

Nurse Interns' Perception Regarding Patients' Rights and Advocacy

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Abstract

Background: Although respecting patient rights is crucial in the provision of quality care, patient rights and advocacy are often missed in nursing practice. **Study aim:** to assess the nurse interns' perception regarding patients' rights and advocacy. **Research design:** A descriptive design was used. **Subjects:** study was conducted in the four Ain Shams University Hospitals on 111 nurse interns. **Methods:** A self-administered questionnaire with 2 tools for patient bill of rights and patient advocacy was used in data collection. The fieldwork lasted from February to April 2021. **Results:** Nurse interns' age ranged between 21 and 27 years, median 23.0 years, with almost equal gender distribution. Overall, 66.7% of the nurse interns had high perception of patient rights, and 80.2% had high perception of patient advocacy rights. A significant positive correlation was found between the scores of perceptions of patient rights and of advocacy ($r=0.565$). Female gender and awareness of the patient right bill were positive predictors of the patient right perception score, while for the advocacy score, female gender, family size, and previous training were positive predictors and age and night shift work were negative predictors. **Conclusion :** Nurse interns' perception of patient rights is suboptimal, while their perception of advocacy is higher, and both are positively correlated. **Recommendations :** Nursing internship program should give more emphasis to the area of patient rights and advocacy. The hospital administration should foster staff awareness of patient rights. Further research is proposed to explore the barriers that prevent nurses from advocating patients.

Keywords: Nurse interns, Perception, Patient rights, Advocacy.

Introduction

The healthcare industry is becoming more and more complex and advanced. However, patients find themselves helpless in the healthcare with limited knowledge of their rights (Kupcewicz *et al.*, 2021). The right to the health and wellbeing is basic as it affects all aspects of life the effective means for healthcare providers to fulfill their obligations to the "right to health" is to provide the highest quality care with respect of individual patient dignity (Abbasinia *et al.*, 2020).

Patient rights are those basic rules of conduct between patients and medical caregivers, including access to care, dignity and respect, effective

communication, privacy, confidentiality and informed consent (Dahar, 2015). The impact of universal developments on all life aspects including socio-economic, cultural, geopolitical and ethical issues has considerably influenced what is meant by human rights. However, in any terms, respecting patient rights is crucial in the provision of quality healthcare (Olejarczyk *et al.*, 2021).

Patient advocacy has always been a moral obligation in nursing. Recently, the term "patient advocacy" is used to denote ideal practice (Bijani *et al.*, 2017). Successful patient advocacy actions produce positive outcomes. Patient rights, benefits and values are preserved and protected through nurses' particular advocacy actions (Kupcewicz *et al.*, 2021).

Hence, nursing advocacy is a fundamental duty in nursing practice to keep patients safe in healthcare settings

Saleh et al. (2020). Nurses are convinced that they have an ethical obligation to advocate patients and often describe their actions on behalf of a patient as "being a patient advocate" (*Gamtessa, 2021*).

Additionally, patient advocacy can be seen as a role for all health professionals but has been adopted by nurses. Their proximity to patients makes them the best for this role. Nurses also trust that this role can enhance their public image and foster their job satisfaction. Moreover, it leads to promotion of patient rights and wellbeing and excellence in quality nursing care (*Smith and Mee, 2017; Saleh et al., 2020*).

Nevertheless, nurses' perceptions of patient advocacy frequently differ from policies and procedures, administration, patients' preferences, and nursing profession's view. Also, advocacy roles are often based on personal judgements and actions on behalf of patients emerging from nurses' feelings of ethical and moral obligations. Thus, nurses need to have a good understanding of nursing advocacy to be able to practice it efficiently and protect their patients. A clear understanding would improve their knowledge on when and in what situations patients need advocacy (*Young and Wagner, 2021*).

Significance of the study:

Patients are often left vulnerable and helpless in the healthcare setting due to limited knowledge about medicine, healthcare, illnesses, and their rights. Few researches were found about nurses' experience during internship year regarding their role as an advocate for patient rights. Therefore, this study is an attempt to assess nurse interns' perception

regarding patients' rights and patients' advocacy.

Aim of the study

This study aims to assess the nurse interns' perception regarding patients' rights and advocacy.

Research Question

What is the nurse interns' perception regarding patients' rights and advocacy?

Subjects and Methods

Research Design:

A descriptive research design was adopted to fulfill the aim of the study and answer the research question.

Research Setting:

The study was carried out in Ain Shams University Hospitals where nurse interns are having their internship training program. Data were collected from the hospitals (Ain Shams University Hospital, El-Demerdash Hospital, Academic Cardiovascular Institute Hospital, Ain Shams Pediatrics Hospital) where the nurse interns were adopting their training.

Subjects:

The subjects of this study consisted of the nurse interns having their training in the above mentioned settings. Their total number was (111) nurse interns. All of them were included in the study with no inclusion or exclusion criteria.

Tools of the study:

Data were collected using two tools namely:

1-First Tool: patient's bill of rights questionnaire: was adopted from **Abdel-Fattah, (2014)** based on the American Hospital Association Patient Bill of Rights (**American Hospital Association, 2010; Carol et al., 2001**) and (**Shabaan, 2002**). It was used to assess the perception of patient's rights from the point of view of nurse interns. It consists of the following two parts:

A-First part: this part aimed to assess personal data from the participants, including: (age, gender, marital status, residence, family size and training area).

B-Second part: It included (124) items and categorized under (15) dimensions.

Scoring system:

Each item of the scale was scored based on five responses from "strongly agree" to "strongly disagree". for each domain the scores of the items were summed up, then the total divided by the number of the items, giving a mean score of the part. these scores were converted into a percent score. perception of the rights was considered high if the percent

score was 60% or more which from (372-620) and low if less than 60% which from (124-371) (*ISQUA, 2007*).

2- Second Tool: Patient advocacy questionnaire: It was used to assess the perception of nurse interns regarding patient advocacy. it was adopted from *Elewa et al. (2016)*. It consists of (14) statements covering the various aspects related to patients' advocacy.

Scoring System:

The scoring system for all statements about patient advocacy are (1 grade for Yes answers) and (0 for No answers).

The scores of statements are summed-up so that a higher score indicated higher perception. The total was converted into a percent score. It was then categorized into "high perception :60% which from (9-14) "and " low perception: <60%" which from (0-8)

Preparatory Phase:

It included review past, current, local and international related literature and theoretical knowledge of various aspects of the study using books, articles, internet, periodicals and magazines to develop tools for data collection.

Pilot Study:

A pilot study was undertaken after the adaptation of the tools and before starting the data collection. It was conducted on (12) nurse interns representing about 10% of the main study sample. Pilot study examines sequence of items, applicability, feasibility and clarity of language. In addition, the nurse interns took 15 to 20 minutes to fill the two questionnaires. After obtaining the result of the pilot study, there were no modifications done. Those participants in the pilot study were included in the main study sample.

Content Validity:

To achieve the criteria of trustworthiness of the data collection tools to be used in this study, the tools were tested and evaluated for their face and content validity, and reliability. **Face and content validity:** was tested by five professors (Jury) from Nursing Administration Department at Faculty of Nursing, Ain Shams University (three assistant professors) and two assistant professor from Nursing Administration Department at Faculty of Nursing, Banha University.

Reliability :

Reliability of two scales was examined through assessing their internal consistency. They demonstrated high level of reliability as shown by their Cronbach Alpha coefficient.

Scale	N of Items	Cronbach Alpha
Patient rights	124	0.985
Patient Advocacy	14	0.708

Fieldwork:

The actual fieldwork started at the beginning of February 2021 and ended at beginning of April 2021. Data were collected in 3 days per week in the Morning shifts from 9 am to 2pm and Afternoon shift from 2pm to 8pm. Each questionnaire took 15-20 minutes, depending on the response of the

participants. The nurse interns were asked to give oral agreement to participate in the study; the researcher explained the aim and objectives to the participants. The confidentiality of any obtained information was assured, and the subjects were informed about their right to participate or not in the study. The participants were also assured about confidentiality through anonymity of information, and that data will only be used for the purpose of the study, the researcher checked each questionnaire sheets after being completed by each participant to ensure the completion of all information.

Ethical Considerations

Prior to study conduction, an ethical approval of the study protocol was obtained from the scientific research ethics committee of faculty of nursing Ain shams University. In addition to that oral informed consent was obtained from each participant. They were informed about all rights to refuse or withdraw from the study with no consequences. They were reassured about the confidentiality of the information collected, and that it would be used only for the purpose of scientific research.

Administrative Design:

An official letter was issued from the Faculty of Nursing, Ain Shams University to obtain the permission from each hospitals director of the four hospitals of Ain Shams University to collect the data for the study. The letter explained the aim of the work, the tools, and process of data collection, and asked for permission to collect data from nurse interns. Then, the researcher met with each of these directors to explain the purpose of the study and to obtain their help and cooperation.

IV. Statistical Design:

The data were collected and coded. Then the collected data were organized, analyzed using appropriate statistical significance tests using the Computer

Statistical Package for Social Science (IBM SPSS), version 20. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, means, medians, standard deviations and interquartile ranges for quantitative variables. Chi square test was used to compare the frequencies and the correlation between study variables. Whenever the expected values in one or more of the cells in a 2×2 tables was less than 5, Fisher exact test was used instead. In larger than 2×2 tables, no test could be applied whenever the expected value in 10% or more of the cells was less than 5. Statistical significance was considered at P-value < 0.05 Significant (S).

Results

Table (1): Demonstrates the demographic characteristics of nurse interns. The study sample consisted of 111 nurse interns whose age ranged between (21-27) years, median 23.0 years, with almost equal gender distribution as shown in Table 1. The great majority were single (81.1%), with slightly more than a half of them residing in urban areas (54.1%). The median of their family size was 5 members, ranging between 2 and 10.

Figure (1): Demonstrates that slightly more than one-third of the nurse interns in the study sample were having their training in Ain shams University Hospital (37.8%). On the other hand, the lowest percentage were from the Academic cardiovascular Institute Hospital (17.1%).

Table (2): As for nurse interns' agreement upon patient advocacy rights, Table 2 indicates that more than four-fifth of them were agreeing upon all items. The items with the highest agreement (95.5%) were those of the "Right to refuse or discontinue treatment after a thorough explanation by his physician about the consequences and or outcomes of his/her decision," and the "Right to be informed the necessary directives and

procedures. "At the other extreme, the items with the lowest percentages of agreement were those of the "Right to be provided with appropriate medical services available in hospital facilities "(82.0%), and the "Right to be respected by hospital staff in a way that takes into consideration the patient's cultural, religious values and beliefs"(84.7%).

Figure (2): Overall, **Figure 2** demonstrates that two-thirds(66.7%)of the nurse interns in the study sample were having high perception of patient rights.

Figure (3):As displayed in **Figure3**, the majority of the nurse interns in the study sample (80.2%)were having high perception of patient advocacy.

Table (3): In multivariate analysis, **Table 3** demonstrates that the statistically significant independent positive predictors of nurse interns'score of patient right perception were their female gender and their awareness of the patient right bill. The model explains 11% of the variation in this score.

Table (4): As for the nurse interns'advocacy score, **Table 4**demonstrates that their female gender, family size and previous training workshops were its statistically significant independent positive predictors. On the other hand, the nurse intern's age and night night shift work were negative predictors. The model explains 22%of the variation in this score.

Table (1): Demographic characteristics of nurse interns in the study sample (n=111).

Demographic characteristics	Frequency	Percent
Age:		
<23	23	20.7
23+	88	79.3
Range		21-27
Mean±SD		23.2±1.0
Median		23.00
Gender:		
Male	55	49.5
Female	56	50.5
Residence:		
Rural	51	45.9
Urban	60	54.1
Marital status:		
Single	90	81.1
Married	21	18.9
Family size:		
<4	18	16.2
4-6	72	64.9
7+	21	18.9
Range		
Mean±SD		2-10
Median		5.0±1.5
		5.0

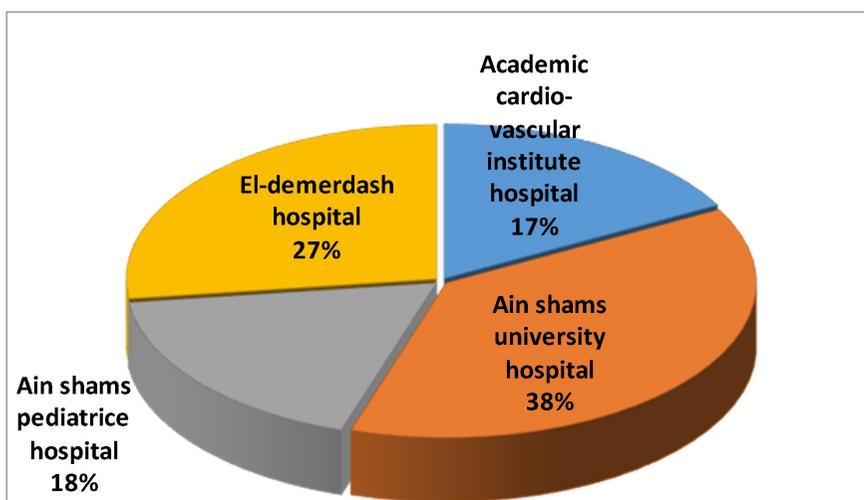


Figure (1): Distribution of nurse interns in the study sample by internship hospitals (n=111).

Table (2): Nurse interns' agreement upon patient advocacy rights.

Advocacy rights	Agree	
	No.	%
1. Right to be informed about his rights and responsibilities in a manner that he can understand.	96	86.5
2. Right to be provided with appropriate medical services available in hospital facilities.	91	82.0
3. Right to be respected by hospital staff in a way that takes into consideration the patient's Cultural and religious values and beliefs.	94	84.7
4. Right to have the health care staff introduce themselves and to appropriately display their ID padres	96	86.5
5. Right to accept or refuse to participate in any medical research and your refusal decision will not negatively affect the medical services provided.	97	87.4
6. Right to request an appropriate assessment and management of pain.	102	91.9
7. Right to be provided with interpreters to communicate with health care staff	102	91.9
8. Right to participate in care decisions to the extent he wishes to, and in choosing the treatment plan upon signing the general consent form	100	90.1
9. Right to refuse or discontinue treatment after a thorough explanation by his physician about the consequences and or outcomes of his decision	106	95.5
10. Right to obtain a second opinion consultation from another specialist.	102	91.9
11. Right to be informed the necessary directives and procedures.	106	95.5
12. Right to receive full explanation of any unanticipated outcomes of care and treatments	103	92.8
13. Right to have your valuables collected and secured according to hospital procedures.	105	94.6
14. Right to submit suggestions, or/and complaints and to be informed with the results of such complaints.	105	94.6

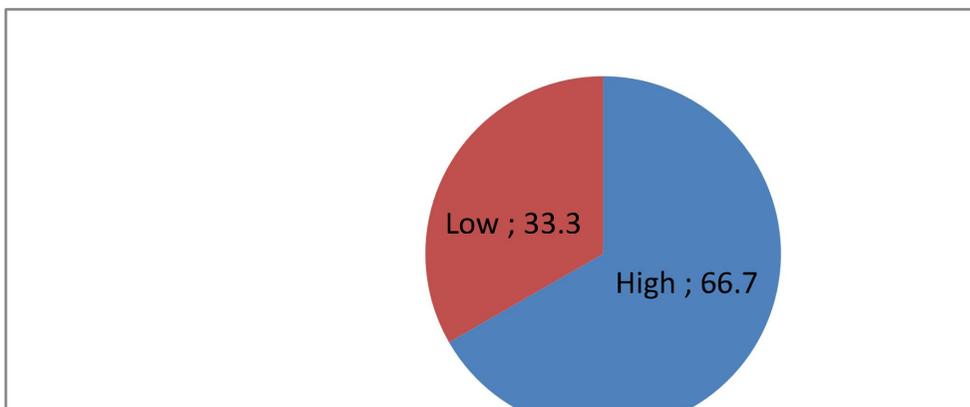


Figure (2): Nurse interns' total perception of patient rights.

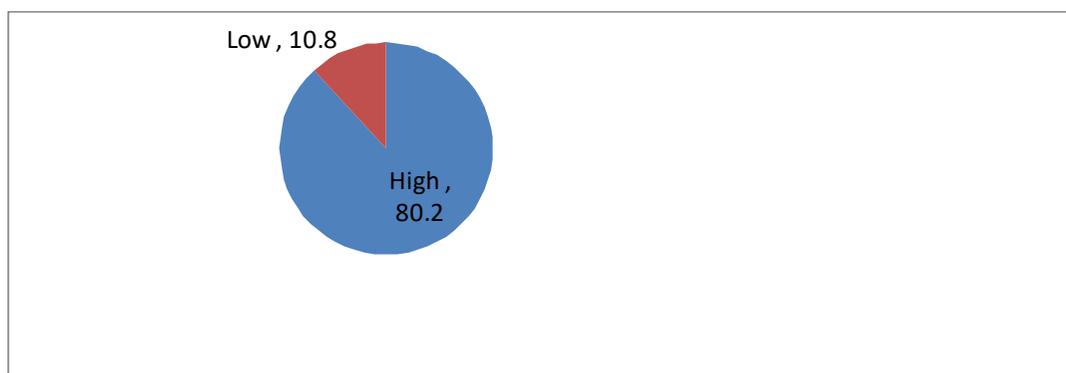


Figure (3): Nurse interns' total perception of patient advocacy.

Table (3): Best fitting multiple linear regression model for nurse interns' rights perception score.

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	82.52	5.97		13.817	<0.001	70.68	94.35
Female gender	5.49	1.73	0.29	3.182	0.002	2.07	8.91
Heard about rights bill	5.03	2.10	0.23	2.396	0.018	0.87	9.20

r-square=0.11

Model ANOVA: F=5.58, p=0.001

Variables entered and excluded: age, marital status, family size, residence, hospital, unit, shift work, training workshops, sources of information, heard about patient rights

Table (4): Best fitting multiple linear regression model for nurse interns' advocacy score.

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	139.76	25.78		5.422	<0.001	88.65	190.88
Age	-3.17	1.12	-0.24	2.822	0.006	-5.39	-0.94
Female gender	5.90	2.28	0.22	2.589	0.011	1.38	10.42
Night shift	-6.59	2.44	-0.25	2.699	0.008	-11.43	-1.75
Family size	2.73	0.75	0.31	3.615	<0.001	1.23	4.22
Training workshop	7.84	2.54	0.28	3.087	0.003	2.81	12.88

r-square=0.22

Model ANOVA: F=7.07, p<0.001

Variables entered and excluded: marital status, residence, hospital, unit, afternoon shift work, sources of information, heard about patient rights and bill.

Discussion

The present study sample included nurse interns in the usual age range of newly graduated nursing students. The sample had an almost equal gender distribution. This reflects the relatively recent trend of admission of male students to the faculties of nursing and the increasing tendency of selection of the nursing career by males. This tendency is corroborated by comparison with the study carried out on nurse interns in Zagazig University three years earlier, where the majority of the nurse interns were females (Saleh, 2018).

All the nurse interns in the current study sample reported having their training during the morning shifts. However, more than a half of them reported having afternoon or night shifts. This is quite expected given that the training was mostly in critical care units. This shift rotation is essential to train them on real life nursing work. Similar findings were also reported by Abd Elhamed et al. (2019) in a study assessing Nurse Interns' Performance about Shift report Exchange at Ain Shams University Hospitals.

Almost all of the nurse interns reported having heard about patient rights when they asked about their awareness of patient rights. However, still approximately one-fourth of them had never heard about the bill of patient rights. This is quite

alarming given that these nurse interns spent four years in nursing study and are at the verge of becoming practicing professional nurses. Such lack of awareness of the patient rights bill would have a negative impact on their future practice. A similarly low awareness of patient rights was reported among nurses in a recent systematic review (Mpouzika et al., 2021).

The perception of patient rights among the nurse interns in the current study varied among the various rights. Thus, their perception of the patient right of making decisions in his/her treatment plan and the right of refusing treatment were the lowest, with less than two-thirds of them having related high perception. In line with this, a study on nurses in Mansoura University Hospitals, Egypt reported low agreement upon patient right of participation and making decisions in his/her treatment plan (Abdho et al. 2015). Additionally, the low perception of patient right to refuse treatment is in congruence with results reported by Mohammed et al. (2017) in a study of "Awareness and Practice of Patient Rights in Upper Egypt.

Concerning to the perception of patient right to continuity of care after discharge was low. Nonetheless, the patient right to continuity of care after hospital discharge is fundamental to be able to choose future healthcare providers as it empowers him/her to make related decisions (Jacob et al., 2021).

Simality, approximately one-fifth of the nurse interns in the present study had low perception of the patient right of confidentiality of records. Their lowest agreement was upon the item of refusing to give any private information concerning patient health. This might be attributed to the mix of care providers, with medical and nursing trainees in the settings, which would make patients' records available to many persons apart from the treating team members. In contrast, a study on nurse interns in Spain demonstrated a very high awareness and perception of patient right of confidentiality among them (**Delli Poggi et al., 2021**).

Overall, two thirds of the nurse interns in the present study were having high perception of patient rights. This is an alarming finding indicating that one-third of these nurse interns who represent near future professional nurses are not fully aware of patient rights. Such low perception of patient rights could negatively influence their future practice with a negative impact on patient outcomes. In disagreement with this present study result, a study in Poland demonstrated very high levels of awareness and perception of patient rights among nurses (**Czajkowska et al., 2021**). The differences might be attributed to differences in the training programs and curricula.

Generally, the nurse interns in the current study had high perception of the patient advocacy rights. Their agreement upon its items varied between 82% and 95.5%. The findings are in agreement with those reported in a study of nursing students' perception regarding patient rights and patient advocacy in the Faculty of Nursing at Port Said University, Egypt. Their corresponding figures were 73.4% to 93% (**Ibrahim and Aly, 2014**). A more recent study in Australia reporting high levels of patient advocacy among newly graduated nursing students (**Fagan et al., 2021**).

The current study bivariate analyses could not reveal any statistically significant association between nurse interns' advocacy perception and any of their personal or work characteristics. Nonetheless, the multivariate analyses demonstrated that female gender, family size and previous training were significant positive predictors of nurse interns' advocacy scores, while age, night shift work were negative predictors. The discrepancy between bivariate and multivariate analyses results is undoubtedly due to the confounding effects and interactions among independent variables.

It is noticed that the female gender is a positive predictor of both nurse interns' perception of patient rights and their perception of patient advocacy. This consolidates the previously mentioned explanation of the effect of feminine nature on such perception, which is related to their being more emotional and compassionate. In agreement with this, a study in Saudi Arabia demonstrated that female nurses were having significantly higher advocacy scores compared with their male peers (**Alanezi, 2021**).

Conversely, the attendance of training courses had paradoxical effects on nurse interns' perception of patient rights and on patient advocacy. Thus, such training courses had a negative effect on their perception of rights and paradoxically positive effect on their perception of patient advocacy. The discrepancy would certainly be related to the quality of such training, as well as the eagerness of the attendants to learn. Thus, a study in Turkey emphasized the importance of training and education in fostering nurses' perception of patient advocacy (**Akin and Kurşun, 2020**).

Meanwhile, the current study demonstrated that the work during night shifts was identified as a negative predictor of nurse interns' perception of

advocacy of patient rights. This might be explained by that the nurse interns are not accustomed to work at

night. This might lead to some kind of stress among them, which would have a negative impact on their perception of patient advocacy. In line with this, a study in Iran reported significant negative effects of night work shifts on nurses' psychological state and cognitive abilities (**Esmaily et al., 2021**).

Lastly, the present study findings showed that the nurse interns with high perception of patient advocacy rights had significantly higher perception of patient rights. Moreover, their scores of perception of patient rights and of advocacy were positively and significantly correlated. The findings indicate that these two domains of perception are closely related and foster each other. This could be explained on ethical ground. In line with this, a study of nurses' advocacy role in Switzerland highlighted that nurses' perception of patient rights and related advocacy stems from their moral sensitivity and this is influenced by their knowledge of ethics (**Luca et al., 2021**).

Conclusion

Based on the study findings, it is concluded that the nurse interns' perception of patient rights is variable, with around two-thirds of them having high overall perception of patient rights. Their perception of right is positively influenced by their female gender and awareness of patient right bill. Meanwhile, their perception of patient advocacy is higher and is affected by their age, female gender, family size, night shift work and previous related training. Both their perception scores of perceptions of patient rights and advocacy are positively correlated.

Recommendations

In the light of the findings of the current study the following recommendations are proposed:

1- The nursing internship program proposed to give more emphasis on the area of patient rights and advocacy and

its implications on nurse interns' practice.

- 2- The hospital administration should foster staff awareness of patient rights through:
 - On job training courses and workshops to increase nurses' perception toward patient rights and implementing these rights.
 - Periodic regular evaluation of nurse's knowledge and perception of patient's rights and advocacy.
- 3- Further research is proposed to assess nurses' adherence to the code of ethics and explore the barriers that prevent them from advocating patients and to develop guidelines for better practice of patient rights and advocacy.

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