

BARTŁOMIEJ CHMIELOWIEC<sup>1</sup>, JAROSŁAW PIOTR CHMIELEWSKI<sup>2,3</sup>, OLGA KRAWCZYK<sup>4</sup>,  
TOMASZ WÓJCIK<sup>3</sup>, BARTOSZ RĘBAK<sup>3</sup>, MARIUSZ JAWORSKI<sup>5</sup>, PIOTR SZENK<sup>6</sup>

## Patient rights and self-assessment of their application by physicians employed in public healthcare facilities

### Abstract

**Aim.** Patient rights are a set of rights granted to healthcare recipients. They include objective standards which inform patients about what they can expect from public authorities and institutions directly providing healthcare services. The main objective of the study was to assess the knowledge of physicians employed in public healthcare facilities about patient rights.

**Material and methods.** The study was conducted in the period between October 2022 and March 2023. The diagnostic survey method was employed, using a self-developed questionnaire. One hundred respondents employed in hospitals and primary healthcare facilities took part in the study. Microsoft Excel (Microsoft Office) was used to compile the data. The statistical analysis was conducted with the use of the Statistica 13.1 PL statistical software.

**Results.** 61% of physicians reported their knowledge of patient rights to be satisfactory, while 39% found it unsatisfactory. 33% of respondents were familiarized with patient rights in the course of their higher education, while 67% learned about them only in the workplace. Meanwhile, 51% of respondents were familiar with the Patient Rights and the Patient Rights Ombudsman Act. 79% indicated that they complied with patient rights in their professional practice, while 33% of respondents confirmed that they had witnessed violations of patient rights in their workplace.

**Conclusions.** Based on research, it can be concluded that there is a need to develop and implement a training program for medical personnel on patients' rights. Doctors' lack of knowledge about patients' rights influences the exercise or violation of these rights.

**Keywords:** knowledge, doctors, patient rights, public health care facilities.

DOI: 10.12923/2083-4829/2025-0012

### INTRODUCTION

As demonstrated by the 2022 report of the Patient Rights Ombudsman (RPO), which analyzed the quality of healthcare services provided by the National Health Fund (NFZ), in 2019-2021, violations of patient rights occurred during hospitalization. According to RPO data, the most frequently violated right of patients in hospital wards was the right to proper care in the provision of healthcare services. This was related to the standards of healthcare services provided, as well as complaints regarding the therapeutic process. The reported cases concerned the refusal to provide services as part of treatment monitoring, the refusal of qualification for hospital treatment, or the cancellation of planned procedures with long waiting times while not scheduling an appointment at a different date [1-3]. On the other hand, families of patients in hospitals complained about the ban on visits. In particular, they were complaints about the unauthorized establishment of the requirement to present a negative COVID-19 test in order to permit visits to gravely ill patients and the lack of infor-

mation about the health state of patients in the hospital [4]. Between 2019 and 2021, the most common issue encountered in cases handled by the RPO was the violation of the patient's right to healthcare services. The exercising of this right accounted for an average of 57% of the violations investigated. The next most commonly assessed right was the patient's right to medical records, whose potential violation was investigated in every fifth case assessed by the RPO. The incidence of confirmed violations of patient rights is higher than the number of unconfirmed violations, which highlights the need to undertake and investigate each reported case. The incidence of confirmed violations of individual patient rights in 2019 increased slightly compared to 2020. Meanwhile, a significant increase was noted from 2020 to 2021. In the years 2019-2021, a total of 4,014 violations of patient rights were reported, including the right to health services (2,292), the right to medical records (784) and the right to information and to consent to the provision of health services (684) [1-3].

Undoubtedly, in the period between 2020 and 2022, the most frequently reported issue related to healthcare access was

<sup>1</sup> Office of the Patient Rights Ombudsman, Patient Rights Ombudsman, Poland

<sup>2</sup> Department of Public Health, Academy of Applied and Holistic Sciences, Poland

<sup>3</sup> Faculty of Health Sciences, Collegium Medicum, Jan Kochanowski University, Poland

<sup>4</sup> Psychotherapy Clinic, Fortis Mentis Clinic, Poland

<sup>5</sup> Department of Education and Research in Health Sciences, Faculty of Health Sciences, Medical University of Warsaw, Poland

<sup>6</sup> Faculty of Medicine, Lazarski University, Poland

a result of the COVID-19 pandemic. During this period, both patients and their families encountered difficulties in all types of healthcare services, including primary care, outpatient specialist care, and hospital treatment [4].

Regardless of the type of medical services provided, a modern healthcare institution should focus on the continuous improvement of the quality of those services. Medical facilities are among the institutions for which ensuring the highest quality of services is a priority. The quality of services affects safety, life and health of patients, and consequently, their trust in the medical facility. Nowadays, an effective diagnosis and subsequent treatment of patients are no longer sufficient on their own, and gaining the trust of patients, and consequently respecting their rights has increased in importance [5].

According to the study conducted in 2023 by the Public Opinion Research Center in Poland, patients positively rate the competence (70%) and commitment (63%) of their doctors, as well as the availability of primary care physicians (59%). The study also revealed that patients treated under the NFZ are treated with care, kindness, and equal respect, regardless of their health condition [6].

Research indicates that patient satisfaction with medical services offered by healthcare providers is a systemic product of variable factors, such as patients’ expectations, communication quality, personnel conduct, and overall standards of medical care [7-9].

Patient rights regulate the relationship between the healthcare provider (medical entity) and the healthcare recipient (patient). They are important insofar as forming opinions about medical entities is concerned. Despite the fact that patient rights in Poland are regulated by law [10], there is still little information about the extent of knowledge of medical personnel, including doctors, in this area.

Therefore, testing the medical personnel’s knowledge of patient rights and their compliance with them in the workplace will make it possible to determine the extent to which healthcare services respect patient rights and contribute to improving quality of care.

AIM

The aim of the study was to determine the level of knowledge and attitudes of physicians regarding patient rights in Poland.

MATERIALS AND METHOD

In the study, the diagnostic survey method was used, employing a self-developed questionnaire. The survey questionnaire was used to study various professional groups of medical personnel [2,11,12].The research was conducted between October 2022 and March 2023 and was preliminary in nature. The study respondents were purposively sampled from the population participating in educational activities carried out by the RPO as part of the “Patient First – Patient Rights Ombudsman Action” training program. This sample consisted of doctors employed in public medical institutions such as hospitals and Independent Public Healthcare Centers (IPHC) contracted by the National Health Found. A total of 120 respondents declared willingness to participate in the research. Only 100 of the returned questionnaires (correctly completed, with answers provided to all questions) were included in the final

analysis. The patients interested in participating in the study were given envelopes which contained the research tool and standardized instructions. Each participant was informed of the subject and aim of the study. Participation in the research was kept voluntary and anonymous. The questionnaires were distributed to those participating in training before the training started with a request to complete them and place them in a prepared box. The total of 83% questionnaires were returned and completed correctly. The study used a diagnostic survey method, with a self-developed questionnaire serving as the data collection tool (covering issues that allowed for the interpretation of the participants’ level of knowledge regarding patient rights and their application). The questionnaire consisted of 17 items [2,11,12]. The first six questions concerned sociodemographic data, such as age, gender, length of service, education, job position, and place of work of the participants, while the second part included 11 questions related to issues concerning knowledge and exercise of patient rights in the daily practice of medical personnel. The study was carried out in accordance with the principles outlined in the Declaration of Helsinki [13]. Microsoft Excel (Microsoft Office) spreadsheet was used to compile and organize the data. The statistical analysis was conducted with the use of the Statistica 13.1 PL statistical software (licensed by the Jan Kochanowski University in Kielce). The chi-squared test was performed to analyze the collected quantitative data between the groups divided by workplace setting, with the established significance level of  $\alpha = 0.05$ . The Cramér’s V was calculated to assess the effect size for the chi-square test of independence. A value below 0.2 indicates a weak correlation between variables, even though the result may still be statistically significant. Values between 0.2 and 0.6 indicate a moderate correlation between variables, while values above 0.6 indicate a very strong correlation between variables.

RESULTS

The research sample included people employed in public healthcare institutions (medical personnel) working in both hospitals and primary healthcare facilities. The age distribution of the respondents mainly included people in the 25-35, 36-45, and 46-55 age brackets, with a smaller proportion of people under 25 and over 55. Women constituted the majority of respondents. The length of work experience in the sample varied to include those with less professional experience (<5 years) as well as employees with many years of practice, including over 25 years. A detailed breakdown of the demographic data is presented in Table 1.

TABLE 1. Demographic data of the sample.

Sample		N = 100 (100.00 %)					
Age		<25 years	25-35 years	36-45 years	46-55 years	>55 years	
		0 (0%)	29 (29%)	32 (32%)	24 (24%)	15 (15%)	
Sex	F – Female	N = 63 (63%)					
	M – Male	N = 37 (37%)					
Work experience		<5 years	5-10 years	11-15 years	16-20 years	20-25 years	>25 years
		12	24	16	14	13	21
		(12%)	(24%)	(16%)	(14%)	(13%)	(21%)
Workplace		Hospital			IPHC		
		N = 50 (50%)			N = 50 (50%)		

TABLE 2. Knowledge and exercise of patient’s rights in day-to-day professional practice of respondents according to their workplace environment.

No.	Item	Response	Workplace (w%) n=100 (100.00)		Chi-squared test	(p-value)*	Cramér's V size
			Hospital	IPHC			
			Total	n=50 (50%)			
1.	Where did you become familiar with patient's rights?	Higher education	12 (12%)	21 (21%)	3.664	0.056	-
		Workplace	38 (38%)	29 (29%)			
2.	How would you evaluate your knowledge of patient's rights?	unsatisfactory	22 (22%)	17 (17%)	1.051	0.305	-
		satisfactory	28 (28%)	33 (33%)			
3.	Have you familiarized yourself with the legal act regulating patient's rights in Poland (more than one answer can be indicated)	WHO Patient's Rights Charter			0.056	0.812	-
		yes	4 (4%)	8 (8%)			
		no	46 (46%)	42 (42%)			
		European Charter of Patients' Rights			1.000	0.317	-
		yes	12 (12%)	11 (11%)			
		no	38 (38%)	39 (39%)			
		Act on the Patient's Rights and the Patient's Rights Ombudsman			0.208	0.648	-
		yes	23 (23%)	28 (28%)			
		no	27 (27%)	22 (22%)			
		The Constitution of the Republic of Poland			0.344	0.558	-
		yes	14 (14%)	12 (12%)			
		no	36 (36%)	38 (38%)			
		I do not know any such document			0.344	0.558	-
		yes	1 (1%)	2 (2%)			
no	49 (49%)	48 (48%)					
4.	Are patients informed of their rights in your workplace?	yes	48 (48%)	50 (50%)	2.041	0.153	-
		no	2 (2%)	0 (0%)			
5.	How are patients informed of their rights in your medical facility? (more than one answer can be indicated)	Sign on a notice board			4.000	0.046	0.200
		yes	42 (42%)	48 (48%)			
		no	8 (8%)	2 (2%)			
		verbally by medical personnel			0.641	0.423	-
		yes	24 (24%)	28 (28%)			
		no	26 (26%)	22 (22%)			
6.	Please indicate to whom the patient's rights requirements concern (more than one answer can be indicated)	Medical facility management			2.837	0.092	-
		yes	45 (45%)	49 (49%)			
		no	5 (5%)	1 (1%)			
		Doctors			2.041	0.153	-
		yes	48 (48%)	50 (50%)			
		no	2 (2%)	0 (0%)			
		Nurses			3.093	0.079	-
		yes	47 (47%)	50 (50%)			
		no	3 (3%)	0 (0%)			
		Paramedics			8.319	0.004	0.288
		yes	38 (38%)	24 (24%)			
		no	12 (12%)	26 (26%)			
All medical personnel			-	-	-		
yes	50 (50%)	50 (50%)					
no	0 (0%)	0 (0%)					
7.	Who is accountable for violation of patient's rights?	Medical facility management			7.527	0.006	0.274
		yes	50 (50%)	43 (43%)			
		no	0 (0%)	7 (7%)			
		Medical professional guilty of misconduct			3.843	0.05	-
		yes	39 (39%)	46 (46%)			
		no	11 (11%)	4 (4%)			

cont. TABLE 2. Knowledge and exercise of patient's rights in day-to-day professional practice of respondents according to their workplace environment.

No.	Item	Response	Workplace (w%) n=100 (100.00)		Chi-squared test	(p-value)*	Cramér's V size
			Hospital	IPHC			
			Total	n=50 (50%)			
8.	Please indicate the patient's rights you are familiar with (more than one answer can be indicated)	The patient's right to health services					
		yes	50 (50%)	50 (50%)	-	-	-
		no	0 (0%)	0 (0%)			
		The patient's right to information					
		yes	50 (50%)	50 (50%)	-	-	-
		no	0 (0%)	0 (0%)			
		Patient's right to report adverse reactions to medicinal products					
		yes	39 (39%)	36 (36%)	0.480	0.488	-
		no	11 (11%)	14 (14%)			
		The patient's right to confidentiality of personal information					
		yes	38 (38%)	42 (42%)	1.000	0.317	-
		no	12 (12%)	8 (8%)			
		The patient's right to consent to the provision of health services					
		yes	43 (43%)	41 (41%)	0.298	0.585	-
		no	7 (7%)	9 (9%)			
		The right to respect of privacy and dignity of the patient					
		yes	38 (38%)	42 (42%)	1.000	0.317	-
		no	12 (12%)	8 (8%)			
		The patient's right to medical records					
		yes	39 (39%)	41 (41%)	0.250	0.617	-
		no	11 (11%)	9 (9%)			
		The patient's right to raise an objection against the opinion or medical certificate issued by the physician					
		yes	21 (21%)	27 (27%)	1.442	0.230	-
		no	29 (29%)	23 (23%)			
		The patient's right to respect of private and family life					
		yes	23 (23%)	29 (29%)	1.442	0.230	-
		no	27 (27%)	21 (21%)			
		The patient's right to pastoral care					
		yes	28 (28%)	21 (21%)	1.961	0.161	-
		no	22 (22%)	29 (29%)			
The patient's right to store valuables in the depository							
	yes	44 (44%)	24 (24%)	18.382	0.001	0.429	
	no	6 (6%)	26 (26%)				
9.	Do you comply with patient's rights?	always	38 (38%)	41 (41%)	0.542	0.461	-
		sometimes	12 (12%)	9 (9%)			
10.	Have you witnessed any violations of patient's rights in your workplace?	yes	27 (27%)	6 (6%)	19.946	0.001	0.447
		no	23 (23%)	44 (44%)			

Research results showed that 61% of physicians reported their knowledge of patient rights to be satisfactory, while 39% found it unsatisfactory. Among the respondents, 33% were familiar with patient rights in the course of their higher education, while 67% learned about them only in the workplace. Meanwhile, 51% of respondents were familiar with the Patient Rights and the Patient Rights Ombudsman Act. Of all respondents, 79% indicated that they complied with patient rights in their professional practice, while 33% of respondents confirmed that they had witnessed violations of patient rights in their workplace. The most frequently violated patient

rights were the right to respect of one's privacy and dignity and respect of one's private and family life (31%), the right to pastoral services (28%), as well as the right to object to a doctor's opinion or decision (26%). The most common means of informing patients about their rights in medical facilities is displaying them on a notice board, as indicated by 90% of respondents, while 52% of the respondents reported that such rights were communicated verbally by medical personnel.

No statistically significant differences were found between employees working in hospitals and those working in primary healthcare during a comparative analysis of most aspects of

cont. TABLE 2. Knowledge and exercise of patient’s rights in day-to-day professional practice of respondents according to their workplace environment.

No.	Item	Response	Workplace (w%) n=100 (100.00)		Chi-squared test	(p-value)*	Cramér's V size
			Hospital	IPHC			
			Total	n=50 (50%)			
11.	Do patient's rights violations by medical personnel occur in your workplace?  If yes, please indicate the type of violation (more than one answer can be indicated)	The patient's right to health services			0.706	0.401	-
		yes	9 (9%)	6 (6%)			
		no	41 (41%)	44 (44%)			
		The patient's right to information			4.000	0.046	0.200
		yes	8 (8%)	2 (2%)			
		no	42 (42%)	48 (48%)			
		The patient's right to report adverse reactions to medicinal products			3.093	0.079	-
		yes	3 (3%)	0 (0%)			
		no	47 (47%)	50 (50%)			
		The patient's right to confidentiality of personal information			3.509	0.061	-
		yes	16 (16%)	8 (8%)			
		no	34 (34%)	42 (42%)			
		The patient's right to consent to receiving health provision of services			6.353	0.012	0.252
		yes	12 (12%)	3 (3%)			
		no	38 (38%)	47 (47%)			
		The right to respect of privacy and dignity of the patient			29.219	0.001	0.541
		yes	28 (28%)	3 (3%)			
		no	22 (22%)	47 (47%)			
		The patient's rights to medical records			3.093	0.079	-
		yes	3 (3%)	0 (0%)			
		no	47 (47%)	50 (50%)			
		The patient's right to raise an objection against the opinion or medical certificate issued by the physician			13.306	0.001	0.365
		yes	21 (21%)	5 (5%)			
		no	29 (29%)	45 (45%)			
		The patient's right to respect of private and family life			2.291	0.130	-
		yes	19 (19%)	12 (12%)			
		no	31 (31%)	38 (38%)			
The patient's right to pastoral services			38.889	0.001	0.624		
yes	28 (28%)	0 (5%)					
no	22 (22%)	50 (50%)					
The patient's right to store valuables in the depository			16.279	0.001	0.403		
yes	14 (14%)	0 (0%)					
no	36 (36%)	50 (50%)					

knowledge and exercising of patient rights in everyday professional practice. This signifies that regardless of the type of workplace, the level of knowledge and declared conduct regarding patient rights are comparable in most cases (Table 2).

However, significant differences were observed in several areas, which may carry practical implications. First, informing patients about their rights via notice boards was significantly more common in IPHCs than in hospitals (Cramér’s V = 0.200; small effect), suggesting a different organizational approach to this form of communication. Secondly, according to hospital employees, paramedics were more often the ones informing patients of their rights (Cramér’s V = 0.288; moderate effect). Differences were also noted in the attribution of responsibility for patient rights violations, with hospital employees more often holding the management of the facility responsible (Cramér’s V = 0.274; moderate effect).

In regard to direct experience of patient rights violations firsthand was concerned, hospital employees significantly more frequently reported witnessing patient rights violations (Cramér’s V = 0.447; moderate-large effect) and the particular violation of the patient’s right to deposit valuables (Cramér’s V = 0.403; moderate-large effect). Additionally, hospital workers more often reported violations of the patient’s right to information (Cramér’s V = 0.200; small effect), as well as violations in terms of upholding patient privacy and dignity (Cramér’s V = 0.541; large effect), providing pastoral care (Cramér’s V = 0.624; very large effect), ensuring patients have the right to consent to health services (Cramér’s V = 0.252; small-moderate effect), and allowing patients to object a doctor’s opinion or decision (Cramér’s V = 0.365; moderate effect).

## DISCUSSION

Medical personnel's self-assessment of knowledge of patient rights constitutes an issue that is simultaneously important and insufficiently researched in this professional group. The number of publications in this area is inadequate, given the gravity of the problem.

According to the literature review on the subject of self-assessment of medical personnel knowledge and attitudes towards patient rights reveals that it has been hitherto studied in various contexts, and the most commonly conducted research involves patients's self-assessment of healthcare professionals knowledge and respect for patient rights [14,15].

The present study provided data that allowed for a more in-depth understanding of the level of medical personnel's knowledge of patient rights and identified the rights the exercising of which proved most difficult for the respondents. Overall, the study found that medical personnel employed in hospitals report a greater knowledge of this subject than the personnel employed in IPHCs (independent public healthcare centers).

Gotlib et al.'s results indicate that only 19% of doctors rated their knowledge of patient rights as very good. Among the doctors, 78% surveyed were familiar with the Act on Patient Rights and the Patient Rights Ombudsman, and 64% confirmed that they had witnessed violations of patient rights in their workplace [14].

One of the greatest threats to patient rights in Poland may be resistance from the medical community and healthcare managers. Certain physicians believe that compliance with certain patient rights is unfeasible. An example of a right often referred to as such is the right to medical records, which is considered to be an issue exclusive to doctors, since patients are unable to fully comprehend the information contained in such records. Another example is the medical community's reluctance to accept patient objections and their right to a second opinion. There are countless examples of non-compliance with these rights, but increasing public awareness in this area has led most healthcare providers to adapt [16].

Research shows that breaches of professional confidentiality by medical personnel, including doctors, nurses, medical assistants and paramedics, by disclosing information to unauthorized persons, including information about patients, most often occurred in internal medicine departments and emergency rooms [17].

Research conducted by Czajkowska et al. shows that despite their awareness of patient rights, medical personnel would witness situations in which, those rights were violated [18]. This correlates with the results of the present study, in which 33% of the respondents reported witnessing violations of patient rights in their workplace.

Research conducted by Beltran-Aroca et al. indicated that doctors in all departments committed breaches of confidentiality, especially in the department of internal medicine and the emergency department (54.8%). Other medical personnel groups committed violations less frequently; in particular, 24.8% of violations were committed by residents working in the department of internal medicine and the emergency department. The study revealed that most breaches of confidentiality (or incidents involving the disclosure of confidential information) occurred mainly in public places such as corridors, elevators, and stairways (37.9%). Doctors were found to be responsible for the highest number of such breaches (51.4%) [17].

To conclude, the study results according to the medical personnel's knowledge of patient rights are in many ways comparable to the research findings of other authors. However, there are issues that constitute difficulty regardless of the workplace setting, as presented in the article. The present research results indicate the need to place special emphasis on ethical education, which would include knowledge of patient rights in force, especially the patient's right to respect of their privacy and dignity, respect of their private and family life, their right to pastoral services, the right to object to a doctor's opinion or decision, and the right to confidentiality of information related to the patient. The results obtained in the present research confirm the advisability and necessity of continuing research on this topic [14,19].

## CONCLUSIONS

1. The research findings indicate that physicians' level of knowledge about patients' rights is satisfactory. However, this does not mean that all physicians know and respect their rights.
2. The research demonstrated the need for educational campaigns on patients' rights aimed at medical personnel and the need for continued research in this area.
3. Regularly conducted research on compliance with patients' rights in the provision of medical services will improve their quality.

### Study limitations

It is important to remember the limitations of the study when interpreting the results. The study group consisted exclusively of purposefully selected physicians who agreed to participate in the study. The sample is not representative of all physicians employed in public healthcare facilities. Based on the obtained results, it is only possible to present overall conclusions covering this professional group. Future studies should increase the representativeness of the sample and include a larger number of questions related to the broader issue of respect for patient rights.

### Declaration

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. The present research did not receive any specific donation from any funding agency in the public, commercial or non-profit sector. Artificial intelligence (AI) was not used in the creation of the paper.

## REFERENCES

1. Patient Rights Ombudsman. Report for 2022 [Internet]. Warsaw: Office of the Patient Rights Ombudsman; 2023 [cited 2024 May 10]. Available from: <https://www.gov.pl/web/RPO/raporty-za-rok-2022> Polish.
2. Chmielowiec B, Chmielewski JP, Haor B, Bielski K, Chruścikowska A, Jaworski M, et al. Attitudes of nursing personnel employed in inpatient healthcare units (hospitals) towards patient's rights. *J Neurol Neurosurg Nurs*. 2025;14(2):76-85. <https://doi.org/10.15225/PNN.2025.14.2.4>
3. Chmielowiec B, Puścion M, Adamski J, Goworski A. Awareness of patient rights among medical professionals. *J Mod Sci*. 2025;61(1):538-59. <https://doi.org/10.13166/jms/202620> Polish.
4. Chmielowiec B, Raczek M, Chmielewski J, Puścion M, Florek-Luszczki M. Accessibility to healthcare services in Poland at the initial stage of SARS-CoV-2 pandemic – patient perspective. *Med Og Nauk Zdr*. 2022;28(3):208-16. <https://doi.org/10.26444/monz/154663> Polish.

5. Szpringer M, Chmielewski J, Kosecka J, Sobczyk B, Komendacka O. Patients' satisfaction as one of the aspects of the quality of healthcare. *Med Og Nauk Zdr.* 2015;21(2):132-7. <https://doi.org/10.5604/20834543.1152908> Polish.
6. Mularczyk-Tomczewska P, Gujski M, Koperdowska JM, Wójcik J, Silczuk A. Factors influencing patient satisfaction with healthcare services in Poland. *Med Sci Monit.* 2025;31:e948225. <https://doi.org/10.12659/MSM.948225>
7. Sopko J, Kočišová K. Key indicators and determinants in the context of the financial aspects of health systems in selected countries. *Adiktologie.* 2019;19(4):189-202. <https://doi.org/10.35198/01-2019-004-0003>
8. Geberu DM, Biks GA, Gebremedhin T, Mekonnen TH. Factors of patient satisfaction in adult outpatient departments of private wing and regular services in public hospitals of Addis Ababa, Ethiopia: a comparative cross-sectional study. *BMC Health Serv Res.* 2019;19(1):869. <https://doi.org/10.1186/s12913-019-4685-x>
9. Gavurova B, Kovac V, Khouri S. Purpose of patient satisfaction for efficient management of healthcare provision. *Pol J Manag Stud.* 2020;22:134-46. <https://doi.org/10.17512/pjms.2020.22.1.09>
10. Ustawa z dnia 6 listopada 2008 r. o prawach pacjenta i Rzeczniku Praw Pacjenta [Act of November 6, 2008 on Patient Rights and the Patient Rights Ombudsman]. *Dz.U.* 2009 nr 52 poz. 417. Available from: <https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=wdu20090520417> Polish.
11. Chmielowiec B, Chmielewski JP, Witkowski G, Bielski K, Chruscikowska A, Jaworski M, et al. Patient rights in self-assessment of nurses and paramedics of hospital emergency departments. *Disaster Emerg Med J.* 2024;9(4):197-207. <https://doi.org/10.5603/demj.101918>
12. Chmielowiec B, Chmielewski JP, Bielski K, Strzelecka A, Orczykowski T. Knowledge and application of patient's rights by Emergency Response Team paramedics in the beginning of the SARS-CoV-2 pandemic. *Emerg Med Serv.* 2024;11(3):156-65. <https://doi.org/10.36740/EmeMS202403103>
13. Shrestha B, Dunn L. The Declaration of Helsinki on medical research involving human subjects: a review of seventh revision. *J Nepal Health Res Counc.* 2019;17(4):548-52. <https://doi.org/10.33314/jnhrc.v17i4.1042>
14. Gotlib J, Dykowska G, Sienkiewicz Z, Skanderowicz E. Assessment of knowledge and attitudes towards patients' rights among healthcare professionals at Professor Witold Orłowski Independent Public Clinical Hospital in Warsaw. *Ann Acad Med Siles.* 2014;68(2):92-8. Polish.
15. Masoura P, Skitsou A, Galanis P, Biskanaki E, Charalambous G. Patients' rights and satisfaction of patients and recipients of healthcare services: a systematic review. *Nurs Care Res.* 2023;(67):187.
16. Kocańda K. Patient's rights as a correlate of the physician's responsibilities and legal consequences of their violation. *Folia Cardiol.* 2018;13(4):391-4. <https://doi.org/10.5603/FC.2018.0083> Polish.
17. Beltran-Aroca CM, Girela-Lopez E, Collazo-Chao E, Montero-Pérez-Barquero M, Muñoz-Villanueva MC. Confidentiality breaches in clinical practice: what happens in hospitals? *BMC Med Ethics.* 2016;17:52. <https://doi.org/10.1186/s12910-016-0136-y>
18. Czajkowska M, Janik A, Zborowska K, Plinta R, Brzek A, Skrzypulec-Plinta V. Knowledge and opinions of patients and medical personnel about patients' rights. *Ginekol Pol.* 2021;92(7):491-7. <https://doi.org/10.5603/GP.a2021.0014>
19. Abedi G, Mahmoodi G, Malekzadeh R, Khodaei Z, Siraneh Belete Y, Hasanpoor E. Impact of patients' safety rights and medical errors on the patients' security feeling: a cross-sectional study. *Int J Hum Rights Healthc.* 2019;12(3):215-24. <https://doi.org/10.1108/IJHRH-01-2019-0001>

# Corresponding author

Jarosław Piotr Chmielewski  
 Department of Public Health, Academy of Applied and Holistic Sciences,  
 Aleje Jerozolimskie 133 A, 02-304, Warszawa, Polska;  
 e-mail: j.chmielewski@ios.gov.pl  
 Phone: + 48 501484586