



Knowledge of Patient's Rights among Students of the Faculty of Health Sciences of the Medical University of Łódź

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Abstract

Introduction: Patient's rights are a set of rights one is entitled to, regulated by the entirety of regulations, for the use of health and medical services. These are objective standards informing about what the patient can expect from entities directly providing health services and the auxiliary institutions.

Aim: The study analyses the knowledge of patient's rights among students of selected fields of study at the Faculty of Health Sciences of the Medical University of Lodz.

Material and methods: The study of knowledge of patient's rights was conducted among the students of the Faculty of Health Sciences using the diagnostic survey method in the period from January to March 2019. The author's questionnaire was used as a research tool. 309 students participated in the survey.

Results: The inference was based on strong Chi-Square and ANOVA tests. Conclusions from the analyses – the field of study has no impact on the level of knowledge about patient's rights, the largest percentage of students of all fields gave a subjective answer about very good knowledge of the subject of patient's rights, sources of knowledge regarding patient's rights are different for selected fields of study, students' knowledge about patient's rights does not depend on the year of study of the respondents.

Conclusions: There is an urgent need to distinguish a subject on patient's rights from the subjects taught at the Faculty of Health Sciences and the need to consider the possibility of expanding the number of lectures devoted to patient's rights in the vocational training program for doctors and other healthcare professionals, and introduce opportunities for professional development of knowledge about patient's rights within organised forms of postgraduate education.

Key words: patient, patient's rights, medical staff, hospital, health services

Introduction

In Polish law patient's rights are an important chapter and their protection as the equal participant of the healthcare system gains importance [1]. From a historical perspective, the evolution of concepts and notions of patient's rights covers the period from the 4th century B.C. until the beginning of the 21st century. In fact, the beginnings of these considerations date back to the moment of the emergence of European medicine, i.e. from the announcement of the Hippocratic oath, to modern times [2]. Patient's rights are in line with the implementation of art. 68 of the Polish Constitution – the right to health protection. Their goal is to provide the patient with maximum safety and comfort in the treatment process [3].

The catalogue of patient's rights was regulated in detail by the provisions of the Act of November 6, 2008 on patient's rights and the Patient's Ombudsman, which covers the patient's right to health services, the patient's right to information, the patient's right to confidential information related to them, the right to consent to the provision of health services, the right to confidentiality of the health condition, the patient's right to privacy and dignity, the right to medical documentation, the patient's right to object to a doctor's opinion or decision, the patient's right to respect for private and family life, etc. [4,5]. The Act did not only set the catalogue of patient's rights, but also established the Patient's Ombudsman competent in matters of protection of these rights [6, 7].

All entities participating in the provision of health services, i.e. persons practising the medical profession, persons participating in the process of providing health services or the National Health Fund are obliged to comply with the patient's rights. The legislator has guaranteed the possibility of applying for pecuniary compensation in court to the citizen who considers that their rights as a patient have been violated.

The annual reports of the Patient's Ombudsman regarding the observation of patient's rights in the territory of the Republic of Poland report a worrying phenomenon of a continuous increase not only of reported violations of patient's rights, but above all an increase in the number of detected violations of these rights [8]. The basic solution for changing the

alarming statistics is the knowledge of patient's rights and the ability to apply them in practice in everyday work by all healthcare professionals. Therefore, the purpose of the presented study was to assess the knowledge of patient's rights and the principles of their application in practice by the future healthcare workers, i.e. students of the Faculty of Health Sciences of the Medical University of Lodz.

Material and methods

The study of knowledge of patient's rights was conducted among the students of the Faculty of Health Sciences using the diagnostic survey method in the period from January to March 2019. The author's questionnaire was used as a research tool, distributed to all students of the fields of nursing, obstetrics, public health and dietetics.

The survey questionnaire consisted of 15 multiple choice questions divided into two parts: the first regarded the student's subjective assessment of knowledge of patient's rights, the second provided the objective assessment of the knowledge of patient's rights among students of nursing, obstetrics, dietetics and public health.

The survey guaranteed full anonymity of respondents and voluntary participation in the project.

As part of the study, three main research questions were asked:

1. Does student knowledge about patient's rights differ depending on the field of study?
2. Do sources of knowledge about patient's rights used by students differ depending on the field of study?
3. Does student knowledge about patient's rights depend on the year of study of the respondents?

All variables used in the performed statistical analysis were expressed in ordinal and quantitative scales. The inference was based on strong Chi-Square and ANOVA tests.

Results

309 students in the fields of public health, dietetics, nursing and obstetrics participated in the study. The majority of respondents were women (86% of all respondents). Female groups dominated in each group representing each field of study.

Each of the fields of study was divided according to the year of study: first year students (76 people), second (67 people), third (66 people), fourth – first year of complementary studies (50 people) and fifth year – second year of complementary studies (55 people). The group characteristics are summarised in Table 1. It is worth noting that the field of study and year groups are different, which may affect the results of further analyses.

In the first analysis, the relationship between knowledge about patient's rights and the field of study of the respondents was checked. Statistical assessment is based on the subjective answers of the respondents regarding the assessment of patient's rights. Respondents' answers are summed up in Table 2.

The highest percentage of respondents who highly assess their knowledge of patient's rights study public health (69.89% of public health students surveyed replied that they know patient's rights very well). 21.92% of students of this faculty said they knew the subject, but without any details. Among the students of dietetics, 55.41% of respondents answered that they knew the subject very well. Over 65% of surveyed nursing and obstetrics students claimed a very good knowledge of the researched subject. What is interesting, 16.22 students of dietetics admitted to not knowing patient's rights. The remaining respondents from all fields of study claim that they know patient's rights, but without details. Students of all faculties answered very similarly. This is also confirmed by the performed chi-square test, which indicated a probability coefficient of 0.21, and negatively verifies the impact of the field of study on the knowledge of patient's rights. The test results are shown in Table 3 and Diagram 1.

Table 2. Cardinality table for variables: knowledge of patient's rights, field of study

		Cardinality table					Total
	Field of study	Knowledge of Patient's Rights I don't know anything, I don't know my rights	Knowledge of Patient's Rights I know there are rights but I don't know them	Knowledge of Patient's Rights I know patient's details	Knowledge of Patient's Rights I know patient's rights very well		
Number	Public health	1	5	16	51	73	
% of the column		0%	17.24%	18.60%	26.15%		
% of the row		1.37%	6.85%	21.92%	69.86%		
% of total		0.32%	1.61%	5.14%	16.405	23.47%	
Number	Dietetics	0	12	21	41	74	
% of the column		0%	41.38%	24.42%	21.03%		
% of the row		0%	16.22%	28.38%	55.41%		
% of total		0%	3.86%	6.75%	13.18%	23.79%	
Number	Nursing	0	4	25	55	84	
% of the column		0%	13.79%	29.07%	28.21%		
% of the row		0%	4.76%	29.76%	65.48%		
% of total		0%	1.29%	8.04%	17.68%	27.01%	
Number	Obstetrics	0	8	24	48	80	
% of the column		0%	27.59%	27.91%	24.62%		
% of the row		0%	10.00%	30.00%	60.00%		
% of total		0%	2.57%	7.72%	15.43%		
Number	Total	1	29	86	195	311	
% of total		0.32%	9.32%	27.65%	62.70%		

Table 3. Chi-Square test results for variables: knowledge of patient's rights, field of study

	Field of study x Knowledge of patient's rights		
Statistics	Chi-square	df	p
Pearson's Chi2	12.02201	df=9	p=,21207
NW Chi2	11.49806	df=9	p=,24311
Fi	.1966113		
Contingency Coefficient	.1929179		
Cramer's V	.1135136		

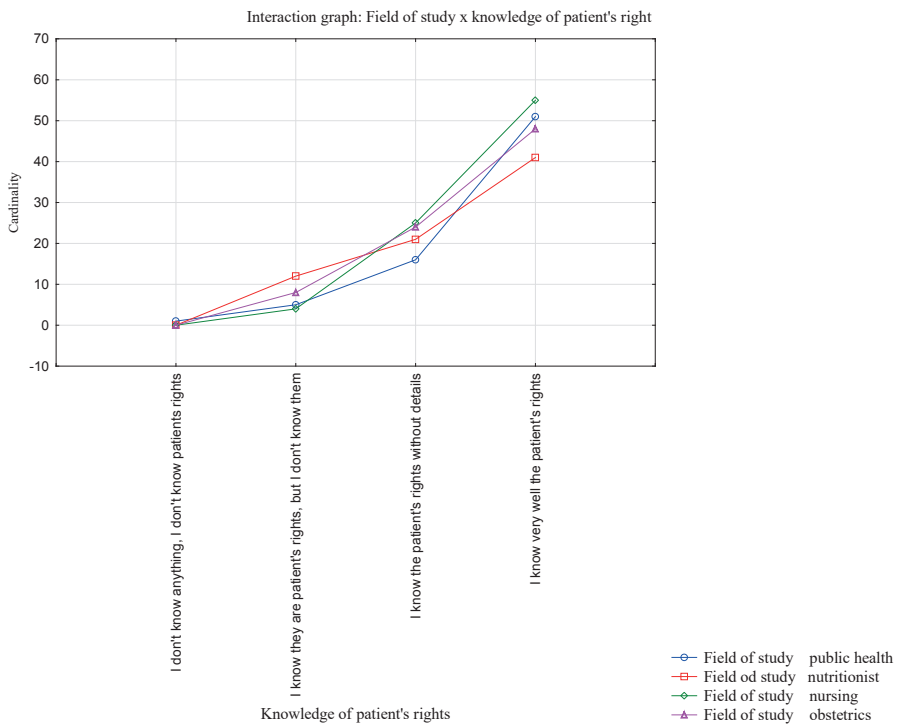


Diagram 1. Interaction diagram for variables: field of study, knowledge of patient rights

The next analysis regarded the sources of knowledge about patient's rights – table 4.

Every fifth student of public health is not able to specify the source of their knowledge. The same number believes that they learned the most while hospitalised, and more than a half mention other sources of their knowledge. 28% of students of dietetics indicated hospitalisation, and 61% mention sources other than those listed in the survey, including classes at the Medical University of Lodz. Students of nursing more often than other groups indicated the answer regarding knowledge acquired in the clinic. This answer was indicated by 24% of respondents in this group. Obstetrics students, like most students of other fields of study, in the largest number decided to indicate other sources of knowledge, including classes at the Medical University of Lodz. Every fourth respondent is unable to accurately indicate the source of information on patient's rights.

The chi-square test showed no relationship between the field of study and the source of students' knowledge about patient's rights – Table 5.

The largest spread of responses was among students of dietetics. At the same time, they were the only ones who did not answer that they did not know the sources of their knowledge about the patient's rights – Diagram 2.

The third analysis regarded the comparison of knowledge of patient's rights based on the correctness of the survey responses of students of various years of study. The correct student responses were analysed. The percentage results are presented in Table 6 and Table 7.

Table 4. Cardinality table for variables: field of study, source of information

		Cardinality table						Total
	Field of study	Source of information clinic	Source of information press, TV, friends, family	Source of information hospitalisation	Source of information I've heard somewhere, but I don't know much about them	Source of information Other situations	Total	
Number	Public health	8	2	14	15	34	73	
% of the column		19%	22%	31%	28%	21%		
% of the row		11%	3%	19%	21%	47%		
% of total		3%	1%	5%	5%	11%	24%	
Number	Dietetics	8	0	21	0	45	74	
% of the column		19%	0%	47%	0%	28%		
% of the row		11%	0%	28%	0%	61%		
% of total		3%	0%	7%	0%	15%	24%	
Number	Nursing	20	0	5	19	39	83	
% of the column		48%	0%	11%	36%	24%		
% of the row		24%	0%	6%	23%	47%		
% of total		6%	0%	2%	6%	13%	27%	
Number	Obstetrics	6	7	5	19	48	80	
% of the column		14%	78%	11%	36%	27%		
% of the row		8%	9%	6%	24%	54%		
% of total		2%	2%	2%	6%	14%	26%	
Number	Total	42	9	45	53	161	310	
% of total		14%	3%	15%	17%	52%		

Table 5. Chi-Square test results for variables: field of study, source of information

	Field of study x source of information		
Statistics	Chi-square	df	p
Pearson's Chi2	61.33914	df=12	p=,00000
NW Chi2	73.90945	df=12	p=,00000
Fi	.4448238		
Contingency Coefficient	.4064279		
Cramer's V	.2568191		

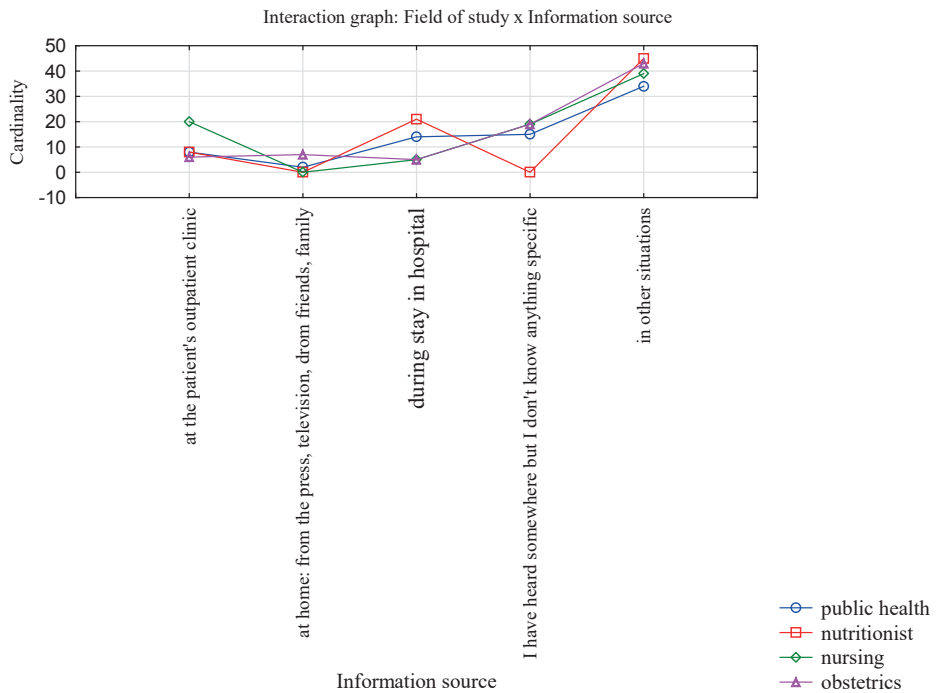


Diagram 2. Interaction drawing for variables: field of study, source of informations

Table 6. Comparison of the percentage of correctness of answers for respondents from various years of study

Question No./Year of study	I	II	III	IV	V
	Correctness of answer [%]				
5	49.59	63.39	57.98	74.10	59.44
6	63.81	46.13	59.37	65.64	60.44
7	37.03	59.18	61.61	63.97	61.39
8	88.26	70.02	76.54	65.38	80.86
9	78.62	60.91	73.68	45.51	48.13
10	75.26	72.01	74.38	60.64	85.08
11	77.20	82.65	77.93	75.38	74.22
12	70.27	84.28	77.77	62.18	69.07
13	77.30	77.25	72.50	72.56	78.66
14	64.75	63.33	62.93	66.19	53.73

Table 7. Fourfold table for variables: year of study, percentage of positive answers

Year of study	Fourfold table for N=50 descriptive statistics		
	Percentage of positive answers Average.	Percentage of positive answers Valid	Percentage of positive answers Stand. Dev.
I	68.20873	10	15.19382
II	67.91369	10	11.71288
III	69.46881	10	8.02750
IV (I MA comp.)	65.15769	10	8.54663
V (II MA comp.)	67.10365	10	12.36136
Total	67.57051	50	11.09024

Table 8. ANOVA result for variables: year of study and percentage correctness of answers

Variable	Variance analysis								
	The marked effects are significant at $p < 0.5$								
	SS Effect	df Effect	MS Effect	SS Error	df Error	MS Error	F	P	
Percentage of positive answers	101.683	0 4	25.4207	5 5924,99	1 45	131.666	5 0,19306	9	0,94077

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The data met the assumptions of normality of distribution and uniformity of variance. The ANOVA test showed a probability coefficient of $p = 0.94$, thus confirming the absence of differences in responses depending on the length of studying. The correctness of the answers of all groups of students oscillates between 68%-65%, (Figure 3). Also, the interaction chart (Diagram 4) indicates much larger intra-group differences than inter-group differences, which determines the lack of differences among the years. Thus, the null hypothesis that students' knowledge of patient's rights does not depend on the year of study of the respondents was confirmed.

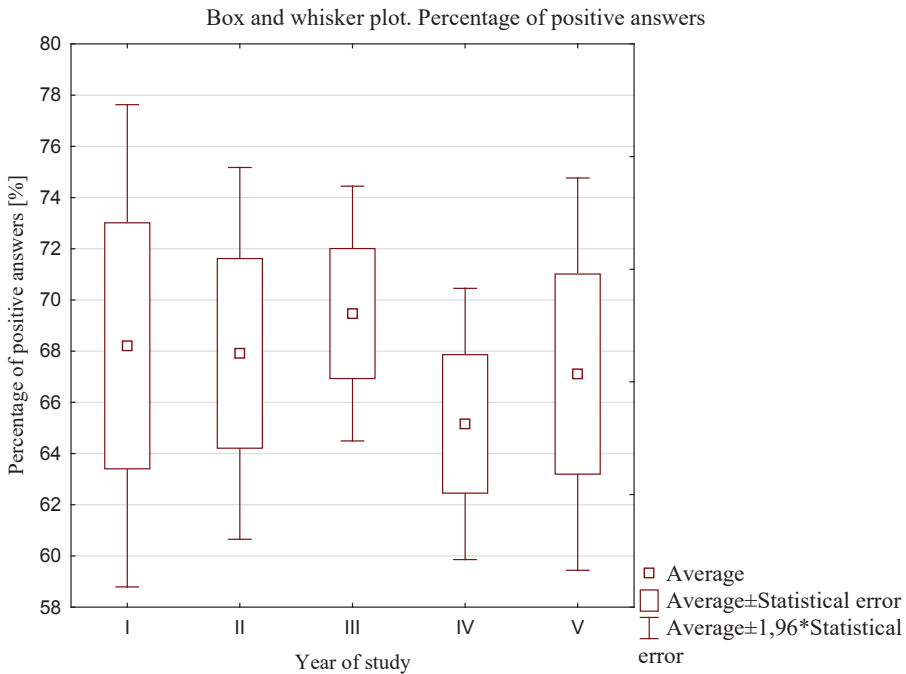


Diagram 3. Box-plot diagram for variables: year of study, percentage of positive answers

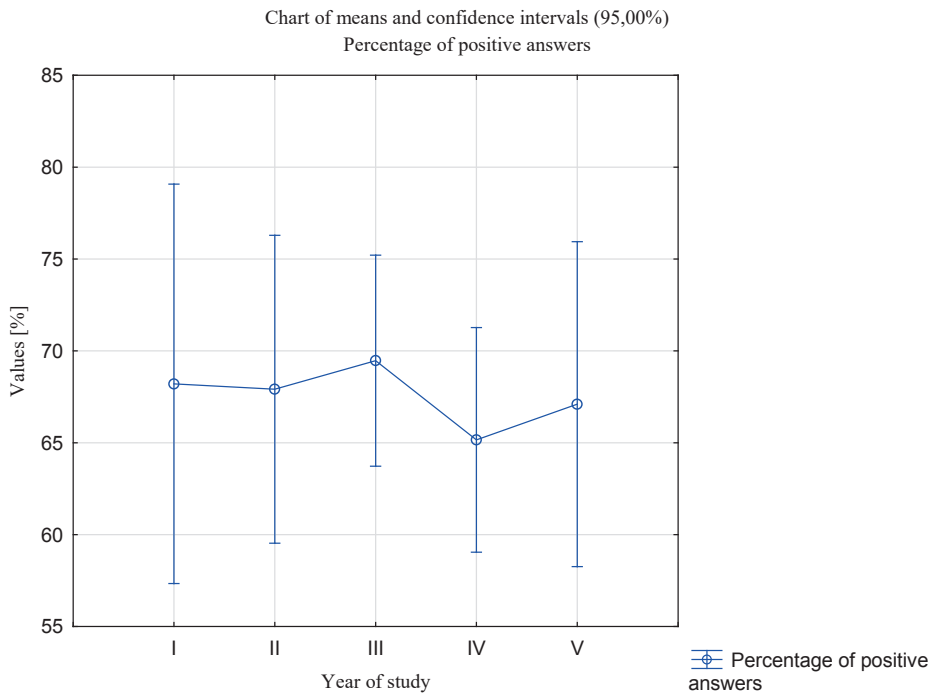


Diagram 4. Interaction diagram for variables: year of study, percentage of positive answers

Making a detailed analysis of the answers to the individual questions checking the knowledge of patient's rights among students of the Faculty of Health Sciences of the Medical University of Lodz it can be inferred as follows:

1. The right to medical confidentiality in special situations

To the question *Can the medical personnel not keep secret information about a patient against their will, when it may pose a danger to other people?* most respondents of all fields of study answered correctly. Respectively students of public health (75% of respondents), dietetics (70%), nursing (45%) and obstetrics (58%).

2. The right to consent to emergency treatment

To the question about *whether patients in a state of emergency or their legal representative have the right to object to the therapeutic procedure proposed by the doctor*, the students of all fields of study most frequently selected the correct answer. The most correct answers were given by students of dietetics (71% correct answers), the least – obstetrics students (48% correct answers).

3. The right to change the scope of surgery without the patient's consent

In the studied population, to the question about *Do you know in what situations the doctor can extend the surgery without patient's (or his legal representative) consent?* the highest percentage of respondents of all fields of study indicated the correct answer – *if not extending the scope of the operation would result in loss of life or severe disorder*. This variant of response was most popular among students of dietetics (68%), then public health (60%), nursing (50%) and obstetrics (48%).

4. The right to information on the patient's health condition

To the question *Do you think the doctor should inform the patient after the examination (...)?* the respondents of all fields of study most often chose the correct answer – *about the general health condition*. The percentage is as follows: students of dietetics (68%), public health (60%), nursing (50%) and obstetrics (48%).

5. The right to information about possible methods of diagnosis and treatment

To the question *Do you think a doctor should tell the patient (...)?* the students of all fields of study in majority responded correctly – *about all possible diagnosis methods*. Public health students particularly stood out from the others – 89% of the surveyed students gave the correct answer. They remained as follows: students of obstetrics (75% responded correctly), dietetics (68%) and nursing (43%).

6. The right to information about possible effects of treatment

In the study group, to the question *Should the doctor tell the patient about (...)?* the vast majority of students in all of the fields of study gave the

correct answer – *about all the effects of treatment, including the adverse ones*. The percentage distribution of the number of responses for the correct answer variant was as follows: public health – (92%), dietetics – (82%), obstetrics – (73%) and nursing – (71%).

7. The right to provide information on the patient's health condition

The vast majority of surveyed students of all fields of study correctly answered the question to indicate among those listed, who the doctor has the right to provide with the information about the patient's health – over 80% of the study population.

8. Right to view the patient's medical documentation

In the opinion of students of the surveyed fields of study, the majority of responses indicated that the patient, policyholder, Social Security, courts, prosecutor's office, police should have access to medical documentation kept by the hospital or doctor. Interestingly, as much as 80% of nursing students and 40% of obstetrics students also indicated the employer as the body authorised to view medical documentation.

Discussion and Conclusions

In 2018 Patient's Ombudsman conducted 1,517 explanatory proceedings in individual patient's cases, including [8]:

- 1,231 proceedings conducted on the basis of personally submitted written applications of patients or persons acting on their behalf,
- 286 own-initiative proceedings, including the ones regarding the information from the mass media or other public authorities, organisations and institutions.

A detailed distribution of explanatory proceedings in cases of violation of patient's rights in 2016-2018 is presented in Table 9.

In 2018 Patient' Ombudsman found 459 violations of patient's rights in 332 cases (within one explanatory proceeding compliance with more than one patient right has often been studied) [8].

Table 10 presents in detail the subject and scale of the found violations of patient's rights in 2014-2018.

Table 9.-Distribution of explanatory proceedings of the Patient's Ombudsman in cases of violation of patients' rights in 2016-2018

Explanatory proceeding led:	2016		2017		2018	
own initiative	315	23%.	308	22%.	286	19%.
upon request	1045	77%.	1075	78%.	1231	81%.
Sum	1360	100%	1383	100%	1517	100%

Source: Sprawozdanie dotyczące przestrzegania praw pacjenta na terytorium Rzeczypospolitej Polskiej, Obejmuje okres od dnia 1 stycznia 2018 r. do dnia 31 grudnia 2018 r., Rzecznik Praw Pacjenta. Warszawa; 2019.

Table 10. Subject and scale of the found violations of patient's rights in 2014-2018

Found violations of patient's rights	2014		2015		2016		2017		2018	
	N	%	N	%	N	%	N	%	N	%
right to health services	127	33%	173	32%	209	38%	177	40%	215	47%
right to medical documentation	107	28%	186	35%	193	35%	140	32%	151	33%
right to respect for intimacy and dignity	13	3%	31	6%	40	7%	33	7%	23	5%
right to information and consent to the provision of health services	125	33%	127	24%	89	16%	73	16%	60	13%
the right to respect for private and family life	5	1%	5	1%	10	2%	7	2%	4	0.50%
right to confidentiality of information	4	1%	11	2%	7	1%	8	2%	6	1.50%
right to keep valuables in the deposit	0	0%	5	1%	4	1%	3	1%	0	0%
right to pastoral care	0	0%	0	0%	0	0%	0	0%	0	0%
right to report the adverse reactions of the medicinal product	0	0%	0	0%	0	0%	2	0.50%	0	0%
Sum	383	100%	538	100%	552	100%	443	100%	459	100%

Source: Sprawozdanie dotyczące przestrzegania praw pacjenta na terytorium Rzeczypospolitej Polskiej, Obejmuje okres od dnia 1 stycznia 2018 r. do dnia 31 grudnia 2018 r., Rzecznik Praw Pacjenta. Warszawa; 2019.

In the subsequent years a slight but continuous increase in the number of identified violations of patient rights was observed. A particularly noteworthy is the clear increase in violations of the patient's right to provision of health services. Compared to the previous year, this value increased by 7%. This is the most frequently violated patient's right. In comparison to previous years the number of recognized irregularities in relation to the patient's right to medical documentation remains at the same high level. Similarly, as regards the patient's right to respect for intimacy and dignity.

However, there was an improvement in the patient's right to information and consent to the provision of health services; compared to 2014, the rate of identified violations of this right decreased by 20%. The presented data indicate that while the observance of the majority of patient's rights improves, in the case of patient's right to health services and medical documentation we are observing increasing problems with their implementation.

One of the most obvious and still observed reasons for violating patient's rights is their ignorance by both the patients themselves and, above all, those involved in the process of providing medical services. And this even though the issue of knowledge of patient's rights was raised from the very beginning, when they appeared in Polish legislation. Analysis of the research conducted by both government institutions and independent researchers [8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18] the increase of knowledge about patient's rights can be noted. Unfortunately, at the same time a dangerous dependence is seen - while the majority of patients and employees declare that they know patient's rights, this is only general knowledge, they are not familiar with the details. It is also confirmed by the results of the study "Patient's rights - Your rights" conducted by Ius Medicinae Foundation (results of the study on the awareness of the existence of patient's rights in the Polish society in 2013 and comparative analysis with the results of the study in 2008. Both studies were conducted by Millward Brown). Less than 60% of respondents said that they know at least one of patient's rights - which amounts to about

11% of the entire adult population. The most frequently spontaneously mentioned patient's rights were: the right to health services and the right to information - indicated by over 40% of respondents. Just over 20% spontaneously mentioned the right to privacy and confidentiality, consent and prevention. The least known patient's rights are the ones to treatment adjusted to the needs, respect for patient's time, respecting quality norms, and to innovations - below 6% of spontaneous indications and below 25% of assisted indications [19].

Similar conclusions present the results of the research conducted for this study. It was assumed that the field of study affects the level of knowledge about patient's rights. The analysis of results indicated that the answers of students of all faculties were similar. The Chi-Square test defined the probability coefficient of 0.21. The largest percentage of students of all faculties gave subjective answers with very good knowledge of patient rights.

The next analysis regarded the sources of knowledge about patient's rights. It was assumed that the sources of knowledge about patient's rights are different for the selected fields of study of the respondents. The Chi-Square test performed for verification purposes gave the indicator close to zero.

The last analysis regarded the comparison of knowledge of students of different years based on the correctness of substantive answers to questions about subsequent patient's rights raised in the survey. It was assumed that student knowledge about patient's rights does not depend on the year of study. For comparative analysis, a multivariate ANOVA test was performed. The data met the assumptions of normality of distribution and uniformity of variance. A probability coefficient of $p = 0.94$ allowed for the statement of the lack of differences between the answers depending on the length of study. In all surveyed students of the selected fields of study, the correctness of answers oscillated between 68% - 65%.

Referring to the substantive path devoted to a given field of study, it did not have a significant impact on the results of the research. According to the study plans of the researched fields of study of the Faculty of

Health Sciences of the Medical University of Lodz, only the second-year students of public health in uniform second-degree studies during classes in the specialisation „Medical Law in Health Care” had a separate subject devoted to patient’s rights. In the other ones, there were only single lectures within various subjects.

Therefore, there is an urgent need to distinguish a subject related to patient’s rights among the subjects taught at the Faculty of Health Sciences. Such a need, in the scale of the whole country (not only students but also health care employees) was also noticed by other authors of research in this field [20, 21] and the Patient’s Ombudsman. He asked the President of the Supreme Medical Council to consider the possibility of expanding the number of lectures devoted to patient’s rights in the vocational training program for doctors and other healthcare professionals and introducing opportunities for professional development of knowledge about patient’s rights within organised forms of postgraduate education [8].

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