



Knowledge and Awareness of Patients Rights in Primary Care Center and Emergency Room in Riyadh, Saudi Arabia

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Abstract

Background: Ensuring patients' awareness of their rights in medical facilities is absolutely essential for ensuring patient empowerment and high quality care delivery. In several situations, though, poor patient rights knowledge and scarce data can impair the standard of treatment. The awareness of patients' rights among those seeking care at primary care clinics and the emergency rooms of King Abdulaziz Medical City in Riyadh was the target of this study.

Methodology: Self-administered questionnaires were used to do a descriptive cross-sectional study. The investigation comprised all outpatients older than 18 at the primary care offices of KAMC. Participants' demographic profiles, knowledge of patients' rights, and sources of this knowledge were all included in data gathered. The sample size was set at 400 individuals to make up for missing or non-responses. Data were examined descriptively and inferentially using SPSS version 20.

Results: 406 people participated in the study; most were women (70.9%) and Saudi citizens (96.6%). Most participants (34.8%) were between the ages of 18 and 29; 39.4% had a higher degree. A great awareness of basic patients' rights was seen; over 90% of respondents were aware of rights pertaining to confidentiality, treatment, and safety from harm. Rights such as refusal of treatment (70.1%) and the right to seek a second opinion (83%) saw less knowledge. Posters or brochures came first as information sources (61%), followed by doctors (20.9%). Important links were discovered between rights awareness and demographic variables, including - Income, education, age, and history of hospitalization.

Conclusion: In outpatient settings at KAMC, the study shows that patients' rights are well known, particularly regarding basic rights like confidentiality and therapy. Still, greater awareness about particular rights, including the right to refuse treatment and obtain a second opinion, is required. To help patients better comprehend their rights, top priority should be given to customized educational approaches especially those using direct contact by healthcare professionals.

Introduction

Patients' rights are considered arising ethical term in medicine and health care practice. The fundamental purpose of patients' rights is to guarantee that all patients are treated ethically in satisfactory manner [1]. The World Health Organization (WHO) defines patient rights as the collection of rights which individuals have in the healthcare providing system and healthcare providers are required to observe [2]. It also can be defined on the basis of patients' satisfaction with treatment process, confidentiality, privacy and informed consent [3]. Patients' rights focus on two main principles which are freedoms and entitlements. Freedoms which evolves around right to control and maintain one's health, and body and entitlements which is the duty of health care system to give all patients an equal quality of care to enjoy the highest attainable level of health [2]. Several regulations and increasing in legislations have been recently implemented that highlight the importance of patients' right as essential aspect of quality improvement in provision of health care practice [4]. In 2006, the Government of Saudi Arabia published the Patient's Bill of Rights (PBR), with the aim of improving patients' and health-care professionals' experience, and also improving the quality of care provided. The Saudi PBR defines patients' rights as "accessible health care that meets their needs, to be treated with respect, to receive understandable information, to be involved in treatment options and plans, to file a complaint and to the inviolability of personal privacy." [5]. PBR states that patients may change or refuse treatments and must be informed about possible complications. Also, PBR states that patients should not undergo any medical procedures without their consent, and they should know the costs of treatment in advance [5].

Awareness of patient's rights can bring about a lot of advantages such as increased quality of health care services, decreased costs, more prompt recovery, decreased length of stay in hospitals, lower risk of irreversible physical and spiritual damages, and more importantly, increased dignity of patients through informing them about their rights to participate in decision making. However, lack of respect for

patients' rights may lead to hazards, security, and endanger the health situation of patients. Besides, it may ruin the relationship between the staff and patients by decreasing their efficiency, effectiveness, and in ensuring suitable care for the patients [6].

Knowledge of patients' bill of rights is a crucial thing in modern medicine. Patients care is the goal of medicine so knowledge of patients' bill of rights is important in achieving this goal. Different society, culture, and community led to some changes in patients' bill of rights across the world. Many studies have been done worldwide to evaluate awareness of patients to their rights. For example, a study done in Iran to evaluation patients' awareness to their rights by a survey. They found out that more than 30.5% out of 200 patients survey have a weak knowledge about their rights [1]. Also, another study done in Sudan in 2015 indicate that more than 90% of 263 inpatients did not know about their rights [7]. Moreover, inpatients study done in India demonstrate that patient's awareness range between 28-97% and more than half of them were females [8]. In Pakistanis' study done in two hospitals, one of which is private and the other was a governmental hospital, indicate that out of 220 survey distributed, more than 60% did not know about their rights, and patients seeking medical attention from private hospital were more aware about their rights [9]. Locally, a study done in Riyadh determine the awareness of patients' bill of rights in hospitalized patients. They found out that more than 70% of 250 surveyed patients did not know about their rights even though they have been practicing it [4]. Another study was conducted to explore the extent of health care provider and patient's knowledge about patients' rights in primary care center. It conclude that around half of patients and one third of health care provider had weak knowledge about patients' bill of rights [5]. The aim of our study is to assess and increase the knowledge and awareness of patients' bill of rights in Saudi Arabia.

Methodology

The study was conducted at the primary care clinics and emergency department of King Abdulaziz Medical City (KAMC), a governmental hospital

under the Ministry of National Guard Health Affairs (NGHA), located in Khashm Alaan, Riyadh, Saudi Arabia. The primary care clinics were categorized into three centers: the Health Care Specialty Centre (HCSC), which serves a population of approximately 189,000; the King Abdul-Aziz City Housing (Iskan Clinic), serving about 68,000 people; and the National Guard Comprehensive Specialized Clinic (NGCSC), which caters to a population of around 75,000, based on the latest census data. These centers provided both primary curative and preventive health services. The services included walk-in facilities for acute health problems and an appointment system for chronic medical conditions. Additionally, there were specialized clinics such as the baby and postpartum clinic. The emergency department of King Abdulaziz Medical City had a capacity of 88,000 beds.

The study included all outpatients in the primary care facilities who were aged 18 years or older. Patients who exhibited confusion, had psychiatric disorders, or were severely ill and unable to answer the survey were excluded from the study.

A descriptive cross-sectional study design was utilized, and data were collected through a survey.

The sample size was determined using OpenEpi, based on a population proportion of 30.5%, as reported in a similar study. A 95% confidence interval and a 5% margin of error were used, resulting in a sample size of 320 participants. To account for incomplete forms and non-responses, the sample size was adjusted to 400. The estimated population in the study area was approximately 70,000.

Convenient sampling was employed to collect the sample. Participants were recruited on three random days each week, and data collection was alternated between morning and evening sessions to enhance randomization. This method ensured that the sample was representative of the target population.

Data collection was performed using a self-administered questionnaire, which was developed by the authors after a thorough literature review. The patients' rights list was adopted from the Ministry of Health website. The questionnaire consisted of two parts: the first gathered demographic information

such as gender, education level, nationality, economic status, and prior hospitalization history. It also included three questions about the patients' baseline knowledge of their rights, the sources of information, and the number of rights they were familiar with. The second part of the questionnaire contained 12 questions regarding the rights, with responses in the form of "yes," "no," or "maybe."

To ensure content validity, the questionnaire items were aligned with the Ministry of Health's bill of rights, and the final version was reviewed by experts in questionnaire design and family medicine. The expected time to complete the questionnaire was approximately 7 minutes. After obtaining IRB approval, a pilot survey was conducted with 20 participants to evaluate the clarity and appropriateness of the questions. If the pilot results were satisfactory, the pilot participants were added to the sample size.

The collected data were managed and analyzed using SPSS version 20. A p-value of ≤ 0.05 was considered statistically significant. Descriptive statistics were employed to summarize all variables, with categorical variables being presented as frequencies and percentages. Continuous variables were summarized using the mean and standard deviation. The Chi-square test was used to compare proportions, while the T-test and ANOVA were used to compare means.

Results

The demographic characteristics of the study participants were diverse. The majority of participants were aged between 18 and 29 years, accounting for 34.8% (141 participants) of the sample. Regarding gender, a significantly higher proportion of the participants were female (70.9%, 288 participants) compared to males (29.1%, 118 participants). Educationally, the largest group had a Bachelor's degree or higher education (39.4%, 160 participants), while 25.9% had completed high school. Most participants were Saudi nationals (96.6%), with a small proportion (3.4%) being non-Saudis. In terms of income, 42.1% of participants earned between 5,000 to 10,000 Riyals, and 36.9%

earned more than 10,000 Riyals. Regarding hospitalization history, 41.1% of participants had been previously hospitalized, while 57.4% had not. The average number of hospitalizations was 0.95,

with a standard deviation of 1.65. When asked if they had ever received information about patients' rights, 67.7% responded affirmatively, while 31.8% had not received such information (Table 1).

Table 1: Demographic factors of the participants

		Count	Column N %
Age	18-29	141	34.8%
	30-39	97	23.9%
	40-49	85	20.9%
	50-59	61	15.0%
	60-69	18	4.4%
	70-79	4	1.0%
Gender	Female	288	70.9%
	Male	118	29.1%
Education	Not educated	77	19.0%
	Primary school	20	4.9%
	Intermediate school	44	10.8%
	High school	105	25.9%
	Bachelor- higher educations	160	39.4%
Nationality	Saudi	392	96.6%
	Non-Saudi	14	3.4%
Income	Not reported	9	2.2%
	Less than 5000 Riyals	76	18.7%
	From 5000- 10000 Riyals	171	42.1%
	More than 10000 Riyals	150	36.9%
Hospitalization	Not reported	6	1.5%
	Yes	167	41.1%
	No	233	57.4%
No. Of hospitalization	Mean (SD)	0.95 (1.65)	
Have you ever received any information about patients' rights?	Not reported	2	0.5%
	Yes	275	67.7%
	No	129	31.8%

The majority of participants (61%) reported obtaining information about patients' rights from posters or brochures. A smaller proportion (20.9%) had received this information from a physician, while

13.7% had learned about it through the internet. A few participants (5.8%) mentioned they had Googled it, and 4.7% cited other sources as their means of information (Figure 1).

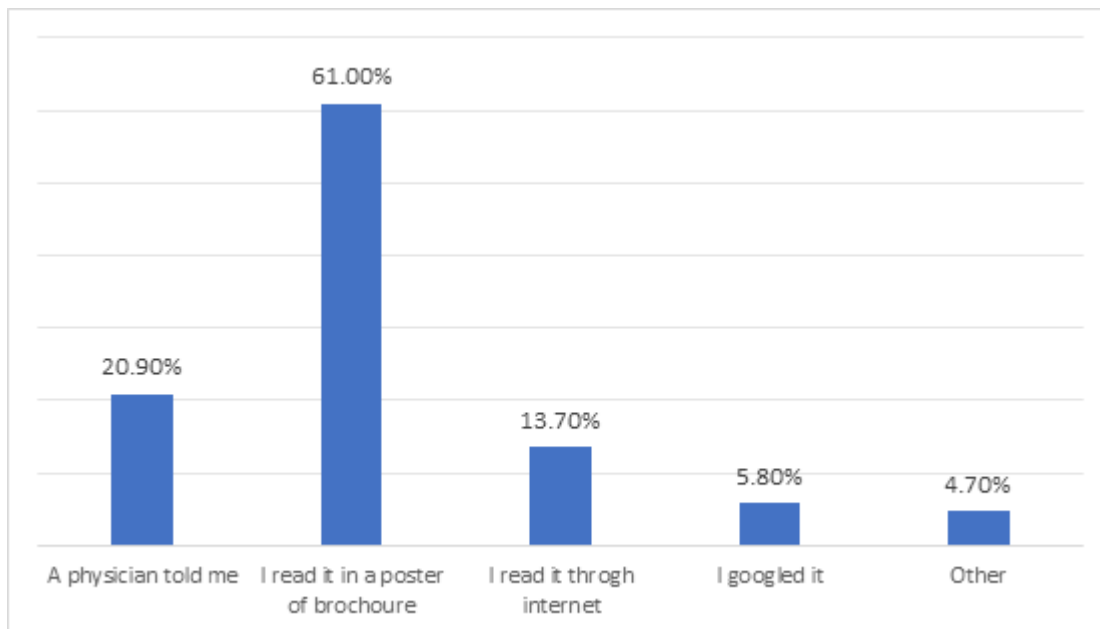


Figure 1: Source of information

The study showed that participants had a high level of awareness regarding patients' rights. The majority of respondents were aware that patients have the right to receive appropriate treatment regardless of race, religion, gender, or age (93.8%) and to maintain the confidentiality of their information (96.8%). Other rights, such as being protected from psychological or physical harm (94.1%) and receiving respectful treatment (93.6%), were also well recognized. The right to know details of treatment plans (96.5%) and the right to understand side effects and complications

(96.6%) were acknowledged by most participants. Additionally, 83% of participants knew about the right to seek a second opinion, while 70.1% were aware of the right to refuse treatment. The right to receive the Patient Rights Bill upon entering a healthcare facility was known by 88.2% of the respondents, and the right to receive explanations about the bill was understood by 92.6% of participants (Table 2).

Table 2: Rights known by the participants

	Yes		Kind of		No	
	Count	Row N	Count	Row N	Count	Row N
		%		%		%
The patient has the right to receive appropriate treatment regardless of their race, religion, gender, or age.	379	93.8%	21	5.2%	4	1.0%
The patient has the right to maintain the confidentiality of their general information, as well as any information related to their health, tests, and treatment plan, unless the patient consents to disclosure.	390	96.8%	12	3.0%	1	0.2%
The patient has the right to be protected from any psychological or physical harm, including the development of laws that protect their personal property from theft and destruction.	380	94.1%	20	4.9%	4	1.0%
The patient has the right to receive appropriate treatment with respect, at any time and place, regardless of their gender, age, race, or religion.	377	93.6%	24	5.9%	2	0.5%

The patient should be respected by using their name on official documents and not calling them by any other name, while respecting their beliefs, identity, and religious affiliation.	381	94.3%	19	4.7%	4	1.0%
The patient has the right to know all details of the treatment plan and tests, including the reason for any procedure.	390	96.5%	12	3.0%	2	0.5%
The patient has the right to know their treating physician and all members of the medical team, including trainee and resident physicians.	374	92.6%	24	5.9%	6	1.5%
The patient has the right to know about side effects, complications, and any problems that may accompany the treatment plan before it begins.	389	96.6%	13	3.2%	1	0.2%
The patient has the right to obtain a second opinion from any doctor in the same hospital by contacting the Patient Relations Department.	335	83.0%	60	14.8%	9	2.2%
The patient has the right to refuse treatment, bearing full responsibility.	283	70.1%	91	22.5%	30	7.4%
The patient has the right to receive the Patient Rights Bill from the moment they enter the healthcare facility.	356	88.2%	41	10.1%	7	1.7%
The patient has the right to receive appropriate explanations and sufficient information about any unclear points in the Patient Rights Bill through the Patient Relations Department.	374	92.6%	28	6.9%	2	0.5%

When asked how many rights they were aware of, the majority (64%) reported knowing 1-2 rights. A smaller proportion knew 3-4 rights (15.5%), while 9.6% knew 5-6 rights, and 4.9% were aware of more than six rights. Regarding the total number of rights

known, 87.9% of participants could identify between 10 to 12 rights, while 6.7% knew 6-9 rights, and 5.4% knew only 0-5 rights (Table 3).

Table 3: Perceived and actual awareness of the patients’ rights

		Count	Column N %
How many rights do you know?	Not answered	24	5.9%
	1-2	260	64.0%
	3-4	63	15.5%
	5-6	39	9.6%
	more than 6	20	4.9%
No. Of rights Known by the participants	0-5	22	5.4%
	6-9	27	6.7%
	10-12	357	87.9%

There was a statistically significant association between participants’ age and the number of patient rights they were familiar with ($p = 0.000$) (Table 4). Younger participants, particularly those aged 18–29 years, showed a high level of awareness, with 85.1% recognizing 10–12 rights, while only 7.1% and 7.8% were aware of 0–5 and 6–9 rights, respectively. A similarly high level of awareness was observed

among participants aged 30–39 years, where 89.7% reported knowledge of 10–12 rights. Among those aged 40–49 years, 89.4% demonstrated knowledge of 10–12 rights, with only 4.7% and 5.9% falling into the lower awareness categories. The 50–59 years age group showed slightly lower awareness, with 88.3% knowing 10–12 rights. Awareness continued to increase with age; 94.4% of participants aged 60–69

years and 100% of those aged 70–79 years reported knowledge of all 10–12 rights. Gender did not show a significant association (p -value = 0.708), with both females (86.1%) and males (92.3%) being similarly aware of 10-12 rights. Education level was significantly associated with the number of rights known (p -value = 0.000). Participants with higher education, particularly those with a Bachelor's degree or higher, had the highest awareness, with 90% being familiar with 10-12 rights. In contrast, those with less education, such as those without formal education or with only primary school education, had lower awareness. Income also

significantly correlated with the number of rights known (p -value = 0.000), with higher-income groups being more knowledgeable. Additionally, participants who had been previously hospitalized were more likely to know more rights (p -value = 0.000), as were those who had received information about patients' rights (p -value = 0.080). Finally, the source of information was strongly associated with knowledge, with those who received information from a physician (98.3%) or a brochure/poster (93.5%) being more likely to know a greater number of rights (Table 4).

Table 4: The association between no. of rights known by the participants and their demographic factors

		No. Of rights Known by the participants						P-value
		0-5		6-9		10-12		
		Count	Row N %	Count	Row N %	Count	Row N %	
Age	18-29	10	7.1%	11	7.8%	120	85.1%	0.000*
	30-39	1	1.0%	9	9.3%	87	89.7%	
	40-49	4	4.7%	5	5.9%	76	89.4%	
	50-59	5	8.3%	2	3.3%	53	88.3%	
	60-69	1	5.6%	0	0.0%	17	94.4%	
	70-79	0	0.0%	0	0.0%	4	100.0%	
Gender	.00	0	0.0%	0	0.0%	1	100.0%	0.708
	Female	19	6.6%	21	7.3%	248	86.1%	
	Male	3	2.6%	6	5.1%	109	92.3%	
Education	Not educated	3	3.9%	1	1.3%	73	94.7%	0.000*
	Primary school	2	10.0%	2	10.0%	16	80.0%	
	Intermediate school	14	31.8%	2	4.5%	28	63.6%	
	High school	3	2.9%	6	5.7%	96	91.4%	
	Bachelor- higher educations	0	0.0%	16	10.0%	144	90.0%	
Nationality	Saudi	19	4.9%	27	6.9%	346	88.2%	0.088
	Non-Saudi	3	21.4%	0	0.0%	11	78.6%	
Income	Not reported	4	44.4%	2	22.2%	3	33.3%	0.000*
	Less than 5000 Riyals	0	0.0%	6	7.9%	70	92.1%	
	From 5000-10000 Riyals	16	9.4%	13	7.6%	142	83.0%	
	More than 10000 Riyals	2	1.3%	6	4.0%	142	94.7%	

Hospitalization	Not reported	0	0.0%	0	0.0%	6	100.0%	0.000*
	Yes	19	11.4%	12	7.2%	136	81.4%	
	No	3	1.3%	15	6.4%	215	92.3%	
Have you ever received any information about patients' rights?	Not reported	0	0.0%	0	0.0%	2	100.0%	0.080
	Yes	17	6.2%	12	4.4%	246	89.5%	
	No	5	3.9%	15	11.6%	109	84.5%	
Source of information	A physician told me	1	1.7%	0	0.0 %	57	98.3%	0.000*
	I read it in a poster of brochoure	1	0.6%	10	5.9%	158	93.5%	
	I read it through internet	14	36.8%	3	7.9%	21	55.3%	
	I googled it	1	6.3%	0	0.0%	15	93.8%	
	Other	0	0.0 %	0	0.0 %	13	100%	

Discussion

The findings of this research offer insightful information on the demographic profile, awareness, and views of patients' rights among attendees in primary care contexts at King Abdulaziz Medical City.

Regarding patients' rights awareness, the research showed that participants had generally excellent level of knowledge, especially on basic rights such the right of access. The right to confidentiality (96.8%) and the right to appropriate care independent of individual traits (93.8%) These results support prior studies indicating that patients in medical environments usually have a good grasp of basic ethical principles pertaining to their treatment ^[10]. But knowledge of certain rights—such as the right to refuse treatment (70.1%) and the right to get a second opinion (83%)—was somewhat lower. This mismatch may result from a lack of knowledge or education about particular rights in the medical environment. According to earlier research in Saudi Arabia, the percentage of total awareness among the patients for their rights and obligations was 46%, implying that only a few patients were aware of their rights and responsibilities ^[11]. Furthermore, Maliki et al. showed that almost three One-fourth of the sample was not aware of the patients' list of rights even though they were familiar with some of their

rights^[12]. Moreover, the current study showed that almost one third of the sample did not know the list of their rights which is higher than reported in some previous studies^[12], however, it lower than reported in other studies^[1,10,13-16].

A major element affecting the degree of awareness was the source of information on patients' rights. Most participants (61%) said they became aware of their rights via pamphlets and posters, therefore showing how much passive means of information distribution—such as printed materials—are relied on. Direct, personal communication may be an underused means of patient education; only 20.9% of the participants received information from medical professionals ^[17]. This discovery emphasizes how crucial it is to include healthcare professionals in the learning process since studies reveal that patients who directly get information from doctors tend to better grasp their responsibilities and rights ^[11].

The research also showed a strong correlation between demographic characteristics and the degree of rights consciousness. Age was found to be a major predictor; younger people knew more rights. This result fits prior research showing younger people are often more connected with information technology and more likely to pursue healthcare-related information ^[18], while another study found no significant link between awareness and age ^[15].

Knowledge of patients' rights also depended significantly on education level, with participants having greater levels exhibiting substantially better knowledge. This fits the current research, which indicates that people with greater degrees of education are more likely to be aware of their rights and caps a clearer knowledge of healthcare systems [19, 20].

The degree of rights awareness also depended much on income and hospital history. Those who had previously been hospitalized as well as those with higher incomes were more probable to be aware of patient rights. One possibility is that people with more income and more frequent interactions with healthcare systems have more information and resources might enable a more thorough awareness of their rights [21].

In conclusion, the results of this study stress the need for customized, multifaceted techniques to patient education that take into account demographic variables including age, education, income, and previous healthcare experience. The data indicate that in addition to written materials, better distribution of patient rights information via healthcare professionals might further raise awareness. Future research could investigate the effect of several teaching approaches on patient involvement and satisfaction, especially in groups with low educational attainment or restricted access to medical information.

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