

ASSESSMENT OF KNOWLEDGE OF THE IMPORTANCE OF PATIENTS' RIGHTS IN FROM THE PERSPECTIVE OF SENIOR MEDICAL STUDENTS

Sawsan ghaith alsharif¹, Mohmmad Ateeg Alsubhi², Naeem Eid Alsubhi³, Majed Masud Hassan Al-Zahrani⁴, Ghassan Ghazi Marghalani⁵, Mohammed Medreq FI Ailh R. Almehmadi⁶, Amin Khalaf Ghazi Almaamery⁷, Basim Salman M Almehmadi⁸, Mohammad Motlaq Alsolami⁷, Meshal Salman M Almhemedi⁹

¹Dentist General Practitioner, Alhindawiya health center, Saudi Arabia.

²Nurse Technician, AL-Hindawiah Primary Health Care Center, Saudi Arabia.

³Nursing Technician, Al Noor Specialized Hospital, Saudi Arabia.

⁴Nursing technician, Disease vectors and common diseases, Saudi Arabia.

⁵Nursing technician, Department of Public Health of Holy City Vector Borne Diseases Department, Saudi Arabia.

⁶Epidemiology Inspector, Otibea Primary Health Care Center, Saudi Arabia.

⁷Specialty, Health Administration specialist, King Abdul - Aziz Hospital Saudi Arabia.

⁸Lab technician, Medical Laboratory, King Abdulaziz Hospital, Saudi Arabia.

⁹Lab technician, Medical Laboratory, Primary health care center on Hajj Street, Saudi Arabia.

Abstract

Background:

Little is known about the implementation of the patient bill of rights (PBR) in Saudi Arabia. In Saudi Arabia, the basic law of governance states that “the State shall look after public health and provide health care for every citizen.” Accordingly, in 2001, the Ministry of Health (MOH) established the General Directorate of Patients' Relation to look after patients' rights and in 2006 was able to publish the first edition of patients' bill of rights (PBR) in Saudi Arabia, which was endorsed in 2010 by the National Society for Human Rights in Saudi Arabia. On November , 2011, the International Conference on Patients' Rights was organized in Saudi Arabia. On December , 2011, a new edition of PBR was published. This was presented at the National Conference on Patients' Rights in Saudi Arabia organized by the MOH on April , 2012. The social system in Saudi Arabia is very supportive for patients and their families and in most hospitals patients have access to free health care services. Professionals, including future physicians are expected to respect patients' rights, but if they are not familiar with the contents of the bills of rights.

Aim of the study: To assess the knowledge of the Importance of Patients' Rights in from the Perspective of senior medical students in Umm Al-Qura University in Makkah Al-Mokarramah city at Saudi Arabia.

Methods: a cross-sectional study design descriptive study conducted was conducted at College of Medicine, Umm Al-Qura University in Makkah, the study was conducted at sixth and fifth academic level (male and female sections) Our total participants were (400).

Results: shows that the majority of participant approximately (40.0%) were aged <35 years, while data Range (23-59) Mean \pm SD (41.112 \pm 6.258), gender that male students represent (62.0%) of the participants also that of the (54.75%) participants have average knowledge of the patients' rights knowledge , (42.5%) have high knowledge of the patients' rights knowledge, and the data ranged from (8 to 30) by mean+ SD (21.661+3.879), the X^2 (177.365) and a statistically significant level, $p=0.001$

Conclusion: Incorporating patient priorities and preferences into their healthcare can improve desirable proximal outcomes related to communication such as the patient feeling heard, understood, respected and engaged in their care. Knowledge of the senior medical students regarding patients' rights is generally acceptable.

Keywords : Assessment, knowledge, Importance, Patients', Rights, senior medical student

INTRODUCTION

Human rights are rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status [1]. The term “human rights” refers to those rights that have been recognized by the global community in the Universal Declaration of Human Rights (UDHR), adopted by the United Nations (UN) the Member States in 1948, and in other international legal instruments binding on States [2]. the right to quality medical care without prejudice, the right to make informed decisions about care and treatment options, and the right to refuse treatment”. [3] Health is a major part of our human rights and our understanding of a life in dignity [4]. The World Health Organization (WHO) defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. [5]

The purpose of delineating patient rights has been to ensure the ethical treatment of persons receiving medical or other professional health care services. Many issues comprise the rights of patients in the medical system, including a person's ability to sue a health plan provider; access to emergency and specialty care, diagnostic testing, and prescription medication without prejudice; confidentiality and protection of patient medical information; and continuity of care.[6] WHO also states 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, and political belief, economic or social condition [7]. Patients' rights differ from country to another and from different authorities, also depending upon prevailing cultural and social norms [8].

Increased recognition of patients' rights has occurred relative to the use of health care services. These rights can be considered to be both social and individual rights.[9]

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 patient's right to self-determination was established many centuries ago.[10]

concerns about the patients choice, respect for their values and preferences and access to health care are becoming more complex. Patients want to actively participate in decision-making. Proposed procedures or awareness of human rights has been on the rise.[11] Studies have shown that communication skills, being caring, providing comfort and technical competence are the physician behaviors most strongly associated with patient trust. [12]

Due to the rising cost of healthcare, increased patient awareness and medico-legal issues, medical staff is now more accountable to the public than ever before. Ethical issues attract widespread public attention. This will affect the way medical staff approach their work. [13] many patients and their families may not be aware of their rights that have been granted by the Saudi government through policies and regulations of the Ministry of Health. [14]

literature Review

Kuzu et al (2006) reported the results of Lithuania study that that was conducted at the four Kaunas city medical centers on 451 patients, showed that 56% of patients had heard or read about patients' rights but did not understand their meaning, and 69% of patients agreed that they have to be informed about their diagnosis, medical treatment and treatment methods but these rights were not implemented [15].

Ghods and Hojjatoleslami carried out a survey to assess knowledge of medical and paramedical students of hamedan about patients` rights. The results mean of awareness were 10.3 with a standard division of 1.5%. Almost half of the students (47%) were not familiar with the Bill of Rights. Overall, low awareness was 31%, medium 53%, and high awareness was only 16%. Awareness was not significantly associated with any studied socio-demographic factor.[16]

Other research indicated that the media plays a significant role in making people aware of their legal and social rights; however, this requires planning at a high level of health care management systems.[17] Other results reported previous research studies conducted in Saudi Arabia which identified that many PHC centers lack necessary resources,16 have a shortage of qualified health personnel.[18]

The Uganda National Health Users'/Consumers' Organization (UNHCO) Baseline survey was carried out in May 2002 to establish the level of awareness about patient's rights as well as to examine whether patient's rights are being respected in practice. Eighteen health care providers were interviewed. All of the interviewed health providers acknowledged that patients have certain rights. When asked, each of them could mention at least four of the ten patient's rights.[19] Alghanim, July 2010, conducted a research to assess knowledge of the patient bill of rights in central Saudi Arabia. A survey of primary health care providers was conducted. Data was collected from 500 health care providers (physicians and nurses) in Riyadh. More than one third of PHC providers did not know about the existence of the bill. Among those who knew about its existence, almost half of PHC providers had little knowledge about the bill contents. [20]

Saeede et al (2016) carried out a study to investigate the knowledge of medical staff regarding patients` rights and its implementation in operation room from viewpoint of students. The means of patient right awareness and its' implementation in viewpoint of students was 20.06 ± 3.41 and 18.89 ± 6.27 . There was a significant relationship between awareness score about patient right and its implementation. The result showed although student awareness of patients` right was in a high level, implementation of this right is not so good.[21]

Study rationale:

Few studies conducted worldwide and in Saudi Arabia assessment knowledge of health care providers regarding patients` rights, it is mandatory to assessment senior medical students' awareness about patient`s bill of rights. Only two studies were carried out among medical students.

Aim of study:

To assess the knowledge of the Importance of Patients' Rights in from the Perspective of senior medical students in Umm Al-Qura University in Makkah Al-Mokarramah city at Saudi Arabia

Objectives:

To assess the knowledge of the Importance of Patients' Rights in from the Perspective of senior medical students in Umm Al-Qura University in Makkah Al-Mokarramah city at Saudi Arabia

Methodology**Study design**

This study followed a cross-sectional study design.

Study setting

The study will be carried out in the city of Makkah Al-Mokarramah Makkah is the holiest spot on Earth. It is the birthplace of the Prophet Mohammad and the principal place of the pilgrims to perform Umrah and Hajj. It is located in the western area in Kingdom of Saudi Arabia and called the Holy Capital. Contains a population around 1.578 million. This study was conducted in Umm Al-Qura University in Makkah Al-Mokarramah city at Saudi Arabia and it reflects a diversified demographic profile with a considerable portion of the student comes from rural descent, while others come from an urban one. This difference translates into biological, socioeconomic and lifestyle differences in the Makkah population. The study was conducted at sixth and fifth academic level (male and female sections).

Study population:

Sixth and fifth-year medical students enrolled throughout the academic year 2019 .

Sampling:

All sixth and fifth-year medical students (males and females) enrolled throughout the academic year 2019 at Umm Al-Qura University were invited to participate in the study by filling in the study questionnaire. our total sample (400)

Study tool

A valid and reliable questionnaire that comprised two sections was utilized. [22] Permission to use the questionnaire was obtained from the corresponding author through phone communication.

The questionnaire composed of two sections:

- 1- Socio-demographic variables: gender, academic level and academic performance
- 2- Awareness regarding patients' rights: This part was applied on all study subjects. It consisted of 30 statements based upon the patients' rights set by the Saudi Ministry of Health. [23]

For each of these 30 statements, a correct response was assigned a score of (1), and an "incorrect" response was assigned a score of (0). 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; care was taken to not disturb the students. A help in collecting data from 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 their final applicable forms. The results were added to the final report as they were not different significantly from final results

Data analysis

The Statistical Package for Social Sciences (SPSS version 24) was used for data entry and statistical analysis. Descriptive statistics were calculated. The Statistical Package for Social Sciences (SPSS) software version 24.0 has been used for data entry and analysis. Descriptive statistics (e.g., number, percentage) and analytic statistics using Chi-Square tests (χ^2) to test for the association and the difference between two categorical variables were applied. A p-value ≤ 0.05 will be considered statistically significant

Administrative considerations:

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

Ethical considerations:

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

Budget: This study was funded by the researcher.

RESULTS

Four hundred medical students participated in the present study. The following is their background characteristics(400)

Table 1 Distribution of the demographic characteristics of senior medical students

Mean±SD	11.57±4.599	
	N	%
Age (years)		
<35	160	40.0
35-50	132	33.0
>50	108	27.0
Range	23-59	
Mean±SD	41.112±6.258	
Gender		
Female	152	38.0
Male	248	62.0
Specialty		
Nurse	258	64.5
Doctor	92	23.0
Administrative	50	12.5
Doctors job title (n=92)		
General practitioner	28	45.2
Resident	30	48.4
Specialist	24	38.7
Consultant	10	16.1
Nursing job title (n=258)		
Technical	185	71.7
specialist	73	28.3
Experience from graduation (years)		
<5	60	15.0
5-10.	152	38.0
10-20.	124	31.0
>20	64	16.0
Range	3-29.	
Mean±SD	11.57±4.599	

This table 1 shows that the majority of participant approximately (40.0%) were aged <35 years, while approximately of participant (33.0%) aged from 30- 50 years. while data Range (23-59) Mean \pm SD (41.112 \pm 6.258). Regarding gender that male students represent (62.0%) of the participants whereas female students represent the remaining 38.0% of them. Regarding Specialty more than half of participant (64.5%) were Nurse, while Doctor (23.0%) the majority of Doctors job title the Resident were (48.4%), also for General practitioner were (45.2%), while Nursing job title the majority of the participants Technical were (71.7%). Regarding experience from graduation (years) from 5-10 years were (38.0%).while data Range (3-29) Mean \pm SD (11.57 \pm 4.599)

Table 2: Distribution of the response of the participants to knowledge statements regarding patients` rights
Table 2 show the students` responses to 15 statements concerned with knowledge of different aspects of patients` rights. only 45.0% of them knew that getting a copy of the patients' rights bill when they register or login health center, by answer (Yes), also Outstanding of patients' rights bill in a prominent place in the health center sections only 44.0% of them knew the true by answer (Yes). While the presence of a suitable method for health education enough to deal with his health problem the majority of student knew the true by answer Yes were(80%), access to health care respectable and decent at all times and under all circumstances the majority of student knew the true by answer Yes were(82%). Respecting his cultural values and beliefs and social and religious the majority of student knew the true by answer Yes(91.0%), only 49.0% of them knew that Know the names of the participants in the health service has and specialties while discuss the physician in the expected results of the treatment and knowledge of medical alternatives proposed the majority of student knew the true by answer Yes

	Items	Yes		No	
		No.	%	No.	%
1	Get a copy of the patients' rights bill when you register or login health center (True)	180	45.0	220	55.0
2	Outstanding of patients' rights bill in a prominent place in the health center sections (True)	176	44.0	224	56.0
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 (False)	196	49.0	204	51.0
4	Get priority of health service based on the belief or religion, language, sex, age or disability (False)	40	10.0	360	90.0
5	The presence of a suitable method for health education enough to deal with his health problem (True)	320	80.0	80	20.0
6	Access to health care respectable and decent at all times and under all circumstances (True)	328	82.0	72	18.0
7	Not calling him in his own name registered in official papers and so out of respect for his privacy (False)	240	60.0	160	40.0
8	Respecting his cultural values and beliefs and social and religious (True)	364	91.0	36	9.0
9	Hide him information regarding the diagnosis, treatment or complications account for his condition (False)	100	25.0	300	75.0
10	Know the names of the participants in the health service has and specialties (True)	196	49.0	204	51.0
11	Discuss the physician in the expected results of the treatment and knowledge of medical alternatives proposed (True)	364	91.0	36	9.0
12	Rejected part of the treatment due to him and not with the whole informed health outcomes expected from the rejection decision (False)	160	40.0	240	60.0
13	See other alternative treatments in the event of his refusal of treatment due (True)	324	81.0	76	19.0
14	Discuss therapeutic program with him in the presence of his family (False)	220	55.0	180	45.0
15	The medical doctors and nurses in the health center can see patients` medical file (False)	280	70.0	120	30.0

(91.0%) but see other alternative treatments in the event of his refusal of treatment due the majority of student knew the true by answer Yes (81.0%)

On the other hand, only 51.0% of them knew 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 is not among their rights, also majority of the student were (90.0%) get priority of health service based on the belief or religion, language, sex, age or disability is not among their rights, not calling him in his own name registered in official papers and so out of respect for his privacy the majority of student were(60.0%)is among their rights, About one-quarter of the students (30.1%) could recognize that the medical doctors and nurses in the health center cannot see patient`s medical file and 45.0% of them knew that discussing therapeutic program with patients in the presence of their family is not among their rights.

Table 3 : Distribution of the response of the participants to knowledge statements regarding patients` rights

	Items	Yes		No	
		No.	%	No.	%
16	Having someone of the same sex to attend during the clinical examination or overlaps required (True)	148	37.0	252	63.0
17	Progress of any complaint or proposals for the management of the Centre without any impact on the quality of service provided to him (True)	308	77.0	92	23.0
18	Make a written complaint, provided to be signed (False)	80	20.0	320	80.0
19	Provide a safe and suitable environment for the patient and his family (True)	340	85.0	60	15.0
20	Quarantine refused even when necessary (False)	40	10.0	360	90.0
21	Claim to participate in the research on his condition while matching search terms and by the possibilities (True)	232	58.0	168	42.0
22	Participate in any research or study after signing of the consent form (False)	52	13.0	348	87.0
23	Knowledge of the information contained in any adoption before signing it and in a way that is clear and understandable language (True)	352	88.0	48	12.0
24	Adoption site is kept in the patient's health file (True)	360	90.0	40	10.0
25	Taking Into account the needs of their own inside the center (such as a wheelchair, an elevator and other) (True)	368	92.0	32	8.0
26	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.) (True)	356	89.0	44	11.0
27	Presence of clinic and the dates of their own place (True)	352	88.0	48	12.0
28	Availability of tests and analyzes of the follow-up to their constantly (True)	360	90.0	40	10.0
29	Availability of drugs for chronic diseases in the pharmacy down (True)	380	95.0	20	5.0
30	Home visits assigned to them, in order to follow-up, education and survey (True)	364	91.0	36	9.0

Table 3 show the students` responses to another 15 statements concerned with knowledge of different aspects of patients` rights. On the other hand, only 37.0% of them knew that Having someone of the same sex to attend during the clinical examination or overlaps required, by answer (Yes), also Progress of any complaint or proposals for the management of the Centre without any impact on the quality of service provided to him only 77.0% of them knew the true by answer (Yes). While the Provide a safe and suitable environment for the patient and his family the majority of student knew the true by answer Yes were(85%), Claim to participate in the research on his condition while matching search terms and by the possibilities the majority of student knew the true by answer Yes were(58.0%). Knowledge of the information contained in any adoption before signing it and in a way that is clear and understandable language the majority of student knew the true by answer Yes (88.0%), only 90.0% of them knew Adoption site is kept in the patient's health file the treatment and knowledge of medical alternatives proposed the majority of student knew the true by answer Yes but see Availability of drugs for chronic diseases in the pharmacy down the majority of student knew the true by answer Yes (95.0%), collectively, on a scale ranged between 0 and 30, the patient`s right score ranged between 18 and 30 (21.661+3.879). Table 4

Table(4) Distribution of the patients` rights knowledge score among senior medical students in Umm Al-Qura University

		Knowledge		Score	
		N	%	Range	Mean±SD
Weak		11	2.75	8-30.	21.661+3.879
Average		219	54.75		
High		170	42.5		
Total		400	100		
Chi-square	X ²	177.365			
	P-value	<0.001*			

Table 4 show that of the(54.75%) participants have averageknowledge of the patients’ rights knowledge , (42.5%) have high knowledge of the patients’ rights knowledge, and the data ranged from(8to30)by mean+ SD (21.661+3.879), the X²(177.365) and a statistically significant level, p=0.001

Figure 1: Distribution of the patients’ rights knowledge score among senior medical studentsin Umm Al-Qura University

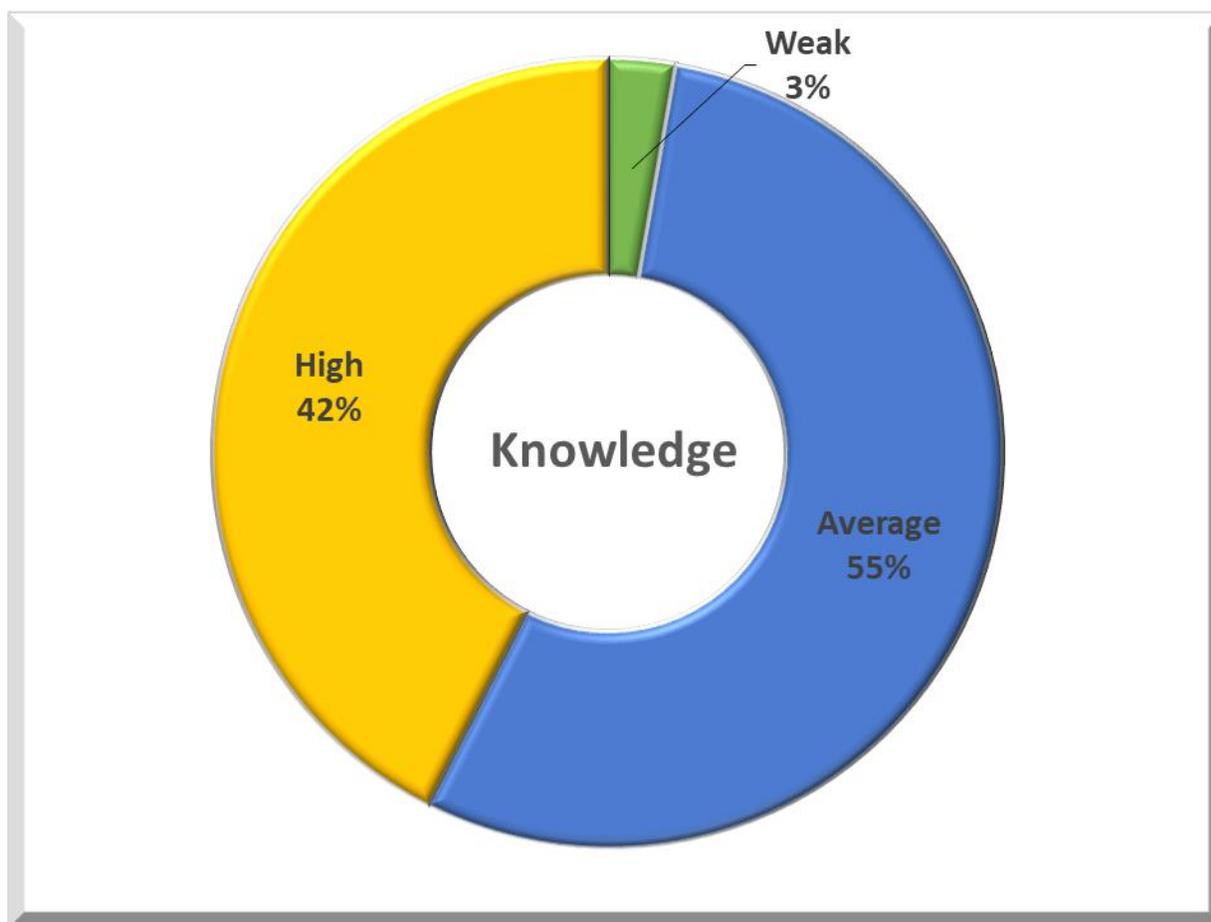
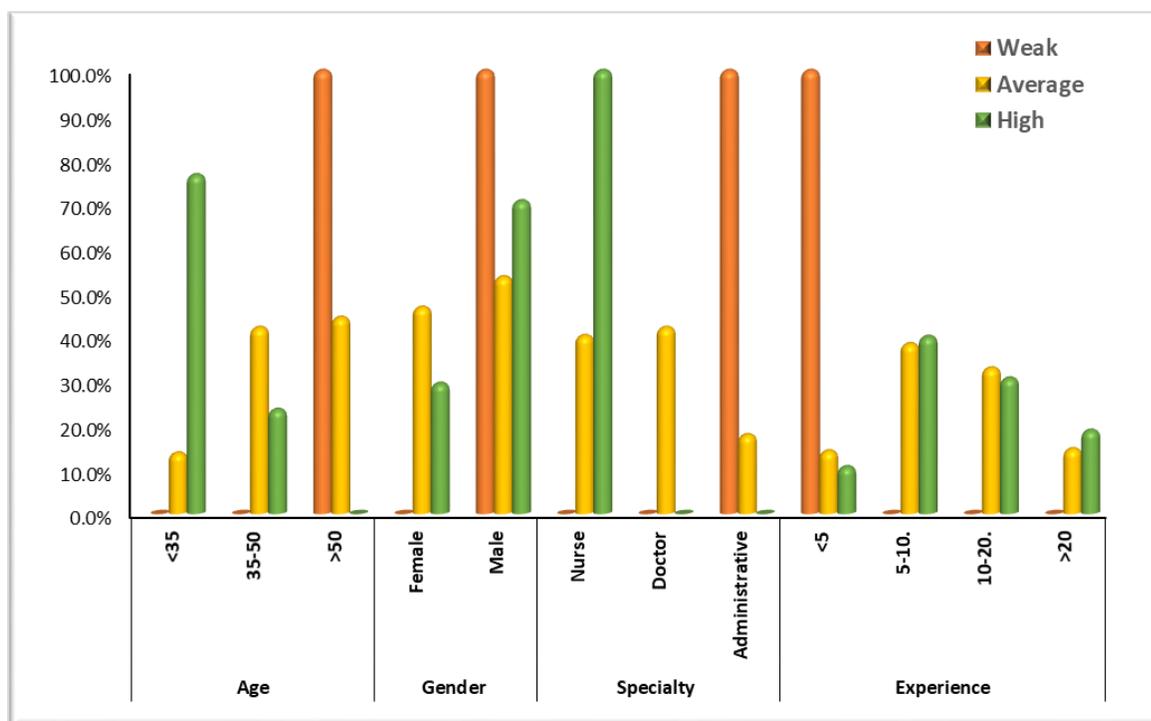


Table (5)Distribution of the factors associated with knowledge about patients` rights and socio-demographic data(age, Gender , Marital status and education)

		knowledge						Chi-square	
		Weak		Average		High		X ²	P-value
		N	%	N	%	N	%		
Age	<35	0	0.0%	30	13.7%	130	76.5%	246.375	<0.001*
	35-50	0	0.0%	92	42.0%	40	23.5%		
	>50	11	100.0%	97	44.3%	0	0.0%		
Gender	Female	0	0.0%	102	46.6%	50	29.4%	22.710	<0.001*
	Male	11	100.0%	117	53.4%	120	70.6%		
Specialty	Nurse	0	0.0%	88	40.2%	170	100.0%	249.998	<0.001*
	Doctor	0	0.0%	92	42.0%	0	0.0%		
	Administrative	11	100.0%	39	17.8%	0	0.0%		
Experience	<5	11	100.0%	31	14.2%	18	10.6%	45.813	<0.001*
	5-10.	0	0.0%	84	38.4%	68	40.0%		
	10-20.	0	0.0%	72	32.9%	52	30.6%		
	>20	0	0.0%	32	14.6%	32	18.8%		

Table 5 show that is a significant relation between knowledge and age of the students regarding patients` rights and was high in <35 age were(76.5%) than aged >50 was weak knowledge were (100%) where X² 246.375 and P-value=0.001. Although the a significant relation between knowledge and gender, the Male students regarding patients` rights (70.6%) was high knowledge than those of female students level, X² 22.710 p=0.001, regarding Specialty the a significant relation between knowledge and Specialty, the Nurse students regarding patients` rights (100.0%) was high knowledge than those of doctor students were (42,0%) average , while administrative were weak (100.0%) , X² 249.998 p=0.001, regarding experience the a significant relation between knowledge and experience, the 5-10experience regarding patients` rights (40.0%) was high knowledge than those 10-20 experience were (30,0%), X² 249.998 p=0.001

Figure 2 Distribution of the factors associated with knowledge about patients` rights and socio-demographic data(age, gender , specialty and experience)



DISCUSSION

Since the awareness of patients' rights in medical practice service is important for future physicians, it is mandatory to examine senior medical students' awareness about patient's bill of rights. On a scale ranged between 0 and 30, the patient's right score in the current study ranged between 18 and 30 (21.661 ± 3.879). In a similar study carried out in Iran, [24] about 53% of the medical students had an average of awareness about patient's bill of rights with a mean of awareness of 10.3% with a standard deviation of 1.5%. In another Iranian study, [25] 35.6% of the students had poor knowledge and 27.7% and 36.7% had moderate and good knowledge, respectively.

In a study conducted by Saeede et al (2016), [21] the knowledge score of medical students regarding patients' rights in operation room was 20.06 ± 3.41 , keeping in mind that different tools were utilized in both studies.

Khodamorad et al [26] reported that 68.4% of students were satisfactorily knowledgeable of the patients' right to have access to medical services. Also observed that 71.5% of them had a sufficient knowledge of a patient's right to accept or refuse treatment and 69.8% were aware of the confidentiality of a patient's information. However, Rangrazjedi and Rabee reported that only 23% of the students had a satisfactory awareness of patients' rights in the area of access to medical services. [27] Yaghoubi reported in his study that the majority of the medical and nursing students had sufficient knowledge regarding patients' rights. [28]

In the present study, majority of the medical students were aware of the patients' rights concerning availability of drugs for chronic diseases in the pharmacy, home visits assigned to them, in order to follow-up, education and survey, availability of tests and analyzes of the follow-up to their constantly, presence of clinic and the dates of their own place, adoption site is kept in the patient's health file, progress of any complaint or proposals for the management of the centre without any impact on the quality of service provided to him, respecting his cultural values and beliefs and social and religious, discuss the physician in the expected results of the treatment and knowledge of medical alternatives proposed and taking into account the needs of their own inside the center (such as a wheelchair, an elevator and other). The least known students were the right of getting a copy of the patients' rights bill when they register or login health center, having someone of the same sex to attend during the clinical examination or overlaps required and outstanding of patients' rights bill in a prominent place in the health center sections. In Iran, most of medical students were aware about freedom of the individual patient while the lowest level of awareness was observed regarding the right of access to health care. [16]

In the present study, knowledge of male students regarding patients' rights was higher than that of female students, although the difference was not significant. In another study carried out by Saeede et al in Iran, [21] also female students' knowledge was higher than male students'. In another Iranian study, Rangrazjedi et al. observed the same. [27]

In another study carried out in Iran, knowledge of patients` rights was significantly associated with age, gender, educational level and health education.[25]

Mosadegh rad states that awareness of patient right among medical students is essential, but it`s application in the future is more essential.[29]

Conclusion

Assessment of knowledge of the Importance of Patients` Rights in from the Perspective of senior medical students, overall Knowledge of the senior medical students and interns in the College of Medicine, Umm Al-Qura University in Makkah, regarding patients` rights age acceptable. However, some deficient issue needs to be improved such as accessing of patient`s medical record by health care team, researchers or other hospital staff, providing consent for each of different interventions, discussion of treatment options within the health team, a doctor cannot disclose a patients information to judicial department only with his permission and are entitled not to withhold any procedures related to a patient condition if patient refuses their choice of treatment and patient have the right to choose his statements to be written in the medical report.

REFERENCES

1. Al Anazi, B. D., Faraj, F., Al Balawi, M. M., & Al Anazi, M. D. (2019). The Awareness of Patients` Bill of Rights among Medical Interns and Medical Students at Tabuk University. *Open access Macedonian journal of medical sciences*, 7(17), 2932.
2. May, L., & Delston, J. B. (2017). United Nations Universal Declaration of Human Rights. In *Applied Ethics* (pp. 54-57). Routledge.
3. Rosenbaum, S. (2003). Managed care and patients' rights. *JAMA*, 289(7), 906-907.
4. Joolae, S., Tschudin, V., Nikbakht-Nasrabadi, A., & Parsa-Yekta, Z. (2008). Factors affecting patients' rights practice: the lived experiences of Iranian nurses and physicians. *International nursing review*, 55(1), 55-61.
5. Almoajel, A. M. (2012). Hospitalized patients` awareness of their rights in Saudi governmental hospital. *Middle-East Journal of Scientific Research*, 11(3), 329-35.
6. Cousins, M. J., & Lynch, M. E. (2011). The Declaration Montreal: access to pain management is a fundamental human right.
7. Alghanim, S. A. (2012). Assessing knowledge of the patient bill of rights in central Saudi Arabia: a survey of primary health care providers and recipients. *Annals of Saudi medicine*, 32(2), 151-155.
8. Shen, X., & Bagherigaleh, S. (2019). Acupuncture and Pregnancy: Classical Meets Modern.
9. Hadian Jazi, Z., & Dehghan Nayeri, N. (2014). Barriers in the performance of patient's rights in Iran and appropriate offered solutions review article. *Journal of Holistic Nursing and Midwifery*, 24(4), 69-79.
10. Yarney, L., Buabeng, T., Baidoo, D., & Bawole, J. N. (2016). Operationalization of the Ghanaian patients` charter in a peri-urban public hospital: voices of healthcare workers and patients. *International journal of health policy and management*, 5(9), 525.
11. Merilampi, S., & Sirkka, A. (2016). *Introduction to smart eHealth and eCare technologies*. CRC Press.
12. Yousuf, R. M., Fauzi, A. M., How, S. H., Akter, S. F. U., & Shah, A. (2009). Hospitalised patients' awareness of their rights: a cross-sectional survey from a tertiary care hospital on the east coast of Peninsular Malaysia. *Singapore medical journal*, 50(5), 494.
13. Al Anazi, B. D., Faraj, F., Al Balawi, M. M., & Al Anazi, M. D. (2019). The Awareness of Patients` Bill of Rights among Medical Interns and Medical Students at Tabuk University. *Open access Macedonian journal of medical sciences*, 7(17), 2932.
14. Aljerian, K., Asiri, F., Riyadh, S., Al-Zeer, M., Al-Mutairi, S., Al-Mutairi, R., & Alhomair, N. Assessment of Hospitalized Patients` Differential Awareness of their Rights in Saudi Arabia.
15. Kuzu, N., Ergin, A., & Zencir, M. (2006). Patients' awareness of their rights in a developing country. *Public health*, 120(4), 290-296.
16. 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, 345-348.
17. Joolae, S., Tschudin, V., Nikbakht-Nasrabadi, A., & Parsa-Yekta, Z. (2008). Factors affecting patients' rights practice: the lived experiences of Iranian nurses and physicians. *International nursing review*, 55(1), 55-61.
18. Carty, R. M., Moss, M. M., Al-Zayyer, W., Kowitlawakul, Y., & Arietti, L. (2007). Predictors of success for Saudi Arabian students enrolled in an accelerated baccalaureate degree program in nursing in the United States. *Journal of Professional Nursing*, 23(5), 301-308.

19. Kagoya, H. R., Ekirapa-Kiracho, E., Ssempebwa, J. C., Kibuule, D., & Mitonga-Kabwebwe, H. (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.
20. Alghanim, S. A. (2012). Assessing knowledge of the patient bill of rights in central Saudi Arabia: a survey of primary health care providers and recipients. *Annals of Saudi medicine*, 32(2), 151-155.
21. Saeede, R., Razea, P., Zahra, P., & Zahra, S. (2016). Bill of Patient Right Awareness and Its Implementation in Operation Room from Viewpoit of Anesthesiology and Operating Room Students in Jahrom University of Medical Science. *Biosci Biotech Res Asia*, 13(3), 1843-1848.
22. Al-Mosa KM, Al-Ghamdi MS. Awareness and Knowledge of Non-Communicable Diseases Patients Regarding Patients' Rights before and after Applying an Interventional Educational Session. *Med. J. Cairo Univ.* 2014;82(2):129-135
23. Saudi Ministry of Health. Organizational guide of the patient affair administration, 1433 H (2011G)
24. . Rangbar M. Zagar A. students 'knowledge of patients' rights in teaching hospitals of Yazd. *Journal ofmedical ethics and History*. 2009 (special issue):52-60.
25. Ranjbar, M., & Dehghani, A. (2010). Students' awareness of patients' right in teaching hospitals of Yazd. *Iranian Journal of Medical Ethics and History of Medicine*, 3(5), 51-60.
26. Khodamorad, K. (2009). Ali Akbari, A. *Galali, sh. Knowledge of undergraduate and postgraduate Nursing students of patients' rights. Medical ethic Quarterly*, 4(12), 134-7.
27. Rangrazjedi F, Rabee R. The respect of patients' rights in Kashan hospital.the Quarterly of Kermanshah university of medical science (Behbood). 2003; 9(1):60-66.
28. YaghoubiT. Comparative study of patient rights in selected countries. National Symposium on patient rights and health care. Fasa University of Medical Sciences, 2003.
29. Mosadehg rad A,Asna Ashari p. patient and physicians' awareness of patient rights and its implementation at Beheshti hospital in Isfahan. *Iranian journal of medical education*. 2014; 11:45-63