

PRACTICE OF PATIENT'S RIGHTS AMONG PHYSICIANS AND NURSES IN TWO EGYPTIAN HOSPITALS FROM PATIENTS' PERSPECTIVE

Maha Ghanem^{1*}, Haidy Megahed², Nagah Abd El-Fattah Mohamed Aly³
Forensic Medicine and Clinical Toxicology^{1,2}, Faculty of Medicine, Alexandria University
Nursing Administration³, Faculty of Nursing, Alexandria University, Matrouh Branch

Abstract

Background: The Universal Declaration of Human Rights clarifies the meaning of human dignity in the law. This is achieved by providing a legal and an ethical basis to improve the standards of care for the patients and giving important guidance on various critical, social, legal, and ethical issues.

Aim: The aim of the study is to assess various practices of patient's rights among physicians and nurses in two Egyptian hospitals from patients' perspective.

Material and Methods: A cross-sectional descriptive study was conducted on 200 in-patients at the medical and surgical wards of the Alexandria Main University Hospital (AMUH) and the Matrouh General Hospital (MGH). Close ended questionnaire was used to identify the practice of patient's rights among physicians and nurses from patients' perspective or views

Results: Almost 27 % of patients in the Alexandria Main University Hospital and 53 % of patients in Matrouh General Hospital did not have any awareness about their rights. 5.0% of physicians and nurses had good practice and 42 % of them had moderate practice in Alexandria Main University Hospital, while 29 % of physicians and nurses in Matrouh General Hospital had moderate practice. The highest mean practice scores of patient' rights aspects in Alexandria Main University Hospital and Matrouh General Hospital was health care and respect as human being. Thus, this was followed by adequate information, a given written consent, and health education and environment.

Conclusion: The practice of patient's rights among physician and nurses are in a poor level. Poor practice without doubt, is related to deficiency of awareness and attitude, lack of training, inadequate supervision and guidance, inadequate policy and procedure, limited budget and facilities, and unsupported management.

Keywords: Practice, Patient's Rights, Physicians, Nurses

1. Introduction

In all over the world, promoting patient's rights is the priority of healthcare policy makers and health care providers. It is considered as an indicator of health service and one of the main bases for defining the standards of clinical services (Joolae S and Hajibabae F, 2012). Therefore, the Patient's Bill of Rights is created to ensure the ethical treatment of all patients; help patients feel more confident in the health care system; gives patients a way to address any problems they may encounter; encourages patients to take an active role in staying or getting healthy; and stress the importance of a strong relationship between patients and their health care providers (Ghods Zand Hojjatolelami S, 2012).

Consequently, rights stems from respecting individuals in a social context (Tschudin V, 2003). Patients' rights are defined on the basis of the patients' satisfaction with the treatment process, confidentiality, informed consent, and privacy (Mastaneh Z and Mouselis L, 2013). The World Health Organization (WHO) defines patient's rights as the collection of rights which individuals have in the healthcare providing system and which healthcare providers are required to observe (Joolae S and Hajibabae F, 2012). Furthermore, WHO emphasizes that patients, physicians, and nurses must work in cooperation to provide appropriate conditions for supporting patient's rights (World Health Organization, 1999). Preserving patients' rights is the responsibility of physicians and nurses. Nurses have more responsibility than physicians in this regard, because they are usually in closer contact with patients than other health care workers. Thus, nurses are the most suitable supporters of their rights (Holmes P, 1991). However, good practice of patient's rights can bring about a lot of advantages such as increased quality of health care services; decreased costs; more prompt recovery; decreased length of stay in hospitals; lower risk of irreversible physical and spiritual damages; and more importantly, increased dignity of patients through informing them about their rights to participate in decision making (Nematollahi et al., 2000). Lack of respect for patients' rights may lead to hazards, security, and endanger the health situation of patients.

Besides, it may ruin the relationship between the staff and patients by decreasing their efficiency, effectiveness, and in ensuring suitable care for the patients (Mastaneh Z and Mouselis L, 2013).

Consequently, the protection of patients' rights has been a focal point on the agenda of many national and international organizations; and has become part of national legislation (Merakou et al., 2001). Many countries have defined certain rights for patients within their healthcare systems (Joolae S and Hajibabae F, 2012). Health care organizations have established regulations or charters for patients' rights; hence, they have announced and implemented them, in order to achieve patients' satisfaction and provide ethical health care (Joolae et al., 2008; Mastaneh Z and Mouselis L, 2013). In Egypt, the patient's bill of rights was introduced into the Egyptian Hospital Accreditation standards, and was enforced in all hospitals across the country since 2005 (USAID, 2005). The Egyptian patient's rights are concerned with access to health care, choice of care, health education and safety environment, participation in treatment plan, informed consent and information, researches, dignity, confidentiality, privacy, and patient's complaints (Egyptian Health care Accreditation Organization, 2013). Also, the Egyptian Hospital Accreditation Standards has obligated each hospital to develop quality committee to monitor and evaluate practice of patient's rights among health care provider. This was aimed at providing high quality of care; increasing the productivity, efficiency, effectiveness, and the satisfaction of the patient; and ensuring different dimensions of quality (Egyptian Health care Accreditation Organization, 2013). Furthermore, quality dimensions can be described as the consumer's evaluation criteria of the perceived performance of a service (Hollis C, 2006).

To the best of our knowledge, patients' rights have been widely investigated in Egypt from 1987 to 2013 in determining the level of knowledge and awareness among patients, physicians, and nurses, as well as determining the commitment in respecting patient's rights among physicians and nurses (El Soussi AH et al., 1987; El Sayed H, 1988; Nabawyu ZM et al., 1990; Ead NM, 1999; Saleh KE, 2005; Mousa R, 2010; Ahmed Elsayed AK et al., 2013; Abou Zeina HA et al., 2013). However, there is no study concerning assessing the practice of these rights amongst physicians and nurses from patients' perspective. Patients who are customers are important sources of information for the evaluation of existing health services (Albishi A, 2004). Despite nurses and physicians agrees that patients have rights and that they are committed to respecting these rights, they are rarely able to do this (Mastaneh Z and Mouselis L, 2013). However, it appears that there is still a large gap between the practice of patient's rights among nurses and physicians and their knowledge and awareness about patient's rights. Therefore, the present study fulfills this gap and assesses the practice of these rights amongst physicians and nurses from patients' perspective. Therefore, it is considered the first step for measuring the physicians and the nurses' performance regarding patient's rights. This is with the aim of protecting patient's right and improving the quality of care in the Egyptian health care organizations.

The aim of this study is to assess the practice of patient's rights among physicians and nurses in two Egyptian hospitals from patients' perspective.

2. Material and Methods

A- Study Setting: The study was conducted in inpatient medical and surgical wards of the Alexandria Main University Hospital (AMUH) and the Matrouh General Hospital (MGH).

B. Study Design: The study design was a cross-sectional descriptive study.

C. Study Population: Patients hospitalized in the medical and surgical units throughout the study period. Patients in ICU were excluded.

D. Sampling Design: In the sample design, a minimum sample size of 200 patients was chosen, which is large enough to obtain an adequate assessment practice of patient's rights among physicians and nurses in the study hospitals (based on assumption, an average number of admitted patients to medical wards and surgical wards was 50 % of the total hospital admissions through one month, and an α of 0.05 and absolute precision of 7 %). Equal numbers of patients were simple-randomly selected from each hospital i.e. 100 patients from each one.

E. Data Collection: Data regarding the practice of patient's rights was collected through questionnaire. This questionnaire was designed by researchers and was based on the Egyptian Hospital Accreditation standards (USAID, 2005; Egyptian Health care Accreditation Organization, 2013). The content validity of the questionnaire was evaluated by five Egyptian experts. Close ended questionnaire was used to identify practice of patient's rights among physicians and nurses from the patients' perspective or views. The questionnaire consisted of 31 closed ended questions related to the practice of patients' rights. Therefore, the questions of patients' rights practice was distributed as follows: 1) health care and respect as human being (10 items); 2) choice of care (6 items); 3) adequate information and given written consent (8 items); 4) Redress of grievances (3 items); 5) participation and representation (2 items); and 6) health education and environment (2 items). In

addition, two researchers interviewed patients to describe the study, answer the questions, and clarify the survey items. The same researchers asked each patient to identify patients' rights that was practiced in his / her medical or surgical unit. The patients were also asked to choose between "yes" or "no" answers and "do not know".

Subsequently, responses on this questionnaire were scored as follows: 1 point for received correct practice ("Yes" answer), 0 to not received correct practice ("No" answer), and 2 point for "don't know" answer. The maximum possible score for the questionnaire was 31. Furthermore, the practice of patient's rights among nurses and physicians was considered "poor" if the score was less than or equal to 15 (less than 50 %); "moderate" if score was 16 to 22 (50 % to 71 %); and "good" if the score was 23 to 31 (72% to 100%).

A pilot study was carried out to evaluate the validity and reliability of the assessment tool. Test-retest reliability was assessed using this questionnaire two times on 20 patients. The correlation (Pearson's r) of scores from time 1 and time 2 were used to assess test and retested reliability. Thus, the correlation between test and the retest was 0.893.

F. Ethical Consideration: The study protocol was approved by the Ethics Committee of Faculty of Medicine at Alexandria University prior to the conduct of the investigation. Furthermore, precautionary measures were taken into consideration to safeguard the study of patients' legal rights. Before the interview, consent forms were obtained from 200 patients who are willing to participate in the study. In addition, confidentiality and anonymity of the patients were strictly maintained through a code number on the questionnaire.

G. Statistical Analysis: Statistical analysis was carried out using the Statistical Package for Social Sciences (SPSS) version 15.0. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to describe the practice of patient's rights among physicians and nurses. Student t test and Chi-square test were used to compare differences. Also, statistical significance was set at P - value <0.05.

3. Results

Table 1 shows that 43 % of the patients in the Alexandria Main University Hospital and 32 % of patients in the Matrouh General Hospital heard about their rights, while 30 % of the patients in the Alexandria Main University Hospital and 15 % of patients in the Matrouh General Hospital read about their rights. Almost 27 % of patients in the Alexandria Main University Hospital and 53 % of patients in Matrouh General Hospital did not have any awareness about their rights.

Table 2 and figure 1 represents the practice of patient's rights among physicians and nurses from the patients' perspective or views. Out of 100 patients in the Alexandria Main University Hospital, it was perceived that 5.0% physicians and nurses had good practice; 42 % had moderate practice; while 29 % of physicians and nurses in Matrouh General Hospital had moderate practice. Poor practice amongst physicians and nurses of the Matrouh General Hospital (71 %) was higher than that of the Alexandria Main University Hospital (53 %).

Table 3 and figure 2 present the mean practice scores. Thus, the highest mean practice scores of the aspects of patient' rights in Alexandria Main University Hospital and Matrouh General Hospital include: Health care and respect as human being (5.3 ± 1.21 and 5.2 ± 1.03 , respectively), adequate information and given written consent (3.9 ± 2.01 and 2.8 ± 1.60 , respectively), and health education and environment (1.5 ± 1.39 , 0.7 ± 0.78 , respectively). Likewise, the lowest mean scores of three aspects of rights were choice of care ($1.7 \pm .131$ and $1.7 \pm .091$, respectively), redress of grievances (0.6 ± 0.10 and 0.1 ± 0.17 , respectively), and participation and representation (0.3 ± 0.40 and 0.1 ± 0.10 , respectively).

Consequently, there were no statistical significant differences between the practice of physicians and nurses in the Alexandria Main University Hospital and the Matrouh General Hospital regarding three aspects of patient's rights namely: health care and respect as human being; choice of care; and health education and environment ($t = 1.100$, $p = .237$; $t = .314$, $p = .754$ and $t = .972$, $p = .332$, respectively).

Table 4 illustrates that the above 75.0 % of patients in the Alexandria Main University Hospital and Matrouh General Hospital, perceived that most of the physicians and nurses practiced patient's right related to access to health care at any time; was not forbidden from health care services; obtained treatment in the most respectful manner from physicians, nurses, and other health care personnel; receive emergency services and first-aid at any time; had easy access to medications, respect for privacy during examination; legal guardian attend to them during pediatric examination; know the identity/name of the physicians, nurses, and other persons involved in patient's care; and treatment in the health environment.

Concerning the differences between the practice of physicians and nurses in the two hospital regarding patients' rights, there was no significant difference between patients' perspective on the practice of some aspect of

patient' rights such as access to health care at any time ($X^2 = 3.030, p = .082$); receive emergency services and first-aid at any time ($X^2 = .707, p = .264$); respect for privacy during examination ($X^2 = .866, p = .352$); legal guardian attend to them during pediatric examination ($X^2 = 2.020, p = .155$); know the identity / name of the physicians ($X^2 = 1.607, p = .205$); and treatment in the health environment ($X^2 = .035, p = .852$).

Table 1: Patients' information sources on the relevant Egyptian patients' rights standards.

Information sources	% of patients' information	
	AMUH (n=100)	MGH (n=100)
Heard it from		
Physicians	5.0	5.0
Nurses	10.0	6.0
Relatives	5.0	3.0
Mass media	23.0	18.0
Total	43.0	32.0
Read it in		
Posted patients' right in hospital /ward	12.0	3.0
Internet	18.0	12.0
Book	0.0	0.0
Total	30.0	15.0
Do not know	27.0	53.0

Table (2): Patient's rights practice among physicians and nurses from patients' perspective or views.

Grade of patient's rights practice	% of patients	
	AMUH (n=100)	MGH (n=100)
Good practice ($\geq 72\%$)	5.0	0.0
Moderate practice (50-71 %)	42.0	29.0
Poor practice ($< 50\%$)	53.0	71.0

Figure (1): Practice of patient's rights among physicians and nurses from patients' perspective or views

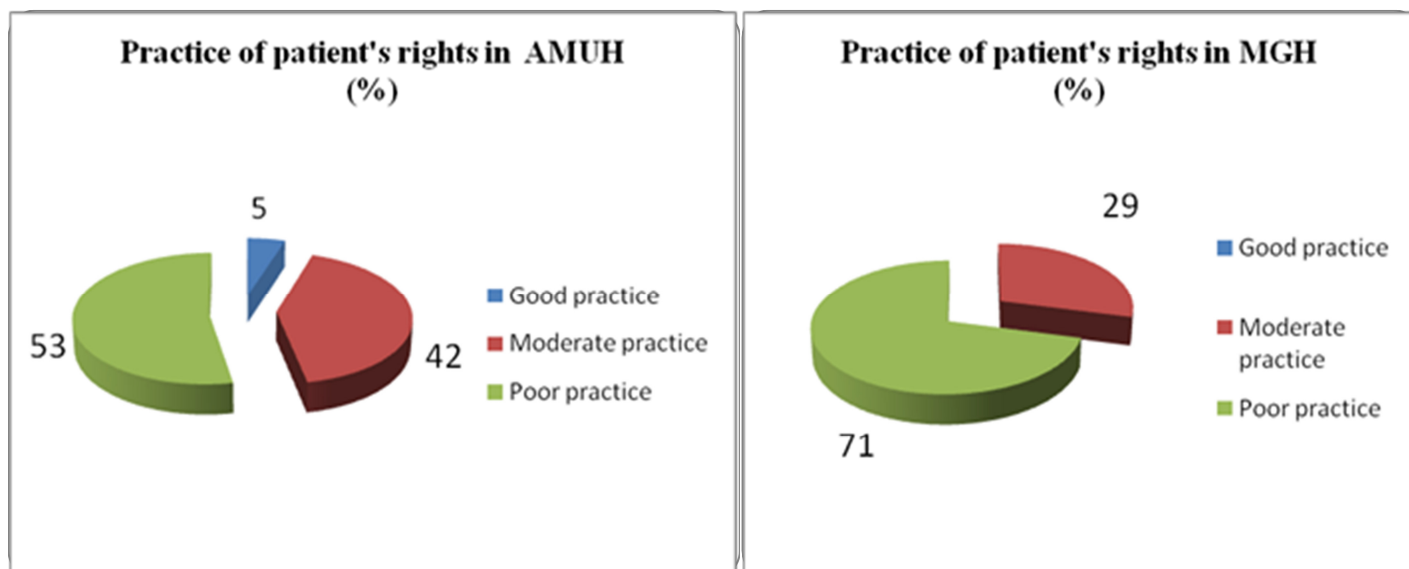


Table (3): Mean practice scores of physicians and nurses regarding aspects of patient’s rights.

Patients’ rights aspects	Score of patient’s right practice (Mean ±SD)		t Value	P-value
	AMUH	MGH		
1. Health care & respect as human being	6.2. ± 1.41	6.4 ± 1.15	1.100	.273
2. Choice of care	1.7 ± .131	1.7 ± 0.92	.314	.754
3. Adequate information and given written consent	3.9 ± 2.01	2.8 ± 1.60	4.237	.000
4. Redress of grievances	0.4± 0.10	0.1 ± 0.17	26.665	.000
5. Participation and representation	0.3 ± 0. 40	0.1 ± 0.10	4.975	.000
6. Health education and environment	1.5 ± 1.39	0.7 ± 0.78	.972	.332

(t test, P- Value <0.05)

Figure (2): Mean practice scores of physicians and nurses regarding aspects of patient’s rights.

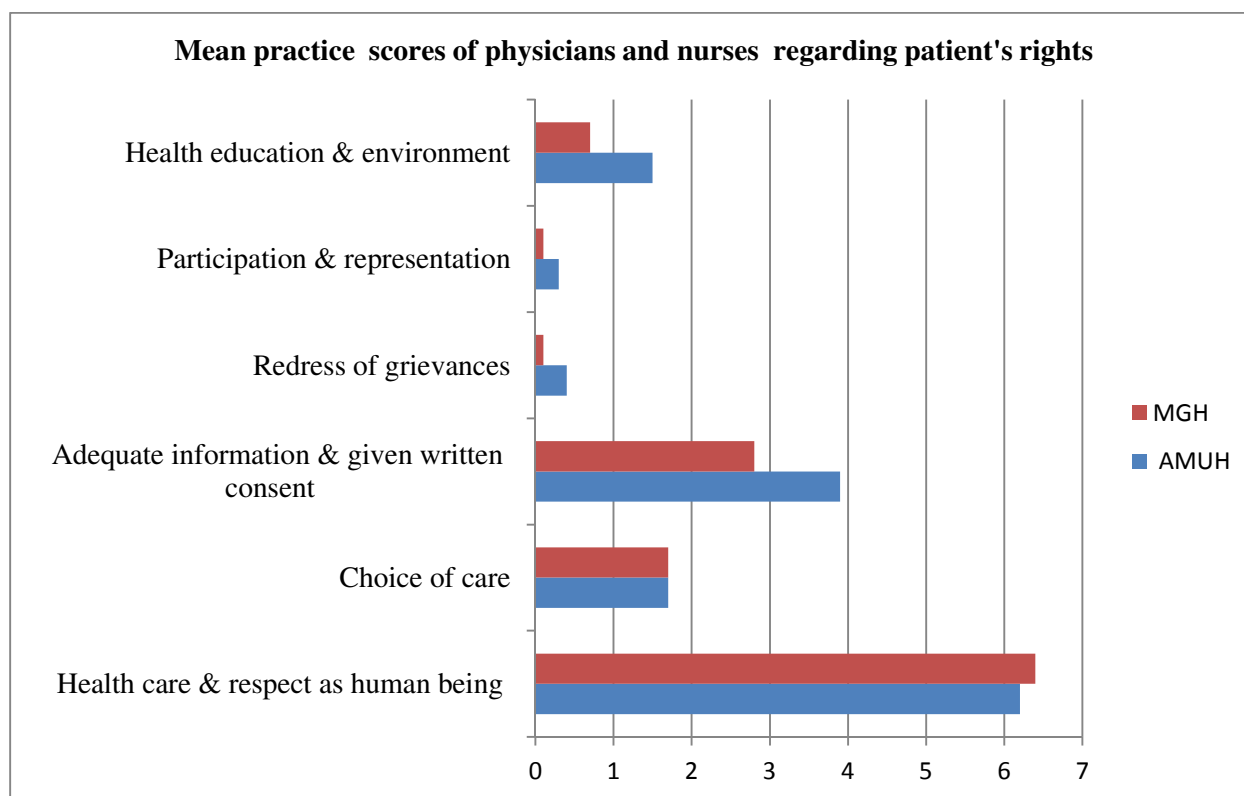


Table (4): Patients' perceived practice of patient's rights among nurses and physicians.

Practice of Patient' rights	% of perceived practice		X ² Value	P- value
	AMUH (n=100)	MGH (n=100)		
Health care and respect as human being				
- Access to health care at any time	92.0	84.0	3.030	.082
- Not forbidden from health care services	92.0	100.0	9.424	.002
<i>Causes of forbidden cases:</i>				
▪ Old age	2.0	0.0		
▪ Non-Muslim	1.0	0.0		
▪ Belong to certain political organization	2.0	0.0		
▪ Poor	4.0	0.0		
- Treated in the most respectful manner by physicians	85.0	94.0	4.310	.038
- Treated in the most respectful manner by nurses	78.0	90.0	5.357	.016
- Treated in the most respectful manner by other health care personnel	80.0	91.0	4.880	.027
- Receive emergency services and first-aid at any time	89.0	85.0	.707	.264
- Easy access to medications	85.0	95.0	5.556	.018
- Respect privacy during examination	93.0	96.0	.866	.352
- Legal guardian attend to them during pediatric examination	98.0	100.0	2.020	.155
Choice of care				
- Choice of treated hospital / consultant	1.0	0.0	1.005	.316
- Receive second opinion on diagnosis and treatment	19.0	10.0	3.26	.071
- Know the investigations results	33.0	25.0	1.554	.213
- Receive a copy of the medical reports	33.0	25.0	1.554	.213
- Accept and refuse treatment	12.0	10.0	.204	.651
- Choice between different medications products	1.0	0.0	1.005	.316
Adequate information and give written informed consent				
- Know the identity / name of physicians, nurses, and other persons involved in patient care	94.0	89.0	1.607	.205
- Know information regarding diagnosis and all aspects of treatment	60.0	56.0	.328	.567
- Receive an itemized and a stamped treatment bill	1.0	0.0	1.005	.316
- Patient's sign /parents' sign on informed consent form before any medical procedures	53.0	46.0	1.976	.160
- Agreement or refusal to take part in medical / nursing research studies.	45.0	9.0	25.967	.000
- Withdrawal of patients from the study at any time and respect for patient's desire to refuse participation	45.0	9.0	25.967	.000
- Receive a clear and concise clarification about objectives, research steps benefits, and probability risk from this research before it starts.	59.0	9.0	25.976	.000
- Maintain confidentiality of medical information	89.0	82.0	1.976	.160
Redress of grievances				
- Aware of access to appropriate mechanism of grievance redress	27.0	10.0	170.811	.000
- Aware of legal advice regarding medical , nursing, and hospital malpractice	2.0	0.0	2.020	.155
- Aware of compensation methods when injury, disease, and complication, result from medical, nursing, and hospital malpractice	3.0	0.0	3.046	.081
Participation and representation				
- Participate in decision making of treatment and care	20.0	10.0	22.222	.000
- Know the representative who is responsible for solving any problem faced during hospitalization	20.0	10.0	22.222	.000
Health education and environment				
- Receive health education about precautions, measures, and treatment methods	66.0	57.0	1.710	.191
- Treated in healthy environment	83.0	82.0	.035	.852

(X² test, P- value <0.05

4. Discussion

Despite the introduction of specific Egyptian Hospital Accreditation Standards for patient's rights, the results of this present study indicated that more than half of physicians and nurses in Alexandria Main University Hospital and the majority of them in Matrouh General Hospital had a poor practice related to patient's rights (**Tables 2 and Figure 1**). Poor practice may be attributed to many factors such as shortage of medical and nursing staff, 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. Consequently, these are due to limited budgets and inadequate facilities and unsupported management. These findings are consistent with Joolaei et al. (2008) who published that nurses and physicians are ready to exercise patient's rights, but are battling with some factors. However, similar findings were reported in previous studies in Egypt and also agree with several studies conducted in many countries in Saudi Arabia, Turkey, and Kampala (Dozier AM et al. (2001), Albishi A (2004), Buken O et al. (2004), Mousa R (2010), Ahmed Elsayed AK et al. (2013), and Kagoya RH et al. (2013).

The findings of the present study shows that the practice of patient's rights in the Alexandria Main University hospital were better than that of Matrouh General Hospital (**Table 2 and Figure 1**). The differences between the two hospitals may be due to the fact that quality improvement committee and Egyptian Hospital Accreditation standards have been implemented since 8 years ago. Thus, the patient's rights posters were visible by the medical and nursing staff in the Alexandria Main University Hospital (**Table 1**). Since 2005, the Egyptian Hospital Accreditation Standards for Hospitals emphasized that each hospital should have quality improvement committee and posters of patient's rights. In addition, these posters should be in a suitable place for easy visibility by patients and hospital's staff (USAID, 2005).

Concerning some aspect of patient's rights, it is obvious that physicians and nurses in the two study hospitals provided health education and care to patients in safe environment, as well as they treated patients in a respectful manners as human being. Besides, the privacy of patient was sufficiently protected during medical examination, treatment and procedures, legal guardian attending to pediatric examination, patients receiving care with the right to equal access to health care, patients receiving emergency care in a timely fashion without any delays, and patients knows the name and identity of physicians and nurses (**Table 3, Figure 2, and Table 4**). Furthermore, Egyptian regulation obligates health care practitioners to provide accessible care in respect and equity manner, as well as in safety environment without any delays. However, the health practitioners, who do not follow this regulation, will be exposed to litigation (The Egyptian Supreme Consultative Committee, 2010). Accessibility/availability, equity to health care, respect and caring for patients, patient centeredness, safety, and timeliness of health care service are six dimensions of quality that are used by health care policy makers and researchers to measure quality performance in health care departments (Sower V et al., 2001; Donabedian A, 2002; World Health Organization, 2006; Gallego E, 2010). It is also evident from the current study that the majority of physicians and nurses in the two hospitals followed these dimensions in some aspect of patient's rights and restrict access to patients' medical records to only individuals who only have a reason and permission to such access. As a result, they maintained confidentiality of medical information according to Egyptian regulation. Regulation of Ministry of Health and population in Egypt recommended that the contents of medical records should be accessed only by authorized individuals (The Egyptian Supreme Consultative Committee, 2010; Egyptian Health care Accreditation Organization, 2013). Consequently, the findings of this present study could be the result from increasing ethics issues, increasing legal responsibility among physicians and nurses in the study hospitals, as well as quality efforts and ethical practices learned to physicians and nurses in undergraduate curriculum. Generally, within the Egyptian culture, the Egyptian personality is likely to respect sick patients, shows affection and compassion, tends to help others, and deals with others in a friendly manner. Similar findings were described in other studies in Turkey and Kampala (Buken O et al., 2004; Kagoya RH et al., 2013). These results are incongruent with another study in Iran which reported that only 30.7% of nurses and physicians introduced themselves to their patients (Kuzu N et al., 2006).

Based on the accessibility of health care services in the Alexandria Main University hospital, a few of patients complained about the violation of their rights by been forbidden access to health care service (**Table 4**). Forbidding of these patients was related to old age, being non-Muslim, poor status and low income, as well as belonging to a certain political organization. The World Health Organization's Constitution stated 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, and economic or social condition (Ducinskiene D et al., 2006). Therefore, every hospital should establish a patients' complaints committee to protect patient's rights,

ensure patient satisfaction, and provide feedback about quality of care in the hospital. On the other hand, the patients in the Matrouh General Hospital were treated in the most respectful manner by physicians, nurses, and other health care provider compared to the Alexandria Main University hospital (**Table 4**). Consequently, this could be the result of various factors such as increase in the number of admissions, increase in patient staff ratio, and shortage of hospital staff in the Alexandria Main University Hospital. Shortage of staff poses a threat to the practice of patient's rights because caregivers display slower reaction time, decreased energy, and reduced attention to patients. They also overwork themselves and are very busy. Therefore, they spend less time during communication with patients. Similarly, Albishi A (2003) and Georeges A et al. (2004) argued that shortage of staff is affecting the quality of care in the hospital and practices of patients' rights. According to Joolae et al., (2008), the physicians and nurses have the intention to spend more time with patients, listening to them, caring for them, and informing them about the caring process and so on. However, they cannot do so because of time constraints, improper staff/patient ratio, and heavy workload (Joolae et al., 2008). These findings are similar to those found by many studies conducted in Iran, USA, Saudi Arabia, and Turkey. These studies concluded that insufficient numbers of healthcare providers and excessive numbers of patients affects the practice of patients' rights (Mohammadi M, 1998; Nsiriani H et al., 2001; Heather G, 2003; Albishi A, 2004; Buken O et al., 2004; Negarandeh R et al., 2006).

The present study highlights poor practice of patient's rights among physicians and nurses in the two study hospital concerning choice of care (**Table 3 and 4**). According to Egyptian regulation, health care services in governmental hospitals have been provided to Egyptian population in the form of free payment with easy access to free medications and without an itemized treatment bill (World Health Organization and Regional Health Systems Observatory, 2006; USAID, 2007). So, the patients received care based on the availability of services at any particular healthcare organization. Furthermore, they are unable to choose between treated hospital and medications product, receive second opinion on patient's diagnosis and treatment, and refuse or accept treatment. This right is more applicable in the private sector and in non- governmental hospitals. Moreover, the patients in two hospitals did not receive copy of their investigations and medical reports, indicating discontinuity of care (**Table 4**). Egyptian Hospital Accreditation standards for hospital emphasized continuity of care as quality dimension, as well as emphasized patient's right to access to their medical information (Egyptian Health care Accreditation Organization, 2013). These findings could be explained by the fact that none of the physicians and nurses in the study hospitals received any training program regarding aspect of patient's rights. 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 (Ahmed Elsayed AK et al., 2013).

The present study revealed that the results obtained from Alexandria Main University Hospital were better than the Matrouh General Hospital. Half and almost half of the physicians and nurses' researchers in the Alexandria Main University Hospitals provided a brief description of research steps before they start, and respected patient's desire to refuse participation and withdraw from the research at any time (**Table 4**). Consequently, this could be attributed to few studies that were conducted in Matrouh General Hospital than in Alexandria Main University Hospital. The researches were more conducted in teaching hospitals than in the Ministry hospitals. This finding is inconsistent with two studies in Turkey which indicated that researchers did not provide sufficient information to the participants (Ulusoy MF et al., 2000; Kuzu N et al., 2006)

In the present study, the physicians of the two hospitals only obtained written informed consent before minor and major surgical operations (**Table 4**), though the Egyptian Hospital Accreditation Standards has published that every hospital should have a list of procedures or treatment for which informed consent is required including surgery and invasive procedure, anesthesia, moderate or deep sedation, use of blood, and high risk procedures (Egyptian Health care Accreditation Organization, 2013). Informed consent is a professional ethics issue emanating from the fiduciary responsibility of the physician to the patient. Consequently, it is an integral component of the physician's fiduciary responsibility (Jukić M, 2009; Slavica K et al., 2009). These results of the present study conform to those of two studies in USA and Europe which revealed that informed consent was obtained for operations that require general anesthesia (Mazur D, 1986; Roscam-Abbing HDC, 1995). In addition, these findings were in disagreement with the study conducted in Greece in 2001 where verbal consent is more common than written consent in Greek medical practice (Merakou K et al., 2001).

It is noticeable that few of the patients in the study hospital were informed about their right to access appropriate mechanism of grievance redress, participate in decision of patient care, and to know the representative who is responsible for solving any problem faced during hospitalization. Up till now in both hospitals, there is no information about what the patients can do to make legal complaints about malpractice and

medical treatment that has harmed their health, or about compensation that can be obtained (**Table 4**). The patients do not know what they can request from health care institutions and health care personnel. They do not know what authority to notify when they are dissatisfied with the service of a health care and how their complaint can be resolved (Buken O et al., 2004). However, it could be related to the fact that the physicians and nurses in this study are afraid of disciplinary action and legal liability. In addition, they believe that the disclosure of these rights to patients will result in trouble, lawsuits, and loss of their jobs. As consumers of health services become more knowledgeable and opinionated about the quality of health care, there has been an increase in complaints and litigation (Hollis C, 2006). Thus, these findings are generally in line with the study carried out in Turkey in 2004 (Abou Zeina HA et al., 2013).

Information is a very important issue for patients, given that it constitutes one of the major indicators of their satisfaction as well as a reason for legal proceedings (Blanchard CG et al., 1989; Beckman HB et al., 1994). The physicians in the two studies only have a duty to inform patients about their diagnosis and all aspect of treatment (**Table 4**). Informing patients about their rights during their hospital admission is the nurses' responsibility (Merakou K et al., 2001). Furthermore, nursing staff seem to be the most suitable health care workers to undertake the task of informing patients about their rights, as well as promoting, protecting, and advocating these rights, because historically, nurses are much closer to the patients than doctors (Holmes P, 1991; Merakou K et al., 2001). It has been proven from the present study that nurses in the two studies have not undertaken this role due to the lack of nursing personnel, lack of time, and lack of training. The internet and mass media were the most important sources of information to inform patients about their rights (**Table 1**). These findings are consistent with the study in Greece in 2001. Also, in another study in South Egyptian hospitals in 2013, it was reported that mass media was the main source by which patients knows their rights (Merakou K et al., 2001; Abou Zeina HA et al., 2013).

5. Conclusion

Practice of patient's rights in two hospitals was poor and could be attributed to a combination of factors. Some were related to the hospital and its management system or regulation, while others were related to the physicians and nurses themselves. Low level of physicians and nurses' practice, without doubt, is related to deficiency of awareness and attitude, inadequate training, inadequate supervision and guidance, inadequate policy and procedure, limited budget and facilities, and unsupported management. In addition, these practices are better in the Alexandria Main University Hospital than the Matrouh General Hospital due to the implementation of the quality committee's efforts and patient's rights posters. The patient's right to health care and respect as human being, adequate information and given written consent, and health education and environment are the most practiced at the two study hospital. Furthermore, there is deficiency in informing patients about their rights. This deficiency was as a result of the shortcomings of the nurses' role in informing patients about their rights during their hospital admission. This was due to time constraints, training, and shortage of nursing staff. The internet and mass media were the most important sources of patients' information regarding their rights. In the same time, the practice of patient's right to the choice of care was affected by the Egyptian Regulation. This right is more applicable in private and non- governmental hospital than in governmental hospital.

In addition, majority of the physicians and nurses in the two hospitals followed six dimensions of quality (accessibility/availability, respect and caring for patients, patient centeredness, equity, safety, and timeliness of health service) in some aspect of patient' rights, but they did not follow the continuity of care dimension during their practice of patient's rights.

6. Recommendations

Based on these conclusions, the following recommendations can be suggested:

1. Provide appropriate training for all physicians and nurses in all patients' rights aspects.
2. Develop pre-service (orientation period) and in-service training programs for physicians and nurses to update their knowledge and practices.
3. Develop patient's rights policies and procedure manual to guide physicians and nurses' performance. These policies and procedures must be clear and applicable to different hospital departments.
4. Regularly review nurses and physicians' performance and assure continuous supervision.
5. Establishing patients' complaints committee concerning 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.

6. The hospital should post the patient's rights in a suitable place which can be visible to the hospital staff and patients.
7. The nurses should attach sheet of patient's rights to each patient file and give a copy of the patient's rights to the patient at the moment of admission or at any time upon the request of the patient.
8. Develop quality measures/indicators for monitoring the practices of physicians and nurses regarding patient's rights.
9. Assure adequate supply of facilities and equipment which are necessary for proper implementation of patient's rights practice.
10. Physicians and nurses' views about factors hindering their practice of patient's rights should be considered by supervisors and administrators.
11. Modifying patient's right to choice of care in Egyptian Hospital Accreditation Standards to be only applicable for private and nongovernmental hospitals.

References:

- Abou Zeina HA, El Nouman AA, Zayed MA, Hifnawy T, El Shabrawy EM, El Tahlawy E. (2013). Patients' rights: A hospital survey in South Egypt. *J Empir Res Hum Res Ethics* 8(3),46-52.
- Ahmed Elsayed AK, El-Melegy A O, El-Zeftawy MA. (2013). The effect of an educational intervention on nurses' awareness about Patients' Rights in Tanta. *Journal of American Science* 9(9), 210-19.
- Albishi A. (2004). The Saudi patients', physicians', and nurses' perceptions of and lived experience with patients' rights in Saudi Arabia: Qualitative phenomenological study. PhD Thesis, George Mason University.
- Beckman HB, Markakis KM, Suchman AL, Frankel RM. (1994). The doctor-patient relationship and malpractice: Lessons from plaintiff depositions. *Arch Intern Med.*; 154: 1365-70.
- Blanchard CG, Labrecque MS, Ruckdeschel JC, Blanchard EB. (1989). Physician behaviors, patients' conceptions and patient characteristics as predictors of satisfaction of hospitalized adult cancer patients. *Cancer* 65, 186-92.
- Buken O, Buken E. (2004). Emerging health sector problems affecting patients' rights in Turkey. *NEJ* 11 (6), 610-24.
- Donabedian A. (2002). An introduction to quality assurance in health care. 1st ed. New York, Delhi and Hong Kong : Oxford University Press.
- Dozier AM, Kitzman HJ , Ingersoll GL , Holmberg S ,Schultz AW.(2001). Development of an instrument to measure patient perception of the quality of nursing care. *Research in Nursing & Health* 24, 506- 17.
- Ducinskiene D, Vladickiene J, Kalediene R , Haapala I .(2006) . Awareness and practice of patient's rights law in Lithuania. *BMC International Health and Human Rights* 6 (10), 1-6.
- Ead NM.(1999) . Awareness and compliance to patient bill of rights. Master Thesis. Faculty of Nursing . Monofia University.
- Egyptian Health care Accreditation Organization (2003). Standards for Hospitals. Ministry of Health and Population. 2nd ed. Egypt : Ministry of Health and Population Training and Research Sector.
- El Sayed H.(1988) Physicians, nurses and hospitalized patients' perception of surgical patients' educational rights. Doctoral Thesis. High Institute of Nursing. Alexandria University.
- El Soussi AH , Reizian AE , Abdou LM , El Sabaii NA.(1987). The rights of hospitalized patient perceived by nursing and medical students. *Tenta Med.* J15(1),1291- 1313.
- Gallego E. Quality Measurement Dimensions, Aug 25, 2010. Available at URL : <http://www.himss.org/files/HIMSSorg/content/files/QualityMeasurementDimensions.pdf>
- Georges A, Bolton B, Bennett C.(2003). Quality of care in African – American communities and nursing shortage. *JNBNA*14(2), 16-24.
- Ghodsi Z, Hojjatoleslami S. (2012). Knowledge of students about Patient Rights and its relationship with some factors in Iran. *Procedia - Social and Behavioral Sciences*31, 345 – 48.
- Heather G (2003). The nursing shortage in the USA: An integrative review of the literature. *JAN* 43 (4),335-350.
- Hollis C (2006). Service quality in Internal Health care service Chains. Doctor Philosophy . Faculty of Business. Queensland University of Technology. Available at URL : http://eprints.qut.edu.au/16267/1/Charles_Hollis_Thesis.pdf
- Holmes P (1991). The patients' friend. *Nurse Times* 87(19),16-17.
- Joolae S, Hajibabae F (2012). Patient rights in Iran: A review article. *Nursing Ethics.* ; 19(1), 45-57.
- Joolae S, Tschudin V, Nikbakht A, Parsa Z (2008). Factors affecting patients' rights practice: The lived experiences of Iranian nurses and physicians. *Int Nurs Rev* 55(1),55-61.

- Jukić M, Slavica K, Kardum G, Kozina S, Ana Tomić J.(2009). Knowledge and practices of obtaining informed consent for medical procedures among specialist physicians: questionnaire study in 6 Croatian Hospitals. *Croat Med J.* 50, 567-74.
- Kagoya RH, Kibuule D, Mitonga-Kabwebwe H, Ekirapa-Kiracho E, Ssempebwa JC. (2013). Awareness of, responsiveness to and practice of patients' rights at Uganda's National Referral Hospital. *African Journal of Primary Health Care and Family Medicine* 5(1): 1-7.
- Kuzu N, Ergin A, Zencir M (2006). Patients' awareness of their rights in a developing country. *Public Health* 120,290-96
- Mastaneh Z, Mouselis L.(2013). Patients' Awareness of Their Rights: Insight from a Developing Country. *International Journal of Health Policy and Management*1(2),143-46.
- Mazur D (1986). What should patients be told prior to a medical procedure? Ethical and legal perspectives on medical informed consent. *Am. J Med* 81, 1051-54.
- Merakou K, Dalla-Vorgia P, Garanis-Papadatos T, Kourea-Kremastinou J.(2001). Satisfying patients' rights: A hospital patient survey. *Nursing Ethics* 8 (6),499-508.
- Mohammadi M (1998). Assessment of knowledge and attitude of nurses about patients rights. proceedings of the symposium of nurses and law. Tehran: Nurses Organization of Health Ministry in Iran.
- Mousa R (2010). Nurse's efficiency in performing patient's rights duties. Master Thesis. Faculty of Nursing, Tanta University.
- Nabawyu ZM, Abou Donia SH (1990). Head nurses ethical behavior in protection of patients' rights in different health care settings in Alexandria. *J Med Res Inst.* 11 (3), 239-57.
- Negarandeh R, Oskouie F, Ahmadi F, Nikravesh M, Rahm-Hallberg I. (2006) Patient advocacy: Barriers and facilitators. *BMC Nursing* 5, 3. Available at URL: <http://www.biomedcentral.com/1472-6955/5/3>.
- Nematollahi M, Fesharaki M, Toufighi Sh.(2000) Comparison of patient rights laws in Iran with patient rights charter and survey of physicians of Shiraz University of Medical Sciences about patient right. *Teb va Tazkieh* 36,59-62.
- Nsiriani H, Salemi S, Salman Yazdi N, Hosseini F.(2001). Relationship between nurses' knowledge respecting the rights of their patients and rate of its observance in hospitals of Yazd. *IJN* 22 (23), 8- 14.
- Roscam-Abbing HDC (1995). Information and consent. In: World Health Organization, Regional Office for Europe. Promotion of the rights of patients in Europe. The Hague: Kluwer Law International, p. 57-62.
- Saleh KE (2005). Nurses' perceptions and commitment to patient's rights at the armed forces hospital (Moustaf Kamel) Alexandria. Master Thesis. Faculty of Nursing, Alexandria University.
- Sower V, Duffy J, Kilbourne W, Kohers G. (2001).The dimensions of service quality for hospitals: development and use of the KQCAH scale. *Health care manage Rev* 26 (2), 47-59.
- The Egyptian Supreme Consultative Committee. Egyptian Regulation for Medical Devices (2010). Egypt: Ministry of health and population. Available at URL: [http://www.eda.mohp.gov.eg/Download/Docs/Draft3\(27-4-2010\)_b.pdf](http://www.eda.mohp.gov.eg/Download/Docs/Draft3(27-4-2010)_b.pdf)
- Tschudin V (2003). Ethics in nursing: The caring relationship. 3rd ed. Edinburgh: Butterworth-Heinemann.
- Ulusoy MF, Ucar H (2000). An ethical insight in to nursing research in Turkey. *Nurs Ethics.* 7, 285-95.
- USAID (2007). Assessment of trade in Health services in Egypt in relation to the GATS. United States: Nathan Associate Inc. Available at URL: <http://www.tas.gov.eg/nr/ronlyres/91d361e8-44f0-45a0-8c19-e9c859a2ef72/2613/finalhealth.pdf>
- USAID (2013). Egyptian Hospital Accreditation Program Standards. 6th ed. Bethesda, MD: The Partners for Health Reform plus Project, Abt Associates Inc. Available at URL: www.PHRplus.org.
- World Health Organization and Regional Health Systems Observatory (2006). Health Systems Profile- Egypt. Available at URL: <http://apps.who.int/medicinedocs/documents/s17293e/s17293e.pdf>
- World Health Organization (1999). Patients' rights and citizens' empowerment: Through visions to reality. Available at URL: http://whqlibdoc.who.int/euro/1998-99/EUR_ICP_CARE_03_01_02_summaries.pdf
- World Health Organization (2006). Quality of care: A process for making strategic choices in health system. World Health Organization library publication. Available at URL: www.who.int/management/quality/assurance/QualityCare_B.Def.pdf