



ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCES

SCHOOL OF MEDICINE DEPARTMENT OF ANESTHESIA

PATIENTS' AWARENESS OF THEIR RIGHTS, ASSOCIATED FACTORS, AND ITS PRACTICE BY HEALTH PROFESSIONALS FROM A PATIENT PERSPECTIVE AMONG ELECTIVE SURGICAL PATIENTS AT TIKUR ANBESA SPECIALIZED HOSPITAL, ADDIS ABABA, ETHIOPIA: A CROSS-SECTIONAL STUDY, 2021.

INVESTIGATOR: KALETSIDK DESSALEGN (BSC IN ANESTHESIA)

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NAME OF INVESTIGATOR	KALETSIDK DESSALEGN
NAME OF ADVISOR	1.MS. BETELIHEM GIRMA(MSc in anesthesia) 2.SELAMAWIT SHIFERAW (MSc in anesthesia)
FULL TITLE OF THESIS	PATIENTS' AWARENESS OF THEIR RIGHTS, ASSOCIATED FACTORS, AND ITS PRACTICE BY HEALTH PROFESSIONALS OF FROM A PATIENT PERSPECTIVE AMONG ELECTIVE SURGICAL PATIENTS AT TIKUR ANBESSA SPECIALIZED HOSPITAL
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ADDRESS OF INVESTIGATOR	<a href="mailto:kaledessalegn563@gmail.com">kaledessalegn563@gmail.com</a>

## **Declaration**

I, the undersigned, declared that this is my original work on the awareness and practice of patient rights for elective surgical patients in partial fulfillment of the requirement for the degree of master in Anesthesia. People who support me throughout my work have been fully acknowledged.

## **Investigator**

**Name:** Kaletsidk Dessalegn      Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Approval of the Board of Examiners**

### **1. Advisors**

1. Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **2. Internal Examiner**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **3. External Examiner**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Submission: \_\_\_\_\_

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## **List of abbreviation /Acronym**

AAHB: Addis Ababa Health Bureau

AMUH: Alexandria Main University Hospital

AOR: Adjusted Odds Ratio

AU: African Union

CI: Confidence Interval

COR: Crude Odds Ratio

CSA: Central Statistical Agency

IRB: Institutional Review Board

MGH: Matrouh General Hospital

NGOs: Non-Governmental Organization

SPSS: Statistical Package for Social Sciences

UNECA: United Nations Economic Commission for Africa

WHO: World Health Organization

## **Abstract**

**Introduction:** Patient's rights are a basic human right and quality assurance that protects patients against abuse and discrimination and promotes ethical practices. Though there are bills and hospital documents regarding patients' rights available in different settings, the awareness among patients about these documents may be limited. Lack of respect for patients' rights may lead to hazards to the security and health situation of patients.

**Objectives:** To assess the patients' awareness of their rights, associated factors, and the practice of these rights by the medical team from the patients' perspective at Tikur Anbessa specialized hospital.

**Method:** Institutional based cross-sectional study was conducted among patients who undergone elective surgery at Tikur Anbessa specialized hospital. The data was collected from January to May 2021. A structured questionnaire was administered in a face-to-face interview by trained data collectors after surgery at the surgical ward and analyzed by using SPSS version 24. Bivariate and multivariable regression analyses were used to identify the associated factors. P-value <0.05 and 95% CI were used to judge the significance of the association.

**Result:** Patients' awareness about their rights, 76% were aware of patients' rights, 24% not aware about patient rights. Educational level, place of residency, and the number of hospital admission were significantly associated with patient's awareness. A majority (83.2%) of patients reported that health providers had poor practice on patient rights. The most practiced patient rights were providing information about the financial costs of health services (87.2%) and obtaining consent before the medical procedure (70.9%).

**Conclusion:** Awareness of patients about their rights was at a moderate level, but the practice of patient rights by health care providers was poor as reported by most of the study participants. Education level, place of residency, and the number of hospital admission were factors which affect the level of awareness.

## **1. Introduction**

### **1.1 Background of information**

The Universal Declaration of Human Rights which is established in 1948 recognizes "the inherent dignity" and the "equal and inalienable rights of all members of the human family". It is on the basic concept of the fundamental dignity and equality of all human beings, that the notion of patient rights was developed(1). The constitution of the WHO affirms that "the enjoyment of the highest attainable standard of health is one of the essential rights of every human being irrespective of the status of the person. Patient's rights are a basic human right and a quality assurance that measures and protects patients against abuse and promotes ethical practice(2). Therefore improving the rights of patients is considered a priority in the provision of medical services and one of the medical indices in every society. In other words, patients' rights are considered as a basic principle to describe clinical services standards(3). Preserving these rights is vital to improving the quality of health care services(4).

According to WHO, each country should make its bill by its own cultural and social needs to promote and support patients' rights (5). The charter of the patient's rights is the protection of patient rights and ensure that the patient receives a good quality of care in illness situations without discrimination. Many countries have guaranteed patients' rights to a process for resolving dissatisfactions with health care providers(6). In giving effective care, the patient generally demands their rights, while the hospital is responsible for fulfilling this particular expectation(7).

In Ethiopia, every specialized hospital shall have standard requirements of patient rights. Patients in specialized hospitals have at least the following components of rights such as; Health care and respect as a human being, informed consent, hygienic environment, and health education, choice of care, participation and representation, and the right to redress of grievances (8).

One of the major attributes, which is the source of many virtues, is to feel a sense of responsibility towards others' rights and to serve mankind which is what each educated person should have. In the field of health and treatment, caring and promoting the preservation of human life have special importance so the patients' rights become more important (9).

## **1.2 Statement of the Problem**

Though there are bills, charters and hospital documents regarding patients' rights available in different settings, the awareness among patients about these documents may be limited(10). The level of awareness and practice of patient rights from their perspective varies in different studies. Patients' good level of awareness rates of their rights varied from 5.8% to 76.8% in a study done in Iran (9). Patients especially in the underdeveloped country remain submissive, had poor (30.5%) knowledge of their rights, and those even with good knowledge (10.1%) (11) cannot claim their rights in a health care system and regard it as a favor from health care setting and staff rather than their right(12). A study done in Egypt about the practice of patient rights by health providers is at a poor level. 53 % of patients in AMUH and 71 % patients in MGH reported that health workers had poor practice(13). However, the level of awareness and practice of patient rights is not studied in Ethiopia.

The rights of patients can be violated from the moment of admittance. This can affect the course of their stays (9). The WHO cautions that "the existence of patients' charters without efforts to raise awareness among patients does not improve the quality of health care"(14). One of the principles of clinical governance that leads to quality of health services improvement is the patients' participation in the treatment process. This can be achieved only when patients are reasonably aware of their rights. However, with ever-increasing complexity in the health systems and fast-growing medical technologies and methods, the awareness of patients from their rights has been challenged(11).

Patients may complain, and provide their feelings of dissatisfaction with the service and health care providers. Lack of respect for patients' rights may lead to hazards to the security and health condition of patients. It may ruin the relationship between the staff and patients that consequently decreases efficiency, effectiveness, and suitable care of patients(11).

### **1.3 Justification Of the study**

Awareness of patients of their rights can bring about a lot of advantages such as increased quality of health care services, decreased costs, more prompt recovery, decreased length of stay in hospitals, lower risk of irreversible physical and spiritual damages, and more importantly, increased dignity of patients through informing them about their rights to participate in decision making (11). Although those advantages the good level of awareness fall into 5% in a study done at Rawalpindi, Pakistan(5) and 10.1% in Iran(11). The poor practice affects the patient-to health workers relationship and endangers the health situation of patients. Despite health professionals agree that patients have rights and that they are committed to respecting these rights, they are rarely able to do this. The good level of practice is 5% in AMUH and no good practice of patients' rights in MGH in Egypt (13).

This study aims to answer the awareness status of patients about their rights and its practice by the health provider and helps to improve its practice according to the specialized hospital requirements of patient rights. This study relies on the fact that patient care is the ultimate goal of medical schools and healthcare institutions. The study will offer an opportunity to assess patients' awareness and practice regarding their rights and could drive the attention of healthcare professionals and the community towards this issue.

Moreover, the information obtained from this study will help health care decision-makers, clinicians, health system leaders, and policymakers to intervene to improve awareness of the rights of the patient and improve patient participation in the decision-making process, thereby improving the quality of health care services towards the medical ethics on surgical procedure.

As far as we know, there is no similar published study done regarding this subject locally. Therefore, this study will provide a basis for further studies for those interested intellectuals to perform a detailed search.

## **2. Literature Review**

### **2.1 Introduction**

Patients' rights vary in different countries and often depending upon prevailing cultural and social norms. Moreover, the most important ethical issue in a hospital is patients' rights that should be more considered by the health care providers. Patients' awareness rates of their rights varied from 5.8% to 76.8% (9). In developed countries after the health care reform, patients knew more about some rights and had little or no information about other rights. One reason for this could be that some rights are embedded in treatment processes so patients are fully aware of them (11).

### **2.2 Awareness of Patients' Rights**

In Pakistan, a cross-sectional study was done on 140 patients to evaluate the awareness of patients' rights among hospitalized patients. The majority of them (65.7%) had unsatisfactory awareness, and only 5% had a good level of awareness. The right to informed consent had the highest score (77.1%) whereas the involvement of deciding on their illness treatment was the least (17.1%). There was a relationship between educational status, age, and gender of the patient with awareness level. They concluded that awareness level of respondents about patient rights was low (5).

A cross-sectional study was conducted in India to assess the awareness and practice of patient rights among patients showed that awareness of patient rights was high in most of the cases. Most patients (88.3 %) aware of the right to protection from physical or verbal abuse, 78.33% knew the right to privacy during examination, 76.66 % aware of the right to the confidentiality of medical information, 73.3% the right to receive information about the illness. But patients' awareness about the right to access their medical records (21.66%) was low. Generally most patients aware of their rights (15).

A cross-sectional study was conducted in India among 350 patients to assess awareness about patients' rights among patients between November 2015 and May 2016. Awareness of patients about different components of rights ranged from 28% to 97.4%. The majority (97.4%) of participants aware of the right to know health care providers' names however only 28% knew regarding their right to privacy and confidentiality. Females, young adults (18-35 years), a patient from urban areas and higher educational status were more aware than others (10).

A study conducted in Wardha, India showed that the majority of patients were aware of the right to know the name of the health provider, half of them know about their right to know the problem with treatment. About 60.2 % of patients knew the right to obtain information about the cost of health care. However, only 61.5% of participants didn't know their right to maintain the privacy and confidentiality of their information. Urban residency and increase education level were factors that increase awareness of patients' rights (16).

A cross-sectional study was done in India among patients to assess the level of knowledge of patients regarding patient rights and perception of patients about the practice of their rights by the health caregiver. Patients had more awareness about the right to maintain confidentiality (84%), privacy during examination and procedure (82.7%), and the right to be respected (74.4%). However, patients' awareness about the right to have grievance redressal (37.3%) and the right to consent (45.3%) were relatively low. The researchers revealed that the overall awareness of patient rights among patients was good and the result may be due to the majority of the respondents were graduates(17).

A study was conducted in Chennai, India which assess the awareness level of patients' rights among 150 patients. The main source of knowledge about their right was the media (58%). The majority (74.67%) of respondents knew the right to access health care during an emergency. The lowest awareness was the right to privacy (16%) and confidentiality (16%). 46% of respondents were aware of the right to be treated with respect. About 31.33 % of patients aware of the right to receive an explanation on diagnosis, and treatment of their illness. Around half (48%) of patients knew about the right to receive copies of medical records. Educational status, gender, and age had a significant association with awareness. Patients with their educational status of undergraduate level, male gender, and age between 20 and 30 had more awareness of their rights (18).

A cross-sectional study was done in Iran in 2012 among 200 patients on patients' awareness of their rights. The majority of patients were aware of their right to the confidentiality of their medical information and obtaining treatment without discrimination. However, patients had poor knowledge about the right to get adequate descriptions about alternative management techniques and their side effects. From the study patients, only 10.1 % of them had good awareness, 30.5% of patients had weak awareness, and 59.4% of them had moderate awareness of their rights. Educational level and place of residency were affected awareness of

patients' rights. On the other hand, there was no association between age and gender with awareness of patient rights. The overall awareness level of patients was medium(59.4%)(11).

A cross-sectional descriptive study was done at Shahid Beheshti university hospitals in Iran to assess patients' awareness of their rights, and patients perceived practice of their rights. Most (90.3%) of the studied patients were aware of the right to recognize the proficiency of health workers who were involved in the treatment process. The awareness about the right to receive necessary information about health condition (88.44%), and the right to be respected (88.32%) had a higher score. However, their awareness about informed consent was relatively low (45.65%) (19).

A cross-sectional study was conducted at Sari, Iran about the association between awareness of patient rights and patient education showed 58.9% had poor knowledge, and 29.1% had good knowledge about the bill of their rights. The lowest awareness was the right to participate or refrain from participating in research (15.2%). There was a significant relationship between awareness score with patient's education and age. As the age of the patient increases, the level of awareness decreased. The study revealed that patients were not sufficiently aware of their rights (20).

A cross-sectional descriptive study was done to investigate awareness of rights among patients at King Saud medical city in the middle province of Saudi Arabia. Only 25.2% of respondents knew the existence of the patient bill of rights and the main source of awareness was Nurses (33.33%) followed by a reading from a poster (31.75%). Patients' awareness regarding the patients' rights was limited (21).

In Saudi Arabia, a cross-sectional study was done to assess the level of awareness of patient rights among patients at military hospitals. Most patients (82.2%) were well aware of their rights in different aspects. The main source of knowledge was reading from the hospital board. Age, level of education, and marital status were associated factors that influence patients' awareness of their rights. Increased educational level increases awareness, as the age of the patient rise level of awareness was increased and separated patients had more awareness of their rights (22).

A study was done to assess the patients' awareness of their rights and the source of their information in Saudi Arabia. Nurses (73.76%) and doctors were the main (62.08%) source of information. Most patients aware of the right to confidentiality (89.1%), to be informed about

their right and responsibility in an understandable way (87.4%), to be respected by the medical team (85%), the right to submit a suggestion and complaints (73.6%). However, only 2.7% of patients knew about the right to have the health professional introduce themselves. Age and education status influence the level of awareness of patients' rights. As the age increased awareness level was decreased. However, as the level of education increased awareness also increased (23).

A cross-sectional study was done at Rupandehi, Nepal to assess awareness of patient rights among hospitalized patients. All of the respondents knew about the right to be treated with respect, the right to decide to participate in the human experiment and right to know treatment plan, the right to get legal treatment from the court in case of any damages or loss right and the right to get treatment in a safe environment. 94 % of respondents knew the right to be treated by a named health care provider and 93 % of them knew about the right to informed consent. The authors concluded that nearly three fourth of the respondents had high knowledge regarding patients' rights(24).

A cross-sectional study done in Uganda conducted from May to June 2012 to assess the level of awareness, responsiveness, and practice of patients' rights among patients and health workers. The majority of patients (81.5%) didn't know the patients' bill of rights. From the specific rights in the Charter, 60% of them aware of at least half of the 43 rights. However, most patients (> 80%) knew of only 10 of the 43 rights. About 23.3% of the respondents were highly knowledgeable, 16.3% knowledgeable, 18.6% fairly knowledgeable 'and 41.8% were poorly knowledgeable. They conclude that the majority of patients' awareness level was limited (12).

A cross-sectional study was done in Egypt from January to February 2017 which assess 514 patients' awareness of their rights and the patients' perceived practice of rights by health professionals. The majority of patients (76%) did not aware of the presence of patients' bill of rights. The main source of information was from the physician (51.4%). 96.1% of patients aware of the right to receive non-discriminatory care, 90.1% privacy during a medical procedure, 90.1% about the right to know the identity of health care provider, receive respectful care and confidentiality had 87.7% for both. However, the lowest awareness of patient rights was the right to participate in care decisions. Age, education level, and the number of hospital admissions were factors affecting awareness among patients. As education level and the number of hospital admission increased knowledge score also increased but, age

was negatively associated with the knowledge score. The authors concluded that the overall awareness of patient's rights was unsatisfactory level and emphasis should be given to increase patients' awareness of their rights (4).

In a cross-sectional study done in Sudan at Wad-Medani teaching hospital from March to April 2015 among 263 patients, only 4.6 % of them knew Sudanese patients' bill of rights. The authors revealed that awareness of patients' rights among patients was low (25).

### **2.3 Practice of patient rights**

In a study done in Karnataka, India which assesses patients' knowledge and nurses' practice of patients' rights, the confidentiality of medical information of patients was the most practiced right (94.9%). The majority of patients also perceived that privacy (85.3%) and respectful care of patients (84%) were practiced by nurses. Explanation of the disease condition and its treatment was applied in 61.3 % of patients. However, only 24% of the patients said that information regarding grievance redressal is given at the very beginning of treatment. They concluded that the practice of nurses on patient rights as perceived by the patients was good. This result may be due to the training of nurses and the positive attitude of the nurses towards patient rights as the authors said(17).

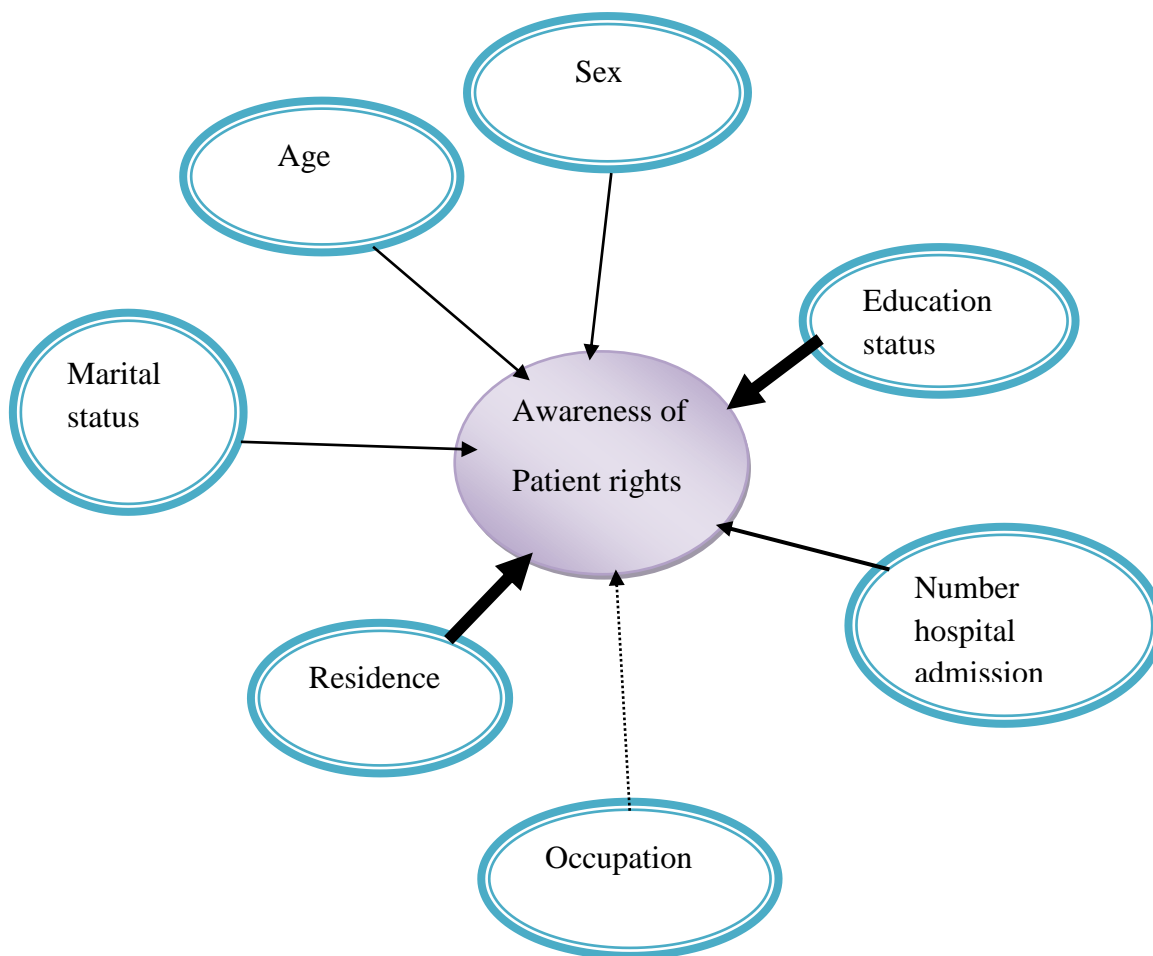
According to a study in India by Alphonsa B Fernandes et al., health care with respect and without discrimination was highly practiced (above 90%) by health care providers as the patients said. The right to confidentiality and decide on treatment process was practiced 84.6% and 40% respectively. But the low practice was observed for the right to obtain well-informed consent (18.33%), and the right to grievance redressal (21.66%) (15).

A cross-sectional study done in Upper Egypt in 2017 showed that the most practiced right was the right to know the financial cost of services (89.7%). 63.6% of patients understandably received information, 46.9% received a copy of their medical report, and 48.8% of patients were signed consent after essential information is given. However, most of the patients observed that health workers were violated certain items of the patient bill of rights; 85.6% did not explain about themselves to the patients. Only 1.9% of patients obtained information about grievance redressal, and all of the participants didn't ask permission for participation in research and none of them took a copy of a patient bill of rights. The study concluded that health care providers should give more emphasis on increasing patients' involvement in decision-making about their treatment choices(4).

A cross-sectional descriptive study was conducted in Egypt at Alexandria university hospital and Matrouh hospital by Ghanem et al. in 2015 among physicians and nurses from patients' perspectives in 200 in-patients. 73% of patients in Alexandria hospital and 47% of patients in Matrouh hospital were knowledgeable about the charter of patient rights. The main source of information was mass media. The highest mean practice scores of patient' rights aspects in both hospitals were health care and respect as a human being. The least practiced right was participation and representation. In AMUH, 5 % of health care providers had a good practice, 42% moderate practice and 53 % had poor practice whereas, in MGH, 29 % moderate and 71 % had poor practice. The authors concluded that the practice of patient's rights among physician and nurses were in a poor level (13).

A study was done in Sudan at Wad Medani teaching hospital to assess the awareness and practice of patient rights. According to the study, the most practiced rights from the patients' perspective were proper patient care (87.8%), the right of permission before the examination (87.1%), hospital safety (87%), and patient privacy (74.9%). The least practiced rights were the right to informed about treatment side effects (41%), and involvement in decision making (37.6%). The authors concluded that patients had a high satisfaction rate and this might be due to their low socioeconomic status, educational level, and expectations (25).

## 2.4 Conceptual framework for awareness of patient rights



**Figure 1:** A conceptual framework for awareness of patient rights

### **3. Objectives**

#### **3.1 General objective:**

- To assess patients' awareness of their rights, the practice of these rights by health workers from the patients' perspective, and factors affecting patients' awareness of their rights among elective surgical patients at Tikur Anbessa specialized hospital, Addis Ababa, Ethiopia from January to May 2021.

#### **3.2 Specific objectives:**

- To determine the surgical patients' awareness about their rights.
- To assess the practice of health workers towards patient rights from the patients' perspective.
- To identify factors affecting patients' awareness of their rights.

## **4. Methods and Materials**

### **4.1 Study Design and Period**

A cross-sectional study design was conducted from January 27/2021 to May 10/ 2021.

### **4.2 Study area**

The study was conducted at Tikur Anbessa specialized hospital, Addis Ababa, Ethiopia. Addis Ababa is the capital city of Ethiopia. The whole city is divided into 10 'kifleketmas' (sub-cities) and 116 woredas with a total area of 520 square kilometers. The population of Addis Ababa is estimated to be 4,156,251 in 2013 based on the 2007 population census with an annual growth rate of 2.1 %. It is the diplomatic center of Africa and hosts African Union (AU) and the United Nations Economic Commission for Africa (UNECA) (CSA, 2007). A total of 58 hospitals and 90 health centers are available in Addis Ababa city administration (Addis Ababa city land administration atlas 2015).

Tikur Anbessa specialized hospital is the largest referral hospital in the country. Now it is the main teaching hospital for both clinical and preclinical training of most disciplines. It is also an institution where specialized clinical services that are not available in other public or private institutions are rendered to the whole nation. The various departments, faculties, and residents under specialty training in the School of medicine provide patient care in the hospital.

### **4.3 Source Population**

All adult patients who were admitted to undergo elective surgery at Tikur Anbessa specialized hospital.

### **4.4 Study population**

Patients who underwent elective surgery at Tikur Anbessa specialized hospital within the study period.

### **4.5 Sample size and sampling technique**

#### **4.5.1 Sample size determination**

The sample size of the study was determined by using a single population proportion formula,  $n = z^2 p (1-p) / d^2$ .

We didn't find similar study in Ethiopia, so we took  $p = 50\%$ , with 95% confidence interval and  $Z=1.96$ , 5% margin of error (d).

$n=384$        $n=384+19$  (allowed 5% for dropout rate);  $n=403$

Where;  $n$  = required sample size

$Z$ = level of confidence (1.96 for 95% confidence level)

$P$  = expected proportion 50%

$d$  = margin of error=5%

#### **4.5.2 Sampling technique**

Systematic random sampling was used to select study participants by using skip interval of  $K=N/n$ .

Within the 3 months 806 patients can be done, so the total study population  $N=806$ .

$$K=806/403$$

$$K=2$$

The skip interval will be 2.

Where;

$N$ - Total study population

$n$ - Total sample size

$K$ - Skip interval

Therefore, the sampling interval was two and the first study participant (randomly start) was selected using the lottery method from the daily elective surgery. Then, every two cases from the daily surgery were included in the study during the study period.

#### **4.6 Study Variable**

##### **4.6.1 Dependent Variable:**

- Awareness of patients' rights (Aware/Not aware)

##### **4.6.2 Independent Variable:**

- Socio-demographic characteristics (Sex, age, marital status, residence, educational status, occupation)
- Number of hospital admission, source of information

## 4.7 Eligibility criteria

### 4.7.1 Inclusion criteria:

- All patients who undergo elective surgery.

### 4.7.2 Exclusion criteria:

- Patients below the age of 18 years old
- Critically ill patients
- Outpatients
- Patients who have a psychological barrier to communication

## 4.8 Operational definitions

**Awareness:** Refers to the knowledge of and ability to recognize the patients' rights; it can be determined by using the questioner's cumulative score of response. The percentage score is categorized as a dichotomous variable (4) (12)(17).

<50%= Not aware

≥50%= Aware

Based on the average of each of 14 elements, awareness of patients classified as the average between 1-2 low, 2.01-3 moderate, and 3.01-4 good awareness(11).

**Practice:** Refers to behaviors regarding patients' rights during a health worker-to-patient health interaction (12). It is determined by the cumulative score of responses.

Practice classified as poor if percentage score <50 %, moderate 50-70%, good practice ≥71% (13).

**Elective surgery:** This is surgery that is scheduled in advance because it does not involve a medical emergency.

**Outpatients:** A patient who receives medical treatment without being admitted to a hospital.

**Critically ill patient:** A critically ill patient can be defined by the presence of acute organ dysfunction and the need for intensive monitoring and management.

**The psychological barrier to communication:** The influence of the psychological state of the communicators which creates an obstacle for effective communication.

## **4.9 Data collection technique**

### **4.9.1 Data collection procedures**

A pretest of the structured questioners was conducted on 20 patients at Minilik II referral hospital before the administration of questionnaires to patients, and then ethical clearance was obtained from the Addis Ababa University department of anesthesia before the actual data collection period. Consent was given for the patient after detailed information on the study topic and the objectives of the study. Amharic version questionnaire was administered at surgical ward after the operation and patient transfer to the surgical ward when the patient cooperative to communicate. Four BSc level Nurses and two supervisors were used in the data collection process.

### **Measuring patients' awareness and practice**

When assessing the level of awareness of patients of their rights for elective surgical patients at Tikur Anbessa Specialized hospital, the response was rated on a four-point Likert scale whereby the most favorable answer got a higher score and less favorable a lower score and the overall score was calculated. The minimum possible total score for level of awareness was 14 and the maximum possible score was 56. Dividing the attained score by the maximum possible attainable score of 56 and multiplying by a hundred came up with a percentage calculated awareness for patient rights.

Regarding the practice of patients' rights, the maximum possible score for the questionnaire was 14 and the minimum score was 0. Dividing the score by the maximum possible attainable score and multiplying by a hundred came up with a percentage of the practice of patients' rights among health professionals from patients' perspective.

### **4.9.2 Data collection tools**

A structured questionnaire was developed based on Ethiopian standard comprehensive specialized hospital requirements of patient rights (8) and adopted from previously published studies. It consists of three parts; the socio-demographic characteristics of the patient, awareness of patients towards their rights, and the practice of patient rights by health workers from the patient's perspective. Parts 2 and 3 of the questioners were prepared by using four and three-point Likert scales respectively and for analysis, it was recorded to a two-point Likert scale system for both(3,13).

#### **4.10 Data quality assurance**

The English version of the developed questionnaire was translated to Amharic and back-translated to English to ensure its consistency. A Pre-test was conducted on 5% of the sample size at Minilik II hospital to assess the data collection instrument and challenges of the data collection process before the actual data collection and amendment was made on the translation from English to Amharic. The one-day training was given for data collectors and supervisors on the objective of the study, about data collection tools, how to maintain consistency, and when to start data collection by the principal investigator by revising each item of the questions. Collected data was checked for completeness and clarity by the supervisors and the principal investigator.

#### **4.11 Data processing and analysis**

After collection, data were summarized and coded. Data were entered into a statistical package for social sciences (SPSS) windows version 24 for data cleaning up and analyzing. Data cleanup was performed by checking for frequencies and missed values and variables. A descriptive statistical analysis was used to show the characteristics of the participants. Binary logistic regression was used to identify factors associated with the patient's level of awareness of patients' rights. The cut point used during bivariate analysis was a p-value of less than 0.2 considered as fit for multivariable analysis. The crude and adjusted odds ratios with their corresponding 95% confidence intervals were computed. P-values of less than 0.05 was considered significant. The analysis result was presented as frequencies, means, standard deviations, and percentages using tables & pie charts.

#### **4.12. Ethical Considerations**

Before data collection ethical clearance and permission were obtained from Addis Ababa University College of health science Institutional review board (IRB). The permission letter was given to Tikur Anbessa Hospital medical director's office. The objective of the study was explained to both hospital administrators and the patients who were included in the study. Verbal consent was taken from study participants and information was provided about the purpose and the benefit of the study along with their full right to refuse or completely reject participation in the study.

#### **4.13. Dissemination of Results**

The result of this study will be presented to the School of medicine and College of Health Sciences, Addis Ababa University as partial fulfillment of a master's degree in Anesthesia. Furthermore, the result of this study will be shared with Addis Ababa Health Bureau (AAHB) Public and private health institutions. This study will be used as a source of reference for those who have an interest to conduct further research in a similar study. An attempt will be made to publish the information in reputable scientific journals.

### **5. Results**

#### **5.1 Socio-Demographic Characteristics of Study Population**

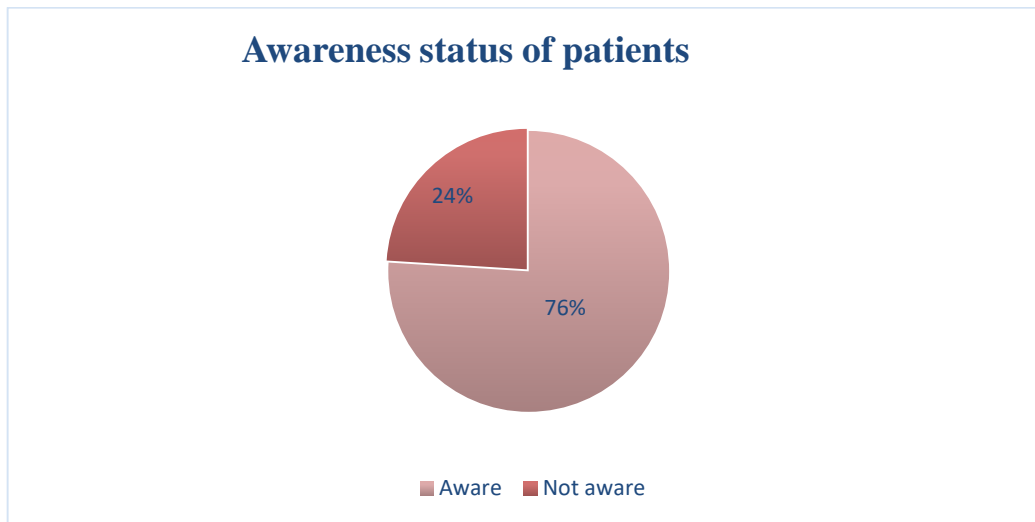
In this study, 392 patients have participated with a 97.27 % response rate. More than half of the respondents 217 (55.4%) were male. The study participant's ages ranged from 18-78 years with a mean of  $40.21 \pm 16.056$ , 148 (37.8%) of the respondents' age was less than 30 years. Regarding the marital status of respondents, 243(62%) were married, 118 (30.1%) single, and the rest 31(7.9%) were widowed/separated. The educational level of respondents; can't read and write 80(20.4%), read and write 63(16.1%), primary education 96 (24.5%), secondary education 86(21.9%), university/colleague level 67 (17.1%). For the respondent's residential place; 261(66.6%) were lived in urban. A quarter of respondents 102(26 %) were farmers. Most 276(70.4%) of patients had one-time hospital admission. About 188 patients (48%) knew the existence of a charter of patient rights. Mass media was the main source of patients' knowledge about the charter of patient rights 111 (28.3 %), followed by physicians 39 (9.9%) and Nurses 19 (4.8%) (Table 1).

**Table 1:** Demographic and baseline characteristics of the study participants and their source of knowledge about patient rights, Addis Ababa, Ethiopia, 2021. (N=392)

Variables	Category	Frequency	Percent (%)
Sex	Male	217	55.4
	Female	175	44.6
Age	<30	148	37.8
	31-45	115	29.3
	46-60	75	19.1
	≥61	54	13.8
Marital status	Single	118	30.1
	Married	243	62.0
	Divorced	12	3.1
	Widowed	19	4.8
Educational status	Can't read and write	80	20.4
	Can read and write	63	16.1
	Primary education	96	24.5
	Secondary education	86	21.9
	University/colleague	67	17.1
Residency	Urban	261	66.6
	Rural	131	33.4
Occupation	Professional	55	14
	Trade	78	19.9
	Student	73	18.6
	Farmer	102	26
	Unemployed	44	11.2
	Other	40	10.2
Number of Hospital Admission	Once	276	70.4
	Twice	84	21.4
	Three times & more	32	8.2
Do you know the presence of the Patient rights charter	Yes	188	48
	No	204	52
Source of information About the charter	Heard from		
	Physician	39	9.9
	Nurse	19	4.8
	Relative	13	3.3
	Mass media	111	28.3
	Read from		
	On hospital wall	4	1
	Internet	2	0.5
	Book/Other	0	0

## 5.2 Patients' awareness about their rights

In this study, patients' knowledge about their rights, 298 (76%) were aware of patients' rights, 94(24%) not aware of patient rights. From overall respondents about 54(13.8%) had good, 226(57.7%) moderate, and 112(28.6%) had low awareness.



**Figure 2:** Awareness status of the patients about their rights, Addis Ababa, Ethiopia, 2021.

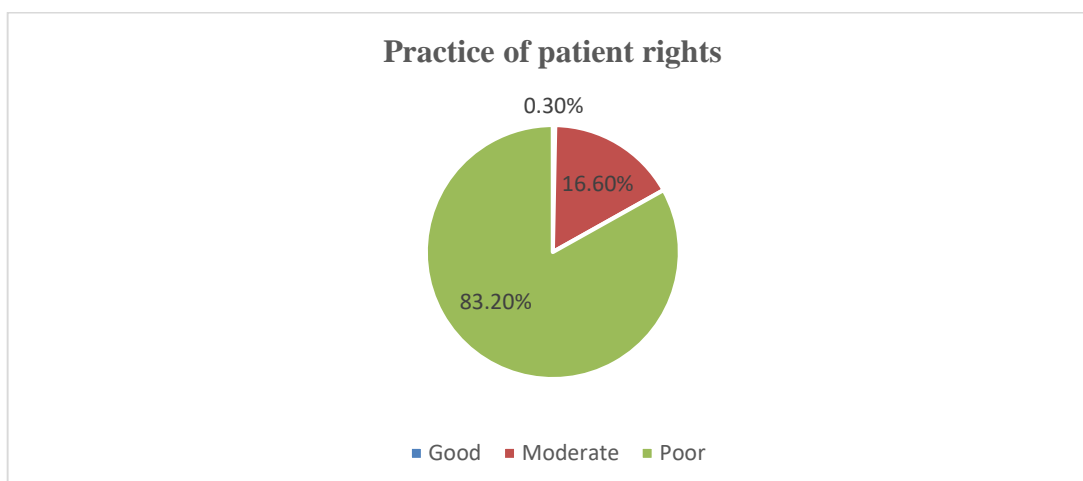
As shown in Table 2, the total mean score of awareness was  $33.37 \pm 8.618$ . About 90.5% of respondents knew that the patient has the right to receive appropriate medical services regardless of gender, age, or religion, 80.4% knew that the right to receive respectful care, 74.5% of them were aware of their right to know the name and job of the medical team involved in their care, 71.7% knew that the right to obtain confidentiality of medical reports and 70.4% the right to maintain privacy during examination & procedure. Only 64 patients were aware that the patient has the right to be informed about their rights and responsibilities in a way that they can understand, 21.9% of patients knew the right to refuse or discontinue a specific treatment after receiving a thorough explanation. 21.2% of participants were aware of the right to know what authority to notify when they are dissatisfied with the health care services, or how their complaint can be resolved. 134 patients knew that they have the right to be treated in a hygienic environment. About half (50.3%) of the respondents knew that they have the right to sign informed consent before medical procedures. The low proportion of patients' awareness was the right to obtain a copy of the medical record (10.8%), the right to receive a full explanation about their complaint and the unanticipated outcomes of the provided treatment (10.0%), and the right to participate in care decisions and to choose the treatment plan (8.1%).

**Table 2:** Patients' awareness about different items of the charter of their rights, Addis Ababa, Ethiopia, 2021. (N=392)

<b>Components of patient right</b>	<b>Frequency</b>	<b>Percent</b>
Non-discriminatory health service	355	90.5
Informed about the right & responsibilities	64	16.3
The right to receive respectful care	315	80.4
The right of privacy during a clinical examination	276	70.4
The right to confidential medical information	281	71.7
Receive explanation about the case and outcomes of treatment	39	10
The right to sign an informed consent form before any procedure	197	50.3
The right to refuse treatment after explanation of the consequence of	86	21.9
Introducing health care provision team to patients	292	74.5
Participate in care decisions & choosing the treatment plan	32	8.1
The right to be treated in a hygienic environment	134	34.2
The right to know the cost of services	116	29.6
The right to obtain a copy of a medical record	42	10.8
The right to present suggestion or grievances	83	
		21.2
<b>Overall score</b>	<b>33.37±8.618</b>	

### 5.3 Practice of patient rights among health care providers from patients' perspective

Out of 392 patients, 326(83.2%) of patients reported that health care providers had poor practice, 65(16.6 %) had moderate practice and 1(0.3%) had a good practice.



**Figure 3:** The practice of patient rights among health providers from patients' perspective, Addis Ababa, Ethiopia.

As shown in table 3 the most practiced patient rights are to be informed about the financial costs of health services (87.2%), sign a consent form before the medical procedure(70.9%), clear and understandable information given by the medical team( 65.6% ), and treatment given by health providers with respect (60.7%). 55.4% of respondents said that health care providers maintain privacy during the procedure, 50.5% said that their things were kept in a safe place,48.2% receive necessary information before signing consent. Only 20.7% of participants reported that health caregivers introduce themselves,19.6% informed about the available choices before completing the treatment plan,6.6% receive the necessary personal item,3.6% asked for permission to use their data for research purpose,1.8% said that information regarding grievance redressal is given. Only 1% of patients said that a summary of patient rights given and none of the studied patients was given a copy of medical reports.

**Table 3:** Practice of patient’s rights among health professionals from patients’ perspective  
Addis Ababa, Ethiopia, 2021. (N=392)

<b>Patients’ perceived practice of patient rights</b>	<b>Frequency</b>	<b>Percent</b>
Were you given a summary of the patient right?	4	1
Did the health care providers introduce themselves?	81	20.7
Were the medical team deal with you respectfully?	238	60.7
Was the medical team maintaining privacy during procedures?	217	55.4
Were you asked to sign a form for participation in any research?	14	3.6
Was the information given by health professionals clear& understandable?	257	65.6
Informed about the available choices before completing the treatment plan?	77	19.6
Did you sign an informed consent form before any medical procedure?	278	70.9
Did you receive the necessary information before you signed the consent form?	189	48.2
Were your things kept in a safe place?	198	50.5
Were appropriate clothing and any necessary personal items available?	26	6.6
Have you informed the financial costs of the health service?	342	87.2
Did you receive a copy of the medical reports?	0	0
Did anyone tell you about how to submit a complaint?	7	1.8

#### **5.4 Factors affecting patients’ awareness of their rights**

Educational status, occupation, place of residency, and the number of hospital admission had a significant association with patient's knowledge of patients’ rights’ during bivariate analysis. However, educational status, place of residency, and the number of hospital admission were significantly associated with patient's awareness of their right during the multivariable analysis. Patients who were the educational status of university/colleague level had 16.668 times more aware than patients who can't read and write (AOR=16.668, 95% CI; 3.004, 92.478). Patients who were the educational status of secondary education had 3.880 times more aware than patients who can't read and write (AOR=3.880, 95% CI; 1.475-10.203). Patients who lived in urban areas had 3.435 times more awareness than patients who lived in rural areas (AOR=3.435, 95% CI; 1.541, 7.654).

Patients who were admitted three and more than three times had 10.13 times more awareness than patients who admitted only one time(AOR=10.130,95% CI;2.242,45.765) (Table 4).

**Table 4:** Factors affecting patients’ awareness about aspects of patient rights, Addis Ababa, Ethiopia, 2021. (N=392).

<b>Variable</b>	<b>Aware</b>	<b>Not aware</b>	<b>COR (95%CI)</b>	<b>AOR(95%CI)</b>	<b>P-value</b>
<b>Educational status</b>					
Can’t read & write	45	35	1	1	
Read & write	40	23	1.264(.644- 2.479)	1.286(0.620-2.667)	.500
Primary education	72	24	2.469(1.296- 4.701)	1.951(0.899- 4.237)	.091
Secondary education	76	10	5.911(2.673-13.072)	3.880(1.435-10.203)	.006*
University/colleague	65	2	25.278 (5.784- 110.465)	16.668(3.004-92.478)	.001*
<b>Occupation</b>					
Professional	52	3	5.032(1.266-20.008)	1.10 (.222-5.457)	.907
Trade	59	19	.902(.365-2.227)	.552(.203-1.501)	.244
Student	65	8	2.737(.933-8.028)	2.233(.670-7.443)	.191
Farming	60	42	.398(.172-.923)	1.453(.497-4.251)	.495
Unemployed	31	13	.692(.259-1.854)	.607(.206-1.79)	.366
Other	31	9	1	1	
<b>Residency</b>					
Urban	222	39	4.382( 2.690-7.138)	3.435(1.541-7.654)	.003*
Rural	76	55	1	1	
<b>Number of hospital admission</b>					
Once	206	70	1	1	
Twice	62	22	.958(.549-1.671)	1.268(.683-2.383)	.435
≥3 times	30	2	5.097(1.188-21.878)	10.130(2.242-45.765)	0.003*

Key: \*Association between independent variables and awareness of patient rights.

## 6. Discussion

In this study, patients were assessed about awareness of their rights and patients' rights' practice by health professionals. They had different awareness status about each component of patients' right charter. Some components of patient rights were more known by the patients than others. This might be because these rights are well involved in our cultural beliefs and norms. The outcome of this study showed that the awareness level of the respondents was at a moderate level since the overall mean percentage score of 59.6%. Regarding the practice of patients' rights majority (83.2%) of patients reported that health care provider's practice of patient's rights was poor.

In our study, 48% of the respondents knew about the charter of patient rights which was near to the study by Ghanem et al. who found that 47% of patients in Matrouh general hospital knew about the charter of patient rights (13). But our finding was greater than a study done in Egypt in which 76.3% of patients did not know the charter (4) and Only 4.6% of patients were aware of the Sudanese patients' charter(25). This might be in our study, participants lived in Urban areas (66.6%) were higher than those in rural areas. However, a study in Sudan about 71.5% and Egypt about 63.6 % of the respondents were lived in a rural area. So patients who live in rural resident have less access to information about patient rights. The educational status of the patients may also be the other factor. In our study, 17.1% of patients were in higher education which is greater than in Egypt 5.5 % and in Sudan, 9.2 % of respondents were in higher education. Patents in higher education are near for information because of their knowledge-seeking behavior.

Mass media was the main source of information about patients' right charter in our study, which is supported by a study done in Chennai, India which covered about 58% (18) and a study in south Egypt 89.4% of patients' source of information was mass media (26). However, our study was contrasted with the study in Riyadh, Saudi Arabia (23) and the study in upper Egypt, where the higher proportion of patients received information from physicians and nurses (4).

The overall awareness score of patients in our study was  $33.37 \pm 8.618$  (59.6%) out of the maximum score of 56. The result was higher than a study conducted in Egypt which was  $7.2 \pm 2.71$  out of a maximum knowledge score of 14 points(4). This might be more than half of our studied patients were living in urban areas. So patients got more information about their rights.

Patients live in urban area have more access for information source such as media, as indicated by a study conducted to compare information access difference between urban and rural area by Chen et al. who found people lives in urban had more health information access than rural inhabitants (27).

Our study found that the right to obtain unbiased health care, to be respected by the health team, to have privacy during examinations, the confidentiality of patient's data, and the right to know the identity/name of the health professionals' were knowledgeable by the majority of the study participants. The results were comparable with a study conducted in Egypt (4), Iran(11), and India (17).

In this study, patients were less aware of the right to participate in health care decisions and choosing the treatment plan, the right to be provided sufficient information about patients' illness, and any unanticipated outcomes of the treatment process. These findings are supported by a similar study conducted in Pakistan (5), Iran(11), Egypt (4), and Iraq (28). This may be due to the paternalistic relationship between the health care providers and the patients, in which health professionals have the authority to decide about every aspect of patient illness condition & so patients think as they haven't the right to make a decision (Paternalistic model) (29).

In this study awareness of patients about the right to obtain their medical records is low (10.8%) which is in line with Mastaneh Z., & Mouseli L. study (11). This might also be a result of the paternalistic model. Health care providers might think that the right to access the medical record of patients' is an authority for them and they might be denying to give information about this right to the patient.

Multivariable analysis showed that Educational level, number of hospital admission, and place of residency were significantly associated with patient awareness of their right (20). Given the fact that as educational status increased, knowledge about different aspects also increased so as their awareness about patients' rights. Furthermore, educated persons are close to information from media and search since they have knowledge pursuing behavior.

Furthermore, patients inhabited in rural areas had a lower awareness than urban residents which is comparable with a study done in Iran (11), this could be due to people lives in a rural area had less access for information technology and media is crucial in informing about patient's right to the community. This study also showed that as the number of hospital admission increased the awareness status of patients also increased.

The finding is supported by a study done in Egypt(4). This could be as the number of hospital admission increase; patients may familiar with the hospital's rules and regulations and have more communication with health professionals about their rights. However, a study in Iran (19) and Saudi Arabia(23) did not show a statistically significant association between the total awareness score and the number of hospital admission.

When coming to the practice of patient rights, about 12.8 % of patients reported that the health workers did not tell them about the financial costs of health service, which is consistent with a study done in upper Egypt which was 10.3% of patients were not informed about the cost of health care (4). Concerning informed consent, 70.9% of patients signed informed consent forms but only 48.2 % of patients received all the essential information about illness and treatment process, which is comparable with the study conducted in Uganda by Kagoya et al. who found that 73.5% of patients signed consent without they took adequate information (12). However, a study done in Egypt by Mohammed et al. found that about 51.2% sign an informed consent form which is lower than the current study, and about 48.8% were received all necessary information before signing the consent form which is comparable with our study (4). The study done in India found that 60% of patients said that the medical team provides information on illness and treatment process which is higher than the current study but consent was given for 61 % of patients which is lower than our study(17).

In our study, 55.4 % of the respondents reported that their privacy was protected which is lower than a study done in Uganda which was about 82.4% (12), and in India a study by Alphonsa B Fernandes et al. which was found 88.3%(3). Since Tikur Anbessa is a teaching hospital so when the health care providers teaching their students, they might be unintentionally revealing patients' privacy. The study showed about 60.7 % of patients said that the health professionals treated them with respect which was close to the same study done in Sudan which was 60.5%(25) and Egypt 59.7 % (4). The result was lower than a study done in India which was 90 % of patients said that they receive medical care with respect and dignity(15). This difference could be due to an increased workload on medical staff in Tikur Anbessa specialized hospital and medical staff may disappoint the patients.

In this study, 79.3 % of patients said that the health caregivers didn't introduce themselves and 80.4 % of patients did not obtain information about the available treatment choices before starting the treatment plan, which is less than a study done by Mohammed et al. in Egypt about 85% of patients reported that the health workers did not introduce themselves and only

1.9 % of respondents informed about the available treatment choice (4). This finding is much lower than a study done in Alexandria university hospital and Matrouh general hospital, Egypt who found 94 % & 89 % respectively of patients indicated that the health workers introduce themselves (13). This difference could be due to an increase in the number of hospital admissions and workload in Tikur Anbessa specialized Hospital so that, the medical staff spends less time in communication with patients. The other reason also may be health care providers withhold information from patients as they think it can limit their authority.

In the current study low practice was found about how to submit complaints regarding the health care (1.8 %) and summary is given about patient right (1%). This finding was consistent with a study in Egypt which indicated that only 1.9 % right to grievance redressal was practiced (4). Low practice 24 % was also found in a study done in India by Ibrahim S.A. et al (17), but higher than our study (13). This might be due to a deficiency of awareness and attitude of the health professional towards these rights.

## **7. Strength and limitations**

### **7.1 Strength**

The strength of this study is the questionnaire used on the Likert scale other than simple yes or no question which restricts the idea of respondents. The questionnaire used for data collection was pre-tested, and some improvements were done on some parts of the questionnaires. Moreover, the quality of data management was monitored on an everyday level of activity by the supervisor and principal investigator.

### **7.2 Limitation**

The limitation of this study was only conducted at a single hospital which only assesses the patients who were admitted in that hospital, may not show the other hospitals' status. The study conducted only among elective surgical patients, which is not assessing the status of patients' awareness in other medical units of the hospital. Another limitation was the assessment of the patients' awareness and practice by self-reported data obtained from the patients only. In future studies, it will be useful to collect data from health care providers and observe the services provided in the inpatient wards.

## **8. Conclusion**

Total awareness of patients about their rights was moderate. Some rights are aware and practiced well, but some rights are aware and practice little. The right to obtain nondiscriminatory health care, to be treated with respect, to be informed about the name/ job of the health professional, the right to protect privacy and medical information was aware by most of the studied participants. However, most of the patients were not aware of the right to obtain information of their illness, involving in decision making on the treatment process, and the right to obtain a copy of their medical record. Educational level, place of residency, and the number of hospital admissions were factors that affect the level of awareness.

The practice of patient rights by health care providers was poor as reported by the majority of patients. The right to be informed about the cost of health service, and respect full care were the most practiced rights. The right to grievance redressal, participate in decision making about the illness, to be asked permission for participating in research, and obtaining a summary of patient rights was practiced less. Improving information technology about patient right, an education program for the patient and health providers, improving access of different facilities needs to enhance the practice and knowledge of patient rights.

## **9. Recommendation**

1. Health education programs should be given to the patients to enhance their awareness.
2. The hospital should placard the patient's rights on the hospital wall.
3. Health care providers should give health care services concerning patients' rights.
4. The health institution shall prepare training programs for health care providers to update their knowledge about patient rights and practices.
5. The government should give an adequate budget to increase the availability of resources that are essential for the practical application of patient's rights.
6. Supervision of the health professional performance should be applied.
7. Study which evaluates the knowledge of patients' rights among health professional should be done and training shall be given based on the result.
8. Further study should be done to assess factors that affect the practice of patient rights among health professionals.
9. Similar study should be done on different public and private hospitals' to compare which hospitals more practiced patients' rights from public and private sectors in Ethiopia.

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## 11. Annexes

### Annex 1: Information sheet

Awareness and practice of patient's right from their perspective among elective surgical patients at Tikur Anbessa Hospital, Addis Ababa, English version information Sheet.

Identification

Name of the Institute \_\_\_\_\_

Address of the Institute \_\_\_\_\_

Greeting: Hello, how are you? My name is \_\_\_\_\_. I am data collector on behalf of a Masters Student, Kaletsidk Dessalegn, in AAU, college of medicine department of anesthesia, who want to conduct this survey.

The objective of the study is to assess the awareness and practice of patients' rights in Tikur Anbessa Hospital. I am interviewing surgical case patients admitted to the surgical unit to assess awareness of their rights and its practice by health care providers during the health care management process. I am going to ask you some questions that are very important for the health care decision-makers, patients, clinicians, and policymakers to improve the practice and awareness of the right of patients who undergo surgical procedures. Your cooperation and willingness for the interview are very helpful in identifying the problems related to the issue. Your name will not be written in the form and I assure you that all information that you give will be kept strictly confidential. Your participation is voluntary, and you are not obliged to answer any question you do not wish to answer. If you are not still comfortable with the interview, please be free to stop me any time you like, there is no harm if you do not answer the questions and no special benefit you get if you answer the question. The interview will take 15- 20 minutes. We would be thankful if you spend some time with us answering questions related to the issues described above.

1. If yes, name of interviewer \_\_\_\_\_ Signature \_\_\_\_\_

2. If not, skip to the other participant

For more information and question here is the contact address of the investigator.

Kaletsidk Dessalegn

Tel: 0920604210 and Email:kaledessalegn563@gmail.com

## Annex 2: Consent form

I am informed of a study to be conducted by a master student in AAU, college of medicine, department of anesthesia on awareness and practice of patient rights among elective surgical patients in Tikur Anbessa Hospital. Participation in this study is voluntary, there is no harm by not answering the questions and no special benefit by answering the question. I heard all the information mentioned above and willing to participate in the interview.

Name of interviewer \_\_\_\_\_ Signature \_\_\_\_\_

## Annex 3. Self-administered Questionnaires

### English version

#### Part 1: Socio-demographic characteristics of the patients

No.	Question and Categories	Answer categories	Skip to
100	Sex of patient	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	
101	Age	-----	
102	Marital status	1. Single                      2. Married 3. Divorced                  4. Widowed	
103	Educational level	1. Cannot read and write 2. Can read and write 3. Primary school 4. Secondary school 5. University/ college level	
104	Occupation	1. Professional 2. Trade 3. Student 4. Farmers 5. Unemployed 6. Others specify____	
105	Residence	1. Urban 2. Rural	

106	How many hospital admissions do you have?	1.Once 2. Twice 3. Three times and more	
107	Did you know about the charter of patient rights?	1.Yes 2. No	
108	What is your Source of knowledge about patients' rights?	1. I don't have any source 2. Physicians 3. Nurses 4. Relatives 5. Mass media	
109	Did you read about patient rights?	1. I didn't read 2. Placard from the hospital wall 3. Internet 4. Book 5. Other specify -----	

**Part 2: Awareness about aspects of patients' rights from patients' perspective**

No.	Question	Answer
	<b>Health care and respect as a human being</b>	
200	Do you know about the patient has the right to receive treatment and medical services without discrimination based on race, age, color, religion, sex?	1. Not at all aware 2. Somewhat aware 3. Somewhat not aware 4. Completely aware
201	Do you know about the patient has the right to be informed about his/her rights and responsibilities in a manner he/she can understand?	1. Not at all aware 2. Somewhat aware 3. Somewhat not aware 4. Completely aware

202	Do you know about the patient has the right to receive respectful care?	<ol style="list-style-type: none"> <li>1. Not at all aware</li> <li>2. Somewhat aware</li> <li>3. Somewhat not aware</li> <li>4. Completely aware</li> </ol>
203	Do you know about the patient has the right to privacy during a clinical examination?	<ol style="list-style-type: none"> <li>1. Not at all aware</li> <li>2. Somewhat aware</li> <li>3. Somewhat not aware</li> <li>4. Completely aware</li> </ol>
204	Do you know about the patient has the right to confidential his/her medical information and the limits on how and when it can be disclosed to a third party?	<ol style="list-style-type: none"> <li>1. Not at all aware</li> <li>2. Somewhat aware</li> <li>3. Somewhat not aware</li> <li>4. Completely aware</li> </ol>
	<b>Adequate information and give written informed consent</b>	
205	Do you know about the patient has the right to receive a full explanation of his/her case and any unanticipated outcomes of care and treatments in terms that she/he can understand?	<ol style="list-style-type: none"> <li>1. Not at all aware</li> <li>2. Somewhat aware</li> <li>3. Somewhat not aware</li> <li>4. Completely aware</li> </ol>
206	Do you know about the patient has a right to sign an informed consent form before any medical procedure?	<ol style="list-style-type: none"> <li>1. Not at all aware</li> <li>2. Somewhat aware</li> <li>3. Somewhat not aware</li> <li>4. Completely aware</li> </ol>
	<b>Choice of care</b>	
207	Do you know about the patient has the right to refuse or discontinue treatment after a thorough explanation by his/her physician about the consequences and/or outcomes of his/her decision?	<ol style="list-style-type: none"> <li>1. Not at all aware</li> <li>2. Somewhat aware</li> <li>3. Somewhat not aware</li> <li>4. Completely aware</li> </ol>
	<b>Participation and representation</b>	
208	Do you know about the patient has the right to be informed names and jobs of all health workers involved in patient care?	<ol style="list-style-type: none"> <li>1. Not at all aware</li> <li>2. Somewhat aware</li> <li>3. Somewhat not aware</li> <li>4. Completely aware</li> </ol>

209	Do you know about the patient has the right to participate in decisions relating to their care and in choosing the treatment plan?	1. Not at all aware 2. Somewhat aware 3. Somewhat not aware 4. Completely aware
	<b>Hygienic environment and health education</b>	
210	Do you know about the patient has the right to obtain functional bathing and toilet, clothing, and storage area?	1. Not at all aware 2. Somewhat aware 3. Somewhat not aware 4. Completely aware
211	Do you know about the patient has the right to know about the prices of services and procedures?	1. Not at all aware 2. Somewhat aware 3. Somewhat not aware 4. Completely aware
212	Do you know about the patient has the right to obtain a copy of the patient's medical record?	1. Not at all aware 2. Somewhat aware 3. Somewhat not aware 4. Completely aware
	<b>Redress of grievances</b>	
213	Do you know about the patient has the right to present his or her suggestion or grievances?	1. Not at all aware 2. Somewhat aware 3. Somewhat not aware 4. Completely aware

**Part 3: The practice of patient’s rights among health care providers from the patients’ perspective**

No.	Questions	Answer
300	Did the summary of the patient rights given?	1. Yes 2. Do not know 3. No
301	Did the health care providers introduce themselves to their name and their function to you and show you their ID?	1. Yes 2. Do not know 3. No
302	Did the health care provider deal with you respectfully?	1. Yes 2. Do not know 3. No
303	Did your privacy protected during a physical examination?	1. Yes 2. Do not know 3. No
304	Did you asked to sign a form for participation in any research?	1. Yes 2. Do not know 3. No
305	Was the information about your medical condition, recommended treatment, risk of the treatment, and expected results given by the health provider clear and understandable to you?	1. Yes 2. Do not know 3. No
306	Were you informed about the available alternatives before completing the treatment plan?	1. Yes 2. Do not know 3. No
307	Did you sign an informed consent form before surgery?	1. Yes 2. Do not know 3. No
308	Did you receive information about the recommended procedure, the risks involved, and any alternatives treatment before you signed the consent form?	1. Yes 2. Do not know 3. No

309	Do you obtain storage space in your room for storing your materials?	1. Yes 2. Do not know 3. No
310	Did you obtain functional bathing and toilet and any necessary personal items available?	1. Yes 2. Do not know 3. No
311	Did you know the financial costs of services and procedures?	1. Yes 2. Do not know 3. No
312	Do you obtain a copy of your medical record?	1. Yes 2. Do not know 3. No
313	Did anyone tell you about how to submit a complaint regarding any concerns related to confidentiality or the quality of health care and then inform you about any subsequent actions or results?	1. Yes 2. Do not know 3. No

**በአዲስ አበባ ከተማ ጥቁር አንበሳ ሆስፒታል ቀዶ ህክምና ያደረጉ ታካሚዎች ስለሙብታቸው ያለቸውን እውቀት እና የታካሚዎች ሙብት በህክምና ባለሙያዎች ተግባራዊ የመሆን ሁኔታን የሚዳስስ መጠይቅ**

**የመረጃ ቅፅ**

የተቋሙ ስም \_\_\_\_\_ የተቋሙ አድራሻ \_\_\_\_\_

ሰላም ጤና ይስጥልኝ እኔ \_\_\_\_\_ እባላለሁ ::ይህን ጥናት በማድረግ ላይ ላሉ

የአዲስ አበባ ዮኒቨርሲቲ በህክምና ትምህርት ቤት አንስቴዚያ ትምህርት ክፍል ማስተር ተማሪ ለሆኑት ቃለፅድቅ ደሳለኝን ወክዬ በጥቁር አንበሳ ሆስፒታል ቀዶ ህክምና የተደረገላቸው ታካሚዎች ህክምና ሲያደርጉ ሊደረግላቸው ስለሚገቡ የታካሚው ሙብቶች ታካሚው ያለው ግንዛቤ እና የታካሚው ሙብቶች በጤና ባለሙያዎች ተግባራዊ የመሆን ሁኔታን በታካሚው እይታ ለማጥናት በሚያስችል ቃለ መጠይቅ ላይ ነኝ ::

የጥናቱ ዓላማ :- በጥቁር አንበሳ ሆስፒታል ውስጥ የታካሚዎችን ሙብት ታካሚው ስላለው ግንዛቤ እና የታካሚው ሙብቶች በህክምና ባለሙያዎች ተግባራዊ የመሆን ሁኔታን መገምገም ነው ::

በዚህ መጠይቅ ውስጥ ቀዶ ህክምና የተደረገላቸው ታካሚዎች ህክምና በሚደረግላቸው ጊዜ ሊደረግላቸው ስለሚገቡ ሙብቶች ስላላቸው ግንዛቤ ና ህክምናውን የሚሰጡ ጤና ባለሙያዎች የታካሚውን ሙብት የመተግበር ሁኔታን ከታካሚው እይታ አንፃር ያለውን ሁኔታ የሚዳስስ ይሆናል ::

በዚህ ጥናት የሚገኘው ውጤት ለባለሙያዎች በማስረጃ የተደገፈ እቅድ ለማቀድና በዚህ ተመሳሳይ ጥናት ለሚያደርጉ ምሁራን ጥልቅ ጥናት ለማድረግ የሚያስችል መረጃ መሆን እንዲችል እንዲሁም አግልግሎትን ለሚሰጡ የጤና ባለሙያዎች ጥራት ላለው ተጨማሪ አገልግሎት የመረጃ ግብዓት ሆኖ ያገለግላል ተብሎ ይታሰባል ::ይህንን በፍቃደኝነት ላይ የተመሠረተ መጠይቅ ለመሙላት ከ15-20 ደቂቃ የሚፈጅብዎት ሲሆን ለመሳተፍ ካልፈልጉ አይገደዱም :: የእርስዎ በዚህ ጥናት ውስጥ ተሳታፊ መሆን ጥናቱ በተሳካ ሁኔታ መጠናቀቅ ብቻ ሳይሆን በዚህ የህክምና ጥናት ዘርፍ ላይ ችግር ፈቺ የሚሆን መረጃን በመስጠት ለአገልግሎት መሻሻል ከፍተኛ አስተዋፅኦ ይኖረዋል::

ለጥያቄዎቹ የሚሰጡዎቸው መረጃዎች በሙሉ ሚስጥራዊነታቸው የተጠበቀ ስለሆነ ስለማንነትዎ እና ስለሚመልሷቸው መልሶች ምስጢር መጠበቅ ምንም ስጋት አይገባዎት በተጨማሪም በሚሰጡት መረጃ አማካኝነት ምንም የተለየ ጥቅም አያገኙም ወይም መረጃ ባለመስጠትዎ አገልግሎቱ አይቋረጥብዎትም ወይም ሌላ ጉዳት አስከታይ ችግር አይገጥምዎትም ስለዚህ መረጃውን ለመስጠት እና በዚህ ጥናት ተሳታፊ እንዲሆኑልኝ በአክብሮት እጠይቀዎታለሁ ::

ለተጨማሪ መረጃ በስልክ ቁጥር 0920604210 ወይም እሚይል kaledessalegn563@gmail.com

ሊያገኙን ይችላሉ።

1. በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት ?

እሳተፋለሁ \_\_\_\_\_

አልሳተፍም \_\_\_\_\_

ለመሳተፍ ፈቃደኛ ካልሆኑ እናመሰግናለን ጥያቄዎቹን በዚሁ ያቋርጡ።

**የስምምነት ማረጋገጫ ቅጽ**

እኔ በፍቃደኝነት ላይ በተመሠረተ የመረጃ ስምምነት ያለ ምንም ተፅእኖ በአዲስ አበባ ዮኒቨርሲቲ የአንስቴዝያ ማስተር ተማሪ ለሆኑት ቃለፅድቅ ደሳለኝ በጥቁር አንበሳ ሆስፒታል ቀይ ሕክምና ባደረጉ ታካሚዎች ህክምና በሚደረግላቸው ጊዜ መደረግ ስለሚገባቸው መብቶች ታካሚው ስላለው ግንዛቤና የጤና ባለሙያዎች የታካሚውን መብቶች የመተግበር ሁኔታ በታካሚው እይታ ለማወቅ በተዘጋጀ መጠይቅ ላይ ለመሙላት የጥናት ዓላማውን በመረዳት ተሳታፊ መሆኔን አረጋግጣለሁ ። ለመሳተፍ ፈቃደኛ ከሆኑ ወደ ቀጣይ ጥያቄዎች ይለፉ :

( ፈቃደኛ ከሆኑ) የመረጃ ሰብሳቢው ስም \_\_\_\_\_ ፊርማ \_\_\_\_\_



**ክፍል ሁለት፡ ታካሚዎች ስለ ታካሚ መብቶች ያላቸውን ግንዛቤ የተመለከተ መጠይቅ**

ተ.ቁ	ጥያቄዎች	መልስ
200	ታካሚው በጾታ ፣ ዕድሜ፣ክለር፣ማንነትና ሃይማኖት ሳይለይ በሆስፒታል የሚሰጡ የህክምና አገልግሎቶችን በተገቢው መንገድ የማግኘት መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
201	ታካሚው ስለ መብትና ግዴታው ግልፅ በሆነ መንገድ በህክምና ባለሙያዎች ማብራሪያ የማግኘት መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
202	ታካሚው ርህራሄ እና አክብሮት በተሞላበት መንገድ እንክብካቤ የማግኘት መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
203	ታካሚው ምርመራ በሚደረግለት ወቅት እንዲጠበቁለት የሚፈልጋቸው የግል ሚስጥሮች ጥበቃ የማግኘት መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
204	ታካሚው የህክምና መረጃው አስፈላጊ ሆኖ በህግ ካልተፈቀደ በቀር ከሱ ፍቃድ ውጭ ለሌላ ወገን ያለመግለጽ መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
205	ታካሚው ስለ ህመሙ ሁኔታና ድንገት ሊያጋጥሙ ስለሚችሉ የህክምና ችግሮች ማብራሪያ የማግኘት መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
206	ታካሚው ከማንኛውም ህክምና በፊት በመረጃ የተደገፈ የስምምነት ቅጽ የመፈረም መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>

207	የህክምና ባለሙያው ታካሚው ህክምናውን ባለመቀበል/በማቆሙ ምክንያት ስለሚያስከትለው ጉዳት በቂ ማብራሪያ ከሰጠ በኋላ ታካሚው የሚታዘዝለትን ህክምና ያለመቀበል ወይም የማቆም መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
208	ታካሚው ህክምና የሚያደርጉለትን ባለሙያዎች ስምና ሙያ የማወቅ መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
209	ታካሚው የሚሰጠውን የህክምና አይነት የመምረጥና ህክምናውን በተመለከተ በሚደረጉ ውሳኔዎች ላይ የመሳተፍ እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
210	ለታካሚው እንደ መታጠቢያና መጻፍሻ ቤት ያሉ የግል ንፅህና መጠበቂያዎች፣ ልብስና የቁሳቁስ ማስቀመጫ የማግኘት መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
211	ታካሚው ለህክምና አገልግሎት የሚውሉ የህክምና ወጪዎች የማወቅ መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
212	ታካሚው የህክምና መረጃውን ኮፒ የማግኘት መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>
213	ታካሚው አስተያየት ወይም ቅሬታ የማቅረብ መብት እንዳለው ያወቃል?	<ol style="list-style-type: none"> <li>1. ሙሉ በሙሉ አላውቅም</li> <li>2. የተወሰነ አውቃለሁ</li> <li>3. የተወሰነ አላውቅም</li> <li>4. ሙሉ በሙሉ አውቃለሁ</li> </ol>

**ክፍል ሶስት፡ የታካሚ መብቶች በጤና ባለሙያዎች ያለዉ አከባባር ሁኔታን ከታካሚ እይታ አንጻር የተመለከተ መጠይቅ**

ተ.ቁ	ጥያቄዎች	መልስ
300.	በህክምና ወቅት ሊያገኙት ስለሚገቡት መብቶች በጤና ባለሙያዎች ማብራሪያ ተደርጎልዎታል?	1. አዎ 2. አላዉቅም 3. አልተደረገልኝም
301	የጤና ባለሙያዎች ራሳቸውን አስተዋውቀዎታል? መታወቂያቸውን አሳይተዎታል?	1. አዎ 2. አላዉቅም 3. አላስተዋወቁኝም
302	የህክምና ባለሙያዎች በአክብሮት አነጋግረዎታል?	1. አዎ 2. አላዉቅም 3. አላከበሩኝም
303	ምርመራ በሚደረግልዎት ጊዜ የግል ጉዳዮችዎ ተከበረልዎት?	1. አዎ 2. አላዉቅም 3. አልተከበረልኝም
304	ለጥናታዊ ጽሁፍ መረጃ ከመስጠትዎት በፊት ፈቃደኛ ስለመሆንዎ የሚያረጋግጥ መረጃ ላይ ፈርመው ነበር?	1.አዎ 2.አላዉቅም 3. አልተፈረምሁም
305	በጤና ባለሙያዎች የተሰጥዎት መረጃ ለእርስዎ ግልጽ እና ለመረዳት የማያስችግር ነበር?	1. አዎ 2. አላዉቅም 3. ያስችግር ነበር
306	የተሰጡት ህክምና ከመደረጉ በፊት ሌላ የህክምና አማራጮች እንዳሉ መረጃ ተነግሮዎታል?	1. አዎ 2. አላዉቅም 3. አልተነገረኝም
307	ቀዶ ህክምና ከማድረግዎ በፊት በመረጃ የተደገፈ የስምምነት ቅጽ ላይ ፈርመዋል?	1. አዎ 2. አላዉቅም 3. አልፈረምሁም

308	የስምምነት ቅጹን ከመፈረምዎ በፊት ስለሚደረግልዎት የህክምና አይነትና ድንገት ሊገጥሙ ስለሚችሉ የጎንዮሽ ጉዳዮች ማብራሪያ ተደረጎልዎት ነበር?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አላዉቅም</li> <li>3. አልተደረገልኝም</li> </ol>
309	እቃዎችን የሚያስቀምጡበት ቦታ ተሰጥቶታል?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አላዉቅም</li> <li>3. አልተሰጠኝም</li> </ol>
310	የንፅህና መጠበቂያ ሻዎር ፣ መጻጻፍ ሴት፣ ልብሶች እና አስፈላጊ የግል ዕቃዎች ተሰጥቶታል?	<ol style="list-style-type: none"> <li>1.አዎ</li> <li>2. አላዉቅም</li> <li>3. አልተሰጠኝም</li> </ol>
311	ለህክምና የሚያስፈልጉ ወጭዎች ተነግሮዎታል?	<ol style="list-style-type: none"> <li>1.አዎ</li> <li>3.አላዉቅም</li> <li>3. አልተነገረኝም</li> </ol>
312	የህክምናዎ ሪፖርቶች ኮፒ ደርሶዎታል?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አላዉቅም</li> <li>3. አልደረሰኝም</li> </ol>
313	በህክምና ወቅት ያልተመችዎት ነገር ቢኖር ቅሬታዎችን እንዴት ማቅረብ እንደሚችሉ የነገርዎት የጤና ባለሙያ አለ?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አላዉቅም</li> <li>3. የለም</li> </ol>