

Original Article

Awareness and Attitudes of Nurses Working in a University Hospital on Patients' Rights

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Abstract

Objective: Existing institutional and legal regulations on patient rights imposes duties and responsibilities for all health personnel on this issue. Awareness and implementation of these responsibilities is very crucial to prevent legal problems that might arise. This study aims to determine the ideas and attitudes of nurses related to patients' rights.

Methods: The data were collected from 211 nurses out of 371 working in the *Uludag University Faculty of Medicine Hospital in 2012*. The selection of the participants was made on the voluntary basis. The data was gathered through an attitudes questionnaire including the socio-demographic information, patients' rights and the implementations of those in the hospital. The data were analysed statistically with averages and percentages.

Results: Mean age of the nurses was 32.81 ± 6.18 years and %49.3 of the cases were working at clinics, average age of occupation was 10.18 ± 7.16 years and average work length in hospital was 8.07 ± 6.87 years. %72.5 of the cases were trained about patient rights. The status of being aware of the department of patient rights of the departments of patient rights in the hospitals of %79.1 of the cases and %64.1 of the cases stated that these units were actively working, %31.3 of the cases faced with a problem related with patient rights and %10.4 of the cases faced with violation of patient rights. The patients which cases consider them at highest risk for violations were unconscious patients (%35.5), oncology patients (%19.4) and intensive care patients (%17.5). %94.3 of the cases stated that they care about keeping secrets of the patients, %99.1 of the cases stated that they protect privacy of the patients during any kind of interventions about diagnose, treatment and care, %82.5 of the cases stated that they obtain written/verbal consent. Most problematic patients about obtaining informed consent were intensive care patients (%45).

Conclusion: The number of nurses trained about patient rights and behaviours of the nurses towards preserving privacy, obtaining consent and keeping secrets are not adequate. It is recommended that institutional training for nurses must be improved.

Key words: rights of patients, nurses awareness, nurses attitudes to patient rights

Introduction

Nowadays, there are still debates about human rights and freedom; whereas "patient rights" have been increasingly important as a part of these rights. Determination of the issues arising from rapid scientific and technical developments in the medicine and many studies aimed to solving these issues are needed (Oğuz, 2001; Özdemir et al, 2006).

Concept of rights have been arisen and developed as ideas either approving the inequalities (inequalist) or standing against the inequalities (equalist) in communal living. Concept of right-owner is recognized as mostly having willpower and rights which are protected according to the legal order (Erdemir, 2011). Human rights are based on the idea that all people are born as equal and free in terms of right and dignity (Arda,

2003). In Arda's report (Arda, 2003), it was suggested that these rights are balanced with being respectful to the rights of other people and the obligation about not violating these rights. In other words, there are also responsibilities along with many rights in terms of human rights. In relation with the human rights, Universal Declaration of Human Rights was published by United Nations in 1948. Part of these declaration which was also signed by our country was signed in December 10 1984. According to the article 25 of the Universal Declaration of Human Rights, "*Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including medical care and necessary social services, and the right to security in the event of sickness* (Arda, 2003; Elçioğlu and Kırımlioğlu, 2003).

The right of health care has been stated in 49th article of the 1961 Constitution with a situation of positive responsibility for the government; as "*state is responsible from ensuring living with physical and mental health for everyone*" (Arda, 2003; Elçioğlu and Kırımlioğlu, 2003).

The concept of patients' rights is used at the beginning of the 1970's in the western European States (especially Scandinavia) and the USA (Babić-Bosanac, Borovečki and Fišter). Patient rights are rights can be addressed during diagnosis, treatment and monitoring due to the individual diseases being/was suffered (Arda, 2003). Rights of choosing the institution, physician; being informed about the therapeutic interventions during the treatment and consenting them; denying treatment are some of these patient rights (National Student Nurses Association, 2014).

In 1981, the World Medical Assembly Declaration of Lisbon on the Rights of the Patient was published (Çobanoğlu, 2009). However, some studies found that about patients' rights ignored the legal regulations in this regard, students studying in the field of health and health professionals have little awareness of the importance of the patients' rights, *moderate respect for patient's rights*. (Merakau, 2001; Woogara, 2005; Ghodsi and Hojjatoleslami, 2012 Iltanen, Leino-Kilpi and Puukka, 2012; Nasiriani, Farnia and

Nasiriani, 2007). In some studies were determined that the patients' rights was respected very little at the hospital, despite of the knowledge of health professionals about patients' rights to be excellent (Rad, Mohamm, and Esna Ashari, 2004).

In Turkey, Regulation of the Patient Rights was published in 1998. Therefore, Turkey was the 16th country accepting the "Social Charter". Social Charter includes rights about security and social support, topics related with rights of social and medical support. In a letter of Cobanoğlu (Çobanoğlu, 2009), it was stated that rights of the patients who have physically or psycho-socially disturbed due to the disease have been secured by encumbering responsibilities to the nurses in their relationship with patients in every situation.

Nowadays; as people acquire more information and consciousness about "rights and freedom", concept of "health care right" gains importance. Executions of the health care workers are considered with the patient rights. Present institutional and legal adjustments about patient rights encumber duties and responsibilities (Erer, Atici and Erdemir, 2008). As the closest members of health care team to the patient, nurses must know and execute these rights (Demircan, Özer and Beydag, 2008; Larsson et al, 2007; National Student Nurses Association, 2014). Nurses must use the knowledge about patient rights which they acquired during their training while caring patients and executing their treatments along with their skills (Demircan, Özer and Beydag, 2008). Efficacy of the patient rights during the health care delivery and advocacy of the patient rights by nurses are possible with consistency between maintaining tendencies of work-oriented and patient-oriented (Ellen, 2001; Larsson et al., 2007). Most important factor affecting this situation is the perspective of nurses about patient rights (Elçioğlu and Kırımlioğlu, 2003; Özdemir et al., 2006; Demircan, Özer and Beydag, 2008; Bostan, Acuner and Yilmaz, 2007). This study was performed for evaluating the knowledge and the behaviour about patient rights of the nurses who are working at Uludağ University Faculty of Medicine Hospital.

Methods

This descriptive study was based on a total of 371 nurses who are working at Uludag University Faculty of Medicine Hospital in 2012, and it included 211 volunteer nurses to participating. Data were obtained with a questionnaire which was prepared by investigators and includes questions about socio-demographic properties, patient rights and the behaviours against the executions of these rights. Data were evaluated by using SPSS 20.0 program and presented as averages and percentages.

The necessary permissions were taken from the in *the Uludag University Faculty of Medicine Hospital in 2012* in order to carry out the study. During the study, we complied with the Helsinki Declaration of Human Rights.

Results

Mean age of the nurses was 32.81 ± 6.18 years and 4.3 % of them was male. %66.4 of the cases were married, %75.7 of them had child, 51.7% was graduated university and %80.7 had middle economical state. A 49.3% of the cases were working at clinics, average age of occupation was 10.18 ± 7.16 years and average work length in hospital was 8.07 ± 6.87 years. A 17.5% of the cases had chronic diseases, 36.5% of the cases had previous operations and 42.7% of the cases were hospitalized before (Table 1). A 72.5% of the cases were trained about patient rights. A 66% of them recieved this training during the orientation program of the hospital and the average length of this training about patient rights was 2.06 ± 1.21 hours.

The status of being aware of the department of patient rights of the departments of patient rights in the hospitals of 79.1% of the cases and %64.1 of the cases stated that these units were actively working (Table 2). A 31.3% of the cases faced with a problem related with patient rights and %10.4 of the cases faced with violation of patient rights.

The patients which cases consider them at highest risk for violations were unconscious patients (35.5%), oncology patients (19.4%) and intensive care patients (17.5%). A 94.3% of the cases stated that they care about keeping secrets of the patients, 99.1% of the cases stated that they protect privacy of the

patients during any kind of interventions about diagnose, treatment and care, 82.5% of the cases stated that they obtain written/verbal consent.

The most problematic patients about obtaining informed consent were intensive care patients (45%) (Table 3).

It was found that the situation of the keeping secrets of the patients significantly differs according to age of occupation and belief about effectiveness of the department of patient rights ($p < 0,005$); tendency towards protecting the privacy of the patients shows significant difference according to the presence of department of patient rights ($p < 0.005$); tendency towards obtaining informed consent shows significant differences according to the efficacy of the department of the patient rights and possibility of the encountering problems about patient rights ($p < 0,005$) (Table 4-5).

Discussion

Occupational ethical principles and responsibilities have feature of guiding about patient rights. Through this way, "Ethical Principles and Responsibilities of the Nurses" was published in 2009 by Turkish Nurses Association (Turkish Nurses Association, 2009). In our study, 72.5% of the cases were trained about patient rights. %66 of them recieved this training during the orientation program of the hospital and the average length of this training about patient rights was 2.06 ± 1.21 hours. In the study performed by Teke et al., 55% (66) of the nurses stated that they were trained about patient rights, while %45 (54) stated that they did not (Teke et al, 2007). According to the Ozturk et al., 52% of the nurses working in the university hospital were not trained about patient rights (Önal, 2012). Among the doctors and nurses working at various health care institutions in Akhisar, 24% of them were never trained, 24% of them trained themselves and 35.6% of them were trained during occupational training (Sayın, 2000). In a study performed by Bostan with health care workers, 82.4% of them stated that they need education about patient rights as institutional service training (Bostan, Acuner and Yilmaz, 2007). When literature was searched, it was found that nearly half of the

nurses join trainings about patient rights during their occupational life. This situation supports our study findings. During nursery education as bachelor's degree, 2 hours of lessons about patient rights were given with deontology lessons.

However, due to the arising of new institutional and legal adjustments about execution of the patient rights and changing of roles and responsibilities of the nurses about execution of these adjustments with time; knowledge taught during university education becomes insufficient. Therefore, it is obvious that addressing this issue in institutional service education, keeping the institutional service education up to date and improving it are needed. In our study, the status of being aware of the departments of patient rights in the hospitals of 79.1% of the cases and 64.1% of the cases stated that these units were actively working. "Department of Patient Rights" was established with the expectation of executing patient rights more appropriate with privacy and more effective in an easily accessible place. Therefore, belief about effectiveness of Department of Patient Rights among the nurses caring patients is important.

In the present study, 31.3% of the cases faced with a problem related with patient rights and 10.4% of the cases faced with violation of patient rights. The patients which cases consider them at highest risk for violations were unconscious patients (35.5%), oncology patients (19.4%) and intensive care patients (17.5%). Similarly, in the study of Yilmaz, it was found that the patient rights are executed little by doctors and nurses; also decisions are oftenly made instead of patients (Yilmaz, 1999).

By Ojwang et al. a study done in Kenya, was found to be in violation of patients' rights approach pregnancy, maternal health and child health reasons in hospitalized patients (Ojwang, 2012). In the study performed by Schierenbeck et al, it was found that people with mental disabilities are often violated of patients' rights (Schierenbeck, 2010) . In this case, the country might be due to differences in approach between the legal basis and they form the shape of the patient's rights.

A 94.3% of the cases stated that they care about keeping secrets of the patients, 99.1% of the cases stated that they protect privacy of the patients during any kind of interventions about diagnose, treatment and care, 82.5% of the cases stated that they obtain written/verbal consent. In the study performed by Teke et al. about patient rights, it was found that least adopted patient right is protection of the patient privacy and doctors stated that this is due to privilege of the education in the university hospitals (Teke et al, 2007).

According to the Zencir et al., least adopted patient right by the doctors is protecting the privacy (Zencir, Erdal and Zencir, 1999). In the study performed by Bostan, 59.2% of the health care workers stated that the privacy of the patient is not important as the treatment of the patient; 68% stated that appropriate medical interventions prevent the preservation of the privacy and 83.2% stated partially or completely that optimal care may not be provided to the patients due to the excessive patient numbers (Bostan, Acuner and Yilmaz, 2007). In a study performed by Ocaktan et al., most adopted behaviour about patient rights is preservation of privacy (Ocaktan, Yıldız and Özdemir, 2004).

In the study performed by Bozdemir, keeping patient secrets was identified as being adopted with a rate of %90.2 among graduating medicine students (Bozdemir, Ünlüoğlu and Saatçi, 1996). In a study performed by Onal and Tümerdem about patient rights with graduating medicine students, they stated that 21.8% of the intern doctors know about obligation of preserving patient privacy/information (Önal and Tümerdem, 1999).

In other studies and this study, preserving the patient privacy and informed consent are leading issues among health care workers.

Although components of patient rights are included in trainings about patient rights, only adopting respect of privacy and obtaining informed consent are thought to be related with the increases in the institutional and legal adjustments or violation penalties.

Table 1. Distribution of the sociodemographics of the patients (n=211)

Sociodemographics	n	%
Gender		
Female	202	95,7
Male	9	4,3
Age (Mean ± SD)	32,81±6,18	(Range: 21-60)
Marital Status		
Married	140	66,4
Single	71	33,6
Status of having children (n=140)		
No	34	24,3
Yes	106	75,7
Educational Status		
Master degree	5	2,4
Bachelor's degree	109	51,7
Associate degree	71	33,6
Vocational school of health	26	12,3
Unit worked in		
Clinic	104	49,3
Outpatient Clinic	14	6,6
Intensive Care	50	23,7
Other	43	20,4
Occupational age (Mean ± SD year)	10,18±7,16	(Range:0,5-34)
Age of working in hospital (Mean ± SD year)	8,07±6,87	(Range:0,5-31)
Presence of chronic illness		
No	174	82,5
Yes	37	17,5
Presence of previous operations		
No	134	63,5
Yes	77	36,5
Presence of previos hospitalization		
Yes	90	42,7
No	121	57,3

Table 2. Distribution of the variables related with individual properties, occupation and patient rights (n=211)

Variables	n	%
Status of being trained about patient rights		
Yes	153	72,5
No	58	27,5
Duration of training about patient rights		
	2,06±1,21	(Range: 1-5)
Place of training about patient rights		
While working in the hospital	101	66,0
While studying in university	41	26,8
In hospital and university	11	7,2
Status of being aware of the department of patient rights		
Know	167	79,1
Don't know	44	20,9
Status of effectiveness of department of patient rights		
Yes	107	64,1
No	60	35,9

Table 3. Distribution of the thoughts and behaviours of the cases about patient rights (n=211)

Properties related with patient rights	n	%
Status of facing with problems about patient rights		
Yes	66	31,3
No	145	68,7
Status of facing with violation of patient rights		
Yes	22	10,4
No	189	89,6
Patient group with highest possibility of facing problems about patient rights		
Geriatric patients	29	13,7
Pediatric patients	21	10,0
Unconscious patients	75	35,5
Oncology patients	41	19,4
Intensive care patients	37	17,5
Patients scheduled for surgery	8	3,8
Tendency towards keeping the secrets of the patient		
Yes	199	94,3
No	12	5,7
Tendency towards preserving patient privacy		
Yes	209	99,1
No	2	,9
Status of obtaining informed consent from patients		
Yes	174	82,5
No	37	17,5
Most problematic patient group about obtaining informed consent		
Oncology patients	40	19,0
Intensive care patients	95	45,0
Patients scheduled for surgery	48	22,7
Geriatric patients	28	13,3

Table 4. Distribution of the effects of the sociodemographics on the behaviours related with patient rights (n=211)

Variables	Tendency towards keeping the secrets of the patient		Tendency towards preserving patient privacy		Status of obtaining informed consent from patients	
	Yes	No	Yes	No	Yes	No
Gender						
Female	190	12	200	2	167	35
Male	9	0	9	0	7	2
Significance test	p=0,584		p=0,916		p=0,489	
Age (Mean ± SD)	32,70±5,96	33,35±7,19	32,79±6,20	35,00±2,82	32,66±6,08	35,41±7,44
Significance test	t=-0,575	p=0,566	t=-0,500	p=0,617	t=-1,503	p=0,134
Marital status						
Married	131	9	138	2	112	28
Single	68	3	71	0	62	9
Significance test	p=0,379*		p=0,439*		X=1,278 p=0,258**	
Status of having child (n=140)						
Yes	32	2	34	0	30	4
No	99	7	104	2	82	24
Significance test	p=0,621*		p=0,527*		p=0,127*	
Unit working in						
Clinic	97	7	103	1	80	24
Outpatient clinic	13	1	14	0	10	4
Intensive care	49	1	49	1	44	6
Other	40	3	43	0	40	3
Significance test	X=1,667 p=0,644***		X=1,135 p=0,769***		X=7,762 p=0,051***	
Occupational age (Mean ± SD year)	9,99±7,23	13,33±5,14	10,16±7,194	12,00±0,00	10,15±7,43	10,35±5,79
Significance test	U=1,602 Z= 1,992 p=0,046		U=267,000 Z= 0,676 p=0,499		U=3,476 Z= 0,765 p=0,445	

Table 4(Continue). Distribution of the effects of the sociodemographics on the behaviours related with patient rights (n=211)

Variables	Tendency towards keeping the secrets of the patient		Tendency towards preserving patient privacy		Status of obtaining informed consent from patients	
	Yes	No	Yes	No	Yes	No
Duration of working in the hospital (Mean \pm SD year)	8,03 \pm 6,8 8	8,70 \pm 6,9 2	8,04 \pm 6,8 9	11,00 \pm 1, 41	8,09 \pm 6,9 6	7,95 \pm 6,5 0
Significance test	U=1,334 Z= 0,684 p=0,494		U=289,000 Z= 0,934 p=0,351		U=3,379 Z= 0,476 p=0,634	
Presence of chronic illness	164	10	108	2	91	19
No	35	2	30	0	21	9
Yes						
Significance test	p=0,647*		p=0,679*		X=2,795 p=0,095**	
Presence of previous operations	129	5	133	1	112	22
No	70	7	76	1	62	15
Yes						
Significance test	X=2,619 p=0,106**		p=0,598*		X=0,317 p=0,573**	
Presence of previous hospitalizations	86	4	89	1	74	16
Yes	113	8	120	1	100	21
No						
Significance test	p=0,360*		p=0,672*		X=0,006 ** p=0,906*	

Table 5. Distribution of the effects of the properties about patient rights on the behaviours related with patient rights (n=211)

Variables	Tendency towards keeping the secrets of the patient		Tendency towards preserving patient privacy		Status of obtaining informed consent from patients	
	Yes	No	Yes	No	Yes	No
Status of being trained about patient rights						
Yes	147	6	152	1	130	23
No	52	6	57	1	44	14
Significance test	X=2,148 p=0,143**		p=0,475*		X=1,873 p=0,177**	
Duration of training about patient rights						
	2,27±1,31	2,58±1,56	2,28±1,32	3,00±1,41	2,28±1,31	2,32±1,41
Significance test	U=1,287 Z= 0,473 p=0,636		U=284,000 Z= 0,907 p=0,364		U=3,175 Z= -0,134 p=0,893	
Place of training about patient rights						
While working in the hospital	98	3	100	1	85	16
While studying in university	38	3	41	0	34	7
In hospital and university	11	0	11	0	11	0
Significance test	X=1,946 p=0,378***		X=0,518 p=0,772***		X=2,132 p=0,334***	
Status of being aware of the department of patient rights						
Know	159	8	167	0	141	26
Don't know	40	4	42	2	33	11
Significance test	p=0,224*		p=0,043*		X=1,539 p=0,215**	
Status of effectiveness of department of patient rights						
Yes	107	0	107	0	96	11
No	52	8	60	0	45	15
Significance test	p=0,000*				X=5,266 p=0,012**	
Status of facing with problems about patient rights						
Yes	64	2	65	1	61	5
No	135	10	144	1	113	32
Significance test	p=0,216*		p=0,529*		p=0,007*	
Status of facing with violation of patient rights						
Yes	21	1	21	1	16	6
No	178	11	188	1	158	31
Significance test	p=0,638*		p=0,198*		X=0,946 p=0,331**	

In our study, tendency status towards preserving privacy of patient showed difference according to the being aware of the presence of department of patient rights. Informing the workers about patient rights with its up to date institutional and legal adjustments by Department of Patient Rights has increased awareness about this issue.

In our study, most problematic patient group for obtaining informed consent is intensive care patients (45%). By Ojwang et al. a study done in Kenya, it was determined that the nursing process will be held to provide information about the patient (Ojwang, 2012).

In the study performed by Mazicioglu et al, it was found that researching assistants do not know adequately the right of requesting medical records by patients in terms of their right of being informed (Mazicioglu et al, 2004).

In the study performed by Ozdemir et al., 47.8% of the participants stated that informed consent must be obtained. In the same study, 51.3% of the doctors stated that informed consent must be obtained in cases like surgical operations. In addition, 69% of the doctors stated that they approve obtaining consent from relatives of the patient in emergency settings (Özdemir et al., 2006).

Nurses are responsible for informing their patients about medical interventions which are performed according to the duties and responsibilities. However, in cases like intensive care patients with unconsciousness or fluctating consciousness; this responsibility may not be executed adequately due to the communication problems.

In our study, it was found that tendency towards keeping patient's secrets shows significant differences according to the age of occupation and belief about effectiveness of the department of patient rights. In the study performed by Nejad et al., it was found that the most of the nurses (95.51%) were aware of "right to privacy protection" (Nejad et al, 2011). In the study performed by Mazicioglu et al., it was found that as occupational age of researching assistants increases; it is accompanied by increasing

awareness and care about preserving patient privacy (Mazicioglu et al, 2004). Results of this study correlate with the study of Mazicioglu et al. Increasing occupational knowledge and experience with increasing occupational age may contribute this situation. In addition, 64.1% of our cases stated that department of patient rights works efficiently. This resulted with increased awareness and utilization about patient rights among health care workers.

In our study, obtaining informed consent shows significant difference according to the activity of the department of patient rights and possibility of facing problems about patient rights. Nowadays, developments in the medicine and the approaches lead to medical interventions with increased risk and also increased responsibility for health care workers. In our study, more than half of the our patients stated that they believe effectiveness of their department of patient rights. This enforces health care workers into executing patient rights and indicates the legal issues in case of patient right violation.

Conclusion

In conclusion, number of nurses trained about patient rights and behaviours of the nurses towards preserving privacy, obtaining consent and keeping secrets are not adequate. It is recommended that institutional training for nurses must be improved. Improving public health is possible with increasing awareness about patient rights among health care workers and effectively executing patient rights.

References

- Arda B. (2003), Medical ethics in terms of human rights. Eds: Erdemir DA, Öncel Ö, Aksoy Ş. Modern Medical Ethics, Nobel Bookstore, Istanbul, p. 41-53.
- Babić-Bosanac S, Borovečki A, Fišter K. (2008), Patients' rights in the Republic of Croatia – between the law and reality. Med glas; 5(1):37-43
- Bayık A, Türkistanlı E. (1992), Patients benefit from the rights of patients' rights to know the situation and the risks they encounter. III. National Nursing Congress Book. Esnaf Offset Printing House, Sivas, p.778-82.

- Bostan S, Acuner T, Yilmaz G. (2007), Patient (customer) expectations in hospitals. *Health Policy*. 82(1): 62–70.
- Bozdemir N, Ünlüoğlu İ, Saatçi E. (1996), A comparison of the attitudes and habits of the two medical students in medical ethics. *Medical Educator Symposium Program and Abstract Book*, İstanbul, 30-31.
- Çakır Ü, Oguzhanoglu N, Zencir M, Özdel O, Tıprıdamaz H, Karadağ F, Ateşçi F. (2000), Pamukkale University Medical Faculty reminded level of inpatients at the hospital. *Journal of Thinking Man*, 13: 231-4.
- Çobanoğlu N. (2009), Patients' rights to informed consent in medical law from medical ethics. *Digesta of Health Law*. Ankara Bar Association Publications, Ankara
- Demircan T, Özer GF, Beydağ K.D. (2008), The level of information about patients' rights to health sciences students. *Firat Health Services Journal*, 3(8): 3-20.
- Denise S. Tarlier RN. (2004), Beyond caring: the moral and ethical bases of responsive nurse–patient relationships. *Nurs Philos*. 5(3): 230-41.
- Elçioğlu Ö, Kırmılioğlu N. (2003), Medical ethics principles. Eds: Erdemir DA, Öncel Ö, Aksoy Ş. *Modern Medical Ethics*, Nobel Bookstore, İstanbul, p. 26-40.
- Ellen W. (1992), Bernal Hospital Ethicist The Nurse as Patient Advocate. *Issue Hastings Center Report Hastings Center Report*. 22(4):18–23.
- Erdemir AD. (2011), *Medical Ethics and Deontology*, Nobel Bookstore, İstanbul, p.68-85
- Erer S, Atici E, Erdemir AD. (2008), The views of cancer patients on patient rights in the context of information and autonomy. *Med Ethics* 34: 384-388.
- Ghods Z, Hojjatoleslami S. (2012), Knowledge of students about Patient Rights and its relationship with some factors in Iran. *Procedia - Social and Behavioral Sciences*, 31: 345–348
- Iltanen S, Leino-Kilpi H, Puukka P. (2012), Knowledge about patients' rights among professionals in public health care in Finland. *Scand J Caring Sci*, 26; 436–448.
- Kurban NK, Savaş H, Cetinkaya B, Turan T, Kartal A. (2010), Evaluation of nursing students' training in medical law. *Nurs Ethics*. ;17(6):759-68.
- Larsson IE, Sahlsten MJ, Sjöström B, Lindencrona CS, Plos KA. (2007), Patient participation in nursing care from a patient perspective: a Grounded Theory study. *Scand J Caring Sci*. 21(3): 313-20
- Mazıcıoğlu M, Yazıcı C, Özer A, Zaimoğlu A. (2004), The level of information about patients' rights regulations of the research assistants. *Turkey Clinics J Med Ethics*, 12(4):226-9
- Merakou K, Dalla-Vorgia P, Garanis-Papadatos T, Kourea-Kremastinou J. (2001), Satisfying Patients' Rights: a hospital patient survey. *Nurs Ethics*, 8(6): 499-509
- National Student Nurses Association (2014), Inc. National Student Nurses' Association, Inc. Code of Ethics: Part II. Code of Academic and Clinical Conduct and Interpretive Statements. Imprint. 61(2):43-7.
- Nasiriani K, Farnia F, Nasiriani F. (2007), Study of respecting patients rights from nurses point of view employed in Yazd hospitals. *IJFM*. 13 (1):33-37
- Nejad EM, Begjani J, Abotalebi G, Salari A, Ehsani SR. (2011), Nurses awareness of patients rights in a teaching hospital. *J Med Ethics Hist Med*. 4: 2.
- Ocaktan E, Yıldız A, Özdemir O. (2004), Knowledge and attitudes of healthcare workers on patient rights in the region of Abidinpaşa Health Group Presidency. *Journal of Ankara University Faculty of Medicine*, 57(3):129-137
- Oğuz Y. Clinical ethics training. Eds: Demirhan EA, Oğuz Y, Elçioğlu Ö, Doğan H. (2001), *Clinical Ethics*, Nobel Bookstore, İstanbul, p.149-162.
- Ojwang BO, Ogutu EA, Matu PM. (2010), Nurses' impoliteness as an impediment to patients' rights in selected Kenyan hospitals. *Journal of Health and Human Rights in Practice* 12(2):101-117.
- Önal E, Tümerdem Y. (1999), Patients' rights, the right to health and medical ethics in the context of a survey for the intern. *Turkey Clinics J Med Ethics*, 7(2):72-7
- Önal G. (2012), Anatomy of the patient's rights. *Acıbadem University of Health Sciences Journals*, 3 (1): 7-14.
- Özdemir M. H, Ergöner A T, Sönmez E, I. Ozgur Can, S Salacin. (2006), The approach taken by the physicians working at educational hospitals in Izmir towards patient rights. *Patient Education and Counseling*; 61: 87–91.
- RadM, Mohamm A, Esna Ashari P. (2004), Patients and physicians awareness of patients' rights and its implementation at Beheshti hospital in Isfahan. *Iranian Journal of Medical Education*, 4(1): 45-54.
- Sayın Ü. Akhisar (2000), State Hospital and centers working in the health center doctors, nurses and midwives, examine the level of knowledge and attitudes related to patient rights, Undergraduate Thesis, İstanbul
- Schierenbeck I, Johansson P, Andersson LMC, Van Rooyen D. (2013), Barriers to accessing

- and receiving mental health care in eastern cape, South Africa *Journal of Health and Human Rights*, 15(2):110-123.
- Teke A, Uçar M, Demir C, Çelen Ö, Karaalp T. (2007), Evaluation of knowledge and attitudes of the nurses working in a training hospital about patients' rights. *TAF Prev Med Bull.* 6(4): 259-266
- Topbaş M, Özlü T, Çan G, Bostancı S. (2005), How can doctors know the patients' rights? Knowledge of Physician Assistants in the Medical School. *Turkey Clinics J Med Ethics*, 13: 81-85.
- Turkish Nurses Association. (2009), I am the Life: Ethical Principles and Responsibilities for nurses. Ankara, <http://turkhemsirelerdernegi.org.tr/Upload/hemsire%20brostur.pdf>
- Woogara J. (2005), Patients' rights to privacy and dignity in the NHS. *Nurs Stand.* 19(18):33-7.
- Yılmaz M. (1992), Nurses, doctors and hospitalized adult patients examined in terms of patients' rights. III. National Nursing Congress Book. Esnaf Offset Printing House, Sivas, p. 379–85.
- Zencir G, Erdal E, Zencir M. (1999), Examination of the attitude of doctors and nurses about patient rights. *Proceedings of the 1st National Congress of Medical Ethics, Kocaeli*, 105-113.