

PATIENT RIGHTS IN SELF-ASSESSMENT OF NURSES AND PARAMEDICS OF HOSPITAL EMERGENCY DEPARTMENTS

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ABSTRACT

INTRODUCTION: In Poland, the function of accident admissions is performed by admission rooms and hospital emergency departments. The outbreak of the COVID-19 pandemic in 2020 has radically changed the functioning of the healthcare system. The introduction of the state of epidemic emergency in Poland, followed by the state of the epidemic, was the basis for imposing several restrictions that had a significant impact on the execution of patients' basic rights.

The aim of this study was the analysis of the attitudes exhibited by the emergency department medical personnel regarding the rights held by patients.

MATERIAL AND METHODS: The study involved 124 respondents employed in hospital emergency departments. The participants of the study were selected in such a way that paramedics accounted for half (50%) of the participants and nurses constituted the other half. In the study group, males accounted for 54.8% of the participants, while females accounted for 45.2%. 41.1% of respondents held a master's degree, 25% declared higher professional education and 33.9% declared vocational secondary vocational education. The research used the following methods: a diagnostic survey, anonymous surveys, and a self-developed questionnaire consisting of 15 questions. The statistical analysis was carried out in the Statistica SPSS — IBM SPSS statistical package (Version 28.0.1.0; IBM Corporation, SPSS Inc., Chicago, IL, USA). For the analysis of the gathered quantitative data, differentiated concerning the independent variable of education, the non-parametric Mann–Whitney U and the Chi² tests were used at a significance level of $\alpha = 0.05$.

RESULTS: According to 74.20% of the participants, they became familiar with patient rights during their work experience, while only 25.80% of them did so during their education. A satisfactory level of knowledge regarding patient rights was found among 58.10% of all respondents. The most familiar patient right among 88.70% of respondents (90.30% of the nurses, 87.10% of the paramedics) is the patient right to health services. 77.40% of participants adhere to patient rights in their daily work. According to 88.70% of respondents, the requirements under patient rights apply to all healthcare professionals. The most common violation in the work process, according to 65.30% of respondents, is the patient right to respect for privacy and dignity of the patient.

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CONCLUSIONS: (1) Almost 90% of respondents expressed the opinion that patient rights concern all health-care professionals, and circa 80% of them declared that they always adhere to them in their daily professional work. (2) The most familiar patient right among almost all respondents is the right to healthcare services, while the least familiar is the patient right to store valuables in the depository. (3) The statistical analysis carried out for this study did not show any statistically significant differences in the presented level of knowledge and declared attitudes concerning patient rights, taking into account the division between paramedics and nurses.

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INTRODUCTION

The execution of emergency medical procedures takes place in separate emergency areas of the hospital, most often organized as hospital emergency departments (EDs) or the admission room. The ED plays a special role in the healthcare system. It is a unit of the State Emergency Medical Service (SEMS) system, which is an organizational unit of the hospital that carries out healthcare services to people in states of sudden threat to their lives or health. EDs are primary units equipped with specialized equipment which enables almost any life-saving medical procedure to be carried out. Within the ED, there are specialized and highly qualified medical personnel with access to equipment and facilities that enable them to carry out resuscitation, surgical and also diagnostic activities [1].

The primary task of the ED is to bridge the gap between the pre-hospital management of patients requiring health services and hospital treatment. These services consist of initial diagnosis and initiation of treatment (involving stabilization of basic vital functions) for patients whose life or health is threatened [2].

In terms of the right to health care services, it is irrelevant whether the patient arrived at the ER by their own means or was brought in by the ERT. Each patient who presents at the ER should be admitted. The healthcare entity within which the ED operates cannot refuse to provide health services to a patient who needs such services due to a threat to life or health. In particular, organizational issues cannot be the reason for refusing to provide a health service [3].

The functioning of the ED is unique because of its constantly dynamic nature. Several emergency response teams (ERTs) may arrive in a short period with patients in need of immediate assistance. It is also worth noting that patients present to the ED by their own means, as well. The task of the ED

is to diagnose patients whose life is threatened on an ad hoc basis. It should be noted that the actual treatment takes place in the hospital [4].

At times, dozens of people in need, of various ages and in different states, are in the ED waiting room at the same time. Such a number of patients in one place and the growing queue very often cause frustration and aggression. People who present at the ED, but do not require immediate assistance reduce the actual level of health security by blocking queues and preventing the injured people who really need help from receiving it immediately. These situations, however, do not mean that patient rights do not apply within the execution of health services by the ED medical personnel.

According to the Supreme Audit Office (SAO), the COVID-19 pandemic exposed the fact that hospitals existing within the public healthcare system were not prepared to function under emergency conditions. At the facilities inspected by the SAO, the provision of certain services had been restricted or temporarily suspended [5].

Unfortunately, in the face of a biological threat such as the COVID-19 pandemic, hospitals, including the EDs, failed to ensure that all health needs would be met, despite the many solutions implemented [6].

The significance and importance of proper functioning of EDs as a matter of public health and patient healthcare can be evidenced, e.g. by data gathered by Statistics Poland (SP) on health services provided by EDs in the years 2022–2023. As the SP's data shows, at the end of 2022 there were 244 EDs operating within the SEMS system, providing health services in both outpatient mode (without hospitalization) and inpatient mode. Furthermore, 157 admission rooms in which health services were provided in outpatient mode cooperated with the SEMS system in 2022. Almost 3.8 mln people received outpatient care in the ED or admission

rooms. The number of inpatients treated in the ED amounted to more than 1.8 mln. In 2022, 147 people per 1,000 population were provided with health services in the ED or the admission room. Children and adolescents under the age of 18 accounted for 19.4% of the total number of people treated in admission rooms or the ED, and people aged 65 and over accounted for 27.1%. Patients treated in the outpatient mode most often received services in trauma and orthopaedic surgery (24.3% of those treated), general services (20.6%) and surgery (17.1%). The number of EDs and ARs is shown in Table 1 [7].

As shown in the Patient Rights Ombudsman Report (PRO) "Contents of reports directed to the Patient Rights Ombudsman Hotline in 2021" [8], reports directed to the Telephone Patient Information (TPI) regarding some of the inpatient treatment services registered in the years 2020–2021 by the scope of services showed that 3760 reports regarding ED emergency medicine irregularities were registered in 2020, which accounted for 19% of all reports, whereas in 2021 there were one-third fewer such reports concerning the previous year — only 1,138, which accounted for 5% of all reports. The most frequently reported issues of patients calling TPI about matters regarding the ED are presented in Table 2.

The outbreak of the COVID-19 pandemic has significantly affected the functioning of the healthcare system in Poland, as well as the exercising of several human and civil freedoms and rights, including patient rights. Due to the risk of transmitting the virus, *i.e.* accompaniment (care for) patients in the ED was excluded. During the COVID-19 pandemic patient rights were often restricted, and at times even excluded [9–11]. It is for this reason that medical personnel knowing and applying patient rights in their daily professional work is so crucial when it comes to respecting patient rights, regardless of the existing state of epidemic emergency.

The efficiency of the ED largely depends on the proper segregation of patients in accordance to their health condition or possible injuries, and above all on the separation of patients requiring action in the ED from patients ineligible for such action. Particularly the latter issue assumes great importance for the healthcare system, as it causes congestion in the ED and disrupts its proper functioning, which often results in a violation of patient rights.

Ensuring high quality of health services provided, and setting appropriate standards for operations, including the application of patient rights, are an essential part of the organization of work in entities operating within the healthcare sector. This is important since the quality of healthcare services provided

Table 1. Hospital emergency departments and admission rooms in Poland [7]

Specification	2018	2019	2020	2021	2022
Hospital emergency departments (EDs)	230	237	239	241	244
Admission rooms (AR)	149	155	154	156	157

Table 2. Issues reported to TPI regarding the functioning of the ED [8]

Lp.	Reported issue
1.	Denial of additional nursing care and contact with loved ones, due to restrictions of access caused by the epidemic and bans instituted in hospitals
2.	Objections to the standard of provided services
3.	Conditions in which health services were provided
4.	Deprivation of the right to have a support person present during the provision of health services
5.	Questioning a discharge from a hospital emergency department
6.	Failure to take action in transferring the patient to another hospital facility
7.	Long waiting time for the provision of a service in the case of sudden deterioration of health or qualification for treatment
8.	Denial of execution of additional services (<i>i.e.</i> medical transport, issuing a certificate of temporary incapacity for work)

translates not only into health, trust or safety but above all into the life of the patient.

MATERIAL AND METHODS

The study was conducted between July and October 2022 among employees of hospital emergency departments in the Silesian Voivodeship. The participants of the study were selected deliberately so that male and female nurses (hereafter — nurse) would account for half of the participants, and male and female paramedics (hereafter — paramedic) for the other half. 140 respondents were willing to participate in the survey. Those interested in participating in the survey were given envelopes containing the research instrument and instructions on how to proceed. Each participant was informed about the subject and purpose of the conducted study. Participation in the study was voluntary and anonymous. Participants received questionnaires during individual meetings at their workplaces (ED). Respondents participated in the study willingly and knowingly. Only data obtained from the 124 respondents who correctly (fully) answered the questionnaire questions were included in the survey analysis. The return of correctly completed questionnaires was obtained at 88.60%. Due to the lack of a standardized research tool with which to diagnose the level of knowledge of medical personnel regarding knowledge and application of patient rights, the research tool used was a survey questionnaire of the authors' own design. The questionnaire consisted of 15 questions. The first part of the questionnaire dealt with sociodemographic data concerned with data such as gender, age, education, and length of work experience, while the second part contained 11 questions on specific data concerning knowledge and application of patient rights in daily professional practice. The questionnaire was not validated beforehand, as the research was preliminary. The survey was conducted by the principles of the Declaration of Helsinki [12].

A Microsoft Excel spreadsheet (Microsoft Office) was used to statistically process the results. The statistical analysis was carried out in the Statistica 13.1 PL statistical software (Jan Kochanowski University of Kielce license). For the analysis of the gathered quantitative data, differentiated concerning education, the non-parametric Mann–Whitney U and the χ^2 tests were used at a significance level of $\alpha = 0.05$.

RESULTS

In the study group, males were slightly in the majority (54.8%). Women accounted for 45.2% of the respondents. The largest number of respondents (41.1%) had a master's degree, these were mainly people in the nursing profession. One in three respondents (33.9%) had secondary vocational education (post-secondary school), with those in the nursing profession being in the majority in this group, and one in four (25%) had higher professional education (bachelor's degree), in this group paramedics outnumbered the nurses.

A correlation analysis was performed. For this purpose, Cramér's V was used as a correlation coefficient for variables nominal in nature.

1. A relationship was identified between satisfaction with one's level of knowledge regarding patient rights and compliance with those rights (Cramér's V correlation coefficient = 0.451; $p < 0.001$).
2. A relationship was identified between the subjectively evaluated satisfaction with one's level of knowledge regarding patient rights and the likelihood of noticing patient rights violations in the workplace (Cramér's V correlation coefficient = 0.472; $p < 0.001$).
3. Subjectively evaluated satisfaction with one's level of knowledge regarding patient rights correlated with the knowledge of the WHO Patient's Rights Charter (Cramér's V correlation coefficient = 0.286; $p < 0.001$), the European Charter of Patients' Rights (Cramér's V correlation coefficient = 0.286; $p < 0.001$) and the Act on the Patient Rights and the Patient Rights Ombudsman (Cramér's V correlation coefficient = 0.378; $p < 0.001$). Such a relationship was not identified for the knowledge of the Constitution of the Republic of Poland (Cramér's V correlation coefficient = 0.007; $p > 0.05$).

Detailed results relating to the knowledge and application of patient rights in the daily professional practice of the respondents according to their medical profession are shown in Table 3.

Research shows that among all the respondents, 74.20% became familiar with patient rights during work (nurses — 72.60%, paramedics — 75.80%), whereas only 25.80% did so during their education (respectively 27.40% and 24.20%). A satisfactory level of patient rights knowledge was declared by 58.10% of all respondents, including 65.90% of the nurses and 54.80% of the paramedics participating

Table 3. Knowledge and application of patient rights in the day-to-day professional practice of respondents according to their profession

Lp.	Question	Answer	Profession (w %) n = 124 (100.00)		Chi ²	p value*
			Nurses n = 62 (50.00)	Paramedics n = 62 (50.00)		
			Total n = 62 (100.00)	n = 62 (100.00)		
1.	Where did you become familiar with patient rights?	During education	17 (27.40)	15 (24.20)	0.168	0.681
		During work	45 (72.60)	47 (75.80)		
2.	How would you evaluate your knowledge of patient rights?	Unsatisfactory	24 (38.70)	28 (45.20)	0.300	0.584
		Satisfactory	38 (65.90)	34 (54.80)		
3.	Have you familiarized yourself with the legal act regulating patient rights in Poland? (More than one answer can be indicated)	WHO Patient Rights Charter			0.773	0.379
		Yes	5 (8.10)	8 (12.90)		
		No	57 (91.90)	54 (87.10)		
		European Charter of Patient Rights			0.086	0.769
		Yes	6 (9.70)	7 (11.30)		
		No	56 (90.30)	55 (88.70)		
		Act on the Patient Rights and the Patient Rights Ombudsman			1.192	0.275
		Yes	34 (54.80)	39 (62.90)		
		No	28 (45.20)	23 (37.10)		
		The Constitution of the Republic of Poland			0.824	0.364
		Yes	24 (38.70)	29 (46.80)		
		No	38 (61.30)	33 (53.20)		
		I do not know any such document			0.898	0.343
		Yes	4 (6.50)	7 (11.30)		
No	58 (93.50)	55 (88.70)				
4.	Are patients informed of their rights in your workplace?	Yes	39 (62.90)	34 (54.80)	0.911	0.340
		No	23 (37.10)	28 (45.20)		
5.	How are patients informed of their rights in your medical facility? (More than one answer can be indicated)	Sign on a notice board			2.505	0.113
		Yes	41 (66.10)	48 (77.40)		
		No	21 (33.90)	14 (22.60)		
		Verbally by medical personnel			0.130	0.718
		Yes	27 (43.50)	29 (46.80)		
		No	35 (56.50)	33 (53.20)		
6.	Please indicate to whom the patient rights requirements concern (more than one answer can be indicated)	Medical facility management			0.207	0.649
		Yes	49 (79.00)	51 (82.30)		
		No	13 (21.00)	11 (17.70)		
		Doctors			0.238	0.625
		Yes	53 (85.50)	51 (82.30)		
		No	9 (14.50)	11 (17.70)		
		Nurses			0.086	0.769
		Yes	56 (90.30)	55 (88.70)		
		No	6 (9.70)	7 (11.30)		
		Paramedics			0.827	0.363
		Yes	48 (77.40)	52 (83.90)		
		No	14 (22.60)	10 (16.10)		
		All healthcare professionals			1.288	0.256
		Yes	57 (91.90)	53 (85.50)		
No	5 (8.10)	9 (14.50)				



Table 3. (cont.) Knowledge and application of patient rights in the day-to-day professional practice of respondents according to their profession

Lp.	Question	Answer	Profession (w %) n = 124 (100.00)		Chi ²	p value*	
			Nurses n = 62 (50.00)	Paramedics n = 62 (50.00)			
			Total n = 62 (100.00)	n = 62 (100.00)			
7.	Who is accountable for a violation of a patient rights?	Medical facility management				0.559	0.455
		Yes	51 (82.30)	54 (87.10)			
		No	11 (17.70)	8 (12.90)			
		Medical professional guilty of misconduct				3.046	0.081
		Yes	49 (79.00)	56 (90.30)			
		No	13 (21.00)	6 (9.70)			
8.	Please indicate the patient rights you are familiar with (more than one answer can be indicated)	Patient right to health services				0.322	0.570
		Yes	56 (90.30)	54 (87.10)			
		No	6 (9.70)	8 (12.90)			
		Patient right to information				0.238	0.625
		Yes	51 (82.30)	53 (85.50)			
		No	11 (17.70)	9 (14.50)			
		Patient right to report adverse reactions to medicinal products				0.045	0.832
		Yes	47 (75.80)	48 (77.40)			
		No	15 (24.20)	14 (22.60)			
		Patient right to confidentiality of personal information				0.322	0.570
		Yes	56 (90.30)	54 (87.10)			
		No	6 (9.70)	8 (12.90)			
		Patient right to consent to receiving health services				0.062	0.803
		Yes	52 (83.90)	53 (85.50)			
		No	10 (16.10)	9 (14.50)			
		The right to respect for privacy and dignity of the patient				0.100	0.752
		Yes	57 (91.90)	56 (90.30)			
		No	5 (8.10)	6 (9.70)			
		Patient right to medical records				0.207	0.649
		Yes	49 (79.00)	51 (82.30)			
		No	13 (21.00)	11 (17.70)			
		Patient right to raise an objection against the opinion or medical certificate issued by the physician				0.157	0.692
		Yes	43 (69.40)	45 (72.60)			
		No	19 (30.60)	17 (27.40)			
		Patient right to respect for private and family life				0.435	0.510
		Yes	58 (93.50)	56 (90.30)			
		No	4 (6.50)	6 (9.70)			
		Patient right to pastoral care				0.564	0.453
		Yes	42 (67.70)	38 (61.30)			
		No	20 (32.30)	24 (38.70)			
		Patient right to store valuables in the depository				2.630	0.105
		Yes	38 (61.30)	29 (46.80)			
		No	24 (38.70)	33 (53.20)			

→

Table 3. (cont.) Knowledge and application of patient rights in the day-to-day professional practice of respondents according to their profession

Lp.	Question	Answer	Profession (w %) n = 124 (100.00)		Chi ²	p value*	
			Nurses n = 62 (50.00)	Paramedics n = 62 (50.00)			
			Total n = 62 (100.00)	n = 62 (100.00)			
9.	Do you comply with the patient rights?	Always	49 (79.00)	47 (75.80)	0.185	0.668	
		Sometimes	13 (21.00)	15 (24.20)			
10.	Have you witnessed any violations of patient rights in your workplace?	Yes	51 (82.30)	48 (77.40)	0.451	0.502	
		No	11 (17.70)	14 (22.60)			
11.	Do patient rights violations by medical personnel occur in your workplace? If Yes, please indicate the type of violation (more than one answer can be indicated)	Patient right to health services					
		Yes	8 (12.90)	6 (9.70)	0.322	0.570	
		No	54 (87.10)	56 (90.30)			
		Patient right to information					
		Yes	13 (79.00)	26 (41.90)	4.409	0.036	
		No	49 (21.00)	36 (58.10)			
		Patient right to report adverse reactions to medicinal products					
		Yes	11 (17.70)	16 (25.80)	1.184	0.277	
		No	51 (82.30)	46 (74.20)			
		Patient right to confidentiality of personal information					
		Yes	15 (24.20)	19 (30.60)	0.648	0.421	
		No	47 (75.80)	43 (69.40)			
		Patient right to consent to receiving health services					
		Yes	7 (11.30)	12 (19.40)	1.554	0.213	
		No	55 (88.70)	50 (80.60)			
		The right to respect for privacy and dignity of the patient					
		Yes	37 (59.70)	44 (71.00)	1.744	0.187	
		No	25 (40.30)	18 (29.00)			
		patient rights to medical records					
		Yes	6 (9.70)	8 (12.90)	0.322	0.570	
		No	56 (90.30)	54 (87.10)			
		Patient right to raise an objection against the opinion or medical certificate issued by the physician					
		Yes	3 (4.80)	0 (0.00)	3.074	0.080	
		No	59 (95.20)	62 (100.00)			
		Patient right to respect for private and family life					
		Yes	9 (14.50)	5 (8.10)	1.288	0.256	
		No	53 (85.50)	57 (91.90)			
		Patient right to pastoral care					
		Yes	2 (3.20)	0 (0.00)	2.033	0.154	
		No	60 (96.80)	62 (100.00)			
	Patient right to store valuables in the depository						
	Yes	4 (6.50)	9 (14.50)	2.148	0.143		
	No	58 (93.50)	53 (85.50)				

Chi-squared test χ ; *p < α , statistical significance indicated

in the study. As many as 77.40% of all the participants (79.00% of the nurses and 75.80% of the paramedics) stated that they adhere to patient rights in their daily professional work. The most familiar patient right for 88.70% of respondents (90.30% of the nurses, 87.10% of the paramedics) proved to be the patient right to health services, while the least familiar right is the patient right to store valuables in the depository 52.20% (including 61.30% of the nurses, 46.80% of the paramedics). Requirements under patient rights, according to 88.70% of the respondents (including 91.90% of the nurses, 85.50% of the paramedics), concern all healthcare professionals.

As many as 77.40% of respondents (including 79% of the nurses, 75.80% of the paramedics) stated that in their daily work, they always adhere to patient rights, only 22.60% of respondents (including 21.00% of the nurses, 24.20% of the paramedics) did so sometimes. The results pertaining specifically to the questions regarding patient rights compliance and identification of their violations in the workplace (questions 10 and 11) indicate that the respondents find it difficult to classify negative behaviours, attitudes or actions undertaken by the other members of the medical personnel in regards to specific patient rights.

DISCUSSION

Improving the situation in the ED, and thus increasing the health safety of patients, is possible e.g. by increasing the number of medical personnel employed, but also by raising awareness regarding the knowledge and application of patient rights. It should be noted that the patient has not only rights, but also responsibilities, and should therefore be aware of how to utilise the ED.

Many factors determine the quality of the healthcare system. The most important ones undoubtedly include: the availability of medical services, the expertise of medical professionals, the safety of the procedures, the continuity of care, the adaptation of care to needs, and the efficiency of the system and patient satisfaction with medical services, including adherence to patient rights [10, 13, 14].

As shown by the literature on the subject, not enough studies exist that simultaneously address the analysis of the knowledge of the rights and responsibilities of patients receiving various institutional forms of healthcare [15].

Numerous studies show that ED employees are exposed to various forms of aggression from patients, as well as people accompanying the patients. Another noteworthy dangerous aspect of working in the ED is the presence of intoxicated people [16, 17]. Such a state of affairs does affect the proper functioning of the ED, and consequently also the adherence to patient rights by the medical personnel. However, it should be noted that the aforementioned factors should not and cannot negatively affect the medical personnel's adherence to patient rights.

The study conducted in 2017 by Czajkowska et al. [18] included the assessment of knowledge of patient rights among medical personnel in medical facilities. The study included a group of 901 medical professionals (doctors, nurses, midwives), and the obtained results showed a high level of knowledge of patient rights among the surveyed doctors, nurses and midwives. In turn, good knowledge of patient rights among healthcare professionals was reflected in good levels of informing patients of their rights. Statistical significance was obtained for four domains: patient right to health services ($p < 0.000001$), the right to respect for privacy and dignity of the patient ($p < 0.000001$), patient right to store valuables in the depository ($p < 0.000001$), and patient right to pastoral care ($p < 0.000001$) [17]. The above study correlates with the results of this research in the field in question. A satisfactory level of knowledge of patient rights was declared by 58% of respondents, knowledge about patient right to health services was indicated by 89% of respondents, the right to respect for privacy and dignity of the patient by 91%, patient right to store valuables in the depository by 54%, and patient right to pastoral care by 64% [18].

Maintaining confidentiality about a patient's condition, as dictated by the Hippocratic Oath, is one of the oldest cornerstones of healthcare professional practice [19]. Discussing patient information outside of the workplace is considered a breach of confidentiality in rooms with general access, clinics, and waiting rooms in the ED [20]. Such practices, however, may simply be habitual rather than intentional, as research suggests [21]. In a 2013 study conducted by Beltran-Aroca et al. [22] in a Spanish hospital, situations were recorded in which professional discretion was violated by the medical personnel, including doctors, nurses, medical caregivers or orderlies. The obtained results enabled the establishment of the "confidentiality violation

rate", which averaged 1 violation per 62.5 working hours. As for the typology of the observed violations, the most common (54.6%) were related to consultation and/or disclosure of clinical and/or personal data to medical personnel not involved in the clinical care of the patient, as well as to people outside the hospital. In terms of their severity, serious violations were the most common, accounting for 46.7% of all incidents. Most of the reported incidents were observed in public places (37.9%), such as corridors, elevators, the cafeteria, stairs and locker rooms. Disclosure of patient information to unauthorized persons occurred most frequently in the internal medicine department and the emergency department [22]. In a similar study, Karasneh et al. [23] showed that doctors from various departments lacked sufficient knowledge about many aspects of patient confidentiality. Half of the participating doctors did not know whether confidentiality should be protected also after a patient's death.

The doctors participating in the study (17%) reported storing patient data on their private computers. Lack of sufficient knowledge may affect physicians' attitudes toward implementing patient data confidentiality practices in various clinical settings. Some physician practices have been identified as violating patient confidentiality. The authors' own research does not significantly differ from the presented results in terms of the patient right to respect for the privacy and dignity of the patient, for according to 65.30% of all respondents, this right is violated by medical personnel in their workplace.

However, disturbing remains the fact that as much as 22.60% of the respondents comply with patient rights only sometimes. This result is similar to those obtained in the research of Kiyancicek et al. [24]. Therefore, it seems reasonable for medical facilities to introduce training workshops on respecting patient rights in everyday professional practice during the personnel's period of employment. The present research shows that despite patient rights regulations having been in place for over 15 years [25], only 25.80% of the respondents (27.40% and 24.20% of nurses and paramedics respectively), had classes regarding patient rights during their education. Taking into consideration how necessary it is to increase the knowledge of medical personnel in the area of patient rights, and consequently their subsequent compliance with them in the work process, it is reasonable to introduce this topic in the educational process already at the stage of training

for all medical professions, which is reflected in the studies of other authors [26].

CONCLUSIONS

1. The study shows that the vast majority of the participating medical personnel became familiar with patient rights during their professional practice, and only one in four respondents gained this knowledge during their education.
2. Nearly 90% of respondents expressed the belief that patient rights concern all healthcare professionals, and about 80% said they always adhere to them in their daily professional work.
3. The most familiar patient right for nearly all respondents proved to be the patient right to health services, while the least familiar is the patient right to store valuables in the depository.
4. The statistical analysis conducted showed no statistically significant differences in the level of knowledge presented and behaviours declared in relation to patient rights, taking into account the division between paramedics and nurses.
5. Since a lack of sufficient knowledge among the ED medical personnel about the applicable patient rights may significantly affect their adherence to them and foster violations, the inclusion of issues regarding patient rights in the training of medical personnel is reasonable.
6. It is advised that medical facilities employing medical personnel introduce periodic training workshops regarding patient rights to increase their awareness in this area.

Limitations of the study

While interpreting the results of the present study, it is important to take into account certain limitations. These limitations include the limited number of study participants. The sample participating in the study does not represent the broader population of ED medical personnel. Based on the opinions of 124 respondents, it is possible only to present universal conclusions dedicated to the entire professional group employed there. The data for the study was obtained only from a sample consisting of a deliberately selected group of medical personnel working in the ED who consented to participate in the study. In the future, to increase representativeness and the possibility of a broader interpretation of the study results, the survey should include a larger survey sample and use more standardized research

tools, including a larger number of questions. Replicating the study will enable exploration of the role of other variables that may influence these relationships, thus deepening the understanding of the studied phenomenon.

Article information and declarations

Data availability statement

At the request of the editors.

Ethics statement

The article was developed in accordance with the journal's ethical principles.

Author contributions

BC — research concept and design, collection and/or assembly of data, data analysis and interpretation; JPC — research concept and design, data analysis and interpretation, final approval of the article; GW — collection and/or assembly of data; KB — research concept and design, collection and/or assembly of data; AC — data analysis and interpretation; MJ — data analysis and interpretation; RS — collection and/or assembly of data; DR — critical revision of the article, final approval of the article. All authors reviewed and critically revised the manuscript.

Conflict of interest

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Supplementary material

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