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Original article

Patients' awareness of their rights: an insight from a teaching hospital in Saudi Arabia

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Abstract. *Background and aim:* Knowledge and awareness of patients' rights are essential to reach the highest quality of care. In 2006, the Saudi Arabian government formulated "The Patients' Bill of Rights" to ensure that healthcare delivery is at its highest standard. Despite their efforts, several studies revealed patients' lack of awareness. In this study, we aim to investigate the patients' awareness of their rights according to the policy of a teaching hospital in Saudi Arabia. *Methods:* A cross-sectional study was conducted where the participants (n= 384) were in-patients and out-patients of a tertiary care teaching hospital in the Eastern Province of Saudi Arabia. Informed consent was obtained, and confidentiality was maintained. The questionnaire consisted of 23 questions. Data were analyzed using Statistical Package Social Software version 26. *Results:* Most of the participants were males (70.1%), in-patients (63.3%), and Saudi nationals (84.5%) with a mean age of 32 years. The mean awareness score was satisfactory (>7/14). However, more than half of the participants were unaware of their right to know the risks and benefits of treatment (55.1%), to know the identity of their healthcare providers (61.9%), to deny participation in research (58%), and appoint a healthcare proxy (64.8%). *Conclusions:* The present study revealed the lack of awareness of certain aspects of patients' rights that require action in the means of hospital awareness campaigns and educational materials. Further research is required to generalize a consensus on the Saudi population's level of awareness and consequent steps to optimize the delivery of healthcare in the country. (www.actabiomedica.it)

Key words: patients' rights, doctor-patient relationship, medical ethics and law, clinical ethics, Saudi Arabia

Introduction

A positive doctor-patient relationship is essential for providing quality care to patients. Good communication skills, empathy, and doctors' conduct are important variables influencing patient trust (1). With the emergence of health literacy, patients' access to health-related information, whether it pertains to their illness state or their rights, has increased (2). Patient rights are a compound entity that comprises legal and ethical issues surrounding the doctor-patient relationship which incorporates the patient's right to privacy, confidentiality, consent, and the option to settle on educated choices about therapy alternatives (3).

With the introduction of the Human Rights Act in 1948 by the United Nations, regulations and laws regarding the ethical treatment of patients have been passed all over the world (4). Examples include the Patient's Right Charter in Iran (5), Statute of Patient's Rights in Turkey (6), and European Charter of Patient's Rights (7).

In Saudi Arabia, the government has formulated the Patients' Bill of Rights (PBR) in 2006 with the goal of improving the standards of healthcare delivery in the country. The Saudi PBR stipulates patients' rights to access healthcare that meets their requirements, to be treated with respect, to be provided with comprehensible information, to be included in treatment alternatives and plans, to make a complaint, and to the sanctity of their privacy. According to the bill, patients have the right to accept or decline treatment and must be informed of any potential complications (8). But despite the efforts of the government, recent studies conducted in the country showed a significant lack of awareness of PBR in patients and healthcare workers alike (9,10).

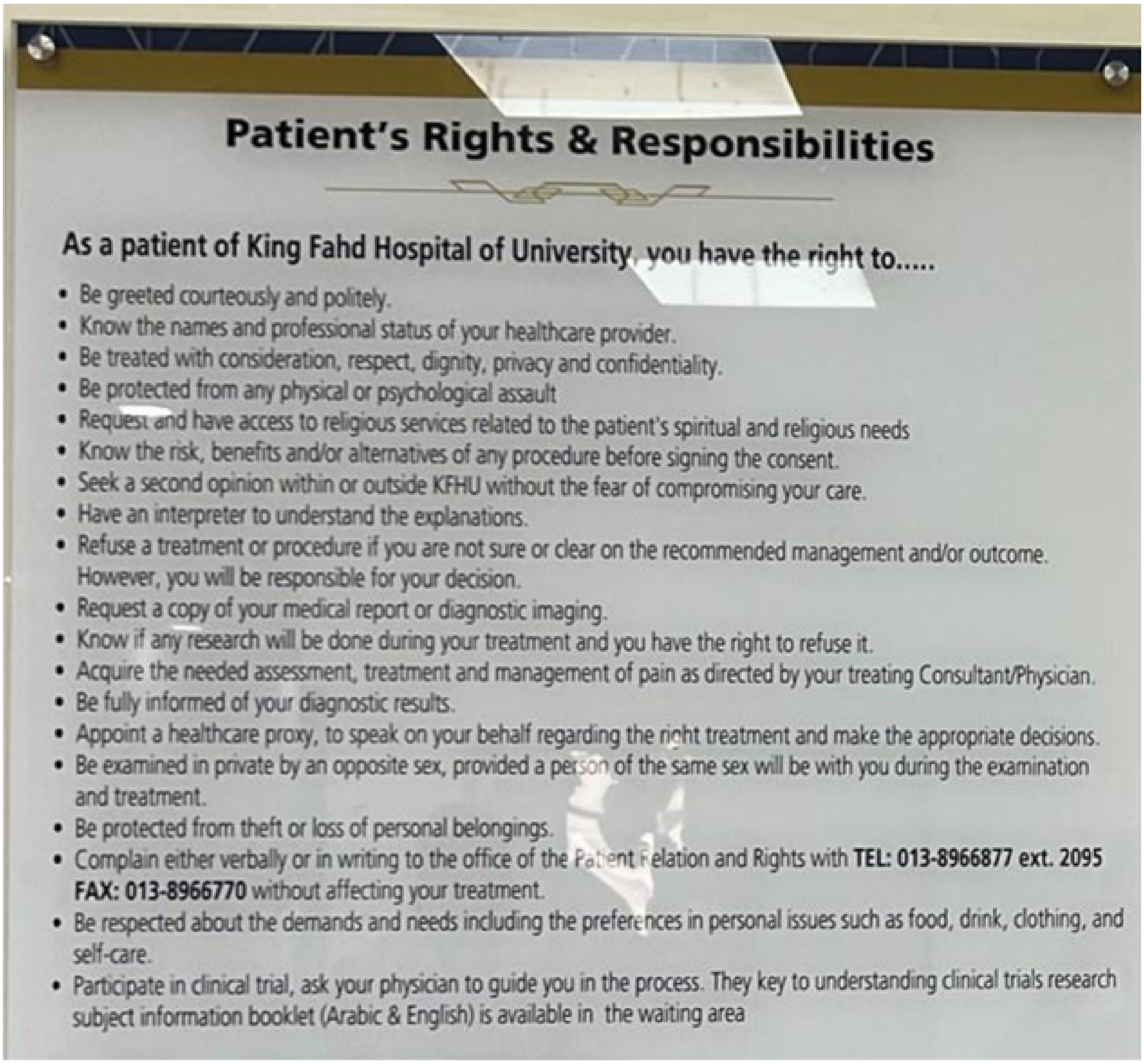
While the goals of this bill are admirable, its success is determined by how well it is communicated to patients and health care professionals, as well as how well it is executed (9). The current study has been conducted to assess the awareness among patients regarding the rights that they are entitled to and to emphasize the need for organizing community and hospital-based awareness campaigns for the patients accordingly.

Methods

This research was a cross-sectional descriptive and analytical survey on patients' awareness of their rights conducted at King Fahd Hospital of the University (KFHU) which is a tertiary care, teaching hospital affiliated with Imam Abdulrahman Bin Faisal University in the Eastern Province of Saudi Arabia. The sample size was calculated using OpenEpi which yielded a sample size of 384, after taking a confidence level of 95% and a frequency outcome factor of 50% patients. The research population included the in-patients and out-patients of KFHU. The participants were eligible if aged 18 years or older of either gender, provided they had the mental capacity to respond to the questions and were familiar with either English or Arabic languages. Participants were interviewed using convenient sampling. Interviewers collected the data using a standard protocol with all subjects. Informed verbal consent was taken from all participants and their identities were concealed to maintain confidentiality. The questionnaire was comprised of 23 questions which included the patient's demographic details like age, gender, and nationality and questions regarding their rights that were displayed at various places (for example the visitor's lobby, patient-registration area, out-patient clinic) in KFHU (Figures 1, 2).

Data were analyzed using Statistical Package for the Social Sciences (SPSS) version 26 (IBM Corp., Armonk, New York). Normality was assessed by the Shapiro-Wilk test. Descriptive statistics were used to report frequencies and proportions for the categorical

Figure 1. Information pertaining to patients' rights displayed in the out-patient clinic at KFHU.



Patient's Rights & Responsibilities

As a patient of King Fahd Hospital of University, you have the right to.....

- Be greeted courteously and politely.
- Know the names and professional status of your healthcare provider.
- Be treated with consideration, respect, dignity, privacy and confidentiality.
- Be protected from any physical or psychological assault
- Request and have access to religious services related to the patient's spiritual and religious needs
- Know the risk, benefits and/or alternatives of any procedure before signing the consent.
- Seek a second opinion within or outside KFHU without the fear of compromising your care.
- Have an interpreter to understand the explanations.
- Refuse a treatment or procedure if you are not sure or clear on the recommended management and/or outcome. However, you will be responsible for your decision.
- Request a copy of your medical report or diagnostic imaging.
- Know if any research will be done during your treatment and you have the right to refuse it.
- Acquire the needed assessment, treatment and management of pain as directed by your treating Consultant/Physician.
- Be fully informed of your diagnostic results.
- Appoint a healthcare proxy, to speak on your behalf regarding the right treatment and make the appropriate decisions.
- Be examined in private by an opposite sex, provided a person of the same sex will be with you during the examination and treatment.
- Be protected from theft or loss of personal belongings.
- Complain either verbally or in writing to the office of the Patient Relation and Rights with **TEL: 013-8966877 ext. 2095 FAX: 013-8966770** without affecting your treatment.
- Be respected about the demands and needs including the preferences in personal issues such as food, drink, clothing, and self-care.
- Participate in clinical trial, ask your physician to guide you in the process. They key to understanding clinical trials research subject information booklet (Arabic & English) is available in the waiting area

Figure 2. Close-up of the information pertaining to patients' rights displayed in the out-patient clinic at KFHU.

responses. The disparity between categorical variables was checked using the Chi-square test. In the case of continuous variables, the student's t-test was used. P-value <0.05 was considered significant in all cases.

Results

Baseline characteristics

A total of 381 participants took part in our study, with the majority being males (70.1%; n=267). The mean age of the participants was 32±10.6 years, and Saudi nationals comprised 84.5% (n=322) of the total. Around 63% (n=241) were from the in-patient department whereas 36.7% (n=140) were from the out-patient department/clinic as shown in Table 1.

Awareness score

The awareness scores of participants ranged from 1 to 14. The mean awareness score was satisfactory, i.e., 7.89 ± 3.41. Approximately 41.4% (n=158) of the participants had an unsatisfactory score i.e., <7. Females and males had similar scores (7.92 ± 3.44 vs 7.88 ± 3.39; *P:* 0.916). Saudi nationals scored higher than non-Saudis (8.32 ± 3.41 vs. 5.61 ± 2.26; *P:* <0.001). Participants in the out-patient setting had good mean awareness scores (10.64 ± 2.13), whereas in-patient setting participants had unsatisfactory mean scores (6.29 ± 2.96). A significant association was found between total awareness scores with setting (*P:* <0.001) and nationality (*P:* <0.001); however, no association was found between scores and age (*P:* 0.942) and gender (*P:* 0.916). Figure 3 summarizes these findings.

Table 1. Characteristics of study participants.

Variable	N (%)
Total	381 (100)
Mean age	32±10.6
Gender	
Males	267 (70.1)
Females	114 (29.9)
Nationality	
Saudi	322 (84.5)
Non-Saudi	59 (15.5)
Setting	
In-patient	241 (63.3)
Out-patient	140 (36.7)

Response to questions and awareness of patients' rights

The response of participants toward patient rights and their association with age, gender, nationality, and settings have been tabulated in Table 2. Awareness regarding different rights is mentioned in Table 3. The majority of the participants were aware of the patients' right to be treated politely and courteously (84.3%; n=321), and of the right to be treated with respect and dignity (70.1%; n=267). Approximately three-quarters of the participants were aware of patients' right to complain about the healthcare management to the patient relations office in the hospital (76.6%; n=292) and to be fully aware of their diagnostic results (72.2%; n=275). About half of the participants affirmed that patients have the right to have an interpreter, know alternatives to the proposed treatment, and have a person of the same gender present while being treated by a doctor of the opposite gender. Slightly less than half the participants were aware that patients have the right to know the risks and benefits of treatment (45.9%; n=175) and

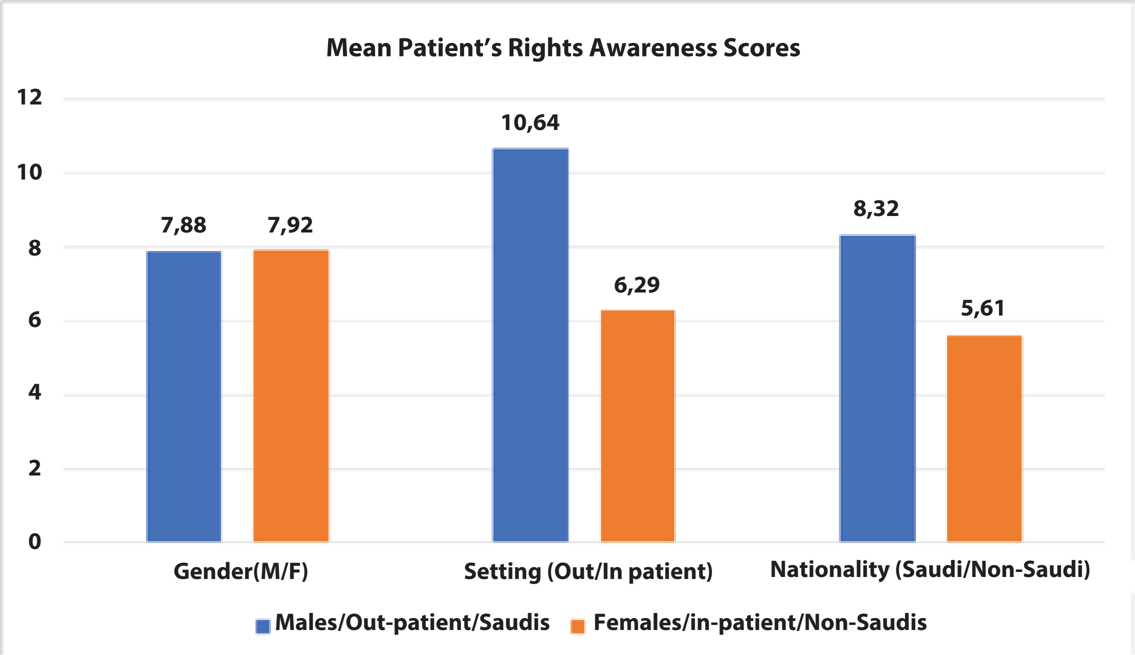


Figure 3. Mean awareness scores of participants according to gender, setting, and nationality.

Table 2. Response of participants towards different questions about patients' rights.

Q	Question	Strongly agree N (%)	Agree N (%)	Neutral N (%)	Disagree N (%)	Strongly Disagree N (%)	*P:* value Age	*P:* value Gender	*P:* value Setting	*P:* value Nationality
1	**The patient has the right to be greeted courteously and politely**	187 (49.1)	134 (35.2)	42 (11.0)	14 (3.7)	4 (1.0)	0.103	0.093	0.005*	0.005*
2	**The patient does NOT have the right to know the names and professional status of their healthcare providers involved in their care**	51 (13.4)	86 (22.6)	95 (24.9)	63 (16.5)	86 (22.6)	0.406	0.957	0.000*	0.000*
3	**The patient has the right to be treated with consideration, respect, and dignity**	201 (52.8)	66 (17.3)	60 (15.7)	37 (9.7)	17 (4.5)	0.854	0.905	0.000*	0.000*
4	**The patient has the right to be treated with privacy and confidentiality**	189 (49.6)	74 (19.4)	53 (13.9)	44 (11.5)	21 (5.5)	0.698	0.376	0.000*	0.000*
5	**The patient does NOT have the right to know the benefits and risks of the proposed treatment before consenting to treatment**	69 (18.1)	84 (22.0)	53 (13.9)	63 (16.5)	112 (29.4)	0.111	0.139	0.002*	0.002*
6	**The patient does NOT have the right to know about the alternatives to the proposed treatment before consenting to treatment**	40 (10.5)	79 (20.7)	60 (15.7)	72 (18.9)	130 (34.1)	0.757	0.363	0.000*	0.000*
7	**The patient does NOT have the right to have an interpreter if they don't understand the explanations given by the healthcare providers**	46 (12.1)	62 (16.3)	68 (17.8)	80 (21.0)	125 (32.8)	0.898	0.862	0.000*	0.000*
8	**The patient has the right to refuse treatment**	49 (12.9)	110 (28.9)	115 (30.2)	68 (17.8)	39 (10.2)	0.601	0.537	0.125	0.125
9	**The patient does NOT have the right to request a copy of their medical report or diagnostic imaging**	21 (5.5)	85 (22.3)	50 (13.1)	101 (26.5)	124 (32.5)	0.117	0.849	0.000*	0.000*
10	**The patient does NOT have the right to refuse being involved in any research being conducted while they receive treatment**	41 (10.8)	81 (21.3)	99 (26.0)	84 (22.0)	76 (19.9)	0.448	0.015*	0.000*	0.000*
11	**The patient has the right to be fully informed of their diagnostic results**	166 (46.3)	109 (28.6)	43 (11.3)	39 (10.2)	24 (6.3)	0.932	0.184	0.000*	0.000*
12	**The patient does NOT have the right to appoint a healthcare proxy who will speak on their behalf regarding the right treatment and make decisions**	52 (13.6)	98 (25.7)	93 (24.4)	77 (20.2)	61 (16.0)	0.304	0.193	0.009	0.009*
13	**The patient has the right to have a person of their same gender be present when you they are examined and treated by a doctor of the opposite gender**	72 (18.9)	132 (34.6)	101 (26.5)	49 (12.9)	27 (7.1)	0.556	0.383	0.069	0.069
14	**The patient has the right to complain about the healthcare management either verbally or in writing to the patient relation office in the hospital.**	175 (45.9)	117 (30.7)	47 (12.3)	26 (6.8)	16 (4.2)	0.959	0.169	0.005*	0.005*

Table 3. Awareness of participants regarding different patient's rights with responses stratified according to gender, setting, and nationality

Q	Question	Total Aware N (%) [T=381]	Gender				Setting				Nationality			
			Male N (%) [T=267]	Female N (%) [T=114]	*P:* value	OR (95% CI)	In-patient N (%) [T=241]	Out-patient N (%) [T=140]	*P:* value	OR (95% CI)	Saudi N (%) [T=322]	Non-Saudi N (%) [T=59]	*P:* value	OR (95% CI)
1	**The patient has the right to be greeted courteously and politely**	321 (84.3)	221 (82.8)	100 (87.7)	0.225	1.5 (0.8, 2.8)	185 (76.8)	136 (97.1)	0.000*	0.1 (0.03, 0.28)	277 (86.0)	44 (74.6)	0.026*	2.1 (1.1. 4.1)
2	**The patient has the right to know the names and professional status of their healthcare providers involved in their care**	149 (39.1)	106 (39.7)	43 (37.7)	0.717	0.9 (0.6, 1.4)	58 (24.1)	91 (65)	0.000*	0.17 (0.11, 0.27)	137 (42.5)	12 (20.3)	0.001*	2.9 (1.5, 5.7)
3	**The patient has the right to be treated with consideration, respect, and dignity**	267 (70.1)	188 (70.4)	79 (69.3)	0.828	0.95 (0.6, 1.5)	127 (52.7)	140 (100)	0.000*	0.53 (0.47, 0.6)	243 (75.5)	24 (40.7)	0.000*	4.5 (2.5, 7.9)
4	**The patient has the right to be treated with privacy and confidentiality**	263 (69)	189 (70.8)	74 (64.9)	0.256	0.8 (0.5, 1.2)	126 (52.3)	137 (97.9)	0.000*	0.02 (0.01, 0.07)	239 (74.2)	24 (40.7)	0.000*	4.2 (2.3, 7.5)
5	**The patient has the right to know the benefits and risks of the proposed treatment before consenting to treatment**	175 (45.9)	132 (49.4)	43 (37.7)	0.036*	0.6 (0.4, 0.97)	85 (35.3)	90 (64.3)	0.000*	0.3 (0.2, 0.5)	159 (49.4)	16 (27.1)	0.002*	2.6 (1.4, 4.8)
6	**The patient has the right to know about the alternatives to the proposed treatment before consenting to treatment**	202 (53)	141 (52.8)	61 (53.5)	0.90	1.0 (0.7, 1.6)	85 (35.3)	117 (83.9)	0.000*	0.12 (0.06, 0.2)	184 (57.1)	18 (30.5)	0.000*	3.0 (1.6, 5.5)
7	**The patient has the right to have an interpreter if they don't understand the explanations given by the healthcare providers**	205 (53.8)	142 (53.2)	63 (55.3)	0.709	1.1 (0.7, 1.7)	85 (35.3)	120 (85.7)	0.000*	0.09 (0.05, 0.16)	186 (57.8)	19 (32.2)	0.000*	2.9 (1.6, 5.2)

8	**The patient has the right to refuse treatment**	159 (41.7)	109 (40.8)	50 (43.9)	0.582	1.1 (0.7, 1.8)	89 (36.9)	70 (50)	0.013*	0.6 (0.4, 0.9)	143 (44.4)	16 (27.1)	0.013*	2.1 (1.2, 3.9)
9	**The patient has the right to request a copy of their medical report or diagnostic imaging**	225 (59.1)	159 (59.6)	66 (57.9)	0.763	0.9 (0.6, 1.5)	101 (41.9)	124 (88.6)	0.000*	0.09 (0.05, 0.16)	202 (62.7)	23 (39.0)	0.001*	2.6 (1.5, 4.7)
10	**The patient has the right to refuse being involved in any research being conducted while they receive treatment**	160 (42)	103 (38.6)	57 (50)	0.039*	1.6 (1.0, 2.5)	87 (36.1)	73 (52.1)	0.002*	0.5 (0.3, 0.8)	141 (43.8)	19 (32.2)	0.097	1.6 (0.9, 2.9)
11	**The patient has the right to be fully informed of their diagnostic results**	275 (72.2)	194 (72.7)	81 (71.1)	0.749	0.9 (0.6, 1.5)	140 (58.1)	135 (96.4)	0.000*	0.05 (0.2, 0.13)	245 (76.1)	30 (50.8)	0.000*	3.1 (1.7, 5.4)
12	**The patient has the right to appoint a healthcare proxy who will speak on their behalf regarding the right treatment and make decisions**	138 (36.2)	95 (35.6)	43 (37.7)	0.691	1.1 (0.7, 1.7)	66 (27.4)	72 (51.4)	0.000*	0.4 (0.2, 0.5)	127 (39.4)	11 (18.6)	0.002*	2.8 (1.4, 5.7)
13	**The patient has the right to have a person of their same gender be present when you they are examined and treated by a doctor of the opposite gender**	204 (53.5)	146 (54.7)	58 (50.9)	0.495	0.9 (0.5, 1.3)	135 (56.0)	69 (49.3)	0.204	1.3 (0.9, 1.9)	165 (51.2)	39 (66.1)	0.035*	0.5 (0.3, 0.96)
14	**The patient has the right to complain about the healthcare management either verbally or in writing to the patient relation office in the hospital.**	292 (76.6)	205 (76.8)	87 (76.3)	0.922	0.98 (0.6, 1.6)	159 (66.0)	133 (95.0)	0.000*	0.1 (0.05, 0.23)	254 (78.9)	38 (64.4)	0.16	2.06 (1.1, 3.7)

can refuse treatment if they wish (41.7%; n=159). Only 39.1% (n=149) of the participants knew that patients have the right to know the identity of their healthcare workers. Approximately one-third of the participants were aware that patients have the right to appoint a healthcare proxy in their place (36.2%; n=138) and deny participation in research (42%; n=160). Table 3 also shows responses for all questions stratified according to gender (males and females), setting (in-patient vs. out-patient), and nationality (Saudi vs. non-Saudi). Overall, awareness of individual patients' rights was similar in males and females; except that male patients were more aware of their right to know the risks and benefits of treatment, and less aware of their right to refuse involvement in research. When compared with outpatients, in-patients were significantly more likely to be aware of every individual right asked about in the questionnaire, except about the patient's right to have a person of their same gender be present when being examined or treated by a doctor of the opposite gender (*P:* 0.204). Similarly, Saudi nationals were significantly more likely to be aware of each right, except two. No significant difference was seen between Saudis and non-Saudis for the right to refuse participation in research (p=0.097) and the right to complain about healthcare management (*P:* 0.16).

Discussion

In recent years, the profession of medicine has experienced significant development. There have been significant advancements in the realm of healthcare, the way it is delivered, and how people accept it. Patients are growing progressively more mindful of their privileges and their expectations from medical service frameworks have increased (1).

Information pertaining to patients' rights displayed in the out-patient clinic at KFHU is pictured in Figure 1. Our study revealed that just over half of the study participants (58.4%) had a satisfactory mean score and were aware of their rights. This observation of the present study demonstrates a relatively low awareness among patients as compared to similar studies conducted in Poland (80%), Nigeria (94.2%), and Malaysia (90%) (1,11,12). Our findings were in contrast to those of other countries with a majority of Muslim population like Iran where only 10.5% of patients were aware of their rights (5), Egypt where three-quarters of the patients were unaware of their rights (13), and Turkey where 23% of patients were aware of their rights (14). The differences can be attributed to the contents and the implementation strategy of the patients' rights bill or charter of various countries (15) which in turn depends upon the cultural and social norms prevalent in the region (16).

In the current study, the majority of participants were aware of their right to be treated politely and courteously with respect and dignity, their right to be treated in privacy, and for their treatment to remain confidential. These findings are comparable to the studies conducted in Egypt and Iran (17,18).

Most of the participants had awareness of their right to be involved in the treatment process. However, their knowledge about their right to know the risks and benefits of treatment and refusal of any treatment was comparatively a little less compared to their right to know the results of their diagnostic tests. These findings are in contrast to the observations of the studies conducted in Iran, Egypt, and Iraq (5,17,19) in which patients had poor awareness of this aspect.

In our study, less than half of the individuals were aware of their right to know the name/identity of their healthcare providers which is in contrast to the study conducted by Mohammed et al. (17) and Bazmi et al. (18) in which most of the participants had awareness of their right to know the identity of the physicians treating them.

Participants' nationality, and setting (in-patient/out-patient) were found to have a significant impact on the results of our study. Age was not found to have any association with the awareness score unlike the observation of several other studies in which age was found to have an inverse association with awareness (17,20). This discrepancy can be due to the difference in the mean age of the participants which in our case was around middle age (32±10.6).

Saudi nationals were found to have better awareness than non-Saudis. This gap can be reduced by government policies making it a must for any foreigner applying for a job or residency in the country to be thoroughly instructed about the medical facilities they will have access to and about their rights in any medical facility to be equal to those of the nationals.

The patients in the out-patient setting were more aware of their rights than in-patients. This is an alarming situation because, in the in-patient setting, patients fear facing discrimination and are already more vulnerable to their rights being violated, as the autonomy decreases the poorer the prognosis of the patient's disease is (1), and if this is compounded with lack of awareness the likelihood of them being mishandled and their rights violated increases. During the patient's stay in the hospital or at the time of registration, delivering patient education materials in plain language about their rights and duties to the patient and their family/relatives can help in addressing this issue (21).

The results of our study support the notion that better implementation strategies of PBR are the need of the hour. Along with the development of the society advancements in the bill are necessary with the aim of enhancing the relationship between healthcare seekers and the public authority, at the same time increasing the awareness of the public regarding their rights and obligations.

The current study should be evaluated in light of certain limitations. The study is not a nationwide cross-sectional study. The participants in our study included patients from a single, tertiary care hospital in Saudi Arabia. The study setting was a public, university teaching hospital located in an urban area. Therefore, the findings of the current study cannot be generalized. Another limitation of the study was related to the less representation of non-Saudi residents and female patients. Similar studies should be conducted in primary healthcare centers, non-teaching hospitals, private sector hospitals, and hospitals located in rural areas of Saudi Arabia. Also, the awareness of all sections of healthcare providers about patients' rights should be assessed in order to evaluate where work needs to be done to increase the awareness of patients' rights and allow patients to exercise their rights to their full extent.

Ethics Committee: This study was approved by the Institutional Review Board (IRB) of Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia (IRB reference number: IRB-2022-01-094; approval date: 24-02-2022).

Conflict of Interest: Each author declares that he or she has no commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article.

Authors Contribution: MM – conceptualization, methodology, writing – original draft; RGM – conceptualization, methodology, writing – review & editing; AAA – methodology, data collection, writing – review & editing; BAA – methodology, data collection, writing – review & editing; MAA – methodology, data collection, writing – review & editing; AKA – conceptualization, literature search, writing – review & editing; MSU – formal analysis, literature search, writing – review & editing.

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