



## Nurses' Compliance to Patients' Bill of Rights in a Secondary Healthcare Facility: A Cross-Sectional Study

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### Abstract

The Patient Bill of Rights (PBoR) which is a "list of guarantees for those receiving health care" has lent a voice through which consumers of healthcare drive accountability and excellence in the health sector. Nurses, as advocates for the patients, have higher responsibilities to respond to the empowerment of patients in PBoR by providing care that places patients first hence the present study. A descriptive cross-sectional study was conducted on Nurses' compliance to PBoR in Sir Patrick Ibrahim Yakowa Memorial Hospital (SPIYMH), Kafanchan, The entire study population of 102 based on census responded to a two-sector, 20-item adapted questionnaire. Data entry was done using the Statistical Package for Social Sciences (SPSS V. 23) while hypotheses testing was done using chi-square at a statistical significance level of 0.05. The age of the respondents ranged from 20 - 50 years with a mean  $\pm$  SD of  $28 \pm 0.4$  years. Respondents had mostly 6-10 years of working experience. Concerning compliance with PBoR, 65.2% of the respondents demonstrated adequate compliance with PBoR. The chi-square test revealed that compliance to PBoR was associated with the ward/unit of practice of respondents ( $\chi^2 = 11.72$ ;  $df = 5$ ,  $p = 0.034$ ) and the respondents' work experience in years ( $\chi^2 = 13.09$ ;  $df = 2$ ,  $p = 0.001$ ) respectively. The study concluded that Nurses in SPIYMH, Kafanchan, Kaduna state, adequately complied with PBoR in their discharge of nursing services which is dependent on the ward/unit of the practice of the Nurses as well their work experience in years.

**Keywords:** PBoR, compliance, Nurses, Kaduna state.

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### Introduction

Patients now have a voice they must use to drive accountability and excellence in the health sector. This voice is embedded in the Patients' Bill of Rights (PBoR) are integral part of healthcare today. The PBoR is advocating human rights to maintain his sanctity and dignity to ensure that at the time of admission and during medical activities, their body, soul, and health are well-taken care of without discrimination regarding age, gender, religion, ethnicity, economic status (Sookhak et al., 2019). The bill is a "list of guarantees for those receiving medical care. It may take the form of a law or a non-binding declaration" (Nigeria Health Watch, 2018). In other words, the PBoR refers to a set of

privileges regarding legitimate and rational needs of patients designed in the form of standards, laws, and regulations, and the healthcare providers are required to observe them (Hadian et al., 2015).

The World Health Organization (WHO, 2012) defines patients' rights as a set of rights that an individual has in healthcare settings (Joolae & Hajibabae, 2012). Formalized in 1948, the Universal Declaration of Human Rights (UDHR) recognizes "the inherent dignity" and the "equal and unalienable rights of all members of the human family." It is on the basis of this concept of the person, and the fundamental dignity and equality of all human beings that the notion of patient rights was

developed (Ogiehor-Enoma, 2019). Therefore, most health systems in most countries have developed and maintained a bill entitled "Patient's rights"; it is at the disposal of executive levels and is supported by the authorities of hospitals who are required to submit it to the patients when hospitalized until fully acquainted with their rights (Sookhak et al., 2019).

Championed by the Consumer Protection Council (CPC) and Federal Ministry of Health to protect Nigerian patients and ease access to quality healthcare services, PoBR in Nigeria was launched on the 31st of July 2018 by Vice President Yemi Osinbajo who stated that "the bill borders on human rights and respect for human dignity, as one can tell a great deal about how a country values its citizens from its healthcare institutions and this is the responsibility of not only healthcare practitioners but the entire healthcare value chain" (Nigeria Health Watch, 2018).

Accordingly, the Bill of Rights outlined 12 rights that patients are entitled to: (1) Right to relevant information in a language and manner the patient understands including diagnosis, treatment, other procedures and possible outcomes; (2) Right to timely access to detail and accurate medical records and available services; (3) Right to transparent billing and full disclosure of any costs, including recommended treatment plans; (4) Right to privacy, and confidentiality of medical records; (5) Right to clean, safe, and secure healthcare environments; (6) Right to be treated with respect, regardless of gender, race, religion, ethnicity, allegations of crime, disability or economic circumstances; (7) Right to receive urgent, immediate and sufficient intervention and care, in the event of an emergency; (8) Right to reasonable visitation in accordance with prevailing rules and regulations; (9) Right to decline care, subject to prevailing laws and upon full disclosure of the consequences of such a decision; (10) Right to decline or consent to participation in medical research, experimental procedures or clinical trials; (11)

Right to quality care in accordance to prevailing standards; (12) Right to complain and express dissatisfaction regarding services received (Nigeria Health Watch, 2018).

The rights of patients drive the provision of safe and effective health care and form the framework for ethical decision-making. Consistent with the code of ethics for nurses, nurses, as advocates for the patients, have a responsibility to deliver safe care to their patients and when successfully done, promote the healing process. Therefore, PBoR empowers patients to feel more confident in the healthcare system and nurses are expected to be committed to responding to that empowerment by providing care that puts people first (Ogiehor-Enoma, 2019).

From the foregoing, therefore, examining compliance to PBoR by the healthcare providers especially nurses, who spend more time with the patients, is an important indicator for assessing the quality of healthcare in any given setting. Accordingly, compliance with patients' rights improves healthcare quality and satisfaction of patients, and healthcare providers (Mohammed et al., 2011; Ghaljeh et al., 2010), as well as enhances patient and provider relationship necessary to preventing litigations (Mohammed et al., 2011; Vahedian, 2011).

Although nurses have a relatively high awareness of the concept of patient rights, enshrined in their code of ethics, which could translate to compliance to these rights, there is hardly documented evidence revealing compliance to PBoR among nurses in the local setting of this present study. While there is an avalanche of foreign literature on compliance with PBoR among nurses (Sheikhtaheri et al., 2015; Rokhafrooz et al., 2017; Sookhak et al. 2019; Mpouzika et al., 2021; Kalroozi et al., 2010), only a dearth of such literature in Nigeria, and mostly in southern region of the country. It is against this background that the present study is aimed at investigating Nurses' compliance to PBoR in a secondary healthcare facility of Sir

Patrick Ibrahim Yakowa Memorial Hospital (SPIYMH), Kafanchan, Kaduna state, Nigeria as well as assess the difference in the compliance to the PBoR across socio-demographic characteristics of the respondents.

**Method**

**Research Design**

A descriptive cross-sectional design was used for the study

**Research Setting**

The setting of the study is Sir Patrick Ibrahim Yakowa Memorial Hospital (SPIYMH),

Kafanchan. The hospital, formerly known as the general hospital, Kafanchan, a secondary healthcare facility, is located in the Jema'a local government area of Kaduna state and has five wards in addition to an outpatient department where patients are constantly interfacing with nursing staff as they provide nursing care and services.

**Study Population**

The population for this study are Nurses in the various wards and outpatient units providing nursing services on a daily basis amounting to 102 as of the period of this study.

**Table 1:** Estimated Total Number of Nurses in Each Ward/Unit Over Three Months

Items	March	April	May	Average monthly presence of Nurses in a ward/unit
Male Medical ward	15	17	16	16
Female Medical ward	22	23	27	24
Male Surgical ward	10	14	12	12
Female Surgical ward	19	17	18	18
Maternity	22	18	20	20
Outpatient department	9	14	13	12

Source: Hospital Nursing Department Register (2022)

**Sampling Size**

The sample size for this study is the entire study population of 102 Nurses based on the census.

**An instrument for Data Collection**

An adapted two-sector, 20-test-items questionnaire from a related study (Sheikhtaheri et al., 2015; Sookhak et al., 2019) was employed as a tool for data collection. The specific adaptation that was done to the original instrument by Sheikhtaheri et al. (2015) was changing the 3-point Likert scale options in the compliance section to 'Yes', 'Sometimes' and 'No replacing 'Agree/completely agree', 'Neutral' and 'Disagree/completely disagree' respectively. The test items were reconstructed to elicit the changed responses of 'Yes', 'No' and 'Sometimes' aside from dropping a test item that appeared like a repetition. In the socio-demographic section of the adapted instrument, variables such as the level of

education, gender and marital status in Sookhak et al. (2019) were dropped while work experience was added.

Section A is socio-demographic data consisting of 4 test items; section B is compliance to PBoR among Nurses consisting of 16 items.

**Validity of Instrument**

For face validity, the instrument was submitted to two senior Lecturers in the College of Nursing and Midwifery, Kafanchan, who are known to have vast experience in research. They cross-checked for font size, character, organization and sequence or arrangement of items to verify that items on the questionnaire correspond with the operational variables of interest. For content validity, the test items were aggregated in each section for exhaustive information gathering relevant to answering the research question(s). For construct validity,

item construction was ensured to follow all relevant guidelines of questionnaire construction; simple and appropriate, clear and concise language.

### **Reliability of Instrument**

A pre-testing of the instrument was carried out using 10 (representing 10% of the sample size) licensed nursing staff of the general hospital, Kachia, Kaduna state, a similar secondary healthcare facility in the state. This was done to reduce the chances of erroneously including a pilot respondent in the main study. The instrument was administered once. Data obtained from pilot respondents was subjected to Cronbach alpha statistics and a reliability index of 0.70 depicted good reliability of the adapted instrument for data collection.

### **Method of data Collection**

The data was collected through the use of self-administered questionnaires for a period of 5 weeks, a week/wards/unit. Access was obtained from the Health Research Ethical Committee (HREC) of the College of Nursing and Midwifery, Kafanchan then an ethical clearance letter was presented to the medical director of the hospital for local permission to access his nursing staff through the nursing directorate. The questionnaire was then issued to available nurses during shifts in various wards/units. For Nurses on leave, their contact details were solicited from available nurses on shift in their working stations and they were contacted from which arrangement was reached to have their questionnaire sent to them for their responses. The identified number of nurses in each ward was covered, one week per ward. Administered questionnaires were retrieved after an hour from those available and after a day from those whose questionnaire was sent to them.

### **Method of Data Analysis**

Statistical Package for Social Science (SPSS) version 23.0 was used for data entry and analysis. Data was presented in frequency tables while estimated percentage scores were used in answering research objectives. Socio-demographic data were analyzed using

descriptive statistics such as frequency and percentage while compliance to PBoR consisting of 16 items structured and designed to extract data in modified Likert scale of *No*, *Sometimes* and *Yes* options having scores of 0, 1 and 2 respectively were analyzed. The maximum obtainable score therefore was 32 (16×2) and the minimum obtainable score was 0 (16×0). A score of  $\geq 70\%$  was considered adequate compliance with PBoR while a score of  $< 70\%$  is considered otherwise. Seventy percent (70%) was used as a cut-off in the measurement of the variable - observance of PBR - to reflect the fact that the respondents are professionals whose socialization has a curriculum on ethics and etiquette and part of their role is patient advocacy. Hypotheses associating compliance to PBoR with practising wards/units, years of work experience and qualification of respondents were tested using chi-square at a 5% level of significance (P-value of 0.05). A calculated chi-square value greater than the tabulated value (P < 0.05) at a 5% level was rejected while a calculated value less than the tabulated value (p > 0.05) was accepted

### **Ethical Consideration**

The study is guided by the principles of the Helsinki Declaration of 1964 involving human subjects. A letter requesting ethical clearance plus the research protocol was submitted to the Research and Ethics Committee (REC) of the College of Nursing and Midwifery, Kafanchan, Kaduna state, an attached academic institution to the hospital, which later gave the permission (REC is yet to attain the level of issuing clearance number) to conduct data collection. The written permission was then presented to the Medical director of the hospital. Upon the director's permission to conduct the study, the same approval was shown to the director, the nursing services of the hospital then in-charges of each ward/unit. Nurses of each unit/ward were approached, and given questionnaires for their voluntary response even as they were assured of the utmost confidentiality of the information they would provide for the study.

**Results**

All of the one hundred and two (102) respondents accepted to participate in the study as they were given copies of questionnaires based on their practising

wards/units. Of the total questionnaires distributed, only 95 were returned from which 92 were completely filled. Thus, 92 respondents were included in the final analysis.

Variable	Response	f	%
Age in years <b>Mean±SD=28±0.4</b>	20-25	8	8.7
	26-30	28	30.4
	31-35	20	21.7
	36-40	16	17.4
	41-45	12	13.0
	46-50	8	8.7
Qualification	RN	16	17.4
	RN&RM	36	39.1
	BNSc	40	43.5
Practicing Ward/Unit	Male medical ward	16	17.4
	Female Medical ward	24	26.1
	Male surgical ward	12	13.0
	Female surgical ward	8	8.7
	Maternity	20	21.7
	Outpatient department	12	13.0
Work experience in years	1-5 years	20	21.7
	6-10 years	40	43.5
	Above 10 years	32	34.8

f=frequency; %=percentage; SD=standard deviation

Table 2 above summarises the socio-demographic characteristics of respondents and shows most (43.5%) respondents were graduate Nurses with Bachelor of Nursing Science degrees who were mostly practising in female medical wards (26.1%) closely followed by 21.7% of respondents whose work unit is maternity. They had a mean age of 28 years (±0.4) as the majority (30.4%) were between the ages of

26-30 years closely followed by those between the ages of 31-35 years (21.7%) while those between the ages of 36-40 accounted for 17.4%. Work experience in years had most (43.5%) respondents with work experience of 6-10 years. This suggests that respondents were mostly young adults below the age of 30 years with graduate education in nursing science.

**Table 3:** Compliance to Patients’ Bill of Rights n=92

Variable	No f(%)	Sometimes f(%)	Yes f(%)
Patients are provided with nursing care which meets their needs	8(8.7)	8(8.7)	76(82.6)
Patients are treated with respect	12(13.0)	4(4.3)	76(82.6)
Precautions are taken to ensure patients’ privacy	8(8.7)	16(17.4)	68(73.9)
Patients are encouraged to play roles in their health decisions	8(8.7)	12(13.0)	72(78.3)
Patients are provided with understandable information	8(8.7)	16(17.4)	68(73.9)
Patients can always obtain information about the treating health staff	20(21.7)	12(13.0)	60(65.2)



Patients are informed about their treatment plans	4(4.3)	20(21.7)	68(73.9)
Patients have continuous follow up on their health problems	4(4.3)	4(4.3)	84(91.3)
Patients approval is obtained before managing their health condition	4(4.3)	28(30.4)	60(65.2)
Patients' complaints are taken seriously	8(8.7)	12(13.0)	72(78.3)
Patients can refuse persons not involved in their care	12(13.0)	20(21.7)	60(65.2)
Patients are informed about the cost of their healthcare in advance	16(17.4)	24(26.1)	52(56.5)
Patients can obtain reports about their health condition	8(8.7)	12(13.0)	72(78.3)
Information about the patient's condition is kept confidential	8(8.7)	4(4.3)	80(87.0)
Patients are provided care in emergencies	16(17.4)	8(8.7)	68(73.9)
I demonstrate professional values such as respectfulness, responsiveness, compassion, trustworthiness and integrity before my patients	12(13.0)	12(13.0)	68(73.9)

No=0; Sometimes=1; Yes=2; f=frequency; %=percentage

Table 3 summarises respondents' compliance to PBoR where all statements received positive ratings by the respondents. Specifically, most respondents obtain patient approval before managing their health condition (65.2%), provide nursing care that meets patient needs ((82.0%) and ensure that patients are treated with respect (82.0%). Statements 8 and 16 received 73.9% of respondents each who mostly indicated 'Yes'

to informing patients about their treatment plans as well as demonstrating professional values such as respectfulness, responsiveness, compassion, trustworthiness and integrity while providing such treatment while statements 10 and 13 received 78.3% respondents each who take patients complaints seriously and as well ensure patients obtain reports about their health condition.

**Percent categorization of level of Observance of PBoR**

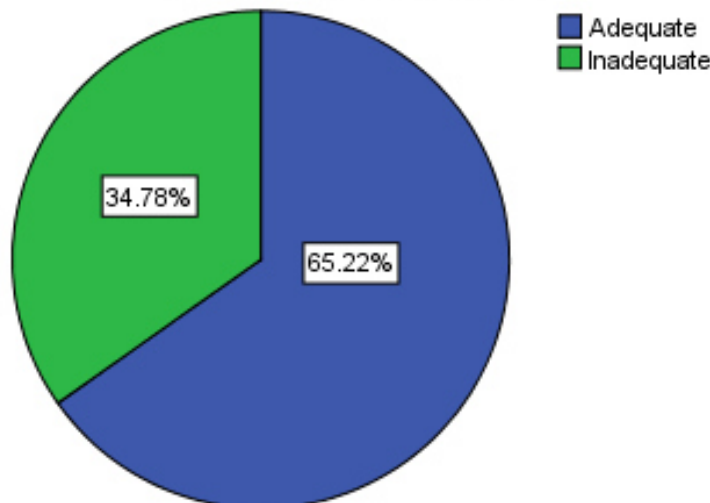


Figure 1 above showed the categorization of respondents based on their scores into those adequately and inadequately observing PBoR according to their analyzed responses of *No*, *Sometimes* and *Yes* carrying points of 0, 1 and 2 respectively where a respondent with a score of <70% is considered as inadequately observing PBoR while a score of ≥70% is considered otherwise revealed the majority (65.2%) of the respondents reported adequate

compliance to PBoR by having a final score equal or above the 70% cut off mark.

**Test of Hypotheses**

There is no significant association between compliance to PBoR and socio-demographic characteristics (practising wards/units, academic qualification and work experience) of respondents in the study setting of SPIYMH, Kafanchan, Kaduna state, Nigeria.

**Table 4:** Association between Nurses Socio-Demographic Profile (Practising Wards/Units, Qualification and Work Experience in Years) and Compliance to PBR n=92

Variables	Compliance to PRB		Df	X <sup>2</sup> Value	p-value	Remark
	Adequate	Inadequate				
<b>Practicing ward/unit</b>						
Male medical ward	12	4	5	11.73	0.034*	Significant
Female Medical ward	12	12				
Male surgical ward	12	0				
Female surgical ward	4	4				
Maternity	12	8				
Outpatient department	8	4				
<b>Qualification</b>						
RN	8	8	2	4.62	0.103	Not significant
RN&RM	28	8				
BNSc	24	16				
<b>Work experience in years</b>						
1-5 years	8	12	2	13.09	0.001	Significant
6-10 years	24	16				
Above 10 years	28	4				

**Key:** f = frequency, df = degree of freedom, p = p-value, \*=Fisher’s Exact test

**Decision rule:** p < 0.05 = significant, > 0.05 = not significant

Table 4 above shows that there were significant associations between the nurses' compliance to PBR and practising wards/units ( $\chi^2 = 11.72; df = 5; p = 0.034$ ), work experience in years ( $\chi^2 = 13.09; df = 2, p = 0.001$ ) while educational qualification ( $\chi^2 = 4.62; df = 2, p = 0.103$ ) was not significantly associated with compliance to PBoR.

**Discussion of Findings**

This study assessed the observance of PBoR among Nurses in a secondary healthcare facility of SPIYMH, Kafanchan, Kaduna state, Nigeria. The socio-demographic characteristics of the respondents showed

most (432.5%) of the respondents were graduate Nurses with Bachelor of Nursing Science degrees who were mostly practising in female medical wards (26.1%) closely followed by 21.7% of respondents whose work unit is maternity. Just as most studies with nurses as respondents, this present study recorded young respondents with a mean age of 28 years (±0.4) with work experience in years of between 6-10 years corroborating the findings of Alammar et al. (2020) and Sela et al. (2020) who also recorded respondents in their studies who were mostly under 30 years.

More so, most (65.2%) respondents recorded adequate compliance with PBoR. This is in consonance with the study done in Iran that

observed that the highest level of observance of patients' rights belonged to the patient's privacy and respect for their confidentiality, which was reported to be 100% desirable by all the investigated individuals (Sabzevari et al., 2016). Similarly, Rohafroz et al. (2017), in assessing nurses' moral distress and patients' satisfaction with the observance of the patients' rights charter corroborated the present study findings where it reported the Mean±SD score of satisfaction with the observance of the charter of patients' rights as 71.6±18.2. They also found that 60% of the patients had a satisfactory moderate level of observance of their rights charter. However, the present study findings are in disagreement with the findings of Sheikhtaheri et al. (2015) in a study on Nurses' knowledge and performance of the patients' Bill of Rights where it showed that the mean score of the patients' perception was 11.2 + 4.6 (50.8% out of 22 points). From the patients' viewpoint, the nurses had unacceptable performance in "allowing patients to access their information and medical records," "informing the patients about the patients' bill of rights," "informing names and speciality of the providers in the medical team," "confidentiality of patients' information," "explaining the possible side effects of treatment," and "allowing the patient to refuse treatment." The study concluded that nurses had poor to moderate levels of observance of patients' rights. Similarly, the study by Sookhak et al. (2019) on Nurses' Level of Awareness and Observance of Patients' Rights reported that nurses' performance regarding patients' rights was moderate at 83.1%, poor at 13.3%, and good only 3.6% of them also are in disagreement with the present study findings. The adequate compliance to PBoR as demonstrated by the study respondents is likely related to the fact that respondents are Nurses whose curriculum content covers codes of ethics and etiquettes and are expected to be observed and implemented in practice and professional life.

Findings with regard to the association between observance of PBoR and respective socio-demographic characteristics of practising ward/unit, qualifications and work

experience in years revealed a significant association of observance of PBoR with practising ward/unit of respondents ( $p=0.0103$ ) and work experience of respondents in years ( $p=0.001$ ). However, this finding is a divergence from that of a Finnish study (Iltanen et al., 2012) that concluded that older age, advanced years of clinical experience and personal perception about the importance of patient rights were rather all positively associated with knowledge of patient rights. In two Iranian studies, the level of nurses' knowledge about patient rights was positively related to employment in academic hospitals (Sabzevari et al., 2016) and the level of education (Sheikhtaheri et al., 2016), while in a study from Turkey (Akca, 2015) the level of knowledge was related to the nurses' marital status, as well as the circumstances under which the participants firstly heard about patient rights or were faced with a relevant problem. More so, a study by Kolawole (2017) involving hospital nurses in Nigeria where no relationship was observed between nurses' level of knowledge and advocating for the rights of patients instead is also in divergence from the present study.

### Conclusions

Based on the study outcome, it can be concluded that Nurses in SPIYMH, Kafanchan, Kaduna state adequately observe PBoR in the discharge of nursing services to patients and clients on a daily basis. Thus, observance of PBoR in the study setting is demonstrated to depend on the ward/unit of practice of the Nurses as well as their work experience years.

Understanding these findings will be important to informing policymakers, stakeholders, program planners and general health providers in order to develop appropriate policies and strategies to sustain or improve the observance of PBoR for quality healthcare delivery in the setting and beyond.

### Recommendations

Based on the study findings, the following recommendations are made:

1. The knowledge and inclination to



observe PBR should be reinforced through periodic continuous nursing education by way of unit presentations, seminars, and workshops.

2. Nursing management should ensure each hospital unit/ward has a deployment of at least two senior, experienced nurses in service to facilitate a supervised nursing practice that guarantees patients' rights.
3. The wards/units with demonstrable inadequacy in the observance of PBR must be identified, and special unit presentations on PBR be offered to them to improve their awareness and observance of PBR.

### Limitations of the Study

The test items in the questionnaire were later noticed to be positively skewed throughout thus might affect the discrimination index expected in the responses of the respondents. To curtail this, the distribution of questionnaires was ensured to be done by the researchers where emphases on the test items were explained to each respondent even as the construct was highly ensured

### Conflict of interest

None declared

### References

- Akca SO, Akpınar YY, Habbani T. (2015). Knowledge and attitudes of nurses regarding patient rights: a Corum/Turkey sample. *Rev Assoc Med Bras.*; 61(5):452-57. 10.1590/1806-9282.61.05.452
- Alammar K., Ahmad M., Almutairi S & Salem O. (2020). Nursing Students' Perception of the Clinical Learning Environment. *The Open Nursing Journal*, Vol. 14; 174-179. 10.2174/1874434602014010174
- Ghaljeh, M., et al. (2010). Physicians and nurses' awareness and function about patients' right charter in Zahedan (Persian)]. *Journal of Medical Ethics and History of Medicine*, 3(5), 69-75.
- Hadian Jazi Z and Dehghan Nayeri N. (2015). Barriers in the performance of patient's rights in Iran and appropriate offered solutions review article. *Holist Nurs Midwifery J* 2015; 24: 69–79 (in Persian).
- Iltanen S, Leino-Kilpi H, Puukka P, Suhonen R. (2012). Knowledge about patients' rights among professionals in public health care in Finland. *Scand J Caring Sci.* 2012;26(3):436-48. 10.1111/j.1471-6712.2011.00945.x
- Joolae S and Hajibabae F (2012). Patient rights in Iran: a review article. *Nurs Ethics* 2012; 19: 45–57.
- Kolawole IO. (2017). Nurses' perception and patients' validation of nurses' advocacy roles in the promotion of surgical patients' safety and rights in three hospitals, Ibadan, Nigeria. *West African J Nurs.*; 28(1):66-84. <https://www.worldcat.org/title/west-african-journal-of-nursing/oclc/70052832>
- Mohammad Nejad E, 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):1-6. <http://jmehm.tums.ac.ir/index.php/jmehm>
- Mpouzika M, Karanikola M, Panayiotou E, Raftopoulos V, Middleton N, Papatheanassoglou E. (2021). Nurses' attitudes and knowledge regarding patient rights: a systematic review. *Rev Esc Enferm USP.* 2021; 55: e03678. <https://doi.org/10.1590/S1980-220X2019037603678>
- Nursing Department Register (2022). Sir Patrick Ibrahim Yakowa Memorial Hospital, Kafanchan.
- Ogiehor-Enoma G. (2019, January 24). Patients' Bill of Rights: A welcome development. The Punch newspaper. <https://punchng.com/patients-bill-of-rights-a-welcome-development/?amp>
- Rokhafrooz, D., et al. (2017). Assessing nurses' moral distress and patients' satisfaction with the observance of the

- patients' rights charter. *Journal of Nursing and Midwifery Sciences*, 4(4), 147-53. [10.4103/JNMS.JNMS\\_1\\_18](https://doi.org/10.4103/JNMS.JNMS_1_18)
- Sabzevari, A., et al. (2016). Evaluation of patients' rights observance according to patients' rights charter in educational hospitals affiliated to Mashhad University of Medical Sciences: Medical staffs' views. *Electronic Physician*, 8(10), 3102-9. [10.19082/3102](https://doi.org/10.19082/3102)
- Sela, Y., Grinberg, K., Shapiro, Y. et al. (2020). A cross-sectional study on preferred employment settings of final-year nursing students in Israel. *Hum Resour Health* 18, 53 (2020). <https://doi.org/10.1186/s12960-020-00496-6>
- Sheikhtaheri A., Jabali M. S., Dehaghi Z. H. (2015). Nurses' knowledge and performance of the patients' bill of rights. *Nursing Ethics* 1–11. [10.1177/0969733015584967](https://doi.org/10.1177/0969733015584967) Stanford Encyclopedia of Philosophy (2020). Rights. <https://plato.stanford.edu/entries/rights/>
- Sookhak, F., et al. (2019). Nurses' Level of Awareness and Observance of Patients' Rights. *Journal of Client-Centred Nursing Care*, 5(3), pp. 167-174. <https://doi.org/10.32598/JCCNC.5.3.167>
- Vahedian Azimi A, Ghasem Kashani S, Avazeh A, et al. (2011). Awareness of nurses about patients' rights and the extent they respect it. *Prev Care Nurs Midwifery J* 2011; 1: 55–63 (in Persian).