

**STRATEGIES TO IMPROVE PATIENTS' AWARENESS REGARDING THE
PATIENTS' RIGHTS CHARTER IN SELECTED HOSPITALS OF LIMPOPO
PROVINCE, SOUTH AFRICA**

by

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DISSERTATION

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DEDICATION

I Thema Adolphina Mokgadi dedicate this dissertation to my daughters Thema Molatela Regina (Lati) and Thema Victress Katlego.

I pray that you become much better than I, your mother, academically and also in business.

In loving memory of my sister Adelaide Mampai Thema.

DECLARATION

I declare that the dissertation “Strategies to improve patients’ awareness regarding the Patients’ Rights in selected hospitals of Limpopo Province, South Africa” hereby submitted to the University of Limpopo, for the degree of Masters of Nursing Science has not previously been submitted by me for a degree at this or any other university; that it is my own work in design and in execution, and that all material contained herein has been duly acknowledged.

THEMA ADOLPHINA MOKGADI (MS)

DATE

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ABSTRACT

Background

Patient's awareness of the patients' rights charter was assessed as it was not known and strategies were developed to improve patients' awareness in the selected hospitals of the Limpopo Province.

Aim

To assess, describe and explore patients' awareness of their rights and to develop strategies to improve patients' awareness of their rights.

Study methodology

A qualitative exploratory and descriptive research approach were used. Data were collected from 30 patients using semi-structured face-to-face interviews. Data were audiotaped and field notes were taken. The Turfloop Research Ethics Committee gave ethical clearance. The Department of Health permitted for the study to be conducted in the selected hospitals. Ethical considerations and measures to ensure trustworthiness were observed.

Results

Results showed that patients lacked awareness of the Patients' Rights Charter and they could not give examples or name the rights they have as patients. The study revealed that sources of information regarding the Patients' Rights were limited. Patients indicated that Patients' Rights implementation was situational. Patients also experienced disrespect regarding their rights. In addition, strategies to improve patients' awareness regarding the Patients' Rights Charter were developed from the themes that emerged from this study.

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DEFINITION OF CONCEPTS

Awareness

According to Hassan (2016), awareness is information and skills acquired through experience. In this study awareness is the familiarity and understanding of the Patient's Rights Charter by the patients in the selected hospitals of Limpopo Province, SA.

Patients

Patients are persons who are registered to receive medical treatment (George, 2011). In this study, patients are individuals who are accessing health care services in the selected hospitals of Limpopo Province, SA.

Patients' Rights

Patients' Rights are a quality assurance measure that protects patients against abuse and discrimination while promoting ethical practices (National Department of Health, 1997). In this study Patients' Rights refers to a set of rules, which govern both the patient and professional nurses in selected hospitals of Limpopo Province, SA.

Patients' Rights Charter

Patients' Rights Charter is a departmental quality assurance measure that protects patients against abuse and discrimination while promoting ethical practices (National Department of Health, 1997). In this study, the Patients' Rights Charter refers to the guidelines, which are given to both patients and professional nurses to govern them.

Strategies

George (2011) defines strategies as a plan of action designed to achieve a long term or overall aim. In this study, strategies are plans of action to improve the patient's knowledge regarding the Patients' Rights Charter in selected hospitals of the Limpopo Province, SA.

LIST OF ABBREVIATIONS

CRCP	Consumers' Rights Commission of Pakistan
HPCSA	Health Professions Council of South Africa
PBR	Patients' Bill of Rights
SA	South Africa
SASOP	South African Society of Psychiatry
TREC	Turfloop Research Ethical Committee
WHO	World Health Organisation

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Patient awareness of the Patients' Rights Charter is the foundation in understanding approved mechanisms related to medical treatment and makes it more effective (Lukasz, Krzych & Ratajczyk, 2013). The Patients' Rights are outlined in the patients' right Charter for the people accessing health care facilities and the health care professionals to observe and be aware of them (HPCSA, 2008).

The United Nations has approved regulations on the Patients' Rights Charter all over the world since the introduction of the Human Rights Act in 1948 (WHO, 2010). Patients' Rights are a fundamental human right, a quality assurance measure that protects patients against abuse and discrimination and promotes ethical practices (Nejad, Begjani, Abotalebi, Salari, & Ehsani, 2011).

Patients' Rights are listed in the Patients' Rights Charter which is a legislative document used in national health care institutions as a guide to ensure patients' safety and awareness of the Patients' Rights (HPCSA, 2008). Patients are expected to be aware of their rights and responsibilities for their protection, through the Patients' Rights Charter and health education is given by health care professionals as comprehensive health care (Orsal, Duru, Orsal, Tirpan & Culhaci, 2018).

Patients' awareness of their rights creates a benchmark for effective nurse-patient communication and relationship (Hojjatoleslami & Ghodsi, 2011). To ensure patients' awareness of the Patients' Rights Charter will require more than educating policymakers and health care providers, but also educating the citizens

especially patients on what is expected from the health care providers and their government about Patients' Rights (WHO, 2010).

All health care institutions are required to display a copy of the Patients' Rights Charter in a visible place where it can be easily accessed by patients, health care professional and visitors so they obtain information to improve their awareness regarding Patients' Rights (Parsapoor, Mohammad, Malek Afzali, Ala'addini & Larijani, 2012).

In most Asian, European and African countries across the globe, health care institutions have established regulations or Patients' Rights Charter and announced as well as implemented them, to achieve patients' awareness and satisfaction (Krzych & Ratajczyk, 2013). With the Patients' Rights Charter declared in Saudi Arabia, a study conducted to assess the awareness of the Patients' Rights Charter indicated that patients were not aware of their rights (Hassan, 2016). The same results were also found in a study conducted with 350 patients in South India and the results indicated that the majority of participants were not aware of their rights (Agrawal, Souza, & Seetharam, 2017).

The overall picture obtained from reports on awareness of Patients' Rights indicated that Patients' Rights did not have major transformative effects on the national health system in countries such as Belgium, Estonia, Germany, Malta, Poland and Netherlands as patients were still not aware of their rights (Azzopardi-Muscat, Baeten, Clemens, Habicht, Keskimaki, Kowalska-Bobko, Sagan & van Ginneken, 2017).

Similar findings were reported in another study conducted in Saudi Teaching Hospital, were patients and health care providers lacked the necessary awareness about the Patients' Rights Charter (Almoajel, 2012). Also in a study conducted in Iran about patients' awareness regarding the patient rights Charter the results showed that in 30.5% of cases, the total awareness of patients was weak, in 59.4% was moderate, and only in 10.1% of them was good (Mastaneh & Mouseli, 2013).

According to Tabassum, Ashraf, and Thaver (2016) despite all these Charters on Patients' Rights, there is little to no awareness regarding these rights and the patients' awareness remains low. Strategies to improve the awareness of the Patients' Rights Charter need to be carried out to address the challenge of patients being unaware of their rights (Agrawal et al., 2017).

In Sub-Saharan countries, a study was conducted in Uganda regarding the awareness of the Patients' Rights Charter and the results showed that even with the Uganda Patients' Rights Charter of 2009 in place, patients were still not aware of their rights (Kagoya et al., 2013).

Same results were found in a study conducted in Sudan with results indicating that most patients (95.2%) did not know about the Patients' Rights Charter and most of them (92.8%) were not able to mention any of the Patients' Rights Patients' awareness of the Patients' Rights Charter in Sudan was very low and therefore it was recommended that awareness of Patients' Rights be increased (Abobaker, Amal, Eylaph, Mehad, Rahma, Rawan, Samar & Wefag, 2017).

The department of health in South Africa developed the patients' rights charter to ensure the realization of the right of access to health care services as guaranteed in the constitution of South Africa act no 109 of 1996. Many people living in South Africa experienced a denial or violation of human rights for years because of their race and this resulted in a high mortality rate for some racial groups as they were not treated equally and denied standard health care services compared to other racial groups (Hassin, Heywood & Berger 2014).

In South Africa (SA), the services offered at health care institutions are governed by the Patients' Rights Charter as a common standard for achieving the realization of these rights for patients (HPCSA, 2008). The Patients' Rights Charter consists of the twelve rights outlined in The Patients' Rights Charter of South Africa (1997) as follows:

- 1) The right to a healthy and safe environment as stated in the Patients' Rights Charter stating that the environment in which the patient is to be treated must be safe and free from harm.
- 2) The right to choice of health and this means the patient has a right to choose which health facility they want to access.
- 3) The right to refusal of treatment and this means if they feel they don't want to be treated they can choose to go away.
- 4) The right to participate in decision making of one's health matters.
- 5) The right to confidentiality and privacy which emphasize preserving human dignity.
- 6) The right to be referred for second opinion.
- 7) The right to continuity in care meaning if the health facility one is utilizing cannot render a service required by the patient they must ensure the patient gets that service by referring to the health facility which provides those services.
- 8) The right to be treated by a named health care provider and this simply means that people providing health care services should have a source of identification such as a name tag.
- 9) The right to informed consent. This means that permission must be given by the patients for procedures that will be performed on them.
- 10) The right to access. This means to be able to go to any health institution that is open for emergencies irrespective of the patient's ability to pay.
- 11) The right to knowledge of one's health insurance or medical aid scheme.
- 12) The right to complain about health services. The Patients' Rights Charter also indicates the responsibilities of patients regarding their rights and health care professionals to ensure the realization of these rights (HPCSA, 2008). Health care services offered at health care institutions in SA are governed by this Patients' Rights Charter as a common standard for achieving the realization of these rights (National Department of Health, 1997).

The quality of health in SA is directly related to the awareness of patient rights by patients and health care professionals with the concept of a patient-centered approach in practice (HPCSA, 2008).

Patient's awareness about their rights and participation in decision making causes treatment improvement and short hospitalization period (Hojjatoleslami & Ghodsi, 2011). However, it seems patients' awareness of the Patients' Rights Charter is still a problem as many patients are not aware of their rights in SA (Mbazira, 2006). This is supported by an incident where a patient from the Life Esidimeni clinic in Gauteng province was raped and it was not reported until it emerged through cross-examining the suspended head of department at the arbitration hearings for the first time. Patients seem not to be aware of their rights as well as what to do when their rights are violated (Child, 2017).

According to Nevhutalu (2016), there is strong evidence associated with little awareness of patients' rights by patients in South Africa. In Limpopo province SA it was also revealed to the researcher through informal conversations with the patient in some Hospitals that patients were not aware of their rights and there are no studies conducted on patients' awareness of patients' rights in SA.

Patients' Rights awareness care approach as part of the standard health care package encourages rational and ethical practices and improves health outcomes (Kagoya et al., 2013). By improving patients' awareness of the Patients' Rights Charter, patients gain the ability to fulfill what is required for their healthcare, to understand instructions, consent forms, appointment cards and medical pamphlets (Orsal et al., 2018).

The strategies of improving patients' awareness of the Patients' Rights Charter may reduce litigations against health care institutions which will save money for the department of health, improve the patient-nurse relationship as well as how the community views the health care institutions (Hojjatoleslami & Ghodsi, 2011). Although the National core standards of SA (2018) have patients' rights as their second domain, there is no assessment or results of whether patients are aware

of all their rights as patients hence in SA it is important to carry out the study of the strategies to improve patient awareness about the Patients' Rights Charter at selected hospitals in the Limpopo Province.

Hence in SA, it is important to carry out the study of the strategies to improve patient awareness about the Patients' Rights Charter at selected hospitals in the Limpopo Province.

1.2 RESEARCH PROBLEM

The realization of the awareness of the Patients' Rights Charter in public resource-constrained health care settings remains an obstacle towards quality health care delivery, healthcare-seeking behavior and health outcomes (Kagoya, Kibuule, Mitonga-Kabwebwe, Ekirapa-Kiracho & Ssempebwa, 2013).

However, various media reports, as well as surveys already conducted in South African public hospitals, pointed to numerous problems that also included flaws in the awareness of Patients' Rights (Nevhutalu, 2016). According to Nevhutalu (2016), there is strong evidence associated with little awareness of Patients' Rights by patients in South Africa. It was also revealed to the researcher through informal conversations with the patient in Seshego Hospital of the Limpopo Province SA that patients were not aware of their rights. According to a report from Section 27 (2018) patients seem not to know their rights as information regarding a violation of their right to access emergency medical care was raised after two years and even now there is no improvement in the Eastern Cape Department of health.

Furthermore, a study was conducted in 2010 to assess the awareness of the Patients' Rights Charter amongst patients in Riyadh and the results of that study showed that patients lack the necessary awareness about the Patients' Rights Charter (Hassan, 2016). According to Almoajel (2012), more than three-quarters of hospital patients were not aware of the existence of the Patients' Rights Charter

in central Saudi Arabia when he conducted a study to assess patients 'awareness of their rights.

It is important to increase patient awareness about their rights as part of the information received about their health and treatment as this might positively affect their awareness about their care and rights (Krzych & Ratajczyk, 2013). If the Patients' Rights Charter is not made aware to patients it may put both the patient and health care providers at risk of malpractices resulting in unpredictable unethical practices (Hassan, 2016).

Thus it is of utmost importance that the study of the strategies to improve patient awareness about the Patients' Rights Charter in selected hospitals of Limpopo Province be conducted to try to develop strategies to improve patient awareness of the Patients' Rights Charter.

The researcher will carry out this study to investigate the shortfalls in the awareness of patients about the Patients' Rights Charter in selected hospitals in Limpopo Province. Furthermore, to develop measures to improve or emphasize the awareness of Patients' Rights by patients in selected hospitals of Limpopo Province through this exploratory study.

1.3 RESEARCH AIM

The study aimed to develop strategies to improve patient awareness of the Patients' Rights Charter in the selected hospitals, Limpopo Province.

1.4 RESEARCH QUESTION

This research question guided the study:

What are the strategies to improve patient's awareness about the Patients' Rights Charter in selected hospitals, Limpopo Province, SA?

1.5 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- Explore and describe patient's awareness of the Patients' Rights Charter in the selected hospitals of the Limpopo Province, SA.
- Recommend strategies to improve patient awareness of the Patients' Rights Charter in the selected hospitals in Limpopo Province.

1.6 SUMMARY OF RESEARCH METHODOLOGY

In this research study, a qualitative research approach was used to obtain depth and detail as well as to create openness and encourage respondents to expand on their responses about the strategies to improve patient awareness of Patients' Rights Charter in selected hospitals of Limpopo Province. The qualitative research approach is a way to gain insights through discovering meanings of the entire context through exploring the depth, richness and complexity of the phenomenon studies (Creswell, 2014).

A qualitative exploratory and descriptive design were used in this study to explore and describe strategies to improve patients' awareness of the Patients' Rights Charter. This design was used to understand the awareness of patients about the Patients' Rights Charter as well as to develop strategies to improve patient awareness of the Patients' Rights Charter (Creswell, 2014).

The population of this study was patients admitted in the selected regional and tertiary hospitals of the Limpopo Province, SA. Purposive sampling was used to select hospitals for this study which involved identifying and selecting hospitals with a certain phenomenon of an interest which was regional hospitals (Creswell & Plano Clark, 2011).

The reason for selecting regional and tertiary hospitals and was that most of the patients are referred to in those hospitals and gave accessibility to patients of different backgrounds. The sample size per hospital was determined using data saturation. The details of the methodology used in this study are discussed in chapter 3.

1.7 SIGNIFICANCE OF THE STUDY

After exploring the strategies to improve patient awareness of Patients' Rights in the selected hospitals of the Limpopo Province, the study might benefit the patients as they will have a stronger awareness, understanding and knowledge of their rights.

Hospitals

The hospitals might have improved relationships with patients and this might result in reduced litigations and complaints. The goals of the hospital regarding healing might be achieved without interruption as now both patient and hospital staff might have a better relationship and understanding of their rights.

Community

The community may also have a broader awareness of the Patients' Rights as well as their responsibilities thereof. To the community there might be positive attitudes towards health care settings as the relationship between health care professionals and patients may improve.

Department of Health

The Department of Health might have reduced litigations and complaints and this may bring their budget to be focused mostly on improving health care institutions rather than the payout on litigations.

1.8 BIAS

Bias is an influence which yields an error in an interpretation or estimation (Polit & Beck, 2016). Bias in this study was minimized by adherence to the research methodology of the study using a prepared interview guide and not adding own opinions. The researcher asked direct questions. Purposive sampling was used to select people to participate in the study to avoid bias.

1.9 CONCLUSION

This chapter presented an overview of the study including its background, problem statement, the purpose of the study, research methodology and significance of the study. Chapter 2 deals with the literature reviewed in this study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter is concerned with brief literature regarding patient awareness of the Patients' Rights Charter in health care institutions. A literature review is an organized written presentation of what has been published about a topic by scholars in a selected field of study (Creswell, 2014). A literature review may serve to identify a relevant theoretical or conceptual framework for defining the research problem (Polit & Beck, 2016). It also lays the foundation for a study, inspire new research ideas and determine any gaps or inconsistencies in the body of research, or share with the reader the results of studies that are closely related to the one being undertaken (Creswell, 2014). As such this literature review provided background information of patients' rights, patients' awareness; to explore experiences of patients with regards to awareness of the Patients' Rights Charter as well as to describe patient's awareness of the Charter.

Scope of the literature review

The scope of the literature review will cover all relevant literature referring to patients' awareness of the Patients Rights Charter across the globe.

Methodology

The methodology was discussed under the following headings: search strategy for peer-reviewed journals, the inclusion and exclusion criteria and data extraction.

Search strategy for peer-reviewed journals

Literature searches were launched on databases Science Direct and PubMed. These databases were utilized because they are the largest abstract and citation databases for peer-reviewed literature and they provide superior support for the literature research process in academia while giving the researcher a global view.

An internet search was also carried out using Google and Google Scholar databases with the following search terms were identified: Patients' Rights, patients' awareness of Patients' Rights and patients' knowledge of the Patients' Rights Charter.

The reviewed literature consists of research conducted globally, in sub-Saharan Africa and South Africa starting from 2008. The search results were narrowed with the use of more specific search topics. The reference lists from retrieved studies were searched manually.

Inclusion and exclusion criteria

In this literature review, the following inclusion and exclusion criteria were used:
The articles were:

- To be published in English
- To be published from 2008 – 2019
- To discuss patients' awareness of the Patients' Rights Charter globally, in sub-Saharan Africa as well as in South Africa.

2.2 AWARENESS OF THE PATIENTS' RIGHTS CHARTER

Awareness of patient's rights globally

In Iran, a study was conducted by Mastaneh and Mouseli (2013) to evaluate the patients' awareness of their rights in two (2) tertiary hospitals affiliated with the Shiraz University of Medical Sciences. A cross-sectional descriptive study was and the analytical survey was used with 200 inpatients and data gathered through questionnaires filled out during interviews (Mastaneh & Mouseli, 2013). The rate of awareness of patients was measured on a Likert scale ranging from 1-4 and data were analyzed by descriptive and analytical statistics.

The results in the study conducted in Iran showed that in 30.5% of cases the total awareness was weak and 59.4% was moderate and 10.1% was good (Mastaneh & Mouseli, 2013). The most awareness was about trust and assurance to the confidentiality of the treatment team and there was a significant relationship between educational level and the place of residency with patient awareness (Mastaneh & Mouseli, 2013). The study concluded that the total awareness of patients about the Patients' Rights was medium and recommended that attempts should be made to improve it by establishing a Patients' Rights Committee for supervision and monitoring of informing and observance of the Patients' Rights.

In Pakistan, a cross-sectional study was conducted to determine the level of awareness among patients admitted in hospitals about their rights to health care in a military hospital called Rawalpindi for over six months (Sumaira, Mahmood-ur, Humaira, Shazia & Shamaila, 2016). Well orientated and conscious in-patients admitted for more than 48 hours were requested to choose the single best option for each question in the self-administered questionnaire (Sumaira et al., 2016). The patient's awareness of the Patients' Rights was measured by adding up correct responses and was categorized into unsatisfactory, satisfactory and good.

The results of the study conducted by Sumaira et al. (2016) showed that among 140 respondents, 92 (65.7%) had overall unsatisfactory awareness of their rights, 42 (29.3%) had satisfactory and only 7 (5%) had good level of awareness. This study concluded that the majority of patients had overall unsatisfactory awareness of the Patients' Rights.

In Saudi Arabia, a cross-sectional survey was conducted among patients using a 26-item self-administered questionnaire to assess patients' level of awareness, perception and implementation of their rights (Hassan, 2016). The sample consisted of Saudi Arabia patients from eight public and six private hospitals randomly selected. The results of this study showed that the overall mean score about the knowledge of Patients' Rights was within the range of 'not observed' to 'somewhat observed'.

According to Hassan (2016), a study was conducted in 2010 to assess the awareness of Patients' Bill of Rights (PBR) amongst patients and health care providers in primary health care centers in Riyadh and the results of that study showed that patients and health care providers lack the necessary awareness about PBR. Although the PBR is published in the Saudi Arabia Ministry of health, also available in most health organizations in Saudi Arabia, some patients and their relatives may not be aware of their rights granted by the Saudi Arabia government through policies and regulations of the ministry of health (Hassan, 2016).

Another cross-sectional descriptive study in Saudi Arabia was conducted to determine the level of awareness of Patients' Rights among hospitalized patients (Almoajel, 2012). A questionnaire survey was conducted among 250 patients at a governmental hospital and the results showed that most patients did not know about the PBR, even though they are spontaneously practicing their rights (Almoajel, 2012). In the studied Saudi Hospital, there was a lack of patients' awareness regarding the Patients' Rights (Almoajel, 2012).

Globally, The overall picture obtained from reports on awareness of Patients' Rights indicated that the directives did not have major transformative effects on the national health system in countries such as Belgium, Estonia, Germany, Malta, Poland and Netherlands (Azzopardi-Muscat et al., 2011).

This study indicated that some civil servants and clinicians viewed the directive as an attempt to introduce a minimal level or standard of health care. Azzopardi-Muscat et al. (2011) indicated that the implementation of Patients' Rights needs to be monitored and improvement plans put into place to ensure ethical health care services in health care institutions. This will also improve patient-nurse relationships as well as health care services provided at health institutions.

In Pakistan, a descriptive cross-sectional study was conducted to assess the awareness of patients about their rights by Tabassum et al. (2016). A structured questionnaire was used to collect data from a total of 220 patients, 110 belonging

to each private and public hospital (Tabassum et al., 2016). The results indicated that 64 % were not aware of their rights and the awareness level was better in patients from a private hospital than those from public hospitals (Tabassum et al., 2016).

It was recommended that a nation-wide health care education program is needed to increase awareness and practice of the Patients' Rights (Tabassum et al., 2016). It has been found that education and training of professionals regarding the Patients' Rights are important to ensure the implementation of these rights. Despite all these Patients' Rights Charter's, there is little to no awareness regarding these rights and their implementation remains low in the health care system of Pakistan (Tabassum et al., 2016).

In Iran, a descriptive study was conducted to assess the level of awareness of the Patients' Rights with 202 patients using a questionnaire (Bazmi, Kiani, Hashemi Nazari, Kakavand, and Mahmoodzade, 2016). The patients' ages ranged from 18 to 87 years of age, 33% were male and 79% were married and the results showed that patients' knowledge was lowest regarding the need for consent for the treatment process and was highest regarding the patient's right to know the expertise of the treatment team. The mean of patients' knowledge was 77.56% (Bazmi et al., 2016).

As for patients' exercising their rights, the highest score belonged to the patient's right for attending doctors and treatment team's confidentiality, while the lowest score belonged to the right to receive necessary information about probable complications, other treatment options and participation in the final selection of treatment method (Bazmi et al., 2016).

The mean score of patient satisfaction was 8.06 (out of 11) and there was no significant relationship with their education level or the number of admissions (Bazmi et al., 2016).

Bazmi et al. (2016) concluded that Health-care professionals can provide care based on patients' rights, and their knowledge of Patients' Rights needs to be

evaluated. Educational programs, leaflets, booklets and posters can be helpful in this regard while professional organizations and the health care institutions need to be more sensitive to this issue (Bazmi et al., 2016).

A study conducted in South India with 350 patients showed that 64.3% of the participants had seen the Patients' Rights board put up in the hospital premises however only 28% of the participants were aware of their rights (Agrawal et al., 2017). This study also showed that doctors were the most common source of information followed by nurses, posters, the internet, radio and television (TV).

The study assessed the Patients' Rights awareness among in-patients at a tertiary health care facility. According to Agrawal et al. (2017), patient's knowledge about their disease condition and rights creates a benchmark for effective doctor-patient communication whereby informed patients are better aware of their disease, treatment and care.

According to a study conducted by Azzopardi-Muscat et al. (2011), quality of care leads to benefits for patients seeking health care services since the implementation of some measures related to Patients' Rights. This study indicates that to give good customer services which patients would appreciate and not hesitate to utilize the health care services again, much focus should be on the implementation of Patients' Rights as well as strategies to improve the implementation of these right

Awareness of patients rights in sub-Saharan Africa

The objectives of the study conducted below were to assess the patients 'awareness of their rights and the predictors of the knowledge of the Patients' Rights. In Egypt Minia University Hospital, a cross-sectional study was conducted with hospitalized patients to assess the awareness and practice of the Patients' Rights from the patient's perspective (Mohammed, Seedhom & Ghazawy, 2018). Five hundred and fourteen (514) patients were interviewed during their hospital stay and data was collected using a structured questionnaire that inquired of their knowledge of the patients' rights. 76% of the patients interviewed did not know that there is a Patients' Rights Charter (Mohammed et al., 2018).

The finding of the study conducted by Mohammed et al. (2018) indicated that patients' education associated significantly with their knowledge score and the mean knowledge score was 7.2 (+-) 2.71 out of 14. 98.1 % of the interviewed patients stated that the medical team did not inform them about the available treatment choices (Mohammed et al., 2018). This study from Minia University Hospital concluded that the greater part of the patients was not aware of their rights at a satisfactory level, and recommended that health care providers should place more emphasis on increasing the patients 'awareness about their rights.

Uganda is a country situated on the eastern side of Africa. A study was conducted to assess the level of awareness, responsiveness to and practice of Patients' Rights amongst patients and health care workers at Uganda's National Referral Hospital, Mulago Hospital using a three-phase cross-sectional questionnaire-based survey (Kagoya et al.,2013). 211 patients, 98 health care workers and 16 informants participated and the results showed at least 36.5% of patients faced a challenge regarding their rights while looking for health care (Kagoya et al., 2013).

This study also showed that 79% of patients who met a challenge never attempted to demand their rights while most patients (81%) and health care workers of 69.4% had never heard of the Uganda Patients' Rights Charter with awareness higher in health care workers than in patients (Kagoya et al., 2013).

The ability to differentiate between what is just and what is unjust may be considered a precaution to demand one's rights however, many patients and health care providers are not yet fully aware of the existence and context of Patients' Rights (Joolae Tschudin, Nikbakht-Nasrabadi & Parsa-Yekta, 2008).

According to Kagoya et al. (2013), the study indicated that awareness of, responsiveness to and practice of Patients' Rights was limited at Mulago Hospital thus recommended a need for urgent implementation of an integrated multilevel patient-centered approach that patients, health care workers and health system factors to strengthen Patients' Rights issues there. Even with the Uganda Patients' Rights Charter of 2009 empowering patients to demand quality care, this study

argued that abuse and inequitable access remained common (Kagoya et al., 2013).

Awareness of patients rights in South Africa

In South Africa, there are limited studies on patients' awareness of the Patients' Rights Charter, however various reports from Section27 annual review 2016-2019 indicate that patients are not aware of their rights especially when violated and only when the media report on them then they get intervention from other non-government organizations. These organizations including Section27 seek to confront the right to ethical accountable health care services in South Africa. Even with the National core standards of 2011 in place, assessment of patients' rights is minimal as the measuring instrument only assesses patients' awareness of the right to complain only leaving out the rest of the patients' rights listed in the Patients' Rights Charter of SA (National Department of health, 2017).

2.3 HUMAN RIGHTS VIOLATIONS IN SOUTH AFRICAN HOSPITAL

The South African Society of Psychiatric (SASOP) reported that it had noted instances of Patients' Rights violation and failure to execute health care at the hospital in the Eastern Cape, SA. SASOP president indicated in a report which those significant problems existed for some time and no effective strategies have ever been employed to solve the challenges, however, this report included a fifteen recommendations across policy and procedure, physical health of patients, notification and advocacy, food and clothing as well as death registration (SAPOP, 2018).

The SA Constitution guarantees access to health care services to all who live in the country, including migrants regardless of their legal status ("No refuge", 2009). However, Zimbabweans in SA are turned away by healthcare workers from hospitals when they need admission, discharged prematurely, subject to harsh treatment by health staff in the public health services and are still often charged excessive fees to access public health facilities despite policies disagreeing.

In Gauteng Province, patients from Life Esidimeni were violated of their rights as they were placed in a state which compromised their dignity were males and females were mixed in one place, resulting in several rape cases reported (Child, 2017). According to Section 27 (2018) women are still experiencing a violation of their right to access abortion services and exercising true choice over their reproductive health in SA.

2.4 STRATEGIES TO IMPROVE PATIENTS' RIGHTS AWARENESS

As indicated in most studies, strategies to improve the awareness of Patients' Rights in health care institutions will be of benefit to the department of health, health care workers, patients and the community as a whole. In this topic, we will look at the recommendations made from the articles and journals found with studies indicating a need for strategies to be developed to improve the awareness of the patients' rights.

These recommended strategies are listed below as follows:

- Integrated multilevel patient-centered approach: with the study which indicated that awareness of, responsiveness to and practice of Patients' Rights was limited at Mulago Hospital thus recommended a need for urgent implementation of an integrated multilevel patient-centered approach that patients, health care workers and health system factors to strengthen Patients' Rights issues there. Even with the Uganda Patients' Rights Charter of 2009 empowering patients to demand quality care, this study argued that abuse and inequitable access remained common (Kagoya et al., 2013).

Patient's knowledge about their disease condition and rights creates a benchmark for effective doctor-patient communication whereby informed patients are better aware of their disease, treatment and care (Agraval et al., 2017).

Measures need to be taken from a national viewpoint to improve the quality of health care practice, control and eliminate the factors that lead to violation of Patients' Rights and educate the public about their rights (Almoajel, 2012).

- The use of media: The media plays a significant role in making people aware of their rights, but this requires planning at a high level of health care management systems. Informing the public about their awareness of the Patients' Rights Almoajel, 2012).
- Implementation of the Patients Rights by healthcare providers: To give good customer services which patients would appreciate and not hesitate to utilize the health care services again, much focus should be on the implementation of Patients' Rights as well as strategies to improve the implementation and awareness of these rights (Azzopardi-Muscat et al., 2011).

It has been found that education and training of professionals regarding the Patients' Rights are important to ensure the implementation and awareness of these rights. (Tabassum et al., 2016). According to Consumers' Rights Commission of Pakistan (CRCP), lack of the implementation of Patients' Rights is one of the major contributing factors to various crises in Pakistan, ranging from governance to corporate activities. The regulatory body of medical practitioners has formulated a code of ethics for all doctors, where Patients' Rights are discussed in a brief. According to CRCP, this is done to ensure the delivery of ethical health care services in the health care institutions of Pakistan.

- Establishment, supervision and monitoring by Patients' Rights committee: Mastaneh and Mouseli (2013) recommended that attempts should be made to improve the awareness of the Patients' Rights by establishing a Patients' Rights Committee for supervision and monitoring of informing and observance of the Patients' Rights.
- Emphasis on increasing more patients awareness of Patients Rights: Since the greater part of the patients was not aware of their rights at a satisfactory level

in Egypt Mohammed et al. (2018), recommended that health care providers should place more emphasis on increasing the patients 'awareness about their rights as one of the strategies to improve patient awareness of the Patients' Rights Charter.

- Educating policymakers, health care providers and the citizens: To ensure that Patients' Rights are protected globally requires more than educating policymakers and health care providers, but also to educate the citizens on what is expected from the health care providers and their government (WHO, 2010). Information and opportunities to learn about issues such as the definition and reinforcement of Patients' Rights should be available to everyone, not only health care workers or patients (Almoajel, 2012).

A patient's rights centered care approach: As part of the standard health care package, a patients' rights centered approach encourages rational and ethical practices and improves health outcomes (Kagoya et al., 2013). Health-care professionals can provide care based on Patients' Rights, and their knowledge of Patients' Rights needs to be evaluated with educational programs, leaflets, booklets and posters can be helpful in this regard while professional organizations and the health care institutions need to be more sensitive to this issue (Bazmi et al., 2016).

2.5 CONCLUSION

Chapter 2 expounded the literature review to gain insight on the findings of other researchers on the topic under the study. Various publications by different authors were consulted. The literature reviewed indicated mostly that awareness of the Patients' Rights is not satisfactory in most countries across the globe, and strategies have been recommended to improve patients' awareness of Patients' Rights. Other studies indicated the importance of patient's awareness of the Patients' Rights Charter in the health care settings (Tabassum et al., 2016). Chapter 3 focuses on the research methodology that has been chosen for the study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter describes the design and methodology used to conduct the research study. According to Babbie (2013), research methodology is a sequence of steps and procedures of how the intended research study will be carried out to meet the objectives of the study. The research setting, research method, research design, sampling, data collection analysis and ethical considerations the study observed. The discussions were as follows:

3.2 STUDY SETTING

According to Polit and Beck (2016), a study setting is a process of selecting a portion of the population to represent the entire population while Leavy (2012) defined a study setting is a location and condition in which data collection occurs. This study was conducted at selected hospitals which are located in Limpopo Province, SA and purposive sampling was used to select hospitals for this study and this involved identifying and selecting hospitals with a certain phenomenon of interest (Creswell & Creswell, 2018).

The study was conducted in four regional hospitals and one tertiary hospital of the Limpopo Province which has a health care structure of thirty-eight (38) hospitals of which seven (7) are regional hospitals and two (2) are tertiary hospitals. For that reason, one regional hospital was selected from four districts of the Limpopo Province and since in the Capricorn district there are no regional hospitals but two tertiary hospitals, one tertiary hospital was selected. The Province has five (5) districts in it namely the Capricorn, Mopani, Vhembe, Sekhukhune and Waterberg districts. From the Capricorn district, Mankweng Hospital which is a tertiary hospital was selected; from Mopani district, Letaba Hospital was selected; from Vhembe district, Tshilidzini Hospital was selected; from Sekhukhune district, ST. Rita's Hospital was selected; from Waterberg district, Mokopane Hospital was selected.

The reason for selecting regional and tertiary hospitals is because most of the patients are referred to those hospitals from the district hospitals and clinics in the Limpopo Province thus exposing them to more than one and longer hospital stay. This also gave accessibility to patients of different backgrounds. Below is the Limpopo map indicating the five districts and selected hospitals to be used in the study.

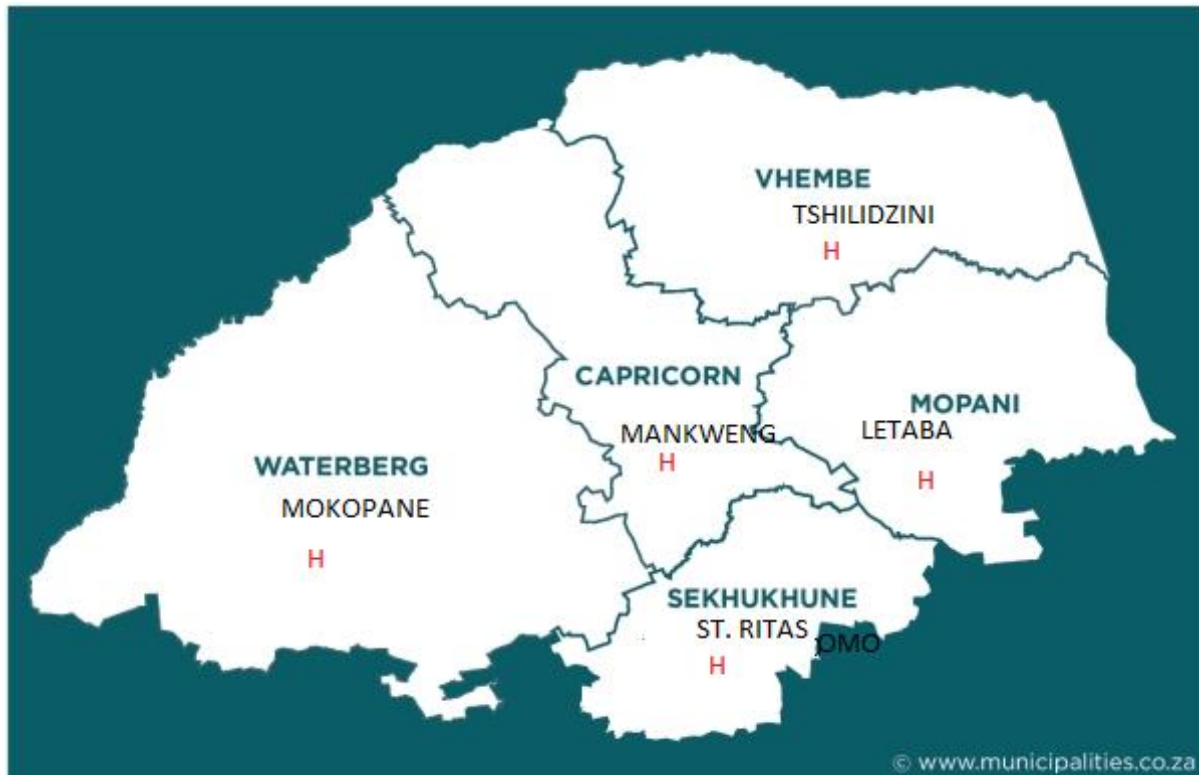


Figure 3.1: Limpopo map indicating the five districts and the selected hospitals to be used in the study.

3.3 RESEARCH DESIGN AND METHOD

3.3.1 Research design

According to Polit and Beck (2016) research design is a complete plan of addressing a research question and conditions for enhancing the study's integrity. A qualitative study using exploratory and descriptive research design was used in

this research study. Creswell (2014) describes an exploratory design as a method used to explore a person's perceptions about the current events that describe the meaning of the lived experiences of a phenomenon or concept for several individuals. An exploratory design was used in this research study as the method of investigating the strategies to improve patient awareness of Patients' Rights (Creswell, 2014).

A descriptive research design describes situations and events to provide a picture of a situation as it naturally happens (Polit & Beck 2016). This research design will be used to describe strategies to improve patient awareness of patients' rights charter at selected hospitals, Limpopo province. The researcher selected this research design to explore and describe the experiences of patients with regards to the awareness of the Patients' Rights Charter and to make sense of the experience and the meaning they give to these experiences.

3.3.2 Research methodology

Research methodology refers to the steps, procedures and strategies used to gather and analyze information in a systematic fashion (Polit & Beck, 2016). The study adopted a qualitative research approach which is about the experiences and realities of humans rather than of objects in their familiar environment. Through a qualitative research approach, the researcher conducted face-to-face interviews to obtain an in-depth understanding of the phenomena under which the study was conducted. Qualitative research approach is a way to gain insights through discovering meanings of the entire context through exploring the depth, richness and complexity of the phenomenon studies (Creswell, 2014).

A qualitative research approach was used to obtain in-depth details on the awareness of the patient' rights as well as exploring the strategies to improve patient's awareness of the Patients' Rights Charter. This approach created openness and encouraged respondents to expand on their responses about the strategies to improve patient awareness of the Patients' Rights Charter

in selected hospitals of Limpopo Province. The research method is discussed using the following headings: population, sampling, data collection, data analysis

3.3.2.1 Population

Leavy (2017) define the population as the entire group of persons or objects that meet the investigation criteria which the researcher is interested in studying. In this study, the target population was patients between the ages of 15-65 years old in the selected hospitals of the Limpopo Province South Africa because they were old enough to give informed consent and information of interest to the researcher.

3.3.2.2 Sampling

The sampling method used in this study was non-probability purposive sampling, which involved identifying and selecting individuals who were experienced with a phenomenon of interest (Creswell & Creswell, 2018). Purposive sampling was used to recruit 30 participants who were admitted in medical, surgical, maternity, orthopedic and gynecological wards with an average length of stay of two (2) to twelve (12) days in the selected hospitals to provide information about their awareness with regards to the Patients' Rights Charter as well as to explore strategies to improve their awareness. The sample size per hospital was determined using data saturation.

Table 3.1 illustrates the selected hospitals from the five districts with the number of participants from each hospital.

Table 3.1 Demographic data of the participants

District	Selected Hospital	Number of participants
Capricorn	Mankweng Hospital (Tertiary Hospital)	8 participants
Mopani	Letaba Hospital (Regional Hospital)	6 participants
Sekhukhune	ST. Rita's Hospital (Regional Hospital)	5 participants
Vhembe	Tshilidzini Hospital (Regional Hospital)	5 participants
Waterberg	Mokopane Hospital (Regional Hospital)	6 participants

Selection of the study participants

The study population for this study was chosen based on the reasons directly related to the research problem, which was their experience about their awareness of the Patients' Rights Charter and not because they were readily available. Inclusion criteria were used when sampling was done as follows: Patients categorized as clinically stable with more than 24 hours admitted in the hospital. Only participants who qualified according to the inclusion criteria were selected.

Demographic profile of the participants

The population of the study comprised of patients admitted in the selected hospitals of the Limpopo Province, South Africa.

Table 3.2 Demographic data of participants

Demographic	Number
<p>Characteristics</p> <p>1. Gender</p> <ul style="list-style-type: none"> • Males • Females 	<p>14 males</p> <p>16 females</p>
<p>2. Age range</p> <p>15-25 years old</p> <p>26-35 years old</p> <p>36-45 years old</p> <p>46-55 years old</p> <p>56-65 years old</p>	<p>5</p> <p>8</p> <p>6</p> <p>6</p> <p>5</p>
<p>3. Location of participants</p> <ul style="list-style-type: none"> • Mankweng Hospital • Letaba hospital • Mokopane hospital • St. Ritas hospital • Tshilidzini hospital 	<p>8</p> <p>6</p> <p>6</p> <p>5</p> <p>5</p>
<p>4. Participant's length of stay in the hospital</p> <p>2-4 days</p> <p>5-7 days</p> <p>8-12 days</p> <p>5. Participants ward or hospital unit of stay</p> <p>Orthopedic ward</p> <p>Maternity ward</p> <p>Surgical ward</p> <p>Medical ward</p> <p>Gynecological ward</p>	<p>7</p> <p>16</p> <p>7</p> <p>7</p> <p>4</p> <p>12</p> <p>4</p> <p>3</p>

Characteristics of participants

Age range

The ages of the participants ranged from 15 to 65 years old. These age groups allowed the researcher to collect data from the youth to elderly participants to get a representation of all age groups when collecting data.

Location of participants

Five referral hospitals were selected from the five districts of the Limpopo Province, South Africa. The researcher chose to conduct the study in the referral hospitals as patients there usually come from district hospitals and clinics, with greater chances of having been exposed to health care services at different health care institutions and had longer hospital stay period.

Participants' length of stay in the hospital

In this study, the participants' length of stay ranged between 2 to 12 days, with the majority of participants having stayed between 5 to 7 days (16 participants), followed by 8 to 12 days (7 participants) and 2 to 4 days (7 participants).

Participant's ward or hospital unit of stay

The participants were from surgical wards, maternity wards, medical wards, orthopedic wards and gynecological wards as patients in these wards usually stay longer in the hospitals. In this study, most of the participants were from surgical wards (12 participants), followed by orthopedic wards (7 participants), maternity wards (4 participants), medical wards (4 participants) and the least being gynecological wards (3 participants).

Inclusion criteria

Patients admitted in maternity, surgical, orthopedic, gynecology and medical wards categorized as clinically stable admitted for more than 24 hours in each selected hospital. Those who were willing or able to participate to ensure voluntary participation were included in the research study.

Exclusion criteria

Patients who were categorized as very ill and mental health care users, as well as out-patients, were excluded from the study as they may not be fit to participate due to their medical conditions. Patients from casualty and outpatients department were also excluded from the study as their length of stay in the hospital was less than 12 hours.

3.4 DATA COLLECTION

The purpose of data collection is to obtain information to keep on record from the participants (Polit & Beck, 2016).

- **Data collection instruments**

Data collection instrument according to Polit and Beck (2016) refers to the formal written document used to collect and record information such as questionnaires, but when unstructured methods are used there is typically no formal instrument. Therefore, data collection instruments used in this study was semi-structured interviews with central question accompanied by probing questions. The advantage of using semi-structured interviews is that questions can be prepared ahead of time. This allows the interviewer to be prepared for the interview and appear competent during the interview. Semi-structured interviews also allow participants to express their views in their terms while encouraging two-way communication (Creswell, 2014).

- **Pilot study**

A pilot study was conducted at Polokwane Hospital using a semi-structured interview by the researcher in preparation for collecting data. This was done to identify possible errors that could occur during the data collection process. Those who participated in the pilot study were excluded from the research study. The results of the pilot study were excluded from the final research report. Five patients at Polokwane Hospital were interviewed for the pilot study and the interview instrument was accustomed and ready to be used in the true study.

- **Data collection process**

The data collection process consisted of the following three phases: the preparatory phase, the interview phase and the post-interview phase.

The preparatory phase

After the pilot study patients who were admitted for two days and more were identified as potential candidates for the study after permission was granted by the TREC (Appendix A) and the Department of Health, Limpopo Province (Appendix C) to conduct the research study. The purpose of the study and the permission required to participate in the study were discussed with the participants (Appendix B).

Operational managers in the selected hospitals introduced the researcher to the patients. Participants were approached by the researcher and given a brief of the study as well as its purpose as a way of recruiting them. Those who were willing to participate in the study were briefed about the research study before commencing with the interview then given informed consent forms which the researcher explained to the participants and they gave consent to participate in the study. Participant's language of preference was used to conduct the interview.

The dates, times and venue of the interview sessions were communicated with the operational managers as the interview sessions were to be conducted during working hours. A voice recorder was prepared with the new batteries for recording the in-depth interviews. Extra batteries and a charger were also procured in case the new batteries become flat.

Information Session

Data was collected from selected patients who agreed and gave consent to participate in the study. Semi-structured interviews were used in a one to one interview which was conducted in an area free from distractions within the units. The interview took roughly 15 to 45 minutes on each participant.

The central question which guided the researcher was:

- **“Please tell me in details, your awareness regarding the Patients’ Rights Charter in this Hospital”.**

The researcher also had a list of questions to be addressed in an interview guide which ensured that all questions regarding patient awareness on Patients’ Rights were covered. Probes refer to prompting questions that encourage the respondent to elaborate on the topic (Leavy, 2017).

The purpose of probing is to elicit more useful or detailed information from a research participant during an interview (Polit & Beck, 2016). Probing helped to explore the experiences of patients regarding the awareness of the Patients’ Rights Charter. Participants’ answers were followed up by the researcher, with subsequent questions resulting from participants’ comments to get meaning and clarity. The following are examples of probing questions that were used in this study to increase the detailed exploration:

Could you explain further on Patients’ Rights?

Can you explain to me what you mean when you say you have rights as a patient?

Such probes gave the participants opportunities to clarify and expand their responses and explicate meaning. They also indicated to the participants how the researcher was interested in understanding their experiences. Data were recorded and subsequently transcribed to ensure that interview data were actual verbatim responses of the study participants.

The interview session was recorded and the researcher created an access code in a voice recorder known to the researcher and supervisor so that no one who is not involved in the study could access the data. Interviews were conducted in an office next to where participants were admitted which was noise-free. Fieldnotes of what the researcher experienced, heard and seen were taken during the interview using a reflective journal for the researcher to capture non-verbal

behavior posture of participants such as eye contact, sobbing, teary and facial expressions.

The purpose and the nature of the study were discussed during the information sessions, what the expectations of the participants would be as well as the research question.

Participants were informed of their willingness to participate in the study and they signed a consent form before they started in the study (Appendix B). They were also told of their right to withdraw from the study at any time if they wanted to do so. The participants were informed of the use of voice-recorder during interviews.

An office situated in the unit was chosen as the venue for conducting the interviews and was communicated to the participants. The atmosphere was relaxed and supportive to the participants as the researcher introduced herself and was then known to the participants. Participants gave consent in writing to take part in the study, then the one to one interviews took place with the semi-structured questionnaires prepared by the researcher and data was collected.

Post-Interview phase

The researcher ended the in-depth interview sessions with the participants by summarizing what the participants to ensure that she had understood them correctly after the agreed period of 15 to 45 minutes narrated. All participants were thanked by the researcher for their time and were further informed of the possibility of further contact with them should the need for clarity arise. Data were collected over one month in the selected hospitals of the Limpopo Province, South Africa.

3.5 DATA ANALYSIS

Tesch's 8 steps inductive, descriptive open coding technique Creswell (2014) was used by following the steps below:

Step 1: Reading through the data

The researcher got a sense of the whole by reading all the verbatim transcripts carefully. This gave ideas about the data segments and how they look like/mean. The meaning emerged during reading were written down and all ideas as they come to mind. The researcher carefully and repeatedly read the transcripts of all the participants and understood them. An uninterrupted period to digest and thought about the data in totality was created. The researcher engaged in data analysis and wrote notes and impressions as they come to mind.

Step 2: Reduction of the collected

The researcher scaled-down the data collected to codes based on the existence or frequency of concepts used in the verbatim transcriptions. The researcher then listed all topics that emerged during the scaling down. The researcher grouped similar topics, and those that did not have association were clustered separately. Notes were written on margins and the researcher started recording thoughts about the data on the margins of the paper where the verbatim transcripts appear.

Step 3: Asking questions about the meaning of the collected data

The researcher read through the transcriptions again and analyzed them. This time the researcher asked herself questions about the transcriptions of the interview, based on the codes (mental picture codes when reading through) which existed from the frequency of the concepts. The questions were "Which words describe it?" "What is this about?" and "What is the underlying meaning?"

Step 4: Abbreviation of topics to codes

The researcher started to abbreviate the topics that have emerged as codes. These codes need to be written next to the appropriate segments of the transcription. Differentiation of the codes by including all meaningful instances of a specific code's data was done. All these codes were written on the margins of the paper against the data they represent with a different pen color as to the one in Step 3.

Step 5: Development of themes and sub-themes

The researcher developed themes and sub-themes from coded data and the associated texts and reduced the total list by grouping topics that relate to one another to create meaning of the themes and sub-themes.

Step 6: Compare the codes, topics, and themes for duplication

The researcher in this step reworks from the beginning to check the work for duplication and to refined codes, topics and themes where necessary. Using the list of all codes she checked for duplication. The researcher grouped similar codes and recoded others that were necessary so that they fit in the description.

Step 7: Initial grouping of all themes and sub-themes

The data belonging to each theme were assembled in one column and preliminary analysis was performed, which was followed by the meeting between the researcher and co-coder to reach consensus on themes and sub-themes that each one has come up with independently.

Step 8: Recodes existing material

The researcher in this step presents the results under each theme with conclusions in such a way that the reader can understand the basis of interpretations.

3.6 MEASURES TO ENSURE TRUSTWORTHINESS

According to Polit and Beck (2016), trustworthiness is the degree of confidence that qualitative researchers have in their data. This was maintained through the use of Guba's model criteria (Creswell, 2014).

3.6.1 Credibility

Credibility is the quality of being believed or trusted in (Creswell, 2014). This was ensured by prolonged engagement in the study field since data was collected over one week. Another researcher analyzed slices of data and compare themes and

interpretations. The credibility of the findings was ensured through triangulation strategy, member checking and peer debriefing (Creswell, 2014). Semi-structured interviews were used and recorded using a voice recorder which was password protected and field notes were taken. In this study, credibility was demonstrated using the following strategies: triangulation, member checking, prolong engagement

3.6.1.1 Triangulation

Triangulation strategy helps to compensate weaknesses of one method or technique of data collection with an alternative strategy (Bryman, 2016).

3.6.1.2 Member checking

Member checking strategy was also used to validate, verify and assess the trustworthiness of qualitative results (Bryman, 2016). Participants were actively involved in checking and confirming the results to reduce the potential of research bias by returning an interview or analyzed data to a participant.

A member checking strategy is a method of returning an interview or analyzed data to a participant. Research participants were actively involved in checking and confirming the results to reduce the potential of research bias. Member checking was also used to validate, verify, or assess the trustworthiness of qualitative results in a research study (Bryman, 2016).

The interpretation of the results meant that the analyzed and interpreted data was re-sent or read to participants for them to evaluate the interpretations made by the researcher and allowed suggestion changes if they were not happy with the interpretation made by the researcher which was not what participants reported during interviews.

3.6.1.3 Prolonged engagement

Prolonged engagement involves investing sufficient time in the data collection process so that participants feel enough confidence and trust in the researcher

(Polit & Beck 2016). The researcher spent time with the participants before the formal interview just casually engaging with them to gain trust, and to let participants feel free and confident around the researcher.

3.6.2 Transferability

Transferability contains the extent to which qualitative findings can be transferred to other settings or groups (Polit & Beck, 2016). The sampling and data collection method used enabled the decision of the degree to which the findings may have been transferred to other individuals and other situations (Bryman, 2016). In this study, transferability was achieved through a complete description of the research design and methodology.

3.6.3 Confirmability

According to Polit and Beck (2016), confirmability refers to the objectivity or neutrality of data and interpretations. By writing field notes, the use of voice-recorder during interviews and submitting the research study for evaluation, confirmability was ensured. In this research study, confirmability was ensured also by the confirmability audit where the researcher verified data against recorded answers to conclude the findings of the study.

This research study was supervised by two qualitative researchers from the University of Limpopo who had access to both audio recording and field notes.

3.6.4 Dependability

Dependability was determined by the extent to which the study was consistent in its inquiry process which included the techniques used in data collection, findings of the study, interpretations and recommendations of the study (Polit & Beck, 2016). Code record data was analyzed by the researcher and the independent co-coder at least one or two week's period between each coding (Polit & Beck, 2016).

3.7 ETHICAL CONSIDERATIONS

3.7.1 Permission

Ethical clearance was obtained from the University of Limpopo, TREC with the researcher project number of TREC/79/2019: PG. Permission to conduct the study was obtained from the Department of Health Limpopo Province and also in the selected Hospitals where the study was conducted.

3.7.2 Anonymity and confidentiality

Participants' names were not be mentioned, written or recorded during the interview sessions to maintain anonymity. The researcher asked for the participant's permission to use a voice recorder during the interview sessions. Information gathered during unstructured interviews was not made available or divulged to anyone unless involved in the study to maintain confidentiality (Leavy, 2017).

3.7.3 Privacy

One participant was allowed into the interview room at a time during the process of data collection (Leavy, 2017). The room used for the interview was closed throughout the interview. Information obtained from participants was not being shared with anyone and the names of participants were not being mentioned in the interview process of collecting data.

3.7.4 Informed consent

Written consent was obtained from each participant voluntarily. Participants were given a form to fill indicating that they agree and give permission to carry on with participating in the study. Aims and objectives, as well as the procedure of the study to be carried out, were explained to each participant using their language. Participants were informed that they could withdraw from participating in the study anytime.

3.7.5 Respect for human dignity

According to Polit and Beck (2016), the principle of human dignity includes the right to self-determination and the right to full disclosure. Participants had the right to ask questions or refuse to give information or to withdraw from the study anytime it was explained to the participants before conducting the study.

3.7.6 Right to protection from harm

The right to protection from harm is based on the ethical principle of beneficence that requires a researcher to ensure that the patient is not harmed during this study (Leavy, 2017). Patients were assured that they would not be harmed physically or emotionally by giving the researcher thorough information regarding their awareness of the Patients' Rights as well as the strategies to improve the awareness. Mutual trust was built between the researcher and the participants. Professional secrecy was maintained for all participants who took part in the study. The participants were not exposed to any risk or discomfort.

3.7.7 Treatment

Equal treatment was given to all participants irrespective of their race, gender or any other characteristics they have. Interviews were conducted in the participant's language of preference and all participants were accommodated in this regard. Interview sessions were conducted as per participant agreement which lasted for approximately 15 to 45 minutes per session. The same central question was asked to all participants.

3.7.8 Ethical issues related to sampling

To ensure ethical conduct related to sampling, the researcher was guided by the fundamental ethical principle of justice during the research process. This principle is based on the human rights that need to be protected in research, namely: the right fair treatment (Leavy, 2017).

The “principle of justice” refers to the participants’ right to fair selection and treatment (Leavy, 2017). It is determined in terms of fairness and equality. All participants were given a fair selection and treatment discussed as follows:

3.8 CONCLUSION

Chapter 3 described the details of the research methodology used in this study. This included the research method, research design, population, sampling, inclusion criteria, study settings, data collection, data analysis, ethical considerations, and measures to ensure trustworthiness. The discussion of the research findings and literature control are discussed in chapter 4.

CHAPTER 4

RESEARCH FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

Chapter 3 outlined the research methodology followed in this study which is a qualitative research method in the exploration of strategies to improve patient awareness of the Patients' Rights Charter in the selected hospitals of Limpopo Province, SA. This chapter presents and discusses the research findings from the individual semi-structured in-depth interviews conducted with patients in the selected hospitals of the Limpopo Province, SA.

The purpose of the study was to assess and describe patient's awareness of the Patients' Rights Charter as well as to develop strategies to improve patient awareness of the Patients' Rights Charter in the selected hospitals of Limpopo Province, SA.

4.2 DATA MANAGEMENT AND ANALYSIS

The data which were collected during individual semi-structured in-depth interviews were analyzed using eight steps of Tesch's open coding qualitative data analysis method as described by Creswell (2014) as outlined in the research methodology which is Chapter three. Data was also submitted to an independent coder who also used 8 steps of Tesch's open coding method of qualitative data analysis as described by Creswell (2014).

A consensus meeting was set between the researcher and the independent coder to discuss and agree on final themes and sub-themes based on the ones which emerged when analyzing independently.

Table 4.1 depicts the final themes and sub-themes which were agreed upon by the researcher and independent coder which serves as the findings of the study.

4.3 RESEARCH RESULTS

Table 4.1: Themes and sub-themes reflecting patient's awareness of the Patients' Rights Charter in selected hospitals in Limpopo Province.

Main themes	Sub-themes
<p>1. Paradoxical explanations related to the views of patients on Patients' Rights</p>	<p>1.1 A confirmation by patients that Patients' Rights exists.</p> <p>1.2 Existing various Patients' Rights and examples thereof outlined.</p> <p>1.3 An outlined provided on how Patients' Rights must be voiced to nurses.</p> <p>1.4 Existence versus limited and or limited awareness related to Patients' Rights mentioned.</p> <p>1.5 An explanation that the provision of an opportunity for patients to get clarity on Patients' Rights would clear uncertainties.</p> <p>1.6 Request for information on what to do when patients' rights have been violated a necessity.</p> <p>1.7 The non-existence of respecting Patients' Rights is resulting in poor to lack of quality health care provision.</p> <p>1.8 An explanation that patients are obliged to follow all health care instructions exists.</p>

<p>2. Existing compliments and complaints related to the implementation of the Patients' Rights Charter</p>	<p>2.1 Compliments were given to various Patients' Rights.</p> <p>2.2 An appreciation that patients have the right to decide different levels of care marked.</p> <p>2.3 Various complaints related to Patients' Rights raised by patients in different hospitals.</p> <p>2.4 Complaints rose related to poor or lack of care in health care institutions.</p> <p>2.5 Lack of respect experienced by patients in different hospitals leading to suppression of raising concerns.</p>
<p>3. Existing knowledge related to Patients' Rights among admitted patients in hospitals</p>	<p>3.1 Paradoxical explanations provided of what Patients' Rights mean to different patients.</p> <p>3.2 The explanation provided that patients' rights implementation is situational.</p> <p>3.3 Existence versus lack and or minimal knowledge related to Patients' Rights.</p> <p>3.4 Lack versus the existence of knowledge related to which rights patients' have marked.</p>

	3.5 A perception that patients' have no rights based on free health services provided.
<p>4. Existing sources of information related to Patients' Rights</p>	<p>4.1 Existence versus lack of information sources for patients' rights outlined.</p> <p>4.2 An explanation that notice boards in hospitals and clinics are a source of information for Patients' Rights.</p> <p>4.3 Nurses and doctors named as sources of information for patients' rights.</p> <p>4.4 An outline that patients know their rights without being told.</p>
<p>5. Suggestions on how awareness could be raised on Patients' Rights Charter.</p>	<p>5.1 Planned education programs on Patients' Rights Charter suggested.</p> <p>5.2 Teaching by nurses at the hospital, ward, clinic, community, and schools about the Patients' Rights Charter suggested.</p> <p>5.3 Distribution of different health education leaflets and media coverage on Patients' Rights Charter emphasized.</p> <p>5.4 Institution compliance officers and hospital managers to visit patients in hospitals and clinics to raise awareness encouraged.</p> <p>5.5 Improved channels of communication requested.</p>

4.4 OVERVIEW OF FINDINGS

The findings are presented in a narrative format whereby verbatim excerpts of the participants are presented and relevant literature to support the findings is described. The findings of this study are discussed based on the themes and the sub-themes that have emerged during data analysis based on the individual semi-structured interviews conducted with patients on a one on one basis. The main objective of the chapter is to provide critical reasoning and presentation of the results to provide the foundation of participants' views on strategies to improve patient awareness in selected hospital of Limpopo Province, SA.

4.4.1 Theme 1: Paradoxical explanations related to the views of patients on Patients' Rights

Paradoxical explanations related to the views of the patients on Patients' Rights are opinions that are different in a statement of interest.

The findings in this theme pointed out that patients hold different explanations with regards to Patients' Rights. These explanations are embedded in the eight sub-themes of this theme which have been presented in Table 4.1. The sub-themes are discussed below as follows:

Sub-theme 1.1: A confirmation by patients that Patients' Rights exists

The findings indicate that the patients who participated in the study confirmed that Patients' Rights exist however the majority of the participants assumed that Patients' Rights exist. This was confirmed by participants responding with the following statements:

“Yes, it must be, even if I was not a patient. Ok let me put it this way, every person in SA has rights” (P2).

“Nobody told me about Patients' Rights, I just think of them myself, and you know we all have rights so patients also must have rights” (P15).

“I just assume patients have rights because everybody has rights” (P13).

This finding indicated that patients assumed they had rights because in the country they live in everyone has rights. It was evident to the researcher that patients' awareness of their rights was low as most of the participants assumed they had rights while few said they don't have rights as patients and a few confirmed they had rights. This finding disagrees with the ones by Abolarin and Oyetunde (2013) who conducted a study on the awareness of Patients' Rights and concluded that patients have good knowledge of their rights.

However, a study conducted by Mastaneh and Mouseli (2013) to evaluate patients' awareness of their rights in two tertiary teaching hospitals in Iran disagrees with

these responses, as their study concluded that total awareness of patients from their rights was medium while in this study it was poor. Although compared to similar studies this rate was not unsatisfactory, and suggestions on attempts to improve it should be made (Mastaneh & Mouseli, 2013).

Sub-theme 1.2: Existing various Patients' Rights and examples thereof outlined

This sub-theme revealed that there are different Patients' Rights which are known by the patients and different examples are outlined. However, these examples outlined are not Patients' Rights. The examples of Patients' Rights were expressed as follows:

"When you are a patient, if you feel pains at night you can call the health care professionals and ask them for pain killers. Secondly if in the bathroom there is no toilet paper you can ask. Thirdly when coming to the clothes we wear, if you feel they are dirty you can tell them to give you clean ones to change" (P6).

"Patients' Rights are when they don't get proper treatment, they don't eat well and how they sleep the place whether it's clean or not: "we have a right not to agree to anything we don't want to" (P10, P16).

"I know something about if you have pain they must give you something for pain, I have a right to be treated well as a patient, the doctors must consider me as one of the patients, they can't just put me in a corner and say I must wait my turn they must come to talk to me" (P15).

"Patients have a right to be treated well. Mm, I think here at the hospital we have a right to be treated right and talk when you are no satisfied" (P20).

"Patients must say what does not make them happy, the food, the environment, and treatment because it is their right. Patients have the right to say whatever they want, anything that doesn't sit well with them they must say it even what they feel" (P26).

The participants gave various examples of what they thought is the Patients' Rights which were not. With the 30 participants, only 11 could give various examples of what they thought was the Patients' Rights. This is evidence that the participants who were patients in the selected hospitals had no awareness of their rights. These responses are in disagreement with a study conducted by Abolarin and Oyetunde (2013) where most of the respondents (94.2%) had good knowledge of rights and few (37.2%) of them denied being actively involved in making decisions on issues concerning their care.

Sub-theme 1.3: An outlined provided on how Patients' Rights must be voiced to nurses

This finding pointed out expressions of how Patients' Rights must be voiced out to nurses. This finding was confirmed by the following statements from participants:

"We have a right to say whatever we want from sisters, if we don't want treatment we can refuse. If we want them to release us, we have a right to be released there are many, all of them" (P1).

"The rights of patients depends on how they are treating you, if they are not treating you alright you must cough it out, even in other units they put papers on the wall written Patients' Rights. So if you see or think they are not treated well you can see which steps to take to report" (P9).

Of the 30 participants who took part in this study, only two outlined that should they encounter problems about the Patients' Rights they were likely to tell the nurses. Their view was centered on telling the nurses and nothing was mentioned about lodging a formal complaint which is their right as patients. If patients encounter any problems while being hospitalized, they're much less likely to speak up to the hospital staff about it (White, 2014). Some patients worry that they may be seen as "a bother or a pest" if they speak up and this is a feeling expressed by one-fifth of participants in the survey while others think they may be perceived as "difficult" (White, 2014).

But not speaking up can have consequences (White, 2014). Patients who felt the most uncomfortable bringing up concerns or voicing out to medical staff were 50% more likely to experience a medical error during their hospital stay (White, 2014).

A study conducted by Ghooi and Deshpande (2012) concluded that a patient's right to have a say in his/her treatment depends upon the model of the physician-patient relationship.

Sub-theme 1.4: Existence versus limited and or limited awareness related to Patients' Rights

This sub-theme pointed out that there is existence versus incomplete and or limited awareness related to Patients' Rights mentioned. Patients showed poor awareness of the Patients' Rights. Of the 30 patients used in this study, none of them could explain any of the rights stipulated in the Patients' Rights Charter while others confirmed not having information and awareness of the Patients' Rights.

This was highlighted by some participants as follows:

"I do not know the Patients' Rights and cannot even tell which ones they are" (P8).

"I have no information about Patients' Rights, I can't tell them to you as I do not know them" (P9).

"With the Patients' Rights, the information that is enough I don't have but I can see what they are about even thou I cannot say them" (P10).

"I don't know the Patients' Rights but I know everyone has rights" (P13).

The patients showed limited to no awareness of their rights with others having a view of not having rights as patients at all. Examples were given by the patient of what they thought were Patients' Rights, however, they were not. This is evidence that patients in the selected hospitals lacked the necessary awareness of the Patients' Rights Charter. These results are in agreement with a study conducted by Abolarin et al. (2013) which assessed patients' knowledge and exercise of their

rights and found that about half (50.8%) of the participants claimed they were not fully informed about the diagnosis and treatment plans regarding their health conditions. Child (2017) also indicated that patients in Gauteng Province SA seem not to know their rights while Section27 (2018) reports indicate that relatives and patients do not know their rights.

However, a study conducted by Hassan (2016) to assess the awareness of PBR amongst patients and health care providers in primary health care centers in Riyadh showed results in agreement with this finding by indicating that patients and health care providers lack the necessary awareness about the Patients' Rights Charter.

In Pakistan, a cross-sectional study was conducted to determine the level of awareness among patients admitted in hospitals about their rights to health care in a military Hospital called Rawalpindi for over 6 months (Sumaira et al., 2016). The results of that study showed that among 140 respondents, 92 (65.7%) had overall unsatisfactory awareness of their rights, 42 (29.3%) had satisfactory and only 7 (5%) had a good level of awareness. This study conducted by Sumaira et al. (2016) concluded that the majority of patients had overall unsatisfactory awareness of the Patients' Rights.

Sub-theme 1.5: An explanation that provision of an opportunity for patients to get clarity on Patients' Rights would clear uncertainties

The findings in this sub-theme pointed out expressions from patients that provision of an opportunity for patients to get clarity on Patients' Rights would clear uncertainties. This finding was confirmed by participants who said

"If there is something that doesn't sit right with you, you can say so or if you want clarity you can ask for it and they will explain. I asked and they explained to me well then I was satisfied. I am a hypertensive patient, when I saw my treatment was changed I asked and they clarified and I was

satisfied, what I am not satisfied with I ask, like water to bath, when I ask for it they must give me” (P5).

“I think there they must speak to me, because. I think they must tell me why I must be transferred, not to just transfer me without telling me the reason why” (P15).

Patients expressed their concerns about health care professional not giving them opportunities to get clarity about the information they receive. The findings of this sub-theme are in agreement with Mabuza, Omole, Govender and Ndimande (2014) who conducted a study to explore the reasons inpatients gave for not seeking clarity, then concluded that health care practitioners should provide patients with information regarding their clinical conditions and patients should also feel free to seek clarity on information provided.

According to a study conducted by Khademi, Mohammadi and Vanaki (2017), themes that emerged were that inpatients did not ask for clarity as they perceived health care practitioners to be ‘too busy’, non-communicators and sometimes uncertain about patients’ conditions. Some inpatients had unquestioning trust in health care practitioners, whilst others had experiences of bad treatment (Khademi et al., 2017). Inpatients had poor self-esteem, incapacitating clinical conditions, fear of bad news and prior knowledge of their clinical conditions and some inpatients stated that they had no reason for not seeking clarity (Khademi et al., 2017).

Sub-theme 1.6: Request for information on what to do when Patients’ Rights have been violated a necessity

This sub-theme revealed that patients asked for information on what to do when their rights as patients have been violated a necessity. This finding was confirmed by the participants who said the following:

“Yes of course I know we have a right to complain, one thing for sure we can but the problem is to whom are you going to complain? We don’t know” (P9).

“I want to ask if they are not treating you well what is it one can you do?” (P15).

“If they can have someone here at the hospital to come to check us and teach us about our rights and tell us where we must go if we are not happy” (P22).

This finding showed that patients did not know what to do when their rights have been violated in the selected Hospitals. Kielbasa and Niedzielski (2015) conducted a study which is in agreement with the findings of this sub-theme. The aim of the study by Kielbasa et al. (2015) was to investigate the awareness of Patients’ Rights and knowledge of possible proceedings in case of violation of them among people under 30 years of age. Analysis of the results showed that the awareness of the Patients’ Rights and knowledge of possible proceedings for violation of them among the study population was low (Kielbasa et al., 2015).

Sub-theme 1.7: The non-existence of respecting Patients’ Rights is resulting in poor to lack of quality health care provision

The findings pointed out that Patients’ Rights are not respected thus resulting in poor to lack of quality health care provision. This finding was confirmed by statements made by participants as follows:

“They put a plaster on me and said it’s because I feel pain but they didn’t talk to me about it later I learned it was broken” (P9).

“I’m just surprised because when we visit certain clinics they chase us to the clinics which are next to our homes and when we go to the hospital they say we need a letter from the clinic first before we can go” (P21).

“I worry that they don't wear name tags, they don't even give us the information they just put the drip in just like that. We only see with their clothes that this one is a nurse and this one is a doctor sometimes you cannot even differentiate them” (P25).

Patients indicated that various Patients' Rights were not respected by health care professionals in the selected hospitals of the Limpopo Province. Patients have a right to be treated by named personnel however they indicated hospital staff to not having identity tags and not introducing who they are to them when providing health care services. Even with the SA, Patients' Rights Charter in place, patients indicated that they were denied access to health care services at certain clinics and hospitals with reasons of them not coming from that area which those health institutions are. The publication surveyed by White (2014) on 200 people who had recent hospital stays agreed with these findings by revealing that patients rarely received respectful treatment from clinical staff and were two and a half times more likely to have experienced a medical error as patients who felt respected by clinical staff. Errors included hospital-acquired infections, misdiagnosis, prescription mistakes and adverse drug reactions.

Sub-theme 1.8: An explanation that patients are obliged to follow all health care instructions exists

The finding revealed explanations from patients that they are obliged to follow all health care instructions and this finding was confirmed by participants who responded by saying the following:

“No, I did not know, you see with us people because we lack knowledge on our rights as patients we just agree to everything they tell us because we came here for help” (P9).

“No, because it is not like outside you have to obey what is happening here at the hospital” (P14).

“Well, I did not know these rights so I'm surprised especially that I have a right to refuse treatment because I did not know it was possible (P23)”.

The patient seemed to have a perception that they do not have a right to participate in the decision making or to refuse hospital treatment since they need medical assistance in the selected hospitals. This finding concurs with the finding of a study conducted by Kagoya et al., (2013) who concluded that patients feel powerless to negotiate for their rights and fear being discriminated against.

4.4.2 Theme 2: Existing compliments and complaints related to the implementation of the Patients' Rights Charter

The findings of this theme pointed out that there are existing compliments and complaints related to the implementation of the Patients' Rights Charter. This was evident in the five sub-themes listed in table 4.1 that have emerged from this theme:

Sub-theme 2.1: Compliments were given to various Patients' Rights

The findings of this sub-theme revealed compliments from patients regarding the Patients' Rights. This finding was confirmed by the participant 26 who said:

"I did not know some of the Patients' Rights but so far they are treating us well" (P26).

"As a patient, you have a right to ask about treatment if you want clarity and they will explain. I asked and they explained well and I was satisfied" (P5).

Of the 30 patients who took part in the study, only two expressed satisfactory treatment. However, the remaining 28 patients did not mention being satisfied with the health care services about the Patients' Rights. This finding is in agreement with the results of a study conducted by Ghooi et al. (2012) which assessed the Patients' Rights in India as to whether they assure empowerment and concluded that patients are respected and treated with great care as a norm.

Sub-theme 2.2: Appreciation that patients have rights to decide different levels of care marked

The findings pointed out that patients appreciate the right to decide different levels of care. This finding was confirmed by participants who indicated that:

“Yes I know I have a right to decision making but they never gave me information when putting up a drip on me they just put it up” (P28).

“Yes, that’s your own choice to refuse hospital treatment and anything you do not want to be done to you” (P15).

The patients in this study pointed out that even though they have the right to decision making, health care professionals in the selected hospitals did not provide them with information regarding their care and treatment. These findings are in agreement with a study conducted by Krzych and Ratajczyk (2013) who sought to evaluate the awareness of Patients’ Rights by patients admitted to a multidisciplinary university hospital in Poland and found that over 80% of respondents were aware of their right to choose a physician, refusal of the treatment, the choice of the place where the patient is treated, the right of access to medical records, free meals, pastoral care, ability to provide to third parties information about the state of health, as well as giving information to particular persons by phone. The least awareness was shown about the form of giving consent (42.9%) or refusal of consent (50.5%) to treatment and the doctors' right to refuse the presence of a person close to the patient during treatment (16.4%) (Krzych & Ratajczyk, 2013).

Patients have good knowledge of their rights, yet are found not fully exercising these rights hence they should be encouraged to participate in the decision making process on their health issues as it is a channel towards achieving positive patient outcomes (Abolarin & Oyetunde, 2013).

Sub-theme 2.3: various complaints related to Patients' Rights raised by patients in different hospitals

The findings revealed expressions of complaints from patients related to Patients' Rights in different selected Hospitals. This finding was confirmed by the participants with the following statements:

"I think there they must speak to me, because. I think they must tell me why I must be transferred, they cannot transfer me without telling me the reason for the transfer so honesty, where is honesty" (P15).

"I'm just surprised because when we visit certain clinics they chase us to the clinics which are next to our homes and when we go to the Hospital they say we need a letter from the clinic first before we can go" (P21).

The complaints raised by the patients indicate that they have little or no awareness of their rights as well as channels of complaining when these rights have been violated. This finding concurs with a study conducted by Ghooi et al. (2012) who concluded that many instances have been reported of hospitals and clinics denying rights to patients and their families, possibly as a way of preventing the patient from seeking treatment elsewhere or even getting a second opinion.

Sub-theme 2.4: Complaints raised related to poor or lack of care in health care institutions

The findings pointed out that patients raised complaints related to poor or lack of care in health care institutions. This finding was confirmed by the participants who said the following:

"I worry that they don't wear name tags, they don't even give us the information they just put the drip in just like that, almost half of them are not identified and they have a negative attitude towards us" (P25).

“What surprises me is that the doctors who check us are different and they don’t have name tags and I don’t know them but I can point them out because they are rude to us” (P28).

Patients raised complaints about the implementation of the Patients’ Rights which indicated that the Patients’ Rights were not practiced or implemented by health care professionals in the selected hospitals of the Limpopo Province. This finding concurs with 59 studies, reporting 88 069 patient complaints, with a total of 113 551 problems found to underlie the patient complaints with the most common problems complained about being ‘treatment’ (15.6%) and ‘communication’ (13.7%) (Reader, Gillespie & Roberts, 2014).

Many instances have been reported of hospitals and clinics denying this right to patients and their families, possibly as a way of preventing the patient from seeking treatment elsewhere or even getting a second opinion (Ghooi & Deshpande, 2012).

Sub-theme 2.5: Lack of respect experienced by patients in different hospitals leading to suppression of raising concerns

The findings pointed out that patients experienced a lack of respect in different Hospitals leading to suppression of raising concerns. This finding was confirmed by participants who responded with the following statements:

“You know me, I’m not a sick person so I don’t know the rights of patients but if people can tell you what your rights are you can consider more things, you can talk to the nurses about more thing but now you are quiet and you are scared perhaps you do something wrong and they don’t want to help you so you don’t know your rights as much as I want to know, if you inform the patients on what their rights are, not to be mm, we don’t want to eh, I don’t know the word now eh dominate people coz we don’t want to dominate the nurses but the nurses must come to talk to us about stuff and inform you about your sickness so that you also can sit in the night and think about what is happening” (P15).

“They just bill us and we don’t ask, no one gives us information on our rights as patients” (P26).

“Yes I know but they never gave me respect when putting up a drip they just put it up without talking to me or telling me the reason for putting it” (P28).

The expressions of patients in the selected hospitals indicated that they experienced disrespect from the health care professionals about the Patients' Rights. This finding is in agreement with Ghooi and Deshpande (2012) who concluded that in the paternalistic model, the doctor adopts the role of a decision-maker and decides what would be good for the patient.

Ghooi and Deshpande (2012) also stated that there is no automatic respect for Patients' Rights in India, and if they are violated, the only recourse for patients is to approach the consumer courts.

4.4.3 Theme 3: Existing knowledge related to Patients' Rights among admitted patients in hospitals.

The findings of this theme pointed out that there is some form of knowledge related to Patients' Rights among admitted patients in hospitals. This was evident in the sub-themes listed in table 4.1 that have emerged from this theme and are discussed as follows:

Sub-theme 3.1: Paradoxical explanations provided of what Patients' Rights mean to different patients.

The findings in this sub-theme revealed that patients provided explanations of what Patients' Rights mean to different patients. This finding was confirmed by the participants who said the following:

“Patients have a right to be treated well. Mm, I think here at the hospital we have a right to be treated right and talk when you are no satisfied” (P20).

“The rights of patients depends on how they are treating you, if they are not treating you alright you must cough it out, even in other units they put papers

on the wall written Patients' Rights. So if you see or think they are not treated well you can see which steps to take to report" (P9).

"When a patient is not feeling well at home she or he can tell someone at home to call an ambulance to come help quickly, we know ambulances take time and if you call you have to call many times and they will ask for direction" (P28).

"Yes, patients have rights to say whatever they want, anything that doesn't sit well with them they must say it even what they feel" (P27).

"Patients are not supposed to be shouted at, they must be treated well" (P30).

Patients gave a different explanation of what the Patients' Rights mean to them, however, the examples given were not Patients' Rights or its meaning. This study provides evidence that patients in the selected hospitals have limited to no awareness of the Patients' Rights Charter. However, this finding disagrees with the results of a study conducted by Krzych and Ratajczyk. (2013), where over 80% of respondents were aware of their right to choose a treating physician, refusal of the proposed treatment, the choice of the place where the patient is treated, the right of access to medical records, free meals, pastoral care, ability to provide to third parties information about the state of health, as well as giving information to particular persons by phone.

The least awareness was shown about the form of giving consent (42.9%) or refusal of consent (50.5%) to treatment and the doctors' right to refuse the presence of a person close to the patient during treatment at 16.4% (Krzych & Ratajczyk, 2013).

Sub-theme 3.2: Explanation provided that Patients' Rights implementation is situational

The findings pointed out that the implementation of Patients' Rights is situational as explained by the patients who participated in this study. This finding was confirmed by the participants who said the following:

"If I can't afford a big hospital plan I'm just a person like everybody else, so it's not my fault that I'm here, that I'm poor that's a problem because the people of government don't respect people without money, but they treat me well, I saw the doctor once this week so I sat there and asked myself what now what now and pray my condition doesn't spread", while teary and sobbing" (P15).

"No I did not know but I see in the ward we are in, I'm not saying what but why can't they say because they are those who cannot go to the toilet and put them in another room instead they give them bedpans in our presence and sometimes it's not good so I don't know if that is healthy or not. I remember when I was in Gauteng another guy was hit by a car it's a tar road on the other side there was a private hospital so I went straight to the gate and asked security but they said no here they won't treat him we should call an ambulance to take the patient to the government hospital" (P9).

The patients in this study indicated that their experiences about the implementation of the Patients' Rights were situational and not standard to all patients and in all health care institutions. The patients explained that the implementation and practice of Patients' Rights were not constant in health care institutions. This finding is in agreement with a study conducted by Tabassum et al. (2016) which indicated that despite all these Charters of Patients' Rights, there is little to no awareness regarding these rights and their implementation remains low in the health care system of Pakistan.

According to a study conducted by Kagoya et al. (2013) awareness of, responsiveness to and practice of Patients' Rights was limited at Mulago Hospital

and a recommendation of urgent implementation of an integrated multilevel patient-centered approach that allows patients, health care workers and health system factors to strengthen Patients' Rights issues was made. Even with the Uganda Patients' Rights Charter of 2009 empowering patients to demand quality care, this study argued that abuse and inequitable access remained common (Kagoya et al., 2013).

It is also believed that private hospitals sometimes shift seriously ill patients to a public hospital to avoid problems (Ghooi & Deshpande, 2012). Azzopardi-Muscat et al. (2017) also conducted a study on Patients' Rights which concluded that to give good customer services which patients would appreciate and not hesitate to utilize the health care services again; much focus should be on the implementation of Patients' Rights as well as strategies to improve the implementation of these rights. Azzopardi-Muscat et al. (2011) indicated that the implementation of Patients' Rights needs to be monitored and improvement plans put into place to ensure ethical health care services in health care institutions.

Sub-theme 3.3: Existence versus lack and or minimal knowledge related to Patients' Rights

The findings pointed out that patients had minimal knowledge versus a lack of knowledge related to Patients' Rights. This finding was confirmed by the participant who said participants who said:

"Ok, I thought if my relatives asked what is in the file or what is wrong you can tell them" (P17).

"When a patient is not feeling well at home she or he can tell someone at home to call an ambulance to come help quickly, we know ambulances take time and if you call you have to call many times and they will ask for direction" (P28).

Patients showed not to have satisfactory awareness regarding Patients' Rights and what they are about. The results of the study conducted by Sumaira et al. (2016)

showed that among 140 respondents, 92 (65.7%) had overall unsatisfactory awareness of their rights, 42 (29.3%) had satisfactory and only 7 (5%) had good level of awareness. This study conducted by Sumaira et al. (2016) concluded that the majority of patients had overall unsatisfactory awareness of the Patients' Rights which is in agreement with the findings in this sub-theme.

Sub-theme 3.4: Lack versus the existence of knowledge related to which Rights patients' have marked

The findings pointed out that there is a lack of knowledge versus the existence of knowledge related to which rights patients' have marked. This finding was confirmed by 19 out of 30 participants from this study who explained that they did not know the Patients' Rights. This finding confirms that patients in the selected hospitals have limited awareness of the Patients' Rights Charter. The confirmations were made by patients who participated in this study with the following statements:

"No, I heard you. But I was surprised most by the right to refuse treatments because some of us are afraid of hospital treatment. Also the right to access because I did not know I had such rights as a patient" (P29).

"To be honest I do not know the Patient's Rights because nobody told us here the hospital since I came" (P25).

This finding is in agreement with the results of the study conducted by Sumaira et al. (2016) which showed that among 140 respondents, 92 (65.7%) had overall unsatisfactory awareness of their rights, 42 (29.3%) had satisfactory and only 7 (5%) had a good level of awareness. This study conducted by Sumaira et al. (2016) concluded that the majority of patients had overall unsatisfactory awareness of the Patients' Rights.

According to Abolarin and Oyetunde (2013), adequate information about care of patients including the risks of procedures, cost implications of care and possible outcomes of care among others should be provided. The provision of more

information by health care providers may enhance patients' decision making and exercise of rights (Abolarin & Oyetunde, 2013).

Sub-theme 3.5: A perception that patients' have no rights based on free health services provided

The findings pointed out that patients had a perception that they have no rights based on free health services provided in public health care institutions. Patients expressed perceptions of not having rights due to the free services they receive in public health institutions and they were having sad faces and tears when they made these expressions. This was confirmed by the participant (25) who said:

"We don't have rights as patients here; they are doing favors for us because the services are free" with a sad face" (P25).

"It's not my fault that I'm here, that I'm poor that's a problem because the people of government don't respect people without money, but they treat me well" while sobbing and emotional with tears" (P15).

This finding is in agreement with the findings of a study conducted by Kagoya et al. (2013) which argued that abuse and inequitable access remained common. Kagoya et al. (2013) said that at least 36.5% of patients faced a challenge regarding their rights whilst seeking health care. Most of the patients (79%) who met a challenge never attempted to demand their rights (Kagoya et al., 2013).

On the contrary according to Simaya and Malandela (2011) despite the differences between private and public hospitals, the degree of care and the test for negligence in both institutions remain the same as health care professionals are regulated by the same law of care to patients. There is no distinction made about services rendered to patients, between private and public practitioners/health institutions in either the legislation (Simaya & Malandela, 2011).

4.4.4 Theme 4: Existing sources of information related to Patients' Rights

The findings in this theme pointed out that there are existing sources of information related to Patients' Rights. This was evident in the sub-themes listed in table 4.1 that have emerged from this theme and are discussed as follows:

Sub-theme 4.1: Existence versus lack of information sources for Patients' Rights outlined

The findings pointed out expressions from patients who indicated a lack of information sources for Patients' Rights. This finding was confirmed by the participant (17) who said:

"Nobody informed me of the Patients' Rights; I just thought of them, it's the things I see" (P1, P2, P13, P28, P7).

"I don't know my rights as a patient, no one told me about them since I came here" (P26).

Out of 30 respondents, only four of the respondents had a source of information about the Patients' Rights. This could be the reason why patients' awareness of the patients' rights Charter was low amongst patients in the selected hospitals. This finding is in agreement with the study conducted by Kagoya et al. (2013) which indicated that although the Uganda Patients' Rights Charter of 2009 is in place to empower patients to demand quality care, patients were still not aware of their rights.

However, in King Saudi Arabia, the ministry of health published the National Patients and their families' Rights and Responsibilities booklet which all patients receive upon hospital admission (Habib & Al-Siber, 2013). The patients' bill of rights is a written document which is available in most Saudi health care organizations, but many patients and their families may not be aware of their rights that have been granted by the Saudi government through policies and regulations of the Ministry of health (Habib & Al-Siber, 2013).

Broader coverage of Patients' Rights in print and visual media is recognized to be influential in developing and shaping public awareness and in contributing to raising sensitivity on patients' rights (Güvercin & Berna, 2010).

Sub-theme 4.2: An explanation that notice boards in hospital and clinics are a source of information for Patients' Rights

The findings of this sub-theme revealed explanations which pointed out notice boards in hospital and clinics as a source of information for Patients' Rights. This finding was confirmed by the participants who said

“Because there are boards at the hospital you can put posters in the reception area because that is a waiting room” (P29).

“I saw they are written on a board” (P16).

“Patients' Rights are written here at the hospital entry there is a board that shows our rights, the right to this and this and that is there” (P10).

Patients suggested notice boards as a source of information for Patients' Rights however other patients saw the Patients' Rights on the notice boards in some hospitals. This finding is in agreement with the study conducted by Habib and Al-Siber (2013) which indicated that almost 22% of the subjects got their information about patient right by reading it from the Hospital board. A study conducted in South India with 350 patients also concurs with this finding as it showed that 64.3% of the participants had seen the Patients' Rights board put up in the hospital premises however only 28% of the participants were aware of their rights (Agrawal et al., 2017).

In contrast with these results half of the patients who participated in the study had never heard of any Patients' Rights anywhere (Habib & Al-Siber, 2013). This finding may indicate how the health care system has neglected such an important legal issue. No single poster on Patients' Rights was available on walls of the unit and no lesson was given to patients concerning their rights (Habib & Al-Siber, 2013).

Sub-theme 4.3: Nurses and doctors named as sources of information for Patients' Rights

The findings in this sub-theme pointed out that nurses and doctors are named as sources of information for Patients' Rights by the patients who participated in the study. This finding was confirmed by participants who said the following statements.

"If nurses can teach us about the Patients' Rights we will know them better, even at the clinics they can teach us when we visit" (P12).

"They can tell us here at the hospital about our rights, the nurses must tell us about our rights" (P7).

This finding is in agreement with the study conducted by Agrawal et al. (2017) which indicated that doctors were the most common source of information followed by nurses, posters, internet, radio and television (TV).

Doctors and nurses were the main sources of information about patient rights for the majority of the subjects, as about 10 % of the subjects in the sample were illiterate they mostly rely on nurses and doctors as a source for their information (Habib & Al-Siber, 2013).

Nurses have always been known as an advocate for the rights of patients. The recognition of what is perceived as the violation of Patients' Rights can help nurses to understand patients' concerns and priorities, thus helping nurses play their supportive roles more effectively (Khademi et al., 2017).

In the informative model, the doctor acts as an information source, and decision making is in the hands of the patient (Ghooi & Deshpande, 2012).

Sub-theme 4.4: An outline that patients know their rights without being told

The findings pointed out that patients know their rights without being told. They verbalized that nobody told them about their rights as patients and this confirms the findings made in this study that says patients assume they have rights and

their awareness of the Patients' Rights Charter remains low in the selected hospitals. This finding was confirmed by the participants who said:

"Nobody told me I just say it because in life everybody has rights as to how we should live" (P10).

"Nobody, I just think that is how things must be because we all have rights" (P12).

"I don't know the Patients' Rights but I know everyone has rights" (P13).

Contrary to this finding, a study conducted by Younis, Hassan, Dmyatti, Elmubarak, Alterife, Salim, Mohamed and Ahmed (2017) indicated that most patients (95.2%) did not know about the Bill of Rights and most of them (92.8%) were not able to mention any of the Patients' Rights. The awareness of Sudan PBR was very low among patients at a teaching hospital, yet they showed a high satisfaction rate possibly due to their low socioeconomic status, educational level and expectations (Younis et al., 2017).

4.4.5 Theme 5: Suggestions on how awareness could be raised on Patients' Rights Charter

The findings pointed out that there are suggestions on how awareness could be raised on the Patients' Rights Charter. This was evident in the sub-themes listed in table 4.1 that have emerged from this theme and are discussed below as follows:

Sub-theme 5.1: Planned education programs on Patients' Rights Charter suggested

The findings pointed out that planned education programs on the Patients' Rights Charter were suggested. Patients made suggestions for ways to improve patients' awareness of the Patients' Rights Charter by outlining the following statements:

"They must just teach us, come to us on the beds because we cannot walk, just as they can come to give us food after they must teach us, for us to know is for them to teach us" (P1).

“The only thing you must have time or a room to address patients so that they are told about their rights and something must be written so that patients can read for themselves” (P6).

“If maybe they can tell us to remind us when we come to the hospital and also show us booklets with our rights as patients in them” (P26).

“Because there are boards at the hospital you can put posters in the reception area because that is a waiting room. Also, do campaigns for like three months basis and teach us about our rights as patients. The posters can be in a language that will be understood by the patients. The use of televisions and radio stations also will assist because everybody watches televisions and they also listen to radios” (P28).

In agreement with this finding, it was recommended that a nation-wide health care education program is needed to increase awareness and practice of the Patients' Rights (Tabassum et al., 2016). It has been found that education and training of professionals regarding the Patients' Rights are important to ensure the implementation of these rights (Tabassum et al., 2016).

Sub-theme 5.2: Teaching by nurses at the hospital, ward, clinic, community, and schools about the Patients' Rights Charter suggested.

The findings in this sub-theme pointed suggestion that nurses at the hospital, ward, clinic, community, and schools teach patients about the Patients' Rights Charter to improve patient's awareness of their rights. This finding was confirmed by the participants who said the following:

“You can spread the word at the Hospitals and clinics telling the patients their rights because I'm certain I'm not the only patient who doesn't know their rights, many others don't know also. It's the only way if you go around telling us at clinics and hospitals, although I'm a regular visitor of the hospital, there is nowhere they told me about my rights as a patient” (P2).

“They can tell us here at the hospital about our rights, the nurses must tell us about our rights” (P7).

“What you can do mm what you can do is to teach people to know about their rights, anywhere they are even here at the hospitals, schools also that would be better. If at other times you can talk to teachers in schools, in tribal offices you can talk to the chiefs to talk to the community, and here at the hospital, you can talk to the chief executive officer to get people to teach patients on their rights” (P10).

“If nurses can teach us we will know them better, even at the clinics they can teach us when we visit” (P12).

Patients made suggestions of teachings for patients to learn about Patients’ Rights as a way to improve the awareness of the Patients’ Rights Charter. In agreement with this finding, information and opportunities to learn about issues such as the definition and reinforcement of Patients’ Rights should be available to everyone, not only health care workers or patients (Almoajel, 2012).

Sub-theme 5.3: Distribution of different health education leaflets and media coverage on Patients’ Rights Charter emphasized

The findings pointed out suggestions from patients that different health education leaflets should be distributed and media coverage on Patients’ Rights Charter to be enforced. This finding was confirmed by participants who said the following statements:

“They must write for us and put on the wall, they must also come to tell us when we come they must tell us of our rights” (P4).

“I can say you must also put posters on the wall so that all patients know because you cannot force things on the patient. Also, other people cannot read as they are not educated, they will not say anything because they don't know they have rights to say when they are not handled well they can complain” (P9).

“Well, if they were written down on a pamphlet and given to the patients so they can read for themselves” “They can have a pamphlet, enough pamphlets for the patients to read. You can also give them us when we are at the hospital, clinic and in the community by the health care workers who visit homes”. “Also why don’t you give flyers because you can take a flyer and read it and know these are my rights?” (P14, P5, P15).

“If you can use the radio and television to inform us then we will be able to know we have rights as patients” (P25).

Patients in this study made suggestions of educational leaflets, flyers and posters on Patients’ Rights as a way to improve patients’ awareness of the Patients’ Rights Charter. This finding is in agreement with the study by Bazmi et al. (2016) which concluded that Health-care professionals can provide care based on Patients’ Rights, and their knowledge of Patients’ Rights needs to be evaluated. Educational programs, leaflets, booklets and posters can be helpful in this regard while professional organizations and the health care institutions need to be more sensitive to this issue (Bazmi et al., 2016).

The media plays a significant role in making people aware of their rights, but this requires planning at a high level of health care management systems for informing the public about their awareness of Patients’ Rights (Almoajel, 2012).

Sub-theme 5.4: Institution compliance officers and hospital managers to visit patients in hospitals and clinics to raise awareness encouraged

The findings pointed out that participants suggested that institution compliance officers and hospital managers visit patients in hospitals and clinics to raise awareness of the Patients’ Rights Charter were suggested. Patients indicated that institution compliance officers together with hospital managements’ visits to the patients in the hospital could raise the awareness of the Patients’ Rights Charter. This finding was confirmed by the participants who responded with the following statements:

“They must send somebody like you and you can give somebody an hour so they inform all the patients, get them together and tell them the rights in a language they can understand. And it will be interesting because you won't sit the whole day wondering, you have communication and it will be nice for patients that are long in the hospital” (P15).

“If they can have someone here at the hospital who will come check us and teach us about our rights and where we must go if we are not happy” (P21).

“If you can appoint someone for making sure patients rights are protected, just or Patients' Rights specifically” (P24).

This finding is in agreement with the findings of a study conducted by Mastaneh and Mouseli (2013) which recommended that attempts should be made to improve the awareness of the Patients' Rights by establishing a Patients' Rights Committee for supervision and monitoring of informing and observance of the Patients' Rights.

Hospitals should have committees on the lines of the institutional review board that will ensure that Patients' Rights are protected in hospitals. These committees need not examine the routine working of the hospital but should review all complaints from patients and direct physicians to take proper care to protect Patients' Rights (Ghooi & Deshpande, 2012).

Sub-theme 5.5: Improved channels of communication requested

The findings in this sub-theme pointed out that there was a problem with the communication channels in the selected hospitals and the participants suggested improvement of communication channels. This finding was confirmed by the participants who said the following:

“When patients are here at the Hospital you can teach them and also to be patients and assure them that nurses will attend them soon” (p27).

“I think there they must speak to me, because. I think they must tell me why I must be transferred” (P15).

The patients in this study made requests for improved communication channels from health care professionals about the Patients' Rights Charter as a way of improving patients' awareness of their rights. In agreement with this finding Agrawal et al. (2017) indicated that patient's knowledge about their disease condition and rights creates a benchmark for effective doctor-patient communication whereby informed patients are better aware of their disease, treatment and care.

4.5 INTEGRATION OF FINDINGS TO THEORETICAL FRAMEWORK

In this research study, Lewin's theory of change was used as a framework to cover the process of change to explore the strategies to improve patient awareness of the Patients' Rights Charter. Lewin's theory of change defines change as a thread that runs through all facilities, organizations and businesses regardless of their size (Morrison, 2014).

Lewin's theory of change guided the researcher throughout the study to change and improve patients' awareness of the Patients' Rights Charter.

Lewin's theory of change is a three-model stage process to bring about change about a specific phenomenon. The three models were used to guide the researcher with the study to develop strategies to change and improve patients' awareness of the Patients' Rights Charter. Lewin explains three models necessary for the process of change (Morrison, 2014).

Unfreeze

Lewin defines unfreeze as the first stage of the change process model where one has to communicate why the change is necessary as it is important to determine what needs to change and create the need for change (Morrison, 2014). In this study, the change was found to be necessary because patients lacked awareness of their rights in the selected hospitals. Patients raised complaints about the implementation of the Patients' Rights. Patients indicated that they had no sources of information about the Patients' Rights in the selected hospitals of the Limpopo Province, SA. This indicated that awareness of the Patients' Rights Charter is

limited as patients could not mention any of the Rights stipulated in the Patients' Rights Charter. Patient awareness of the Patients' Rights Charter needs to be changed as there is strong evidence that patients' have little awareness of the Patients' Rights Charter and this was confirmed by patients themselves (Nevhutalu, 2016).

This first part of the change process model has identified what needs to change and in this study, patients' awareness of the Patients' Rights Charter needs to change by developing strategies to improve the patients' awareness of the Patients' Rights Charter. According to a study conducted by Habib and Al-Siber (2013) half of the patients who participated in the study they conducted had never heard of any Patients' Rights anywhere. To support the need for change in awareness of the Patients' Rights, a study conducted by Sumaira et al. (2016) showed that among 140 respondents, 92 (65.7%) had overall unsatisfactory awareness of their rights, 42 (29.3%) had satisfactory and only 7 (5%) had good level of awareness. This study conducted by Sumaira et al. (2016) concluded that the majority of patients had overall unsatisfactory awareness of the Patients' Rights.

Change

Change process according to Lewin is the second stage of the change process model where people begin to get the idea that things will be different (Morrison, 2014). It is important to keep communicating how the change will benefit the people involved, so they continue to support you and for the action to be empowered. The change itself doesn't happen overnight but can take a while so there is a need to get people to adjust to it (Morrison 2014).

In this study, the strategies and recommendations derived from the themes that emerged communicate how the change process has to be implemented to improve the awareness of patients about the Patients' Rights Charter in the selected hospitals of the Limpopo Province, SA. These recommendations outlined in chapter five needs to be communicated to the department of health and health

care institutions together with the findings of this study to ensure the realization of the practice, awareness and implementation of the Patients' Rights Charter. The strategies include having educational programs in place, establishing a Patients' Rights awareness day in the health calendar so that these rights are celebrated, with the distribution of different educational leaflets and media coverage amongst others which are further explained in chapter 5.

Refreeze

According to Lewin the changes take place and become part of the organization's culture (Morrison, 2014). At this stage of refreezing, it is important to make sure that people get the training and support needed to keep the change in the tract by developing ways to sustain the change (Morrison, 2014).

In this study the refreeze stage of the change process was to make recommendations and developing strategies to maintain the improvement of patient awareness of the Patients' Rights Charter by including awareness of the Patients' Rights Charter in the National core standards for health establishments in SA and also developing an assessment form for health education on Patients' Rights upon contact with a health care professional to ensure that patients' awareness of the Patients' Rights Charter is improved and the improvement is maintained. It is recommended that health care professionals educate patients on Patients' Rights as part of the comprehensive care to ensure ongoing awareness of their rights as patients.

Figure 4.1 illustrates the major concepts of Lewin's theory and its integration to this study conducted in the selected hospitals of the Limpopo Province.

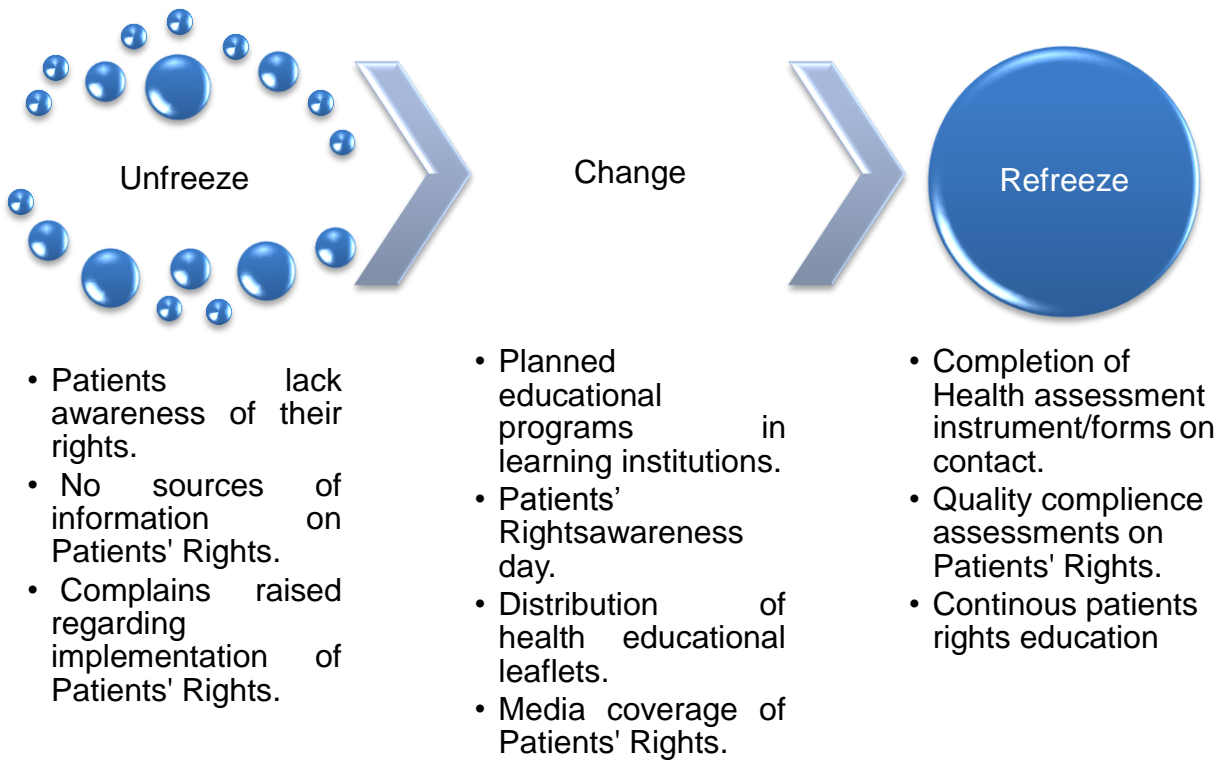


Figure 4.1: Lewin's theory of change

4.6 CONCLUSION

This chapter focused on the research findings and literature control. The findings were categorized according to the main themes and sub-themes. The strategies to improve patients' awareness of the Patients' Rights Charter is summarized in the findings of this study. Chapter 5 focuses on the discussion of the findings, guidelines, strategies developed to improve patients' awareness of the Patients' Rights Charter, limitations and recommendations.

CHAPTER 5

SUMMARY, CONCLUSION, RECOMMENDATIONS AND STRATEGIES DEVELOPED

5.1 INTRODUCTION

Chapter 4 focused on the research findings and literature control. This chapter outlines the summary of the study, discussion of the findings, strategies to improve patients' awareness of the Patients' Rights Charter, recommendations, limitations and conclusion of the study. The research report is summarized and appropriate recommendations are suggested. The chapter concludes with a description of the limitations of the study.

5.2 SUMMARY OF THE STUDY

5.2.1 Aim of the study

The study aimed to develop strategies to improve patient awareness of the Patients' Rights Charter in the selected hospitals, Limpopo Province.

5.2.2 Research question

What are the strategies to improve patient's awareness about the Patients' Rights Charter in selected hospitals, Limpopo Province?

5.2.3 Objectives of the study

- Assess the awareness of patients with regards to the Patients' Rights Charter in the selected hospitals, Limpopo Province.
- Explore the experiences of patients with regards to the implementation of the Patients' Rights Charter in the selected Hospitals, Limpopo Province.

- Describe the patient's awareness of the Patients' Rights Charter in the selected hospitals of the Limpopo Province, SA.
- Develop strategies to improve patient awareness of the Patients' Rights Charter in the selected hospitals in Limpopo Province.

5.3 DISCUSSION OF THE RESEARCH FINDINGS

Five themes and 27 sub-themes were identified from the interview transcripts of the participants. These themes included paradoxical explanations related to the views of patients on patient' rights, existing compliments and complaints related to the implementation of the Patients' Rights Charter, existing knowledge related to the Patients' Rights among admitted patients in the hospital, existing sources of information related to patient' rights and suggestions on how awareness could be raised on Patients' Rights Charter.

Theme 1: Paradoxical explanations related to the views of patients on Patients' Rights

Patients confirmed that Patients' Rights exist as everybody whether a patient or not has rights in South Africa and they gave examples of the Patients' Rights. Nine of the 30 participants could explain or give examples of what they thought was the Patients' Rights which was not patients' rights, while 11 of the participants said they did not know what they are but assume that patient rights do exist. The patients who took part in this study had poor awareness of the Patients' Rights Charter.

As a way to improve patients' awareness of their rights, the participants explained that the provision of an opportunity for patients to get clarity on their rights would clear uncertainties. The participants also requested information on what to do when their rights as patients have been violated and indicated non-existence of respecting Patients' Rights, resulting in poor to lack of quality health care provision due to violation of their rights by health care professionals. There was also evidence of poor to lack of quality care provision in the selected hospitals of the Limpopo Province.

Theme 2: Existing compliments and complains related to the implementation of the Patients' Rights Charter

After the participants expressed their awareness about the Patients' Rights Charter, some participants complemented and verbalized that they asked for clarity as they did not understand why their treatment was changed and it was given to them and they are satisfied with the service they receive. An appreciation that patients have a right to make decisions at different levels was marked.

However, the patient complained about health care professionals not wearing name tags, not being informed before procedures are done on them, not being told about the reason of transfer to other hospitals and also being denied access to health care at clinics which are not nearer to their home with reasons that patients should visit the clinics next to them irrespective of the circumstances. Lack of respect was experienced by patients and it leads to suppression of raising concerns.

Theme 3: Existing knowledge related to Patients' Rights among admitted patient in hospitals

There were paradoxical explanations provided of what Patients' Rights mean to different patients. Lack of awareness about the Patients' Rights by patients was evident. Patients also explained that the implementation of Patients' Rights by health care professionals is situational and they also had a perception that they have no rights based on the free health care services provided in the public health care institutions.

Theme 4: Existing source of information related to Patients' Rights

Patients indicated that there is a lack of information sources on the Patients' Rights. This was confirmed by 26 out of 30 participants who explained that they had no source of information regarding the Patients' Rights. However, four patients interviewed in this study named nurses, doctors and Hospital boards as a source of information on patients' rights. There was an outline that indicated that patients

know their rights without being told and patients verbalized that the reason they know they have rights as patients without being told is because everyone in SA has rights whether a patient or not.

Theme 5: Suggestions on how awareness could be raised on Patients' Rights

Participants made suggestions on how awareness of the Patients' Rights could be improved. The suggestions were that there is a need for planned education programs on Patients' Rights Charter, teaching by nurses at the hospital, ward, clinic, community and schools about the Patients' Rights Charter. It was also suggested that channels of communication must be improved and distribution of different health education leaflets and media coverage would assist in raising awareness of the Patients' Rights Charter. There were also suggestions from patients that institution of compliance officers and hospital managers to visit patients in hospitals and clinics should be done to raise awareness.

5.4 STRATEGIES TO IMPROVE PATIENT' AWARENESS OF THE PATIENTS' RIGHTS CHARTER

Based on the findings of this study, the researcher recommended the following strategies to improve patients' awareness of the Patients' Rights Charter as this was one of the objectives of this study. Mastaneh and Mouseli (2013) also recommended that attempts should be made to improve patients' awareness of their rights. The strategies recommended were identified as follows:

5.4.1 Planned education programs in learning institutions

Planned education programs should be put into place in all learning and health care institutions. Patient' Rights should be part of the educational curriculum for learners in schools from the primary level. Subjects such as Life orientation in schools can be used to facilitate the learning of Patients' Rights from early ages in learners. This is important as the quality of health in SA is directly related to the awareness of patient rights by patients and health care professionals with the concept of a patient-centered approach in practice (HPCSA, 2008).

5.4.2 Patients' Rights awareness day

There is a need to have Patients' Rights awareness day on the health calendar in SA and other countries where the rights of patients will be celebrated as a way to improve patients' and health professionals' awareness of the Patients' Rights. On the acknowledged day, the media can be used to improve the awareness of Patients' Rights. Implementation of an integrated multilevel patient-centered

5.4.3 Completion of Health assessment instrument/forms on contact

Patients should be assessed on their awareness of Patients' Rights upon contact with a health care professional. Health education on Patients' Rights should be given to the patients to ensure that they know what their rights are. Managers and policymakers are to make changes and legislate for protecting and promoting Patients' Rights (Joolae et al., 2008).

5.4.4 Assessment of awareness of all Patients' Rights

The national guideline should be reviewed to include assessment of patients' awareness of all the other Patients' Rights, not only the right to complain as assessed in the National guideline on conducting patient experience of care survey in public health establishments of 2017. This may also control complaints before they escalate further and report to the media. Compliance officers may be used to strengthen the awareness, implementation and practice of the Patients' Rights Charter.

Hospitals should have committees on the lines of the institutional review board that will ensure that Patients' Rights are protected in hospitals. These committees need not examine the routine working of the hospital but should review all complaints from patients and direct health care professionals to take proper care to protect Patients' Rights (Ghooi et al., 2012).

5.4.5 Distribution of different health education leaflets and media coverage

It is recommended that different health education leaflets can be distributed in the community, clinics and the hospital for the patient to read and have more information regarding the Patients' Rights Charter. Local radio stations can be used also to educate the people about Patients' Rights, newspapers and magazines can also serve as informants of the Patients' Rights Charter to raise its awareness. Patients' Rights Charter should be available in 11 official SA languages and in places where the community gathers, such as clinics, hospitals, churches and schools.

5.5 RECOMMENDATIONS

Based on the findings, the following recommendations were considered for the improvement of patient awareness of the Patients' Rights Charter. These recommendations are derived from theme five of the themes emerged from this study which suggested how awareness of the Patients' Rights could be raised.

The recommendations are as follows:

- The department of health must review the national core standards for health establishments in SA (2011) under domain two which stipulates Patients' Rights, whereby patients' awareness of the entire Patients' Rights is included as this is a gap identified. The current tool only measures awareness of the right to complain and not the rest of the patients' rights (National guideline on conducting patient experience of care survey in public health establishments, 2017).
- There is a need for the department of health quality assurance executives and policy developers to meet with heads of health institutions to develop strategies of ensuring awareness, practice and protection of the Patients' Rights in all health care institutions. To make the most of strategic planning, institutions should give careful thought to the strategic objectives it outlines, and then back up these goals with realistic, thoroughly researched, quantifiable benchmarks for evaluating results (Gartenstein, 2018).

- Health care professionals can teach patients in the health care institutions about their rights as patients so that they are aware of them. In the hospitals, nurses can give health education to the patients on the Patients' Rights and those who do home visits and community awareness can teach the community members about their rights as patients.

5.6 RESEARCH SUGGESTIONS

The researcher suggests more research on strategies to improve patient awareness of the Patients' Rights to be carried out in SA, Africa and worldwide. There is a need for further research in this field to enhance the understanding of patient's awareness of their rights as well as to improve the awareness of the Patients' Rights to ensure the provision of quality care in all health care institutions. Such research should be comprehensive to better understand the patient's awareness of their rights as well as to come up with strategies to improve the awareness of Patients' Rights worldwide.

Similar studies can be conducted in other health care institutions to either reach more definite conclusions or support these results and come up with more strategies to improve patient awareness of the Patients' Rights Charter. There is a need for this study to be repeated at all multi-disciplinary teams to understand patient awareness of the Patients' Rights Charter as well as to develop strategies to improve awareness.

This will help the researcher to check whether the patients are aware of their rights and to come up with strategies to improve or maintain the awareness of the Patients' Rights. The study was conducted in four regional hospitals and one tertiary hospital of the Limpopo Province, SA.

5.7 LIMITATIONS OF THE STUDY

The study was conducted at five regional hospitals and a tertiary hospital in Limpopo Province SA; therefore the findings of this study cannot be generalized

to other hospitals in other provinces and in the country. The other limitation is that the study only focused on the patients' rights, excluding their responsibilities.

5.8 CONCLUSION

This chapter outlines the discussions of the findings and guidelines that were developed for the themes that emerged. Limitations, strategies to improve Patients' awareness of the Patients' Rights Charter and recommendations were discussed in the study. Strategies to improve patient awareness of the Patients' Rights Charter need to be further researched and put into practice to raise patient awareness of the Patients' Rights Charter.

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Appendix A: Ethical clearance certificate



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 5 April 2019

PROJECT NUMBER: TREC/79/2019: PG

PROJECT:

Title: Strategies to improve patients' awareness regarding the Patients' Rights Charter in selected hospitals of Limpopo Province, South Africa.
Researcher: AM Thema
Supervisor: Mrs GO Sumbane
Co-Supervisor/s: Prof MK Thopola
School : Health Care Sciences
Degree: Master of Nursing


PROF P MASOKO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

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Appendix B: Consent form

CONSENT FORM

DEPARTMENT OF NURSING SCIENCE ENGLISH CONSENT FORM

Statement concerning participation in a Clinical Research Project

Name of Project / Study: **STRATEGIES TO IMPROVE PATIENT AWARENESS REGARDING PATIENT' RIGHTS CHARTER IN SELECTED HOSPITALS, LIMPOPO PROVINCE SOUTH AFRICA.**

I have read the information and heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I know that sound recordings will be taken of me. I am aware that this material may be used in scientific publications which will be electronically available throughout the world. I consent to this provided that my name and hospital number are not revealed.

I understand that participation in this Study / Project is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on the regular treatment that holds for my condition neither will it influence the care that I receive from my regular doctor.

I know that this Study / Project has been approved by the Turfloop Research Ethics Committee (TREC). I am fully aware that the results of this Study / Project will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

The Study/Project envisaged may hold some risk for me that cannot be foreseen at this stage.

Access to the records that pertain to my participation in the study will be restricted to persons directly involved in the research.

Any questions that I may have regarding the research, or related matters, will be answered by the researcher/s.

If any medical problem is identified at any stage during the research, or when I am vetted for participation, such condition will be discussed with me in confidence by a qualified person and/or I will be referred to my doctor.

I indemnify the University of Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

I hereby give consent to participate in this Study / Project.

Signature of researched person

Signature of researcher:

Signed at:this.....day of.....2019

Contact No: 076 681 2277

Appendix C: Approval letter from the Department of Health



Ref: LP- 2019
Enquiries: Stander SS
Tel: 015 293 6650
Email: research.limpopo@gmail.com

THEMA AM
University of Limpopo
Private Bag x 1106
Sovenga
0727

Greetings,

**RE: STRATEGIES TO IMPROVE PATIENTS AWARENESS REGARDING THE PATIENTS RIGHTS CHARTER IN
SELECTED HOSPITALS OF LIMPOPO PROVINCE, SOUTH AFRICA**

Permission to conduct the above mentioned study is hereby granted.

1 Kindly be informed that:-

- Research must be loaded on the NHRD site (<http://nhrd.hst.org.za>) by the researcher.
- Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
- In the course of your study there should be no action that disrupts the services, or incur any cost on the Department.
- After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
- The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
- The above approval is valid for a 1 year period.
- If the proposal has been amended, a new approval should be sought from the Department of Health.
- Kindly note, that the Department can withdraw the approval at any time

Your cooperation will be highly appreciated.


Head of Department

02/05/2019
Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street, Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.

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Appendix D: Approval from Mankweng Hospital

Restricted



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
MANKWENG HOSPITAL

Health
Mankweng Hospital
Department of Health
Chief Executive Officer
Receiver
2019-10-22
Office No. 106
Tel: 015 266 1738
LIMPOPO PROVINCE

Ref: S5/3/1/2
Enq: Makola MM
Date: 21 October 2019

From: HR Utilization and Capacity Development

To: Thema AM
University of Limpopo

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT MANKWENG HOSPITAL:
STRATEGIES TO IMPROVE PATIENT AWARENESS REGARDING PATIENT RIGHTS
CHARTER IN SELECTED HOSPITAL, LIMPOPO PROVINCE, SOUTH AFRICA.**

1. The above matter has reference.
2. This is to confirm that the CEO has granted permission to conduct research on "strategies to improve patient awareness regarding patient rights charter in selected hospital, Limpopo Province, South Africa.
3. Research was conducted on the 24th and 25th May 2019.
4. Attached please find their application letter, approval from Provincial Office, Research Proposal, and Ethic Committee Clearance Certificate.

Thanking you in advance.



Acting Chief Executive Officer
Mrs. Kobola ME

22/10/2019

Date

NT.

Private Bag X1117, SOVENGA, 0727 Tel: 015 286 1000 Fax: 015 267 0206
Houtbos Road, Sovenga
Restricted

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Appendix E: Approval from Mokopane Hospital



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HEALTH
WATERBERG DISTRICT
MOKOPANE REGIONAL HOSPITAL

✉ : Ms. Matlou M.V.G
☎ : (015) 483 4174
☎ : (015) 483 2405

Date: 21.06.2019


Ms. Thema A.M
110 Zone 5
SESHEGO
0742

RE: PERMISSION TO CONDUCT RESEARCH.

The above bears reference:

1. The office of the Nursing manager, hereby confirms receipt of your request to conduct research.
2. Permission is granted.

Your cooperation will be appreciated.


Ms. Matlou M.V.G
Acting Deputy Manager: Nursing Services



Mokopane Regional Hospital Private Bag X2466 MOKOPANE,
0600 Tel (015) 483 4000 Fax (015) 483 2405



Appendix F: Approval for Letaba Hospital



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Letaba Regional Hospital
Private Bag X 1430
Letaba
0870

Ref: S5/4/2/3
Enq: Malatji E.M
Date: 11/06/2019

ATT: **THEMA AM**
110 Zone 5
Seshego
0742

RE: OFFER FOR APPLICATION TO CONDUCT RESEARCH STUDY for STRATEGIES TO IMPROVE PATIENT AWARENESS REGARDING PATIENT RIGHTS CHARTER IN SELECTED PUBLIC HOSPITALS, LIMPOPO PROVINCE

PUBLIC HOSPITALS, LIMPOPO PROVINCE

1. The above matter refers
2. It is a great pleasure to inform you that the Acting Chief Executive Officer has approved your application to conduct research study for strategies to improve patient awareness regarding patient rights charter in our department's approval. And you will be placed under Nursing Services Management.

Starting Time: 07h30
Lunch Time: 13h00 to 14h00
Knock off Time: 16h30

3. You will be expected to work from Monday to Friday.
4. **NB. Please note that you will not get remuneration/ Compensation during your Research study.**

Hoping that you will enjoy your stay in the hospital.


.....
ACTING CHIEF EXECUTIVE OFFICER
SIBUYI MV

11/06/2019
DATE

Private Bag X 1430, LETABA, 0870
Cnr. Tarentaal and Lydenburg Road, Tel: (015) 303 8200, Fax no: 015 303 8421

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Appendix G: Approval for Tshilidzini Hospital



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH VHEMBE DISTRICT

Ref: S5/6
Enq: Muvuri MME
Date: 26 June 2018

Dear Thema AM

PERMISSION TO DO CONDUCT RESEARCH ON “strategies to improve patient awareness regarding patient rights in selected hospitals of Limpopo province, South Africa”

1. The above matter refers.
2. Your letter received on the 26 June 2019 requesting to do research in our Hospital hereby acknowledged.
3. The District has no objection to your request.
4. You are however advised to make the necessary arrangements with the hospital concerned.
5. Wishing you success in your endeavor.


DISTRICT CHIEF DIRECTOR


DATE

Private Bag X5009 THOHOYANDOU 0950
OLD parliamentary Building Tel (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962
2373, (015) 962 227

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DEPARTMENT OF HEALTH
 TSHILIDZINI HOSPITAL

TSHILIDZINI HOSPITAL ETHICS COMMITTEE

Memorandum of understanding

Tshilidzini Hospital Ethics Committee with Thema Am at their meeting resolved to sign a Memorandum of understanding after the two parties have agreed on the following information:

1. Reason for making a research at Tshilidzini hospital.
Academic purpose for masters programme
2. What will be the benefit of the entire hospital community out of your findings?
Development or recommendation of strategies to improve patient awareness of their rights
3. Who to meet in conducting your findings?
Patients
4. What do you do with your findings?
Present to my faculty, make recommendations based on the findings
5. We will require the hard copy of your research.
6. We do not anticipate any information to be divulged to all types of media without the knowledge of the Ethics Committee and Hospital Board
7. Memorandum of understanding should be signed by both parties

Signed by: [Signature] Date: 27/06/2019
 Researcher: [Signature] Date: 27/06/2019

Appendix H: Approval for St Rita's Hospital



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH SEKHUKHUNE DISTRICT

Ref: 5/3/1
Enq: Mashiane PN
Tel: 015 633 2401 / 078 126 5414
E-mail: Phillistus.Mashiane@dhsd.limpopo.gov.za

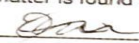
Date: 09 July 2019

To: Thema M.A
University of Limpopo
Master of Nursing in Health Sciences in the Faculty of Health Sciences

From: Human Resource Utilization and Capacity Development.

Subject: Approval of permission for the collection of data: Yourself

1. The above matter bears reference.
2. Based on the approval granted by the Head of Department of Health, Limpopo Province regarding your request to conduct research in our institution, the District Executive Manager for Sekhukhune is permitting you to visit the institution as indicated in your application letter to undertake your research.
3. Also take note that as per the approval granted, your research conduct is valid for a period of 1 year. You are also reminded that the collected data from our institutions should be kept confidential and after completion of your study, your findings should be shared with the District to serve as a resource and be loaded on the NHRD site (<http://nhrd.hst.org.za>).
4. During assumption of data collection, you will present yourself, your scope of work and schedule to the Chief Executive Officer for St Ritas Hospital as the only institution you intend to visit.
5. Hope the matter is found to be clear and understandable.

Per Phillistus Mashiane

District Executive Manager
Mrs Maepa ML

12/07/2019
Date

Private Bag X04, Chuenespoort 0745 Tel: (015) 633 2300, Fax: (015) 6336487, Website: www.limpopo.gov.za

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Appendix I: Confirmation of editing done on dissertation' outlay

663, 27th Avenue

Villieria

Pretoria, 0186

25 October 2019

To whom it may concern

**CONFIRMATION OF EDITING THE DISSERTATION' OUTLAY WITH THE TITLE:
STRATEGIES TO IMPROVE PATIENTS' AWARENESS REGARDING THE PATIENTS'
RIGHTS CHARTER IN SELECTED HOSPITALS OF LIMPOPO PROVINCE, SOUTH
AFRICA.**

I hereby confirm that I have edited the abovementioned document's outlay as requested.

Kindly make any further changes to the edited copy.

You are welcome to send me the document again to perform final editing should it be necessary.

Kind regards

KAinslie

K. Ainslie

Dept. Administrator

Dept. Family Medicine

University of Pretoria

Appendix J: Transcript for semi – structured interview NO 1

Date: 18 June 2019

Researcher = R

Participant = P

INTERVIEW 01

Mankweng Hospital Orthopaedic unit

Demographic data

Age = 32 year old male

Days admitted 7days

Introduction

My name is sister Thema, I am a student of the University of Limpopo doing masters in nursing. We are going to talk about patients' rights, feel free to say anything you want because there is no right or wrong answer and you will not be judged based on the answers you provide. Also note that our conversation will be recorded on a voice recorder and I will be writing while we are talking so that I can be able to retrieve the information given. Should you feel like not continuing with the interview you can tell me at any time during the interview so that we stop as it is not compulsory to participate and finish. Which language would you like us to use?

P: Sepedi.

R: Mm, do you think as a patient you have rights?

P: Yes we have.

R: Can you tell me in detail your awareness with regard to the Patients' Rights that you know?

P: We have a right to say whatever you want from sisters, if you don't want treatment you can refuse. If you want them to release you, you have a right to be released, actually there are many, all of them.

R: Mmm which ones? You gave me 3.

P: It depends on what is happening at the time, you have a right to answer.

R: Answer in what way? What do you mean when you say answer?

P: Well the way you want, not that you will be rude but in a way that whatever you raise will not be in a rude manner for example, if they say go bath you have a right to say you don't want to.

R: Mmm

P: I will bath tomorrow (laugh), or maybe they say they give you food you have a right to choose which food you want, like if you don't eat beef you can tell them you don't eat it.

R: mmm who informed you about your rights as a patient or patient's rights?

P: We know them (laugh) we know them.

R: Yes but who told you, where did you hear about the patient' rights?

P: They are written here at the hospital entry there is a board that shows our rights, the right to this and this and that is there.

R: Do you think you have enough awareness of patient's rights?

P: No, it's not enough.

R: What do you think can be done to improve your awareness of the patients' rights?

P: Go in ward to ward and explain the rights to us as patients, how we are supposed to be treated and be like, you must let us know of the rights here in the hospital.

R: Mmm, what else? So that you as a patient know them, for all of you as different as you are to know these rights what do you think can be done?

P: They must just teach us, come to us on the beds because we cannot walk, just as they can come give us food, after they must teach us, for us to know is for them to teach us.

R: Mmm, ok I hear you ok let's go back to what we said earlier, I asked if you think patients had rights and you said yes we have. I then asked if you can tell me those rights and you said then the right to say what you want, if you want to be released they must release you, to refuse treatment and choose what you want then asked who informed you and you said you know, they are written on the board here in the hospital. Then I asked if you think you have enough awareness of the Patients' Rights and you said no. I asked what do you think can be do in order to improve your awareness of the Patients' Rights and you said the following:

1. Go ward to ward and tell patients.
2. Let you know.
3. Teach you, come to you on the bedside to teach you. Is it a true reflection of what you told me?

P: Yes.

R: Is there anything you want to add or ask about the Patients' Rights?

P: No, everything is going well, I have no complains, if they were I was going to tell you but for now all is well the treatment is better.

R: Ok I have with me a list of the Patients' Rights, can I tell you about them and you explain which ones you did not know or which surprises you the most? Ok

Number 1: Did you know you have a right to informed consent?

This means that it is your right to be given information and decide about the diagnostic procedures and treatment you are to receive.

Number 2: Access to health care?

This means that should you require emergency care anywhere you can receive it at any closest facility whether private or public as long as it is open.

Number 3: Knowledge of one's health insurance or medical aid scheme?

This means that you are entitled to know about the information of the insurance or medical aid scheme.

Number 4: Participate in decision-making?

This means that you have a right to participate in decisions making regarding your health.

Number 5: Be treated by a named health care provider?

This means you have a right to know the person that is treating you and the health care worker must be clearly identified.

Number 6: Confidentiality and privacy?

This means that information and treatment concerning your health is not to be disclosed to anyone without your consent no matter your relationship with them unless required by a court order.

Number 7: Refusal of hospital treatment?

This means that you have a right to refuse treatment of any kind offered to you by the health care providers.

Number 8: Complain about health services?

This means that you have a right to complain about health care services.

Number 9: Continuity of care?

This means that you have a right to continuity of care and should be referred to other institutions if services you require are not offered at the initial institution.

Number 10: Be referred for second opinion?

This means that you can request for second opinion to a health provider of your choice.

Number 11: A healthy and safe environment-this means you have a right to be treated in a safe and healthy environment.

P: Mmm well mostly I know them because they are not only here at the hospital even where we are working they are there, to work in a safe place, I know if you are tired you are tired (laugh).

R: Ok that was all I wanted to ask, is there anything you will like to say regarding these rights presented to you?

P: I want to ask if I have a right to refuse when people from outside come and pray for us in the ward?

R: Yes, you have a right to refuse anything that contradicts your beliefs as a human being. Is there anything else you would like to know or add on the Patients' Rights presented to you?

P: No that was all.

Conclusion

Ok if that is all thank you so much for your time, you were giving me your mind and you didn't hide anything. That is why I gave you time to give additions and also suggestions and you tried your level best to come up with what you think could be done to improve patient's awareness of the patients rights' Charter. This information we are going to analyse it and come up with the model.