it.

Statistical analysis

Data was entered and analyzed using SPSS software package version 21. Quantitative data, such as age and number of family members was described by minimum, maximum and arithmetic mean as measures of central tendency and standard deviation as measure of dispersion. Qualitative categorical data was presented by number and percentage. The statistical significance of the obtained results was judged at a P-value <0.05 .

Each question of the awareness section of patient rights was rated zero if the patient was not aware of that specific right and was rated one if the patient was aware. The total awareness score was calculated by summing the scores for all statements; thus, the overall score ranged between 0 and 18 points. Summative scores were converted into percentages and awareness percentage mean score was also calculated. The percentage mean score was categorized as a dichotomous variable of (0, if the percentage mean score was $<50\%$, and 1 if the percentage mean score was $\geq 50\%$). Patients who scored less than 50% were considered to have poor awareness, while patients who scored exactly 50% and above were considered to have a good level of awareness. Assessment of perceived practice was done using a Yes and No scale. Each question was rated 0 if the patient didn't perceive the application of the right and rated 1 if the patient perceived the application of the right practice. The total perceived practice score was calculated by summing the scores for all statements, thus, the overall score ranged between 0 and 19 points. The practice percent score was also calculated, and patients who scored less than 50% were considered to have poor perceived practice, while patients who scored exactly 50% and above were considered to have a good perceived practice level.

To determine factors affecting awareness about patient rights among inpatients of three governmental hospitals, a multivariate binary logistic regression analysis of factors was conducted. All variables with $p < 0.05$ were included in the multivariate analysis. The dependent variable included in the model was: presence or absence of good awareness ($\geq 50\%$ percent score). The ten independent variables included in the model were sociodemographic and medical characteristics: age, sex, marital status, residency area, occupation, highest education level, number of family members, family income level, number of previous admissions to the hospital during last year, number of days of admission, and admitted department. The

model was significant and good for fit (Hosmer and Lemeshow Test, $X^2=3.081$, $p = 0.929$). Nagelkerke R square was 0.104, which indicates that a 10.4% change in the dependent variable (good awareness) can be accounted for by the predictor variables in the model.

Ethical considerations

The study protocol was approved by the Ethics Committee of High Institute of Public Health (IRB number: 00013692). Informed consent was obtained from the patients. Confidentiality of the data and anonymity of the patients were strictly maintained through a code number on the questionnaire.

RESULTS

Results indicated that a greater proportion of the inpatients were above 50 years (45.3%), and the mean age was 48.31 ± 16.14 with nearly equal distribution between males and females (48.7%, 51.3%, respectively). Most inpatients were from Alexandria governorate (78%), and the higher proportion of them were from Elmontaza district (22.2%). More than half of inpatients were highly educated (secondary education 28%, university 28.3%) and only 9% of inpatients were illiterate. One third of inpatients were female housewives (32.3%) followed by manual workers (21.7%) while 7.3% of inpatients did not work at all. Nearly three quarters of inpatients (75.3%) earned family income less than 5500 L.E per month. The mean number of family members was 4.68 ± 1.75 (table 1).

The highest percentage of inpatients were admitted to the internal medicine department (40%), followed by the orthopedic department (23%). The mean number of hospital days was 4.37 ± 3.86 days while the mean number of hospital admissions during last year was 0.96 ± 1.27 times. As regards knowledge about the charter of patient rights, about 44.3% of inpatients knew about its existence and their source of knowledge was mainly reading about the charter on the hospital walls from posters and placards (42.1%), followed by hearing about it from nurses (30.1%)(table 2).

Concerning awareness about different items of patient rights, most patients were aware of 13 items of patient rights while there was a lack of awareness of only 5 items. Most inpatients were aware of their rights to be provided with appropriate medical services available in hospital facilities irrespective to gender, age, and religion (96.7%), to have their pain assessed and treated (92.7%), to receive empathetic, respectful care at all times (92%), and to have privacy during clinical examination (92%). About 90% of inpatients knew about their right to receive medical care in secure environments, to be treated in a hygienic

environment, and to be educated about financial costs. (table 3).

Table (1): Distribution of inpatients according to socio-demographic characteristics in three governmental hospitals (Alexandria, 2023)

Socio-demographic characteristic	Patients (n=300)	
	No.	%
Age(years)		
18 – 30	53	17.7
31 – 40	57	19.0
41 – 50	54	18.0
>50	136	45.3
Min. – Max.	18.0 – 80.0	
Mean \pm SD.	48.31 \pm 16.14	
Median (IQR)	48.0 (35.0 – 63.0)	
Sex		
Female	154	51.3
Male	146	48.7
Marital status		
Married	187	62.3
Widowed	52	17.3
Single	36	12.0
Divorced	25	8.3
Residence		
Alexandria	234	78.0
Elbehira	37	12.3
Matrouh	10	3.3
Others	19	6.3
District in Alexandria (n = 234)		
Elmontaza	52	22.2
Sharq	37	15.8
Elamrya	34	14.5
Elgomrok	30	12.8
Elagamy	28	12.0
Borg Elarab	23	9.8
Wasat	21	9.0
Gharb	9	3.8
Highest education level		
Illiterate	27	9.0
Can read and write	27	9.0
Primary education	20	6.7
Preparatory education	57	19.0
Secondary education	84	28.0
University level	85	28.3
Occupation		
Do not work	22	7.3
Manual work	65	21.7
Clerical work	48	16.0
Professional work	37	12.3
Housewife	97	32.3
On Pension	31	10.3
Number of family members		
Min. – Max.	1.0 – 9.0	
Mean \pm SD.	4.68 \pm 1.75	
Median (IQR)	5.0 (3.50 – 6.0)	
The family monthly income		
Less than 3500 L.E.	111	37.0
From 3500 to less than 5500 L.E.	115	38.3
From 5500 to less than 7500 L.E.	71	23.7
7500 or more L.E.	3	1.0
IQR: Inter quartile range	SD: Standard deviation	

In contrast, lack of awareness was obvious in 5 items of patient rights. More than the half of inpatients (57.7%) weren't aware about their right to

accept or refuse to participate in any medical research and that any refusal will not negatively affect the medical services provided, and their right to file a complaint regarding any concerns related to confidentiality or the quality of health care and to be informed about the results of such complaints. Also two thirds of inpatients were not aware of their right to participate in care decisions to the extent they wish and choosing the treatment plan (66.6%), while 61.3% of them did not know about the right to seek second opinion either inside or outside the hospital and 51.3% of patients did not know that they have the right to refuse or discontinue treatment after a thorough explanation by physician about the consequences and outcomes of decision (table 3).

Regarding perceived practice, patient rights were practiced in the three hospitals in all items except for seven items. , As most patients (92.7%) didn't receive a copy of charter of patient rights and didn't sign a form for participation in any research (90.3%). Furthermore, the majority of patients weren't informed about any subsequent actions or results in case of submitting complaints (87.3%), were not told about how to submit a complaint regarding any concerns related to confidentiality or the quality of health care (80.7%), didn't obtain a second opinion consultation from another specialist inside or outside the hospital (74.7%), were not informed about the available choices before completing the treatment plan (56.3%) and were not introduced by doctors and nurses and their identities were not shown to them (54.3%) (table 4).

The overall mean awareness score of patient rights scored in this study was 13.07 ± 3.68 out of a maximum attainable awareness score of 18 points. The majority of patients had good awareness (91%). On the other hand, the overall mean perceived practice score of patient rights in this study was 10.14 ± 3.80 out of a maximum attainable practice score of 19 points. More than half of patients had a good perceived practice (62%) (table 5).

A multivariate binary logistic regression analysis of factors affecting awareness about patient rights among inpatients in three governmental hospitals was conducted. Age and education level (university education) were the only significant predictors of increased levels of awareness among inpatients. Age was inversely associated with awareness (OR=0.962, p=0.033) whereas increased level of education was positively associated with the awareness level about patient rights(OR = 10.738, p=0.045) for university-educated in reference to illiterate patients. Individuals with university degrees had 10.738 times higher odds than illiterate individuals regarding good awareness of their rights (table 6).

Table (2): Distribution of inpatients according to medical characteristics and knowledge about charter of patient rights in three governmental hospitals (Alexandria, 2023)

Characteristic	Patients (n=300)	
	No.	%
Admitted department		
Internal medicine department	120	40.0
Orthopedic department	69	23.0
General Surgery department	47	15.7
Obstetrics and gynecology	33	11.0
Others	31	10.3
Number of hospital days		
Min. – Max.	1.0 – 30.0	
Mean \pm SD.	4.37 \pm 3.86	
Median (IQR)	3.0 (2.0 – 5.0)	
Number of hospital admissions during last year		
Min. – Max.	0.0 – 5.0	
Mean \pm SD.	0.96 \pm 1.27	
Median (IQR)	0.0 (0.0 – 2.0)	
Knowledge about charter of patient rights		
Did not know about charter	167	55.7
Knew about charter	133	44.3
Source of knowledge about charter of patient rights (n = 133)		
Read about it on hospital wall	56	42.1
Heard about it from nurses	40	30.1
Read about it on internet	10	7.5
Heard about it from physicians	9	6.8
Heard about it from old mass	7	5.3
Heard it from hospital management	3	2.3
Heard about it from relatives and friends	3	2.3
Heard about it from public relations	2	1.5
Heard about it from new mass media (social media)	2	1.5
Read about it in books	1	0.8

Table (3): Distribution of inpatients according to their awareness about different items of patient rights in three governmental hospitals (Alexandria, 2023)

Awareness item	Patients (n=300)			
	Aware		Not-aware	
	No.	%	No.	%
The patient has the right to be provided with appropriate medical services available in hospital facilities irrespective to gender, age, and religion	290	96.7	10	3.3
The patient has the right to receive the care that respects his/her values and beliefs	248	82.7	52	17.3
The patient has the right to be informed about his/her rights and responsibilities in a manner he/she can understand	256	85.3	44	14.7
The patient has the right to receive empathetic and respectful care at all the times	276	92.0	24	8.0
The patient has the right to receive privacy during clinical examination	276	92.0	24	8.0
The patient has the right to confidentiality and the information a patient reveals to a health care provider is private and sensitive and there are limits on how and when it can be disclosed to a third party	225	75.0	75	25.0
The patient has the right to receive a full explanation of his/her case and any unanticipated outcomes of care and treatments	231	77.0	69	23.0
Patient or parents have the right to sign an informed consent form before any medical procedure	233	77.7	67	22.3
The patient has the right to accept or refuse to participate in any medical research and any refusal will not negatively affect the medical services provided	127	42.3	173	57.7
The patient has the right to be treated in hygienic environment	270	90.0	30	10.0
The patient has the right to be educated about financial costs	272	90.7	28	9.3
The patient has the right to refuse or discontinue treatment after a thorough explanation by his/her physician about the consequences and/or outcomes of his/her decision	146	48.7	154	51.3
The patient has the right to know identity/name of physicians, nurses and any other person involved in patient care	180	60.0	120	40.0
The patient has the right to participate in care decisions to the extent they wish, and in choosing the treatment plan	101	33.7	199	66.3
The patient has the right to file a complaint regarding any concerns related to confidentiality or the quality of his/her health care and to be informed about the results of such complaints	127	42.3	173	57.7
The patient has the right to receive medical care in secure environments	269	89.7	31	10.3
The patient has the right to have his pain assessed and treated	278	92.7	22	7.3
The patient has the right to seek second opinion either inside or outside the hospital	116	38.7	184	61.3

Table (4): Distribution of inpatients according to perceived practice of patient rights in three governmental hospitals (Alexandria, 2023)

Practice item	Patients (n=300)			
	Yes		No	
	No.	%	No.	%
Were you given a copy of charter of patient rights?	22	7.3	278	92.7
Did you always have the access to health care?	185	61.7	115	38.3
Did you receive emergency and first-aid services whenever required?	236	78.7	64	21.3
Did the doctor or nurse introduce themselves to you and show their ID?	137	45.7	163	54.3
Did the medical team deal with you respectfully?	276	92.0	24	8.0
Was the information given by health staff clear and understandable to you	221	73.7	79	26.3
Did the health staff answer your all queries and questions?	210	70.0	90	30.0
Were you informed about the available choices before completing the treatment plan?	131	43.7	169	56.3
Did you obtain a second opinion consultation from another specialist inside or outside the hospital?	76	25.3	224	74.7
Did you receive a copy of your medical reports when requested?	196	65.3	104	34.7
Were you asked to sign a form for participation in any research?	29	9.7	271	90.3
Did you or your relatives sign an informed consent form before any medical procedure?	224	74.7	76	25.3
Did you receive all necessary information before you signed the consent form?	189	63.0	111	37.0
Were your things kept in a safe place?	194	64.7	106	35.3
Were appropriate clothing and any necessary personal items available?	188	62.7	112	37.3
Did you know that there is a policy to deal with financial costs and health insurance?	170	56.7	130	43.3
Did anyone in the department of patient relations tell you about how to submit a complaint regarding any concerns related to confidentiality or the quality of health care?	58	19.3	242	80.7
In case of submitting complaints, were you informed about any subsequent actions or results?	38	12.7	262	87.3
In case of presence of pain, did you have your pain assessed and treated?	262	87.3	38	12.7

Table (5): Total awareness and perceived practice scores of patients about patient rights in three governmental hospitals (Alexandria, 2023)

	Patients (n=300)			
	Awareness		Practice	
	No.	%	No.	%
Poor (<50%)	27	9.0	114	38.0
Good (≥50%)	273	91.0	186	62.0
Total score				
Min. – Max.	0.0 – 18.0		0.0 – 19.0	
Mean ± SD.	13.07 ± 3.68		10.14 ± 3.80	
Median (IQR)	13.50 (11.0 – 16.0)		11.0 (8.0 – 13.0)	
% Score				
Min. – Max.	0.0 – 100.0		0.0 – 100.0	
Mean ± SD.	72.61 ± 20.45		53.37 ± 20.01	
Median (IQR)	75.0 (61.11 – 88.89)		57.89 (42.11 – 68.42)	

IQR: Inter quartile range

SD: Standard deviation.

Table (6): Multivariate adjusted binary logistic regression analysis of factors affecting patients' awareness about patient rights among inpatients in three governmental hospitals (Alexandria, 2023)

Variable	<i>p. value</i>	#Multivariate
		AOR (LL – UL 95% C. I)
Age (years)	0.033*	0.962 (0.928 – 0.997)
Sex		
Male [®]		1.000
Female	0.833	0.883 (0.279 – 2.798)
Marital status		
Not married [®]		1.000
Married	0.339	1.633 (0.598 – 4.462)
Residence		
Out of Alexandria [®]		1.000
Alexandria	0.920	0.949 (0.342 – 2.633)
Education level		
Illiterate [®]		1.000
Read and write	0.269	0.463 (0.118 – 1.812)
Primary education	0.920	0.917 (0.169 – 4.989)
Preparatory education	0.374	1.992 (0.436 – 9.095)
Secondary education	0.324	2.104 (0.479 – 9.241)
University level	0.045*	10.738 (1.052 – 109.63)
Occupation		
Not Working [®]		1.000
Working	0.328	0.566 (0.181 – 1.769)
Number of family members	0.619	1.077 (0.805 – 1.441)
The family monthly income		
Less than 3500 L.E [®]		1.000
From 3500 to less than 5500 L.E	0.999	1.001 (0.356 – 2.816)
From 5500 to less than 7500 L.E	0.583	1.556 (0.321 – 7.544)
7500 or more L.E	–	–
Admitted department		
Internal medicine department	0.555	0.698 (0.211 – 2.304)
Orthopedic department	0.562	1.569 (0.343 – 7.182)
General Surgery department	0.919	1.101 (0.172 – 7.040)
Obstetrics and gynecology	–	–
Others	–	–
Number of hospital days	0.721	0.981 (0.885 – 1.088)
Number of hospital admissions during last year	0.214	1.296 (0.861 – 1.951)

#Hosmer and Lemeshow Test ($X^2=3.081, p=0.929$), OR: Odd's ratio C.I: Confidence interval LL: Lower limit UL: Upper Limit#: All variables with $p < 0.05$ were included in the multivariate*: Statistically significant at $p \leq 0.05$

DISCUSSION

The findings of the present study revealed that slightly

more than half of the patients did not know about the charter of patient rights (55.7%)(Table 2), which is higher than that reported in a study conducted in

Alexandria Main University Hospital (27%) and Matrouh General Hospital (53%).⁽¹⁷⁾ However, this figure was lower than that reported by two studies conducted in upper Egypt, one study in Minia University Hospital (2017) and the other in Beni Suef University Hospital (2013), which was approximately 76% in the two studies.^(13, 15) A recent study (2022) conducted in South Africa showed that patients lacked awareness of the patients' rights charter, and they could not give examples or mention the rights they have as patients.⁽¹⁸⁾ Another study in Peshawar, Pakistan, revealed that 65.5% of the participants were not vigilant about the special bill of patients' rights in the hospital.⁽¹⁹⁾

The current study showed that the source of knowledge about the charter of patient rights of 42.1% of hospitalized patients who knew about it was reading it from placards on hospital walls, while 30.1% received information from nurses, 7.5% used the Internet as a source of knowledge and 6.8% heard about it from physicians (Table 2). This was different from the other two studies in Upper Egypt⁽¹³⁾ and Saudi Arabia⁽²⁰⁾, where the main source of knowledge was doctors and nurses, followed by reading about it on hospital placards and notice boards. A recent study in Al-Ahsa, Saudi Arabia (2022) stated that the most common source of patient rights information was hospital administration or patient relations (41.4%), followed by healthcare providers (22.7%) and new media (22.4%).⁽²¹⁾ The results highlight the importance of providing attractive information to patients on hospital wall notice boards and placards, as patients tend to read them while staying in the hospital. Although nurses came second as a source of knowledge in the present study, the role of healthcare providers, physicians and nurses, remains beneficial in raising awareness among patients about their rights.

In the present study, good awareness ($\geq 50\%$) was obvious in 91% of inpatients with overall mean awareness score of 13.07 ± 3.68 . The maximum achievable awareness score of participants regarding their rights was 18 (Table 5). The awareness of patient rights was good and satisfactory, although greater proportion of patients did not know about the charter of patient rights. Patients demonstrated a general awareness of their rights, which was consistent with findings from another study conducted in Upper Egypt. This awareness can be attributed to the inclusion of certain rights within treatment plans and the familiarity of most patients with these rights.⁽¹³⁾ Comparable to the current study, the overall mean awareness score scored by patients in Minia University Hospital in one study in Egypt was 7.2 ± 2.71 out of the maximum achievable awareness score of 14.⁽¹³⁾ Another recent Saudi Arabian study conducted in Al-Ahsa reported the overall awareness level of patients to be adequate. Approximately 53.2%

were estimated to have moderate awareness levels, 44.1% were good and only 2.7% were estimated to have poor awareness levels (mean score: 54.6; SD 7.44, out of 75 points).⁽²¹⁾ According to an Indian study, nearly 60% of the patients demonstrated moderate awareness, 10.1% demonstrated good awareness and 30% demonstrated weak awareness.⁽²²⁾ Similarly, in Riyadh, Saudi Arabia, the majority of patients demonstrated moderate awareness of their rights (72.2%); however, 65.3% exhibited a lack of knowledge regarding the existence of a patients' bill of rights.⁽²³⁾ Another study conducted in inpatients and outpatients of a tertiary care teaching hospital in the Eastern Province of Saudi Arabia showed that the mean awareness score was satisfactory, i.e., 7.89 ± 3.41 with just over half of the study participants (58.4%) having a satisfactory mean score and being aware of their rights.⁽²⁴⁾ A study conducted at Gamal Abdel Naser and Ras Elteen General Hospitals in Alexandria, Egypt (2005) revealed average percentages of awareness of patients of their rights to be 65.8% and 66%, respectively.⁽¹⁶⁾ Contradicting these results, other studies have documented a lack of awareness among patients regarding their rights.^(18,19)

Regarding the awareness of patient rights in the current study, most patients knew about items concerning respectful care, nondiscriminatory services, delivering information adequately in an understandable way, pain assessment, privacy, confidentiality, security, hygienic environment, and informed consent. A deficiency in awareness was observed for only five items of patient rights. These were primarily in three areas: the first pertains to patient participation in care decisions, choice or refusal of medical treatment, and seeking consultation and second opinion. The second relates to research ethics and decisions concerning involvement in medical research. The third concerns procedures for lodging complaints about quality and care issues and receiving feedback on the outcomes of such complaints (Table 3). Similar to the present study, other studies conducted in Upper Egypt, Iran, and Iraq revealed a lack of awareness regarding the patient's right to participate in care decisions and to choose the treatment plan.^(5,13,25) In contrast, a recent Saudi Arabian study revealed that most participants were aware of their right to be involved in the treatment process.⁽²⁴⁾

In this study, the practice of patient rights was measured from the patients' perspective, and it was found that 62% of inpatients perceived a good level of practice ($\geq 50\%$), while 38% perceived poor practice, with a mean practice score of 10.14 ± 3.80 from an achievable measured score of 19 (mean percentage score of 53.37 ± 20.01). Comparing the results of practice to awareness, practice fell behind awareness in the three governmental hospitals (Table 5). One

study conducted in Egypt (2015) revealed contrasting results to the current study, as poor perceived practice from patients' perspectives among physicians and nurses of the Matrouh General Hospital and Alexandria Main University Hospital was 71% and 53%, respectively.⁽¹⁷⁾ Furthermore, a study conducted at Gamal Abdel Naser and Ras Elteen General Hospitals in Alexandria Egypt (2005) showed that the average percentage of patients considering their rights as maintained to be 45.2% and 43.7%, respectively.⁽¹⁶⁾ In the last study, the rights to refuse research, refuse treatment, seek second opinion, access to medical records, positive action towards complaints and taking a discharge summary were excluded as almost all patients did not practice these rights.⁽¹⁶⁾

The current study indicated that lack of awareness in the five items mentioned above was accompanied by deficient practice in the same items. These items were related to dealing with complaints and feedback, obtaining a second opinion consultation, getting information about treatment plans and available choices, and signing informed consent for participation in any research. Furthermore, unique additional deficiencies in the practice of patient rights were related to revealing the identities of care providers to patients and introducing themselves to them. Most patients were not given a charter of patient rights, which also explains the lack of awareness of existence of a charter of patient rights demonstrated in the study (Tables 3 and 4).

Poor practice in the patient's right related to the introduction of medical teams to patients in the present study was noticed in an Egyptian study conducted in Minia University Hospital (2017).⁽¹³⁾ A higher proportion of patients (85%) reported a lack of introduction by healthcare providers compared to the current study proportion (54.3%). This result noticed in the current study is explained by characteristics of governmental hospitals such as increased workload, increased admissions, and shortage of staff, which leads to a decrease in the time allocated for each patient and poor communication skills.⁽¹³⁾ A study carried out in a teaching hospital in Saudi Arabia detected similar result. Only 39.1% of the participants knew that patients have the right to know the identity of their healthcare workers.⁽²⁴⁾

As for the item related to second opinion consultation, the findings of the present study showed the inability of more than three quarters of patients (74.7%) to get a second opinion consultation from another specialist, which is nearly identical to the previous Egyptian study.⁽¹³⁾ Another Egyptian study also observed a poor mean practice score in the aspect related to second opinion consultation.⁽¹⁷⁾ The consistency in poor practice regarding second opinion consultation observed between the current study and other Egyptian research can be also attributed to

shared setting of governmental hospitals. These facilities operate under specified regulations in the form of free payment with easy access to free medications and no itemized treatment billing. Consequently, patient care is determined by the available services at each healthcare facility. Moreover, patients have limited options in choosing between hospital care and pharmaceutical products, seeking a second opinion regarding their diagnosis and treatment plan, or deciding whether to accept or refuse medical interventions.^(13,17)

Greatest proportion of hospitalized patients in this study did not know about the right to participate in care decisions and in choosing the treatment plan (66.3%) and were not informed about the available choices before completing the treatment plan (56.3%) (Tables 3 and 4). A study in Wad-Medani teaching hospital in Sudan revealed that one of the least practiced rights was involvement of patients in decision making (37.6%) and this is lower than current study.⁽²⁶⁾ A survey conducted in three hospitals located in Tehran, Iran identified the rate of observance concerning the patients' right to participate in decision making for diagnostic and therapeutic procedures particularly in the teaching hospital to be low.⁽²⁷⁾

Lack of both awareness and practice of aspect regarding redress of grievance was revealed in the current study as 57.7% of inpatients were not aware of the right to file a complaint regarding any concerns related to confidentiality or the quality of healthcare and to be informed about the results of such complaints while only 19.3% of inpatients were told about how to submit a complaint and 12.7% were informed about subsequent actions after submission (Tables 3 and 4). These findings were consistent with other research carried out in Egypt,^(13, 17) where one study conducted in Upper Egypt demonstrated that only 16.5% of patients were aware of the right to file complaints and only 1.9% were told about the mechanism of submitting complaints, which are much lower figures than those of the current study.⁽¹³⁾ Furthermore, it was reported in Wad-Medani Teaching Hospital in Sudan that ease of presenting complaints was one of the least practiced rights.⁽²⁶⁾

As regard research ethics, 57.7% of patients in the present study were not aware of their right to accept or refuse to participate in research, and as far as 90.3% were not asked to sign a form to participate in research (Tables 3 and 4). This result is different from two studies conducted in Egypt.^(13, 17) Awareness was better than the current study in one of the Egyptian studies, as 59.7% of patients were aware of the right to accept or refuse to participate in any medical research and that refusal will not negatively affect the medical services provided.⁽¹³⁾ The other Egyptian study was better than the current study in practice, as 59% of patients in Alexandria University Hospital received a

clear and concise clarification about objectives, research steps, benefits, and probability risk from this research before it started, while 45% of patients practiced their right to agree or refuse to take part in medical or nursing research studies.⁽¹⁷⁾ The current study location is governmental hospitals which are not concerned primarily about research unlike university teaching hospitals. One Saudi Arabian study showed a nearly similar result to the present study as it was found that more than half of the participants were unaware of their right to deny participation in research (58%).⁽²⁴⁾

Age and education level were the only significant predictors of good awareness level in the present study (Table 6). Patients with university education had higher odds of developing a good level of awareness of patient rights than illiterate patients (OR=10.738, $p = 0.045$). Education was also important for awareness, as stated in several studies in Egypt,⁽¹³⁾ India,⁽²⁸⁾ and Pakistan.⁽²⁹⁾ The current study also showed an inverse association between awareness score and age (OR=0.962, $p = 0.033$). Consequently, younger adults were more aware of their rights. Several studies in Egypt,⁽¹³⁾ Saudi Arabia,⁽²⁰⁾ and India⁽²⁸⁾ demonstrated similar results.

Limitations of the study

The study assessed patient rights from the patient's perspective. Observing the actual application of these rights could provide a more realistic picture of the situation in hospitals. Governmental hospitals were only included in the study thus generalization to other settings such as private sector or primary healthcare facilities is not possible.

CONCLUSION AND RECOMMENDATIONS

Most inpatients had good awareness and knowledge of their rights, and a great proportion of them acknowledged good practice of patient rights by healthcare providers. Young age and high educational level were predictors of good knowledge. Most inpatients were aware of their rights to be provided with appropriate medical care regardless of their age, sex, or religion, to have their beliefs and values respected, to be informed about their rights and responsibilities, and to receive empathetic and respectful care all the time. Furthermore, they were aware of their rights to privacy and confidentiality during examination, to receive a full explanation of their cases and unanticipated outcomes of care, to sign an informed consent form before any medical procedure, to be treated in a hygienic and secure environment, to know the identities of healthcare providers, to be informed about the cost of medical care and insurance, and to have their pain assessed and treated. Lack of both awareness and perceived practice

by hospitalized patients was observed in certain items related to participation in care decisions and treatment choices, research participation, complaints and feedback, and second opinion consultation. Physicians and other healthcare providers did not introduce themselves or show their identities to most patients. In addition, copies of the charter of patient rights were not given to a great percentage of patients.

The Ministry of Health and Population in Egypt and the Health Insurance Organization should apply GAHAR standards related to patient rights completely and take all the measures to monitor progress towards implementation. Appropriate attainment of accreditation standards is crucial for involvement in the new universal health insurance system. Hospitals should establish a patient rights' committee for supervision, informing and observance of patient rights, capturing feedback, and redressing complaints.

Awareness regarding the patient's right to participate in the treatment plan, to refuse to participate in medical research, and to seek a second opinion should be increased through health education in healthcare settings and through campaigns in mass media and social media. Training programs for healthcare providers should be provided regularly to increase their competencies and skills in raising awareness of patient rights and in practicing these rights. Giving patients multiple treatment options and respecting their decision on a treatment plan are two examples of how healthcare providers can improve their daily practices by incorporating the principles of the patient rights charter. This could entail constantly reiterating these concepts in clinical settings and integrating pertinent training modules into medical education programs. Special attention should be directed towards the quality of information written on posters and placards hanging on hospital walls, as they are important sources of information for patient rights. Information should be readable and easy to understand. Charters of patient rights should be given to the patients and families upon admission to hospitals. Hospitals should work more effectively to inform patients about their right to file a complaint about any concerns regarding confidentiality and quality of care.

CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

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