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Awareness, availability and perception of implementation of patients' rights in Riyadh, Saudi Arabia



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Abstract *Objectives:* By assessing patients' level of awareness of their rights, hospital authorities can take necessary steps to educate the patients and health workers regarding patients' rights. The aim of the study was to assess the patients' awareness, perception and implementation of their rights in private and public hospitals in Riyadh, Saudi Arabia.

Materials and methods: A cross-sectional survey was conducted among patients using a 26-item Arabic-language self-administered questionnaire. The sample consisted of Saudi patients from 8 public and 6 private hospitals randomly selected from the 5 regions of Riyadh. Data were entered and analyzed using SPSS version 20. The mean knowledge score and the distribution of the factors related to knowledge about patients' rights were determined. The relationships of the demographic characteristics to the four factors derived using factor analysis were determined using Analysis of Variance (ANOVA). The significance level was set at $P < 0.05$.

Results: A total of 632 surveys were collected from 14 hospitals. The majority were female respondents (66.7%), university graduates (47.9%) and public sector employees (49.2%). The majority of the respondents had not observed the rights of patients related to filing complaints or giving sug-

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gestions and participation in research. The overall mean awareness score was 18.16 ± 3.47 . The mean score for overall knowledge about patients' rights was 1.38 ± 0.92 which was within the range of 'not observed' to 'somewhat observed'. Statistically significant association was observed with regard to education and the right to be involved in treatment decisions.

Conclusion: The results suggest that the majority of the respondents were aware of the patients' rights but had not observed some specific rights such as the right to file complaints/give suggestions and to participate in research as mentioned in the patients' bill of rights.

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1. Introduction

In response to World War II, in 1948, the United Nations adopted the Universal Declaration of Human Rights which recognized "the inherent dignity" and the "equal and unalienable rights of all members of the human family". This Universal Declaration of Human Rights is noted as the first international declaration of fundamental human rights. Therefore, the notion of patient rights was developed on the basis of this concept of the fundamental dignity and equality of all human beings.¹

Health and right to health was broadly defined in the preamble of the 1946 World Health Organization (WHO) constitution. According to this, the WHO constitution notably attributed the first formal demarcation of a right to health in international law.² In March 1994, Amsterdam held the European Consultation on the rights of patients under the auspices of the WHO Regional Office for Europe. The purpose was to define principles and strategies for promoting the rights of patients within the context of the health care in most countries.³

Literature contains an increasing number of studies regarding the level of observance of various aspects of patients' rights from the viewpoint and perceptions of all associates; patients and health providers. Furthermore, the role of demographic, environmental, socioeconomic and cultural factors on the degree of awareness and implementation of patient's rights has been reported. Patients' rights can be classified into their rights regarding treatment and their rights in the way of approaching and receiving treatment.³ This includes; that everyone has the right to respect, dignity, integrity, safety, protection, privacy, and moral, cultural, and religious values with appropriate measures for disease prevention and health care. In addition to these, everyone has the right to receive information about health services and how best to use them, the right to receive information about health status on request, the right to know possibilities to have other opinions, the right to refuse treatment, the right to complain, and the right of getting informed consent, patients' autonomy, privacy and confidentiality.⁴ A declaration on the promotion of patients' rights in Europe had emphasized that the bill of patients' rights is to be displayed in place visible to everyone.³

Privacy and patients' confidentiality were discussed in previous studies. The concepts of these two are closely related. Privacy is a broader term including physical privacy, informational privacy, protection of personal identity and the ability to make choices without interference.⁵ On the other hand, a situation may be defined as confidential when information revealing that harmful acts have been or possibly will be

performed is consciously or voluntarily passed from one rationally competent person (confider) to another (confidant) in the understanding that this information shall not be further disclosed without the confider's explicit consent.⁶

The patients' bill of rights (PBR) is published in the Saudi Ministry of Health website.⁴ The patients' bill of rights as a written document is also available in most Saudi health care organizations, but some patients and their families may not be aware of their rights granted by the Saudi government through policies and regulations of the Ministry of Health. A study was conducted in 2010 to assess the knowledge of PBR among 500 patients and 500 health providers including physicians and nurses in primary health care centers in Riyadh. The results of this study showed that patients and health care providers lack the necessary knowledge about PBR.⁷ Another hospital-based survey on patients' perception of their rights in Riyadh in 2011 showed that the studied population appeared to be well informed about their rights. In this study, age, gender, level of education and occupation had a statistically significant influence on patients' right awareness.⁸ Patients' rights vary in different countries and in different authorities and administrations. Although patients' rights have been progressively emphasized internationally, in Saudi Arabia, this still is an inconclusive concept for health care providers and patients alike as every health facility has its own regulations and policies.

This study was carried out to assess the patients' awareness, perception and implementation of their rights in private and public hospitals in Riyadh, Saudi Arabia, with reference the Patient's Bill of Rights and Responsibilities as per the Ministry of Health, Kingdom of Saudi Arabia.⁴

2. Materials and methods

This cross-sectional study was conducted at the medical out-patient departments of 8 public and 6 private hospitals in Riyadh, Saudi Arabia. The sample consisted of patients, aged 18 years or over, who volunteered to participate in the study. The data were collected using a self-administered questionnaire in Arabic language which was filled by the patients at the waiting areas of medical out-patient clinics. In order to get a representative sample from the 44 hospitals in Riyadh, they were classified by different regions and both private and public hospitals were chosen randomly from each region. The questionnaires were distributed from 1st November 2013 to 28th February 2014. Hospitals' and patients' compliance to the survey were low. Three hospitals refused participation due to their concerns with disturbances caused to the patients.

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