Original Article :

Knowledge of Nurses Regarding Patients' Bill of Rights in Central Hafr Al-Batin Hospital

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Abstract:

Background & Aims:

Saudi Patient's Bill of Rights (PBR) is one of the major human ethical and legal principles in the provider-patient relationship. The social system in Saudi Arabia is very supportive of patients and their families, and in most hospitals, patients have access to free healthcare services. It is an important issue for achieving quality and an effective measure for patients' satisfaction in health care setting. Lack of knowledge regarding the Saudi PBR limits its implementation in health facilities.

Thus, this study aimed to evaluate the knowledge of nurses regarding Patients' Bill of Rights in Central Hafr Al-Batin Hospitals.

Methods:

Descriptive cross-sectional design was utilized in this study. Subjects: The present study included all available staff nurses at the time of data collection (n=77) in Central Hafr Al-Batin hospital. Tools: Data was collected by using self-administrated questionnaire, which contained three parts; the first included personal characteristics, the second involved two questions about sources of PBR information, and the last contained (14) items of patient rights.

Results:

Results of the current study indicated that (61%) of the nurses have high level, and (31.2%) have moderate level of knowledge regarding PBR.

Conclusion:

There is a requirement to replicate this study on large sample to observe significant changes in practice after providing nurses with adequate knowledge regarding Patients' Bill of Rights.

Keywords:

Nurses' Knowledge, Patients' Bill of Rights, Saudi Society

Introduction:

Deliberating the Patient's Bill of Rights (PBR) is one of the major human ethical and legal principles in the healthcare provider-patient relationship[1]. Patients' Bill of Rights is the guidance and protection to patients by stating the responsibilities that a hospital and its staff have toward patients and their families during hospitalization[2]. The World Health Organization (2006) States that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition[3].

The PBR are generated to ensure the ethical treatment of all patients, to help patients feel more confident in the healthcare system, to assure that the healthcare system is fair and it works to meet patients' needs, to encourage patients to take an active role in staying or getting healthy, to stress the importance of a strong relationship between patients and their healthcare providers, and to provide high quality healthcare[4–7]. On the other hand, lack of respect to PBR may lead to hazards for security and health situation of patients, may decreases efficiency, effectiveness, and suitable care of patients[4].

Patient's rights vary in different countries often depending upon prevailing cultural and social norms but there is growing international consensus that they include privacy, confidentiality of medical information, treatment refusal, proper information on healthcare services, consultation on medical emergencies, and acknowledgment of relevant risk of medical procedures[1&8]. Therefore, to provide ethical healthcare, 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[8].

In 2006, the Saudi Ministry of Health defined the patient's rights as the policies and rules that must be preserved and protected by the health facility toward patients and their families and it declared the PBR [7, 9 & 10.] The Saudi Patients' Bill of Rights (PBR) is composed of 12 items related to knowing patient and family rights and responsibilities, getting healthcare, privacy and confidentiality, safety and protection, respect and appreciation, participation in healthcare plan, treatment refusal, participation in research study, organ and tissue donation, health insurance and financial policies, clear and comprehensive declaration forms, and complains and suggestions policies and procedures[10 - 13].

According to Baillie (2007) there are acts that would make patients feel comfortable;

these included use of humor, reassurance, friendliness, and professionalism[14]. While there are other similar dignity-promoting acts including explanations, giving information, offering choices, gaining consent, and promoting independence[15].

Nurses deal with the most fundamental human events like birth, death and suffering. They encounter many legal issues surrounding these sensitive areas, thus the good knowledge of legal aspects of health care is necessity. Good knowledge of legal aspects of health care is necessity for the implementation of high quality of nursing practice in the world of latest medical technological advances[16]. Nurses providing comprehensive care to patients should have knowledge regarding legal responsibilities and basic human rights in nursing; it would result in delivery of safe and competent care to the patients.

The legal system of Saudi Arabia is based on Sharia, Islamic law derived from the Quran and the Sunnah of the Islamic prophet Muhammad. The Saudi society has its own unique values, morals, and ethics which are based on the religion of Islam. The social system in Saudi Arabia is very supportive of patients and their families, and in most hospitals, patients have access to free healthcare services.

Patients' rights observance is an effective measure for patients' satisfaction in health care services. However, there has been little discussion on how patients' rights are practiced in such healthcare systems especially most of nurses who work in Saudi hospitals are foreigners with different culture and religions. Therefore, this study aims to evaluate the nurses' knowledge of patients' bill of rights in Hafr Al-Batin hospitals, KSA.

Aim of the study:

To evaluate the knowledge of nurses regarding patients' bill of rights in Central Hafr Al-Batin Hospital, Kingdom of Saudi Arabia.

Research questions:

What are the levels of nurses' knowledge regarding patients' bill of rights?

Is there an association between nurses' knowledge regarding patients' bill of rights and their demographic variables?

Material and Methods:

Research Design:

A non-experimental, descriptive cross-sectional design was utilized in this study.

Subjects: The present study included all available staff nurses at the time of data collection total covering (n=77). The inclusion criteria for respondents were staff nurses who were working in clinical areas of selected hospital, willing to participate in the study and completion of the questionnaire.

Setting: The study was conducted in Cen-

tral Hafr Al-Batin hospital.

Tool of data collection:

Data was collected by using self-administrated questionnaire about patients' bill of rights. It contained three parts; the first part included personal characteristics of the study subjects as; age, sex, qualification, years of experience, marital status, and nationality. The second part involved two questions; one about if the nurse knows the document of Ministry of Health regarding PBRs. The second question involved if yes; what are the sources for this information. The third part involved fourteen items developed by the researcher based on the Saudi PBR as well as National Patients and their Families' Rights and Responsibilities (2013)[13]. The scoring system for all items ranging from 5=strongly agree to 1=strongly disagree. The estimated time needed to fill the questionnaire was 7-10mintues. The researcher used the online questionnaire to reach for the greatest number of nurses and ease ability for data collection. The duration for data collection was one month.

Pilot study:

After review of the tools by jury of academic staff of nursing (3 members) and its approval, a pilot study was carried out before starting the actual data collection. The purpose of the pilot study was to ascertain the clarity, applicability of the study tools, and to identify the obstacles and problems that may be encountered during data collection. It also helped to estimate the time needed to fill in the questionnaire. The pilot study was done on 10% of nurses who excluded from the total sample of the research work to ensure stability of the answers.

Statistical Analysis:

The collected data was analyzed using SPSS 21.0 descriptive analysis, Chi-Square test, and two-tailed Spearman correlation test were used. A $P< 0.05$ level was considered statistically significant.

Ethical Considerations:

All necessary approvals for the study were obtained from the Dean of Applied Medical Sciences College (CAMS) and managers of previous mentioned settings. Nurses were informed of the study aim, ensured that questionnaire is anonymous, and assured that their participation is voluntary with no consequences at all for non-participation.

Results:

Table1: Demographic characteristics of nurses under study in Central Hafr Al-Batin Hospital.

Variables	No.	%
Gender		
Male	13	16.9
Female	64	83.1
Age		
Less than 20	1	1.3
20-30 years	**61**	**79.2**
More than 30	**15**	**19.5**
Range		

mean±SD		
Marital status		
Married	40	51.9
Non married	37	48.1
Years of Experience		49.4
Less than 5 years	38	37.7
5-10 years	29	13
More than 5 years	10	
Level of Education		
Diploma	48	62.3
BSN	28	36.4
Master	1	1.3
Nationality		
Saudi	62	80.5
Non Saudi	15	19.5
Total	77	100

The review of the demographic variables in table (1) indicated that the majority of the nurses were females (83.1%) with range age from 19-37 years. More than half of them (62.3%) had bachelor degree and were married (51.9%). In terms of experience years and nationality, almost half of nurses (49.4%) had less than five years and 80.5% of them were Saudi.

Table2: Distribution of nurses' attending PBR course.

Attending PBR course	Frequency	Percent
Yes	33	42.9
No	44	57.1
Total	77	100

Concerning attending PBR course, data in table 2 indicates that more than half of nurses (57.1%) were not attend any courses regarding PBRs, while (42.9%) attended courses related to PBRs.

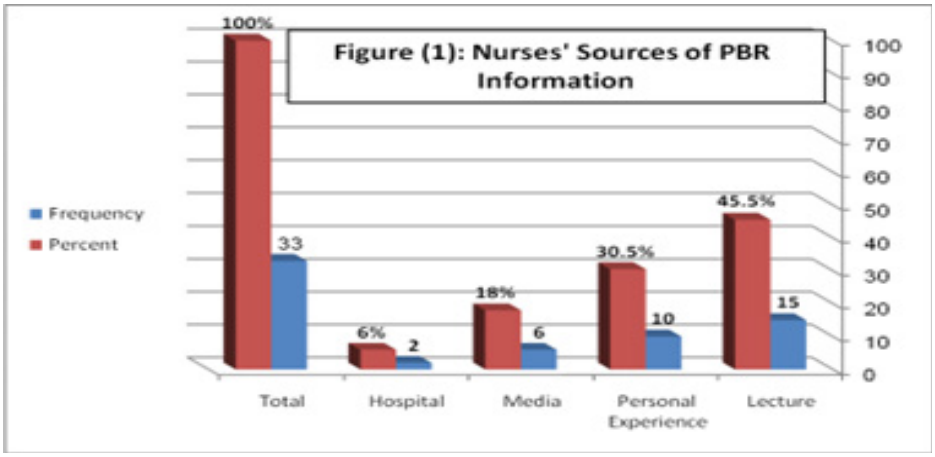


Figure 1: Reflected the nurses' sources of PBR information.

Figure (1). Reflected the nurses' sources of PBR information. The main source of information was lecture (45.5%), followed by personal experiences (30.5%), then media e.g. TV, radio or magazines (18%) and finally hospital (6%).

The table (3) represented percentage distribution for nurses' knowledge regarding PBR items. The total participants were strongly agree and agree that the patient have the right to be provided with appropriate nursing services, as well as 97.4% of them were strongly agree and agree that patient have the right to be respected by

hospital staff regardless of patient's cultural or religious values and to be provided with interpreters to communicate health care. Considerable percent of participants had never known anything about PBR.

Table3: Percentage distribution for nurses› knowledge regarding PBR.

Items of PBR	Strongly agree		Agree		Unknown		Strongly disagree		Disagree	
	No	%	No	%	No	%	No	%	No	%
The right to be informed about his rights and responsibilities.	50	64.9	25	32.5	2.0	2.6	0.0	0.0	0.0	0.0
The right to be provided with appropriate nursing services.	55	71.4	22	28.6	0.0	0.0	0.0	0.0	0.0	0.0
The right to be respected by hospital staff regardless of patient's cultural and religious values and beliefs.	54	70.1	21	27.3	2.0	2.6	0.0	0.0	0.0	0.0
The right to have the health care staff introduce themselves and display their ID padres.	33	42.9	33	42.9	7.0	9.1	0.0	0.0	4.0	5.2
The right to accept or refuse to participate in any medical research without negatively affect the medical services provided.	35	45.5	27	35.1	9.0	11.7	5.0	6.5	1.0	1.3
The right to be kept fully informed of his \ her diagnosis and treatment plan.	36	46.8	36	46.8	5.0	6.5	0.0	0.0	0.0	0.0
The patient has the right to be provided with interpreters to communicate health care.	54	70.1	21	27.3	1.0	1.3	1.0	1.3	0.0	0.0
The right to participate in care decisions, and choosing the treatment plan upon signing the general consent form.	32	41.6	34	44.2	3.0	3.9	8.0	10.4	0.0	0.0
The right to refuse or discontinue treatment after a explanation.	35	45.5	33	42.9	6.0	7.8	0.0	0.0	3.0	3.9
The right to obtain a second opinion consultation from another specialist.	36	46.8	38	49.4	2.0	2.6	0.0	0.0	1.0	1.3
The right to be assured of privacy and confidentiality with regard to medical and social information.	46	59.7	30	39.0	0.0	0.0	1.0	1.3	0.0	0.0
The right to receive full explanation of any unanticipated outcomes of care and treatments.	50	64.9	25	32.5	1.0	1.3	0.0	0.0	1.0	1.3
The right to be provided with a medical report summarizing his\her medical condition and course during admission.	53	68.8	22	28.6	0.0	0.0	0.0	0.0	2.0	2.6
The right to receive all necessary information to allow informed consent to be given for all medical interventions.	35	45.5	38	49.4	3.0	3.9	0.0	0.0	1.0	1.3

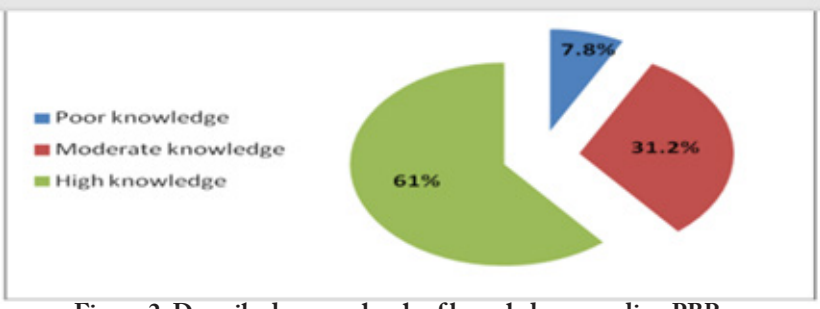


Figure 2: Described nurses› levels of knowledge regarding PBRs.

Figure (2). Described nurses' levels of knowledge regarding PBRs. It was noticeable that total levels of knowledge was categorized as high level (61%), moderate level (31%) and poor level (7.8%).

Table4: Relationship between nurses' levels of knowledge regarding PBR and their demographic characteristics.

Demographic	Levels of Knowledge			P. value
	Poor	Moderate	High	
Gender				
Male	0.0	53.8	46.2%	0.113
Female	9.4	26.6	64%	1.01
Age				
Less than 20	0.0	0.0	100%	
20-30 years	9.0	37.0	54.0	0.172
More than 30	6.7	6.7	86.7	0.04*
Marital status				
Married	2.5	35.0	62.5	0.181
Non married	13.5	27.0	59.5	2.88.
Years of experience				
Less than 5 years	7.9	36.8	55.3	
5-10 years	10.3	20.7	69.0	0.526
More than 10 years	0.0	40.0	60.0	0.78
Levels of education				
Diploma	12.5	27.1	60.4	0.283
BSN	0.0	39.3	60.7	0.04*
Master	0.0	0.0	100.0	
Nationality				
Saudi	9.7	30.6	59.7	0.455
Non Saudi	0.0	33.3	66.7	1.17

***Significant level p≥0.05**

Table (4) presented the relationship between nurses' levels of knowledge regarding PBR and their demographic characteristics. There was a significant relation between nurses' levels of knowledge and their age (p = 0.04). on the other hand, there was statistically significance difference between nurses' levels of knowledge and their education (p = 0.04). Additionally, this table reflected no statistically significance difference between nurses' levels of knowledge and other background variable.

Discussion:

Good knowledge for nurses regarding PBRs is necessity for the implementation of high quality of nursing practice. To provide ethical healthcare, it is important to consider patients' rights as mentioned in each country. Therefore, this study aimed to evaluate the knowledge of nurses regarding patients' bill of rights in Central Hafr Al-Batin Hospital, KSA.

The current study revealed that more than half of the study nurses (57.1%) did not attend any PBR course. The findings showed that the lecture is the main source of information for PBRs, followed by personal experience, then media and finally hospital. It is obvious these findings may be due to many staff are not yet fully aware of PBRs existence and content. In addition, there is no comprehensively planned system in hospital for protecting these rights. These findings come in harmony with Ibrahim and Aly (2014), who found that less than three quarters (73.43%) of the study subjects was lectures source, while the lowest percentage (2.1%) was internet and TV source[17].

In this regard, Akca, et al. (2015) found

that 92.3% of nurses had received education about patient rights, 2.2% had never heard anything about this term and 86.6% became aware of it through sources from outside of school. It was established that the attitudes of nurses regarding patient rights differ for every patient[18].

Moreover, Abdho et al (2015) suggested that nurses who attending courses about patient's rights were perceived the patient's rights with high level[19]. This study finding is in accordance with Elsayed et al. (2013) who mentioned in a similar study that inadequate training jeopardizes the patient's rights and adversely affects the quality of patient care. Therefore, education and training is fundamental to every aspect of patient's rights[20].

The present results showed that the total participants agreed that the patient have the right to be provided with appropriate nursing services. Additionally, 97.4% of them were agreed that patient have the right to be respected by hospital staff regardless of patient's cultural or religious values and to be provided with interpreters to communicate health care. Considerable percent of nurses had never known anything about PBR.

The findings of the present study indicated that 61% of nurses had high knowledge, 31% of them had moderate knowledge and 7.8% of them had poor knowledge. These findings may be attributed to many factors such as lack of awareness and attitude towards patient's rights, lack of pre-service and in-service training programs, unavailability of workshops or training seminars, lack of guidance and supervision during practice of patient's rights, and the unavailability of patient's rights policy and procedure. This indicated that the process of informing healthcare providers about PBRs has not been fully successfully implemented.

These results are congruent with some studies indicated that healthcare providers have a high level of awareness about patients' rights[21]. Also, this study is in the same line with the study conducted in Saudi Arabia by Almoajel (2012) which found that all nurses should be aware of and honor the rights of all patients, regardless of age, gender, ethnic and religion[22]. On the other hand, Büken et. al (2004) found that nurses have only a moderate or low level of patients' rights knowledge[23].

In the present work, there were statistically significant relations between nurses' levels of knowledge with their age and education. This finding was agreed with the finding of Nejad, et al. (2011) who found that nearly all nurses in all ages and working in different departments have high good perception about most of patients' rights[24]. This result disagreed with Abdho

et al. (2015) who emphasized that the factors associated with perception of patients' rights among nurses were level of education, work experience, and work position. This may be because of level of education increase awareness of bill of right and perspectives are acquired through practice and not through studying and the different schools and education levels of nurses may influence the nurses' perspectives of this area that are most important during healthcare[19].

In summary, protecting patients' rights is the responsibility of the whole healthcare delivery system. It is a social concept that requires the full intention and commitment of every country.

Conclusion:

In conclusion, the findings of this study indicated that more than half of nurses had high knowledge, around one third of them had moderate knowledge. total levels of knowledge was categorized as high level (61%), According to the present study findings, there was a positive relation between nurses' levels of knowledge with their age and education, as well as no association between nurses' level of knowledge with gender, years of experiences, marital status, and nationality.

Recommendations:

Based on the results of this study the researchers recommended that:

A similar study can also be replicated on large sample.

A study can be conducted to assess knowledge, practice and attitude of nurses regarding PBR.

Providing periodic educational programs for health care providers and patients about patient rights.

Develop patient's rights policies and procedure manual to guide physicians and nurses' performance.

Establishing patients' complaints committee which concerned with patients' complaints and malpractice for safeguarding patient's rights and improving quality of care. This committee should have a definite active role, identified, agreed upon, and supported totally by the hospital administrator.

Posters of patient's rights should be found even in each floor in the hospital and in a suitable place for periodic and regular evaluation of nurse's knowledge and perception of patient's rights.

Limitations of the Study:

The current findings of this study are not expected to be generalized and needed to be applied on a large sample of nurses. This study used to evaluate knowledge of nurses without observation while interacting with patients, so results about their actual behavior cannot be concluded.

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