

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF HEALTH SCIENCES

FACULTY OF ALLIED HEALTH SCIENCE

DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES



**ASSESSING THE KNOWLEDGE AND AWARENESS OF CLIENT ON THEIR
RIGHT AND RESPONSIBILITY AT HAPPY HOSPITAL, BEREKUM**

SUBMITTED BY:

AMANKWAA LAWRENCIA AMPOMAH - 4808922

ADOMA JULIET OFORIWAA - 4751022

FREMA DOROTHY - 5002222

**[HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE,
BEREKUM]**

AFFILIATED TO KNUST, KUMASI

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM





**ASSESSING THE KNOWLEDGE AND AWARENESS OF CLIENT ON THEIR
RIGHT AND RESPONSIBILITY AT HAPPY HOSPITAL, BEREKUM**

AMANKWAA LAWRENCIA AMPOMAH	-	4808922
ADOMA JULIET OFORIWAA	-	4751022
FREMA DOROTHY	-	5002222

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing/Midwifery and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

AMANKWAA LAWRENCIA AMPOMAH		15/09/2023
4808922	SIGNATURE	DATE

ADOMA JULIET OFORIWAA		15/09/2023
4751022	SIGNATURE	DATE

FREMA DOROTHY		15/09/2023
5002222	SIGNATURE	DATE

CERTIFIED BY:

ERNESTINA MENSAH		26/9/2023
(SUPERVISOR)	SIGNATURE	DATE

MONICA NKRUMAH
(PRINCIPAL)	SIGNATURE	DATE

ABSTRACT

The aim of this study was to assess the knowledge and awareness of client on their right and responsibility at Happy Hospital, Berekum. Convenience sampling technique was used to select participants for the study. A total of 50 participants were selected for the study. Questionnaire was the instrument used for the collection of data. Data analysis was done with the aid of Microsoft excel.

The study found that majority (76%) of the respondents said they are aware of the patient's charter. Majority (78%) of the respondents indicated the hospital as their main source of information about the charter followed by television (16%). Most (76%) of the respondents indicated that they had knowledge about patient's rights. All (100%) the respondents indicated they are aware of right to health care and treatment. Majority of the respondents perceived that confidentiality of patient information (98%) and presence of a third person when a male doctor examines a woman (92%) were practiced by the nurses.

The study recommended that Ministry of Health may need to provide educational programs to train all physicians and nurses in all aspects of the patient's rights. Awareness of patients' rights among health professionals should be assessed, as they are responsible for implementing such rights.

The study concluded that patient's had adequate knowledge regarding their rights. The awareness of patients about the patient's charter was high. Among the leading rights patients were aware of are right to health care and treatment, right to be treated in a safe environment and right to privacy and confidentiality. The overall perception of the patients about nurses practice of their right was good.

TABLE OF CONTENTS

DECLARATION.....	I
ABSTRACT.....	II
TABLE OF CONTENTS.....	III
LIST OF TABLES.....	VI
LIST OF FIGURES.....	VII
ABBREVIATION.....	VIII
ACKNOWLEDGEMENT.....	IX
CHAPTER ONE	10
INTRODUCTION.....	10
1.0 Background of the study	10
1.1 Problem Statement.....	15
1.2 General objective.....	15
1.3 Specific objective.....	16
1.4 Operational definition.....	16
CHAPTER TWO.....	17
LITERATURE REVIEW.....	17
2.0 Introduction.....	17
2.1 Overview.....	17
2.2 A Snapshot of Ghana’s Patients’ Charter.....	18
2.3 Knowledge and Awareness of Patients about their Rights and Responsibilities.....	21

2.4 Perception of the Patients Regarding Nurses' Practice of Patient's Rights.....	24
2.5 Violation of Patients' Rights.....	27
CHAPTER THREE.....	28
MATERIALS AND METHODS.....	28
3.0 Introduction.....	28
3.1 Study area.....	28
3.2 The study population.....	28
3.3 Study design.....	28
3.4 Sampling technique and Size.....	29
3.5 Data collection methods and instruments.....	29
3.6 Data analysis techniques.....	29
3.7 Ethical consideration.....	29
3.8 Limitation of the study.....	30
CHAPTER FOUR.....	31
DATA ANALYSIS AND RESULTS.....	31
4.0 Introduction	31
4.1 Demographic Data of Respondent.....	31
4.2 Knowledge of Patients About their Rights.....	32
4.3 Perception of the Patients Regarding Nurses' Practice of Patient's Rights.....	35
4.4 Patients' Reaction to the Violation of their Rights.....	36
CHAPTER FIVE.....	37

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS.....37

5.0 Introduction37

5.1 Discussions.....37

5.2 Conclusion.....40

5.3 Recommendation.....40

REFERENCES.....41

QUESTIONNAIRE.....46

LIST OF TABLES

Table 1: Age of Respondents.....	31
Table 2: Respondents Source of Information About Patient’s Charter.....	33
Table 3: Respondents Awareness About Various Patient’s Rights.....	34
Table 4: Respondents Awareness About Various Patient’s Rights	34
Table 5: Respondents Perception Regarding Nurses’ Practice of Patient’s Rights.....	35
Table 6: Respondents Reaction to the Violation of their Rights.....	36

LIST OF FIGURES

Figure 1: Respondents Gender.....	31
Figure 2: Respondents Marital Status.....	32
Figure 3: Respondents Awareness About Patient’s Charter.....	32
Figure 4: Respondents Knowledge About Patient’s Right.....	33

ABBREVIATION

GHS	Ghana Health Service
WHO	World Health Organization
UN	United Nations

ACKNOWLEDGEMENT

We would like to extend wholeheartedly my gratitude and praise to the ever loving and merciful God for touching and bringing those people who literally shared their abundant resources, talents, skills, time and effort for the completion of this project.

This project would not have been successful without the directions and constructive criticism of our supervisor, who equipped us with the knowledge and guidelines.

We are grateful to all the respondents in the study for their contributions and efforts. Without them the study would not be possible.

Finally, our appreciation goes to the authors and publishers of various books, journals and publications from which we extracted valuable information for this project.

CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Globally, provision of quality healthcare is very crucial in all countries. This is because governments have realized that the health of every nation is the wealth of its citizens (World Bank, 2020). Thus, the health of adults of a nation partially determines its economic strength and well-being. In the rapidly changing atmosphere of health care, many factors have affected how health care is practiced. The rights of the patient have also been affected. Patient rights have recently become the center of national attention in the practice of medicine (Farida & Al-Siber, 2020). Recognizing this, the World Health Organization (WHO) has established that healthcare is a fundamental human right (WHO, 2020). Thus, the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition. It is evident in Article 25 of the Universal Declaration on Human Rights that everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, etc (Universal Declaration of Human Rights , 2020).

An important tenet of nursing is respecting the human rights and dignity of all patients. The priority of healthcare organizations must be protection of patients' rights. It has been said that one's rights define the other's responsibilities; therefore, a patient's rights define the healthcare professional's responsibilities (Mohammed, Shabla, & Wehieda, 2020).

Patients' rights are a fundamental human right, and a quality assurance that measures and protects patients against abuse and discrimination and promotes ethical practices (United

Nations, 2020). Patients' rights are an important part of modern healthcare practice. Perhaps, patients are one of the most vulnerable groups in society. 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 (Davati, et al., 2020). The relationship between physicians and their patients has undergone significant changes recently. While a physician should always act according to his/her conscience, and always in the best interests of the patient, equal effort must be made to guarantee patient autonomy and justice. Physicians and other persons or bodies involved in the provision of health care have a joint responsibility to recognize and implement patients' rights (World Medical Association, 2019).

Since the United Nations Declaration of Human Rights in 1948 (United Nations, 2020), legislation on patients' rights has been passed worldwide (World Health Organization, 2020). There have been many declarations defining the importance of patients' rights. The American Hospital Association and the World Medical Association adopted declarations of patients' rights in 1973 and 1981, respectively (World Medical Association, 2019). The World Health Organization (2020) research group on patients' rights and citizens' empowerment has suggested that each country should articulate its concerns and priorities according to its own cultural and social needs to promote and protect patients' rights.

Assuring that the rights of patients are protected requires more than educating policy makers and health providers; it requires educating citizens about what they should expect from their governments and their health care providers about the kind of treatment and respect they are owed (Beauchamp & Chldress, 2020). Citizens, then, can have an important part to play in elevating the standard of care when their own expectations of that care are raised. Some countries have recognized this, and have advanced their knowledge of genomics in public, academic and scientific spheres. Some follow democratic procedures to vote on resolutions pertaining to genomics (Farida & Al-Siber, 2020). This knowledge and active engagement

empowers lay individuals to make informed decisions about the future of genomics, both at the personal and at the policy level (Kremastinou, 2020).

Most patients' bills of rights, are concerned with informed consent, confidentiality, privacy, autonomy, safety, respect, treatment choice, refuse the treatment and participating in the treatment plan. These rights are derived from the values and ethics of the medical profession (Farida & Al-Siber, 2020). Patients must be competent to understand the relevant information and the decision at hand and must not be coerced into accepting treatment against their wishes (Mosadegh-Rad & Asna-Ashari, 2020).

Developed countries such as New Zealand, the United Kingdom, Australia, the United States, and Norway have seen the introduction of patient bills of rights and responsibilities or patient Charters. These documents recognized patients' rights, defined healthcare objectives, and emphasized the complementary nature of rights and responsibilities between patients and healthcare providers. In some of these nations, patients' rights have the force of law; in others, they are statements of health policy (Davati, et al., 2020). Regardless of the form they take, these initiatives have two goals: to empower patients by providing them with certain rights and entitlements as they interact with healthcare providers and institutions; and to place the patient-healthcare provider relationship on a more equal footing. By outlining what is expected of healthcare providers, institutions and patients, they serve as important guidelines for the delivery of healthcare services (Smith & Godfrey, 2020).

In the United States for instance, a report revealed that the effectiveness of the patient Charter was largely due to state legislation that oversees the process (Silver, 2020). This indicates a limitation of patient Charter operationalization in countries whose patient Charters are not legislated, including Ghana (Yaney, Buabeng, Baidoo, & Bawole, 2020).

In Africa and the developing world, legislative instruments that are meant to promote patients' rights exist. Some of these are South African Patients' Rights Charter (Health Professions Councils of South Africa, 2020), launched in 1997, and the Ministry of Health's Service Charter in Nigeria (Federal Republic of Nigeria, 2020). In a comparative analysis of patients' rights across five countries, it has been explained that irrespective of the comprehensiveness of a country's statement of rights, patients' awareness and familiarity with the rights are crucial to quality in and effectiveness of the healthcare system (Rider & Makela, 2020). Patients need to know their rights and responsibilities to ensure that they take actions and ask questions relevant to their care and delivery. However, it has been found in another study that half of the patients who participated had never heard of patients' rights. This finding indicates how the healthcare system has neglected such an important justice issue. It was discovered in the same study that no poster on patients' rights was available on the walls of the unit and no lesson was given to patients' concerning their rights (Changole, Bandawe, & Makanani, 2020).

The Sudan Federal Ministry of Health (FMoH) launched a Patients' Bill of Rights in 2009 (Republic of Sudan, 2009). This Bill is one of the earliest among Arab countries. The WHO also cautions that "the existence of Patients' Charters without efforts to raise awareness among patients does not improve the quality of health care". In the study carried out by Albishi (2020), he studied the Saudi patients', physicians' and nurses' perception of and lived experiences with patients' rights. He found that meeting the patients' caring needs is core concept patient's rights and educate the public about their rights in Saudi Arabia. He also found the lack of knowledge about the rights, lack of standard of practice among the hospitals and the impact of service pressure and subsequent lack of holistic care, are barriers to patients' rights practice in Saudi Arabia.

Establishing patients' rights is a step towards protecting patient's rights, but violation of patients' rights is common in healthcare institutions and this is attributed to systemic and

institutional obstacles such as insufficient healthcare staff and inadequate acquisition and maintenance of technological equipment (Büken & Büken, 2020). Meeting patients' needs must be the core concept for the meaning of patients' rights, however lack of knowledge about rights, lack of standard of practice among hospitals and the impact of service pressure and subsequent lack of holistic care, are some of the factors known to inhibit the implementation of patients' rights (Albishi, 2020).

Article 30 of the 1992 Republican Constitution of Ghana stipulates that no individual who by reason of illness or any other cause is unable to give consent shall be deprived by any other person of medical treatment, education or any other social or economic benefit. Thus, the increasing awareness of the government on the need to ensure quality healthcare by becoming more committed to the provision of effective and reliable healthcare for citizens resulted in the enactment of the patient's Charter (Ghana Health Service, 2020). This Charter highlights the patients' rights and responsibilities in the care process irrespective of their religion, age, gender and ethnic background. The patients' Charter is expected to ensure that the dignity of patients, irrespective of their socio-cultural and religious affiliation, among other differences must be held paramount and has been in existence since 2002 (Yaney et al., 2020).

Awareness of patients from 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. On the other hand, lack of respect to patients' rights may lead to hazards to security and health situation of patients. Besides, it may ruin the relationship between the staff and patients that consequently decreases efficiency, effectiveness, and suitable care of patients (Nematollahi, Fesharaki, & Toufighi, 2019).

1.1 Problem Statement

Today, concerns about the patients' choice, respect for their values and preferences, and access to nursing care are becoming more complex. Patients' expectations are getting higher and they always want the best. They want to actively participate in decision-making, proposed procedures or treatments and their various alternatives. General awareness of human rights has been on the rise. Cultural differences play an important role in individual attitudes and perceptions of rights in general and patients' rights in particular (Albishi, 2020).

Patient rights are a vital human right because patients are one of the greatest susceptible groups in the society (Vaskooei, Karimi, Asnaashari, & Kohan, 2020). Patient rights are crucial masts to provide a good health care and to encourage moral medical practices (Almoajel, 2020). Thus, observance to patient rights is measured as an important issue in the quality enhancement efforts in health services, and one of the core bases for defining standards of clinical services (Joolae and Hajibabae, 2020). Making patients aware of their own rights, only increase the patients' self-esteem by allowing them to partake with doctors in decision-making responsibilities. Also, reduction in the costs, decrease in the length of hospital stays and increase the quality of health care services (Nematollahi, Fesharaki and Toufighi, 2020). Therefore, assessment of the knowledge and awareness of client on their right and responsibility at Happy Hospital, Berekum is of utmost importance.

1.2 General objective

To assess the knowledge and awareness of client on their right and responsibility at Happy Hospital, Berekum.

1.3 Specific objective

1. To determine the level of knowledge and awareness of patients about their rights and responsibilities

2. To investigate the perception of the patients regarding nurses' practice of patient's rights
3. To find out patients' reaction to the violation of their rights.

1.4 Operational definition

Knowledge: Information about something or A persons practical understanding about a subject at hand.

Perception: conscious understanding of something.

Patient: A person on admission receiving healthcare services.

Nurse: A person trained to care for the sick in a hospital

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains review of relevant literature related to the research topic. A well-structured literature review begins with broad or general information, then narrows the focus to those studies most closely related to the research problem. The literature review is in two parts: Theoretical review which involves a survey of theory underlying the research problem and Empirical review which involves the survey of actual but relevant work done in the problem area under investigation.

2.1 Overview

The Patients' Rights Charter refers to defending human rights to maintain patients' respect and dignity, to ensure that they will be adequately treated physically, especially in emergencies, without any age or gender discrimination or financial incentive, and this care will be provided in an environment replete with high quality and respect (Sabzevari, et al., 2020). The announcement of patients' rights was first published by the National Union of Nurses in 1948 in response to patients' expectations, legal principles of informed consent, confidentiality of information, observance of patients' respect and dignity and admission without discrimination (United Nations, 2020). Therefore, rules and regulations were compiled under the title of Patients' Rights Charter, the aim of which, was to defend the rights of patients and to provide the required background for patients to benefit from human dignity and respect in all stages of their experience with medical centers and to ensure lack of discrimination in adequate care for patients in an environment replete with optimal quality (Sabzevari, et al., 2020). Observing this charter by nurses, physicians and other healthcare providers will promote patient care, increase patient satisfaction and will result in efficiency of the health system (Hinkle & Cheever, 2021).

2.2 A Snapshot of Ghana's Patients' Charter

According to the Ghana Health Service (2020), The Ghana Health Service is for all people living in Ghana irrespective of age, sex, ethnic background and religion. The service requires collaboration between health workers, patients/clients and society. Thus, the attainment of optimal health care is dependent on Team Work. Health facilities must therefore provide for and respect the rights and responsibilities of patients/clients, families, health workers and other health care providers. They must be sensitive to patient's socio-cultural and religious backgrounds, age, gender and other differences as well as the needs of patients with disabilities. The Ghana Health Service expects health care institutions to adopt the patient's charter to ensure that service personnel as well as patients/clients and their families understand their rights and responsibilities.

This Charter is made to protect the Rights of the patient in the Ghana Health Service. It addresses: The Right of the individual to an easily accessible, equitable and comprehensive health care of the highest quality within the resources of the country. Respect for the patient as an individual with a right of choice in the decision of his/her health care plans. The Right to protection from discrimination based on culture, ethnicity, language, religion, gender, age and type of illness or disability. The responsibility of the patient/client for personal and communal health through preventive, promotive and simple. curative strategies.

The Patient's Rights

1. The patient has the right to quality basic health care irrespective of his/her geographical location.
2. The patient is entitled to full information on his/her condition and management and the possible risks involved except in emergency situations when the patient is unable to make a decision and the need for treatment is urgent.

3. The patient is entitled to know of alternative treatment(s) and other health care providers within the Service if these may contribute to improved outcomes.
4. The patient has the right to know the identity of all his/her caregivers and other persons who may handle him/her including students, trainees and ancillary workers.
5. The patient has the right to consent or decline to participate in a proposed research study involving him or her after a full explanation has been given. The patient may withdraw at any stage of the research project.
6. A patient who declines to participate in or withdraws from a research project is entitled to the most effective care available.
7. The patient has the right to privacy during consultation, examination and treatment. In cases where it is necessary to use the patient or his/her case notes for teaching and conferences, the consent of the patient must be sought.
8. The patient is entitled to confidentiality of information obtained about him or her and such information shall not be disclosed to a third party without his/her consent or the person entitled to act on his/her behalf except where such information is required by law or is in the public interest.
9. The patient is entitled to all relevant information regarding policies and regulation of the health facilities that he/she attends.
10. Procedures for complaints, disputes and conflict resolution shall be explained to patients or their accredited representatives.
11. Hospital charges, mode of payments and all forms of anticipated expenditure shall be explained to the patient prior to treatment.
12. Exemption facilities, if any, shall be made known to the patient.
13. The patient is entitled to personal safety and reasonable security of property within the confines of the Institution.

14. The patient has the right to a second medical opinion if he/she so desires.

The Patient's Responsibilities

The patient should understand that he/she is responsible for his/her own health and should therefore co-operate fully with healthcare providers. The patient is responsible for:

1. Providing full and accurate medical history for his/her diagnosis, treatment, counseling and rehabilitation purposes.
2. Requesting additional information and or clarification regarding his/her health or treatment, which may not have been well understood.
3. Complying with prescribed treatment, reporting adverse effects and adhering, to follow up requests.
4. Informing his/her healthcare providers of any anticipated problems in following prescribed treatment or advice.
5. Obtaining all necessary information, which have a bearing on his/her management and treatment including all financial implications.
6. Acquiring knowledge, on preventive, promotive and simple curative practices and where necessary to seeking early professional help.
7. Maintaining safe and hygienic environment in order to promote good health.
8. Respecting the rights of other patients/clients and Health Service personnel
9. Protecting the property of the Health facility.

2.3 Knowledge and Awareness of Patients about their Rights and Responsibilities

The majority of patients are not aware of their rights. Many simply do what the physician tells them to do. Some do not even ask why. Many do not ask questions because they do not want to take up the doctor's or nurse's time or appear ignorant. Some may not know which questions to ask (Miracle, 2020). In this context, patients' rights have become a very hot topic in

healthcare as there is a widespread agreement about the need to strengthen and protect the rights of patients in their interactions with health professionals as well as to help patients take a more active role in healthcare (Mohammed et al., 2020). A study in Karnataka, India reported that (84.0%) of the patients knew that the nurse has to maintain confidentiality regarding medical information, (82.7%) knew that the nurse has to maintain privacy during examination and procedure, (74.7%) knew that the nurse has to treat with respect and dignity, (50.5%) knew that the nurse has to give information regarding illness, treatment process and possible outcome. Only (45.3%) of the patients knew that the nurse has to take consent before doing any procedure, before being transferred and before doing any educational and research work and (37.3%) of the patients knew that nurse has to give information regarding grievance redressal at the very beginning of the stay in the hospital (Souza, Qadiri, & Leena, 2020).

In Iraq, a study reported that when the participants asked in if they had any knowledge about patients' rights, 85.6% of them answered "yes" but further assessment of their knowledge revealed that their actual knowledge was only 36%. When they asked to enumerate patients' rights, 20.1% numerated correctly only one right and only 2.4% of them numerated the four main rights that had been documented in the national statement of patient's rights. In the study, (33.3%) knew the right to health care and treatment, and (14.7%) knew about the right to privacy of the patient's and confidentiality. The least known rights were access to information and decision making which were known by (7.5%) and (5.1%) respectively (Khalaf, Al-Asadi, Abed, Shami, & Al-Shamry, 2020).

A cross-sectional, descriptive analytical study was conducted between March and April 2019 in Wad-Medani Teaching Hospital, Gezira, Sudan, which is the largest governmental hospital outside the capital Khartoum. The study found that only 4.6% of patients were aware of the Sudanese FMOH Patients' Bill of Rights. Most patients (93%) were not aware of any of their rights (Younis, et al., 2020). A cross-sectional descriptive design was conducted in Saudi

Arabia. The results showed that only 0.6% of the subjects were aware of only one patient right. On the other hand only 1% of the subjects were aware of all the 14 rights. About one third of the sample (32.1%) was aware of ten or more rights. (30.6%) percent were aware of only 6 or less rights out of the 14 rights. More than one third of the sample (37.1) were aware of 6-9 of their right (Farida & Al-Siber, 2020). The same study reported that large percentage of the sample got their information about patient right from nurses and doctors (73.76%, 62.08% respectively). Forty one percent of the sample got information from other health care provider, while 35.36% of the subjects got information from National Patients and their families' Rights and Responsibilities' booklet, while about one third of the subjects (34.4%) got information from family and friends (Farida & Al-Siber, 2020). In addition, Rashidi suggested a positive and significant relationship between the patient's rights and the level of education; the level of awareness and observance was related to the gender of nurses (Rashidi, Foroughan, & Hosseini, 2020). A study revealed that the overall awareness of the importance of patients' rights was high (91.51%), although adherence to these rights in practice was low (63.81%). The right of the patient to be informed was considered least important and was least adhered to (81.2% and 56.39%) (Al-Saadi, Salah, Al-Shibli, & Al-Jabri, 2019). A cross-sectional descriptive study aimed to assess patients' awareness of their rights, and also their opinions about whether they exercised these rights during their hospitalisation in Iran. The found that knowledge of patients was lowest (45.65%) regarding the need to obtain the patient's consent for the presence of people who are not directly involved in the treatment process at the patient's bedside, and it was highest (90.63%) regarding the patient's right to know the expertise of the treatment team, tariffs and insurance coverage if the patient is required to be transferred to another hospital. According to this study, the rights that >85% of subjects were aware of are: Right to be informed of treatment team skills, rates and insurance coverage in destination medical centres, if the patient needs to be transferred (90.63%), Right to ask necessary

information of the attending physician (88.44%), Right to expect prompt treatment and optimal, efficient and respectful care from the treatment group (88.32%), Right to ensure accessibility to attending physician and other treatment team members during hospitalisation, transportation and after discharge (88.04%), Right to know, if desired, the hospital physicians, nurses and other members of the treatment group (85.5%) (Bazmi, Kiani, Nazari, Kakavand, & Mahmoodzade, 2020).

In Turkey, a study revealed that 92.3% had received education about patient rights, 2.2% had never heard anything about this term and 86.6% became aware of it through sources from outside of school. Regarding where participants first heard the term 'Patient Charter', (2.2%) said they had never heard it, (2.4%) indicated book, (4.7%) said television, (0.9%) indicated internet, (75.9%) said the hospital, (11.2%) said school, (1.3%) went for seminar and lastly (1.4%) indicated brochure (Akca, Akpınar, & Habbani, 2020).

In Egypt, a cross sectional study conducted revealed that about 76% of patients did not know that there is a charter of patient rights. Majority (98.1%) of interviewed patients stated that the medical team did not inform them about the available treatment choices. Physicians were the main source of patients' knowledge about the charter of patient rights (50.8%), followed by family members and friends (18.9%). For the most of the other knowledge items, the proportions of knowledgeable patients were moderate; 64.4% of patients did not know that they have the right to be treated in a hygienic environment, 35.8% did not believe that they have the right to refuse or discontinue a specific treatment after receiving a thorough explanation (Mohammed, Seedhom, & Ghazawy, 2020).

A study conducted in Ghana by Yaney et al., (2020) found that health workers at Kasoa Polyclinic are aware that every patient has rights which must be respected. All the health workers interviewed indicated promptly that patients, like all human beings have rights which

need to be respected. Additionally, all the healthcare workers indicated their awareness of a document containing a list of rights and responsibilities of patients- the Charter.

In the same study, it was found that the Charter was not visible on the wards of the facility, and this might have contributed to the poor knowledge on the Charter among patients of the facility. The availability of the Charter serves as a constant reminder to both health workers and patients about the need to respect the provisions in the Charter. Meeting patients need must be the pivot of healthcare for patients' rights to be realized. Thus the non-availability of the Charter to both patients and health workers leads to low knowledge about the rights and responsibilities of patients (Yaney et al., 2020).

A study conducted in Ghana on awareness of the patient Charter reported that a total 102 (53.4%) said they did not know this, 89 (46.6%) said they did. Of these 89, (66.3%) could name at least one right; 82 out of 89 were able to indicate where they obtained their information: the main sources identified were "Self sought" (45.1%); "Mass media" (31.7%); "Family/friends" (18.3%) and "Education by hospital staff" (4.9%) (Abekah-Nkrumah, Atinga, & Manu, 2020).

2.4 Perception of the Patients Regarding Nurses' Practice of Patient's Rights

Studies suggest the lack of physicians, nurses and hospital administrators' knowledge of patients' rights and lack of full observance of these rights in hospitals under study (Sabzevari, et al., 2020). A study in Sudan found that the most practiced rights from the patients' perspective were: appropriate handling (87.8%), the right to be asked for permission prior to examination (87.1%), hospital safety (87%), presence of a third person when a male doctor examines a woman (85.6%), and confidentiality of the admission file (74.9%). The least practiced rights were: ease of presenting complaints (52.2%), awareness of hospital scheduled working hours (51.3%), being informed about medication use and adverse effects (41%), and involvement in decision making (37.6%) (Younis, et al., 2020).

A study in Karnataka, India reported that (94.7%) of the patients said that nurses maintain confidentiality regarding medical information, (85.3%) said that nurses maintain privacy during the procedure, (84%) said that treatment is given by nurses with great respect and dignity, (61.3%) agreed that information on illness and treatment process is provided by the nurses, (60%) said that informed consent is taken by the nurses before any procedure and only (24%) of the patients said that information regarding grievance redressal is given by the nurses at the very beginning of treatment (Souza et al., 2020).

The same study reported that the majority of participants (87.1%) totally agreed/agreed about being asked for permission prior to physical examination. Most patients (69.2%) totally agreed/agreed that the doctor explained to them the nature of the physical examination. Over half of the patients (60.5%) totally agreed/agreed about being examined in privacy. Concerning the presence of a third person when a male doctor examined a female patient, 85.6% totally agreed/agreed. Regarding receiving adequate information about their illness and diagnosis, 63.1% of patients totally agreed/ agreed. Almost two-thirds (62%) of the respondents totally agreed/agreed about receiving adequate information about their treatment plan. Results of a study show that observance of patients' rights by physicians has been poor despite their full knowledge (Rangraz & Rabiee, 2020). In addition, the knowledge related to medical ethics among medical students, interns and residents of surgery in surgery wards has been very poor (Sabzevari, et al., 2020). In another study, observance of patients' rights by nurses has been average in more than half of cases. In similar studies on observance of Patients' Rights Charter issued in 2002, Vaskooei et al. (2020) reported its observance in hospitals of Tehran University of Medical Sciences to be 53%.

Most patients believe that some of their rights, including receiving information regarding diagnosis and treatment, the consequences and risks of acceptance or rejection of treatment, paying attention to their demands and what they say are not followed by healthcare providers

(Hooshmand, 2020). Nurses have a relatively high awareness of the concept of patients' rights, they believe that the observance of such rights needs some essential requirements which encounter this important ethical issue with difficulty (Hooshmand, 2020).

A study in Egypt reported that modest proportions of patients reported that the medical team was adherent to the following components of the patients' rights: the patients' right to access the health care all the time (77.6%), the patients' right to be asked themselves or their relatives to give a consent before a medical procedure (63.3%), the patient's right to access emergency services whenever required (60.3%), and their right to be respected by the health care workers (59.7%). Whereas, fair proportions of patients stated that they received all necessary information before signing consent (48.8%) and 46.9% received a copy of their medical reports. On the contrary, in most cases, according to the patients' perception, physicians and nurses were not adherents to certain items of the patient rights charter; 85.6% did not introduce themselves to patients, 78.4% of the cases were not able to have a second consultant opinion. The worst scenario was that none of the studied patients were asked for a permission to use their data in research purpose, nor did they receive a copy of the patient rights charter (Mohammed et al., 2020).

2.5 Violation of Patients' Rights

The patients' rights have been violated in a variety of ways. The three main dimensions to this issue are (a) care recession including deprivation of the caregiver's presence and the delay/lack of needed responses; (b) receiving mechanical care including superficiality, lack of emotion, and failure to understand the situation; and (c) being disrespected including humility and aggression (Khademi, Mohammadi, & Vanaki, 2020).

A hospital survey on patients' rights in Greece found that the great majority of patients (84.3%) had no knowledge of the relevant article addressing patients' rights (article 47, Law no.

2071/1992). Some had heard about it from TV debates, radio programmes or newspapers, but had not read it (13.2%) and only very few of them had read the relevant article (2.5%); these patients were all lawyers. Overall, 97.5% patients were not aware of this provision. As far as patients' reaction to the violation of their rights is concerned, it seems that the majority of the respondents (28.8%) would rather complain orally to the person responsible for the violation followed by complain to higher authorities (27.8%), do nothing at all (25.7%), make a written complaint to higher authorities (13.3%) and appeal to the court (3.5%) (Merakou, et al., 2020).

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter provides information on the study area, study population, study design, sample size and techniques, methods of data collection, data analysis techniques, ethical consideration and the limitations of the study.

3.1 Study area

Happy Hospital, Berekum is situated in the Bono Region of Ghana. Due to the strategic location of the hospital patients from other parts of Ghana and neighboring country like La ‘Cote D’ivoire visits the hospital. The hospital provides the following services; Child Health, Obstetrics/Gynecology, Ultrasonography, Laboratory Investigations and Blood Transfusion. The hospital has the following existing departments (Wards): Medical Ward (male and female), Maternity Ward, Children’s Ward, Labour ward and Outpatients Department (OPD).

3.2 The study population

The target population of the study were all patients at Happy Hospital, Berekum. The accessible population however, were patients at the female ward, OPD, male ward and maternity ward of Happy Hospital, Berekum.

3.3 Study design

A descriptive study thus one which tends to describe the characteristics of a phenomenon being studied was used for the study. The design was adopted because participants or subjects were observed in their natural and unchanged environment. The data collection of in descriptive research allowed for gathering in-depth information. Descriptive research may be a precursor to future research because it can be helpful identifying variable that can be tested.

3.4 Sampling technique and Size

The sample population was obtained using a convenience sampling technique. This method was chosen because it is extremely speedy, easy and readily available and cost-effective sampling method. Fifty (50) patients were chosen for the study.

3.5 Data collection methods and instruments

Both primary and secondary data collection methods were used during the research. A well-structured questionnaire was used. The questionnaire was the instrument used for the collection of data. The questionnaire contained closed ended questions that requires respondents to choose from an already listed possible answers. The data for the study was collected by administering the questionnaire to the participants. This was done when the respondents have free hours in their various lecture halls. Participants had approximately 30 minutes in answering the questionnaire.

3.6 Data analysis techniques

Data analysis was done with the aid of Microsoft excel. With the use of this program, appropriate tables, frequencies and charts was generated which aided in interpretation of the results.

3.7 Ethical consideration

Ethical clearance was sought from the hospital. Informed Consent was obtained from the respondents to prevent any human right violation. Respondents who fully consented were given clarity on the study objectives upon their request. Respondents were not forced into participating in the study. They were assured of confidentiality and anonymity. They were also informed that they possess the sole right to withdraw from the study at any time of their choosing.

3.8 Limitation of the study

The study coincided with academic work hence it somehow reduced the concentration to the work. Secondly, there was limited financial resources since no sponsorship have been obtained for the study.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.0 Introduction

This chapter deals with analysis of data collected from the field of study and the results obtained from the analysis. The study findings are presented in tables and figures based on the demographic characteristics and specific objectives.

4.1 Demographic Data of Respondent

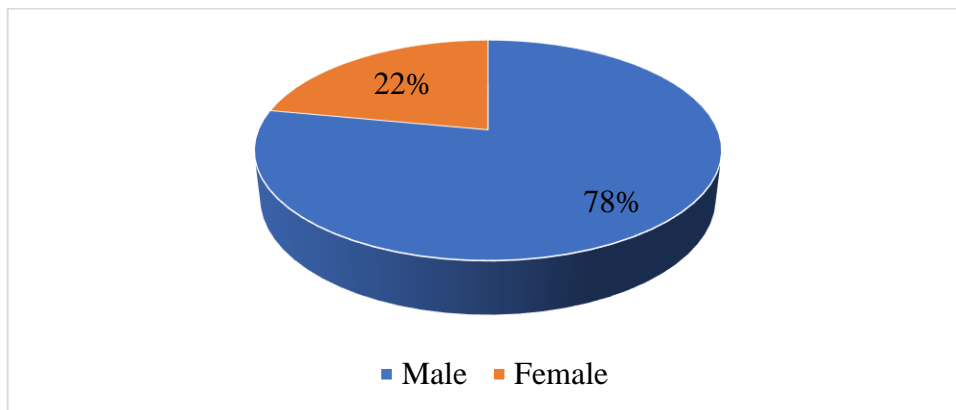


Figure 1: Respondents Gender

Figure 1 shows that majority (78%) were males while the remaining (22%) were females.

Table 1: Age of Respondents

Variable	Frequency (n)	Percentage (%)
20-24 years	8	16
25-29 years	22	44
30-34 years	9	18
35-40 years	8	16
Above 40	3	6

Nearly half (44%) were aged 25-29 years followed by 30-34 years (18%), 20-24 years and 35-40 years (16%) and above 40 years (6%).

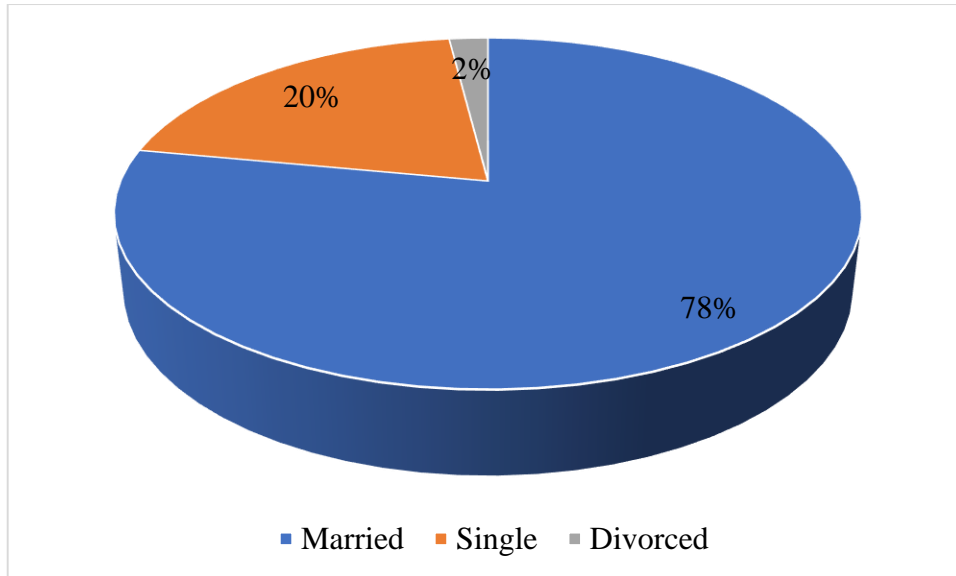


Figure 2: Respondents Marital Status

Figure 2 illustrates that almost all (78%) of the respondents were married followed by 20% who were single and only (2%) who were divorced.

4.2 Knowledge of Patients About their Rights

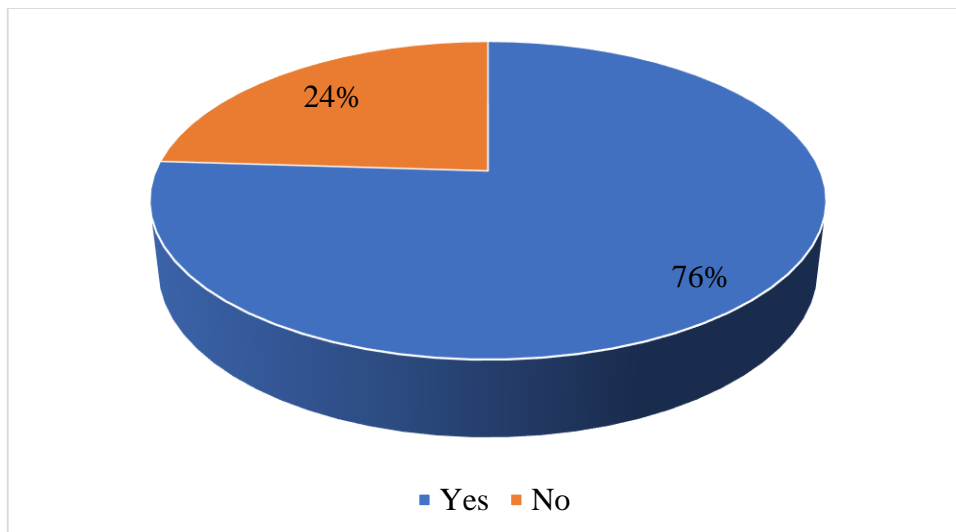


Figure 3: Respondents Awareness About Patient's Charter

Figure 3 shows that majority (76%) of the respondents said they are aware of the patient's charter while 24% of them were not aware of the patient's charter.

Table 2: Respondents Source of Information About Patient’s Charter

Variable	Frequency (n)	Percentage (%)
Internet	2	4
Book	0	0
Television	8	16
Hospital	39	78
Other	1	2

Table 2 is an illustration of respondents source of information about patient’s charter. Majority (78%) of the respondents indicated the hospital as their main source of information about the charter followed by television (16%) and internet (4%).

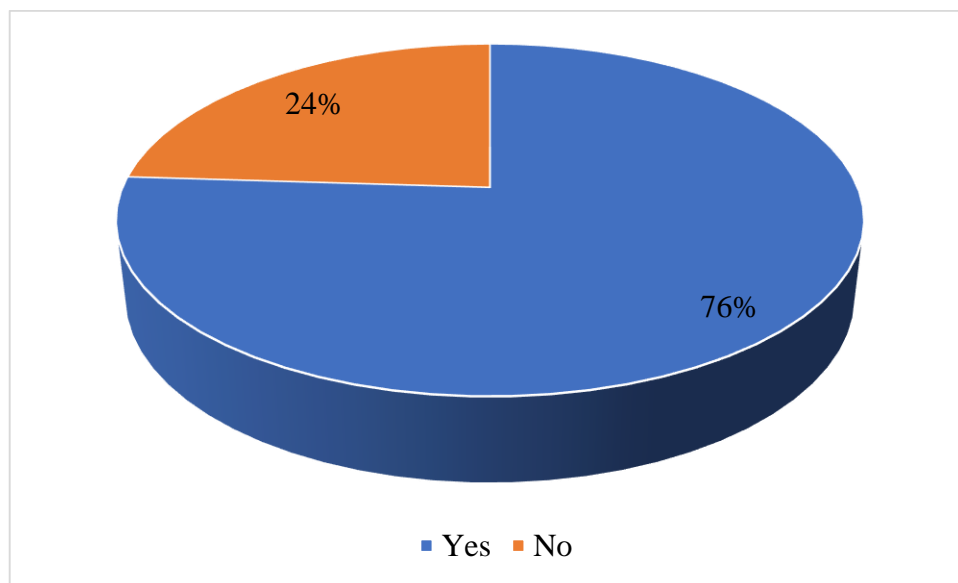


Figure 4: Respondents Knowledge About Patient’s Right

Figure 4 depicts that most (76%) of the respondents indicated that they had knowledge about patient’s rights while 24% said they didn’t have any knowledge about the patient’s rights.

Table 3: Respondents Awareness About Various Patient’s Rights

Variable	Frequency (n)	Percentage (%)
The right to quality basic health care irrespective of geographical location	36	72
The right to privacy and confidentiality	44	88
The right to respect and dignity	43	86
The right to health care and treatment	50	100
The right to be treated in a safe environment	46	92

Table 3 is an illustration of respondent’s awareness about various patient’s rights. Unanimously, all (100%) the respondents indicated they are aware of right to health care and treatment. Majority of the respondents indicated they are aware of right to be treated in a safe environment (92%), right to privacy and confidentiality (88%), and right to respect and dignity (86%). A total of (72%) of the respondents said they were aware of right to quality basic health care irrespective of geographical location.

Table 4: Respondents Awareness About Various Patient’s Rights

Variable	Frequency (n)	Percentage (%)
Maintaining safe and hygienic environment	36	72
Protecting the property of the Health facility	31	62
Respecting the rights of other patients/clients	41	82
Providing full and accurate medical history for his/her diagnosis	45	90

Table 4 depicts respondent’s awareness about various patient’s responsibilities. A whopping (90%) of the respondents indicated they are aware of their responsibility to provide full and accurate medical history for his/her diagnosis. Majority (82%) of the respondents indicated

they are aware of their responsibility to respect the rights of other patients/clients. Most (72%) of the respondents indicated they are aware of their responsibility to maintain a safe and hygienic environment in order to promote good health. Most (62%) of the respondents indicated they are aware of their responsibility to protect the property of the health facility.

4.3 Perception of the Patients Regarding Nurses' Practice of Patient's Rights

Table 5: Respondents Perception Regarding Nurses' Practice of Patient's Rights

Statement		Agree	Disagree	Undecided
Permission asked for physical examination	n	44	0	6
	%	88	0	12
Privacy during physical examination	n	50	0	0
	%	100	0	0
Information about illness and diagnoses	n	50	0	0
	%	100	0	0
Confidentiality of patient information	n	49	1	0
	%	98	2	0
Presence of a third person when a male doctor examines a woman	n	46	0	4
	%	92	0	8
Consent seeking before procedures	n	50	0	0
	%	100	0	0

Table 5 is an illustration of respondent's perception regarding nurses' practice of patient's rights. Unanimously, all (100%) the respondents perceived that privacy during physical examination, information about illness and diagnoses and consent seeking before procedures were the leading rights practiced by nurses. Majority of the respondents perceived that confidentiality of patient information (98%) and presence of a third person when a male doctor

examines a woman (92%) were practiced by the nurses. Most (88%) of the respondents perceived permission asked for physical examination was practiced by nurses.

4.4 Patients' Reaction to the Violation of their Rights

Table 6: Respondents Reaction to the Violation of their Rights

Variable	Frequency (n)	Percentage (%)
Make a court appeal	1	2
Complain verbally to the hospital authorities	50	100
Make a written complaint to the hospital authorities	3	6
Complain to the person responsible for the violation	48	96

Table 6 is an illustration of respondent's reaction to the violation of their rights. Unanimously, all (100%) the respondents indicated they would complain verbally to the hospital authorities. Almost all (96%) the respondents indicated they would complain to the person responsible for the violation. A few (6%) of the respondents indicated they would make a written complaint to the hospital authorities. Only (2%) of the respondents indicated they would make a court appeal.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

The findings are briefly discussed with references to support the study. The chapter also includes the conclusions drawn from the various findings of the study and finally makes recommendations.

5.1 Discussions

5.1.1 Knowledge of Patients About their Rights

The current study found that majority (76%) of the respondents said they are aware of the patient's charter while 24% of them were not aware of the patient's charter. Contrary, Abekah-Nkrumah et al. (2020) found that (53.4%) of the participants said they did not know about the patient's charter while (46.6%) said they did.

In the current study majority (78%) of the respondents indicated the hospital as their main source of information about the charter followed by television (16%). Similarly, Farida and Al-Siber (2020) found that large percentage of the sample got their information about patient right from nurses and doctors (73.76%, 62.08% respectively). Forty one percent of the sample got information from other health care provider. In addition, Mohammed et al. (2017) found that physicians were the main source of patients' knowledge about the charter of patient rights (50.8%).

In the current study most (76%) of the respondents indicated that they had knowledge about patient's rights while 24% said they didn't have any knowledge about the patient's rights. Contrary, a study by Miracle (2020) found that majority of patients are not aware of their rights. Many simply do what the physician tells them to do. Some do not even ask why. Many do not

ask questions because they do not want to take up the doctor's or nurse's time or appear ignorant. Some may not know which questions to ask.

In the current study majority of the respondents indicated they are aware of right to privacy and confidentiality (88%), right to a second medical opinion (88%) and right to respect and dignity (86%). Similarly, a study by Souza et al. (2020) found that (84.0%) of the patients knew that the nurse has to maintain confidentiality regarding medical information and (74.7%) knew that the nurse has to treat with respect and dignity. The current study found that all (100%) the respondents indicated they are aware of right to health care. Contrastingly, Khalaf et al. (2020) found that (33.3%) of the participants knew the right to health care and treatment. The current study found that over half (62%) of the respondents cited they were aware of right to refuse or discontinue a specific treatment after receiving a thorough explanation. This finding is supported by Mohammed et al. (2020) as they found that (78.8%) of the respondents did not believe that they have the right to refuse or discontinue a specific treatment after receiving a thorough explanation.

In the current study a whopping (90%) of the respondents indicated they are aware of their responsibility to provide full and accurate medical history for his/her diagnosis. Majority (82%) of the respondents indicated they are aware of their responsibility to respect the rights of other patients/clients. Most (72%) of the respondents indicated they are aware of their responsibility to maintain a safe and hygienic environment in order to promote good health. Most (62%) of the respondents indicated they are aware of their responsibility to protect the property of the health facility. These findings are in line with studies conducted by Yaney et al. (2020), Khalaf et al. (2020) and Miracle (2020) as they found high awareness of patients on their responsibilities.

5.1.2 Perception of the Patients Regarding Nurses' Practice of Patient's Rights

In the current study most (88%) of the respondents perceived permission asked for physical examination was practiced by nurses. Likewise, Younis et al. (2020) found that the right to be asked for permission prior to examination (87.1%) was practiced by most nurses from the patient's point of view.

In the current study all (100%) the respondents perceived that privacy during physical examination was practiced by the nurses. Equally, Souza et al. (2020) found that (85.3%) said that nurses maintain privacy during the procedure.

In the current study majority (98%) of the respondents perceived that confidentiality of patient information was practiced by nurses. Similarly, Younis et al. (2020) found that one of the most practiced rights from the patients' perspective was confidentiality of the admission file (74.9%).

In the current study majority (92%) of the respondents perceived that presence of a third person when a male doctor examines a woman were practiced by the nurses was practiced by nurses. Similarly, Rangraz and Rabiee (2020) found that concerning the presence of a third person when a male doctor examined a female patient, (85.6%) of the respondents totally agreed that it was practiced.

5.1.3 Patients' Reaction to the Violation of their Rights

In the current study all (100%) the respondents indicated they would complain verbally to the hospital authorities followed by complain to the person responsible for the violation (96%). A few (6%) of the respondents indicated they would make a written complaint to the hospital authorities. Only (2%) of the respondents indicated they would make a court appeal. Correspondingly, Merakou, et al. (2020) found that as far as patients' reaction to the violation of their rights is concerned, it seems that the majority of the respondents (28.8%) would rather

complain orally to the person responsible for the violation followed by complain to higher authorities (27.8%), do nothing at all (25.7%), make a written complaint to higher authorities (13.3%) and appeal to the court (3.5%).

5.2 Conclusion

The study concluded that patient's had adequate knowledge regarding their rights. The awareness of patients about the patient's charter was high. Among the leading rights patients were aware of are right to health care and treatment, right to be treated in a safe environment and right to privacy and confidentiality. The overall perception of the patients about nurses practice of their right was good. The most practiced rights from the patient's perspective were privacy during physical examination, information about illness and diagnoses and consent seeking before procedures.

5.3 Recommendation

Based on the findings of the study, the following recommendations were made;

1. Ministry of Health may need to provide educational programs to train all physicians and nurses in all aspects of the patient's rights.
2. Awareness of patients' rights among health professionals should be assessed, as they are responsible for implementing such rights.
3. The MOH should also introduce education about legal aspects of patients' issues through continuous professional development programmes.
4. Further studies that address the perspective of private hospitals' patients are needed to compare the extent of adherence to the patient rights charter among the two main health sectors in Ghana, public and private.

REFERENCES

- Abekah-Nkrumah, G., Atinga, R. A., & Manu, A. (2020). Assessing the implementation of Ghana's Patient Charter. *Health Education*, 169-185.
- Akca, S. O., Akpinar, Y. Y., & Habbani, T. (2020). Knowledge and attitudes of nurses regarding patient rights: a Corum/Turkey sample. *Rev Assoc Med Bras*, 61(5), 452-457.
- Albishi, A. A. (2020). *The Saudi patients', physicians, and nurses' perceptions of and lived experiences with patients' rights in Saudi Arabia*. Washington D.C: George Mason University.
- Al-Saadi, A. N., Salah, B. A., Al-Shibli, R. A., & Al-Jabri, F. Y. (2019). Awareness of the importance of and adherence to patients' rights among physicians and nurses in Oman. *Sultan Qaboos University Medical Journal*, 19(3), 201-208.
doi:<https://doi.org/10.18295/squmj.2019.19.03.005>
- Bazmi, S., Kiani, M., Nazari, S. S., Kakavand, M., & Mahmoodzade, R. (2020). Assessment of patients' awareness of their rights in teaching hospitals in Iran. *Medicine Science and the Law*, 1-6. doi:doi:10.1177/0025802415605536
- Beauchamp, T. L., & Childress, J. F. (2020). *Principles of Biomedical Ethics* (5th ed.). New York: Oxford University Press.
- Büken, N. O., & Büken, E. (2020). Emerging health sector problems affecting patients' rights in Turkey. *Nursing Ethics*, 11(6), 610-624.
- Changole, J., Bandawe, C., & Makanani, B. (2020). Patients' satisfaction with reproductive health services at Gogo chatinkha maternity unit t Blantyre, Malawi. *Malaw Medical Journal*, 22(1), 5-6.

- Davati, A., Seidmortaz, S. S., Zafarghandi, N., Azimi, A., Arbab, F., & Solimani, S. (2020). .
An assessment of Tehran graduated general physicians' knowledge about the charter
of patients' rights. *International Research Journal*, 3(4), 357-361.
- Farida, M., & Al-Siber, H. S. (2020). Assessment of awareness and source of information of
patients' rights: a cross-sectional survey in Riyadh Saudi Arabia. *American Journal of
Research Communication*, 1(2), 1-9.
- Federal Republic of Nigeria. (2020). *Implementation of the African charter on human and
people's rights in Nigeria*. Abuja: The Federal Ministry of Justice.
- Ghana Health Service. (2020). *The Patients' Charter*. Accra: Ghana Health Service.
- Health Professions Councils of South Africa. (2020). *National patients rights charter*.
Pretoria.
- Hinkle, J. L., & Cheever, K. H. (2021). *Brunner & Suddarth's textbook of medical-surgical
nursing* (13th ed.). Philadelphia: Wolters Kluwer Health/Lippincott Williams &
Wilkins.
- Hooshmand, H. S. (2020). Nurses' information and their view points about patient's rights
and practical facilitators in clinics. *Hayat*, 12(4), 57-66.
- Khademi, M., Mohammadi, E., & Vanaki, Z. (2020). On the violation of hospitalized
patients' rights: A qualitative study. *Nursing Ethics*, 1-9.
doi:10.1177%2F0969733017709334
- Khalaf, S. K., Al-Asadi, J. N., Abed, A. H., Shami, S. A., & Al-Shamry, H. (2020).
Knowledge and attitudes towards patient's rights among health care providers in
primary care health centers in Basrah. *International Journal of Medicine and
Pharmaceutical Sciences*, 4(3), 7-14.

- Kremastinou, J. (2020). Satisfying patients' rights: a hospital patient survey. *Nursing Ethics*, 8(6), 499-510.
- Miracle, V. (2020). Rights of patients. *Dimensions of Critical Care Nursing*, 23(3), 129-130.
- Mohammed, E. S., Seedhom, A. E., & Ghazawy, E. R. (2020). Awareness and practice of patient rights from a patient perspective: an insight from Upper Egypt. *International Journal for Quality in Health Care*, 30(2), 154-151. doi:doi:10.1093/intqhc/mzx182
- Mohammed, S. A., Shabla, A. S., & Wehieda, S. M. (2020). Patients' rights: patients' and nurses' perspectives. *Journal of Nursing and Health Science*, 4(4), 54-60.
- Mosadegh-Rad, A. M., & Asna-Ashari, P. (2020). Physicians' and patients awareness of patients' rights and its observation in Shahid Beheshti Hospital, Isfahan, Iran. *Journal of Education in Medical Sciences*, 11, 45-53.
- Nematollahi, M., Fesharaki, M., & Toufighi, S. H. (2019). Comparison of patient rights laws in Iran with Patient Rights Charter and survey of physicians of Shiraz University of Medical Sciences about patient rights. *Teb va Tazkieh*, 36, 59-62.
- Rangraz, J. F., & Rabiee, R. A. (2020). A study on the attitude of physicians and nurses of Kashan Hospitals about the charter of patients' right. *Journal of Healthcare*, 10(3), 40-46.
- Rashidi, V., Foroughan, M., & Hosseini, M. (2020). The relationship between knowledge and observance of patients' rights in rehabilitation centers of Tehran. *Journal of Sabzevar University of Medical Sciences*, 11(3), 296-303.
- Republic of Sudan. (2009). *Federal Ministry of Health, Department of Quality Assurance. Sudanese Patients' Bill of Rights*. Retrieved from <http://www.fmoh.gov.sd/quality/Docms/patientRights.pdf>

- Rider, M. E., & Makela, C. J. (2020). A comparative analysis of patients' rights: an international perspective. *International Journal of Consumer Studies*, 27(4), 302-315.
- Sabzevari, A., Kiani, M. A., Saeidi, M., Jafari, S. A., Kianifar, H., Ahanchian, H., . . . Zakerian, M. (2020). 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), 3102-3109.
doi:<http://dx.doi.org/10.19082/3102>
- Silver, M. H. (2020). Patients' rights in England and United States of America: The patients' Charter and the New Jersey Patient Bill of Rights. *Journal of Medical Ethics*, 23(4), 213-320.
- Smith , V., & Godfrey, N. S. (2020). Being a good nurse and doing the right thing. *Nursing Ethics*, 9(3), 301-312.
- Souza, S. E., Qadiri, G. J., & Leena, K. C. (2020). Patient rights: a study on patients knowledge and nurses practice in a multispecialty teaching hospital. *Medical Science*, 2(10), 25-26.
- United Nations. (2020). *Universal Declaration of Human Rights; 1948*. United Nations.
Retrieved from <http://www.un.org/en/documents/udhr/index.shtml>
- Universal Declaration of Human Rights . (2020). *G.A. Res.*
- Vaskooei, E. K., Karimi, M., Asnaashari, H., & Kohan, N. (2020). The assessment of observing patients' right in Tehran University of Medical Sciences' hospitals. *Iranian Journal of Ethics and History of Medicine*, 4(2), 47-54.
- World Bank. (2020). *World development rReport: building institutions for markets*. New York: Oxford University Press.

World Health Organization. (2020). *Mental health, human rights and legislation*. Geneva:

WHO. Retrieved from http://www.who.int/mental_health/policy/fact_sheet_mnh_hr_leg_2105.pdf

World Medical Association. (2019). *Declaration of Lisbon on the Rights of the Patient*.

Retrieved from <http://www.wma.net/en/30publications/10policies/14/>

Yaney, L., Buabeng, T., Baidoo, D., & Bawole, J. N. (2020). Operationalization of the Ghanaian patients' charter in a peri-urban public hospital: voices of healthcare workers and patients. *International Journal of Health Policy and Management*, 5(9), 525-533. doi:<http://dx.doi.org/10.15171/ijhpm.2016.42>

Younis, A. A., Hassan, A., Dmyatti, E. M., Elmubarak, Alterife, R. A., Salim, R. O., . . .

Ahmed, W. S. (2020). Awareness and practice of patients' rights among hospitalized patients at Wad-Medani Teaching Hospital, Sudan. *Eastern Mediterranean Health Journal*, 23(2), 80-86.

QUESTIONNAIRE

ASSESSING THE KNOWLEDGE AND AWARENESS OF CLIENT ON THEIR RIGHT AND RESPONSIBILITY AT HAPPY HOSPITAL, BEREKUM

Dear respondents,

Confidentially will be observed therefore your name will not be disclosed in this research.

You are kindly requested to answer the questions below by indicating a tick or writing the appropriate answered when needed.

Please answer the questions as frank and possible.

Participant Consent: Yes [] No []

Instruction: Please Tick [] The Appropriate Box Where Applicable.

Section A: Socio-Demographic Data

1. Gender: (a) Male [] (b) Female []
2. Age: (a) 20 – 24 years [] (b) 25 – 29 years [] (c) 30 – 34 years [] (d) 35 – 40 years
3. Marital status: (a) Married [] (b) Single [] (c) Divorced []

Section B: Knowledge and Awareness of Patients About their Right and Responsibility

4. Are you aware of the patient's charter?
a. Yes [] b. No []
5. Where did you hear of the patients' charter?
a. Internet [] b. Book [] c. Television [] d. Hospital [] e. Other
(specify).....
6. Do you have any knowledge about patients' rights and responsibility?
a. Yes [] b. No []
7. Which of the following rights are you aware of?
a. The right to quality basic health care irrespective of your geographical location []

- b. The right to privacy and confidentiality
 - c. The right to respect and dignity
 - d. The right to health care and treatment
 - e. The right to be treated in a safe environment
8. Which of the following responsibilities are you aware of?
- a. Maintaining safe and hygienic environment in order to promote good health
 - b. Protecting the property of the Health facility
 - c. Respecting the rights of other patients/clients
 - d. Providing full and accurate medical history for his/her diagnosis

Section C: Perception of the Patients Regarding Nurses' Practice of Patient's Rights

9. Permission asked for physical examination
- a. Agree b. Disagree c. Undecided
10. Privacy during physical examination
- a. Agree b. Disagree c. Undecided
11. Information about illness and diagnoses
- a. Agree b. Disagree c. Undecided
12. Confidentiality of patient information
- a. Agree b. Disagree c. Undecided
13. Presence of a third person when a male doctor examines a woman
- a. Agree b. Disagree c. Undecided
14. Consent seeking before procedures
- a. Agree b. Disagree c. Undecided

Section D: Patients' Reaction to the Violation of their Rights

Indicate with a tick [✓] what you would do if your right is violated.

15. Make a court appeal

16. Complain verbally to the hospital authorities

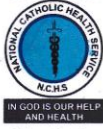
17. Make a written complaint to the hospital authorities

18. Complain to the person responsible for the violation

19. Other reaction apart from the above options; specify,

.....

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)
**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE
BEREKUM**



BANKERS:

Ghana Commercial Bank, Berekum
Agric Development Bank, Berekum
Fidelity Bank, Berekum
HFNMTC/GC/011/072423



P. O. Box 21,
Berekum, B/A
Ghana, W/Africa
Tel. 0352222124
Fax: 0352222474

Our Ref.

Your Ref.

July 24, 2023

Date

The Administrator
Happy Hospital
P.O. Box 167
Berekum

Dear Administrator

PERMISSION TO CONDUCT RESEARCH

I wish to introduce the under listed names of final-year students of the College:

1. Lawrencia Amankwaa Ampomah
2. Dorothy Frema
3. Juliet Adoma Oforiwaa

As part of the pre-requisite for the award of Diploma in Midwifery, they are to conduct a research study, on the topic '**Assessing the Knowledge and Awareness of Client on their right and responsibility at Happy Hospital, Berekum**'

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

Ernestina Mensah
Supervisor

For: Principal