



Research Article

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## ***Awareness Among Senior Medical Students at Taif University Regarding Patients' Rights***

**Alhumuy, Khalaf Helal Q.<sup>1\*</sup>, Algarni, Ali Ghihan S.<sup>2</sup>**

<sup>1</sup>Family Medicine Resident R4, Prince Mansour Military Hospital, Taif, KSA.

<sup>2</sup>Consultant Family Medicine, Prince Mansour Military Hospital, Taif, KSA.

\*Email: [Al-ghamawy@hotmail.com](mailto:Al-ghamawy@hotmail.com)

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### **ABSTRACT**

*Background: The increased recognition of patients' rights has been related to using fitness care offerings. Professionals, including future physicians, have been predicted to respect patients' rights, however they have not been acquainted with the contents of the bills of rights or what they suggest. Objectives: To assess the awareness among senior medical students at Taif University regarding patients' rights. Subjects and methods: a cross-sectional study was established at the faculty of Medicine, Taif University, KSA. It included all the fifth and sixth -year medical students (200 males and 131 females) enrolled throughout the academic year 1439 H. A valid and reliable questionnaire that comprised of two sections was utilized. These two sections were socio-demographic variables and the awareness regarding the patients' rights (30 statements). Results: Collectively, on a scale ranged between 0 and 30, the patients' right score ranged between 14 and 30 (21.7±4.1). Among the studied factors, the only significant one was the academic performance of the students as the highest level of knowledge regarding the patients' rights was observed among the students with the excellent performance (mean rank was 246),  $p < 0.001$ . Conclusion: The knowledge of the senior medical students at Taif University regarding the patients' rights was generally acceptable. A further educational intervention was recommended.*

**Key words:** Patient Rights, Awareness, Medical Students

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### **INTRODUCTION**

Patients' rights have been defined as "the legal and ethical issues in the provider-patient relationships, including the patients' right to privacy, their right to quality medical care without prejudice, their right to make informed decisions about care and treatment options, and their right to refuse treatment". [1]

The united state's conventional statement of human rights has included the fitness care as a right. Yet, health status and care vary throughout the countries, and also within international locations as illustrated by the way of existence expectancy, the toddler mortality, the incidence of infection, harm and injury, also timely getting admission to the low cost health care [2].

The purpose of delineating patient rights has been to ensure the ethical treatment of the folks receiving clinical or other professional fitness care services. Many problems comprise the rights of sufferers inside the medical device, consisting of someone's potential to sue a fitness plan provider; get right of entry to the emergency and specialty care, diagnostic testing, and prescription medication without prejudice; confidentiality and protection of the patients' medical information; and the continuity of the care as well [1].

The expanded popularity of the patients' rights has passed off relative to the usage of the fitness care offerings. Those rights may be taken into consideration to be each patient's social and personal rights [3].

In the last few decades, there has been a transformation in Saudi Arabia from a nomadic to an urbanized life. Modern medical facilities, are now widely available. The patients' right to self-determination was established many centuries ago [4]. However, the increasing advances in medicine, nursing and the scientific information had their dramatic changes in medical practice. The healthcare team members have been perhaps taking care of their patients but they have not been really "caring" for them [5]. Health care has been progressively relying on complex tests more than on obtaining a high quality history and physical examination [6].

These days, concerns about the sufferers' preference, the respect to their values and options, and getting admissions to the fitness care have been getting more complex. Patients need to actively participate in decision-making, and the proposed strategies or awareness of human rights have been getting on the rise [5]. Several studies have shown that the communication skills, being caring, providing comfort and technical competence have been the physician behaviors most strongly associated with the patients' trust [7].

Because of the rising cost of healthcare, improved patient cognizance and medico-criminal troubles, clinical workforce is now greater responsible for the general public comparing to the past. Ethical troubles have attracted the full-size public interest. This can have an effect on the way clinical team of workers approach their patients [5]. Various studies have proven diverse stages of recognition of the affected patients' rights [8-11].

In 2001, the Saudi Ministry of Health published the sufferers' invoice of rights. The social system in Saudi Arabia has been very supportive of the patients and their households, and in most hospitals, patients have got admission to the free health care services. However, there has been little information on how patients' rights have been practiced in such fitness care systems. Professionals, including future physicians have been predicted to recognize the sufferers' rights, however they have not been acquainted with the contents of the bills of rights or what they suggest. Though, the patients' invoice of rights, as a written document has been available in most of Saudi fitness care organizations, many patients and their families have not been aware of their rights which have been granted through the Saudi government's regulations and guidelines issued by the ministry of fitness [8].

#### **Aim of the study:**

The aim of this study was to assess the awareness among the senior medical students at Taif University (males and females) regarding patients' rights.

#### **Study design**

This study followed a cross-sectional study design.

#### **Study setting**

This study was conducted at the College of Medicine, Taif University in Taif city, which is located in Mecca Province of Saudi Arabia. The study was conducted at the sixth and fifth academic level (male and female sections).

#### **Study population:**

The sixth and fifth-year medical students (200 males and 131 females) were enrolled throughout the academic year of 1439 H.

#### **Study tool**

A valid and reliable questionnaire that was comprised of two sections was utilized [12]. The permission to use the questionnaire was obtained from the corresponding author through a phone communication.

#### **The questionnaire composed of two sections:**

The questionnaire was composed of the following two sections :

Socio-demographic variables: gender, academic level and academic performance,

Awareness on the patients' rights: This part was applied on all the study subjects. It consisted of 30 statements based on the patients' rights set by the Saudi Ministry of Health [13].

For each of these 30 statements, a score of (1) was assigned for a correct response, and a score of (0) was assigned for an "incorrect" response. So, the maximum score for the participant's awareness was (30), and the minimum was (0).

#### **Data collection technique:**

The researcher distributed the self-administered questionnaire during the studying hours; the care was taken to not disturb the students. A help in collecting data from the female site was requested by a trained student. The

researcher was available to clarify any issue, and the questionnaires were collected in the same day. The data were verified by hand, then coded and entered to a personal computer.

#### **Pilot study:**

A pilot study was conducted on 20 students (10 males and 10 females). The results of this pilot study helped to set the study in its final applicable form. The results were added to the final report as they were not significantly different from the final results.

#### **Data analysis**

The Statistical Package for Social Sciences (SPSS version 22) was used for the data entry and statistical analysis.

#### **Administrative considerations:**

All the necessary official permissions were fully secured before the data collection. The collected data were kept strictly confidential, and were used only for the research purposes.

#### **Ethical considerations:**

Before the start of the study, the researcher fulfilled all the necessary official approvals by the pertinent committees. Prior to the data collection, all the participants were clearly and briefly informed about the objectives of this study. A written consent form was signed by all the participants in the study before conducting the interview. All the participants were assured regarding the full confidentiality of the collected data. The students were also convinced by the researcher that this was not such a test in which some succeed and others fail.

## **RESULTS**

The study results showed that male students represented 60.1% of the participants, whereas female students represented the remaining 39.9% of them, in addition, 44.7% of the students had very good academic performance level in the last semester, while 17.2% and 11.5% got excellent and weak performance ; respectively.

#### **Knowledge of the patients` rights**

Table 1 has summarized the students` responses to 30 statements concerned with the knowledge of different aspects of the patients` rights. The majority of the students knew correctly that the availability of drugs for chronic diseases in pharmacies (97.9%), home visits assigned to them, in order to follow-up the education and survey (97.9%), the availability of the constant tests and analyses on them for follow-ups (97%), the presence in clinic and the dates of attending in their own places (95.8%), keeping the adoption site in the patients` health file (93.4%), progress of any complaint or proposals for the management of the centre without any impact on the quality of the services provided to them (93.4%), respecting their cultural, social, and religious values and beliefs (90.9%), discussing the physician about the expected results of the treatment and the knowledge of the proposed medical alternatives (90.9%) and taking their needs inside the center into account (such as a wheelchair, an elevator and others) (90%), have been amongst the patients` rights. On the other hand, only 32.9% of them knew about getting a copy of the patients' rights bill when they register or login the health centers, having someone of the same sex to attend during the clinical examination (33.2%), and an outstanding place for the patients' rights bill in the health center sections (39.3%) which have been amongst the patients` rights. About one-quarter of the students (25.1%) could recognize that the medical doctors and nurses in the health center could not see the patients` medical file, and 33.5% of them knew that discussing the therapeutic program with patients in the presence of their family has not been among their rights.

Collectively, on a scale ranged between 0 and 30, the patients` right score ranged between 14 and 30 (21.7±4.1).  
Figure 4

**Table 1:** Response of the participants to the knowledge statements regarding the patients` rights

Statements	Right answer	
	No.	%
Get a copy of the patients' rights bill when you register or login health center	109	32.9
An outstanding place for the patients' rights bill in the health center sections	130	39.3
Access to health service at the right time and regardless of the policies and procedures of civil treatment or health facility energy and the laws governing the work	160	48.3
Get priority of health service based on the belief or religion, language, sex, age or disability	295	89.1

The presence of a suitable method for health education enough to deal with his health problem	254	76.7
Access to health care respectable and decent at all times and under all circumstances	267	80.7
Not calling him in his own name registered in official papers and so out of respect for his privacy	159	48.0
Respecting his cultural values and beliefs and social and religious	301	90.9
Hide him information regarding the diagnosis, treatment or complications account for his condition	237	71.6
Know the names of the participants in the health service has and specialties	139	42.0
Discuss the physician in the expected results of the treatment and knowledge of medical alternatives proposed	299	90.3
Rejected part of the treatment due to him and not with the whole informed health outcomes expected from the rejection decision	180	54.4
See other alternative treatments in the event of his refusal of treatment due	283	85.5
Discuss therapeutic program with him in the presence of his family	111	33.5
The medical doctors and nurses in the health center can see patients` medical file	83	25.1
Having someone of the same sex to attend during the clinical examination or overlaps required	110	33.2
Progress of any complaint or proposals for the management of the Centre without any impact on the quality of service provided to him	309	93.4
Make a written complaint, provided to be signed	239	72.2
Provide a safe and suitable environment for the patient and his family	289	87.3
Quarantine refused even when necessary	288	87.0
Claim to participate in the research on his condition while matching search terms and by the possibilities	161	48.6
Participate in any research or study after signing of the consent form	287	86.7
Knowledge of the information contained in any adoption before signing it and in a way that is clear and understandable language	278	84.0
Adoption site is kept in the patient's health file	309	93.4
Taking Into account the needs of their own inside the center (such as a wheelchair, an elevator and other)	298	90.0
Presence of a specialized medical team or versed for treatment and education (such as a family doctor, a dietitian, a health educator, a foot care specialist, social worker, etc.)	307	92.7
Presence of clinic and the dates of their own place	317	95.8
Availability of tests and analyzes of the follow-up to their constantly	321	97.0
Availability of drugs for chronic diseases in the pharmacy down	324	97.9
Home visits assigned to them, in order to follow-up, education and survey	324	97.9

Considering the factors associated with the knowledge about the patients` rights, the study results revealed that regarding the sex, the knowledge of female students considering the patients` rights was higher than those of male students (mean rank was 176.4 versus 159.1) with no statistically significant difference. Regarding the academic level, the knowledge of the fifth year students on the patients` rights was higher than those of the sixth year students (mean rank was 175.5 versus 156.7), the difference didn`t reach a statistically moral level,  $p=0.072$ .

In relation to the academic performance, the highest level of knowledge regarding the patients` rights was observed among the students with the excellent performance (mean rank was 246), followed by those with very good performance (mean rank was 191) and being the lowest among those with the good performance (mean rank was 97.6) and the weak performance (mean rank was 107),  $<0.001$ .

## DISCUSSION

Despite the introduction of the patients` bill of rights (PBR) in the Saudi health care system several years ago, the awareness about it has not been extensively investigated.

On a scale ranging between 0 and 30, the patients` right score in the current study ranged between 14 and 30 ( $21.7\pm 4.1$ ). In a similar study carried out in Iran [14], about 53% of the medical students had a mean of awareness about patients` bill of rights with an average of awareness of 10.3% with a standard division of 1.5%. In another Iranian study [15], 35.6% of the students had poor knowledge, and 27.7% and 36.7% had the moderate and good knowledge ; respectively. In a study conducted by Saeede et al (2016) [16], the knowledge score of the medical students regarding the patients` rights in operation room was  $20.06\pm 3.41$ , keeping in mind that different tools were utilized in both studies. Khodamorad et al [17] reported that 68.4% of the students were satisfactorily knowledgeable of the patients` rights to get access to the medical services. Also, it was observed that 71.5% of them had a sufficient knowledge of the patients` right to accept or refuse the treatment, and 69.8% were aware of the confidentiality of the patients` information. However, Rangrazjedi and Rabee reported that only 23% of the students had a satisfactory awareness of the patients` rights in access to the medical services

areas [18]. Yaghoubi reported in his study that the majority of the medical and nursing students had sufficient knowledge regarding the patients' rights [19].

In the present study, the majority of the medical students were aware of the patients' rights concerning the availability of drugs for the chronic diseases in the pharmacy, the home visits assigned to them in order to follow-up, the education and survey, the availability of tests and analyses of the follow-up to their constant presence of clinic and the dates of their own place, keeping the adoption site in the patients' health file, the progress of any complaints or proposals for the management of the centre without any impact on the quality of the service provided to them, respecting their cultural, social and religious values and beliefs, discussing the physician about the expected results of the treatment, and the knowledge of the proposed medical alternatives, and taking into account their own needs inside the center (such as a wheelchair, an elevator and the others). The least known students were aware of the right of getting a copy of the patients' rights bill when they register or login the health centers, having someone of the same sex to attend during the required clinical examination or overlaps, and keeping the patients' rights bill outstanding in a prominent place in the health center sections. In Iran, most of the medical students were aware of the freedom of the individual patients, while the lowest level of awareness was observed regarding the right of access to the health care [14].

In the present study, the knowledge of female students regarding the patients' rights was higher than that of the male students, although the difference was not significant. In another study carried out by Saeede et al in Iran [16], also female students' knowledge was higher than the male students'. In another Iranian study, Rangrazjedi et al, the same was observed [18].

Significant relationship was found between the academic level of the students and their knowledge regarding the patients' rights. In a study carried out in Iran, awareness was not significantly associated with any studied socio-demographic factors [14]. In another study carried out in Iran, the knowledge of the patients' rights was significantly associated with age, gender, educational level and health education [15].

Mosadeghrad stated that the awareness of the patients' right among the medical students has been essential, but its application in the future would be more essential [20].

There have been some constraints to the present study: Firstly, this study was carried out among the students from one medical school due to the time and financial constraints, which could impact the representativeness of the sample. Secondly, there was a possibility of the information bias as the students might answer in an acceptable way to the researcher, rather than the truth. Despite these limitations, it has been expected that the findings have been of benefit through planning for an intervention of educational program for the medical students.

## **CONCLUSION**

The knowledge of the senior medical students at Taif University regarding the patients' rights has been generally acceptable. However, some deficient points needed to be improved such as the right of getting a copy of the patients' rights bill when they register or login the health centers, the right of having someone of the same sex to attend during the required clinical examination or overlaps, and the right of having an outstanding place for the patients' rights bill in the health center sections. There was a gender or academic level difference between the students in this regard. However, the students with the higher academic performance were more knowledgeable of the patients' rights.

## **RECOMMENDATIONS**

Efforts are required to promote the knowledge of the medical students about some elements in the patients' rights bill through the application of the health education programs to enhance their awareness.

Health institutions and medical schools should work together to increase the level of knowledge on the patients' rights among the future physicians.

Including the patients' rights, the particularities of the Saudi population should be taken into account in the curriculum of the medical schools.

Further studies to assess the medical students' consciousness and alertness of the patient's right are needed to be conducted in different medical schools in Saudi Arabia to assure that they understand, respect and apply the patients' rights.

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