

Nursing Students' Perception regarding Patients' Rights and Patients' Advocacy

¹Manal M. Ibrahim*, Nursing Administration, Faculty of Nursing/ Menofia University & ²Saher M. Aly, Nursing Administration, Faculty of Nursing/ Port Said University (^{1,2}Egypt).

*Corresponding Author: mmmoussa66@yahoo.com

Abstract

Background: Advocacy (protection) is one key concepts in nursing ethics defined as the process of informing patients who seek health care and have efforts in creating a safe place and clean hospital for patients. An important tenet of nursing is respecting the human rights and dignity of all patients. The priority of healthcare organizations must be protection of patients' rights. If the human rights and patients welfare be at risk, it is necessary that a person undertake their protection. The patient's advocacy is vital for vulnerable groups such as elders, very young people, people who reside in institutions, prisoners and disabled group. Nursing profession is a job in which human rights and ethics are essential points and the distance between the ethical issues related to this profession and their application is also important. **Aim:** Assess the nursing students' perceptions regarding patients' rights and patients' advocacy. **Design:** descriptive correlation design. **Subjects:** Convenient sample of nursing students (No. =143) in Faculty of Nursing at Port Said University/ Egypt. **Tools:** The data collected using two tools, the first one: questionnaire which assesses the patients' rights. The second tool: The patients' advocacy questionnaire. **Results:** There was highly perception of nursing students regarding patients' rights and patients' advocacy. **Recommendation:** Further studies to assess the health care providers' awareness and application of patients' right and patients' advocacy needs to be conducted in Egypt.

Key Words: Patients' Right, Patient Advocacy, Nursing Students' Perception.

Introduction:

In the rapidly changing atmosphere of health care, many factors have affected how health care is practiced. The rights of the patient have also been affected. Advocacy (Protection) is one key concept in nursing ethics that have been discussed in different texts. There are many ethic codes for nurses, who protect patient's rights. From historical aspects, the concept of patient advocacy was introduced by "Florence Nightingale" efforts in creating a safe place and clean hospital for patients in "Crimean War" In 1986 care standards in general health sections, hospitals and nursing education facilities resulted in the establishment of American Nurses Association, that this association started to create care standards by using documents like ethic codes that was reviewed in 1976 and part of that included advocacy of patient(Aghajani& Dehghan, 2009).

Therefore, if the human rights and patients welfare be at risk, it is necessary that a person undertake their protection. The patient's advocacy is very vital for vulnerable groups such as elders, very young people, people who reside in institutions, prisoners and disabled group. Nurses and care professional members define the advocacy of patient as the process of informing patients who seek health care, but there are still questions about the method of nurses' learning regarding their role in patient protection(Foley, Minick& Kee, 2002)(Ingram, 2010).

Nursing students learning about the role of patient, the advocacy is a complicated process that has not been defined clearly. The role of advocacy is necessary for nurses who involved in action because the inadequate support of patient can cause destruction for patients and for nurses. The nursing students need an opportunity to experience, process their thoughts, feelings and their values(American Nurses Association,2007).

By increasing information and encountering the concept of patient advocacy, nursing students can understand the importance of patient protection and learning about role of the patient(Foley, Minick& Kee, 2002). The role of advocacy is necessary for nurses who involved in action because the inadequate support of patient can cause destruction for patients and for nurses. The nursing students need an opportunity to experience, process their thoughts, feelings and their values (American Nurses Association,2007).

However, nursing education face many challenges in preparing nurses to accept the role of advocacy. If the training is performed correctly, the nursing students will have remarkable preparation to accept the role of advocate for patients and recognize factors that effect on the advocacy of patients. Personality characteristics such as self-confidence, being optimistic and being innovative are effective on the application of protection (American Nurses Association,2007)(Altun & Ersoy, 2008).

Factors which impress the advocacy of patient are age, sex and job security. Selin(2008)believed that problems about job security and managerial challenges are considered as barriers of patient advocacy by nurses. Drew et al(1997) states that dissatisfaction from health care system can influence on nurses' motivation to become an advocate for patients.

An important tenet of nursing is respecting the human rights and dignity of all patients. The priority of healthcare organizations must be protection of patients' rights. The Patients' Bill of Rights was created in order

to defend human rights; preserve patients' dignity; and ensure that in case of sickness, and especially in emergencies, patients receive competent care without discrimination. Respect for patients' rights and the development of a framework to reflect these rights have a long record in the history of Iran's healthcare services, as reflected in the ten clauses in the charter that have been developed and published by the Ministry of Health (AliAkbari&Taheri,2009).

The role of patient advocacy is not new for nurses. Historically, patient advocacy has been a moral obligation for nurses. During recent years, nursing literature has been focused on the advocacy role and nursing professions has adopted the term 'patient advocacy' to denote an ideal of the practice (Grace,2008). Nurses assume that they have an ethical obligation to advocate for their patients. They also frequently describe their judgments and actions on behalf of a patient as "being a patient advocate"(Gaylord & Grace, 2008).

Advocacy has been described in ethical and legal frameworks and more recently, as a philosophical foundation for practice. It has also been described in terms of specific actions such as helping the patient to obtain needed healthcare, assuring quality of care, defending the patient's rights, and serving as a liaison between the patient and the health care system (Tahan,2012).

Although multiple factors influence the need for advocacy, it is generally true that someone in the healthcare environment must assume the role of client advocate, particularly for the client whose self-advocacy is impaired. Generally, advocacy aims to promote or reinforce a change in one's life or environment, in program or service, and in policy or legislation. In healthcare delivery, these activities focus on health conditions, healthcare resources, and the needs of patients and the public(Teasdale,2007).

Significance of the study:

Nursing profession is a job in which human rights and ethics are essential points and the distance between the ethical issues related to this profession and their application is also important. The necessity of patient advocacy originated from the effect of illness on the persons independence and their ability to make decisions. The patients often feel powerless in health care environments, so they usually view themselves as extremely vulnerable being. For this, the importance of the nurse's role as an advocate in health care is emphasized very much. Most patients show different degrees of vulnerability, depending on the nature of their illness, culture, educational or economic background, personality or prior health care experiences, the investigators decided to do this study with the purpose of inspecting nursing students' perception about advocacy of human rights, so that by using this study results, they can give education and necessary measures to the students who still have not started their work in the future work place and to prepare them to do this important action .

Subjects and methods

Aim of the study :

The aim of this study is to assess the nursing students' perceptions regarding patients' rights and patients' advocacy.

Research Questions:

What is the nursing students' perceptions regarding patients' rights and patients' advocacy?

Research Design:

This study is a descriptive correlation design. This design was used to describe variables and examine possible relationship among them.

Setting:

The present study was conducted in faculty of nursing at Port Said University / Egypt.

Sample :

Data collected from nursing students (No.=143) that study at faculty of nursing, the second year (43 students), the third year (33 students), the fourth year (27 students) and fifth year or internship year (40 students).

Tools of data collection:

The data will be collected through using the two tools: The first one developed by Parsapoor (2012) and divided to two parts. Part (1): Sociodemographic characteristics as age, marital status, study year, number of family members, and one question for source of students information about patients' rights.

Part (2): Questionnaire which measures the patients' rights, it contain 20 questions divided to four categories: first category: necessity of observing patients' rights to receive respectful and non-discriminatory service (3 items), second category: necessity of observing patients' rights to access their own information (10 items), third category: necessity of observing patients' right for choosing and deciding freely (4 items), fourth category: necessity of observing patients' right to follow up their complaints and revealing medical errors (3 items).

The second tool: The patients' advocacy questionnaire contain (14) questions and listed in National Patients and their Families' Rights and Responsibilities' booklet(Habib& Al-Siber,2013). The questions included all general aspect related to patients' advocacy.

- **Scoring system:**

The first tool : The Lower and upper limits of the likert scale show in the following table:

Strongly agree	Agree	Uncertain	disagree	Strongly disagree
5	4	3	2	1

The scale grading according to the likert scale, which represents the sum of the answers collected on " paragraphs. Thus, the interpretation of the mathematics average weighted as follows: From nursing students score 20 to 45 had low perception of patients' rights, from 46 to 70 they had moderate perception of patients' rights, from 71 to 100 they highly perception of patients' rights. The introduction of three-scale gradient due to the strength the reliability (internal consistence and stability), factor analysis and item analysis of the scale were evaluated by us to maintain stability and avoid bias, through measurement of its internal consistency using chromback alpha coefficient analysis. It indicates high level of internal consistency (0.80).

Second tool :The scoring system for all questions about patient advocacy are (2 grade for YES answers) and (1 grade for NO answers) calculated as numbering and percentage.

Pilot study:

After review of the tools by jury of academic staff of nursing (3 members) and its approval , a pilot study was carried out before starting the actual data collection. The purpose of the pilot study was to ascertain the clarity, applicability of the study tools, and to identify the obstacles and problems that may be encountered during data collection. It also helped to estimate the time needed to fill in the questionnaire. Based on the results of the pilot study, modification, clarification, omission and rearrangement of some questions were done. The pilot study was done on 15 students (10% of the total sample) in the faculty of nursing. And these were not included in the total sample of the research work to ensure stability of the answers.

Ethical consideration and administrative design:

After obtaining consent from dean of the faculty of nursing ,from the head of the department of each year and from students to participate in the study, the data collection phase of the study was carried out in four weeks (June 2013). The investigators introduce herself to the respondent, and explained the aim of the study to the nurse's participant in the study setting; each participant was notified about the right to refuse to participate in the study, before taking her verbal consent. Then, the study tools were distributed to them, in the morning between lectures and break time every day, with instructions about its filling and collected on the same day. The investigators were present most of the time to clarify any ambiguity. The duration of the students participation in the study to fill the questionnaires was approximately 45 minutes: 5 minutes for oral consents process, 40 minutes for the questionnaires. Once all of the study questionnaires were completed, the questionnaires checked for any missing data, before the subjects left.

Data management and statistical analysis:

Data entry and analysis were done using Statistical Package for the Social Sciences "SPSS" program, version 13. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables and means and standard deviations for quantitative variables. Pearson correlation analysis and t-test were used for assessment of the relationships among quantitative variables and Chi-square test was used for qualitative data. Statistical significance was considered at p-value <0.05.

Results

Table 1: This table showed that sociodemographic characteristics and source of information of the study subjects, the highest percentage (44%) of the study subjects was observed in the fourth group who aged from (22-23 year), while the lowest percentage (13.3%) was observed in the first group who aged from (19 - < 20 year). The majority of the study subjects (86.01%) was observed in the single status regarding marital status, while the lowest percentage (0.69%) was observed in divorced status. According the study year, less than one

third (30.1%) of the study subjects was observed in second year, while the lowest percentage (18.9 %) was observed in fourth year. According to number of family members of the study subjects one third (33.6%) of the study subjects was observed in (1-5 members), while the lowest percentage (6.3 %) was observed in (11-15 members). Regarding to the source of information about patients' rights, less than three quarters (73.43%) of the study subjects was lectures source , while the lowest percentage (2.1%) was internet and TV source.

Table 2: This table clarified that percentage distribution of nursing students' perception levels about patients' rights, the highest percentage (80.43%) of the study subject was observed at high level of perception of the patients' rights, while the lowest percentage (1.39%) of the study subject was observed at low level of perception of patient rights. Moreover, the moderate level of perception of the patient's rights was (18.18%) of the study subjects.

Table 3: This table illustrated that percentage distribution of nursing students' year of the study regarding to patients' advocacy, the highest percentage of (Yes) response was observed in fifth year (internship year) (25.02%), third year (21.1%), second year (19.74%), and fourth year (17.34%) respectively.

Table 4: This table clarified that percentage distribution of the total nursing students regarding to perception of patients' advocacy. The highest percentage (83.2%) of the study subjects was observed in "Yes" response, while the lowest percentage (16.8 %) of the study subjects was observed in "No" response.

Table 5: This table illustrated that relationship between nursing students' perception of patients' right and their sociodemographic characteristics, there was a highly statistical significant correlation ($p=0.000$) between nursing students' perception of patients' rights and their sociodemographic variables as age, marital status, number of family members and source of information except with study years ($p=0.22$) .

Table 6: This table showed the relationship between nursing students' perception of patients' advocacy and the sociodemographic characteristics, there was a highly statistical significant correlation ($p=0.000$) between nursing students' perception of patient advocacy and their sociodemographic variables as, age , study years , family members and source of information except with marital status ($p=0.88$)

Table 7: This Table clarified the relationship between nursing students perception of patient's right and total patient's advocacy, there was highly statistical significant relationship between nursing students' perception of total patients' advocacy and four categories of patients' rights and its total ($p=0.000$).Also this table clarified that the highest mean of nursing student's perception about patients' right was observed in necessity of observing patients' rights to access their own information category, while the lowest mean in necessity of observing patient's right to follow up their complaints and revealing medical errors category.

Table (1): Distribution of Nurses According their Sociodemographic Characteristics and Source of Information of the Study Sample (No=143).

Variables	No	%
Age:		
19 - < 20 year	19	13.3
20 - < 21year	38	26.6
21- < 22 year	23	16.1
22 – 23 year	63	44
Mean ± SD 21.07 ±91.32		
Marital Status:		
Single	123	86.01
Married	19	13.28
Divorced	1	0.69
Study Year:		
Second year	43	30.1
Third Year	33	23.1
Fourth year	27	18.9
Fifth year (Internship)	40	27.9
Number of Family Members:		
1-5	48	33.6
6-10	86	60.1
11-15	9	6.3
Source of Information:		
Lectures	105	73.43
Text books and Journals	6	4.19
Through study	26	18.18
(Internet)	3	2.1
(TV)	3	2.1

Table (2): Percentage Distribution of Nursing Students' Perception Levels about Patients' Rights (No =143).

Perception Levels of Patients' Rights	No	%
Low Perception	2	1.39
Moderate Perception	26	18.18
High Perception	115	80.43

Table (3): Percentage Distribution of Nursing Students' year of the study Regarding to Patients' Advocacy (No =143).

Patients' advocacy items	Second Year		Third Year		Fourth Year		Internship Year	
	Yes	NO	Yes	NO	Yes	NO	Yes	NO
	%	%	%	%	%	%	%	%
1- The right to be informed about his rights and responsibilities in a manner that he can understand.	30.1	0.0	21.7	1.4	16.1	2.8	23.1	4.8
2- The right to be provided with appropriate medical services available in hospital facilities.	26.6	3.5	22.38	0.69	16.78	2.09	24.47	3.49
3- The right to be respected by hospital staff in a way that takes into consideration the patient's cultural and religious values and beliefs.	30.1	0.0	20.97	2.09	17.48	1.4	24.47	3.49
4- The right to have the health care staff introduce themselves and to appropriately display their ID padres	10.5	19.58	20.98	2.1	16.08	2.79	27.97	0.0
5- The right to accept or refuse to participate in any medical research and your refusal decision will not negatively affect the medical services provided.	17.5	12.58	20.28	2.79	18.2	0.69	25.17	2.79
6- The right to request an appropriate assessment and management of pain.	11.88	18.2	18.2	4.89	16.87	2.09	26.57	1.39
7- The patient has the right to be provided with interpreters to communicate with health care staff.	11.89	18.2	21.67	1.4	17.48	1.4	25.87	2.09
8- The right to participate in care decisions to the extent he wishes to, and in choosing the treatment plan upon signing the general consent form .	9.1	20.98	23.07	0.0	18.88	0.0	27.97	0.0
9- The right to refuse or discontinue treatment after a thorough explanation by his physician about the consequences and or outcomes of his decision.	13.3	16.78	23.07	0.0	18.88	0.0	27.97	0.0
10- The right to obtain a second opinion consultation from another specialist.	20.3	9.79	20.97	2.09	16.78	2.1	23.77	4.2
11- The right to be informed the necessary directives and procedures.	23.08	6.99	20.27	2.79	16.8	2.1	21.67	6.3
12- The right to receive full explanation of any unanticipated outcomes of care and treatments.	25.17	4.89	20.98	2.1	16.78	2.1	21.68	6.3
13- The right to have your valuables collected and secured according to hospital procedures.	26.57	3.49	23.08	0.0	16.78	2.1	23.78	4.2
14- The right to submit suggestions ,or/and complaints and to be informed with the results of such complaints.	20.28	9.79	17.48	5.6	18.88	0.0	25.87	2.1
Total	19.74	10.34	21.1	1.99	17.34	1.54	25.02	2.93

Table (4).Percentage Distribution of Total Nursing Students Regarding to Perception of Patients' Advocacy (No = 143).

Patients' advocacy items	Yes		No	
	No.	%	No.	%
1- The right to be informed about his rights and responsibilities in a manner that he can understand.	130	90.9	13	9.1
2- The right to be provided with appropriate medical services available in hospital facilities.	129	90.2	14	9.8
3- The right to be respected by hospital staff in a way that takes into consideration the patient's cultural and religious values and beliefs.	133	93.01	10	6.99
4- The right to have the health care staff introduce themselves and to appropriately display their ID padres .	108	75.5	35	24.5
5- The right to accept or refuse to participate in any medical research and your refusal decision will not negatively affect the medical services provided.	116	81.1	27	18.9
6- The right to request an appropriate assessment and management of pain.	105	73.4	38	26.6
7- The patient has the right to be provided with interpreters to communicate with health care staff.	110	76.9	33	23.1
8- The right to participate in care decisions to the extent he wishes to, and in choosing the treatment plan upon signing the general consent form .	113	79.0	30	21.0
9- The right to refuse or discontinue treatment after a thorough explanation by his physician about the consequences and or outcomes of his decision.	120	83.9	23	16.1
10- The right to obtain a second opinion consultation from another specialist	117	81.8	26	18.2
11- The right to be informed the necessary directives and procedures.	117	81.8	26	18.2
12- The right to receive full explanation of any unanticipated outcomes of care and treatments.	121	84.6	22	15.4
13- The right to have your valuables collected and secured according to hospital procedures.	129	90.2	14	9.8
14- The right to submit suggestions ,or/and complaints and to be informed with the results of such complaints.	118	82.5	25	17.5
Total (%)	83.2		16.8	

Table (5): Relationship between Nursing Students' Perception of Patients' Right and their Sociodemographic Characteristics (No =143).

Variables	r	p
Age	33.3	0.000
Marital status	81.02	0.000
Study year	4.32	0.22
Number of family members	62.19	0.000
Source of information	268.01	0.000

Table (6) : Relationship between Nursing Students' Perception of Patient Advocacy and the Sociodemographic Characteristics (No =143).

Variables	r	p
Age	6.96	0.000
Marital status	0.50	0.88
Study year	7.55	0.000
Family Members	3.77	0.000
Source of information	3.57	0.000

Table (7) : Relationship between Nursing Students Perception of Patient`s Right and Total Patient`s Advocacy (No = 143).

Patients' right	Mean	SD	t	p
1- Necessity of observing patients' rights to receive respectful and non-discriminatory service.	12.48	2.44	164.92	0.000
2- Necessity of observing patients' rights to access their own information.	39.93	6.80	155.32	0.000
3-Necessity of observing patients' right for choosing and deciding freely.	14.41	2.88	78.09	0.000
4- Necessity of observing patient`s right to follow up their complaints and revealing medical errors.	11.49	2.39	89.19	0.000
Total	78.32	11.19	81.02	0.000

Discussion:

Patient rights have recently become the center of national attention in the practice of medicine. Patients' rights vary in different countries and in different jurisdictions, often depending upon prevailing cultural and social norms. Patients have certain rights concerning their personal and private information relevant to their medical care. Patient advocacy is an area of lay specialization in health care concerned with patient education about the use of health plans and how to obtain needed care. The role of patient advocate is frequently assumed by nurses, social workers, and other health care providers. Nonetheless, patient advocacy is fundamental to nursing. The American Nurses Association (ANA) includes advocacy in its definition of nursing, which it describes as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. Advocacy in nursing finds its theoretical basis in nursing ethics. For instance, the ANA's Code of Ethics for Nurses includes language relating to patient advocacy (American Nurses Association, 2010). It was highly informative to assess the level of nursing students' perception of patients' rights and advocacy.

In the present study finding, concerning the source of information about patients' rights, less than three quarters (73.43%) of the study subjects was lectures source , while the lowest percentage (2.1%) was internet and TV source. These findings come in harmony with Habib& Al-Siber (2013) which represent that, A large percentage of the sample got their information about patient right from nurses and doctors (73.76%, 62.08% respectively). Less than half of sample (41%) got information from other health care provider, while 35.36% of the subjects got information from National Patients and their families' Rights and Responsibilities' booklet, while about one third of the subjects (34.4%) got information from family and friends.

In the present study finding, the heights percentage of the study subject was observed at high level of perception of the patients' rights. Similar findings by Almoajel (2012) who carried a study about patients' rights at King Saud Medical City in the middle province in Saudi Arabia, the total of nursing students were perception of all the 14 rights with percentage (82.2%).

In the same domain, Kazemnezhad & Hesamzadeh(2013)founded in their study "The patients' bills of right is not fully implemented by physicians and nurses working in educational hospitals". Therefore, necessary actions are needed to remove barriers against patients' bills of right and to facilitate its implementation in hospitals. Implementing medical ethics rules and patients' bills of right are necessary in achieving high quality health care services.

In the present study finding, the highest percentage of (Yes) response regarding patients' advocacy was observed in fifth year of the study subjects (internship year). In this regard, Chafey (2008) states that effective factor on patient advocacy is the relationship of the nurse and the patient that plays an important role in the patient advocacy. The nurse and the patient relationship a part from ethic matters is the most important part of the patient advocacy process.

Therefore based on our findings and considering this fact that patient advocacy is one of the essential concepts in health care system, and our students have average information regarding this important point and also considering that the nursing students will undertake an important responsibility in the future, assigning only one educational unit as professional ethic to make students aware of this matter seems insufficient. Therefore, considering that in our country and also other countries limited studies were performed on the students and most of the performed studies were on the employed nurses in hospital, it seems necessary that persons in charge make an excess effort to arrange educational workshops in order to introduce the concept of patient advocacy to the students of this course as one of the nursing key concepts and hence create an adequate insight.

In the same line with Yousouf (2009) who shows that, 250 patients was surveyed. The three rights that more than 80% of the subjects were aware of, are: the right to have your valuables collected and secured according to hospital procedures, the right to be informed about your rights and responsibilities in a manner they you can understand, and the right to be respected by hospital staff in a way that takes into consideration.

An explanation of the above finding is that Course Fundamentals of nursing in a second year exposed to certain rights of the patient and in the fourth year of study Course Ethics. While, there was different with the findings of this study and perhaps the reason of this difference is training environments and differences in the method of education between these groups of students. Also about the effective factors on the patient advocacy, The findings of Negarande (2009) also showed that the nurse and patient relationship, recognition and focus on the patients need and nurse responsibility are factors which facilitate the patient advocacy.

In the present findings, there was highly statistical significant relationship between nursing students' perception of total patients' advocacy and four categories of patients' rights and its total ($p=0.000$). The findings of Chafey (2008) study which was also done on nurses' knowledge about the advocacy of patient showed that the role of advocacy in the mind of many of answerers was not established as one of the essential roles of nurses and the nurses have high knowledge (95.5%) about the patient rights.

Hoshmand (2008) stated that perhaps the reason of this difference resulted from different awareness of students regarding nurses working in hospital. The findings of Aghajani (2008) and his colleagues also showed that nursing students have remarkable insight about advocacy of patient rights and are sufficiently ready to advocate the patient and properly acquainted with the needs of responsibility related to this profession which a nurse should be aware of and protect them strongly .

Conclusion:

On the findings of the present study, the investigators conclude that, there was highly perception of the nursing students regarding to patients' rights and patients' advocacy. Moreover, there was highly statistical significant relation between the nursing students' sociodemographic characteristic and patients' rights and also patients' advocacy. Also, there was a statistical significant relationship between the nursing students' perception of patients' rights and patients' advocacy .

Recommendations:

- 1- Further studies to assess the health care provider's awareness should be conducted to assure that the health care providers understand patient's rights and how to solve any problem out of respect of patient.
- 2- Further studies must be done to enhance patient's awareness to be able to improve the practical implication of the patient rights.
- 3-The findings of the study suggests that appropriate measures have to be taken from a national perspective in order to improve the quality of health care practice, control and eliminate the factors that lead to violation of patients rights.
- 4-Its seems necessary that faculty members charge make an excess effort to arrange educational workshops for nursing students in order to introduce the concept of the patients advocacy.

References:

-Aghajani M. & Dehghan N.(2009). Inspecting the Level of Observing Patients' Privacy by Medical team and its Relation with Patients' Satisfaction in ER. Abstracts of the second international conference on Iran medical ethics, Tehran University of Medical Science, 1-2. Retrieved November 10.

- AliAkbari F. & Taheri H.(2009). Scrutinizing the level of patients' Rights Charter from the Working Nurses' Points of View in Educational Hospitals . Abstracts of the second international conference on Iran medical ethics, Tehran University of Medical Science, 2-3. Retrieved November,10.
- Almoajel M A.(2012). Hospitalized Patients Awareness of Their Rights in Saudi Governmental Hospital. Middle-East Journal of Scientific Research, 11 (3): 329-335.
- Altun I.& Ersoy N. (2008).Undertaking the Role of Patient Advocate: a Longitudinal Study of Nursing Students. Nurse Ethics, September,vol.10, No.5.462-47.
- American Nurses Association(2010). Code of Ethics for Nurses. Retrieved March 24. Available from: <http://nursingworld.org/ethics/ecode.htm>.
- American Nurses Association. (2007).The Code of Ethics for Nurses with Interpretive Segments. oct 26. Available from :www.nurses.org/ethics/code/protectednow81.htm.
- Chafey K., Rhea M.& Shannon M A.(2008). Spencer Characterizations of Advocacy by Practicing Nurses Journal of professional Nursing .vol 14,issue 1, January. p:43-52.
- Drew N.(1997). Expanding self –awareness through exploration of meaningful experience. J holistic nurse;15:406-23.
- Foley BJ, Minick MP. & Kee CC.(2002). How Nurses Learn Advocacy. J nurse scholarship;34:181-6.
- Grace G. (2008).Professional advocacy: Widening the Scope of Accountability. Blackwell Science Ltd; Nursing Philosophy, 2:151-162.
- Gaylord N. & Grace P.(2008). Nursing Advocacy: An Ethic of Practice. Nursing Ethics 28 JUN, 2(1):11-18.
- Habib F. & Al-Siber H.(2013). Assessment of Awareness and Source of Information of Patients' Rights: a Cross-sectional Survey in Riyadh Saudi Arabia, American journal of research communication ;1(2). Available from www.usa-journals.com. Ministry of Health, Saudi Arabia, <http://www.moh.gov.sa/Pages/Default.aspx>.
- Hoshmand A., Joolae S., Mehrdad N. & Bahrani N. (2008).Knowledge of Nurses in Teaching Hospitals in Tehran from the Patients' Rights and Facilitating Factors the Observance of the Rights from Attitude of them. Journal of Medical Ethics and History, 12 (4) :66-57.
- Ingram R.(2010). The Nurse as the Patient Advocate [Monograph on the Internet] University of Portsmouth. department of humanities: school of social and historical studies, August. Available from: <http://www.richard.ingram.nhspeople.net/student/files/advocacy.pdf>.
- Kazemnezhad S. & Hesamzadeh A.(2013). Implementation of Patients' Bills of Rights by Physicians and Nurses from Their Colleagues' Points of View in Educational Hospitals of Mazandaran University of Medical Sciences. J Mazand Univ Med Sci; 23(97): 216-223.
- Negarande R., Oskoe F., Ahmadi F. & Nikravesh M.(2009). Barriers and Stabilization Factors in Advocacy of Patients in Nursing Experiences. Journal - . Zanzan University of Medical Sciences, Volume 12, Number 47. Pages:175-186.
- Parsapoor A.(2012). Necessity of Observing Patient's Rights: A Survey on the Attitudes of Patients, Nurses and Physicians, journal of medical ethics and history of medicine,1 mar; 5: (2).
- Selin SC. (2008).Out on a limb: A qualitative Study of Patient Advocacy in Institutional Nursing. Nursing Ethics, 28 JUN, 2(1):19-29.
- Tahan HA.(2012) :Essentials of Advocacy in Case Management. Lippincott's Case Management, 10 (3):136-145.
- Teasdale L.(2007). Advocacy in Health Care. Oxford: Blackwell Science;. Journal of Advanced Nursing, 25:130-138.
- Yousuf, R., Fauzi, A. & How, S.(2009). Hospitalized Patients' Awareness of their Rights: A cross-sectional Survey from a Tertiary Care Hospital on the East Coast of Peninsular Malaysia. Singapore Medical Journal, jan.50(5):494-9.