

Nurses' Knowledge of Patients' Rights in King Salman Armed Forces Hospital, Kingdom of Saudi Arabia

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Abstract

Background: Nurses play a vital role in healthcare, serving as the primary point of contact for patients and their families. It is crucial that nurses are well-versed in patients' rights and responsibilities. However, studies have highlighted nurses' lack of awareness of patient rights, which can impede their ability to recognize and address legal and ethical issues that arise. **Objective:** Determine the knowledge of patient rights among nurses working at King Salman Armed Forces Hospital, Tabuk, Saudi Arabia. **Methods:** This cross-sectional study was conducted in the nursing department of the main military hospitals (King Salman and King Khalid Hospitals) in Tabuk City, Saudi Arabia. The study population consisted of male and female nursing staff working in various departments of King Salman Armed Forces Hospital. A sample of 616 nurses was selected randomly. The data collection period was from February 2017 to March 2018. Data were collected using a self-administered questionnaire, developed based on previously published studies and the Patient Rights Bill implemented in the Saudi Arabian healthcare system. To facilitate responses, the questionnaire was translated into Arabic with the assistance of an Arabic language expert and validated through pilot testing to address any language deficiencies. Data entry and analysis were conducted using SPSS version 25. **Results:** In this study, over 80% of participants reported positive feedback regarding patients' rights, indicating that the majority were well aware of them. The results showed that age, gender, nationality, education, experience, and working in the private sector were significantly associated with patients' rights among nursing staff at King Salman Armed Forces. Only a few factors showed no significant association with patients' rights. **Conclusion:** The study concludes that there is a strong overall understanding of patients' rights among

Tabuk Hospital nurses, as demonstrated by the majority of participant responses. This implies that nurses have a strong basic understanding of patients' rights, which is essential for maximizing healthcare provision. However, more work is required to close knowledge gaps in particular areas despite this positive outcome.

Keywords

Knowledge, Patients' Rights, Nurses, Tabuk, Saudi Arabia

1. Introduction

The International Council of Nurses states that nurses should protect patient rights anywhere and anytime [1]. Thus, nurses are typically seen as advocates for patient rights [2]. Meropi Mpouzika and her team, in their systematic review, reported low awareness of patient rights among hospital nurses and discrepancies in knowledge and attitudes towards specific rights, both across and within groups from different countries [3]. Nurses play a crucial role in healthcare systems, often serving as the primary point of contact for patients and acting as a bridge between patients and other healthcare professionals [4]. One of their key responsibilities is to ensure that patients' rights are upheld and respected throughout their treatment [5]. Patients' rights are fundamental to healthcare, aiming to protect the dignity, autonomy, and well-being of individuals seeking medical care. Nurses' knowledge of patients' rights is essential to ensure these rights are adequately understood and implemented in clinical practice [6].

Advocacy is central to the nursing process, and nurses often defend their patients' rights even when it conflicts with others' needs, including their employers' [6]. Nurses are obligated to provide care to patients and their families in line with current medical knowledge, regardless of background, social standing, political views, religion, or any other considerations [7].

Nurses are obligated to provide care to patients and their families in accordance with current medical knowledge, regardless of their background, social standing, political views, religion, or any other considerations [7]. This obligation is grounded in the professional values and ethical principles that guide the nursing profession, such as protecting patient privacy, maintaining safety, being committed to one's duties, cooperating and acting professionally, and observing mutual respect.

Patients' rights include the right to informed consent, privacy and confidentiality, access to medical records, refusal of treatment, and being treated with respect and dignity. Nurses play a vital role in upholding these rights by advocating for patients, communicating effectively with healthcare providers, and ensuring patients are informed and empowered to make decisions about their care [8].

Upholding patients' rights is not only a moral and ethical imperative but also a legal mandate in many healthcare settings. Nurses must have comprehensive knowledge of the applicable laws, ethical codes, and organizational policies that

protect patients' rights. This understanding enables nurses to identify and address potential violations or infringements on patients' rights and take appropriate action to ensure that patients' needs and preferences are respected [3] [9].

Nurses' knowledge of patients' rights is essential in fostering trust and building positive relationships between patients and healthcare providers. When patients feel their rights are respected and their concerns are heard, they are more likely to engage in their care, adhere to treatment recommendations, and have a positive overall experience with the healthcare system [7]. Conversely, when patients feel their rights are violated or their needs unmet, it can lead to increased dissatisfaction, decreased trust in healthcare providers, and poorer health outcomes.

In addition to upholding patients' rights, nurses must also be aware of their own rights and responsibilities as healthcare professionals. They have a duty to advocate for their patients and speak up when they witness harmful or unethical practices. This can sometimes place nurses in challenging positions, as they may need to navigate complex ethical and legal considerations when advocating for patients' rights. The objective of this study is to determine the knowledge about patients' rights among nurses working at King Salman Armed Forces Hospital in Tabuk, Saudi Arabia.

2. Methods

This was a cross-sectional study conducted in the nursing department at the main military hospitals (King Salman and King Khalid Hospitals) in Tabuk City, Saudi Arabia. The study population included male and female nursing staff working in various departments of King Salman Armed Forces Hospital. The study was completed in four months. The inclusion criteria were nurses aged 20 - 60 years, of both genders and any nationality (Saudi and non-Saudi). The exclusion criteria were non-nursing staff, nursing students, and those unwilling to participate. The total nursing staff in various departments of King Salman Armed Forces Hospital was 1100. A sample of 616 nurses was selected randomly using random numbers generated in Microsoft Excel, based on a list provided by the Human Resources Department. The sample selection used a simple random sampling technique. Nurses from all departments who agreed to participate in the study were randomly selected using a computer-based process after their names were entered. Ethical approval was obtained from the Hospital Ethical Review Committee. After obtaining ethical approval, data collection began using a self-administered questionnaire. This questionnaire was developed based on previously published studies on the topic and the Patients' Rights Bill implemented in the Saudi Arabian healthcare system. It contained close-ended questions to facilitate accurate and clear responses. The initial part of the questionnaire covered the demographic characteristics of the study participants. The second part consisted of 19 questions related to patients' rights, all of which were close-ended. Each question was answered with the options Yes/No/I don't know. Face-to-face data collection was used. If participants had any confusion about the questions, they were advised to

ask for clarification. To facilitate responses, the questionnaire was also translated into Arabic. This translation was done with the help of an Arabic language expert and validated through pilot testing to address any language deficiencies. The reliability of the questionnaire was assessed using Cronbach's Alpha, which was 0.766, indicating acceptable reliability for assessing knowledge of patients' rights.

Data entry and analysis were conducted using SPSS version 25. Initially, the data were screened for any missing responses in the questionnaire. After the initial screening, all questionnaires were entered by the researcher. Quantitative variables were presented with mean \pm SD, and qualitative variables were presented with frequency and percentage. Demographic data, educational status, working experience, and nurses' knowledge of patients' rights were recorded; all these variables were qualitative in nature. The association of patients' rights with nursing characteristics was assessed using the Chi-Square test. The strength of the association between participants' education, work experience, and patients' rights knowledge was assessed using Cramer's V. The value of Cramer's V ranges from 0 to 1, where 0 indicates no association and 1 indicates a very strong association. A p-value of <0.05 was considered statistically significant.

3. Results

Table 1 describes the basic demographic characteristics of the nursing staff included in the study. Female participants outnumbered male participants. Of the study participants, 56.8% were aged 31 - 40 years, 28.5% were Saudi nationals, and 71.5% were of mixed nationalities. Additionally, 45.5% were Muslims, 63% held diplomas, 33.2% had bachelor's degrees, 44.5% had 1 - 5 years of experience, 66.6% worked in private hospitals, and 34.7% had attended a course or workshop on patients' rights (**Table 1**). **Table 2** describes the responses of study participants to questions about patients' rights. It is clear that for almost all questions, more than 80% of participants provided a positive response. Among study participants, 95.1% stated they explained patients' rights to the patients. Additionally, 96.45% reported knowing that patients should be fully informed about their diagnosis and treatment plan. Furthermore, 96.4% indicated they provided patients with all necessary information to obtain consent for medical intervention. About 95.55% of participants reported knowing that if a patient refuses treatment, they will inform the patient of the consequences. Meanwhile, 88.35% mentioned they were aware that they would comment on and discuss the care and services provided to patients. Additionally, 93.8% were fully aware that they must ensure the privacy and confidentiality of patients' medical and social information. Lastly, 93.2% of participants reported knowing that if a patient refuses to participate in any research, it will not affect the care delivered to them. In short, 90% of the study participants were well aware of patients' rights, including receiving care aligned with their beliefs, having same-gender staff during physical examinations or interventions, protection against physical and verbal assault, appropriate pain management, consent to surgery, information on organ and tissue donation and

Table 1. Demographic characteristics of participants (n = 616).

	<i>Frequency</i>	<i>Percent (%)</i>
<i>Age</i>		
20 - 30	148	24.0
31 - 40	350	56.8
41 - 50	118	19.2
<i>Gender</i>		
Male	204	33.1
Female	412	66.9
<i>Nationality</i>		
Saudi	176	28.5
Philippine	268	43.6
Indian	76	12.3
Jordanian	16	2.6
Egyptian	6	1
South African	66	10.7
Others	8	1.3
<i>Religion</i>		
Muslim	280	45.5
Non-Muslim	336	54.5
<i>Marital Status</i>		
Single	186	30.2
Married	382	62.0
Divorced	48	7.8
<i>Educational Level</i>		
Training course	10	1.6
Diploma	388	63.0
Bachelor's degree	205	33.2
Master's/Professional degree	13	2.1
<i>Salary</i>		
<5000	108	17.5
5001 - 10,000	246	39.9
10,001 - 15,000	210	34.1
15,001 - 20,000	52	8.4
<i>Experience</i>		
1 - 5 years	274	44.5

Continued

6 - 10 years	234	38.0
11 - 15 years	48	7.8
More than 15 years	42	6.8
<i>Worked in a Private hospital</i>		
Yes	410	66.6
No	206	33.4
<i>Participation in Patients Right's Course/ Workshop</i>		
Yes	214	34.7
No	402	65.3

Table 2. Nurses' knowledge of patients' Rights

	<i>Statement</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>Total</i>
<i>A</i>	Patients' rights are explained to patients by the healthcare provider.	586 (95.1%)	22 (3.6%)	8 (1.3%)	616
<i>B</i>	Cared for by qualified, competent staff and seen by a specialized consultant.	528 (85.7%)	56 (9.1%)	32 (5.2%)	616
<i>C</i>	Kept fully informed of their diagnosis and treatment plan.	594 (96.4%)	0 (0%)	22 (3.6%)	616
<i>D</i>	Receive all necessary information to provide informed consent for all medical interventions.	594 (96.4%)	0 (0%)	22 (3.6%)	616
<i>E</i>	Informed of the effects on their health if they refuse treatment.	588 (95.5%)	0 (0%)	28 (4.5%)	616
<i>F</i>	Able to comment on and discuss the care and service they are receiving.	544 (88.3%)	28 (4.5%)	44 (7.1%)	616
<i>G</i>	Assured of privacy and confidentiality regarding medical and social information.	578 (93.8%)	28 (4.5%)	10 (1.6%)	616
<i>H</i>	Able to refuse participation in any proposed research, with such refusal or withdrawal having no effect on the care delivered.	574 (93.2%)	0 (0%)	42 (6.8%)	616
<i>I</i>	Discharged as recommended by the doctor with appropriate medications, follow-up appointments, and necessary education/information.	588 (95.5%)	28 (4.5%)	0 (0%)	616
<i>J</i>	Provided with a medical report summarizing their medical condition and course during admission.	572 (92.9%)	26 (4.2%)	18 (2.9%)	616
<i>K</i>	Receive care in a safe environment.	596 (96.8%)	20 (3.2%)	0 (0%)	616

Continued

<i>L</i>	Receive care that is respectful of their values and beliefs (provided they don't conflict with Islamic rules).	602 (97.7%)	14 (2.3%)	0 (0%)	616
<i>M</i>	Have a significant other, chaperone, or staff member of the same gender present during physical examination, treatment, or procedure.	554 (89.9%)	10 (1.6%)	52 (8.4%)	616
<i>N</i>	Protected from physical and verbal assault.	600 (97.4%)	8 (1.3%)	8 (1.3%)	616
<i>O</i>	Appropriate assessment and management of pain.	556 (90.3%)	60 (9.7%)	0 (0%)	616
<i>P</i>	Consent to surgery, high-risk treatments, procedures, anesthesia, and the use of blood and blood products after receiving adequate information.	570 (92.5%)	46 (7.5%)	0 (0%)	616
<i>Q</i>	Be informed about the donation and transplantation of organs and other tissues, as per hospital policy.	600 (97.4%)	16 (2.6%)	0 (0%)	616
<i>R</i>	Voice a complaint about care or hospital services and have the complaint investigated and resolved whenever possible.	560 (90.9%)	24 (3.9%)	32 (5.2%)	616
<i>S</i>	Have their possessions protected once the hospital assumes responsibility or when the patient cannot assume responsibility.	580 (94.2%)	8 (1.3%)	28 (4.5%)	616
<i>T</i>	Know the identities of the physicians and the practitioners responsible for his/her care.	560 (90.9%)	32 (5.2%)	24 (3.9%)	616
<i>U</i>	Be treated with respect and dignity at all times and under all circumstances.	596 (96.8%)	8 (1.3%)	8 (1.3%)	616

transplantation, care of personal possessions during hospital treatment, knowing the identities of physicians and practitioners responsible for their care, and being treated with respect and dignity at all times during and after treatment (Table 2). Table 3 describes the association of age, gender, nationality, education, experience, and working setup with knowledge regarding patients' rights. Age and nationality of study participants show a significant association with all aspects of patients' rights. A few questions on patients' rights showed no significant association with gender, education, experience, and working setup of study participants. The elements of privacy, confidentiality, and respect showed no significant difference in relation to the gender of study participants, as well as high-risk consent (Q). Element C, F, and H showed no significant association with the education status of study participants. The experience of study participants showed

no significant association with elements D and K, and the working status of study participants showed no significant association with elements E, K, O, and P (**Table 3**).

Table 3. Association of patients' rights knowledge in relation to nurses' characteristics.

Patients' Right	Age	Gender	Nationality	Education	Experience	Working in private setup
A	0.016	<0.001	<0.001	0.005	<0.001	<0.001
B	<0.001	0.003	<0.001	0.042	<0.001	0.016
C	<0.001	0.001	<0.001	0.721	<0.001	<0.001
D	0.050	0.742	<0.001	0.004	0.207	0.001
E	0.003	0.765	<0.001	0.002	<0.001	0.576
F	<0.001	<0.001	<0.001	0.138	<0.001	0.001
G	<0.001	<0.001	<0.001	0.000	<0.001	<0.001
H	<0.001	<0.001	<0.001	0.406	<0.001	0.508
I	0.034	<0.001	<0.001	0.000	<0.001	0.794
J	0.009	<0.001	<0.001	0.000	<0.001	<0.001
K	<0.001	0.103	<0.001	0.000	0.337	0.111
L	0.004	0.008	<0.001	0.038	0.001	0.007
M	<0.001	<0.001	<0.001	0.019	<0.001	<0.001
N	<0.001	<0.001	<0.001	0.140	<0.001	<0.001
O	<0.001	<0.001	<0.001	0.176	<0.001	0.552
P	<0.001	<0.001	<0.001	0.031	<0.001	0.080
Q	0.002	0.146	<0.001	0.392	<0.001	<0.001
R	<0.001	0.001	<0.001	0.514	<0.001	<0.001
S	<0.001	<0.001	<0.001	0.000	<0.001	<0.001
T	0.001	<0.001	<0.001	0.000	<0.001	<0.001
U	<0.001	<0.001	<0.001	0.000	0.003	<0.001

Note: (*) p-value < 0.05 statistically significant.

Table 4 describes the strength of association between patients' rights elements and study participants' characteristics. It shows how strongly a factor is associated with a characteristic of study participants. Elements E, G, R, and T (Cramer's V value > 0.4) show a moderate association with the experience of study participants. The educational status of study participants shows a moderate to weak strength for elements I, J, and K, while working in a private setup shows a weak association for elements A, C, M, and T (**Table 4**).

Table 4. Strength of association between nurses' characteristics and of patients' rights knowledge.

Patients' Right Elements	Experience	Education	Working in private setup
A	0.307*	0.123*	0.209*
B	0.273*	0.103*	0.116*
C	0.215*	0.047	0.272*
D	0.098	0.148*	0.136*
E	0.522*	0.155*	0.023*
F	0.167*	0.089	0.155*
G	0.410*	0.176*	0.182*
H	0.189*	0.069	0.027*
I	0.360*	0.598*	0.011*
J	0.364*	0.364*	0.166*
K	0.086	0.463*	0.064*
L	0.170*	0.117*	0.108*
M	0.230*	0.111*	0.222*
N	0.317*	0.089	0.180*
O	0.215*	0.090	0.024
P	0.294*	0.120*	0.070
Q	0.182*	0.072	0.230*
R	0.522*	0.065	0.178*
S	0.184*	0.144*	0.253*
T	0.574*	0.150*	0.341*
U	0.138*	0.133*	0.180*

Note: (*) p-value ≤ 0.05 statistically significant; Cramer's V Value; 0.01 - 0.19 (Very Weak); 0.20 - 0.39 (Weak); 0.40 - 0.59 (Moderate); 0.60 - 0.79 (Strong).

4. Discussion

A crucial aspect of ethical, compassionate care is recognizing and upholding patients' rights. The Ministry of Health in Saudi Arabia has created a Patients' Bill of Rights to safeguard those seeking medical care. Maintaining these standards greatly depends on healthcare professionals' awareness and observance of these rights [10]-[12]. This study aims to evaluate nurses at King Salman Armed Forces Hospital regarding their awareness of patients' rights to identify possible areas for patient-centered care improvement.

The current study on the demographic characteristics of nursing staff shows a female predominance, with most participants aged 31 - 40 years. Among them, 28.5% were Saudi nationals, 45.5% were Muslims, 66.6% worked in private hospitals,

and 34.7% had attended a workshop related to patients' rights. A previous study on nurses in Saudi Arabia showed a mean age of 29.04 ± 1.27 , a similar female predominance of 74.7%, and 93.6% were non-Saudi nationals [13].

Ethical morals and patients' rights were main concerns of the Saudi administration. It was recently established by Almoallem *et al.* that healthcare professionals in Riyadh face a variety of moral dilemmas. There is an urgent need for meaningful and continuous communication between healthcare professionals and other societal sectors, in addition to improving ethics understanding through educational programs for healthcare practitioners [14].

Responses from current study participants regarding patients' rights questions showed that over 80% reported a positive response for almost all questions. A varying degree of association was found between age, gender, nationality, education, experience, and working setup with knowledge about patients' rights.

In contrast to current findings, a study by Alghanim found that the Patients' Bill of Rights was unknown to more than 33% of primary healthcare professionals. Among those who were aware, about half of PHC providers and approximately 75% of patients knew very little [10]. Nearly all (97%) medical professionals in the study by Shihah *et al.* showed a lack of awareness regarding medical law, with only 1.5% reporting being sufficiently aware and another 1.5% being somewhat aware [11]. One recent study by Madadin *et al.* identified knowledge gaps regarding specific patient rights based on data collected from patients, necessitating focused hospital awareness campaigns and instructional materials, including patient education [15]. This was further supported by another study by Alnasser *et al.* [16]. The competency of nurses in providing healthcare services in Saudi Arabia was highlighted in a study by Feliciano *et al.*, similar to the current study, which found a strong association between the sociodemographic traits of nurses and their competency. It was discovered that their skill levels were influenced by marital status, job type, years since graduation, duration of service, duty hours, and nurse-patient ratio [13].

The significant associations between knowledge and demographic factors can be attributed to training influences based on age groups. For instance, younger nurses may have received more recent training on updated standards regarding patient rights. Additionally, cultural perceptions towards advocacy, empathy, and gender-sensitive authority can affect knowledge or attitudes about patient rights. Further education focuses on medical ethics, medical law, or patient advocacy, potentially enhancing understanding of patients' rights. Older nurses likely have broader experience with various patient cases, which should improve their comprehension and practice of patients' rights. The standard of education and training regarding patients' rights varies by country, which may limit some nurses' knowledge. Private hospitals tend to emphasize patient satisfaction and quality care, often investing more time, effort, and resources in educating staff about patients' rights.

The current study has certain limitations. The use of self-administered question-

nurses could result in answer bias or misunderstandings of the questions, despite efforts at translation and clarification. Future research could address this by including focus groups or interviews to gather more detailed data and gain a better understanding of the knowledge of nurses. Furthermore, the study was conducted in a single hospital, which restricts its generalizability. Broadening its scope to include more institutions could yield more thorough insights. To improve generalizability, future studies should focus on incorporating a larger and more diverse sample of nurses from various healthcare facilities across Saudi Arabia. Longitudinal studies can evaluate how knowledge evolves over time, and healthcare providers can benefit from intervention programs designed to raise awareness of patient rights. Additionally, qualitative techniques like focus groups and interviews can provide further insights into the facilitators and barriers influencing nurses' understanding and implementation of these rights.

To enhance nurses' knowledge and application of patient rights, King Salman Armed Forces Hospital could implement targeted educational workshops focusing on identified knowledge gaps. Cultural competency and simulation-based training would improve practical skills and sensitivity to diverse patient backgrounds, while mentorship programs could provide ongoing peer support. Additionally, an annual patient rights knowledge assessment and certification, along with a digital resource library, would ensure continuous access to updated information and reinforce a commitment to patient-centered care. Measurable outcomes like pre- and post-training assessments, certification rates, and resource library engagement would track the effectiveness of these interventions.

5. Conclusion

The study concludes that there is a strong understanding of patients' rights among Tabuk Hospital nurses, as demonstrated by the majority of participant responses. This implies that nurses have a solid basic understanding of patients' rights, which is essential for maximizing healthcare provision. However, more work is needed to close knowledge gaps in specific areas despite this positive outcome. Targeted educational campaigns and continuous training programs can better empower nurses to advocate for and respect patients' rights, ultimately improving patient care and satisfaction.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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P. To consent to surgery, high-risk treatments and procedures, anesthesia, and the use of blood and blood products after receiving adequate information.

Q. To be informed about organ and tissue donation and transplantation, as per hospital policy.

R. To voice a complaint about care or hospital services and have the complaint investigated and resolved whenever possible.

S. To have their possessions protected once the hospital assumes responsibility for them or when the patient cannot assume responsibility.
