

Attitudes of Nursing Personnel Employed in Inpatient Healthcare Units (Hospitals) Towards Patient's Rights

Postawy personelu pielęgniarskiego zatrudnionego w stacjonarnych zakładach opieki zdrowotnej (szpitalach) wobec praw pacjenta

Bartłomiej Chmielowiec¹, Jarosław Piotr Chmielewski², Beata Haor³, Karol Bielski⁴,
Agnieszka Chruścikowska², Mariusz Jaworski⁵, Małgorzata Dziechciaż⁶

① Office of the Patient Ombudsman, Warsaw, Poland

② Medical Academy of Applied and Holistic Sciences, Warsaw, Poland

③ Neurological and Neurosurgical Nursing Department, Faculty of Health Science, Collegium Medicum,
Nicolaus Copernicus University, Toruń, Poland

④ Department of Public Health, International European University, Kyiv, Ukraine

⑤ Faculty of Health Sciences, Warsaw Medical University, Warsaw, Poland

⑥ Faculty of Health Protection of the Father B. Markiewicz State Academy of Applied Sciences in Jarosław, Poland

Abstract

Introduction. Patient's rights and the extent to which they are respected by medical personnel are the foundation of a properly functioning healthcare system and serve as signifiers of the quality of service of a medical facility.

Aim. The aim of the study was the interpretation of the level of knowledge and attitudes exhibited by the nursing personnel employed in hospitals in the areas of rights possessed by the patients.

Material and Methods. The study was conducted in the period between May of 2022 and 2023. There were 179 participating nurses, 72% of which were female and 28% male. Within the participant sample, 30% had secondary education (medical high school or medical vocational school), 80% had higher professional education (Bachelor's degree) and 24% obtained a master's degree. The mean age was 40 years old (min. 24, max. 64, SD=9), and the mean work experience was 15 years (min. 1, max. 44, SD=10, median=13). The research used methods such as a diagnostic survey, voluntary, anonymous survey research and a self-developed questionnaire consisting of 17 questions.

Results. 64% of the nurses rated their knowledge of patient's rights as satisfactory, and 36% as unsatisfactory. 93% of the participants knew of the right to health services and 91% of the nurses were familiar with the right to information. 72% familiarized themselves with the Act on the Patient's Rights and the Patient's Rights Ombudsman, while 66% stated that they witnessed a violation of patient's rights in their workplace.

Conclusions. According to more than 1/3 of the participants, the knowledge regarding patient's rights was unsatisfactory, therefore it is imperative to develop and implement a training system for the nursing personnel in this area. The role of the nursing personnel in providing information about the rights patients possess is insufficient, therefore the personnel should be enabled to gain knowledge, skills and competencies in this area. Almost 2/3 of the respondents witnessed a violation of patient rights, therefore the respecting of patient's rights by medical staff should be monitored and individuals who do not comply with regulations should be held accountable. (JNNN 2025;14(2):76–85)

Key Words: knowledge, attitudes, nurse, patient rights

Streszczenie

Wstęp. Prawa pacjenta i ich respektowanie przez personel medyczny stanowią fundamenty prawidłowo funkcjonującego systemu ochrony zdrowia oraz jakości działania placówki medycznej.

Cel. Celem pracy była interpretacja wiedzy i postaw personelu pielęgniarskiego zatrudnionego w szpitalach wobec praw przysługujących pacjentom.

Materiał i metody. Badanie zostało przeprowadzone w okresie od maja 2022 r. do 2023 r. W badaniu uczestniczyło 179 pielęgniarek/pielęgniarzy, w tym 72% stanowiły kobiety i 28% stanowili mężczyźni. W grupie badanej 30% posiadało wykształcenie średnie (liceum i studium medyczne), 80% wyższe zawodowe (licencjat) oraz 24% wyższe magisterskie. Średnia wieku: 40 lat (min. 24, maks. 64, SD: 9), średni staż pracy: 15 lat (min. 1, max. 44, SD: 10; mediana: 13). W pracy zastosowano takie metody, jak: sondaż diagnostyczny, dobrowolne, anonimowe badania ankietowe, samodzielnie skonstruowany kwestionariusz składający się z 17 pytań.

Wyniki. Swoją wiedzę na temat praw pacjenta jako zadowalającą oceniło 64% pielęgniarek, zaś niezadowalająco 36%. Prawo do świadczeń zdrowotnych znało 93% badanych, zaś prawo do informacji 91% pielęgniarek. Z ustawą o prawach pacjenta i Rzeczniku Praw Pacjenta zapoznało się 72% badanych, natomiast 66% potwierdziło, że było świadkiem łamania praw pacjenta w swoim miejscu pracy.

Wnioski. Zdaniem przeszło 1/3 badanych wiedza na temat praw pacjenta była niezadowalająca, dlatego należy opracować i wdrożyć system szkoleń dla personelu pielęgniarskiego w tym zakresie. Rola personelu pielęgniarskiego w przekazywaniu informacji o przysługujących pacjentom prawach jest niewystarczająca, dlatego należy umożliwić personelowi nabywanie wiedzy, umiejętności i kompetencji w tym zakresie. Blisko 2/3 badanych była świadkami łamania praw pacjenta, dlatego należy monitorować respektowanie praw pacjenta przez personel medyczny i pociągać do odpowiedzialności zawodowej tych, którzy ich nie przestrzegają. (PNN 2025;14(2):76–85)

Słowa kluczowe: wiedza, postawy, pielęgniarka/pielęgniarz, prawa pacjenta

Introduction

The number of hospitalised patients increased dramatically over the recent years, which became evident in particular after the COVID-19 pandemic. Hospitalization, which is the main cost of societal healthcare, takes up a significant part of the healthcare system's overall budget [1].

Both individual educational abilities of the medical personnel and educational strategies are important in the prevention, treatment and management of disorders. The emergence of an illness in one's life, and the resulting hospitalization, are situations that increase the need for patient-centered assistance and education. It is generally believed that educating patients is an obligation of the nurse, however, it is not often executed in real life. In cases where nurses do educate patients, it is often unplanned and accidental, and their effectiveness is uncertain. There are many reasons for the present state of things, most of which are related to inadequate education and training of nurses in preparation for this role. Poor education is the most common cause of the patients' complaints at present, which are also issued against the nursing personnel. Therefore it seems reasonable to increase the competencies of nurses in the area of health education, which includes the knowledge and application of patient's rights in everyday work [2–6].

A healthcare system unit is the kind of environment where a patient is observed, given a medical and nursing diagnosis, and for whom a therapeutic procedure (treatment) is planned, so that they can return to their local community in full health. Involved throughout

the duration of this process is a team of medical professionals, where the nurse plays one of the most important roles. The nurse accompanies the patient from the moment they enter the premises of the healthcare facility, whether it is a Primary Healthcare Clinic (PHC), Ambulatory Specialized Care (ASC), a hospital, the hospital Emergency Department (ED) or the Emergency Room (ER). A nurse is an insightful observer of the patient's condition. They teach patients how to live and act to regain and maintain their health, involving them in the treatment process. Providing education is one of the most important services provided by nurses in the optimization of the patients' quality of life and elevating the role of the family in the treatment process. Patient education provides information that improves patients' health and facilitates their participation in shared decision-making regarding their ongoing care and treatment, which is a basic patient's right [5,7,8].

The importance and significance of the issue of the proper attitude of the nursing personnel towards patient's rights and their adequate education are demonstrated when looking at the basic data published by Statistics Poland (SP). Table 1 shows the number of licensed nurses in Poland in the years 2020–2022 according to SP data. As evident from the SP data for 2022, there were changes in the age distribution among nurses and midwives. There was an increase in the number of nurses who were 50 years old or above, as well as nurses under the age of 39. Meanwhile, most nurses licensed to practice their profession in 2022 were between 50 and 59 years of age (98.0 thousand), followed by nurses aged 60–69 years (79.2 thousand) and 40–49 years (55.3 thousand).

Table 1. Persons with the license to practice the profession of a medical nurse as of the 31st of December [9]

Specification	2020	2021	2022*		
			%	change in relation to 2021	
			in absolute numbers		%
Nurses	300 542	305 828	309 992	4 164	1.3
of which females	292 986	297 664	301 321	3 657	1.2

*Date of Central Office of Statistics (GUS). Table 18. Persons entitled to practice medical profession

Similarly to the year prior, the least populous group were nurses aged 80 or above (1.7 thousand) and 29 or below (22.5 thousand). In 2022, there were 27.2 thousand nurses aged 70 or above, which constituted 8.7% of the overall number of licensed nurses (5.9% in the year prior) (Table 1) [9].

According to the data included in the Patient Rights Ombudsman (PRO) for 2022, of all types of health services provided under the Polish National Health Service in 2019–2022, the most frequent violations were noted with regard to respecting patient's rights during hospitalization. According to the PRO data, the most frequently violated patient rights in the hospital ward setting was the right to health services provided with due diligence. This was related to the inadequate standards for providing health services, as well as issues regarding the therapeutic process. Proceedings concerned the denial of treatment control services, refusal to qualify a patient for hospital treatment, or canceling planned procedures with long waiting times while failing to set a new date. Meanwhile, families of hospitalized patients complained about the implemented visit restrictions. This concerned, in particular, the unauthorized approval of visits from close ones depending on their negative COVID-19 tests and a lack of information regarding the condition of the hospitalized patient. In 2019–2021, the subject of PRO cases was most often the patient's

right to healthcare services. Compliance with this right or lack thereof accounted for an average 57% of the investigated violations. The next most frequently investigated right was the patient's right to medical records, which was found to be an issue in one in five cases investigated by the Ombudsman. The number of established violations of patient's rights is higher relative to non-established violations, which signifies there had been a need to take on and clarify the reported instance of violation. The established violation index of different patient's rights increased insignificantly in 2020 in relation to 2019. However, when taking into account the ratio between 2020 and 2021, it grew significantly. The subject and scale of the established patient's rights violations in 2019–2021 are presented in Table 2 [10].

Undoubtedly, the problem reported by patients in the period between 2020 and 2022 was the limited access to healthcare which was the result of the COVID-19 pandemic. Both patients and their families faced difficulties in their encounters with every type of healthcare service in primary healthcare, outpatient specialty care and inpatient hospital treatment [11].

As exhibited in the data from Statistics Poland, nurses are a professional group with the ability to make a real impact on patients in the process of their health education, which is not only aimed at raising their awareness of their rights as patients, but also tangibly

Table 2. Type and extent of identified patient rights violations in the years 2019–2021 [10]

Identified violations of different patient's rights*	2019	2020	2021
	Number of cases		
Right to health services	436	838	1018
Right to medical records	200	291	293
Right to respect of privacy and dignity	44	63	90
Right to information and consent to receiving health services	125	228	331
Right to respect of private and family life	3	0	11
Right to confidentiality of personal information	6	15	8
Right to store valuables in the depository	2	2	8
Right to pastoral care	0	0	0
Right to report adverse reactions to medicinal products	1	1	0
Total	817	1438	1759

*Due to the changes to the methods of data collection adopted by the PRO, the categorisation of cases has been waived

affecting those rights being respected and complied with in medical facilities, including hospitals. This is why an investigation of the knowledge and attitudes towards patient's rights of medical personnel employed there is such an important part of patient's rights implementation overall.

Material and Methods

The study was conducted in the period between May of 2022 and 2023 and was introductory in nature. The participants were deliberately selected from a population of those participating in educational activities carried out by the PRO as part of the “Patient First — Patient Ombudsman Activities” training programme. They were male and female nurses employed in inpatient healthcare units such as hospitals. 200 respondents declared their willingness to participate in the study. In the end, the study included 179 male and female nurses who were currently licensed to work in their profession (taking into account that the profession of a nurse is heavily feminized in Poland, with men accounting for less than 3% of the total population, hereafter the general term nurses will be used to refer to the entire sample without gender distinction), who correctly and fully answered the questions included in the survey questionnaire. The percentage of women taking part in the survey was 72%, while the remaining 28% were men. The survey was conducted while adhering fully to sanitary regime constraints. Individuals interested in participating in the study were given envelopes containing the survey tool and an instruction on how to proceed with it. Each participant of the study was informed about the subject and purpose of the conducted research. Participation in the study was voluntary and anonymous. The questionnaires were passed on to the participants of the training before it began with a request to fill it out and submit the results in an urn designated for this purpose. 87% of the questionnaires were correctly completed and returned. The study used the diagnostic survey method, the survey technique and a self-developed survey questionnaire (which covered the issues that allow for an interpretation of the level of knowledge of the nursing personnel regarding their knowledge and application of patient's rights). The questionnaire consisted of 17 questions. The first six items of the questionnaire concerned sociodemographic data such as age, gender, work experience, level of education, position at work, or place of work, while the second part included 11 questions related to the issue of knowledge and application of patient's rights in everyday nursing practice. The survey was conducted in accordance with the principles of the Helsinki Declaration [11]. A Microsoft Excel spreadsheet, (Microsoft Office) was

used to statistically process the results. The statistical analysis was performed with the use of the Statistica 13.1 PL statistical software (licensed by Jan Kochanowski University in Kielce). To analyze the qualitative data collected between the two groups divided on the basis of their level of education, the non-parametric Mann–Whitney U and Chi² tests were used, with the level of significance at the pre-established level of $\alpha=0.05$. To assess the effect size of the Chi-square test of independence, Cramér's V coefficient was used. If this coefficient has a value below 0.2, it signifies a weak relationship between the variables despite its statistical significance. Values between 0.2 and 0.6 signify a relationship of moderate strength between the variables, while values above 0.6 can be interpreted as variables being strongly related.

Results

Among the participants, the most populous group were nurses aged 31–40 years (31%), with higher professional education (45%), and an average work experience of 11–20 years (30%), employed in district hospitals (61%) (Table 3).

A vast majority of the participants (75%) gained knowledge regarding patient's rights during their professional work, and only 25% did so during the process of their professional education.

72% of the participating nurses familiarized themselves with the Act on the Patient's Rights and the Patient's Rights Ombudsman. The remaining 28% did not indicate having done so (including 11% of the nurses employed in regional hospitals and 17% of those employed in district hospitals).

The respondents were asked to evaluate their knowledge regarding patient rights and indicate the source of their knowledge. 64% of the nurses evaluated it as satisfactory, while the remaining 36% considered it unsatisfactory.

The most common method of informing patients about their rights was a sign on the notice board, as indicated by 93% of the participants, followed by verbally communicating those rights by medical staff indicated by 69% of the participants (which included 27% of the nurses employed in the regional hospital and 42% of those employed in the district hospital).

According to 83% of the participants, the requirements resulting from patient's rights apply to the medical facility management, while for 96% they apply to the medical personnel overall.

A vast majority (82%) of the participating nurses declared that they always comply with patient's rights in their everyday work, while only 18% of them do so sometimes. 66% of the participants witnessed a patient rights violation in their workplace, including 25% of

the nurses employed in the regional hospital and 41% of those employed in the district hospital.

The patient's rights most commonly violated included the patient's right to respect of private and family life (75%), the right to respect of privacy and dignity of the

patient (66%), and the right to confidentiality of personal information (55%). The data above indicate that the rights most often violated are those that directly concern the patient as a person and their private life.

Table 3. Participant sample demographics

Participant sample			N=179 (100.00 %)					
Age	<30 years		31–40 years		41–50 years		>50 years	
	N=43 (24%)		N=55 (31)%		N=43 (24%)		N=38 (21)%	
Gender	F	M	F	M	F	M	F	M
	N=39 (20%)	N=4 (2%)	N=44 (25%)	N=11 (6%)	N=31 (17%)	N=12 (7%)	N=36 (20%)	N=2 (1%)
Years of work experience	<5		6–10 years		11–20 years		>20 layearst	
	N=32 (18%)		N=41 (23%)		N=54 (30%)		N=52 (29%)	
Education	Medical high school		Medical vocational school		Higher professional education		Master’s degree	
	N=29 (16%)		N=27 (15%)		N=80 (45%)		N=43 (24%)	
Position	Head nurse		Unit nurse		OR nurse		Others, e.g. coordinating nurse	
	N=16 (9%)		N=111 (62%)		N=29 (16%)		N=23 (13%)	
Workplace	Regional hospital				District hospital			
	N=70 (39%)				N=109 (61%)			

F — Female, M — Male

Table 4. Knowledge and application of patient rights in the everyday professional practice of the participants depending on the place of work

No.	Question	Answer	Workplace (in %)		Chi ²	p-value	effect size V Cramer
			N=179 (100.00)				
		Total	Regional hospital N=70 (22%)	District hospital N=109 (46%)			
1	2	3	4	5	6	7	8
1.	Where did you become familiar with patient's rights?	During education	17 (8%)	30 (17%)	0.841	0.359	—
		During work	55 (31%)	79 (44%)			
2.	How would you evaluate your knowledge of patient's rights?	Unsatisfactory	23 (12%)	39 (24%)	0.161	0.688	—
		Satisfactory	47 (26%)	70 (38%)			
3.	Have you familiarized yourself with the legal act regulating patient's rights in Poland (more than one answer can be indicated)	WHO Patient's Rights Charter			3.256	0.071	—
		Yes	7 (5%)	22 (13%)			
		No	60 (34%)	87 (48%)			
		European Charter of Patients' Rights			15.312	<0.001	0.292
		Yes	5 (3%)	10 (6%)			
		No	65 (36%)	74 (41%)			
		Act on the Patient's Rights and the Patient's Rights Ombudsman			0.001	0.985	—
		Yes	50 (28%)	78 (44%)			
No	20 (11%)	31 (17%)					

Table 4. Continued

1	2	3	4	5	6	7	8
		The Constitution of the Republic of Poland					
		Yes	15 (8%)	39 (22%)	4.167	0.041	0.153
		No	55 (31%)	70 (39%)			
		I do not know any such document					
		Yes	4 (2%)	11 (7%)	1.246	0.264	—
		No	38 (21%)	74 (41%)			
4.	Are patients informed of their rights in your workplace?	Yes	66 (35%)	99 (55%)	2.511	0.113	—
		No	8 (4%)	10 (6%)			
5.	How are patients informed of their rights in your medical facility? (more than one answer can be indicated)	Sign on a notice board					
		Yes	64 (36%)	102 (57%)	0.292	0.589	—
		No	6 (3%)	7 (4%)			
		Verbally by medical personnel					
		Yes	48 (27%)	74 (42%)	0.009	0.924	—
		No	22 (12%)	35 (19%)			
6.	Please indicate to whom the patient's rights requirements concern (more than one answer can be indicated)	Medical facility management					
		Yes	65 (26%)	102 (57%)	0.035	0.851	—
		No	5 (3%)	7 (4%)			
		Doctors					
		Yes	62 (35%)	97 (54%)	0.008	0.931	—
		No	8 (4%)	12 (7%)			
		Nurses					
		Yes	62 (35%)	96 (53%)	0.010	0.920	—
		No	8 (5%)	13 (7%)			
		Paramedics					
		Yes	48 (26%)	74 (42%)	0.009	0.924	—
		No	22 (13%)	35 (19%)			
		All healthcare professionals					
		Yes	66 (37%)	106 (59%)	0.995	0.318	—
		No	4 (2%)	3 (2%)			
7.	Who is accountable for violation of patient's rights?	Medical facility management					
		Yes	57 (32%)	92 (42%)	0.270	0.603	—
		No	13 (7%)	17 (9%)			
		Medical professional guilty of misconduct					
		Yes	41 (23%)	52 (29%)	2.016	0.156	—
		No	29 (16%)	57 (32%)			
8.	Please indicate the patient's rights you are familiar with (more than one answer can be indicated)	Patient's right to health services					
		Yes	68 (38%)	99 (55%)	2.720	0.099	—
		No	2 (1%)	10 (6%)			
		Patient's right to information					
		Yes	65 (36%)	99 (55%)	0.229	0.632	—
		No	5 (2%)	10 (7%)			
		Patient's right to report adverse reactions to medicinal products					
		Yes	49 (27%)	81 (45%)	0.399	0.528	—
		No	21 (12%)	28 (16%)			

Table 4. Continued

1	2	3	4	5	6	7	8
		Patient's right to confidentiality of personal information					
		Yes	65 (36%)	105 (59%)	1.077	0.299	–
		No	5 (3%)	4 (2%)			
		Patient's right to consent to receiving health services					
		Yes	61 (34%)	101 (56%)	1.510	0.219	–
		No	9 (5%)	8 (4%)			
		The right to respect for privacy and dignity of the patient					
		Yes	60 (34%)	97 (54%)	0.425	0.515	–
		No	10 (6%)	11 (6%)			
		Patient's right to medical records					
		Yes	68 (38%)	104 (58%)	0.340	0.560	–
		No	2 (1%)	5 (3%)			
		Patient's right to raise an objection against the opinion or medical certificate issued by the physician					
		Yes	55 (31%)	90 (51%)	0.443	0.506	–
		No	16 (8%)	19 (10%)			
		Patient's right to respect for private and family life					
		Yes	49 (28%)	90 (51%)	3.881	0.049	0.147
		No	21 (11%)	19 (10%)			
		Patient's right to pastoral care					
		Yes	50 (28%)	92 (52%)	4.376	0.036	0.156
		No	20 (11%)	17 (9%)			
		Patient's right to store valuables in the depository					
		Yes	51 (29%)	87 (49%)	1.169	0.280	–
		No	19 (10%)	22 (12%)			
9.	Do you comply with patient's rights?	Always	55 (31%)	92 (51%)	1.942	0.163	–
		Sometimes	16 (9%)	16 (9%)			
10.	Have you witnessed any violations of patient's rights in your workplace?	Yes	44 (25%)	74 (41%)	0.481	0.488	–
		No	25 (14%)	35 (20%)			
11.	Do patient's rights violations by medical personnel occur in your workplace?	Patient's right to health services					
		Yes	5 (3%)	11 (6%)	0.455	0.500	–
		No	65 (36%)	98 (55%)			
	If yes, please indicate the type of violation (more than one answer can be indicated)	Patient's right to information					
		Yes	10 (6%)	13 (7%)	0.212	0.645	–
		No	60 (33%)	96 (54%)			
		Patient's right to report adverse reactions to medicinal products					
		Yes	2 (1%)	3 (2%)	0.002	0.967	–
		No	68 (38%)	106 (59%)			
		Patient's right to confidentiality of personal information					
		Yes	35 (20%)	60 (33%)	0.010	0.921	–
		No	35 (20%)	49 (27%)			
		Patient's right to consent to receiving health services					
		Yes	0 (0%)	5 (3%)	3.303	0.069	–
		No	70 (39%)	104 (58%)			

Table 4. Continued

1	2	3	4	5	6	7	8
		The right to respect for privacy and dignity of the patient					
	Yes		37 (21%)	62 (35%)		0.595	0.440
	No		35 (19%)	45 (25%)			–
		Patient's rights to medical records					
	Yes		13 (7%)	24 (14%)		0.631	0.427
	No		58 (32%)	85 (47%)			–
		Patient's right to raise an objection against the opinion or medical certificate issued by the physician					
	Yes		9 (5%)	12 (7%)		0.141	0.708
	No		61 (34%)	97 (54%)			–
		Patient's right to respect for private and family life					
	Yes		54 (30%)	81 (45%)		0.318	0.573
	No		26 (9%)	29 (16%)			–
		Patient's right to pastoral care					
	Yes		6 (3%)	18 (10%)		8.116	0.004
	No		64 (36%)	81 (51%)			0.213
		Patient's right to store valuables in the depository					
	Yes		14 (8%)	27 (15%)		0.549	0.459
	No		56 (31%)	82 (46%)			–

Chi² — chi-square test

Discussion

As far as the healthcare system is concerned, the patient's health education is one of the mandatory activities and professional obligations of the entire medical personnel and any other member of the therapeutic team who takes care of the patient as well as the patient's family. It enables the patient to make informed decisions regarding their own health and encourages them to use the knowledge they have obtained and to take care of their health. The health education procedures undertaken by the nurse as part of the prevention protocol should be coherently and logically linked together in sensible frameworks. It is thus essential for them to be understandable and undertaken as part of an appropriately structured organized action, which includes elements like recognition, planning, implementation and evaluation. Illness and hospitalization are situations that increase the need for assistance and education. At present, poor education is one of the most common sources of patients' complaints in the healthcare sector. A procedure that is part of a patient's health education is educating them about their due rights [5,12,13].

The analysis of the present research shows that, in the opinion of the vast majority of nurses, education in the area of patient's rights takes place outside of the

professional education curriculum. However, it remains a neglected area of nursing care provided to patients, regardless of the fact that it is a significant factor in the improvement of healthcare services overall. In Gotlib et al.'s study, 78% of the participants familiarized themselves with the Act on the Patient's Rights and the Patient's Rights Ombudsman [14], which is similar to the result of the present study, where the knowledge of this law was indicated by 72% of the participants.

The work of a nurse is marked by constant contact with other human beings and as a result, the goal of nursing care is not just to meet the patient's somatic needs, but also to respect their personal dignity and to maintain a holistic approach to the patient in doing so. Therefore, the work of a nurse requires knowledge of ethical conduct [15].

According to research by Grochans et al., it can be concluded that a significant majority of the participants (94%) had knowledge regarding compliance with the right to confidentiality. However, cases where confidentiality needs to be maintained most often take place during the intake interview in the emergency room or during doctor visits [13]. In their research, Beltran-Aroca et al. noted situations where professional confidentiality was violated by the medical personnel, including doctors, nurses, healthcare providers and paramedics. Disclosure of a patient's information to

unauthorized parties most often took place in the internal medicine department and the emergency department [16]. The above finds confirmation in the results of the present study regarding the compliance with patient's right to respect of private and family life, the right to privacy and dignity of the patient, and the right to confidentiality of personal information. In Gotlib et al.'s study, 64% of the participants indicated that they witnessed patient's rights violations in their workplace [14], which is similar to the results obtained in the present research, where 66% of the participating nurses witnessed such practices.

According to the research by Jurkiewicz and Kobos, only 35% of the participating patients expressed a positive opinion regarding the clarity of the information provided by their nurse [15]. The basis of health education is, thus, adequate communication between the patient and the nurse [17,18]. According to the data obtained by Wierzbńska-Karakuła and colleagues, approximately two-thirds of the patients are informed about their rights, while 63% state that patient rights are presented in writing and are easily accessible to them [19].

As research has shown, it may happen that patients do not receive information regarding their own rights, including their right to information as understood broadly, which causes them to be unaware of their health condition, the course and method of their treatment, their prognosis, as well as their due rights [20–22]. As identified in the research, a majority of the participants declare that they are able to access medical records. Medical history is made available to 44% of the patients upon request, while 37% have limited access to it, and 18% report they do not have the ability to access it at all [19]. The results of the aforementioned research correspond with the results of the present study, where the possibility of violation regarding the patient's right to medical records was indicated by 21% of the respondents, while the remaining 79% were of the opinion that such violations do not occur in their workplace.

Conclusions

1. A vast majority of the participants obtained their knowledge regarding patient's rights during professional work, and only one in four did so during their professional education.
2. According to more than 1/3 of the participants, the knowledge regarding patient's rights was unsatisfactory, therefore it is imperative to develop and implement a training system for the nursing personnel in this area.

3. Almost 2/3 of the respondents witnessed a violation of patient rights, therefore the respecting of patient's rights by medical staff should be monitored and individuals who do not comply with regulations should be held accountable.
4. Regular investigations into the extent to which patient rights are respected when administering medical services according to samples of patients and medical personnel alike will help identify the areas which require modifications to be introduced by a medical facility in its daily operations.

Implications for Nursing Practice

The hospital is the immediate environment of the patient during the period of illness, whom you get to know here, observe, make a diagnosis, plan the therapeutic course of action. The nursing team is involved in this entire process of action, in which it plays a significant role. Accompanying the patient from the moment he is admitted to the hospital until he is discharged. Through continuous, caring care of the patient, the nurse counteracts the stress caused by the disease, thus facilitating treatment. Proper care of the patient means not only providing comfort and appropriate conditions, but also respecting the patient's rights. Patient rights and their respect by medical personnel are the foundations of a properly functioning health care system and the quality of a medical facility. It is not enough to rigidly fulfill activities or prescribed treatments, at the core of the nurse's contact with the patient must be an interest in his person, a great deal of kindness, a willingness to come to his aid and reckoning with his individual characteristics. However, always in dealing with the patient, the nurse should be guided by the principle of respecting the rights of the patient.

Limitations of Research

The present study has certain limitations that have to be taken into account when interpreting the results. The data for the study was obtained only from a sample consisting of a deliberately selected group of mid-level medical personnel working in the ED who gave their consent to participate in the study. The sample participating in the study does not represent the broader population of mid-level medical personnel working in inpatient healthcare units such as hospitals. On the basis of the opinion of 179 respondents, only universal conclusions directed towards the entire professional group employed there can be presented. In the future, the survey should include a larger participant sample and consist of more standardized research tools, which

include a larger number of questions related more broadly to the issue of respecting patient rights, in order to increase representativeness and the possibility of a more universal interpretation of the study results.

References

- [1] Nitsch-Osuch A., Lewtak K. *Raport o zdrowiu Polaków. Diagnoza po pandemii COVID-19. Skutki, wyzwania i rekomendacje*. TUW PZUW, Warszawa 2022, https://www.tuwpzuw.pl/_files/asset/item/1500076 [dostęp: 8.02.2025].
- [2] Pitt M.B., Hendrickson M.A. Eradicating Jargon-Oblivion-A Proposed Classification System of Medical Jargon. *J Gen Intern Med*. 2020;35(6):1861–1864.
- [3] Kim M.Y., Oh S. Nurses' Perspectives on Health Education and Health Literacy of Older Patients. *Int J Environ Res Public Health*. 2020;17(18):6455.
- [4] Pueyo-Garrigues M., Pardavila-Belio M.I., Canga-Armayor A., Esandi N., Alfaro-Díaz C., Canga-Armayor N. NURSES' knowledge, skills and personal attributes for providing competent health education practice, and its influencing factors: A cross-sectional study. *Nurse Educ Pract*. 2022;58:103277.
- [5] Fereidouni Z., Sabet Sarvestani R., Hariri G., Kuhpaye S.A., Amirkhani M., Kalyani M.N. Moving Into Action: The Master Key to Patient Education. *J Nurs Res*. 2019;27(1):1–8.
- [6] Krówczyńska D. The knowledge of nurses on self-management principles in heart failure and their role as patients' educators — a narrative review. *J Educ Health Sport*. 2022;12(4):11–24.
- [7] Aghakhani N., Nia H.S., Ranjbar H., Rahbar N., Beheshti Z. Nurses' attitude to patient education barriers in educational hospitals of Urmia University of Medical Sciences. *Iran J Nurs Midwifery Res*. 2012;17(1):12–15.
- [8] Alissa N.A., Alwargash M. Awareness and Attitudes toward Health Education and Promotion among Physicians and Nurses: Implications for Primary Health Care. *Inquiry*. 2024;61:469580241248127.
- [9] GUS, *Zdrowie i ochrona zdrowia w 2022 r.* Warszawa–Kraków 2023, <https://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/zdrowie-i-ochrona-zdrowia-w-2022-roku,1,13.html> [dostęp: 25.02.2025].
- [10] Rzecznik Praw Pacjenta, *Raporty za rok 2022*. <https://www.gov.pl/web/rpp/raporty-za-rok-2022> [dostęp: 17.03.2025].
- [11] Chmielowiec B., Raczek M., Chmielewski J., Puścion M., Florek-Łuszczki M. Dostępność świadczeń zdrowotnych w Polsce w początkowym okresie pandemii SARS-CoV-2 — perspektywa pacjenta. *Med Og Nauk Zdr*. 2022;28(3):208–216.
- [12] Fortunka K.D. Health education as an effective element of prevention carried out by medical staff — review work. *J Educ Health Sport*. 2020;10(4):137–142.
- [13] Grochans E., Głowacka T., Szup-Jabłońska M. et al. Wpływ poziomu wykształcenia pielęgniarek na znajomość wybranych aktów prawnych wykorzystywanych w pielęgniarstwie. *Probl Pielęg*. 2011;19(4):463–467.
- [14] Gotlib J., Dykowska G., Sienkiewicz Z., Skanderowicz E. Ocena wiedzy i postaw personelu medycznego Samodzielnego Publicznego Szpitala Klinicznego im. Prof. Orłowskiego w Warszawie wobec praw pacjenta. *Ann Acad Med Siles*. 2014;68(2):84–93.
- [15] Jurkiewicz A., Kobos E. Opinia pacjentów na temat pracy pielęgniarek. *Pielęg Pol*. 2017;3(65):473–480.
- [16] Beltran-Aroca C.M., Girela-Lopez E., Collazo-Chao E., Montero-Pérez-Barquero M., Muñoz-Villanueva M.C. Confidentiality breaches in clinical practice: what happens in hospitals? *BMC Med Ethics*. 2016;17(1):52.
- [17] Chałdaś-Majdańska J., Bieniak M., Karska K. Interpersonal communication between nurses and hospitalized patients — a review of Polish literature. *J Educ Health Sport*. 2020;10(2):97–106.
- [18] Pouresmail Z., Nabavi F.H., Rassouli M. The development of practice standards for patient education in nurse-led clinics: a mixed-method study. *BMC Nurs*. 2023;22(1):277.
- [19] Wierzbńska-Karakuła S., Binkowska Bury M., Burzyńska J., Januszewicz P. Respektowanie oczekiwań i praw pacjentów w podkarpackich jednostkach podstawowej opieki zdrowotnej jako element jakości usług zdrowotnych. *Prz Med Univ Rzesz Inst Leków*. 2015;1:19–30.
- [20] Rybarczyk A., Marczak M. Quality assessment of health care services in patients' and medical staff's opinion. *Zdr Publ*. 2011;121(2):111–116.
- [21] Jacek A., Ożóg K. Przestrzeganie praw pacjenta przez personel medyczny. *Hygeia Public Health*. 2012;47(3):264–271.
- [22] Szpringer M., Chmielewski J., Kosecka J., Sobczyk B., Komendacka O. Poziom satysfakcji pacjenta jako jeden z aspektów jakości opieki medycznej. *Med Og Nauk Zdr*. 2015;21(2):132–137.







Corresponding Author:

Jarosław Piotr Chmielewski 

Department of Public Health,
Medical Academy of Applied and Holistic Sciences
Kasprzaka 49 street, 01-234 Warsaw, Poland
e-mail: j.chmielewski@ios.edu.pl

Conflict of Interest: None

Funding: None

Author Contributions: Bartłomiej Chmielowiec^{A,C,E,F} ,
Jarosław Piotr Chmielewski^{A,C,G}, Beata Haor^{G,H} ,
Karol Bielski^{E,F} , Agnieszka Chruściłowska^{D,F} ,
Mariusz Jaworski^{C,D} , Małgorzata Dziechciaż^{G,H} 

A — Concept and design of research, B — Collection and/or compilation of data,
C — Analysis and interpretation of data, D — Statistical analysis, E — Writing
an article, F — Search of the literature, G — Critical article analysis, H — Approval
of the final version of the article

Received: 4.03.2025

Accepted: 2.04.2025