

Assessment of Hospitalized Patients 'Awareness of their Rights in Saudi Arabia 2022

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Abstract

Background: Optimal patient care varies considerably from place to place and is influenced by scientific as well as social developments in order to improve the standard of care in this modern era and in the speedily changing atmosphere of health care, health care practice and patients has affected by many factors. These days in many different countries the patient rights has become the pivot of the national attention in medical culture. Awareness of hospitalized patients 'awareness of their rights health is important to achieve the best level of health care. Legislations on patients' rights have been passed throughout the globe since the Human Rights Act was published by the United Nations in 1948. Patients' rights were also addressed in the 1964 Helsinki Declaration on the rights of research subjects in the 1968 Sydney Declaration on organ transplantations in the 1977 World Health Organization target decision 'Health for All in the Year 2000', and in the 1978 Alma-Ata 'Basic Health Services' Declaration. Passing a regulation is not a guarantee for the protection of patients' rights. Studies from different countries have reported infringement of patients' rights, such as not

giving informed consent, not being informed and not receiving protection of their privacy. Aim of the study: To assessment of Hospitalized Patients 'Awareness of their Rights in Saudi Arabia 2022. Methods: Across sectional descriptive study conducted among hospitalized patients in the internal medicine and general surgery wards in three large hospitals during the study period were eligible for the study in Saudi Arabia 2022 during July, 2022 to September 2022, Our total Sample size of participants were (500) Results: show that most of them aged over 60 years were (36.0%) , gender the most participant male were (67.0%), nationality the most of participant Saudi were (95.0%), levels of education it was found that majority of the participants had university were (25.0%), occupation the most of participant were government employees (67.0%), family income state, (33.0%) of participants had income range between 5000-10000. Conclusion: the level of awareness of patients' rights among hospitalized patients among hospitalized patients in the studied Saudi hospitals, there was a lack of patients' awareness regarding the patients' rights most of the clients were not conscious of their individual health rights. About some of the sample knew that the patients will receive respectful care and the patients will receive care in clean and medically safe environment.

Keywords: *Assessment, Hospitalized, Patients, Awareness, Rights, Saudi Arabia.*

Introduction

By birth human beings are free and have similar rights and are equally graceful. None of the human being shall be entitled to brutality, immoral and humiliating treatment and penalty. Furthermore, none of the individual would be subjected to any medical or scientific examination without his sweet will [1]. As concerns about patient choice increase, respect for patients' values and preferences become more pressing, and patients' expectations become higher as they demand the best possible service. Patients' rights have recently been introduced into the field of health and medical practice, and patients are now much more aware of what they can expect from their healthcare professionals.[2] The fundamental reason for the importance of patients' rights is that respecting such rights is an essential part of providing good health care.[3]

World Health Organization research group on patients' rights and citizens' empowerment suggested that each country should articulate its concerns and priorities according to its own cultural and social needs to promote and protect patients' rights [4]

Most patients' bills of rights, are concerned with informed consent, confidentiality, privacy, autonomy, safety, respect, treatment choice, refuse the treatment and participating in the

treatment plan. These rights are derived from the values and ethics of the medical profession [4]. Patients must be competent to understand the relevant information and the decision at hand and must not be coerced into accepting treatment against their wishes [5]

Legislation on patient's rights has been passed throughout the world since the Human Rights Act was published by the United Nations in 1948.[6] However, there are many declarations on patients' rights such as 'The Declaration of Lisbon' by the World Medical Association, and many developed countries, including Finland, the Netherlands, Lithuania, Denmark, Norway, France, the USA, the

UK, Italy and New Zealand, have drawn up legislation covering patients' rights.[7] 6–10 It is obvious that passing a regulation is not a guarantee for the protection of patients' rights. It seems that young professionals who work in education centres are much more familiar with patients' rights. However, Komporozos et al (2018) reported that teaching hospitals sometimes ignore patients' rights, as they may expose a patient's body in front of students without the patient's consent and examine them multiple times for the purposes of teaching.[8]

Patients' rights movement is growing worldwide, making governments and

healthcare providers more accountable for the provision of high-quality health services. [9] A health system that provides treatment and care should adhere to the existing laws and policies to adequately protect patients' rights and ensure patients' safety. It has been suggested that to improve patients' bill of rights (PBR), several courses of action should be taken. Most importantly, informed consent on medical procedures and treatment is necessary.[10]

Despite the achievements concerning patient rights and ethical problems in the health care in Saudi Arabia several problems still persist including the unethical behavior of some health care workers, and the poor patient understanding of the concepts of patient rights [11]. Although some studies have been conducted to determine the level of knowledge not only among Saudi Arabia patients but also among physicians and nurses about patient rights [12] still there is a lack of studies that assess the patient's evaluation of the received medical services in light of these rights, especially in during their hospitalization. This patient-based evaluation is needed because patients as customers are an important source of information used in the evaluation of existing health services [13].

Literature Review

In a study conducted in Greece, the right to confidentiality was not considered as a right of privacy and many patients allowed their doctors to make decisions; 84% of patients were not aware of legislation. It was also stated that 60% of patients did not have any idea about their rights [14].

Study in Egypt by Mohammed et al (2018) findings of this study indicates that a considerable proportion of patients (76.3%) did not know about the charter of patient rights. [15]

This figure approximated that found by Abou Zeina et al. [16] in Beni-Suef University Hospital, Egypt, but was higher than that reported by Ghanem et al. [17], who found that 27% of patients in Alexandria Main University

Hospital and 53% of patients in Matrouh General Hospital were not knowledgeable about the charter of patient rights. Almost half of the patients got their information about the patients' rights from physicians, while 13.1% got their information by reading it from placards on the hospital walls and only 4% heard about it from the media. This was in agreement with Habib and Al- Siber [18] who conducted a study in Riyadh, Saudi Arabia, and reported that doctors and nurses were the main source of information about patient rights, with almost 22% of subjects have got their information via reading hospital notice boards. This was in contrast to Abou Zeina et al. [16] where the mass media constituted the main source of patients' knowledge (89.4%). The maximum achievable awareness score of participants regarding their rights was 14 and the overall mean awareness score scored by patients in Minia University Hospital was 7.2 ± 2.71 . Although most patients did not know about the charter of patient rights, they were aware about their general rights, particularly some rights more than others. This might be due to the fact that some rights were included in the treatment process, so patients were familiar with them.[16]

Another study found that 60% of patients were not aware not of the European Convention of Human Rights [19] this also was reported by Abihiro et al (2022) in A study resulted that many of the respondents having little or no information about patient rights [20].

Two other studies showed that 79% of nurses and 89.9% of physicians had given due consideration to protecting patient confidentiality.[21,22] A study reviewing 235 graduate study theses in Turkey found that researchers did not give sufficient information to the participants, and only 27.7% of patients gave informed consent.[23]

Study by Ceylan et al [24] found that Patients were reasonably informed about their illness. Their privacy and religious beliefs were duly respected. Treatment options and the duration of treatment were not discussed with all patients. Only 1% of the subjects were aware of

all the 14 rights. About one third of the sample 32.1% was aware of ten or more rights.[24] Similar findings by Laranjeira [25] who carried a study about patients' rights at King Saud Medical City in the middle province in Saudi Arabia and found that there was a lack of patients' awareness regarding the patients' rights.[25] Studied Awareness and practice of patient's rights law in Lithuania and get a similar results that there is a need for awareness-raising among patients to improve the practical implementation of the Patient's Rights Law in Lithuania.[23]

Study carried out in Iran, 58.05% of the patient's awareness about the special bill of patients' rights was low [26]. Another study conducting in Iran indicates that 45.2% of patients had good awareness related to patient's rights charter and 6.4% were poor [18]. Number of factors may be found to be contributing to this low level of awareness such as: in this study we have a very large number of patients uneducated (38%), which may be a major contributing factor in the unawareness of patients about their rights.

Rationale:

Majority of the patients were not vigilant about their rights while in previous studies less than half were aware that have the right to receive care in a clean and medically safe environment. In addition, many of the patients were uneducated which may be a major contributing factor in the unawareness of their rights. The state has the responsibility to provide quality education, strictly implement the health policies and distribute special bill of patients' rights among the masses. Demands, suggestions and recommendations of the patients should be listened and should be further preceded in the patient's affairs department, Proper policies should be designed to keep check on health professionals to entertain patients according to ethical rules and principles, if the majority is uneducated then audio or video teaching plans should be designed for them to make them aware about their rights.

Aim of the study: To assessment of Hospitalized Patients 'Awareness of their Rights in Saudi Arabia 2022

Objectives:

To assessment of Hospitalized Patients 'Awareness of their Rights in Saudi Arabia 2022

Methodology:

Study design:

This study is a cross-sectional study design was used in carrying out of this study.

Study Area

The study has been carried out in the Saudi Arabia . Saudi Arabia 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, the sample was selected purposively from different wards and all the data was collected by a trained research nurse, patients were approached in person and provided with a brief description and aim of the study their consent was obtained before they were asked to answer the questionnaire. Each question required a yes, no, or to some extent. The questionnaire consisted of two parts, the first part was information regarding the patient's demographics; and the second part consists information about awareness of the patient rights. Patients were asked whether they were aware of their rights such as autonomy, privacy, confidentiality.

Selection criteria:

This difference translates into biological, socioeconomic and lifestyle differences.

Inclusion criteria:

- All patients recruited into the study were fully conscious and able to give a consent.
- population who agree to participate in the study
- Residency Saudi Arabia.

- Over 20 years of age
- Able and willing to participate in the study .

Exclusion criteria:

- Unstable patients, pediatric patients and patients from the intensive care unit and high dependency wards were excluded
- Residency outside Saudi Arabia.
- > 60
- Population that refusing sign Informed consent.

The sample size

The sample size has been calculated by applying Raosoft sample size calculator based on (The margin of error: 5%, Confidence level: 95%, and the response distribution was considered to be 20%) accordingly to sample size from hajj pilgrims by the required sample size; (300). (Male and female) and adding 10 more to decrease margin of error. After adding 5% oversampling, the minimum calculated sample has been 300. Computer generated simple random sampling technique was used to select the study participants. Data collection was done by the researcher during the 2022

Data collection tools of the study:

To collect data to determine the Hospitalized Patients 'Awareness of their Rights in Saudi Arabia , about Each question required a yes, no, or to some extent. The questionnaire consisted of two parts, the first part was information regarding the patient's demographics; and the second part consists information about awareness of the patient rights. Patients were asked whether they were aware of their rights such as autonomy, privacy, confidentiality.

Part one: biosocial demographic characteristics: as name, population number, age, sex, phone number, leader name, years of education, area of residence .

Part two: this part consists information about awareness of the patient rights. Patients were

asked whether they were aware of their rights such as autonomy, privacy, confidentiality

Data entry and analysis:

The Statistical Package for Social Sciences (SPSS) software version 24.0 has be 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

Pilot study:

An initial pilot study was carried with 20 patients in the hospital, who were asked to feedback information regarding whether the questionnaire worked well, there was only one negative comment related to the questionnaire, which was that it was too long, which showed the validity, the easy to use format and understanding of the questions. The patient duration should have been hospitalized for at least three days, to enable them to exercise their rights.

Ethical considerations

Permission from the joint program Family Medicine program has be obtained. Permission from the Directorate, verbal consents from all participants in the questionnaire were obtained. All information was kept confidential, and a result has be submitted to the department as feedback.

Budget: Self-funded

Result

Table 1: Socio-demographic profile of all participated patients in the study . (n=500)

Demographic Characteristics	N	%
Age		
Less than 20	90	18
From 20-39	110	22
From 40-59	120	24
Over 60	180	36

Gender		
Male	335	67
Female	165	33
Nationality		
Saudi	475	95
Non-Saudi	25	5
Marital Statue		
Single	165	33
Married	205	41
Unmarried	60	12
Diverse	70	14
Level of education		
Illiterate	75	15
Elementary	110	22
intermediate	70	14
Secondary	120	24
university	125	25
Occupation		
Government employee	335	67
Private sector employee	125	25
Other	40	8
Family income		
<5000 SR	80	16
5000 – 10000 SR	165	33
>10000SR	255	51

Table 1 demonstrates socio-demographic show that most of them aged over 60 years were (36.0%) followed by age 40-59 years were (24.0%) while 20-39 years were (22.0%) , regarding the gender the most participant male were (67.0%) while female were (33.0%) , regarding the nationality the most of participant Saudi were (95.0%) while Non-Saudi were (5.0%), regarding the marital status the most of participant married were (41.0%) while single were (33.0%) but unmarried were (14.0%), regarding the levels of education it was found that majority of the participants had university were (25.0%) while Secondary were (24.0%) but the elementary were (22.0%), regarding the occupation the most of participant were government employees (67.0%) and only (25%) were private sector employee but the other were (8.0%), regarding family income state, (33.0%)of participants had income range between

5000-10000 riyals/ month, while (16.0 %) had income more than <5000 riyals / month but the >10000 SR were (51.0%)

Table 2: Distribution of the awareness of patient about their rights

	N	%
Are you aware that there is special bill of patients' rights in the hospital		
Yes	310	62
No	190	38
How many rights you are aware of		
1-3.	395	79
4-6.	90	18
7-10.	15	3
Do you know about patients' right regulation (PRR)		
Yes	270	54
No	230	46
How much do you know about patients' rights regulation?		
A lot	90	18
Some	110	22
None	300	60
Have you participated in a clinical research study before?		
None	380	76
Yes, once or twice	120	24
If you did, did you give informed consent?		
Yes	405	81
No	95	19
Source of awareness of patients' rights		
The nurse explained it to me	350	70
My doctor explained it to me	105	21
I read it as a poster	25	5
My relative read it to me	15	3
Total number of patients who are aware of patients' rights	5	1

Table 2 Distribution of the awareness of patient about their rights show regarding are you aware that there is special bill of patients' rights in the hospital the majority of participant answer Yes were (62.0%) followed by No

were (38.0%), regarding how many rights you are aware of the majority of participant answer in 1-3 were (79.0%) followed by 4-6 were (18.0%) while 7-10 were (3.0%), regarding you know about patients' right regulation (PRR) the majority of participant answer Yes were (54.0%) followed by No were (46.0%) , regarding how much do you know about patients' rights regulation the majority of participant answer None were (60.0%) followed by some were (22.0%) while a lot were (18.0%) , regarding you

participated in a clinical research study before the majority of participant answer None were (76.0%) followed by Yes, once or twice were (24.0%), regarding If you did, did you give informed consent the majority of participant answer Yes were (81.0%) followed by No were (19.0%), regarding Source of awareness of patients' rights the majority of participant answer nurse explained it to me were (70.0%) followed by my doctor explained it to me were (21.0%) while I read it as a poster were (5.0%)

Table 3: Distribution of the awareness of patient about their rights

The patient has the right for the following						Chi-square	
			Yes	To some extent	No	X ²	P-value
1	To receive compassionate and respectful care.	N	360	55	85	339.100	<0.001*
		%	72	11	17		
2	To be cared for by qualified competent staff and to be seen by specialized consultant.	N	320	105	75	214.300	<0.001*
		%	64	21	15		
3	To be kept fully informed of his \ her diagnosis and treatment plan	N	305	115	80	175.900	<0.001*
		%	61	23	16		
4	To receive all necessary information to allow informed consent to be given for all medical interventions.	N	225	205	70	85.300	<0.001*
		%	45	41	14		
5	To be informed of the effects on his\ her health if he\ she refuse treatment.	N	245	155	100	64.300	<0.001*
		%	49	31	20		
6	To be able to comment on and discuss the care and service he\she is receiving.	N	255	190	55	124.900	<0.001*
		%	51	38	11		
7	The patient has the right know the identity/name of physicians, nurses and other persons involved in patient care	N	185	220	95	49.900	<0.001*
		%	37	44	19		
8	To be able to comment on and discuss the care and service he\she is receiving	N	245	185	70	94.900	<0.001*
		%	49	37	14		
9	To be assured of privacy and confidentiality with regard to medical and social information.	N	320	100	80	212.800	<0.001*
		%	64	20	16		
10	To be able to refuse to take part in any proposed research. such refusal or withdrawal will have no effect on care delivered.	N	145	290	65	156.100	<0.001*
		%	29	58	13		
11	To be discharged as recommended by the doctor with appropriate medications, follow up appointment and required educations\ information.	N	290	165	45	180.100	<0.001*
		%	58	33	9		
12	To be provided with a medical report summarizing his\her medical condition and course during admission.	N	370	75	55	373.300	<0.001*
		%	74	15	11		

Table 3: Distribution of the awareness of patient about their rights show regarding receive compassionate and respectful care while a significant relation were (P-value =0.001) and X2 (339.1000) the majority of participant Yes were (72.0%) but answer No were (17.0%) while to some extent were (11.0%), regarding be cared for by qualified competent staff and to be seen by specialized consultant while a significant relation were (P-value =0.001) and X2 (214.300) the majority of participant Yes were (64.0%) but answer No were (15.0%) while to some extent were (21.0%), regarding be kept fully informed of his \ her diagnosis and treatment plan while a significant relation were (P-value =0.001) and X2 (175.900) the majority of participant Yes were (61.0%) but answer to some extent were (23.0%) while No were (16.0%), regarding to receive all necessary information to allow informed consent to be given for all medical interventions while a significant relation were (P-value =0.001) and X2 (85.300) the majority of participant Yes were (45.0%) but answer to some extent were (41.0%) while No were (14.0%), regarding To be informed of the effects on his\ her health if he\ she refuse treatment while a significant relation were (P-value =0.001) and X2 (64.300) the majority of participant Yes were (49.0%) but answer to some extent were (31.0%) while No were (20.0%), regarding to be able to comment on and discuss the care and service he\she is receiving while a significant relation were (P-value =0.001) and X2 (124.900) the majority of participant Yes were (51.0%) but answer to some extent were (38.0%) while No were (11.0%), regarding patient has the right know the identity/name of physicians, nurses and other persons involved in patient care while a significant relation were (P-value =0.001) and X2 (49.900) the majority of participant to some extent were (44.0%) but answer to Yes were (37.0%) while No were (19.0%), regarding to be able to comment on and discuss the care and service he\she is receiving while a significant relation were (P-value =0.001) and X2 (94.900) the majority of participant Yes were (49.0%) but answer to some extent were (37.0%) while No were (14.0%), regarding to be assured of privacy and confidentiality with regard to

medical and social information while a significant relation were (P-value =0.001) and X2 (212.800) the majority of participant Yes were (64.0%) but answer to some extent were (20.0%) while No were (16.0%), regarding to be able to refuse to take part in any proposed research. such refusal or withdrawal will have no effect on care delivered while a significant relation were (P-value =0.001) and X2 (156.100) the majority of participant to some extent were (58.0%) but answer Yes were (29.0%) while No were (13.0%), regarding to be discharged as recommended by the doctor with appropriate medications, follow up appointment and required educations\ information while a significant relation were (P-value =0.001) and X2 (180.100) the majority of participant Yes were (58.0%) but answer to some extent were (33.0%) while No were (9.0%), regarding to be provided with a medical report summarizing his\her medical condition and course during admission while a significant relation were (P-value =0.001) and X2 (373.300) the majority of participant Yes were (74.0%) but answer to some extent were (15.0%) while No were (11.0%)

Table 4: Distribution of the Knowledge among the awareness of patient about their rights

	Knowledge	
	N	%
Poor knowledge	305	61
High knowledge	195	39
Total	500	100
X²	23.762	
P-value	<0.001*	

Table 4: Distribution of the Knowledge among the awareness of patient about their rights show regarding Knowledge while a significant relation were (P-value =0.001) and X2 (23.760) the majority of participant in poor knowledge were (61.0%) while the high knowledge were (39.0%)

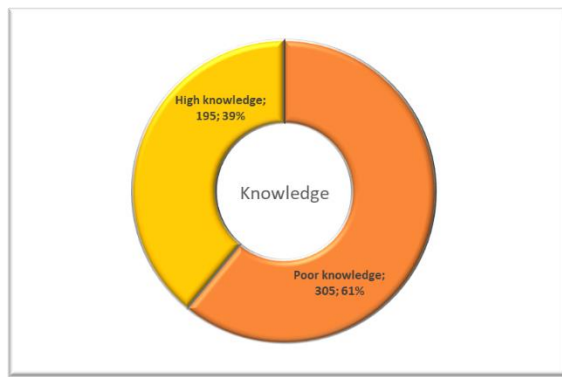


Figure (1): Distribution of the Knowledge among the awareness of patient about their rights

Table 5 Distribution of the relationship of the socio-demographic and awareness of patient about their rights

		Total		Poor knowledge		High knowledge		Chi-square	
		N	%	N	%	N	%	X ²	P-value
Age	Less than 20	90	18	28	9.18	62	31.79	111.226	<0.001*
	From 20-39	110	22	38	12.46	72	36.92		
	From 40-59	120	24	100	32.79	20	10.26		
	Over 60	180	36	139	45.57	41	21.03		
Gender	Male	335	67	180	59.02	155	79.49	21.628	<0.001*
	Female	165	33	125	40.98	40	20.51		
Nationality	Saudi	475	95	281	92.13	194	99.49	12.046	0.0005*
	Non-Saudi	25	5	24	7.87	1	0.51		
Marital Statue	Single	165	33	80	26.23	85	43.59	165.787	<0.001*
	Married	205	41	177	58.03	28	14.36		
	Unmarried	60	12	45	14.75	15	7.69		
	Diverse	70	14	3	0.98	67	34.36		
Level of education	Illiterate	75	15	67	21.97	8	4.10	241.784	<0.001*
	Elementary	110	22	95	31.15	15	7.69		
	intermediate	70	14	24	7.87	46	23.59		
	Secondary	120	24	105	34.43	15	7.69		
	university	125	25	14	4.59	111	56.92		
Occupation	Government employee	335	67	170	55.74	165	84.62	58.804	<0.001*
	Private sector employee	125	25	113	37.05	12	6.15		
	Other	40	8	22	7.21	18	9.23		
Family income	<5000 SR	80	16	75	24.59	5	2.56	87.648	<0.001*
	5000 – 10000 SR	165	33	123	40.33	42	21.54		
	>10000SR	255	51	107	35.08	148	75.90		

Table (5) show Distribution of the relationship between the socio-demographic and awareness of patient about their rights regarding age have a significant relation were P-value=0.001, while X2 111.226 the majority of participant in high knowledge were (31.79%) followed by poor knowledge were (9.18%) in less than 20 years while total (18.0%) but regarding the 20-39 years the most of participant in high knowledge were (36.92%) while total (22.0%) while from 40-59 years and over 60 the most of participant respectively in poor knowledge were (32.0%, 45.57%) while total (24.0% , 36.0%) , regarding gender have a significant relation were P-value=0.001, while X2 21.628 increase in male in high knowledge were (79.49%) while total (67.0%) followed by in poor knowledge were (59.02%) while total (67.0%) but in the female the majority of participant in poor knowledge were (40.98%) followed by high knowledge were (20.51%) while total (33.0%) , regarding nationality have a significant relation were P-value=0.0005, while X2 12.046 increase in Saudi in high knowledge were (99.49%) followed by in poor knowledge were (92.13%) while total (95.0%) but in the Non-Saudi the majority of participant in poor knowledge were (24.0%) followed by high knowledge were (0.51%) while total (5.0%) , regarding marital statue have a significant relation were P-value=0.001, while X2 165.787 increase in single in high knowledge were (43.59%) followed by in poor knowledge were (26.23%) while total (33.0%) followed by married in poor knowledge were (58.03%) while total (41.0%) , regarding level of education have a significant relation were P-value=0.001, while X2 241.784 increase in elementary in poor knowledge were (31.15%) while total (22.0%) followed by in high knowledge were (56.92%) in the university while total (25.0%) , regarding occupation have a significant relation were P-value=0.001, while X2 58.804 increase in government employee in poor knowledge were (55.74%) followed by in high knowledge were (84.62%) while total (67.0%) but in the private sector employee the majority of participant in poor knowledge were (37.05%) while total (25.0%) . regarding family income have a significant relation were P-value=0.001, while

X2 87.648 increase in 5000 – 10000 SR in poor knowledge were (40.33%) followed by in high knowledge were (21.%) while total (33.0%) but in the >10000 the majority of participant in high knowledge were (75.90%) followed by poor knowledge were (35.08%) while total (51.0%)

Discussion:

Patients' rights have recently become the centre of national attention in the practice of medicine, and these are different in various countries and jurisdictions according to cultural and social norms. It would seem that it is both important and informative to assessment of Hospitalized Patients 'Awareness of their Rights in Saudi Arabia 2022. In other similar studies, for example in Saudi Arabia, the majority of subjects were young or middle-aged as was the case in the present study.[27]

In our study show that most of them aged over 60 years were (36.0%) , gender the most participant male were (67.0%), nationality the most of participant Saudi were (95.0%), levels of education it was found that majority of the participants had university were (25.0%), occupation the most of participant were government employees (67.0%), family income state, (33.0%)of participants had income range between 5000-10000. (See table 1)

The number of hospital admissions and the mean number of admissions in our study was the same as comparable studies, but in one study in Saudi Arabia, a positive relationship was determined between the awareness score and education level and income, and a negative association between awareness and age, which is different from this study.[28] Only 4% of subjects were aware of all the items in the charter, and that is comparable to findings in other studies conducted in Saudi Arabia and Lithuania. About 10% of subjects were illiterate and related studies showed the same results.[29]

In one study, the three rights that of the subjects were aware of included: the have personal data secured, the right to be informed

about their rights and responsibilities in a manner in which they can understand, and the right to be respected by the hospital staff, These results are comparable with the present study.[12]

In our study distribution of the awareness of patient about their rights show are you aware that there is special bill of patients' rights in the hospital the majority of participant answer Yes were (62.0%), how many rights you are aware of the majority of participant answer in 1-3 were (79.0%), you know about patients' right regulation (PRR) the majority of participant answer Yes were (54.0%), how much do you know about patients' rights regulation the majority of participant answer None were (60.0%), you participated in a clinical research study before the majority of participant answer None were (76.0%), If you did, did you give informed consent the majority of participant answer Yes were (81.0%), Source of awareness of patients' rights the majority of participant answer nurse explained it to me were (70.0%) followed by my doctor explained it to me were (21.0%) while I read it as a poster were (5.0%)(See table 2)

The findings of this study indicate that a considerable proportion of patients did not know about the charter of patient rights. This figure approximated that found by Abou Zeina et al. [16] in Beni-Suef University Hospital, Egypt, but was higher than that reported by Ghanem et al. [17], who found that of patients in Alexandria Main University Hospital and of patients in Matrouh General Hospital were not knowledgeable about the charter of patient rights. Almost half of the patients got their information about the patients' rights from physicians, while got their information by reading it from placards on the hospital walls and only heard about it from the media. This was in agreement with Habib and Al- Siber [18] who conducted a study in Riyadh, Saudi Arabia, and reported that doctors and nurses were the main source (See table 3)

The findings of the present study showed distribution of the Knowledge among the awareness of patient about their rights show regarding Knowledge while a significant

relation were (P-value =0.001) and χ^2 (23.760) the majority of participant in poor knowledge were (61.0%) while the high knowledge were (39.0%). (See table 4). This is in agreement with findings by Ghanem et al. [17] in Alexandria. It seems that these similar findings could be attributed to the fact that the studied hospitals are governmental hospitals that run according to Egyptian regulations where the health care services are provided without itemized treatment bills, but with easy access to free medications [27] and according to the availability of services; thus, patients are unable to require a second opinion on their diagnosis and treatment, right of having another opinion might be more applicable in the private this sector and in non- governmental hospitals. Regarding informed consent, 51.2% of patients signed informed consent forms without being given all the necessary information. This result was lower than that observed in Uganda by Livesey et al. [30] who found that 73.5% of patients signed consent without been given adequate information.(See table 4)

In the current study, education was an important factor for awareness, as what has been stated in an Iranian study [28]. In developing countries like Egypt, males are more privileged than females and thus are able to have access to more information than females as found in our study. These findings were in accordance with a study conducted in Bangladesh [29]. Our study also showed an inverse association between awareness score and age, similar to a study conducted in Saudi Arabia [21].(See table 5)

Conclusion

From the study findings, we ascertained that the awareness of and the access to patient rights remain limited and often for inpatients of Saudi Arabia Hospital. We recommend that health care providers should provide health care services compatible with the patients' rights, and the first step is to evaluate the knowledge level of patients' rights among care providers, and according to the results, the Saudi Arabia Ministry of Health may need to provide

educational programs to train all physicians and nurses in all aspects of the patient's rights. Further studies that address the perspective of private hospitals' patients are needed to compare the extent of adherence to the patient rights charter among the two main health sectors in Saudi Arabia, public and private, performance of a questionnaire study combined with observation and assessment of provided care in medical should help us to understand and elucidate patients' rights. The generally low number of patients who stated that they had received care in compliance with their rights, in addition to other factors, suggests that healthcare professionals are not providing care based on patients' rights.

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