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Assessing Awareness and Implementation of Patients' Rights Among Hospitalized Individuals in Northern Palestine: A Local Perspective

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Abstract

Understanding patient rights is essential for promoting ethical medical practice and upholding human rights in healthcare. Previous research indicates that patients' awareness of their rights varies widely. This study aimed to evaluate the level of awareness of patient rights among individuals in Palestine and to examine healthcare professionals' adherence to these rights. A cross-sectional survey was carried out from November 2023 to January 2024 across cities in the Northern West Bank. Data were collected through interviewer-administered questionnaires by three trained medical students. The relationship between participant characteristics and awareness levels was analyzed using the Chi-square test, with multivariate regression employed to adjust for potential confounding factors. Among the 400 patients surveyed, 47.0% demonstrated good awareness of their rights. Multivariate analysis revealed that higher awareness was significantly associated with patients aged 18–30 and 46–60 years, those with private insurance, individuals with more prior hospitalizations, those receiving care in non-governmental settings, and patients previously familiar with the patient rights charter. Awareness was greatest for receiving respectful care and lowest for staff introductions. Non-governmental facilities outperformed governmental ones in explaining procedures, alternatives, and costs, while both facility types scored highly in non-discrimination and informed consent practices. The findings highlight persistent global gaps in patient rights awareness and implementation, with over half of participants lacking sufficient knowledge. Key shortcomings were observed in patient involvement in decision-making, disclosure of procedures and costs, and access to complaint mechanisms, particularly within governmental hospitals. Implementing comprehensive, culturally sensitive programs through multisectoral collaboration is vital to translate patient-centered care principles into consistent and effective practice worldwide.

Keywords: Physician-patient relations, Patient rights, Patient-centered care, Awareness

Introduction

Patient rights encompass the ethical and legal entitlements individuals hold regarding their healthcare. These include access to medical services, informed consent, confidentiality, autonomy in treatment decisions, and the right to receive respectful and dignified care. Such rights are grounded in the principles of human dignity, equality, and personal autonomy, forming the foundation for a fair and ethical healthcare system [1]. Upholding these rights is essential for promoting ethical medical practice and ensuring high-quality healthcare. Consequently, respecting patient rights is recognized as a vital element of initiatives aimed at improving health service quality and establishing standardized clinical care practices.

Awareness of patient rights can enhance individuals' dignity and empower them to actively participate in

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medical decision-making. Dignified care entails treating patients with fairness, empathy, and respect, acknowledging their inherent worth as human beings. Providing care that preserves dignity not only strengthens trust and the patient-provider relationship but can also improve clinical outcomes, reduce healthcare costs, shorten hospital stays, and elevate the overall quality of services [2,3]. Therefore, assessing patients' awareness of their rights is a critical step in improving healthcare delivery.

The concept of patient rights has its roots in broader human rights frameworks. Following the adoption of the Universal Declaration of Human Rights by the United Nations in 1948, the principles of inherent dignity and equal, inalienable rights became central to global justice, freedom, and peace. These principles also underpin the development of patient rights [4]. Additionally, the civil rights movements of the 1960s in the United States highlighted disparities in healthcare access for marginalized populations, reinforcing the importance of equality and dignity in medical care [5,6]. This period also catalyzed the emergence of bioethics, emphasizing informed consent, the right to refuse treatment, and protection for vulnerable groups, thereby shaping modern discussions on patient autonomy and medical justice.

To strengthen and safeguard patient rights, the World Health Organization (WHO) advocates for countries to adapt their legal frameworks in line with local cultural and societal norms [7]. Around the world, various nations have enacted legislation to ensure ethical treatment of patients. In Palestine, the Ministry of Health introduced a Patients' Bill of Rights in 2004, which applies to all hospitals [8]. Similarly, Egypt incorporated a patients' charter into its healthcare legislation in 2005 [3], while Sudan began implementing it in 2009 [9]. However, the WHO cautions that establishing such charters alone is insufficient; patients' awareness of their rights is essential for meaningful improvements in healthcare quality.

The complexity of healthcare today, including patients' expectations regarding treatments, procedures, and alternatives, has increased the demand for active participation in decision-making. Despite rising awareness of human rights [10,11], challenges remain, including instances of professional misconduct and limited understanding of patient rights among the public. Studies from various countries have demonstrated substantial variability in patient awareness, with many individuals lacking knowledge of their entitlements [9,10,12–14]. Against this backdrop, this study aims to evaluate patients' awareness of their rights in Palestine and to examine their perceptions of healthcare professionals' adherence to these rights.

Methods

Study design, population, and sample size

This research employed a cross-sectional design conducted between November 2023 and January 2024 to explore hospitalized patients' knowledge of their rights and their perceptions of how well healthcare staff adhered to these rights. The study population comprised adult Palestinian patients admitted to seven governmental hospitals and two non-governmental hospitals across cities in the Northern West Bank. While the participating governmental hospitals differed in bed capacity, the sample from each hospital was proportionally allocated to reflect these differences, ensuring balanced representation.

Patients were excluded if they were under 18 years old, critically ill (as assessed by clinicians based on unstable vital signs, reduced consciousness, or other serious health conditions preventing participation), outpatients, or had severe psychiatric disorders, including psychotic illnesses, that would impede their ability to provide informed consent.

Sample size calculations indicated that 382 participants were required, using a 5% margin of error, 95% confidence interval, a 50% estimated response distribution, and a total patient population of 50,000. To account for potential non-responses, the final sample was increased to 400 participants.

Ethical clearance was obtained from the Institutional Review Board of An-Najah National University (Reference #: Med Oct. 2023/83). Additional permissions were granted by the Palestinian Ministry of Health and the administrators of the participating private hospitals. All participants were informed about the purpose of the study, assured of voluntary participation, and provided written consent prior to data collection. To maintain confidentiality, no personal identifying information was gathered, and hospital identities were anonymized during data analysis.

Data collection

The study employed a structured, interviewer-administered questionnaire (see Supplementary Information), which was developed based on tools used in earlier research [13–16]. To ensure linguistic accuracy, the original English version was translated into Arabic by two bilingual native Arabic speakers—one with professional experience as a translator but no medical background. A separate bilingual Arabic-English speaker then translated the Arabic version back into English. The research team reviewed both English versions alongside the Arabic text, introducing adjustments to refine the wording for clarity and cultural appropriateness. Prior to use, two domain experts assessed the questionnaire for timing, clarity, and ease of administration. A pilot test involving 30 patients was subsequently carried out; the results were excluded from the main analysis since revisions were made to improve the clarity of several items. The finalized tool demonstrated strong reliability, with Cronbach's alpha of 0.844, and construct validity was supported through an Exploratory Factor Analysis.

Data collection was performed by three trained medical students using a convenience sampling strategy across different hospital wards. To minimize observer-related variability, the students participated in structured training sessions covering standardized interviewing techniques, consistent questionnaire delivery, and strategies for addressing participants' queries. Patients were approached in person, briefed verbally about the study objectives, and asked to provide written informed consent before participation.

The final questionnaire consisted of three main sections. The first gathered sociodemographic data, including sex, age, marital status, place of residence, educational background, prior hospitalizations, length of stay, and familiarity with the human rights charter. The second section assessed patients' awareness of rights through 17 items, with response options of "aware," "partially aware," or "not aware." Responses were scored as 2, 1, or 0, respectively, and summed into a total awareness score ranging from 0 to 34. Scores were converted into percentage mean scores (PMS) and classified into two categories using the modified Bloom's cut-off point [17]. Participants achieving ≥80% (≥27.2 points) were categorized as having "adequate awareness," while those scoring below this threshold were considered to have "inadequate awareness." The final part of the questionnaire included 16 yes/no items designed to capture patients' perceptions of whether healthcare staff respected and complied with patient rights.

Statistical analysis

Once collected, the data were coded and entered into SPSS version 26.0 for Windows. The dataset was carefully screened to identify any missing or inconsistent entries. Descriptive statistics summarized participants' demographics, their awareness of patient rights, and the reported adherence of healthcare providers to these rights. To explore associations between patient characteristics and their awareness, the Chi-square test was applied. Multivariate regression analysis was subsequently conducted to adjust for confounding factors, with outcomes expressed as adjusted odds ratios (aOR) and 95% confidence intervals (95% CI). Differences in the implementation of patient rights between governmental and non-governmental hospitals were examined using binary logistic regression while controlling for demographic variables such as age, gender, marital status, education level, employment, insurance coverage, and prior hospitalizations. To address the potential issue of multiple comparisons, the False Discovery Rate (FDR) was controlled using the Benjamini-Hochberg method. Statistical significance was defined as $p < 0.05$.

Results

Participant demographics

The study included 400 hospitalized patients, corresponding to a response rate of 91.0%. Of these, 304 were from governmental hospitals and 96 from non-governmental facilities. Slightly more than half of the participants were male (n = 210, 52.5%). Ages ranged widely from 18 to 88 years, with an overall mean of 42.2 ± 17.4 years; roughly one-third (129, 32.3%) were between 18 and 30 years old. Most respondents were married (272, 68.0%), and a large majority (291, 72.8%) had attained secondary education or higher. Prior hospitalization was common, reported by 280 participants (70.1%). Employment status revealed that over half of the sample (204, 51.0%) were unemployed, while 218 participants (54.5%) lived in rural areas, slightly outnumbering those from urban settings. The length of hospital stay varied from 1 to 100 days, averaging 5.2 ± 7.4 days. While 278 patients (69.5%) stated that they were generally aware of their rights, only 137 (34.3%) knew about the formal patient rights charter. A detailed breakdown of demographic characteristics is provided in **Table 1**.

Table 1. Socio-demographic characteristics of study participants, *n* = 400

Variables	Frequency (%)
Sex	
Male	210 (52.5)
Female	190 (47.5)
Age	
18–30	129 (32.3)
31–45	114 (28.5)
46–60	80 (20.0)
> 60	77 (19.2)
Marital status	
Married	272 (68.0)
Not married	128 (32.0)
Educational status	
Primary education or less	109 (27.2)
Secondary education	136 (34.0)
University/college	155 (38.8)
Residency	
Urban	182 (45.5)
Rural	218 (54.5)
Occupation	
Employed	196 (49.0)
Unemployed	204 (51.0)
Insurance	
No insurance	74 (18.5)
Governmental	262 (65.5)
Private	64 (16.0)
Number of Previous Hospital Admissions	
Zero	120 (30.0)
Once - Twice	117 (29.2)
Three times and more	163 (40.8)
Duration of hospitalization in days *(Mean ± SD)*	5.2 (7.4)
Being aware of the patient rights charter	
Yes	137 (34.3)
No	263 (65.7)

The study assessed how well patients understood their rights. Among the 400 participants, 188 individuals (47.0%) demonstrated a high level of awareness. The most frequently cited source of information was social media, reported by 48.0% of participants, followed by physicians, who were identified by 34.5% as a source of knowledge on patient rights **(Figure 1)**.

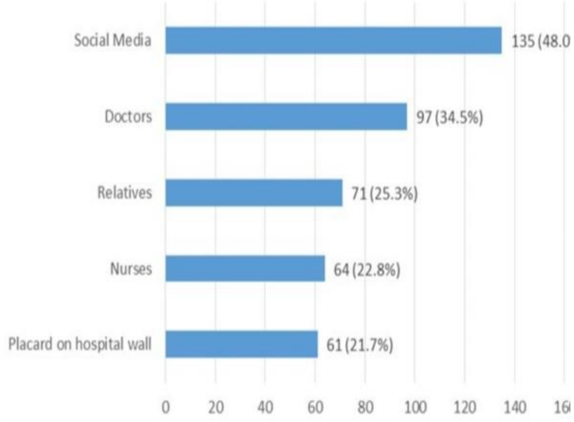

Figure 1. Study participants' source of knowledge about patient rights, (n = 400)

Table 2 presents the results reflecting participants' awareness of their rights. A majority, 92.8%, reported being completely aware of their entitlement to respectful care. Furthermore, 82.0% recognized their right to privacy during physical examinations, and 81.5% understood their right to receive medical services free from discrimination based on age, race, religion, or gender. In contrast, only a smaller portion of participants were fully aware of certain rights, including the ability to appoint a healthcare proxy (49.5%), seek a second opinion from another physician (48.0%), and participate in decisions regarding their treatment (47.7%). Awareness was lowest concerning the right to obtain information about the names and roles of healthcare professionals involved in their care, with only 36.3% of participants reporting familiarity with this right.

Patients' awareness of their rights

Table 2. Evaluation of Patient Awareness of Their Rights (n = 400)

Statement	Not Aware at All (%)	Somewhat Aware (%)	Completely Aware (%)
Right to non-discriminatory treatment and medical care regardless of age, race, religion, or gender	8 (2.0%)	66 (16.5%)	326 (81.5%)
Right to clear and understandable information about their rights and obligations	14 (3.5%)	79 (19.7%)	307 (76.8%)

Right to be treated with respect and dignity	2 (0.5%)	27 (6.7%)	371 (92.8%)
Right to privacy during medical examinations	16 (4.0%)	56 (14.0%)	328 (82.0%)
Right to have a same-gender person present during examinations or treatments by a doctor of the opposite gender	54 (13.5%)	102 (25.5%)	244 (61.0%)
Right to confidentiality of personal information shared with healthcare professionals, with restrictions on disclosure	56 (14.0%)	103 (25.7%)	241 (60.3%)
Right to a clear explanation of their medical condition and any unexpected outcomes in understandable terms	18 (4.5%)	79 (19.7%)	303 (75.8%)
Right to be informed about treatment alternatives before giving consent	39 (9.7%)	112 (28.0%)	249 (62.3%)
Right to seek a second medical opinion	82 (20.5%)	126 (31.5%)	192 (48.0%)
Right to provide informed consent before medical procedures	41 (10.2%)	76 (19.0%)	283 (70.8%)
Right to refuse or stop treatment after understanding the consequences, as explained by their doctor	56 (14.0%)	96 (24.0%)	248 (62.0%)
Right to know the names and roles of all healthcare professionals involved in their care	122 (30.5%)	133 (33.2%)	145 (36.3%)
Right to be involved in decisions about their care and treatment plan	77 (19.3%)	132 (33.0%)	191 (47.7%)
Right to designate a healthcare proxy to make decisions on their behalf	87 (21.8%)	115 (28.7%)	198 (49.5%)
Right to access basic amenities like towels, toilets, clothing, and storage space	45 (11.2%)	82 (20.5%)	273 (68.3%)
Right to be informed about the costs of medical services and procedures	39 (9.8%)	80 (20.0%)	281 (70.2%)
Right to file complaints against medical providers or facilities without fear of retaliation	49 (12.3%)	123 (30.7%)	228 (57.0%)

Factors influencing patients' awareness of their rights

In the univariate analysis, several factors—including age, level of education, type of insurance coverage, number of prior hospital admissions, and prior knowledge of the patient rights charter—were found to be associated with patients' awareness of their rights. Multivariable analysis revealed that patients aged 18–30 years [aP = 0.024, aOR = 2.24 (95 percent CI: 1.12–4.49)] and those aged 46–60 years [aP = 0.016, aOR = 2.43 (95 percent CI: 1.18–5.01)] were significantly more likely to be aware of their rights compared to patients older than 60 years. Similarly, patients holding governmental [aP = 0.037, aOR = 1.89 (95 percent CI: 1.10–3.44)] or private [aP = 0.019, aOR = 2.49 (95 percent CI: 1.16–5.35)] insurance were more knowledgeable about their rights than those without insurance. Patients with three or more previous hospital admissions [aP = 0.013, aOR = 2.00 (95 percent CI: 1.16–3.47)] also demonstrated higher awareness compared to those with no prior admissions. Additionally, patients admitted to non-governmental healthcare facilities [aP = 0.022, aOR = 1.85 (95% CI: 1.10–3.12)] and those already familiar with the patient rights charter [aP < 0.001, aOR = 3.10 (95 percent CI: 1.94–4.92)] exhibited significantly greater awareness of their rights **(Table 3)**.

Table 3. Factors affecting patients' awareness of their rights, *n* = 400

Variables	Awareness level		*P* value	Multivariate analysis	
	Good	Poor		aOR (95%CI)	aP-value
Sex			0.388		
Male	103 (49.0%)	107 (51.0%)		0.81 (0.52-1.25)	0.331
Female[†]	85 (44.7%)	105 (55.3%)			
Age			0.037		
18–30	66 (51.2%)	63 (48.8%)		2.24 (1.12–4.49)	0.024
31–45	55 (48.2%)	59 (51.8%)		1.72 (0.86- 3.41)	0.123
46–60	42 (52.5%)	38 (47.5%)		2.43 (1.18 5.01)	0.016
>60[†]	25 (32.5%)	52 (67.5%)		1	
Marital status			0.372		
Married	132 (48.5%)	140 (51.5%)		--	--

Not married	56 (43.8%)	72 (56.2%)			
Educational status			0.014		
Primary education or less†	41 (37.6%)	68 (62.4%)		1	
Secondary education	61 (44.9%)	75 (55.1%)		1.27 (0.71- 2.26)	0.428
University/college	86 (55.5%)	69 (44.5%)		1.46 (0.80- 2.65)	0.215
Residency			0.272		
Urban	91 (50.0%)	91 (50.0%)		--	--
Rural	97 (44.5%)	121 (55.5%)			
Occupation			0.671		
Employed	90 (45.9%)	106 (54.1%)		--	--
Unemployed	98 (48.0%)	106 (52.0%)			
Insurance			0.006		
No insurance	25 (33.8%)	49 (66.2%)			
Governmental	124 (47.3%)	138 (52.7%)		1.89 (1.10–3.44)	0.037
Private	39 (60.9%)	25 (39.1%)		2.49 (1.16–5.35)	0.019
No of Previous Hospital Admissions			0.261		
Zero†	49 (40.8%)	71 (59.2%)		1	
Once - Twice	57 (48.7%)	60 (51.3%)		1.61 (0.92- 2.82)	0.098
Three times and more	82 (50.3%)	81 (49.7%)		2.00 (1.16–3.47)	0.013
Health Care setting					
Non-governmental	54 (56.3%)	42 (43.8%)	0.037	1.85 (1.10 3.12)	
Governmental†	134 (44.1%)	170 (55.9%)		1	0.022
Being aware of the patient rights charter			< 0.001		
Yes	88 (64.2%)	49 (35.8%)		3.10 (1.94–4.92)	< 0.001
No†	100 (38.0%)	163 (62.0%)		1	

†Reference group

Practice of patients' rights by health professionals from the patients' perspective

Table 4 summarizes patients' perceptions regarding the extent to which physicians and nurses respect patient rights. The multivariate analysis assessed various patient rights across both governmental and non-governmental healthcare facilities, while controlling for factors such as gender, age, marital status, education level, occupation, insurance coverage, and prior hospital admissions.

The rights most consistently upheld included non-discriminatory access to care (91 percent in governmental vs. 94% in non-governmental facilities, aOR 1.3, 95 percent CI 0.52–3.5) and obtaining patient consent before examinations (84.5 percent governmental vs. 92 percent non-governmental, aOR 2.1, 95 percent CI 0.91–4.8), with no significant differences observed between the two facility types.

However, certain rights received lower adherence scores, with non-governmental facilities performing significantly better even after adjusting for confounding variables. These included explaining physical examinations (63.8% governmental vs. 78 percent non-governmental, aOR 2.1, 95 percent CI 1.2–3.7) and discussing treatment alternatives (53.6 percent governmental vs. 71.9 percent non-governmental, aOR 2.2, 95 percent CI 1.3–3.7). The lowest adherence was observed for informing patients about complaint procedures (13.5% governmental vs. 34.4 percent non-governmental, aOR 4.2, 95 percent CI 2.3–7.6) and summarizing patient rights (20.4% governmental vs. 25 percent non-governmental, aOR 1.3, 95 percent CI 0.74–2.4).

Table 4. Univariate and Multivariate Regression Analysis of Patients' Perceptions of Health Professionals' Adherence to Patients' Rights by Hospital Type

Statement	Total	Governmental Hospitals n (%)	Non-Governmental Hospitals n (%)	P-value	P-value (FDR Correction)	Adjusted OR* (95% CI)	Adjusted P-value	Adjusted P-value (FDR Correction

								)
Care was provided respectfully	375 (93.7%)	282 (93.0%)	93 (97.0%)	0.147	0.200	2.0 (0.58–7.3)	0.268	0.335
Treatment and services provided without discrimination based on age, color, religion, or sex	366 (91.5%)	276 (91.0%)	90 (94.0%)	0.365	0.391	1.3 (0.52–3.5)	0.552	0.591
Permission was obtained before physical examinations	345 (86.2%)	257 (84.5%)	88 (92.0%)	0.077	0.116	2.1 (0.91–4.8)	0.082	0.123
Patient privacy was maintained during physical examinations	330 (82.5%)	243 (80.0%)	87 (90.6%)	0.016	0.028	2.6 (1.2–5.7)	0.017	0.036
Informed consent form was signed prior to treatment	331 (82.75%)	248 (81.6%)	83 (84.6%)	0.270	0.338	1.6 (0.78–3.1)	0.215	0.293
Functional bathing, toilet facilities, and necessary personal items were available	292 (73%)	204 (67.0%)	88 (91.6%)	<0.001	<0.001	5.7 (2.6–12.6)	<0.001	<0.001
Storage space for personal items was provided	290 (72.5%)	201 (66.1%)	89 (92.7%)	<0.001	<0.001	6.4 (2.8–14.8)	<0.001	<0.001
Information on recommended procedures, risks, and alternatives was provided before treatment	273 (68.2%)	198 (65.1%)	75 (78.1%)	0.017	0.028	1.9 (1.1–3.2)	0.031	0.048
Physical examination was explained	269 (67.25%)	194 (63.8%)	75 (78.0%)	0.009	0.023	2.1 (1.2–3.7)	0.010	0.025
Financial costs of services and procedures were explained	255 (63.7%)	184 (60.5%)	71 (73.9%)	0.017	0.028	1.8 (1.1–3.1)	0.039	0.049
Available treatment	232 (58%)	163 (53.6%)	69 (71.9%)	0.002	0.006	2.2 (1.3–3.7)	0.004	0.012

alternatives were explained before finalizing the treatment plan								
Healthcare providers introduced themselves by name, explained their role, and showed ID	159 (39.7%)	102 (34.0%)	57 (59.4%)	<0.001	<0.001	3.0 (1.8–5.0)	<0.001	<0.001
Option to appoint a healthcare proxy to speak on patient's behalf was provided	146 (36.5%)	108 (35.5%)	38 (39.6%)	0.472	0.472	1.1 (0.65–1.9)	0.718	0.718
Summary of patient rights was provided	86 (21.5%)	62 (20.4%)	24 (25.0%)	0.338	0.390	1.3 (0.74–2.4)	0.329	0.380
Process for submitting complaints about confidentiality or healthcare quality was explained	74 (18.5%)	41 (13.5%)	33 (34.4%)	<0.001	<0.001	4.2 (2.3–7.6)	<0.001	<0.001

*Adjusted for gender, age, marital status, education level, occupation, insurance status, and prior admissions.

Discussion

Ensuring that patients' rights are respected is a fundamental step toward strengthening healthcare delivery. When patients, doctors, and nurses clearly understand their responsibilities, the overall quality of care improves [18]. Health systems should be designed to support this understanding rather than restrict medical practice. Promoting patients' rights encourages a shared responsibility between healthcare providers and patients. This collaborative approach is crucial: patients who are aware of their rights tend to participate more actively in their care, which can lead to better outcomes, while healthcare professionals can provide more patient-centered care.

Patients' awareness of their rights

In this study, fewer than half of participants (47.0%) achieved a high level of awareness—defined as correctly recognizing at least 80% of their rights. Most participants knew about fundamental rights, such as receiving respectful treatment, maintaining privacy during examinations, access to care without discrimination based on age, race, religion, or gender, and being informed of their rights and responsibilities in an understandable way. These results align with findings from Ethiopia [13], Egypt [3], Iran [19], and India [20].

However, awareness was considerably lower for other rights. Many participants were unfamiliar with appointing a healthcare proxy, requesting a second opinion, participating in treatment decisions, and knowing the roles and identities of the healthcare team. Similar trends have been reported in Pakistan [21], Egypt [3], Iran [19], and Iraq [22]. Several factors may explain these gaps, including the traditionally paternalistic dynamics in healthcare relationships [23], cultural norms discouraging patients from questioning authority, and the lack of structured programs to actively involve patients in decision-making.

Age was a key factor influencing awareness. Adults aged 18–30 and 46–60 showed higher understanding of their rights compared to other age groups. Younger adults (18–30) may benefit from greater exposure to digital platforms and educational resources that discuss patient rights. Individuals aged 46–60, on the other hand, might have accumulated more knowledge through repeated interactions with healthcare services, either personally or as caregivers. Previous studies have reported inconsistent findings regarding age: some suggest that older patients are more aware [24], while others find younger patients demonstrate higher awareness [9].

The frequency of previous hospital admissions appears to influence patients' awareness of their rights. Individuals who had been hospitalized three or more times displayed notably higher levels of awareness. This may be explained by their exposure to a wider range of rights-related practices during multiple admissions, which likely enhanced their understanding of the expected standards of care in hospital settings. Furthermore, repeated hospitalizations—particularly at the same facility—may motivate patients to seek out information regarding their rights and familiarize themselves with institutional practices.

The type of healthcare facility also plays a significant role. Patients treated in non-governmental hospitals demonstrated higher awareness levels than those treated in governmental hospitals. This may be due to the less crowded environment typically found in non-governmental settings, which allows for more personalized interactions between healthcare providers and patients. Such closer engagement can improve comprehension of hospital procedures and patient rights, thereby contributing to increased awareness.

Knowledge of the "patients' rights" charter was associated with higher awareness, consistent with findings from a study in Iran [25]. This underscores the importance of implementing effective strategies to promote the charter, including providing patients with both written materials (booklets or pamphlets) and verbal explanations upon admission.

Despite these efforts, the current study found that 65.7% of participants were unaware of the patients' rights charter issued by the Palestinian Ministry of Health. This mirrors findings from Pakistan, where 65.5% of respondents were similarly uninformed, though it is lower than the figures reported in Saudi Arabia [26] and Sudan [12], where 74.8% and 95.4% of participants, respectively, lacked awareness. Such discrepancies may stem from the absence of dedicated information channels, like websites or in-hospital educational materials. Notably, in Palestine, the charter is incorporated within a broader "Public Health Law," unlike in Saudi Arabia, where it is more accessible through focused platforms.

To address this gap, Palestinian healthcare authorities should prioritize educational initiatives tailored to the local population. Measures could include simplifying the charter for better clarity and prominently displaying it in hospital entrances and patient rooms. Subsequent awareness campaigns should aim to enhance comprehension and recognition of patient rights across different communities.

Insurance type also influenced awareness levels. Patients with private insurance demonstrated higher awareness than those with governmental coverage or no insurance, likely due to better access to information and advocacy resources. Private insurance often provides greater financial capacity, which may facilitate access to educational materials, legal guidance, and patient advocacy services. Additionally, private insurance plans frequently offer more personalized support, including detailed explanations of coverage and patient rights [27].

Regarding information sources, social media was the most common, cited by 48.0% of participants. Similar patterns were observed in studies from India (58.0%) [28], South Egypt (89.4%) [29], and Ethiopia (28.3%) [13]. In this study, doctors were the second most reported source (34.5%), contrasting with findings from Riyadh, Saudi Arabia [30] and southern Egypt [3], where doctors and nurses were the primary informants for most participants.

The Practice of patient rights

Our investigation indicated that, according to patients' observations, 92.5% of healthcare workers consistently delivered care in a respectful and non-discriminatory manner, regardless of whether the facility was public or private. These results align with Egyptian studies reporting a similar compliance rate of 96% across both sectors [3, 31].

Despite this overall positive trend, certain patient rights were less consistently upheld. While 88.3% of patients confirmed they were asked for consent prior to physical examinations, only 63.8% in governmental and 78% in non-governmental hospitals were given explanations about the procedures. A similar pattern was seen in Sudan, where permission was obtained in 87.1% of cases, but only 69.2% of patients received an explanation [9]. This demonstrates that many patients undergo examinations without a proper understanding of the procedures, an issue more pronounced in public hospitals. Therefore, training programs should emphasize the importance of clear explanations even after consent has been obtained.

Concerning treatment decisions, 53.6% of patients in governmental hospitals and 71.9% in non-governmental facilities were informed about treatment options before care plans were finalized. These figures surpass those reported in other developing countries, including Ethiopia (19.6%) [13], Egypt (10.3%) [3], India (44.16%) [31], and Sudan (62%) [9], reflecting gradual progress in shared decision-making in Palestine. Nevertheless, the 18.3% gap between public and private hospitals highlights the need for targeted interventions to improve patient involvement in governmental hospitals, even relative to other nations.

The areas most neglected by healthcare professionals were informing patients about complaint procedures and providing summaries of patient rights. Shockingly, only 13.5% in public and 34.4% in private hospitals received instructions on submitting complaints, a pattern mirrored in Egypt (16.5%) and Ethiopia (1%) [3, 13]. This lack of guidance can hinder patients from reporting grievances, reducing opportunities to enhance care quality. Similarly, only 22.7% of patients were given a summary of their rights, with no major difference between public and private hospitals, whereas Ethiopia and Egypt reported rates of 1% and 0%, respectively [3, 13]. Strengthening education in these areas is crucial, as clear communication about patient rights can improve both patient satisfaction and the overall standard of care.

Strengths and Limitations of the Study

This study represents the first effort in our country to examine patients' perceptions of their rights and how these rights are applied in healthcare settings. A potential limitation is the risk of observer bias, in which researchers' personal judgments or expectations might inadvertently influence data collection, potentially affecting the findings. To reduce this risk, we employed three independent data collectors who were not involved in patient care, promoting greater objectivity in gathering data. Another limitation lies in the use of convenience sampling and the study's focus solely on the northern region of the West Bank, which may restrict the generalizability of the results. Nevertheless, we believe that sociodemographic and cultural variations across West Bank districts are minimal and unlikely to substantially impact the outcomes. Additionally, as the data were based on patient self-reports, reporting bias may have occurred, with participants potentially providing socially desirable responses or avoiding disclosure of uncertainty. Incorporating healthcare providers' perspectives could have strengthened the study, though this was not feasible due to their heavy workloads. Lastly, comparisons between governmental and non-governmental hospitals should be interpreted with caution, as variations in sample sizes may have influenced the observed differences.

Conclusion

The study highlights ongoing global challenges in raising awareness and effectively implementing patients' rights within healthcare systems. While there has been progress in upholding core rights such as non-discrimination and obtaining consent, notable deficiencies remain in patient engagement in decision-making, providing clear information about procedures and costs, and ensuring accessible complaint channels, particularly within governmental hospitals. More than half of patients demonstrated limited understanding of their rights, consistent with findings from other developing countries. These observations emphasize the urgent need for comprehensive, culturally sensitive programs to educate and empower patients. Given that certain local cultural contexts may lean toward paternalistic practices, initiatives must respect cultural norms while gradually promoting patient autonomy. Governments should prioritize adopting patient rights frameworks tailored to local contexts, in line with WHO guidance. Achieving meaningful reform requires multisectoral collaboration among policymakers, healthcare providers, legal experts, and patient advocacy groups. Continuous monitoring and timely interventions are essential to translate the principles of patient-centered care into consistent practice worldwide.

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