INTRODUCTION

Health as a fundamental human right is recognized in the World Health Organization’s (WHO) Constitution, which states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being (WHO, 2010). At present, there are many declarations defining the importance of patients’ rights and responsibilities in the provision of health care (Özdemir et al., 2010). However, the mechanism of their implementation and their real contents vary among countries (Ducinskiene, 2006) often depending upon prevailing cultural and social norms (Hosseini et al., 2011). Despite that patients’ rights and responsibilities are increasingly emphasized around the world; it is still an ambiguous concept for health care providers and patients alike (Joolaei, 2006).

The increasing interest in the subject of patients’ rights and responsibilities have led to extensive research in developed (Dougherty and kiel, 2009; Paasche-Orlow et al., 2009; Nys et al., 2007) and developing countries (Joolaei et al., 2006; Rathor et al., 2009). However, the patients’ rights and responsibilities irrespective of the country it originates from, aims to reaffirm the importance of the relationship between patients and their health care providers, and also to ensure the critical role patients may play in safeguarding their own health.

In 2006, the government of Saudi Arabia promulgated...
the patient rights and responsibilities with the aim of improving patients’ and health care professionals’ experience with health care receipt and delivery, and also improving the overall quality of health care given to the population. The intent of this bill is to serve as a blueprint for how systems and procedures that aim to protect patients and ensure quality of care could be improved. According to ministry of health (2013) report that Saudi Patients Rights and responsibilities define the patients’ rights to accessible health care that meets their needs, to be treated with respect, to receive understandable information, to be involved in treatment options and plans, to file a complaint, and to the inviolability of personal privacy. The bill states that patients may change or refuse treatments and must be told about possible complications. The bill also stipulates that patients must know the costs of treatment in advance (in the case of private sector treatment) and should not undergo any medical management without their consent (WHO, 2000).

Patient responsibilities also state that the patient should protect the hospital and other properties, use of hospital facilities and equipments in safe and appropriate way and follow the hospital guidelines and instructions. The patient should attend his or her appointment on time and inform the hospital when counseling. Also patients should aware that smoking is not allowed in all hospital areas (Abahussain and Taha, 2007). A successful implementation of this rights and responsibilities will result in a drastic improvement in the provision of health care, and will lead to a higher degree of patient satisfaction and involvement in their health care decisions (Ojwang, Ogutu, and Matu, 2010). Therefore, the main aim of this study was to assess the implementation of the Patient Rights and responsibilities in Saudi Arabia. Specific objectives were to examine the extent to which patients are aware of the existence and the contents of the rights and responsibilities, to examine the extent to which aspects listed are implemented, and to determine the obstacles that may impede the implementation of it (Rathor et al., 2009).

In Saudi Arabia, The Ministry of Health published a patients’ bill of rights and responsibilities in 2001. The patient bill of rights as a written document is available in most Saudi health care organizations, but many patients and their families may not be aware of their rights and responsibilities that have been granted by the Saudi government through policies and regulations of the Ministry of health (Braddock et al., 1999). However, there has been little discussion on how patients’ rights and responsibilities are practiced in such health care systems (Rehmani and Norain, 2007).

**Literature Review**

The Uganda National Health Users’/Consumers’ Organization (UNHCO) Baseline survey was carried out in Kampala, Luwero Town Council and Bushenyi Town Council in May 2002. 450 patients were interviewed at 18 different health units immediately after receiving treatment. Around half of the patients interviewed in each survey area claimed that patients have rights and were able to mention at least one of the ten patient’s rights. Men were significantly more aware of their rights than women. Rights awareness was also found to correlate with socio-economic status. In Kampala and Bushenyi, the better-off patients are significantly more aware of their rights than poor people. The level of rights awareness did not vary systematically by the type of health unit visited (government, NGO and private-for profit). In comparison, 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 (Rathor et al., 2009).

Rad and Ashari conducted a research about Patients and physicians awareness of patients’ rights and its implementation at Beheshti hospital in Isfahan 2003. Their study showed that patients were not aware of their own rights, although, physicians’ information about patients’ rights was in excellent level. The institutionalization of patients’ rights is a recent phenomenon in Kenya. In 2006, Kenya’s Ministry of Health initiated policy measured to improve patient satisfaction through a charter of patients’ rights. The study argued that, for patients to enjoy their rights in the hospital setting, a clear definition of roles and relationships and public education on strategies of asserting their rights without intimidation are necessary. It emerged that when patients’ rights are denied, patients resort to retaliation by violating the dignity of the nurses. This jeopardized the envisaged mutual support in the nurse-patient relationship and compromised patient satisfaction (Alsulaimani et al., 2014).

In Malaysia (2009), Yousuf et al. conducted a cross-sectional survey from a tertiary care hospital on the east coast of Peninsular Malaysia about hospitalized patients' awareness of their rights. The study concluded that patients were reasonably informed about their illness but treatment options and the duration of treatment were not discussed with all patients. It also suggested a need for periodic surveys of patient satisfaction with the quality of care. Alghanim, July 2010, conducted a research to assess knowledge of the patient bill of rights in central Saudi Arabia. It said that little is known about the implementation of the patient bill of rights (PBR) in Saudi Arabia. The result showed that more than three quarters of patients and one third of PHC providers did not know about the existence of the bill. The study recommended more dissemination of information about the bill, taking into account the particularities of the Saudi population (Almoajel, 2012). More emphasis from health care providers should be placed on increasing the patient awareness about their rights as patients need to be involved in making decisions regarding their treatment.
Almoajel (2012) conducted a research about hospitalized patients’ awareness of their rights in Saudi governmental hospitals. The aim was to determine the level of awareness of patients’ rights among hospitalized patients. Most patients did not know about the patients’ bill of rights, even though they are spontaneously practicing their rights. She concludes that in the studied Saudi hospital, there was a lack of patients’ awareness regarding the patients’ rights (Rehmani and Norain, 2007).

**METHODOLOGY**

**Research Design**

A cross-sectional approach was carried out to determine the level of awareness of patient rights among patients attending outpatients at military hospitals in Taif city, Saudi Arabia.

**Sample of the Study**

Armed forces hospitals in Taif city were selected to be the setting of this research. Al-hada Armed Forces hospital, Opened in 1980, which is a particular entity to provide modern medical care and developer, expanding the hospital for a number of 368 bed and is located at a distance (15) kilometers northwest of the city of Taif. Prince Mansour Military Hospital, (PMMH) was opened in 1951 with 210 beds. Prince Sultan Hospital, (PSH) opened in February 1990, located at a distance of 50 km from Hada Armed Forces Hospital 52 beds, 4 operating rooms, 6 delivery rooms, a pharmacy, physical therapy, radiology and laboratory facilities. Armed Forces Center for health Rehabilitation (RC) opened in 1980 provides care services and medical rehabilitation for men, women and children.

The study was also conducted in the armed forces center for mental health care which provides medical services for psychiatric patients and drug addiction management. The sample size was calculated by using Epi info software, version 7. It was 383 patients at 95% confidence interval and by assuming that the expected awareness level of 50% with acceptable error of 5%. This sample was increased to 420 to compensate for drop out and refusal to participate in the study.

**Sampling Frame**

The sample was distributed proportional to the total number of patients attending different hospitals. Thus, 272 patients (65%) were chosen from Alhada military hospital, 66 patients (16%) were chosen from PMMH, 55 patients (13%) were chosen from PSH, 21 patients (5%) were chosen from armed forces center for mental health care and 6 patients (1%) from rehabilitation center. Therefore, at Alhada military hospital, the data collection was carried out in two weeks. Every day the researcher chose 3 clinics randomly and from each clinic the questionnaires were distributed to 9 patients selected by systematic random technique, so total of 27 patients per day, 5 days per week, in two weeks duration we recruited 272 patients (65%) of sample size. and this way was carried out at all the different other hospitals proportional to select the sample size from each hospital. At PMMH, data collection was carried in one week. Every day the researcher chose 13 patients randomly who attend different outpatient clinics at the hospital till reach the calculated sample size which equal to 66 patients (16%). At PSH, data collection was carried in one week. Every day the researcher chose 11 patients randomly who attend different outpatient clinics at the hospital till reach the calculated sample size which equal to 55 patients (13%). At armed forces center for mental health care, 21 patients (5%) were chosen by systematic random sampling technique in one day duration, and 6 patients (1%) from Armed Forces Center for health Rehabilitation were chosen by systematic random technique.

**Data Collection**

Self-administered-or surveyor-assisted administered-questionnaire in Arabic and English language were utilized. It was validated by three consultants in Family medicine. The questionnaire includes the following parts:
1. Socio-demographic information of the patient (e.g. age, level of education, social status, etc.)
2. Information about awareness of the patient rights and responsibilities.
3. The source of information about their rights and responsibilities.
4. Obstacles can affect patients’ awareness of their rights and responsibilities.

**DATA ANALYSIS RESULTS**

The study included 364 patients out of 420 invited to participate in the study, giving a response rate of 86.7%. Most of them (71.4%) were in the age group ranged between 19 and 45 years whereas 20.6% of them were in the age group 46-60 years. Majority of them (96.2%) were Saudis. Slightly more than half of them (54.4%) were males. Exactly three-quarters of them (75%) were married. More than a third of them (36.3%) were secondary school graduated while 33.5% were university or above graduated.

On average, 82.2% of the patients were well aware of their rights of different aspects and their basic
responsibilities toward hospitals, its facilities, rules and regulations, other patients and staff. Majority of the patients' source of awareness was hospital announcements, boards and physicians. Factors that have effects on patients' awareness are patient's age, gender, marital status, literacy and nationality. The result shows that elderly patients of age group 40-60 were slightly more aware (25.3%) of their rights and responsibilities as compared with age group of 18-40 with the figure of 22.7%. Patients' rights were more reported among male than female patients (25.3% versus 18.1%). However, this difference was not statistically significant, p=0.262. Non-Saudis' awareness is higher than Saudi patients with the figures of 28.6% and 21.7% respectively. Marital Status is also considered as pivotal factor where excellent knowledge of patients' rights were more reported among divorced patients (63.6%) compared to 19.4% of married patients. This difference was borderline statistically significant, p=0.054. Regarding the educated patients, excellent knowledge of patients' rights were more reported among higher educated patients (28.7% and 27.3% among those university and secondary school graduated, respectively versus 3.9% for those graduated from primary schools). This difference was statistically significant, p=0.001. According to the data analysis, the obstacles reported by patients regarding insufficient awareness of their rights and responsibilities were lack of patients' education programs (63.2%), lack of physician-patient cooperation (37.4%), shortage of hospital staff (30.2%) and staff's work overload and lack of time (23.4%).

DISCUSSION

With the revolution in information technology and the higher educational levels of the patient population, patients and their family members are now much better informed about medical matters. Another contributing factor is the rise in the standard of living, which has brought about a rise in consumer awareness and action, accompanied by expectations for higher standards of service. Healthcare has become more competitive due to the growth of private health services. Patient satisfaction is the subject to much debate and concern. Therefore, it is vital that healthcare systems are designed to ensure patient satisfaction. Patient satisfaction is one of the most important indicators of service excellence. Patients can certainly contribute by expressing their views on subjects such as information, communication, courtesy, privacy and the environment. They may complain about any lapses they notice in the quality of healthcare, even if it has not caused them any harm. Their experiences and evaluation of care can help to achieve positive change for patient safety (Siminski et al., 2005).

Despite the introduction of the patients' bill of rights (PBR) in the Saudi health care system more than 4 years ago, patients were not yet fully aware of the legislation. This may indicate that the process of informing recipients about the bill has not been successfully implemented. In this study, a considerable percentage of patients (42%) were not aware of the PBR and its contents. Comparing the results of the present study with those in other countries is difficult because of differences in legislation among health care systems, research methodologies used, and differences in values and norms among societies (Kuzu, Ergin, and Zencir, 2006). Interestingly, previous research studies indicated that where patients' rights are not protected, they look for alternative advocacy mechanisms to meet their needs and protect their rights (WHO, 1995). One of these mechanisms commonly used in Saudi Arabia is that many patients turn to emergency departments with primary health care problems (Al-Qatari and Haran, 2008) or rely on over-the-counter medication (Ojwang et al., 2010). Such health-seeking behavior has been described as “inappropriate,” (Rathor et al., 2009) not only for patient health, but also for the health care system as a whole. Overcoming these issues might be a prerequisite to a successful implementation of the patients' rights bill.

Surprisingly, divorced patients showed significantly higher knowledge of patient's rights than others. We found that the majority of them were highly educated. This could support the idea that knowledge of patients' rights is more related to educational level than the marital status. In addition, patients who were aware of the PBR and read it showed more significantly knowledge of their rights and responsibilities.

Little is known about the extent to which medical professionals involve their patients in decision-making. Only a few studies have used direct observation of decision-making. Braddock et al evaluated audio taped office visits of medical doctors and found that just 9% of decisions met their definitions of informed decision-making, while fewer than 10% had a discussion about treatment alternatives, risks and uncertainties (Hosseini et al., 2011; Rathor et al., 2009). In the present study, only 44% of patients were aware of their right to discuss diagnostic and therapeutic steps with their suggested alternatives and participation in decision making. Interestingly, patients' knowledge regarding their responsibilities was much better than their rights as 37.1% and 22% of them reported excellent knowledge regarding their responsibilities and rights, respectively. The explanation of this finding is not clear as it could be related to cultural and religious background of most people as they seek their responsibilities before their rights.

Almost half of the subjects got their information about patient right by reading it from the hospital board while 33% and 10% got their information from doctors and nurses, respectively. This finding is very important as most of the patients do not have time to read the booklet.
of patients’ rights during hospitalization as they mostly concerned about their diagnosis and prognosis so, they must depend on hospital poster on patients rights that should be available on walls of the unit beside lessons given by health educators or nurses to patients concerning their rights in waiting area. Contrary to our finding, Habib and Al-Siber reported in their study conducted in Riyadh that doctors and nurses were the main source of information about patient rights for the majority of the subjects whereas almost 22% of the subjects got their information about patient right by reading it from the hospital board (Farida, 2013).

In this study, patients cited several obstacles that may hinder the implementation of the PBR, such as lack of patients’ education programs, shortage of hospital staff, staff’s work overload and lack of time and lack of physician-patient cooperation. This is in line with other research which indicated that assuring the rights of patients are protected requires more than educating policy makers and health providers; it requires educating citizens about what they should expect from their health care providers (Hosseini et al., 2011). 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 (WHO, 1995).

In summary, although patient rights are increasingly emphasized around the world, they are relatively lesser known in Saudi Arabia and are often recalled only when the health care providers make mistakes, which cause death or disability. Implementation of patient rights only seems possible when health care providers, recipients, and institutions have reached the desired levels of information and consciousness about the bill. Implementing and maintaining the patients’ rights bill is the responsibility of all stakeholders of the health care system, including patients, health care providers, and policy makers.

Several limitations should be considered when interpreting the results of this study. First, the study was limited to military hospital outpatient clinics. Nevertheless, the findings have implications for other health care facilities as well. Second, because of time and financial constraints, the study was limited to Taif. Therefore, the study does not claim to be representative and the results cannot be generalized. Finally, the results reported here were based on information collected by questionnaires and were subjected to the disadvantages of using such a data collection tool. Using a qualitative approach with health care stakeholders is recommended to further explore this national topic. Despite these limitations, it is expected that the findings are of benefit to all stakeholders of the health care system in terms of increasing awareness about the newly introduced PBR and obstacles that may hinder its implementation.

CONCLUSION AND RECOMMENDATIONS

Introducing the patient’ rights bill in Saudi Arabia, is a major step toward ensuring quality of health service and protection of patients’ rights. However, the results that emerged from this study indicate that a considerable percentage of patients lack necessary knowledge about the bill. Knowledge was better regarding responsibilities than rights. Their source of information was mainly announcement hospital board. Their knowledge was influenced by their education, being aware of and reading the patients’ bill of rights. Lack of patients’ education programs was the most common obstacle cited by patients for having sufficient knowledge of patients’ rights and responsibilities. Some recommendations are:

1. Efforts are needed to promote the knowledge of patients about the bill and its contents.
2. Health decision makers, health institutions, and the media should work together to increase the level of knowledge about the PBR and its contents.
3. Health care policy makers should establish measures to tackle obstacles that may affect the knowledge level of patients’ rights.
4. If appropriate strategies for increasing the level of awareness about the patients’ rights bill are to be developed, more dissemination of information about patients’ rights, taking into account the particularities of the Saudi population, is needed.
5. Further studies to assess the health care provider’s awareness and application of patient’s right needs to be conducted in Saudi Arabia to assure that the health care providers understand the up to date approach and sophisticated importance of health care quality assurance, patient’s rights and how to solve any problem out of respect of patient.
6. Health education programs to enhance patient’s awareness must be conducted with active participation of health educators to be able to improve the practical implication of patient rights.

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