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The analysis of opinions and attitudes of students of nursing with respect to the observance of patient's rights in Poland

Abstract

Introduction. As these define the status of the patient during the provision of health services, patients' rights are a very important component of Poland's medical law. The observance of these rights is a prerequisite for the proper performance of the nursing profession. Theoretical and practical preparation in this area is thus already a necessity in the students' education process.

Aim. The aim of the study was to analyze the opinions and attitudes of nursing students with respect to problems in the field of the observance of the rights of patients in Poland.

Material and methods. The study was built upon the opinions expressed by 375 students (362 women and 13 men) of the first and second year. These were full-time and part-time students in master's studies in nursing, of the Faculty of Health Science, Medical University of Warsaw. The study employed a qualitative and quantitative analysis of the content of essays.

Results. The results of the study indicate that 59 percent of the respondents report being frequent witnesses of violation of patient's rights. In particular, that which noted were the rights to privacy and dignity (98%), to receive sought-after information (91%) and to suitable health-care (85%). Another right seen to have been violated in the respondents' workplace was the patient's right to the maintenance of the confidentiality of patient-related information by medical personnel (77%). The respondents, while seeing violation of the patient's rights by other employees, declared their own adherence to these rights in their own professional practice.

Conclusions. 1. The majority of the study group repeatedly witnessed violation of patients' rights. It would, therefore, be advisable to monitor the observance of the rights of patients by medical personnel, and to see to the professional liability of those who flagrantly breaking the law. 2. Research findings indicate that ethics should be given more emphasis in teaching future health professionals in the course of their medical studies. 3. The analysis of the available literature and our own study show that the share of medical personnel in providing information about the patients' rights is minimal. It would be advisable for medical personnel to be given an opportunity to acquire new skills and competences in this field. 4. Awareness of the existence and knowledge of the patient's rights, not only among medical students and health professionals, but also among patients, is crucial to their observance by the former and their exercise by the latter. It should, therefore, be spread and raised. 5. Training and thematic courses in patient's rights should be provided in order to enable medical personnel to acquire new skills and competences in this field, with the end result of improving their observance of patient's rights. 6. A qualitative analysis constitutes an innovative and effective way of carrying out research and interpreting research findings, being a valuable and reasonable method of conducting a survey, and in exploring the attitudes of students and health-care workers towards patient's rights.

Keywords: law, knowledge, education, medical personnel, health services.

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INTRODUCTION

Patient's rights constitute an integral part of broadly understood human rights. Legal regulations concerning the rights of the citizen in the area of medicine and health-care result first and foremost from the Constitution. This puts forward that the right to quality health-care is a fundamental right. Medical personnel have, thus, the legal duty to respect

the patient's rights. Moreover, it is also their moral duty, as the observance of the patient's rights is inherent to the professional ethics of doctors and nurses. The rights referred to are linked to the duties and responsibilities resting on all citizens – all participants in the health-care system included. In addition, the stated rights protect the dignity and identity of all human-beings, and guarantee everybody, without any discrimination, the respect for their integrity, as well as other

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basic rights and freedoms in the face of biology and medical practices [1-9].

Consequently, it is absolutely necessary to provide nursing students with both practical and theoretical education in this respect, in the course of their education. The regulation of the Minister of Science and Education dealing with the contents and effects of education in the philosophy and ethics of the profession of a nurse in the field of nursing, emphasizes the skills and competences of a nursing student. Among these are the ability to identify ethical values and apply the principles of the code of professional ethics, including the rights of the patient, in everyday professional practice [10].

AIM

The aim of the study was to analyze the opinions and attitudes of students of nursing with respect to the observance of patients' rights in Poland, as well as to ascertain the possibilities of improvement in this area.

MATERIAL AND METHODS

The study took in the opinions expressed by 375 students of the second-level of studies in the field of nursing of the Faculty of Health Science of Medical University of Warsaw (362 women, 13 men). The study group included 156 students of the first year of full-time second-level studies, 125 students of the second year of full-time second-level studies and 94 of the first year of part-time second-level studies.

The study was carried out from 1 October 2013 to 16 February 2014. Within classes in 'Law in health-care', all the students of the study group took part in an e-learning course which consisted of 10 modules:

1. Introduction to jurisprudence,
2. The legal system of the Republic of Poland,
3. Human rights and the rights of the child,
4. Introduction to medical law,
5. Patients' rights,
6. Act on the professions of nurse and midwife,
7. Act on the self-government of nurses and midwives,
8. The code of the professional ethics of nurses,
9. Organizations of the nursing profession,
10. Convention on the rights of the disabled.

To gain credit for the individual modules, students took a test – the only exception being the 'Patients' rights' module. Herein, students were requested to write an essay (two pages of a standardized text, minimum) on the observance of patients' rights in their place of work or in their primary health-care unit (in the case of students not working in the profession). The essays were sent via the Moodle e-learning platform. A qualitative and quantitative analysis (percentage of respondents) of the contents of 332 qualified essays was carried out. Of this, 43 essays, being descriptions of students' own experiences as patients of health-care units, were excluded. An analysis of the contents of the excluded essays will be discussed in a separate paper.

RESULTS

Our results indicate that 59 percent of all the study group participants encountered cases of patients' rights violation in their place of work: *'Unfortunately, cases of violation of medical ethics by medical personnel are very common. One may wonder whether lack of respect for patients on the part of medical personnel is caused by lack of good up-bringing, lack of knowledge of patients' rights, professional burnout or simply lack of empathy and sensitivity to the suffering of others'; 'Young nurses want to practice their profession in accordance with the idea and code of ethics. Unfortunately, in contact with reality – lack of a 'good word' and claims – they lose motivation and become professionally burnt out. This has its reflection in effective care'. What is more, numerous opinions concerned the generally improper approach to the patient resulting from the present system of health-care: 'Every patient would like to be treated individually, their bio-psycho-social needs being taken into account. However, the system imposed on medical personnel today makes rendering care of this kind impossible. The number of nurses remains too low and the number of patients keeps growing'.*

The right to privacy and respect of personal dignity in the course of the provision of health-care services is the most frequently breached right, according to 98 percent of all students. This is often caused, not by poor premises or insufficient equipment, but by human mistakes: *'While performing the morning toilet of patients, medical personnel fail to close doors, which creates a situation in which unauthorized persons may enter. Personnel often happen to chat about, ridicule and use vulgar language to describe a patient. It is very common for a doctor to do other things, such as arranging other matters with staff members or answering private telephone calls while examining a patient'; 'Patients are frequently examined in the presence of other patients, a large number of doctors doing a ward round or a large number of students. Moreover, nobody asks the patient whether it might not bother them. A lot of patients have their beds in the corridor and their medical and nursing procedures are carried out there. They should then be sheltered with a screen, but in practice, the latter is used only when the ward nurse is near'. 'It was humiliating when, during a ward round done by three doctors, two nurses and two trainees, female patients had to pull up their hospital gowns, being without underwear. Comments concerning patients' body build, obesity, talks 'over the patient's head' and 'not directly with her' are not infrequent.'; 'In a situation when hospitals are 'more than full', when lines in hospital admission rooms are as long as in hypermarkets before Christmas, and in the wards, patients are sometimes 'lucky' to be crammed in rooms, and those who do not have the luck, are placed in spacious hospital corridors; the privacy of patients can be compared to the privacy of people in city buses taking people to work before eight in the morning'.*

Another of the patients' rights which is repeatedly and extremely frequently breached, in the opinion of students, is the right (of the patient or of the patient's mandatory representative) to obtain information (91 percent of respondents). The majority of students experienced failure of doctors

to respect this right: *'The diagnosis is given, but often in a way far from comfortable for the patient. Frequently, the patient hears from a doctor somewhere on the run, in the corridor, that 'he is dying because he has cancer' and 'is left to himself'; 'Better and more specific information can be obtained by patients who are insistent and demanding, know the law or work in health-care'; 'During a ward round attended by the cardiac-surgeons on duty, an anaesthesiologist, rehab specialists and a nursing team, together with a ward nurse, an individual patient is given very little time, is not talked to, not asked questions about their health or how they feel. If patients ask questions about their condition, they are given evasive answers or a doctor pretends not to hear them, the latter being most common according to my observations. Patients happen to be simply hushed by doctors, who say, for instance, 'Please, lie quietly', 'It is not the time for a conversation. I'll come to see you later.'; 'If patients have doubts whether a decision made by a doctor or a nurse is the best for them, they can demand that their case be considered by senior staff or that the opinion of another specialist be sought. Staff can refuse such a consultation, but the fact must be recorded in the patient's case history. In practice, patients do not exercise this right... Primarily, because they do not know that they can... And, just as frequently, out of fear of being badly treated, receiving worse service or simply being discharged home'.*

Students describing the rights breached in their place of work, also criticized the reprehensible attitude of medical personnel – who seem to be insensitive to human problems and suffering: *'We try not to get upset... not to become discouraged. All we can hear are impersonal orders: 'Sit!', 'Get undressed!', 'Don't enter! We wonder: 'Who? Does he refer to me?', but a moment later, we realize that, apart from us and a doctor, there is nobody else in the surgery, we are discouraged, we sit down, keep silent and wait for somebody to look up from the records and speak to us. Once again we are wrong: 'You've come and say nothing. What has brought you here?'. And once we are through with the most difficult, when we say that we have a problem, that we haven't had any blood test done, then we hear: 'So you must be all right. Why are you bothering me? Good-bye'; 'Being a patient, I experienced a situation in which a nurse took a bell from a patient confined to bed calling her a hypochondriac'; 'It is more than common for elderly people to be addressed by words such as 'grandma' or 'grandpa', other vulgar forms of address also being used, especially in a situation when a patient is confused or aggressive. In medical terminology, hands are quite often referred to as 'paws'. Furthermore, in many situations, patients do not understand the medical language which health-care professionals use. The fact that they have incomplete information about their health status or the treatment initiated, often results not so much from the failure of the medical personnel to provide the information, as from its provision in an adequate, patient-adjusted language and form: 'Doctors use complicated medical language which is not understood by parents, not to speak of children. This contributes to additional stress for the former, as they tend to take any next investigation as evidence of a worsening condition of the child. Fear of embarrassment keeps many patients from asking doctors, and makes them seek*

information on the Internet – where it is often misleading and exaggerated'; 'Patients in my ward often do not know what they have been diagnosed with, they do not know the nature of the disease and are not informed about the results of examinations'; 'Some patients come to know the name of the medical condition they are affected by only after leaving the hospital'.

Approximately 85 percent of the responding nursing students indicated the right to health-care as the most frequently violated, the main source of this being long waiting queues to specialists: *'In the case of a threat to health, patients have to wait several hours in hospital admission rooms, to visit a specialist – several months, to have a surgical procedure (e.g. to have a prosthesis implanted) – several years. How can we speak about medical procedures aimed at prophylaxis, restoration or improvement of the health status, if, in the meantime, some patients' health deteriorates to such an extent that they will have to be admitted as emergencies?'; 'Medical assistance cannot be rendered within the shortest time possible as it should – due to the collapse of our health-care system. Like the majority of health-care units in the country, my health-care unit has financial problems. This translates into a smaller number of doctors and medical personnel, generates queues to doctors. Frequently, the visit is not today, but it must be tomorrow. Patients who are in need of immediate medical consultation have to wait in miles-long queues to set an appointment, from early morning hours, because only in this way may they be able to secure an appointment with a doctor on the same day'. What is more, what students also see is absence of decent conditions for providing medical services on a decent level which results in a low level of medical care: 'lack of warm water in the bathroom for patients, and their too small number in relation to the size of the ward, make it impossible to secure the patients' right to receive health services on an adequate level'.*

Moreover, 77 percent of all respondents reported witnessing violations of the right to the maintenance of the confidentiality of the patient-related information obtained by medical personnel: *'I have an impression that this right is usually violated unconsciously because medical personnel do not realize that the patient's basic right to confidentiality is violated even during a ward round when individual patients and their conditions are discussed. Conversations between medical personnel in the social room, in hospital corridors, in lifts or buses also constitute violation of medical confidentiality. On the part of medical personnel, it is an unprofessional behaviour'. One of the students reported a situation which had had place in the outpatient unit where she works: 'Another episode takes place in a hospital ward. A new patient is diagnosed with multiple sclerosis. He is confused. He cannot yet find his way in the ward. He needs to be briefed where things are, if only where the toilet is (...). He enters the third hospital room and sees the back of a nurse changing a dressing on a patient's bedsore. In a loud voice the nurse is saying: 'Can you imagine? We have in the ward such a young guy, of 35 or so, and already with multiple sclerosis. It may not be very bad yet, but I have seen a lot. A year and he will be good for nothing, he'll get so disabled that he will not even be able to wash his teeth. He is lying somewhere in the last*

room. You may have a look at him on your way to the examination room. His bed is somewhere near the window.' Now the patient knows everything and concludes that it would be impolite to interrupt. He goes back to his room, collects his things and demands to be discharged at his own request'.

An analysis of students' essays shows that 37 percent of students witnessed violations of the patient's right to giving an informed consent to specific health services. Most common, as reported by these students, are situations in teaching hospitals – where patients' rights to protest against the presence of students are overlooked, for instance, during an examination: *'Bringing along his students, the doctors should obtain the patient's consent to the participation of the latter in the examination for teaching purposes. This right is commonly violated, and patients think that being in a teaching hospital, they have to accept it'.* In addition, patients frequently sign a consent for a procedure without being aware of the rationale of procedures or because of not having any other choice in a given situation: *'It often happens that after examining a patient and explaining the etiology of the disease, the doctor gives the patient little time to think, and presents to the patient, a consent-for-the-procedure form – asking him to return it to a nurse after placing his signature. Later, the patient approaches nurses with a multitude of questions which we can or can't answer. The doctor in charge of the patient is, at the time, in the operating theatre or in the outpatient unit, and comes to see the patient only immediately before the procedure'.*

Every third person taking part in the study described non-observance of the patient's right to die in peace and dignity: *'In the course of my work, I frequently witnessed a situation in which a patient did not consent to an intubation or connection to a respirator – asking for death in peace and dignity. Unfortunately, the doctor did what he thought right, that is 'tried to save life at all costs', claiming that when a patient is in the ICU, everything should be done to make him live'.*

Furthermore, according to approximately 31 percent of all master's degree students, the patient's right to lodge a complaint is disregarded and not used in a lot of health-care units: *'Figures show that patients' complaints are very few. There are two reasons. Firstly, fear of the consequences which may emerge when the patient encounters the same, often district doctor. Secondly, overall respect for doctors and avoidance of complaints against them even when they make mistakes'.* In spite of the existence in health-care units of formal arrangements linked to the possibility of lodging a complaint, they are hardly ever used in practice: *'During one of my night shifts, while restoring order at the nursing station, I found under a box with gloves, a sizable A4 copy book which I had so far failed to notice. It bore the name of 'The Book of Complaints and Remarks'. My colleague told me to put it back where it was. And so I did. As you might have guessed, the copy book, almost a book, was empty. I suppose there must be a standard which says that such a copy book should be provided. I had no way but to accept the practice'.*

According to the analysis carried out, 20 percent of students who witness violation of the rights in their place of work, point to the non-observance of the patient's right to personal, telephone or mail contact with people from the

outside in health-care units. In addition, the majority of respondents speak of lack of consent on the part of medical personnel to the presence of a person close to the patient during medical procedures. This implies non-observance of the patient's right to respect for privacy and family (2.5 percent): *'This right is breached during the examination of pregnant patients, when a doctor or a nurse asks people close to the patient to leave the room and then h/she brings in a group of students'; 'The reaction of the personnel of my health-care units to a request of this kind is frequently violent, obviously negative and commonly arrogant. Of course, the refusal is not recorded in the medical documentation, and, consequently, there is no trace left of such a demand. In the majority of cases, patients of the unit are faced with a seeming choice – either the health service will be provided to the patient in the absence of other people or it will not be provided at all. No wonder what decision the patient takes'.*

In our study, 6 percent of the students who wrote the requested essays described the violation of the patient's right to immediate medical care in health-care units. Herein, they explain it away mainly in terms of long queues to specialists. The right referred to is linked to the right to health-care: *'If you have money, seek private medical assistance, if you don't, you have no choice but to wait in a several-week-long queue or visit a hospital – because figures are actually more important than health'.*

Only a small percentage of master's degree students pointed to the violation of the remaining patients' rights. Indeed, 7 people mentioned failure to respect the patient's right to accommodation and board adequate to the patient's health status in health-care units. This situation, they state, comes about primarily due to the poor condition of premises: *'The crowding of patients in the hospital room and their resultant discomfort makes it impossible for patients to adapt to the hospital, and it often makes them reluctant to accept treatment. Both the place and the people here are unfamiliar to them. Nor do the large number of patients crammed in one room facilitate the development of contacts between patients. On the contrary, arguments tend to arise over a chair or a place in front of a TV set'.* Individual respondents were also critical of the inability to receive religious support in the ward, difficult access to medical documentation, poor protection of data contained in medical documentation, as well as the inability to keep valuable things in a safe deposit area – all which patients have the right to, with the failure to ensure them being explained in terms of lack of room.

Among possible ways of improving the situation, students point mainly to raising the awareness and knowledge of patient's rights among patients, among society and among medical personnel: *'(...) what is important is the adequate education of medical personnel. In the education of doctors and nurses, much more attention should be given to professional ethics and patients' rights. I also believe that on admission to hospital, a patient should always receive a copy of the patient's rights. Each of the parties concerned could benefit from it, not only patients, but also personnel who then would know how to proceed, what the guidelines, the framework of individual procedures are'.* In conclusion: *'What remains is still the sad reality: qualified personnel and inadequate equipment, enormous requirements on the*

part of employers and poor remuneration, high expectations of patients and barriers in access to adequate funds. I may come to a conclusion that there seems to be something fictitious about patients' rights'.

DISCUSSION

In the available Polish and foreign literature (PubMed, Scopus, Global Health, ProQuest), self-assessment of the knowledge and attitudes of medical personnel with respect to patients' rights was taken up within different contexts [1-6,8,11-14]. Most frequently, research focused on the evaluation by the patients themselves, of the competence of health-care professionals in the knowledge of and observance of patients' rights. Indeed, in none of the available publications dealing with the discussed subject, did we find qualitative studies. Consequently, the presented results – a qualitative analysis of the contents of essays written by informed personnel – constitute an innovative method in Polish literature, and provide it with immeasurable value.

The quality of medical services rendered by health-care units must be seen first and foremost in terms of patients' satisfaction with these services – that is, with the fulfillment of their expectations with respect to health-care. It is, consequently, crucial to educate students with this purpose in mind. What is more, it is essential to provide them with examples of proper and adequate behaviour on the part of their teachers – all people involved in patient care included – in the course of clinical classes and practical placements – and not only and solely with theoretical knowledge.

In their publication, Olejniczak and others describe the findings of research carried out in 2010. Based upon a study group of 152 final-year students of Gdańsk University, the researchers focused upon these students' opinions with respect to the observance of patients' rights by the students themselves and by other medical personnel. Therein, two-thirds of the respondents admitted to having witnessed, in the course of clinical classes attended, stark violation of patients' dignity by doctors and other medical personnel (69.1 and 64.5 percent, respectively) [3]. Also in our own study, a vast majority of respondents witnessed violation of patients' rights in their workplace. The right which was most frequently violated, proved to be the right to respect for the dignity and privacy in the course of provision of health-care (98 percent of respondents) and the right of the patient of the patient's mandatory representative to obtain information (91 percent).

The findings of American researchers from Wake Forest University and Baptist Hospital Medical Centre reveal that students having classes in their hospitals can also see unethical behaviours on the part of doctors working there. In the first year of studies, such behaviours were spotted by 35 percent of respondents, while in the fourth year, by as many as 90 percent. These results seem to indicate that the education of students of medical faculties in ethics should be given markedly more attention – as observance of patients' rights is inherent to the professional code and to standard ethical practices. This is confirmed by our own research, wherein which all respondents declared the necessity of placing greater emphasis on ethical education [15].

In another publication describing the knowledge of patients' rights by medical personnel, a significant part of the study group (which was comprised of health-care workers), declared their degree of informing their patients of their rights. The obtained results were not, however, confirmed by their patients in their having been given information about their rights by these medical personnel. Yet, in this study, the share of nurses in the provision of information of this kind to patients was higher than that of doctors (46.6 and 18.3 percent, respectively). It turns out that while the role of the nurse in spreading the knowledge of the patient's rights is crucial, it is still too insignificant. In our own study, all respondents declared providing patients with information about their rights in a due manner [1]. The study by E. Ruth and others compared the ethical attitudes of experienced nurses and students of medicine. The aim of the study was to determine the existence of ethical controversies between these two groups when cooperating in the professional field. The answers given by nurses proved to differ significantly from those given by students of medicine. Nurses were more likely to look at things from the patient's point of view, and to show more understanding and empathy. Hence, the professional ethics of doctors and nurses comes to be of particular importance in the observance of patients' rights. Our own research confirmed that observance of patients' rights is inextricably linked to the professional code and ethics of medical personnel [4].

Sobolewska and others, assessed in their study, the knowledge of the patient's rights among students of the last year of studies of Medical University in Białystok. Their study group consisted of 194 students of nursing, public health, medicine and pharmacy. While students of nursing manifested the best knowledge of the patient's rights, the general knowledge of these rights among respondents was found to be far from satisfactory. Practically all students of nursing declared knowledge of the patient's rights (97.4 percent), but a mere 7.9 percent of them were familiar with the name 'The Charter of the Patient's Rights'. That which was specified to the greater extent, in the group of nurses, were: the right to information (93.4%), the right to medical care (47.4%), the right to choose a doctor (42.1%), the right to respect for privacy and dignity (92.1%) and the right to give or refuse consent to a medical procedure (44.7%). In addition, a significant group of nursing students (78.9%) declared that patients should have access to their medical documentation. The sources of knowledge about the patient's rights indicated by these students of nursing included information gained in the course of studies (94.7%), from books (55.6%), classes (41.%) and on their own initiative (2.8%) [5]. Our own study seems to show that medical personnel, nurses and doctors included, rarely respect the rights due to patients in spite of being aware of their existence and importance. According to our respondents, the rights most frequently violated are the patient's right to privacy and the respect for personal dignity during the provision of health-care (98%), the right to receive information (91%) and the right to appropriate health-care (85%).

Jacek A. and Ożóg K. analysed in their 2012 study, the degree of the observance of the patient's rights by medical personnel. The authors point to the most widely spread phenom-

enon of the violation of the patient's right to give consent to the provision of medical services, as well as to the limitation in access to medical services. Furthermore, they noted that medical personnel often fail to respect the patient's right to privacy and personal dignity, as well as their right to information [6]. Our own research confirmed that these two rights are the most frequent to be violated in the place of work of the respondents (98% and 91%, respectively).

The presented studies constitute an attempt to reveal that proper exercise and observance of the patient's rights by patients and medical personnel, respectively, require that both parties concerned be provided with relevant information, and that the question of liability for the violation of the rights still remains open.

CONCLUSIONS

We have concluded that:

1. The majority of the study group repeatedly witnessed violation of patients' rights. It would, therefore, be advisable to monitor the observance of the rights by medical personnel, and see to the professional liability of those who flagrantly breaking the law.
2. Research findings indicate that ethics should be given more emphasis in teaching future health professionals who are already in the course of their medical studies.
3. The analysis of the available literature and our own study show that the share of medical personnel in providing information about the patients' rights is minimal. It would be advisable for medical personnel to be given an opportunity to acquire new skills and competences in this field.
4. Awareness of the existence and knowledge of patient's rights, not only among medical students and health professionals, but also among patients – is crucial to their observance by the former and their exercise by the latter. It should, therefore, be spread and raised.
5. Training and thematic courses in patient's rights should be provided in order to enable medical personnel to acquire new skills and competences in the aforementioned subject, with the end of improving their observance of patient's rights.
6. A qualitative analysis constitutes an effective and innovative way of carrying out research and interpreting research findings, and is a valuable and reasonable method of conducting a survey and of exploring the attitudes of students and health-care workers to patient's rights.

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