

HEALTH LITERACY LEVELS OF UNIVERSITY STUDENTS AND FACTORS RELATED TO PATIENT'S RIGHTS

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ABSTRACT

Objective: Due to the complex structure of the health system and its rapid progress, individuals receiving health services and employees providing services should have a good knowledge of health literacy and patient rights. It is aimed to evaluate the knowledge, attitudes and behaviors in health literacy and patient rights of health services vocational school students who will be health personnel in the future.

Materials and Methods: The descriptive study was conducted between 02-28 September 2020 with the participation of 202 volunteer students using the internet survey method. A 32-item questionnaire on individuals' descriptive information, health literacy and patient rights was used.

Results: It was observed that 72.3% of the students did not read books regularly and that they preferred healthcare professionals first to obtain information about health. A significant difference was observed between those with health literacy knowledge and their understanding of health-related information ($p<0.005$). There is a significant relationship between students who care about their health and finding patient rights necessary ($p<0.05$). In addition, there was a difference between receiving patient rights training and applying to the patient rights unit ($p<0.05$).

Conclusion: It was observed that the students did not have sufficient information about health literacy and did not receive the necessary education. Although they received training on patient rights, it was determined that their knowledge was not at the desired level.

Keywords: Patient Rights, Student, Health Services, Health Literacy, Health Technician

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ÜNİVERSİTE ÖĞRENCİLERİNİN SAĞLIK OKURYAZARLIĞI DÜZEYLERİ VE HASTA HAKLARI İLE İLİŞKİLİ FAKTÖRLER

ÖZET

Amaç: Sağlık sisteminin karmaşık bir yapısının olması ve hızlı ilerlemesi sebebiyle, sağlık hizmeti alan bireyler ile hizmet sunan çalışanların, sağlık okuryazarlığı ve hasta hakları konusunda iyi bir bilgiye sahip olması gerekmektedir. Gelecekte sağlık personeli olacak sağlık hizmetleri meslek yüksekokulu öğrencilerinin sağlık okuryazarlığı ve hasta hakları konusundaki bilgi tutum ve davranışlarının değerlendirilmesi amaçlanmıştır.

Gereç ve Yöntemler: Tanımlayıcı tipteki araştırma, 02-28 Eylül 2020 tarihleri arasında, 202 gönüllü öğrencinin katılımıyla internet anketi yöntemiyle yapılmıştır. Bireylerin tanımlayıcı bilgileri, sağlık okuryazarlığı ve hasta hakları ile ilgili 32 maddelik bir anket kullanılmıştır.

Bulgular: Öğrencilerin %72.3'ünün düzenli kitap okumadığı ve sağlıkla ilgili bilgi edinmek için birinci sırada sağlık çalışanlarını tercih ettikleri görülmüştür. Sağlık okuryazarlığı bilgisine sahip olanların sağlığıyla ilgili bilgileri anlama durumu arasında anlamlı bir farklılık gözlenmiştir ($p<0.005$). Sağlığına önem veren öğrencilerin hasta haklarını gerekli bulmaları arasında ilişki anlamlıdır ($p<0.05$). Ayrıca hasta hakları eğitimi almaları ile hasta hakları birimine başvuru yapılması arasında farklılık bulunmuştur($p<0.05$).

Sonuç: Öğrencilerin sağlık okuryazarlığı hakkında yeterli bilgilerinin olmadığı ve gerekli eğitimi almadıkları görülmüştür. Hasta hakları ile ilgili eğitim almalarına rağmen bilgilerinin istenen düzeyde olmadığı tespit edilmiştir.

Anahtar Kelimeler: Hasta Hakları, Öğrenci, Sağlık Hizmetleri, Sağlık Okuryazarlığı, Sağlık Teknikeri

INTRODUCTION

One of the basic principles of public health is the inclusion of individuals in the process of making decisions about their health. The complex structure formed with the rapid developments in the health system, new areas of specialization, changing appointment and payment systems, and the increase in the use of technology in the field of health increase the need to have good health knowledge (Çilingiroğlu, 2002). Apart from themselves, individuals need basic health information in order to protect and improve the health of their families and the people around them (Yılmaz and Tiraki, 2016). Health literacy is the ability to access basic health information and use this information effectively. In fact, it is a continuous effort of learning and self-improvement. For this reason, it is a broad subject that covers not only healthcare professionals but also all individuals in the society (Osborne, 2013). It is an important competence that we need not only when we are sick but also when we are healthy (Jovic-Vranes et al., 2009). Therefore, by playing an active role in the protection and development of public health, it strengthens the individual both socially and

economically. Thus, increasing health literacy also increases the use of preventive health services of people (Nutbeam, 2000). Health literacy has been defined as accessing and using the needed health information (The World Health Organization Report, 1998). The ability of individuals to use their communication skills and access the information they need in the decision-making process regarding their own health or public health requires literacy (World Health Organization Health literacy, 2013; Shoou-Yih et al., 2013). It is important for literate individuals to know the institutions that provide services related to their health, to know the places where they can apply when needed, and to be able to decide on treatment options in terms of protecting and improving their health. However, health care providers should be able to understand their warnings and recommendations and fully comply with the suggested instructions (Batte and Adome, 2006). In order to protect and improve our health, paying attention to nutrition, exercising, deciding when and how to consult a doctor, making a doctor's appointment, applying the recommended instructions while using drugs, examining and understanding the package inserts of the drug, all of these are related to health literacy. (Osborne, 2013). The cultural and social environment in which people live, the level of education and the health systems used affect health literacy. The level of health literacy facilitates the interaction with the health professionals from whom they receive service by increasing their ability to evaluate health-related situations, access to services and self-care skills (Paasche-Orlow and Wolf, 2007). For this reason, it has been observed that individuals with high health literacy levels have better health compared to others, their health expenditures decrease, their health information increases, their length of stay in hospital and the frequency of benefiting from health services decrease (Yılmaz and Tiraki, 2016). It has been observed that patients with insufficient health literacy face many obstacles in accessing and using health services (Yılmazel and Çetinkaya, 2016). In addition, these patients have difficulties in many areas such as understanding the health information they need, applying medical procedures and recommendations, and obtaining the health services they want to access (Nielsen-Bohlman et al, 20004). It is important for health literacy that patients know their rights in the health system. Patient rights is the application of human rights and values to health care. Patient rights gain even more importance, as care and encouragement for the protection of human life in the field of health and treatment has a special importance for health personnel. Healthcare providers are responsible for establishing and maintaining patients' rights. (Farajollah et al,2013; Agrawal et al, 2017). Knowing and adopting adequately by both health professionals and the society and exhibiting behaviors in line with the expectations developed in this direction facilitate the delivery of health services (Gülan, 2006). On the basis of patient rights, it consists of approaches such as being respected while receiving health

care, receiving quality health care, being informed about all matters related to health, obtaining consent for treatment, respecting privacy, respecting the privacy of private life, and maintaining the continuity of treatment. The fact that the provision of health services becomes “patient”-centered increases its role in the system. Many studies have shown that patients are not aware of their rights (Hassan, 2016, Agrawal et al, 2017). Therefore, patients should be empowered in the process of exercising their rights and fulfilling their responsibilities. It is an important requirement of health literacy that patients are aware of their rights while receiving health care. (Soysal and Kuşçu, 2018). Patients in health-care institutions can be taught about their rights as patients by health-care providers. The attitude of health-care professionals need to be in line with the Patients’ Rights in all situations.(Thema and Sumbane,2022). Raising awareness of the society on the concepts of health literacy and patient rights will contribute to the effective and quality delivery of health services (Çopurlar and Kartal, 2016, Mohammed et al, 2018).

A community effort should be made to adopt a modern understanding of health and to protect and improve health. Increasing the level of knowledge of healthcare professionals about health literacy will enable them to improve their communication with the patient. As the communication with the patient improves, individuals' awareness of health literacy will increase (Durmaz et al,2015). Patients’ awareness of their rights is important/critical because it creates a benchmark for effective nurse–patient communication and relationship (Hojjatoleslami and Ghodsi,2011; Mohammed et al, 2018). Especially health professionals, general public, health service providers, media and every segment of society have important responsibilities. In this study, it is aimed to evaluate the knowledge, behavior and attitudes of vocational school students, who will serve as health personnel in the future and will provide consultancy to the society on these issues, on patient rights and health literacy.

1. MATERIAL and METHODS

The population of the descriptive study consists of Afyonkarahisar Health Sciences University (AFSU) Atatürk Health Services Vocational School students (Elderly Care, Medical Laboratory N.Ö-İ.Ö, Primary and Emergency Care, Physiotherapy N.Ö-İ.Ö, Orthopedic Prosthesis Orthotics, Medical Imaging, Dialysis, Management of Health Institutions N.Ö-İ.Ö, Medical Documentation and Secretarial Program N.Ö-İ.Ö). Based on the current number of registered students of the university, it has been determined that 198 students should participate in the research out of

approximately 1000 students (registered active students in 2020) studying in September 2020 at $p<0,05$ significance level and 95% confidence level (Yazıcıoğlu and Erdoğan, 2004). The research was carried out with the participation of 202 volunteer students. All active students who agreed to participate in the study were included in the study. Students whose registration is inactive are not included.

While knowledge and attitudes about health literacy and patient rights are the dependent variables, age, gender, marital status, place of residence, social security, income level, education program, book reading habit, presence of chronic disease and regular drug use are determined as independent variables.

Ethics committee approval was received from AFSU Non-Invasive Clinical Research Ethics Committee on 11.09.2020 (No: 403). The study was carried out in accordance with the ethical principles described in the Declaration of Helsinki, which was revised in Brazil in 2013. Informed consent form was obtained from the participants.

A 32-item questionnaire was applied on the descriptive characteristics of the participants (5 open-ended questions total 14), health literacy (1 open-ended questions total 12) and patient rights (3 open-ended questions total 6).

The data were collected between 23 September 2020 and 28 September 2020 by internet survey method. The data obtained in the research were evaluated in computer environment through SPSS 18.0 statistical program. Number and (%) were used for qualitative data, arithmetic mean \pm standard deviation was used for quantitative data, and Chi-square test was used to evaluate the data. $P<0.05$ was considered statistically significant.

2. RESULTS

In the study, the average age of the students was found to be $20,00\pm 1,56$, while 74,3% of them were female. When it was asked about the frequency of reading books/newspapers/magazines and so on to students, it was found out that 72,3% of them occasionally read, only 23,8% of them read regularly. When the three sources of information that students find the most reliable about health are examined, it is seen that health workers are in the first place with a rate of 74,8%, the written media (newspapers, magazines, etc.) are in the second place with 35,1% and internet was the third place with 34,4%. While doing research on health on the Internet, 34,1% stated that they did

research based on the first information that came out by typing the word they would search directly into the google search engine (Table 1).

Table 1. Socio-Demographic Characteristics of the Students Participating in the Research and Information Resources (n=202)

	N	%
Age		
18-22	194	96,0
23-27	6	2,9
≥28	2	1,1
Means±SD(Age)		
20,00±1,56		
Gender		
Female	152	75,2
Male	50	24,8
Marital status		
Married	4	2,0
Single	198	98,0
Department		
Elderly Care Program	23	11,3
Medical Laboratory Program (N.Ö-İ.Ö)	14	6,9
Primary and Emergency Care Program	22	10,8
Physiotherapy Program (N.Ö-İ.Ö)	76	37,6
Orthopedic Prosthesis Orthotics Program	20	9,9
Medical Imaging Program	13	6,4
Dialysis Program	7	3,4
Management of Health Institutions Program	7	3,4
Medical Documentation and Secretarial Program (N.Ö-İ.Ö)	20	9,9
Residential Area		
Village/Town	104	51,5
City Center	56	27,7
Metropolitan City	42	20,8
Social Security		
No	80	39,6
SGK	114	56,4
Other*	8	4,0
Income Level		
Income Less Than Expenses	82	40,6
Income Equivalent to Expenses	102	50,5
Income More Than Expenses	18	8,9

Internet Research Resources		
Wikipedia	38	18,8
Google	69	34,1
Ministry of Health	46	22,7
World Health Organization	4	1,9
Newspaper	9	4,4
Hospital Web Page	4	1,9
Social Media	8	3,9
Associations	3	1,4
Doctor Web Page	8	1,4
Official Newspaper	11	5,4
Article	2	0,9
Total	202	100

*Private health insurance

93,1% of the students participating in the study did not have a disease requiring regular medication. Diseases of the students who were sick were determined as diabetes, hypertension, allergic diseases and heart diseases. Considering the monthly applications to health institutions for illness, examination or prescription, it was seen that 63,4% of them never applied and 30,2% of them applied to a health institution once a month. It was determined that 60,4% of the health institutions applied to state hospitals and 34,7% of them applied to family medicine. When the students' health literacy education status was examined, it was seen that 14,4% of them answered "yes, I have information". As a source of information, 70,0% stated that they gained knowledge from the courses. The evaluation of the attitudes and thoughts of the students participating in the research towards health literacy is given in Table 2.

When the students were asked about their education on Patient Rights, it was seen that 60,4% of them received Patient Rights education, but only 5,9% of them knew all of the patients' rights. In addition, 6,4% of the trainees stated that they did not know any of the patients' rights. It was observed that the rights of "Receiving Information", "Refusal to Treatment", "Privacy" and "Confidentiality" were known most (Table 3).

Table 2. Attitudes and Thoughts of Students on Health Literacy (n=202)

	N	%
Do you have a disease that requires regular medication?		
Yes	14	6,9
No	188	93,1
Would you like to participate in decisions about your health?		
Yes	192	95,0
No	10	5,0
Do you know about health literacy?		
No	87	43,1
I Heard Only As a Name	85	42,1
I have information	30	14,8
How much do you care about your health?		
A lot	110	54,5
A little	87	43,1
Very little	5	2,4
Who influences your decision on applying for a doctorate?		
Itself	125	61,9
Family	75	37,1
My friends	2	1,0
Health Programs	0	0
News	0	0
Do you have trouble understanding health information?		
Yes	22	10,9
No	180	89,1
Do you following the doctor's recommendations of the doctor / health personnel?		
Yes	193	96,0
No	9	4,0
Do you take the medicines given by the doctor regularly?		
Yes	178	88,6
No	24	11,4
Can you ask a question to get the information you need from the doctor or other health personnel?		
Yes	195	97,0
No	7	3,0
Do you go to the controls called by your doctor?		
Yes	193	96,0
No	9	4,0
Total	202	100

Tablo 3. Distribution of Information on Patient Rights of Students Participating in the Research (n=202)

PATIENTS' RIGHTS	N	%
Privacy and Confidentiality	18	8,9
Refusing Treatment	9	4,4
Privacy and Refusing Treatment	10	4,9
Confidentiality of Information and Receiving Treatment	9	4,4
Privacy and Confidentiality, Information consent	90	44,5
Privacy and Confidentiality and Right of Choice	2	0,9
Refusing Treatment and Right of Choice	6	2,9
Right to Complain	3	1,4
Privacy Confidentiality, Right of Choice, Information consent and Refusing Treatment	3	1,4
Privacy Confidentiality, Information consent and Refusing Treatment	4	1,9
Using the Service, Respect, Privacy, Information, Choice and Confidentiality	6	2,9
Keeping a Companion, Information and Receiving Treatment	3	1,4
Euthanasia, Right to Choice, Refusal to Treatment, Right to Privacy	13	6,4
Information, Informed Consent, and Treatment	1	0,4
All of them	12	5,9
I have no idea	13	6,4
Total	202	100

“Do you find patient rights necessary?” All of the students (100%) answered the question by stating that they found patient rights necessary. Although they think that patient rights are necessary, “Do you think that patient rights prevent employees from exercising their rights?” 10,4% answered yes to the question. 70,5% of the students who think this way stated that “patients abuse their rights”, 19,4% “do not know the rights and limits of the patients”, 5,7% “interfere with the work of the employees”, 4,4%. stated that “patients ignore the rights of employees”. When asked about their previous applications to patient rights units, 96,5% of them stated that they had never

applied to patient rights before. Of those who applied for patient rights, 55,0% (3,5%) stated that they were not satisfied with the applications made to the Patient Rights Units.

When socio-demographic factors affecting students' knowledge, attitudes and thoughts about health literacy were evaluated, it was seen that gender and age were not related to health literacy (Table 4).

Tablo 4. The Relationship Between Gender and Age of Students and Their Status of Receiving Health Literacy Education (n=202)

Gender	Status of Receiving Education on Health Literacy				P
	No, I've Never Heard f (%)	I've Heard But I Have No Information f (%)	Yes I Have Information f (%)	Total	
Female	62(72,1)	65(74,8)	24(82,7)	151	0,512
Male	24(27,9)	22(25,2)	5(17,3)	51	
Toplam	86 (100,0)	87(100,0)	29(100,0)	202	
Age					
18-22	83(96,5)	82(95,4)	28(93,4)	193	0,575
23-27	3(3,5)	2(2,3)	1(3,3)	6	
≥28	0	2(2,3)	1(3,3)	3	
Total	86(100,0)	86(100,0)	30(100,0)	202	

*Pearson Chi-Square Test

As a result of the analysis, no significant difference was observed between men and women in terms of receiving health literacy education (p=0,512). Similarly, no relationship was found between age groups and health literacy education (p=0,575). In the examination of other variables, variables such as marital status, department of education, place of residence, social security status and monthly income level were not found to be associated with the status of obtaining information about health literacy (p=0,716, p=0,128, p=0,466, p=0,634, p=0,987). The relationship levels between attitudes and thoughts about health literacy and socio-demographic characteristics are shown in Table 5.

Tablo 5. The Relationship Between Students' Socio-Demographical Characteristics and Attitudes and Thoughts on Health Literacy (n=202)

			Age	Gender	Marital Status	Income	Department	Social Security
	N	%	P	P	P	P	P	P
Would you like to participate in decisions about your health?								
Yes	192	95,0	*0,805	**0,070	**0,815	*0,037	*0,239	*0,593
No	10	5,0						
Health Institution to which he applied								
Family doctor	72	35,6	*0,326	*0,225	*0,000	*0,399	*0,640	*0,852
Public Hospital	120	59,4						
University Hospital	3	1,5						
Private Hospital	7	3,5						
Number of Applications to Health Institutions								
Mostly I Don't Apply	128	63,3						
1 time	61	30,2						
2 times	9	4,5	*0,777	*0,013	*0,670	*0,820	*0,871	*0,556
Three times	3	1,5						
4 and More	1	0,5						
How much do you care about your health?								
A lot	110	54,5						
A little	87	43,1						
Very little	5	2,4	*0,000	*0,261	*0,025	*0,432	*0,058	*0,026
Who is Influential in the Decision to Apply for a Doctorate?								
Itself	125	61,9						
Family	75	37,1						
My friends	2	1,0						
Health Programs	0	0	*0,840	*0,085	*0,284	*0,143	*0,353	*0,596
News	0	0						
Do you have trouble understanding health information?								
Yes	22	10,9	*0,001	**0,452	**0,070	*0,310	*0,552	*0,364
No	180	89,1						

Do You Consider the Suggestions of the Doctor / Health Personnel?								
Yes	193	96,0	*0,842	**0,631	**1,000	*0,367	*0,842	*0,734
No	9	4,0						
Do You Take The Medicines Given By The Doctor Regularly?								
Yes	178	88,6	*0,617	**0,296	**0,358	*0,025	*0,953	*0,502
No	24	11,4						
Can you ask a question to get the information you need from the doctor or other health personnel?								
Yes	195	97,0						
No	7	3,0	*0,999	*0,045	*0,983	*0,692	*0,171	*0,000
Do you go to the controls called by your doctor?								
Yes	193	96,0	*0,842	**1,000	**0,850	*0,337	*0,070	*0,734
No	9	4,0						
Total	202	100						

* Pearson Chi-Square Test

**Fisher's Exact Test

As a result of the analysis, no relationship was found between marital status and giving importance to health ($p=0,025$). Marital status was found to be a statistically related factor with the choice of health care provider ($p=0,000$). No relationship was found between going to the controls, asking questions to the health personnel when needed, using the medications regularly and following the doctor's recommendations ($p>0,05$). There was a statistically significant difference, albeit weak, between the department they studied and the state of giving importance to their health ($p=0,058$). When examined in terms of age groups, there was a significant difference between age groups in terms of giving importance to their health ($p=0,000$) and understanding health-related information ($p=0,001$). Evaluated according to gender, a significant relationship was found between the number of doctor visits ($p=0,013$). In addition, a gender difference was determined in terms of asking questions to the doctor in order to obtain information about health ($p=0,045$). When analyzed according to income level, a significant relationship was found between participation in health-related decisions and monthly income level ($p=0,037$). A significant difference was also found

between regular use of the drugs prescribed by the doctor and monthly income ($p=0,025$). A statistically significant difference was found between the students' social security guru and their ability to give importance to their health and ask questions to health workers for the health information they need ($p<0,05$).

There was no statistically significant difference between the level of education about Patient Rights and the level of knowledge about health literacy ($p=0,097$). In addition, no significant relationship was found between the frequency of reading books and the state of health literacy ($p=0,139$). There was no difference between the region of residence and health literacy ($p=0,466$). No significant difference was found between the students' knowledge about health literacy and their understanding of health-related information ($p=0,109$). There was no significant difference between the number of applications to health institutions and health literacy knowledge, participation in decisions about health and giving importance to health ($p=0,403$, $p=0,945$, $p=0,531$). A statistically significant difference was found between the number of applications to health institutions and the controls ($p=0,000$).

A statistically significant relationship was not found between receiving education on patient rights and being satisfied with patient rights units ($p=0,070$). The level of education about patient rights shows a significant difference between departments ($p=0,007$). It has been observed that the students of Physiotherapy, Elderly Care and Emergency First Aid departments have higher awareness of patient rights. In addition, it was observed that there was a significant difference between those who received patient rights training and their application to the patient rights unit ($p=0,043$). It was observed that those who received training on patient rights applied to patients' rights compared to others.

There was no statistically significant relationship between the state of giving importance to health and the frequency of applying to a health institution ($p=0,531$). When the understanding of health information of those who care about their health was compared, no significant relationship was found ($p=0,014$). A statistically significant difference was found between caring for their health and taking into account the doctor's recommendations ($p=0,035$). In addition, a significant relationship was found between understanding health-related information and giving importance to health ($p=0,044$). Regular drug use was found to be higher in those who care about their health ($p=0,012$). There was no significant relationship between the institution to which the applicant applied and the person who was effective in making the application ($p=0,452$).

A significant difference was found between the frequency of reading books by the students and the resources they searched on the internet to obtain information about health ($p=0,038$). It has been observed that those who read books regularly prefer resources such as wikipedia and the official site of the ministry of health while doing research. There was no significant difference between the frequency of reading books and the knowledge of health literacy ($p=0,139$). Giving importance to their health and understanding health-related information were not associated with the frequency of reading books ($p=0,944$, $p=0,937$).

There was no significant relationship between satisfaction and gender in applications made to patient rights units ($p=0,336$). Gender was not found to be a factor associated with patient rights hindering employee rights ($p=0,431$). There was no significant relationship between gender and being aware of patients' rights ($p=0,287$). In addition, a significant difference was found between departments in terms of receiving patient rights education ($p=0,07$). There was no statistical difference between the different educational status and the level of knowledge about patient rights ($p=0,589$).

3. DISCUSSION

Health literacy refers to people's knowledge and competencies in meeting the complex demands of health (Osborne, 2013). Health professionals need to have good health literacy skills in order to protect and maintain health. It is important that they receive sufficient information and gain awareness in this regard during the education process. It has been observed that students with high health literacy can better identify the inadequacies of patients and explain the information they need in a way that they can understand. In addition, it has been determined that patients are more competent in developing the skills to use the health information they need (Shieh, 2013).

In our study, the fact that health professionals are the first source that the majority of students refer to when obtaining information about health reveals the importance of health literacy for health workers. In the study Yilmaz Guven et al. (2018). conducted, it was seen that 29,7% of students consulted a health worker to access health-related information. Şahinöz et al. (2018) found that only 38,4% of the students had sufficient health literacy knowledge in their study on university students studying in the field of health. In the study Kazak et al. (2021) conducted on students studying in health-related departments, it was seen that this rate was 41,3%, and students studying at the faculty had higher average scores than students from vocational colleges. In addition, in similar studies, it

has been observed that health literacy knowledge among students is limited and not sufficient (Arathi et al., 2020; Sukys et al., 2017).

Moreover, similar to other studies, there was no difference in the level of health literacy knowledge of the gender variable (Elsborg et al., 2017; Imanian et al., 2017). However, no relationship was found between economic level, having social security and health literacy (Imanian et al., 2017; Ardiç & Taşlın, 2018). It has been observed that the place they live mostly does not affect the level of health literacy (Dinçer and Kurşun, 2017; Uysal and Yıldız, 2021).

As it was revealed in our study, those who care about their health (those with a high perception of health) have higher levels of understanding health information, using regular medication, and taking into account the doctor's advice (Kostak et al., 2014). It has been observed that students often choose the hospitals, which are the institutions they apply to more often (Şirin et al., 2021).

It is important for the health personnel to know the rights of the individual while benefiting from health services in order to increase the quality of the service and to prevent conflicts with health care workers. When the rate of students' education on patient rights was examined, it was not found at a sufficient level. In our study, it was seen that 60,4% of the students received training on patient rights. In the study of Savaşkan on doctors and nurses, it was determined that only 54,0% of them had sufficient knowledge about patient rights (Savaşkan, 2006). In the study of Tıraş and Tıraş (2021) with health vocational high school students, 66,5% of the students stated that they received information on patient rights in the lessons, while 20,5% stated that they did not receive information on this subject. In a study conducted in Iran, it was revealed that approximately 53,0% of students studying health-related departments had an average awareness of the patient's rights statement (Ghodsı and Hojjatoleslami, 2012). In studies conducted on students studying in health sciences, it has been observed that students do not have sufficient awareness of patient rights (Ramnika et al., 2018; Zahra and Simin, 2012). In a study conducted by Soysal and Kuşçu (2012) on university students, the average score obtained by the students from the patient rights scale was determined as 126,44±23,82 (min.31-max.205) (2012). Accordingly, it has been found similar to our study that students need to improve their knowledge level about patient rights.

In our study, a significant difference was found between the education status about patient rights and the departments, similar to other studies (Soysal and Kuşçu, 2012; Savaşkan, 2006). In addition, it was observed that those who received patient rights education applied to patient rights more frequently than others.

Although they received Patient Rights training, it was observed that very few of the students knew all of the patients' rights. When the most known rights are examined, it is seen that the rights of "Receiving Information", "Refusal to Treatment", "Privacy" and "Confidentiality" are known. In the study of Tıraş and Tıraş (2021) on health vocational high school students, the first thing that comes to mind when the patient's rights is mentioned is "requesting care with diagnosis and treatment according to medical needs", 17,3% of them are "getting to know the health personnel", 17,3% of them stated that the right to "choose and change" means "paying attention to privacy" while receiving the service (2021). These results similarly reveal that students do not have sufficient knowledge about patient rights. As a result of the study, it has been seen that the students, who are the first people to apply for information about health literacy, do not have enough information about health literacy, although they are health professionals like themselves.

CONCLUSION

This result shows that the inadequacy of the knowledge and attitudes of the students who will work as health professionals in the future on patient rights and health literacy may lead to ethical problems in the provision of health services. In addition, although the students received training on patient rights in their classes, it was determined that the majority of them could not fully define the patient's rights. It is an important problem that health professionals, who are the advocates of patient rights, do not know the rights of the patient. Although they do not know what patient rights are, the fact that the majority of patients state that patient rights are necessary and that they do not prevent employees from exercising their rights also reveals insufficient awareness.

According to these results, it is recommended that the students who will serve as health personnel in the future can protect and improve their own health and the health of the patients they serve, so that planning should be done to increase the knowledge, skills and awareness about health literacy in the course curricula, and the trainings on patient rights should be revised in a way to raise awareness.

Study Limitations

The research is limited to the students enrolled in our vocational school and who agree to participate in the research.

Author Contributions

Design AK, KÇİ, GM, NAK; Data Collection and/or Processing AK, KÇİ, GM, NAK; Analysis and/or Interpretation AK, KÇİ; Literature Search AK, KCI, GM, NAK; Writing AK, KÇİ, GM, NAK.

Conflict of Interest

There is no conflict of interest to declare.

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