

# Nurses' Attitude towards Patient's Rights at Erada Mental Health Complex in Jeddah City, Saudi Arabia

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## Abstract

**Background:** Patients have a fundamental right to healthcare that is respectful, responsive, safe and effective. Healthcare professionals, especially nurses, have a duty to treat the patient respectfully, listen to concerns, answer questions clearly and honestly, and inform and educate the patient about the illness. Therefore, nurses are required to be knowledgeable and positively oriented towards patients' rights. **Objective:** The purpose of the study is to investigate the attitudes of psychiatric nurses at Erada mental health complex in Jeddah city towards patients' rights. **Method:** A descriptive cross-sectional research design was adopted in this study. The study used the convenient sampling method to recruit a sample of 171 psychiatric nurses. To collect data, the study used the questionnaire that consisted of two parts: the socio-demographic part and the attitudes towards patient's rights part (28 statements). **Result:** The results of the study showed that psychiatric nurses at Erada mental health complex had positive attitudes towards patients' rights (4.06±0.76). The results showed that the highest positive attitudes were related to those patients should receive healthcare services in safe environment, having the right to choose the healthcare providing institution or change it if needed, and the right to benefit from any provided healthcare services that comply with their medical condition. In addition, it was found that there were no significant statistical differences in the psychiatric nurses' attitudes towards patients' rights referred to nurses' age, gender, or years of experience. **Conclusion:** The study concluded that psychiatric nurses at Erada mental health complex in Jeddah city had positive attitudes towards patients' rights and these attitudes are not significantly associated with nurses' gender, age, and years of experience.

**Keywords:** Patient right, Psychiatric nurses, Erada complex and mental health, Saudi Arabia

## Introduction

The patient's right over the psychiatric and mental health nurses is comprehensive and broad, as it includes a set of reciprocal rights and duties between the patient and the healthcare provider [1]. Every right of one of them offset by necessity is a duty on the other party and every duty on one of the two parties is counterbalanced by the right of the other [2]. This relationship can be considered as a legal relationship if one of the two parties views it, then it is a right [3]; Therefore, the expression of the patient's rights is equal to its significance of the healthcare provider's duties towards the patient, so the patient's right to receive care [4], for example, is matched by the healthcare provider's duty to exert care for the sake of healing the patient, which was described as emotional and clinical care corresponding to acquired scientific facts and according to latest research-based evidences. In addition, the patient's right not to disclose the privacy, which the healthcare providers revealed by virtue of its profession, and which came to work when treatment is matched by the healthcare provider's duty to preserve this privacy and refrain from disclosing them [5].

Whenever an individual becomes a patient, he/she frequently believes they have no control over what happens to him/her. That's why it's crucial for patients to understand their healthcare rights. This reassures the patient to know he/she will be regarded as individuals, that they will be able to make his/her own clinical decisions, and that he/she does have power due to the critical role he/she plays in his/her own health.

Healthcare, over the centuries, has been a work in progress. Treatments, diagnostic testing, pharmaceuticals, and technology have continually demonstrated advances that revolutionized

healthcare every few years [6]. But one of the more prolific advances of the 20th century involved the moral aspect of healthcare; patient's rights and patient care [7].

The relationship between the patient and the healthcare provider may be on the basis of the consent that the patient gives to start working for a healthcare provider in the examination and treatment [8], which is accompanied by the approval of the physician and a medical contract that includes the reciprocal obligations between the two parties arises, and the relationship may be non-contractual based on specific cases such as the state of necessity for treating an unconscious patient or the treatment of a transitional or contagious disease by state health institutions [9], the so-called compulsory treatment, or the relationship may be contractual, but it arose out of a void contract. The issues that they raise, for the same provisions to which the contractual relationship is subject, and in particular the rights of the patient remain on the doctor, and the corresponding duties of the doctor are the same as those that arise in the case of a contract except for what may be subject to agreement in the contract and there is no counterpart in the non-contractual relationship [10].

On this basis, the patient has inalienable rights vis-à-vis it healthcare provider, and the first right is the right to treatment, that right derived from the right to life and physical integrity, and this right entails another right in the patient's choice of a physician whom he/she trusts to conduct treatment and follow up after the choice is made [11]. It is not for the healthcare provider to carry out the medical work without obtaining the patient's consent to treatment except in exceptional cases in which the patient is not able to give a consent [12]. If the duty requires the healthcare provider to obtain the patient's consent, the healthcare provider must inform the

patient of the truth about the condition and insight, especially in cases involving a certain degree of seriousness over the patient's safety and insight the patient into the dangers resulting from the medical work, especially in surgical interventions [13].

Patient confidentiality and privacy, for example, is one of the national and international issues related to patients' rights. Confidentiality is when a patient discloses information to their physician and the physician pledges not to disclose this information to a third party in the future. Confidentiality is the cornerstone of trust between physicians and patients ensuring that patients are comfortable to allow doctors to perform local examinations and also provide very personal information. It is therefore doctors' obligation not to disclose this information, and by doing this we get increased trust in the profession of providing health care services enabling further disclosures in the future [6].

Practices might be disclosing health information for the sake of introducing healthcare to the patient. It is a quite simple the testers are you actually something of providing healthcare services to that patient, so a secondary objective is anything different from the primary objective, which is a typical lawyers answers [14], but the primary objective, which is the provision of healthcare, "so for any other than the provision of health care; therefore, a first example might be if you want to use some health information, which could be as simple as the patients' email address to send them marketing information, for example; information about diabetes checks or forty to forty-five years old check or prostate checks things like that, that is a secondary purpose. So, it's not providing healthcare but it's sort of related to it" [15].

Nurses' attitudes towards patients' rights constitute a key factor influencing the effective and appropriate implementation of patient bill of rights. Through holding positive attitudes, the nurse maintains the patient's right to privacy by protecting information of a confidential nature, works to preserve patients and the community through proper health care practices and protect them from low-competence, unethical, or illegal practices from anyone, and the nurse is able to give an Informed judgment, based on individual competence and qualifications such as criteria for seeking and consulting, accepting responsibilities and delegating nursing activities to others.

Different studies examined the nurses' attitudes towards patient's rights. For example, Mpouzika et al., [16] conducted a systematic literature review to provide a research-based evidence about nurses' attitudes and knowledge about patient's rights. The study revealed that there was a low level of nurses' attitudes, awareness and knowledge about patient's rights. However, the study highlighted a significant issue, which was the lack of studies examining the nurses' attitudes towards patient's rights.

Motamed-Jahromi et al [17] study revealed that Iranian nurses had a fairly sufficient level of knowledge regarding patient's rights and held positive attitudes towards patient's rights. However, the study recommended conducting further educational and training sessions to increase the nurses' knowledge and enhance their attitudes towards patient's rights.

## Methodology

### Research Design

The researcher used the quantitative research approach through performing a cross-sectional web-based survey over the study population. This approach is quick, accurate and helpful in exploring the nurses' attitudes towards patient's rights at Erada mental health complex in Jeddah city.

### Study Participants and Sample

Convenient sampling procedure was used to recruit the study participants. The sample size was determined using Raosoft calculator, taking in consideration the following parameters: a

margin of error of 5%, a confidence level of 95%, and population size of 250 and a response distribution of 50%. The calculated sample size was 152. Another 10% were added to avoid any technical issues and dropout problems. Therefore, the minimum sample size needed for this study was 167 psychiatric nurses. However, the study successfully recruited 171 psychiatric nurses.

Raosoft software uses the following mathematical equation to calculate the sample size.

$$X = Z (c/100)^2 r (100 - r)$$

"Where N is the population size, r is the fraction of responses that you are interested in, and Z(c/100) is the critical value for the confidence level c."

The participants were approached by the researcher in their workplaces through personal visits. The researcher directly contacted the nursing managers and head nurses in order to distribute the study questionnaires among different departments. The researcher kindly asked the head nurses help to provide the nurses with the study questionnaire. Each participant received full introduction about the title, objectives and significance of the study and they were asked to fill in the questionnaire and send it back to the head nurses. One week later, the researcher collected the sent-back questionnaires from the head nurses' offices.

## Procedure

### Setting and Recruitment

This study was conducted in Erada mental health complex in Jeddah city, Saudi Arabia. Erada mental health complex in Jeddah is a governmental facility composed of two hospitals: Al-Amal hospital in the north of Jeddah city and Mental Health Hospital in the south of Jeddah city. Al-Amal Hospital provides drug and alcohol addiction treatment to 5,000 patients every month. It accommodates 285 beds. The number of nurses is 100. The mental health hospital provides psychological and medical treatment for 2,500 patients per month. It has 350 beds in 10 units. Providing services of 9000 to 10,000. The number of nursing personnel is 250.

Erada mental health complex in Jeddah city was chosen as a setting for this study as it the biggest complex that includes the largest number of psychiatric nurses and provides services for a large number of patients within the geographical areas affiliated to Jeddah city. In addition, the variation in the study sample in terms of their demographics was one of the reasons for choosing it to be the setting of the study.

Inclusion and exclusion criteria of the study participants were nurses at Erada mental health complex in Jeddah city who were working at Erada mental health complex in Jeddah city for at least six months, and able to read and write in English. Participants not meeting these criteria were excluded from the study. A six-month period as a minimum work experience was chosen as it is the orientation period of the nurses at Erada mental health complex in Jeddah city.

### Data collection procedure

The present study was conducted during the period between May 2021 and November 2021. To recruit the study participants, the researcher calculated the sample size and determined the targeted population, and contacted two mental health head nurses in order to announce performing this study over mental health nurses in Erada and mental health complex.

The researcher asked the mental health head nurses kindly to inform the mental health nurses about the aim of this research and to provide their phone numbers and the preferred method of contacting them in order to receive the online version of the study questionnaire.

After obtaining the contact details of the study participants, the researcher formulated the final version of the questionnaire as an electronic form using Google forms. The questionnaire was generated as a hyperlink that was available for the participating nurses for two weeks. To avoid sending multiple responses, the researcher limited the responses to e-mail access. The short link of the questionnaire was sent to the nurses after getting their contact information.

**Outcome Measures (Scales / Instruments)**

The researcher used an electronic questionnaire, generated through Google forms service, consisting of two parts, they are:

**Part I:** A demographic data about participants’ gender, age, marital status, and years of experience.

**Part II:** The second part was the “Attitudes Towards Patient Rights scale” published in Akca et al [18] study and consists of 28 items scaled on 5-point Likert scale (Strongly agree, agree, neutral, disagree, strongly disagree).

The final version of the valid and reliable scale was distributed to the study participants as a whole package that includes a cover page introducing the title of the study, and the aim of the study.

A five-point Likert scale was used to scale the statements in the data collection scale. The scaling level was as following: strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly agree (5). To interpret the mean scores of the study participants’ responses on each item of the data collection tool, the following scale was used: 1.00 – 2.33 (Negative attitudes), 2.34 – 3.67 (neutral attitudes), and 3.68 – 5.00 (positive attitudes).

**Validity and Reliability of the data collection tool**

The validity of the data collection instrument was verified in the original research articles. In addition, the reliability of the data collection tool was verified using the internal consistency by calculating the Cronbach’s Alpha coefficient that reached (0.81). In addition, Pearson correlation coefficient was used to identify the reliability of the scale tool, the Pearson’s correlation coefficient of the scale items ranged between 0.581 and 0.804, which indicated a high degree of scale reliability.

**Ethical consideration**

Official approvals to conduct this study were obtained from the institutional review board of Fakeeh College for Medical Sciences (FCMS) (Approval No. 184/IRB/2021), and the ethical approval from the research and development office at the Ministry of Health (IRB registration number in KACST, KSA: H-02-J-002). In addition, the participants were assured that all the collected data were kept confidential, and anonymous.

**Results**

**The demographic characteristics of the study participants**

The present study aimed at exploring the attitudes of psychiatric nurses’ at Erada mental health complex in Jeddah city towards

patients’ rights. A total of 185 participants were approached in the present study. However, a total of 171 mental health nurses filled the online study questionnaire, with a response rate of 92.4%. The results presented in Table (4.1) and figures (3-5) represent the socio-demographic characteristics of the study participants. The results revealed that 42.1% (n=72) of the participating psychiatric nurses aged between 25 and < 35 years, whereas 36.3% (n=62) were within the age category of 35 to < 45 years. The least represented categories with regard to age were those who were < 25 years and ≥ 45 years, which constituted 11.7% (n=20) and 9.9% (n=17), respectively.

In addition, the results revealed that 62% (n=106) of the participating psychiatric nurses were females, whereas 38% (n=65) were males. Moreover, exploring the distribution of the participating psychiatric nurses based on their years of experience revealed that 41.5% (n=71) had 5 to 10 years of experience, whereas 37.4% (n=64) and 21.1% (n=36) had > 10 years of experience and < 5 years, respectively.

**Table 4.1: Mental health Nurses’ Socio Demographic Characteristics.**

Variable	F	%
<b>Age</b>		
1. < 25 years	20	11.7
2. 25 – < 35	72	42.1
3. 35 – < 45	62	36.3
4. ≥ 45 years	17	9.9
<b>Gender</b>		
1. Female	106	62
2. Male	065	38
<b>Years of professional experience</b>		
1. <5 years	36	21.1
2. 5 -10 years	71	41.5
3. > 10 years	64	37.4

**Results related to the first research question**

The results presented in table 4.2 show the mental health nurses’ responses to the statement of the attitudes towards patients’ rights scale. The results revealed that statement number 6 stating that “He/she should receive health care services in a safe environment” got the highest mean score (4.18±0.98), followed by the statement number 27 stating that “Nurses play many roles at the same time: taking care of patients, advising, giving emotional support and protecting the rights of patient” that got a mean score of (4.17±0.92). On the other hand, the lowest scored statements were the first statement stating that “Patients should benefit from the activities that are promoting healthy life and preventive health services in accordance with the principles of justice and fairness”, which got a mean score of (3.94±0.95) and the statement number 20 stating that “In case of worsen situation that can increase the illness by corrupting the morale, the diagnosis can be hidden.” That got a mean score of (3.95±1.03). The total score of the attitudes towards patients’ rights scale was (4.06±0.76), which revealed that mental health nurses participating in this study had positive attitudes towards patients’ rights.

**Table 4.2 The patient’s rights and the mental health nurses' attitudes**

Statement	Strongly agree N(%)	Agree N(%)	Neutral N(%)	Disagree N(%)	Strongly disagree N(%)	M	SD
Patients should benefit from the activities that are promoting healthy life and preventive health services in accordance with the principles of justice and fairness.	43 (25.1)	98 (57.3)	17 (9.9)	4 (2.3)	9 (5.3)	3.94	0.95
He/she must receive friendly, courteous, compassionate health care services by showing respect, care and attention.	55 (32.2)	91 (53.2)	15 (8.8)	0	10 (5.8)	4.05	0.96

He/she must receive health care in an environment where all kind of hygienic conditions are provided; all noisy and uncomfortable factors shall be eliminated.	61 (35.7)	79 (46.2)	17 (9.9)	5 (2.9)	9 (5.3)	4.04	1.02
Patient has the right to benefit from any kind of health care services that are required by conditions.	63 (36.8)	82 (48)	17 (9.9)	3 (1.8)	6 (3.5)	4.12	0.92
Patient should receive service without taking into account race, language, religion or creed, sex, political opinion, philosophical belief, economic or social status	66 (38.6)	73 (42.7)	21 (12.3)	4 (2.3)	7 (4.1)	4.09	0.98
He/she should receive health care services in a safe environment	74 (43.3)	75 (43.9)	10 (5.8)	4 (2.3)	8 (4.7)	4.18	0.98
Patients may require that he/she, family or relatives to be informed about health status, except for mandatory situations related to public health.	60 (35.1)	79 (46.2)	21 (12.3)	5 (2.9)	6 (3.5)	4.06	0.95
He/she must be able to accept visitors in accordance with the principles and procedures, which are determined by the institutions and organizations	55 (32.2)	89 (52)	16 (9.4)	2 (1.2)	9 (5.3)	4.04	0.96
Patients may require companion within the possibilities of health institutions and organizations and if it is deemed appropriate by the physician	57 (33.3)	87 (50.9)	18 (10.5)	2 (1.2)	7 (4.1)	4.08	0.92
In case of violation of rights, he/she has the right to be able to use complaints and lawsuits and any application within the framework of legislation	60 (35.1)	86 (50.3)	17 (9.9)	1 (0.6)	7 (4.1)	4.11	0.91
Patients have the right to receive diagnosis, treatment and care in compliance with medical needs, and they also have right to refuse it	62 (36.3)	82 (42)	15 (8.8)	5 (2.9)	7 (4.1)	4.09	0.96
He/she has the right to choose and change health institutions if necessary	65 (38)	83 (48.5)	14 (8.2)	1 (0.6)	8 (4.7)	4.14	0.94
Patients must get all kind of health service in an environment that is suitable for confidentiality.	62 (36.3)	84 (49.1)	15 (8.8)	2 (1.2)	8 (4.7)	4.11	0.95
Medical intervention may be performed without patient consent in cases where health measures should be taken if it concerns public health and medical necessity	60 (35.1)	87 (50.9)	12 (7)	5 (2.9)	7 (4.1)	4.09	0.94
Patients may demand all kind of information related to their health status, verbally or in writing.	60 (35.1)	82 (48)	19 (11.1)	2 (1.2)	8 (4.7)	4.07	0.96
In any medical intervention, patient's consent must be obtained, and he/she should benefit from services within the frame of the consent	57 (33.3)	90 (52.6)	13 (7.6)	3 (1.8)	8 (4.7)	4.08	0.94
The patient should be informed of any attempt related to him/her.	68 (39.8)	74 (43.3)	16 (9.4)	7 (4.1)	6 (3.5)	4.11	0.98
He/she can refuse or stop the treatment.	64 (37.4)	73 (42.7)	20 (11.7)	4 (2.3)	10 (5.8)	4.03	1.05
They can fulfill their religious obligations, within the frame of the measures taken by the administration and the extent of the organization's capabilities	48 (28.1)	92 (53.8)	20 (11.7)	5 (2.9)	6 (3.5)	4.00	0.91
In case of worsen situation that can increase the illness by corrupting the morale, the diagnosis can be hidden.	54 (31.6)	82 (48)	17 (9.9)	10 (5.8)	8 (4.7)	3.95	1.03
Health care personnel are obliged to protect the patient's health, relieve suffer and must be able to do any attempt including euthanasia.	59 (34.5)	74 (43.3)	23 (13.5)	6 (3.5)	9 (5.3)	3.98	1.04
Physician and other personnel who provide health services have the right to learn their duties and titles, including identification information, and should be able to elect and change the service personnel.	53 (31)	84 (49.1)	20 (11.7)	4 (2.3)	10 (5.8)	3.97	1.02
The advocacy role of nurses in patient rights gives them the responsibility to advocate in the patient's best interest when patient rights are violated or ignored in health care system.	56 (32.7)	88 (51.5)	17 (9.9)	2 (1.2)	8 (4.7)	4.06	0.94
Nurses have to contact the patient and the family for the benefit of the patient, with the purpose of aiding and carrying out communications in this context	59 (34.5)	84 (49.1)	12 (7)	5 (2.9)	11 (6.4)	4.02	1.05
Nurses must be adequate in terms of knowledge, skills and values, and should renew and improve himself/herself in case of change and it should be reflected in practice.	60 (35.1)	86 (50.3)	11 (6.4)	4 (2.3)	10 (5.8)	4.06	1.01

Nursery education must be organized in a way that nurses can maintain adequate and qualified services in changing society	63 (36.8)	86 (50.3)	8 (4.7)	4 (2.3)	10 (5.8)	4.09	1.01
Nurses play many roles at the same time: taking care of patients, advising, giving emotional support and protecting the rights of patient	67 (39.2)	83 (48.5)	12 (7)	2 (1.2)	7 (4.1)	4.17	0.92
The advocacy role of nurses is defined in health system as an independent role like a policy maker role in order to defend patient rights when they are violated or ignored.	57 (33.3)	85 (49.7)	18 (10.5)	1 (0.6)	10 (5.8)	4.04	0.99
Total						4.06	0.76

**Results related to the second research question**

To assess the differences in the mental health nurses' responses on the attitudes towards patients' rights scale, an independent samples t-test was performed. The results presented in table 4.3 and Figure

(4.1) show that there was no significant difference in the attitudes between males (4.11±0.78) and females (4.04±0.74), t=0.610, p=0.543.

**Table 4.3: Independent samples t-test for the differences in the mental health nurses' attitudes based on gender variable**

	Gender	N	Mean	Std. Deviation	Std. Error Mean	t	df	Sig
Attitudes scale	Male	65	4.1132	.78028	.09678	0.610	169	0.543
	Female	106	4.0404	.74358	.07222			

To assess the differences in the mental health nurses' responses on the attitudes towards patients' rights scale based on age variable, a one-way analysis of variance (One way ANOVA) test was performed. The results presented in table 4.4 showed that there were

no significant statistical differences in the mental health nurses' attitudes towards patients' rights based on age variable (F (3,167) = 0.603, p=0.614)

**Table 4.4 One Way Analysis of Variance (ANOVA) for the differences in the mental health nurses' attitudes based on age variable**

Attitudes scale	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1.042	3	.347	.603	.614
Within Groups	96.193	168	.576		
Total	97.235	171			

Non-significant differences in attitudes towards patient's rights between different age categories were explored using Tukey HSD post-hoc test (Table 4.5). The results shown in table 4.5 indicated no

significant differences in the nurses' attitudes towards patient's rights based on their age categories.

**Table 4.5 Tukey HSD post-hoc test for the differences in the mental health nurses' attitudes based on age variable**

Multiple Comparisons						
Dependent Variable: Attitudes scale						
Tukey HSD						
(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
< 25 years	25 - < 35 years	-.12976	.19183	.906	-.6276	.3681
	35 - < 45 years	-.12304	.19517	.922	-.6295	.3834
	≥ 45 years	-.33319	.25037	.545	-.9829	.3165
25 - < 35 years	< 25 years	.12976	.19183	.906	-.3681	.6276
	35 - < 45 years	.00672	.13149	1.000	-.3345	.3480
	≥ 45 years	-.20343	.20465	.753	-.7345	.3277
35 - < 45 years	< 25 years	.12304	.19517	.922	-.3834	.6295
	25 - < 35 years	-.00672	.13149	1.000	-.3480	.3345
	≥ 45 years	-.21015	.20778	.743	-.7494	.3291
≥ 45 years	< 25 years	.33319	.25037	.545	-.3165	.9829
	25 - < 35 years	.20343	.20465	.753	-.3277	.7345
	35 - < 45 years	.21015	.20778	.743	-.3291	.7494

To assess the differences in the mental health nurses' responses on the attitudes towards patients' rights scale based on the variable of years of experience, a one-way analysis of variance (One-way ANOVA) test was performed. The results presented in table 4.6

showed that there were no significant statistical differences in the mental health nurses' attitudes towards patients' rights based on age variable (F (2,168)=0.981, p=0.377)

**Table 4.6 One Way Analysis of Variance (ANOVA) for the differences in the mental health nurses' attitudes based on years of experience variable**

Attitudes scale	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1.122	3	.561	.981	.377
1. < 5 years					
2. 5 -10 years					

3. $\geq 10$ years					
Within Groups	96.113	168	.572		
Total	97.235	171			

To ensure non-significant differences in attitudes towards patient's rights between different years of experience categories, Tukey HSD post-hoc test was performed (Table 4.7). The results shown in table 4.7 indicated no significant differences in the nurses' attitudes

towards patient's rights based on their age categories. The results showed that nurses' attitudes towards patients' rights did not differ due to nurses' differences in their years of experience.

**Table 4.7 Tukey HSD post-hoc test for the differences in the mental health nurses' attitudes based on years of experience variable**

Multiple Comparisons						
Dependent Variable: Attitudes scale						
Tukey HSD						
(I) Years of professional experience	(J) Years of professional experience	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
< 5 years	5 - 10 years	-.21582	.15476	.346	-.5818	.1501
	> 10 years	-.12804	.15758	.696	-.5007	.2446
5 - 10 years	< 5 years	.21582	.15476	.346	-.1501	.5818
	> 10 years	.08778	.13037	.779	-.2205	.3961
> 10 years	< 5 years	.12804	.15758	.696	-.2446	.5007
	5 - 10 years	-.08778	.13037	.779	-.3961	.2205

## Discussion

Healthcare ethics is based on many laws, regulations and standards, which frame the rights, duties and ethics of dealing between the patient and the doctor and the practice within the medical facility, which requires awareness and knowledge of all parties of these rights, their application and full commitment to them.

The healthcare system is complicated, and it might be overwhelming. While our health care experience is mostly positive, this is not a regular case. Patient's safety is related to take actions to restrain harmful events to the patient from healthcare services. Healthcare providers, especially nurses, exert maximum efforts to provide safe healthcare services. Alluhidan et al [19] reported that playing an active role in the healthcare begins with knowing the patient's rights and developing positive attitudes towards those rights in order to ensure its effective implementation.

In addition, the findings of the study revealed that the majority of the participating nurses were 25 to 45 years old. This might be referred to that this age range is the normally reported range of nurses of nurses working in psychiatric departments. In addition, the results showed that females were higher than males, which might be referred to the ease of access of the researcher to female nurses. However, this is not in accordance with the findings reported by Zheng et al [20] who found that mental health nurses are normally older than non-mental health nurses. Moreover, the results showed that the majority of the mental health nurses in this study were having more than 5 years of experiences, which is a range of years of experience that is appropriate to the participants' ages since they were newly employed due to the high need of mental health nurses in the Saudi mental healthcare facilities.

Moreover, the findings of the present study showed that mental health nurses at Erada mental health complex in Jeddah city had positive attitudes towards patient's rights. This result included having positive attitudes towards all the statements that described the patient's rights, such as benefiting from the activities that promote healthy lifestyle, receiving appropriate healthcare services, receiving healthcare services without any kind of discrimination in a safe and respectful environment, and the rest of the patient rights entailed in the bill of rights in the Saudi healthcare facilities. This is ensured by the developmental goals of the Saudi Ministry of Health that stressed the necessity of patients' trust in health facilities and the consolidation of joint health and humanitarian work between service providers and recipients at all levels [21]. These results are consistent with the findings reported in Bottcher et al [22], which

revealed that nurses and physicians at Gaza strip hold positive attitudes towards patient safety and medical errors. In my opinion, this result might be referred to that commitment to patient's rights and the appropriate implementation of healthcare services in the context of respecting patient's rights was one of the basics of improving the quality of the health care services provided in Saudi Arabia.

In addition, the positive attitudes towards patients' rights among mental health nurses at Erada mental health complex might be referred to the presence of clear and well-defined policies and procedures that are implemented and practiced in a framework that guarantees the respect of the patients' rights when receiving healthcare services.

Furthermore, the results of the present study are consistent with the findings of Khalaf et al [23] who found that Iraqi healthcare providers in Basrah city had positive attitudes towards patients' rights. In addition, the findings of the study are similar to the findings reported by Kiyancicek et al [24] who reported positive attitudes towards patients' rights among healthcare providers. On the other hand, the results are inconsistent with the findings reported by Alzahrani et al [25] who found that Saudi physicians and nurses have less than positive attitudes towards patients' safety. However, Alzahrani et al [25] study investigated a single aspect of patients' rights, which is patients' safety. Further, the results are inconsistent with the findings reported by Fallah Morteza Nejad et al [26] who found that nursing students have moderate attitudes towards patients' rights. Similarly, the context and the sample of the two studies are different, as Fallah Morteza Nejad et al [26] study focused on nursing students in Iran. Further, the findings of the study are consistent with the results reported by Biresaw et al [27] who found that Ethiopian nurses are having positive attitudes towards patients' rights, specifically patient's safety.

Moreover, these results might be attributed to the commitment of the healthcare facilities to implement best research-based evidence and high-quality healthcare services to be accredited by the Saudi Central Board for Accreditation of Healthcare Institution (CBAHI). This is evidenced by the findings reported by Shaikh et al [28] who found that CBAHI guidelines are focusing intensively on patients' and family rights when compared to the Joint Commission International (JCI) standards. Another explanation of the positive attitudes towards patients' rights among mental health nurses at Erada and mental health complex, shown in table 2, is the good level of knowledge regarding the patients' rights and responsibilities. This knowledge could be a result of the continuous

updated information and educational and training courses offered by public and private healthcare facilities affiliated to the Saudi Ministry of Health (MOH) and focus on improving the highest quality of the provided healthcare services and focusing on the patients' experience and feedback as a source to improve the healthcare services [19, 29].

The findings of the study showed that there was no significant differences between the mental health nurses' attitudes towards patients' rights, which could be referred that commitment and implementation of patients' rights is practiced by both male and female nurses alike; therefore, difference in gender would not affect implementation of the bill of patients' rights. In addition, the findings of the present study revealed that the attitudes of the mental health nurses towards patients' rights is not significantly associated with nurses' age or years of experience. These results are in line with the findings of Akca et al [18] who found no significant statistical differences in nurses' attitudes towards patients' rights referred to age, gender or years of experience. This result might be attributed to that patients' rights document includes fixed and clear items that should be adopted and practiced by nurses despite their ages or years of experience. In addition, patients' rights are not dependent on nurses' years of experience because implementing them continuously could be sufficient to master them, unlike other clinical procedures that are mastered higher with higher years of experience.

## Conclusion

The study concluded that mental health nurses at Erada mental health complex have positive attitudes towards patients' rights, which might be a good indicator of their high level of knowledge and practice of patient's rights items represented by patient safety, privacy, confidentiality, participation in treatment plan and interventional procedures, in addition to other rights documented in the patients' rights bill.

## Conflict of interest declaration

The authors declare that they have no conflict of interests.

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None

## Contributors

All author equal contribution

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