

Nurses' Level of Awareness of Patients' Rights in Hospitals

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ABSTRACT

This research evaluated the awareness levels of nursing staff concerning patients' rights in Yemeni hospitals. Using a descriptive cross-sectional approach, the research employed a simple random sampling technique to enlist 384 nursing personnel across four hospitals situated in Sana'a, Yemen. A questionnaire based on the Yemeni Patients' Rights Charter and relevant literature on patients' rights was employed to gather data. The findings revealed a high overall awareness level among nursing staff regarding patients' rights, with a mean of 84.4%. The special right dimension exhibited the highest awareness level (88%), while the knowledge dimension recorded the lowest level (79%). The investigation identified no statistically significant variations in awareness levels attributable to demographic factors such as gender, marital status, age, occupation, experience, and educational qualifications. However, differences were observed in awareness levels based on the hospital type, as private hospitals displayed higher awareness than government hospitals. The results underscore the necessity for tailored educational initiatives targeting nursing staff to address identified knowledge gaps, particularly in government hospitals. Additionally, the study emphasizes the importance of safeguarding patients' property against theft, damage, and loss by educating nursing staff on patients' right to know the identity and qualifications of healthcare providers - a crucial aspect of patients' rights that nursing staff must be cognizant of to ensure quality care provision.

Keywords: Nursing Staff, Patients' Rights, Yemen's Hospitals. Awareness**Introduction**

Patients' rights encompass the ethical and legal tenets that safeguard patients' autonomy, dignity, and respect throughout their healthcare [1]. As primary healthcare professionals with direct patient interaction, nursing personnel are crucial in ensuring that patients' rights are upheld. Studies have demonstrated that nursing staff's comprehension of patients' rights significantly influences their performance and the quality of healthcare services they provide [2,3]. Failure to acknowledge such rights may result in breaches of patients' rights, subpar healthcare quality, reduced patient satisfaction, and even legal repercussions [4]. Additionally, previous research results showed that the absence of patient rights charters by health workers can endanger the health, life and safety of patients [5].

The notion of patients' rights can be traced back to ancient times when the Hippocratic Oath was introduced in the 4th century BC, underscoring the ethical tenets for healthcare providers [6]. The United Nations Universal Declaration of Human Rights,

established in 1948, acknowledged health as a fundamental human right. Furthermore, in 1981, the World Health Organization adopted the Patients' Charter, which delineated fundamental rights such as privacy, information, and dignity. A plethora of countries have since enacted legislation on patient rights. For instance, in 2005, Yemen's Ministry of Public Health promulgated the Patients' Rights Charter to bolster patient-centered care and enhance healthcare quality. Nonetheless, studies have revealed that more than 80% of patients have expressed dissatisfaction with healthcare services and felt that their rights were not upheld [7]. This underscores the need to heighten the awareness of nursing staff regarding patients' rights in Yemeni hospitals.

Numerous studies have been conducted regarding the awareness of patients' rights among nursing staff in hospital settings. The outcomes of these studies have revealed a range of levels of awareness. Certain studies have reported a positive or elevated level of awareness and knowledge regarding patients' rights among nurses [4,8-14]. Conversely, other studies have found that nurses have a poor level of awareness and practice concerning patients' rights [4,15-17]. This indicates the need

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to continuously evaluate and address knowledge gaps through targeted education [10].

Moreover, certain investigations have documented an augmentation in consciousness after the edification of nurses concerning patients' rights, yet others have indicated that nurses exhibit deficiencies in their knowledge regarding specific patients' rights, such as the right to access information [4,12,18]. A plethora of studies have accentuated the ability to heighten awareness concerning patients' rights through educational and instructional programs [14,19-24].

The COVID-19 pandemic has bestowed upon nurses a plethora of ethical challenges in their provision of care, particularly in the realm of safeguarding the fundamental rights of their patients [25]. Several studies identified a significant relationship between nurses' awareness and their attitudes toward patients' rights, while other research reported high levels of self-awareness but low patient-centered care among nurses [11,26].

This study was conducted in Yemen, a country that has enacted legislation on patient rights, including the Patients' Rights Charter developed by the Ministry of Public Health and Population in 2005. The Patients' Rights charters outline fundamental rights such as privacy, information, and dignity, bolster patient-centered care and enhance healthcare quality. Despite the existence of this charter, previous studies have revealed that patients in Yemen have expressed dissatisfaction with healthcare services and felt that their rights were not upheld. Therefore, this study aimed to evaluate the degree of awareness among nursing personnel regarding patients' rights in hospitals situated in Yemen, using the Patients' Rights Charter as a basis for developing the questionnaire. Hence, this study is of great significance because it aims to evaluate the degree of cognizance among nursing personnel regarding the rights of patients in hospitals situated in Yemen. The particular aims encompass 1) ascertaining the comprehension of the nursing staff regarding the fundamental principles of patients' rights, as outlined in the Yemeni Patients' Rights Charter; 2) pinpointing the facets of patients' rights that necessitate further knowledge and instruction; and 3) scrutinizing the factors that affect awareness, such as age, education, experience, and participation in relevant training programs.

The findings of this investigation will furnish illumination regarding the contemporary condition of nursing care quality in Yemeni hospitals as appraised by nurses. Proposals will be developed to create instructional programs and resources that are focused on pinpointed knowledge deficiencies. This will facilitate the provision of nurses with the essential abilities to champion patients' rights, elevate the quality and safety of care, boost patients' contentment, and heighten the standards of professional nursing practice in Yemen.

Method

A descriptive cross-sectional methodology was employed to investigate the degree of awareness among nursing personnel in Yemeni hospitals about patients' rights. The study population consisted of nursing staff from four hospitals situated in Sana'a, Yemen, comprising two government and two private hospitals. The population size is 1639 nursing staff members. The sample size was determined using the Morgan equation.

$$n = z^2pq/e^2$$

where:

n = sample size

z = z value for the desired confidence (for a 95% confidence level, z = 1.96)

p = estimated proportion of the population (assumed to be 50%)

q = (1-p)

e = desired margin of error (5%)

Assuming a population size of 1639 nursing staff, the calculated sample size using the Morgan equation is:

$$n = (1.96)^2 \times 0.5 \times 0.5 / (0.05)^2 = 384$$

Therefore, a sample size of 384 nursing staff was selected from the four hospitals using a simple random sampling technique.

The questionnaire used in this study was developed based on the Patients' Rights charters developed by the Ministry of Public Health and Population in Yemen. The questionnaire was designed to evaluate nursing staff awareness of patients' rights in Yemeni hospitals. The questionnaire included 26 items covering various dimensions of patients' rights, such as informed consent, privacy, knowledge, special rights, and quality.

To ensure the validity and reliability of the questionnaire, a panel of experts comprising five nursing faculty members and two healthcare providers with expertise in patient rights reviewed the questionnaire. The panel reviewed the questionnaire in terms of its content validity, clarity, and relevance to the Yemeni context. After modifications based on feedback received from the panel, the questionnaire was pilot tested with a small sample of nursing staff (n=20) to identify any issues with the clarity and comprehensibility of the questions.

The pilot testing revealed that the questionnaire was clear and easily understandable by the nursing staff, and no major issues were identified. The questionnaire was subsequently revised based on feedback received during the pilot testing. The revised questionnaire was then used to collect data from a larger sample of nursing staff (n=384) in this study.

The questionnaire was also assessed for its reliability, and the value of Cronbach's alpha coefficient was 0.836, indicating high internal consistency among the questionnaire items. The questionnaire was distributed to a random sample of nursing staff in the four hospitals. To describe the level of awareness of nursing staff regarding patients' rights in hospitals in Yemen, data collected from the questionnaire were analyzed using descriptive statistics such as frequencies, percentages, means, and standard deviations. Inferential statistics such as the ANOVA test and t tests were also used to examine the relationship between variables (gender, age, marital status, qualification, experience, hospitals).

Ethical Considerations

Informed consent was obtained from all participants before the commencement of the study. Participants were informed that their involvement was entirely voluntary, and they retained the prerogative to withdraw at any juncture without any

repercussions. The confidentiality and anonymity of all data collected were scrupulously maintained to safeguard the privacy of the participants.

Limitations

First, the investigation was carried out using a cross-sectional framework, which imposes restrictions on the capacity to establish causation. The findings are based on a single point in time and do not account for changes in awareness levels over time or the impact of interventions aimed at improving awareness.

Second, the investigation used self-reported information compiled through a questionnaire, which is susceptible to response bias or social desirability bias. It is plausible that nursing personnel provided socially desirable responses, resulting in augmented levels of awareness.

Third, the research was specifically centered on the nursing personnel employed in both public and private hospitals while disregarding other healthcare practitioners, including physicians, pharmacists, and allied health professionals. Thus, it is plausible that the outcomes may not be generalizable to diverse healthcare contexts or demographic groups.

Finally, potential differences in the training and education provided to nursing staff in government hospitals compared with private hospitals were not considered in the study. It is possible that nursing staff in private hospitals received different training on patients’ rights compared to those in government hospitals, which could impact their level of awareness of patients’ rights. Future studies should consider these factors when examining awareness levels among nursing staff in Yemeni hospitals.

Analytical

A five-point Likert scale was used to answer the research questions. To address all research questions, both mean and standard deviations were employed with a t test and ANOVA at a significance of 0.05. The list of nursing staff was obtained from the Ministry of Health and included nursing staff from both government and private hospitals. A simple random sampling procedure was used to ensure that each nursing staff member

had an equal chance of being selected for participation in the study. The determination of the sample size was conducted by employing a margin of error of 5%, a confidence level of 95%, and a population size of 1693 nursing staff members.

In relation to the attributes of the nursing personnel cohort, the sample’s age bracket ranged from 20 to 60 years, with an average age of 29 years. The majority of participants were female (61%), while 39% were male. In terms of educational qualifications, most participants had a diploma degree in nursing (69.2%), while 27.6% had a bachelor’s degree in nursing, and 2.7% had a PhD or master’s degree in nursing. These demographic characteristics were collected through self-reported data on the survey questionnaire. See (table 1).

Table 1: Demographic and Occupational Variables for Sample

Demographic and Occupational Variables		Percentage %
Gender	Male	39
	Female	61
The Age	less than 30 years old	66.5
	30-39 years old	26.5
	40-49 years old	5.9
	50 years and over	1.1
Marital Status	Married	56.8
	Single	43.2
Qualification	PhD or Master's degree	2.7
	Bc	27.6
	Diploma	69.2
	High school or less	.5
Experience	Less than 5 years old	51.9
	From 5 - 9 years old	28.7
	10-15 years	13.5
	16 years and over	5.9
Hospitals	A	35.4
	B	24.6
	C	22.2
	D	17.8

Table 2: Dimension of Patients’ Rights

N	Dimension	Mean	Standard Deviation	% Percentage	Estimate
1	The quality of service	4.348	0.504	87%	Very high
2	Confidentiality and privacy	4.256	0.658	85%	Very high
3	Knowledge	3.967	0.595	79%	High
4	Informed consent	4.141	0.724	83%	Very high
5	Special rights	4.386	0.639	88%	Very high
Total		4.220	.4333	84.4%	Very high

Analysis of the awareness scores revealed variable levels across the dimensions of patients’ rights (table 2). The overall level of awareness of patients’ rights among the 384 nursing staff participants was high (M = 4.220, SD = 0.4333), indicating an awareness of 84.4%. The special rights dimension had the highest mean score (M = 4.386, SD = 0.639), indicating the strongest awareness (88%) in this dimension. In contrast, the knowledge dimension had the lowest mean score (M = 3.967, SD = 0.595) and the weakest awareness level (79%) among the participants.

Table 3: Questionnaire Questions of Patients' Rights

N	The Question	Mean	Standard Deviation	%	Estimate
1	I help the patient obtain safe, high-quality treatment services.	4.630	0.656	93%	High
2	I do not mind participating and cooperating with the patient in all procedures of the treating team.	4.350	0.738	87%	High
3	I confirm that all information related to the patient's medical condition is documented.	4.420	0.685	88%	High
4	Contribute to ensuring the continuity of providing health services even if this conflict with the interests of service providers.	3.960	0.988	79%	High
5	I participate in providing a safe and risk-free environment.	4.420	0.816	88%	High
6	The patient's health condition is discussed with the doctor or nurse in strict confidentiality.	4.360	0.833	87%	High
7	We guarantee that no secrets regarding the patient's condition will be disclosed without his consent.	4.380	0.813	88%	High
8	All documents related to the patient's condition are kept in a place where no one can see it except for the treating team.	4.200	0.884	84%	High
9	Patient information is kept confidential even after his death.	4.140	1.061	83%	High
10	Curtains are available around the examination bed.	4.230	1.120	85%	high
11	The patient is informed of his rights within the hospital.	4.160	0.967	83%	High
12	Explains to the patient the diagnosis and potential risks.	4.170	0.939	83%	High
13	The patient is given information about his medications and their related details.	4.040	0.982	81%	High
14	The patient can obtain a detailed medical report on his condition.	4.220	0.886	84%	high
15	The patient can know the identity and qualifications of the persons being treated.	3.440	1.175	69%	High
16	The patient can obtain consultations or second medical opinion on his condition.	3.980	0.937	80%	High
17	It is explained to the patient if the hospital is educational and if it is possible to teach it.	3.680	1.102	74%	High
18	The patient is informed of the expected costs of the services provided and possible payment methods.	4.050	0.950	81%	High
19	The patient can agree or refuse treatment, operation or any other procedure.	4.420	0.820	88%	high
20	The patient has the right to authorize a legal representative to give consent in emergency cases.	4.060	0.976	81%	High
21	The patient is notified about his participation in any scientific research or drug trials, and he is informed of the details, protocols used, and the risks and benefits.	3.950	1.150	79%	High
22	Explains to the patient the disadvantages or health consequences of not agreeing to any procedure by the therapist.	4.210	0.898	84%	High
23	The patient is treated with respect and consideration.	4.640	0.637	93%	High
24	The patient receives protection from psychological and physical abuse.	4.370	0.853	87%	High
25	Patient property is protected from theft, damage and loss.	4.110	1.104	82%	High
26	The patient can easily submit any complaints or suggestions regarding the care or services provided to him.	4.230	0.915	85%	High

In (table 3), the results indicate that respondents exhibited the highest level of awareness for the items measuring whether health professionals assist patients in obtaining safe and high-quality therapeutic services (93% approval) and whether patients are treated with respect and appreciation (93% approval). Conversely, the item assessing awareness of patients' knowledge of the identities and qualifications of individuals administering treatment received the lowest approval rating (69%), suggesting comparatively lower awareness of this aspect among respondents. In summary, respondents demonstrated the greatest awareness of health professionals' roles in ensuring patient safety, quality of care, and dignified treatment, while comparatively less awareness of the importance of patient knowledge regarding the qualifications and identities of care providers. These findings point to the need for interventions

aimed at enhancing patient awareness of the credentials and professional identities of their caregivers to enable more informed and participative engagement in healthcare decision making.

Table 4: T Test for Gender and Marital Status

Awareness	Gender/Marital status	Mean	Standard Deviation	T - test	Significance level
	Male	4.175	.4141	-1.120-	.264
	Feminine	4.248	.4446		
	Single	4.196	.4142	0.831	.407
	Married	4.250	.4581		

In the analysis of (table 4), it is evident that there are no statistically significant differences in the degree of awareness of gender and marital status variables. This is because the significance was greater than 0.05, which is not statistically significant.

Table 5: ANOVA Test for the Age, Job Level, Experience, Qualification, and Hospital Variable

Variable		Sum of squares	The degree of freedom	Medium square	F value	Significance level.
Age	Between groups	.059	3	.020	.102	.959
	Within groups	34.489	181	.191		
	Total	34.547	184			
Job level	Between groups	.406	3	.135	.717	.543
	Within groups	34.142	181	.189		
	Total	34.547	184			
Experience	Between groups	.149	3	.050	.261	.854
	Within groups	34.399	181	.190		
	Total	34.547	184			
Qualification	Between groups	.797	3	.266	1.425	.237
	Within groups	33.750	181	.186		
	Total	34.547	184			
Hospital	Between groups	2.784	3	.928	5.289	.002
	Within groups	31.763	181	.175		
	Total	34.547	184			

Upon examining (table 5), the analysis demonstrates that factors such as age, job, experience, and qualification do not exhibit a statistically significant influence on the degree of awareness. With significance surpassing the threshold, the results suggest that these factors are not statistically significant contributors. Conversely, the hospital variable presents a statistically significant disparity in awareness levels, evidenced by a level of significance of, which falls below the benchmark, indicating a meaningful statistical association.

Table 6: Least Differences Test

Hospitals (I)	The hospital (J)	Mean difference (I-J)	Standard error	Sig.
D	D	-.3762*	.1483	.012
	C	-.2658*	.0859	.002
	B	-.0136-	.0708	.848
D	A	.3762*	.1483	.012
	C	.1104	.1561	.480
	B	.3626*	.1483	.015

C	A	.2658*	.0859	.002
	D	-.1104-	.1561	.480
	B	.2522*	.0859	.004
B	A	.0136	.0708	.848
	D	-.3626*	.1483	.015
	C	-.2522z-*	.0859	.004

(table 6) delineates the results of the least significant difference analysis, demonstrating a hierarchy in the level of awareness among nursing staff in the surveyed hospitals, arranged as C, D, A, and B. Notably, the findings reveal a lack of statistically significant disparities between private hospitals C and D as well as between government hospitals A and B. Nevertheless, the research uncovers a distinction between the private and public healthcare sectors concerning nursing staff’s comprehension of patients’ rights, with higher levels of awareness being exhibited by personnel in private hospitals.

Results

The results showed that the overall awareness of patients’ rights among the 384 nursing staff participants was 84.4%. The

highest level of awareness was in the special rights dimension (88%), while the lowest level was in the knowledge dimension (79%). Upon further examination of the questionnaire items, it was discovered that the participants possessed the utmost level of cognition regarding the entitlement to secure and top-notch medical care (93%), the right to respectful and appreciative (93%), the right to provide or withhold consent for medical care (88%), and the prerogative to maintain the confidentiality of their personal information (88%). The rights with the lowest awareness were the right to know the identity and qualifications of healthcare providers (69%), the right to know if the hospital is educational (74%), and the right to be informed about participation in research (79%). Awareness based on gender, marital status, age, occupation, experience, and education was not statistically significant. The findings suggest that targeted educational programs are needed to improve the awareness of specific patient rights where lower awareness was identified, especially in government hospitals. Such programs could help strengthen the overall awareness and implementation of patients' rights, which can have a significant impact on the quality and safety of healthcare. The results were discussed within the context of the literature awareness of patients' rights. The implications and recommendations were consistent with promoting patients' rights through continuous education, monitoring and implementation.

Conclusion

The conclusions of this study align with previous research findings, demonstrating a high level of awareness among nursing staff concerning patients' rights [8,9,10,16,27-30]. However, these results contrast with other studies that reported low awareness levels among nursing staff regarding patients' rights [4,15,21]. Our findings emphasize the need for targeted educational initiatives for nursing staff to address identified knowledge gaps. This is consistent with prior research that reported a positive relationship between education and awareness of patients' rights among nursing staff (20,31,32). Nonetheless, our study diverges from the findings of TK & SMKS, in which nurses demonstrated good knowledge but negative attitudes toward patients' rights [16]. The study suggests that nursing staff in government hospitals might benefit from such educational programs. It recommends educating nursing staff on patients' right to know the identity and qualifications of healthcare providers, consistent with previous research identifying this as a deficiency among nursing staff regarding patients' rights [32]. Additionally, the study underscores the importance of protecting patients' property from theft, damage, and loss, a fundamental aspect of patients' rights that nursing staff must be cognizant of to deliver quality care. Moreover, the study indicates that private hospitals in Yemen may exhibit a higher level of awareness of patients' rights among nursing staff than government hospitals. This finding is supported by previous research that identified a significant difference in nurses' compliance with patients' rights, especially in government hospitals [33-45]. This underlines the necessity for further investigation to determine the reasons for these disparities and develop strategies to enhance the awareness of patients' rights in government hospitals [46-52].

Declarations

Ethics Approval and Consent to Participate

We confirm that all experiments conducted in this study were performed in accordance to the Declaration of Helsinki. as well

as Ethical approval for this study was obtained from the Ethical Hospitals Association Committee with reference number [32-2023] for the study involving nursing staff sample. Written informed consent was obtained from all study participants prior to their participation in this study, and all data collected was kept strictly confidential and used solely for research purposes.

Consent for Publication: Not applicable

Competing Interests: The authors declare that they have no competing interests.

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