

Deanship of Graduate Studies

Al-Quds University



**The Adherence of Physicians' and Nurses' to Ethical
Practices from Patients' Perspective and its Effect on
Patient Satisfaction
at Al-Makassed Hospital**

Reem Ata Mohammad Sharia

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Practices from Patients' Perspective and its Effect on
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at Al-Makassed Hospital**

Prepared By:

Reem Ata Mohammad Sharia

BSc. Business Management/Al-Quds Open University-Palestine

Supervisor: Dr. Asma Imam

**A Thesis Submitted in Partial Fulfillment of
Requirements for the Degree of Master of Policies and
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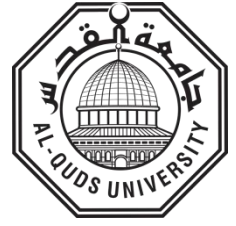
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Deanship of Graduate Studies

Faculty of Public Health/Health Policies and Management



Thesis Approval

The Adherence of Physicians and Nurses' to Ethical Practices from Patients' Perspective and its effect on Patients' Satisfaction

at Al-Makassed Hospital

Prepared By: Reem Atta Mohammad Sharia

Registration No.: 22010679

Supervisor: Dr. Asma Imam

Master thesis submitted and accepted. Date: 5/ 11/2023

The names and signatures of the examining committee members are as follows:

Head of Committee: Dr. Asma Imam

Signature

A blue ink signature of Dr. Asma Imam, written in a cursive style.

Internal Examiner: Dr. Maha Hussein

Signature

.....
A blue ink signature of Dr. Maha Hussein, written in a cursive style.

External Examiner: Dr. Imad AbuKhader

Signature

A blue ink signature of Dr. Imad AbuKhader, written in a cursive style.

Jerusalem- Palestine

1445/2023

Dedication

I dedicate this humble work to my country, Palestine.

To my beloved father and mother, your supplications and satisfaction with me have all been the credit for my attainment.

To my beloved children, I wish to be your kind mother, role model, and constant support.

To my dear husband for his patience, cooperation, and support, I thank you from the bottom of my heart.

To my brothers, the apple of my eye, I am part of you and you are the all.

To the soul of my brother Moayad, may God have mercy on you and unite me with you in the gardens of bliss.

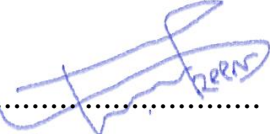
To my dear friends, Dr. Buthaina Al-Surkhi and Dr. Shahinaz Al-Najjar, for their great support during my education. Without their support, I couldn't be here today.

To my colleagues and friends at Al-Makassed Charitable Hospital.

Reem Ata Sharia

Declaration

I certify that this thesis submitted for the degree of master is the result of my research, except where otherwise acknowledged, and that this thesis (or any part of the same material) has not been submitted for a higher degree to any other university or institution.

Signed: 

Reem Ata Mohammad Sharia

Date: 5/11/2023

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Abstract

Professional and ethical values are an integral part of healthcare, represented in the code of ethical conduct. It regulates and directs the behavior of healthcare workers and is reflected in patient satisfaction and the quality of healthcare services.

Aim of the study: To assess the patients' perspectives regarding the ethical practice of physicians and nurses at Al-Makassed Hospital and how this perception affects patient satisfaction with the hospital services provided.

Methods: A quantitative descriptive cross-sectional design was used for this study. A designed questionnaire was used, to collect data from 250 patients from the Internal, Orthopedics, and Surgery Departments at Al-Makassed Charitable Hospital in Jerusalem. Questionnaires were distributed, explained, and collected by trained students after signing the consent form by the participants. Descriptive and inferential statistics were applied using SPSS v24.

Results: The response rate in this study was 88.4%, with 110 (49.8%) male and 111 (50.2%) female patients, and 51% of the participants were in the age group 30-60 years old. Only 17.6% of the participants have a bachelor's degree and above, and 73.7% are covered by Palestinian Government health insurance. Most respondents (74.7%) do not have work, and 57.9% have a monthly household income of fewer than 2000 shekels. The results showed that the level of respecting the patient and working for his/her interest is very high (88.2%), the level of protecting the patient from harm is high (79.6%), the level of preserving the patient's freedom to agree to the treatment plan is high (77.8%), the level of Justice and Equality is high (72.7%) and the level of confidentiality and privacy is high (76.2%).

The overall satisfaction was 75.86%, which reflects the fact that they have a positive perception of hospital health services. There was a significant positive relationship between patients' satisfaction and the ethical practices of physicians and nurses ($r = 0.74$ at $p \leq 0.001$).

Conclusion: Healthcare organizations need to monitor physicians' and nurses' ethical behaviors and abidance with the code of ethical conduct to maintain patient satisfaction as one of the important outcome indicators of the quality of health care.

Keywords: Physicians, nurses, ethical practices, patient satisfaction, and Al-Makassed hospital.

الممارسات الأخلاقية للأطباء والمرضى من منظور المرضى وأثره على رضا المريض في مستشفى المقاصد الخيرية

إعداد: ريم عطا محمد شريعة
إشراف: د. أسماء الإمام

الملخص

القيم المهنية والأخلاقية جزء لا يتجزأ من الرعاية الصحية، والتي تتمثل في مدونة السلوك الأخلاقي. ينظم ويوجه سلوك العاملين في مجال الرعاية الصحية وينعكس في رضا المرضى وخدمات المستشفى وجودة خدمات الرعاية الصحية.

هدف الدراسة: تقييم وجهات نظر المرضى فيما يتعلق بالممارسة الأخلاقية للأطباء والممرضات في مستشفى المقاصد، وكيف يؤثر هذا التصور على رضا المريض عن الخدمات الطبية المقدمة.

المنهجية: تم استخدام تصميم مقطعي وصفي كمي لهذه الدراسة، تم استخدام استبيان مصمم لجمع البيانات مع مجموعة من 250 مريضاً من أقسام الباطنة وجراحة العظام والجراحة في مستشفى المقاصد الخيري في القدس، تم اختيار المرضى من الأقسام الثلاثة بشكل متعمد. تم توزيع استبيانات منهجية وشرحها وجمعها من قبل طلاب مدرّبين بعد توقيع المشاركين على استمارة الموافقة. تم تطبيق الإحصاء الوصفي والاستنتاجي باستخدام SPSS v24 .

النتائج: بلغ معدل الاستجابة في هذه الدراسة 88.4%، ذكور 110 (49.8%) وإناث 111 (50.2%)، و51% من المشاركين كانوا في الفئة العمرية من 30 إلى 60 عاماً. فقط 17.6% من المشاركين يمتلكون درجة البكالوريوس وما فوق، و73.7% منهم مشمولون بتأمين صحي من قبل الحكومة الفلسطينية. معظم المستجيبين (74.7%) ليس لديهم وظائف، و57.9% لديهم دخل شهري أقل من 2000 شيكل. أظهرت النتائج أن مستوى احترام المريض والعمل من أجل مصلحته عالي جداً (88.2%)، ومستوى حماية المريض من الأذى عالي (79.6%)، ومستوى الحفاظ على حرية المريض في الموافقة على خطة العلاج عالي (77.8%)، ومستوى العدالة والمساواة عالي (72.7%)، ومستوى السرية والخصوصية عالي (76.2%).

وقد بلغت نسبة الرضا بشكل عام 75.86%، مما يعكس وجود إدراك إيجابي لديهم بشأن خدمات الصحة في المستشفى. كانت هناك علاقة إيجابية ذات دلالة إحصائية بين رضا المرضى والممارسات الأخلاقية للأطباء والممرضات ($r = 0.74$ at $p \leq 0.001$).

الخاتمة: تحتاج مؤسسات الرعاية الصحية إلى مراقبة السلوكيات الأخلاقية للأطباء والممرضات والالتزام بقواعد السلوك من أجل الحفاظ على رضا المرضى كأحد مؤشرات النتائج المهمة لجودة الرعاية الصحية.

الكلمات المفتاحية: أطباء، ممرضات، ممارسات أخلاقية، رضا المريض، مستشفى المقاصد.

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List of Abbreviations

ANOVA	One-Way Analysis of Variance
JCI	Joint Commission International
MoH	Ministry of Health
WHO	World Health Organization
EJHN	East Jerusalem Hospital Network
A	Agree
SA	Strongly Agree

Chapter One

Introduction

CHAPTER ONE

Introduction

1.1. Background

Ethics is the implementation of values and moral rules in human activities and interactions. Good manners are necessary for transactions between people in societies. When ethics combine with the finest, most merciful, and humane professions by sound customs and standards, this helps to reach a normal state, which means the extent to which behavior is compatible with ethical standards and the creation of a psychologically healthy society (Kiritchenko, Nejadgholi & Fraser, 2021).

The study of the nature of ethics and the particular moral options that must be made is referred to as ethics. Normative ethics seeks to answer the question, "What general ethical standards should we recognize for guiding and evaluating behavior, and why?" (Beauchamp, 2013).

Ethics are concerned with standards of behavior and the concept of right and wrong. Ethical conduct reflects moral values formed through the influence of the family, culture, and society (Judson & Harrison, 2010).

Ethics is an integral part of the medical profession, as the history of medical ethics goes back to the 15th-century Greek physician Hippocrates, who devised the concept of medical ethics. The practice of medicine is through training and professionalism above all consideration, and it is very important to build an ethical base at the level of all disciplines for each institution. Moreover, ethical codes must be implemented and monitored at all levels of the organization's work (Bassareo et al., 2020).

Most individuals can count on a developed personal value system in their lives. Still, healthcare occupations have a formal code of ethics to direct their members' behaviors and increase the level of aptitude and standards of care within their members (Judson & Harrison, 2010).

Healthcare professionals such as physicians and nurses ought to take care of patients physically, psychologically, and socially. They must pay attention to the ethics of the

profession while dealing with patients and their families, that where patients' needs are met through beneficence, respect, privacy, justice, and fairness have a positive impact on the psychological state of the patient and the speed of recovery (Sovold et al., 2021).

The qualities of effective healthcare professionals encompass great professionalism that is guided by the code of ethics, effective communication skills, especially with patients, passionate about their careers and their patients, responding empathetically to patients' needs, paying close attention to details, and critically evaluating facts and make objective conclusions and making decisions regarding patient care (Rowe, 2015).

This study assessed the adherence of nurses and physicians in Al-Makassed Hospital to ethical practice from the patients' perspective while providing medical care. In contrast, previous studies dealt with ethical practice from nurses' and physicians' perspectives. According to my knowledge, there are no published studies that assess ethical practice from the patients' perspectives in Palestine, and this is what makes this study important and distinctive.

1.2. Problem Statement

Professional ethics has been greatly affected by human rights and civil laws, and it has been developed with time to preserve the rights of the patients, the nurses, and the physicians. Many studies showed that poor conduct of ethics among healthcare professionals threatens the patients' safety, weakens the patient-physician relationships, and may lead to low-quality service provision, potentially high incidences of violence and abuse, and an increase in litigation against medical physicians. It is also necessary to raise awareness among workers of the importance of the ethical rule and the importance of adhering to it; as the expected change in adherence to the Code of Ethics depends greatly on how moral characteristics are understood in general (Tiruneh & Ayele, 2018).

Compliance with professional and ethical values is an important factor in institutional development and competitiveness, so the non-acquiescence to professional ethics can negatively influence the quality of services provided and raise many problems for healthcare organizations. Therefore, Health workers should realize the importance of professional and ethical relationships between patients, doctors, and nurses, which enhance patients' confidence in the health staff and improve their compliance with treatment (Tayebi et al., 2019).

There is a plethora of literature investigating the commitment of medical service providers and medical staff to the Code of Ethics from the healthcare providers' perspectives globally and locally, but the studies that examine the subject from the patient's perspective are limited and do not discuss the matter based on the Code of Ethical Conduct, but rather dealt with specific topics that intersect with some provisions of the Code of Ethical Conduct. However, the only study the authors conducted on patients, nurses, and nursing managers' perceptions of compliance with a code of ethics during care was carried out in 2014 in two major hospitals in Shiraz/Iran. It showed differences in the nurses' and patients' perceptions regarding the nurses' adherence to the ethical code due to the nurses' imperfect awareness of the applications of the ethical codes in practice. (Momennasab et al., 2016).

This study will assess the healthcare professionals' commitment to the code of ethics from the perspective of patients during the provision of medical care at Al-Makassed Hospital. According to my knowledge, this is the first study in Palestine to be conducted in a hospital to explore patients' perceptions regarding the Code of Professional Ethics. According to researcher knowledge, the regional and international literature on patients' perspectives on the ethical practice of healthcare professionals is very limited. Therefore, this study will provide insight into the compliance of physicians and nurses with the Code of Ethics during care from the patient's perspectives at Al-Makassed Hospital and how adherence to the Code of Ethics affects patient satisfaction, which reflects the actual implementation of the Code of ethics of physicians' and nurses from the point of view of healthcare receivers.

1.3. Justification of the Study

Healthcare professionals' adherence to the Code of Ethics is paramount to delivering high-quality healthcare. The code of ethics guides the healthcare professionals' interactions and behaviors with patients, colleagues, and the healthcare system. Additionally, the Code of Ethics provides the framework for professional practices that influence patients' perceptions of the quality of care they receive. Therefore, assessing how patients perceive physicians' and nurses' compliance with the medical code of ethics is essential. This study aims to investigate patients' perceptions of physicians and nurses, compliance with the code of ethics, and to understand the factors that influence their perceptions.

This study is important because of the lack of studies conducted to assess the patient perceptions of physicians' and nurses' ethical practices, particularly in Palestine. This approach enhances patient-centered care, which is a fundamental principle of healthcare delivery. Understanding patients' perceptions of healthcare professionals' compliance with the code of ethics can help healthcare managers identify improvement areas and prioritize patients' needs, expectations, and preferences.

Additionally, adhering to the ethics of medical professions in healthcare organizations increases work efficiency and reduces potential errors and problems, thus raising the level of quality of medical services provided and, therefore, increasing patient satisfaction (Asare, Ansah & Sambah, 2022).

This study may help policymakers and managers at Al-Makassed Hospital to recognize the patient's perspective toward the ethical practices of medical providers. Consequently, working on reviewing and amending the policies that control, guide, and monitor the ethical behavior of health service providers at all levels will support the achievement of higher efficiency and care quality and greater patient turnover, besides lowering the malpractices and therefore improving the competitive status in the market. In addition, examining patients' perceptions can shed light on specific ethical concerns and challenges that patients consider important. This knowledge can inform ethical training programs and policies to address these issues effectively.

The importance of the study stems from discovering the opinions of patients and their evaluation of the services and transactions of the health sector in Palestine, especially in Al-Makassed Charitable Hospital, and measuring the patient's satisfaction and willingness to return to the hospital to receive medical services.

1.4. Main Aim of the Study

To assess the patients' perspectives regarding the ethical practice of physicians and nurses at Al-Makassed Hospital and how this perception affects patient satisfaction with the hospital services provided.

1.5. Objectives of the study

1. To describe the extent to which patients believe that physicians and nurses act to protect patients' rights and prevent harm at Al-Makassed Hospital.
2. To assess the patient's perspective about the degree of his/her participation and involvement in decision-making or expressing opinion about different treatment methods at Al-Makassed Hospital.
3. To assess the patient's perspective about the degree to which he/she feels his/her privacy and confidentiality are maintained by physicians and nurses at Al-Makassed Hospital.
4. To describe the extent to which patients feel respected and treated with justice and equality by physicians and nurses at Al-Makassed Hospital.
5. To identify factors influencing patients' perceptions of ethical practices of physicians and nurses such as age, gender, education level, and type of health insurance.
6. To determine the relationship between the patients' perspectives regarding the ethical practice of physicians and nurses and patient satisfaction at Al-Makassed Hospital.

1.6. Research Questions

1. How do patients perceive the extent to which physicians and nurses at Al-Makassed Hospital protect patients' rights and prevent harm during their healthcare experience?
2. What is the level of patient involvement in decision-making and expressing opinions about various treatment methods at Al-Makassed Hospital, as perceived by the patients?
3. How do patients view the maintenance of their privacy and confidentiality by physicians and nurses at Al-Makassed Hospital?
4. To what extent do patients feel respected and treated with justice and equality by physicians and nurses at Al-Makassed Hospital, according to their perspectives?
5. What demographic and socio-economic factors, such as age, gender, education level, and type of health insurance, influence patients' perceptions of the ethical practices of physicians and nurses at Al-Makassed Hospital?

6. Is there a significant correlation between patients' perspectives regarding the ethical practice of physicians and nurses and their overall satisfaction with the healthcare services provided at Al-Makassed Hospital?

1.7. Study Terminology

During this study, the following definitions of concepts were adopted to study the ethical practices of physicians and nurses:

Code of Ethics: It is a statement of the ethical principles that underpin the medical profession and is designed to guide the behavior of medical providers in their interactions with patients, colleagues, and society. The Code covers many issues, including confidentiality, informed consent, and the duty to provide appropriate care (World Medical Association, 2014).

Code of Conduct: It is an important government document in addition to the system of government work legislation that acquaints employees with the rules of correct behavior and ethics that must be followed during the job performance to reach a work environment and high-quality services (Al-Ghamdi, 2010).

Ethics: It is a characteristic of the self that shows its effects in speech, practical behavior, outward appearance, and the chosen company (Al-Ghamdi, 2010).

Professional Ethics: The employee's commitment to his job duties as defined by the law and includes the employee's respect for regulations, laws, community values and customs, justice, impartiality, working for the public interest, preserving the secrets of the organization in which he works, as well as respecting time and adherence to working hours to achieve the greatest amount of production (Ghosheh, 1983).

As a researcher, I believe that the code of conduct of professional ethics is a set of values and behaviors that employees should follow while performing their duties and in their relations with each other, on the one hand, and with the audience of beneficiaries, on the other.

1.8. Context of the Study

1.8.1. Al-Makassed Charitable Hospital

Al-Makassed Charitable Hospital was founded by Al-Makassed Islamic Charitable Society in 1968 on the Mount of Olives in East Jerusalem (MoH, 2021). It serves as one of the leading tertiary referral hospitals mainly for the Arab population residing in the West Bank (including East Jerusalem) and the Gaza Strip. It is a teaching hospital. It is the largest medical health institution in Jerusalem, and it includes seven departments, including the Department of Internal Medicine, the Department of Surgery, and the Department of Orthopedics.

The hospital is one of six hospitals representing the East Jerusalem Hospitals Network in East Jerusalem (EJHN). EJHN includes, besides Al-Makassed Hospital, Augusta Victoria Hospital, the Red Crescent Maternity Hospital, the Saint John Eye Hospital, the Princess Basma Rehabilitation Center, and St. Joseph's Hospital, the network plays a crucial role in the Palestinian healthcare system. Most of the staff and patients come through Israeli checkpoints and barriers, which constantly cause difficulties for both groups to reach the hospital. The hospital provides accommodation for patients and their relatives from the Gaza Strip (Palestinian Ministry of Health, 2021).

The hospital's objective is to provide medical services for Palestinians in the West Bank, Gaza Strip, and East Jerusalem, regardless of their gender, skin color, origins, religion, and political beliefs. It is not only a therapeutic hospital for regular and complex cases but also carries out training for medical students, nursing students, and resident physicians (Makassed Islamic Charitable Society, n.d.).

The human power in Al-Makassed Islamic Charitable Hospital in East Jerusalem consists of more than nine hundred employees, including physicians, nurses, technicians, and administration (Makassed Islamic Charitable Society, n.d.).

1.9. Summary

Professional ethics and a code of ethical conduct are among the most important frameworks governing individuals' interactions in the workplace. It represents the guiding principles for physicians and nurses in dealing with patients in hospital settings, affecting patient satisfaction. This study is conducted at Al-Makassed Charitable Hospital.

Accordingly, the research sample was chosen to assess the effect of compliance with the medical professional code of ethics on patients' satisfaction as perceived by patients, and the factors that affect the patient's perceptions towards commitment to the code of ethics.

Chapter Two
Literature Review

CHAPTER TWO

Literature Review

Introduction

This chapter presents the background of ethics, explaining how the concept of ethics developed according to many eras and civilizations, starting with the Hippocratic Medical Department, and how the theories developed according to global events, leading to the current generally approved code of ethics for the physicians and the nurses, as well as the point of view of Islam in the ethics of the medical professions. Moreover, it demonstrates the fundamental principles of ethics. In addition, previous national, regional, and international studies are summarized.

2.1. Searching Strategy

To retrieve the relevant literature on professional codes of ethics in healthcare, a comprehensive and systematic search was conducted. The search engine Google Scholar was used. Databases PubMed were accessed for articles published in English in journals, websites, and books. Most of the literature used in this study was published after 1990.

2.2. Review of Related Theories

2.2.1. Theories and Concepts of Ethics

According to the Longman Dictionary definition, Ethics is "moral principles and rules of conduct", it's the science that deals with morals and indicates the laws or moral principles that control the behavior of an individual (Longman, 1995). The purpose of morals is not to know virtue and vice, but rather to inculcate the principles of morality in people's Children's souls, so that they are impulsive on their own to do good because it is good, and they turn away from evil because it is evil. Morals are a translation of the principles, values, and habits which instilled in children from childhood until they grow up and can distinguish well from evil and good from bad (Mitchell et al.,2015).

The importance of ethics lies in the role it plays in influencing many areas, which forces organizations and institutions to adhere to them in their orientation, including (Mitchell et al.,2015): 1. Enhancing the credibility of the organization with subordinates, 2. Providing organizations with profit and benefit in all fields, 3. Help improve the decision-

making process, 4. Credibility between organizations and society, and 5. Preserve society and the environment to a greater degree than laws and regulations.

2.2.2. Hippocratic Oath

Hippocrates was born in Greece. He was called the father of medicine. He established a medical school, developed the ethical medical oath (known as the Hippocratic Oath), and obliged physicians to follow it. The Hippocratic Oath forms the basis for oaths in modern colleges of health professions that graduates take at the start of their careers, which depends on the following main principles (Askitopoulou & Vgontzas, 2018): 1. Honoring the professors of medicine, 2. Only those who adhere to the department's ethics are permitted in the profession, 3. Practicing the profession to benefit the patient and avoid harm, 4. Avoid all medications or substances that may miscarry the fetus. 5. Entering patients' homes for the patient's interest, 6. Refrain from harm and corruption, and 7. Respect the confidentiality of the physician-patient relationship.

2.2.3. Thomas Percival Between Years (1804- 1740)

This English physician established a code of medical ethics for physicians in 1794, which was adopted by the American Medical Association (AMA). This code provided a standard of conduct for medical professionals to follow. Thomas Percival's "Medical Ethics" was published in 1803 and became a milestone in developing modern codes of medical ethics. The first example of a modern code of medical ethics was the Code of Ethics by the American Medical Association, which was dated 1847 and was inspired by Percival's work (Patuzzo, Goracci, & Ciliberti., 2018).

2.2.4. The American Medical Association (AMA) Ethical Code of 1846

The 1980 version of the American Medical Association's Code of Ethics includes seven clauses, while the updated 2001 version includes nine, and the two additional clauses in the current revised version emphasize the responsibility of physicians and support the universal spread of medical care. The latest version also added all the necessary measures for adherence to medical education and the responsibility for developing public health (Riddick, 2003). The association's ethical constitution also includes some other components: 1. Respect for the law, 2. Respect the rights of patients, 3. Respect the rights of colleagues, 4. Respect the patient's privacy and the confidentiality of his/her information.

5. Efficiency, dedication, and love, 6. Truthfulness and the obligation to report any deception or falsehood, 7. Continuing education, and consulting others in the profession, 8. Freedom to practice the profession, and 9. Responsibility for exerting efforts to improve the health level of society.

2.2.5. The Nuremberg Constitution (1947), the Code of Ethics for Medical Research

This constitution has ten principles centered on medical research ethics and affirming rights. The humanity of the person donating (the person who agrees to be applied to the scientific research) (Ghooi, 2011). The constitution reads: 1. Inform the concerned person and obtain his/her consent, 2. The research must be purposeful and necessary for the benefit of society, 3. The research must be based primarily on animal studies or rational justification, 4. Sparing and protecting the donor from physical or mental injury or suffering, 5. The research risks on the donor should not be greater than his/her merits, 6. The researcher must be scientifically certified, and 7. The donor has the right to refrain from continuing scientific research at any time.

2.2.6. The Medical Section of the Geneva Declaration (1948)

The international medical societies endorsed this oath after the atrocities committed in the name of scientific research in Nazi concentration camps (World Medical Association, 2015). The basic elements of this constitution are summarized as follows: 1. Serve humanity, 2. Respect and gratitude to the teachers, 3. Practicing the profession with conscience and nobility, 4. A sense of duty to care for the health of the patient, colleagues, and the traditions of the profession, 5. Practicing the profession by humanitarian laws, 6. Respect for human life, including the life of the fetus, and 7. Professional duty takes precedence over race, religion, politics, or social discrimination.

2.2.7. Principles of the Declaration of Helsinki (1964)

This advertisement was first published in 1964 AD. It was a response to the unethical medical experiments conducted by Nazi physicians during World War II, this declaration has been revised several times since its release, and the last revised version was issued in 2000 (World Medical Association, 2013). It stipulated the following principles: 1. The good and benefit of humanity take precedence over interest in science and society, and 2. The

physicians should work only for the patient's benefit, and the patient's health should be at the forefront of physicians' interests.

Many of this declaration's principles overlap with scientific research laws. The Ethics Committee advises monitoring trials of ongoing scientific research, requires researchers to disclose to donors' details of funding and potential conflicts of interest, and publishers have the right to reject studies that do not comply with what is in this declaration.

2.2.8. Islamic Medical Ethics

Among the ethics that medical professionals must adhere to in accordance with Islamic standards when practicing their profession (Padela, 2007): 1. To exaggerate in haste for treatment as much as possible, 2. To advise the patient on what he should adhere to help in treatment, and to advise him to eat what does not conflict with his/her illness, is consistent with the needs of his/her body, and contributes to providing the best and most effective treatment, 3. The sick person should not be prevented from eating if hunger harms him, including fasting during Ramadan, 4. The patient should not be required to do anything that may harm his/her health or body, 5. Avoid prescribing harmful drugs or those with side effects as much as possible. And to search for Safe alternatives, 6. That the patient should not be forced to eat and drink, but should be kind to him at that time, and if he refuses, he should not force him to do so, 7. To give enough attention, direct it to the patient, and focus his/her thoughts upon examination to accurately diagnose the disease, 8. To share the patient's concerns and distress and feel his/her emotions, 9. To pity the patient, be kind, do well for him, and feel mercy towards him in his/her heart, 10. To keep the secrets of the patient's illness, especially if there is a defect in it, a deficiency, or an insult to his/her personality, and 11. The therapist should refrain from looking at things that are not permissible.

2.2.9. The Concept of Nurse Professional Ethics

It is the duty of every person working in health care to know the ethics and principles of health care so that they can make appropriate decisions based on the values and legislative laws of the profession. Therefore, the nursing profession must have a list of guidelines within the profession. The origins of the beginning of nursing ethics go back to the late nineteenth century when the general belief was that ethics are only for the loyalty of the physicians, obedience, and high personal morals (Epstein & Turner 2015). The Nursing Ethics Code

contains nine provisions to guide the nurse and will be summarized as follows according to the American Nurses Association for Nurses (American Nurses Association, 2015).

1. Nurses must have a high level of respect, compassion, values, and unique characteristics for each person, giving dignity and respect to patient's care, and understand professional guidelines in communicating with colleagues at work and patients' families.
2. The nurse's commitment is mainly towards the patient, as the patient is the primary and first concern. The nurse must realize the patient's need, put differences between it and the work team or the sects to which the patient belongs, and deal with him as a patient only without regard to the status, sect, or social and financial level.
3. The nurse must provide security and protect the rights, health, and safety of the patient, as the nurse must fully clarify his/her role towards the patient, and the nurse must prove proficiency if there is a witness or confession to a questionable health care practice. It is important and a priority to protect the patient and report these behaviors and concerns related to their safety.
4. The nurse must take the necessary decisions and actions to provide ideal care for the patient because she has all the authority, responsibility, and accountability to practice the nursing profession.
5. The nurse owes the community and others duties to promote health and safety, maintain competence and integrity, pursue professional and personal advancement, show concern for herself and others, and respect health care practices at home and work.
6. The nurse shall be committed to establishing, maintaining, and improving the work environment and conditions that make health care safe and of high quality through her effort or the efforts of the staff. The nursing profession must define standards of competence, quality of safety, environment, and ethics to provide the best care for the patient.
7. The nurse works in all roles and circles to develop the profession and scientific research to enhance the efficiency and quality of the services.
8. The nurse works with all other health professions and the general public to protect patients' and people's rights and to reduce health disparities. Everyone has the right to good health.

9. Continuously reviewing nursing and health policies, where values are shared and evaluated for accuracy and integrity in the profession's continuation, and uniting the voice of nurses' rights towards patients and vice versa.

2.4. Fundamental Principles of Ethics

Beneficence, independence, justice, and non-harm are the four most important principles of ethics. Beneficence and non-harm can be traced back to the era of Hippocrates, “to help and not to harm.” With time, the rest of the principles developed, and Percival in his book on ethics in the early nineteenth century, emphasized a primary goal, which is to preserve the patient's interest. And then, with progress, development, and the passage of time, the concepts of independence and justice gained acceptance as important principles in the world of ethics. In the current era, Beauchamp and Childress's book is a classic book for presenting the principles and ethics of physicians and the medical professions (Beauchamp & Childress, 2013).

2.4.1. Beneficence

It is a principle based on the physician's commitment to work for the benefit of the patient, taking into account the protection and defense of the rights of others, removing the conditions that cause harm, saving the patient under any circumstances, and promoting the benefit and well-being of the patient. Among the privileges society grants are education, safety, and good care (Varkey, 2021).

2.4.2. No Maleficence

The physicians must abide by non-harm and stipulate many rules not to kill, not to cause disability and pain, not to abuse, not to deprive others of life experiences, the balance between surrounding burdens and treatments, choosing the best practices for the patient, as well as taking into account observing proper nutrition, making an effort to control pain and other symptoms, and is fully committed to the intention of alleviating suffering (Jonsen, Siegler & Winslade, 2015).

2.4.3. Autonomy

Independence is an important principle like the rest of the other principles so that no independent action for the patient causes harm to anyone else. This principle is considered the right of every sane adult and does not belong to infants, minors, or individuals who have mental or physical developmental disorders. There is a mechanism for assessing the incompetence of responsibility for the patient, and it must be determined by specialized healthcare authorities and the court. Therefore, the authorities determine the guardian who will act on behalf of the patient, but he must be qualified for this responsibility. This principle obliges physicians to disclose real medical information and the necessary treatment options for the patient (Varkey, 2021).

A study showing the extent to which healthcare professionals respect patients' rights was conducted in Palestine in 2014, titled " The Knowledge, Attitudes, and Practices of Physicians at Primary Health Care Centers/Clinics regarding the Right to Health in the District of Ramallah/Al-Bireh " This study aimed to assess the knowledge, attitudes, and practices of 107 doctors regarding the right to health in 55 primary health care centers in the Ramallah and Al-Bireh districts. The study's findings revealed that 53.3% of doctors respect each patient's right to refuse healthcare within legal limits and inform them about the medical consequences of such refusal. Additionally, 51.7% of physicians in the West Bank grant each patient the right to privacy and maintain confidentiality, disclosing confidential information only with the express consent of the patient or if permitted by law (Saadeh., 2014).

2.4.4. Informed Consent

The patient's prior consent to any medical or surgical procedure requires a basic right to self-determination, especially if this procedure entails a radical change in the patient's life. Therefore, the patient or his/her guardian must be qualified to take the decision and understand it, and he bears full responsibility for taking the decision and can understand the situation and the consequences of this procedure. Incompetent (independent) and previously qualified patients act voluntarily, but currently, incompetent patients will need an alternative decision-maker. In a non-autonomous patient, the surrogate can use either a surrogate judgment criterion (that is, what the patient might want in this circumstance and not what

the surrogate would want) or a best interest criterion (that is, what will achieve the highest net benefit for the patient by balancing risks and benefits) (Jonsen, Siegler & Winslade, 2015).

A study was conducted at Minia University Hospital in Egypt in 2017, entitled “Awareness and Practice of patient rights from a patient perspective: an insight from Upper Egypt”. It aimed to assess patients' awareness of their rights and the degree of commitment of the medical team to these rights from the patient's perspective. The study showed that the mean knowledge score of the patient's rights was 7.2 ± 2.71 out of 14, and the patient's academic degree significantly impacted the degree of knowledge. The study also showed that the medical team did not inform (98.1%) of the patients about the available treatment options (Mohammed, E. S., Seedhom, A. E., et al, 2018).

2.4.5. Confidentiality

Physicians are obligated to maintain the confidentiality of the patient's information and take the patient's permission when providing the information to any other party. The only exception is the sharing of medical information necessary for the patient's care with the specialized advisors and the use of the patient's medical records in what serves his/her interest and his/her compliance with a healthy and speedy recovery and, therefore confidentiality. Patient information is very important, except in cases of reporting to the competent authorities about shots and attacks with weapons, exposure of the patient to a contagious epidemic, or diseases that threaten society and other individuals. Nevertheless, it must be disclosed by legislation and laws without harming the patients and their rights to receive healthcare with respect (Varkey, 2021).

A study conducted in Palestine entitled “The reality of applying health professions ethics in the Palestinian public health sector: from the perceptions of government hospital staff and the Directorate of Health in the Bethlehem Governorate” in the field of applying health professions ethics in the governmental health sector. The study showed that the confidentiality of patients is maintained and it is forbidden to give any information related to patients without the consent of the patient and the law, it also showed a discrepancy in the results between large and medium hospitals about the issue of ethics of health professions in general. This study indicated that the administrative staff maintains the privacy of patients and the hospital bears the responsibility of protecting patients' medical records, as there was

a very high degree of approval of confidentiality among workers from their point of view, with an average of (4.27). This result emphasizes the compliance of governmental hospitals and the awareness of healthcare professionals concerning patient confidentiality in disclosing information (Jaafar, 2018).

2.4.6. Justice

It is the equality of all types of patients, regardless of their financial, social, or professional status. Justice is considered the fair and just distribution of health care resources according to the terms of cooperation, where shares equally are distributed according to need, effort, equality, and merit. It includes allocating scarce medical resources such as equipment, tests, organ transplants, medicines, and medical care, including insured and uninsured patients give each patient enough time to receive treatment without going into the physicians' interest at the patient's expense, such as prescribing expensive drugs. Although there is an equally effective drug, its price is lower because the patient's interest is above the physicians' interest (Varkey, 2021).

2.5. Previous Studies

Many research studies dealt with the Code of Medical Ethics and the extent to which medical service providers adhere to it, in addition to the importance of paying attention to it and the reflection of this interest on other aspects related to work in terms of quality, satisfaction, and others. Most of these studies dealt with the medical providers' perception of their adherence to ethical rules while working (Jonsen, Siegler & Winslade, 2015).

The studies that examine the ethical practice of medical providers from the perspective of the patient are limited and do not discuss matters based on the Code of Ethical Conduct but rather deal with specific topics that intersect with some provisions of the Code of Ethical Conduct, which will be shown later in this part of the chapter.

Many studies in the literature emphasized the relationship between the adherence of medical healthcare professionals to the code of ethics and patient satisfaction with the health services they received.

In a study conducted in 2012, the aim was to assess the knowledge and performance regarding nursing ethics rules from the perspectives of both nurses and patients. The study

took place in six educational hospitals in Tabriz. There was a significant difference in the viewpoints of nurses and patients regarding ethical rules, with 91.9% of nurses and 41.8% of patients evaluating nurses as respecting ethical rules. A strong relationship was found between nurses' knowledge of ethical rules and job satisfaction and complaints about ethical performance (Mohajjel-Aghdam, et al 2013)

Another study titled "Does Ethical Sensitivity Contribute to Patient Satisfaction?", aimed to assess the interaction between physicians' ethical sensitivity and patient satisfaction. The study was conducted in the hospitals affiliated with Shahid Beheshti University of Medical Sciences in Iran during the years 2018-2019. Two questionnaires were used: the first measured physicians' ethical sensitivity regarding decision-making, and the second assessed patient satisfaction (Taheri, et al, 2023).

The results indicated that the average score of physicians' ethical sensitivity was 91.6 ± 0.63 , indicating a high level of ethical sensitivity. The average patient satisfaction score was 61.97 ± 3.55 out of a total of 115 points (ranging from 23 to 115), suggesting a moderate level of satisfaction. Therefore, there was a correlation between patient satisfaction and the level of ethical sensitivity of physicians towards patients. Consequently, physicians are required to enhance their ethical sensitivity level to provide better patient care (Taheri, et al, 2023).

The importance of educating healthcare professionals in the field of Code of ethics as it influences the quality of care was shown in many studies in the literature.

A study conducted in Iran in 2014 compared the views of patients, nurses, and nursing directors regarding the extent to which nursing observes clinical ethics. It was found that 70% of patients, 86% of the nurses, and 53.3% of the nursing directors rated the nurse's adherence to the ethical rules as satisfactory. Also, the mean score (standard deviation) for the level of ethical compliance was 38.44 (6.91) in patients, 41.08 (4.82) in nurses, and 37.83 (6.98) in nursing directors. This study showed that there are differences between the views of patients and nurses regarding adherence to ethical rules, which reflect dissatisfaction with nursing services. The study recommended the importance of educating nurses and nurse managers and providing educational programs to the public, which may serve to enhance public knowledge of ethical rules and patients' rights, thus raising the quality of services provided to patients and increasing satisfaction with clinical care (Momennasab et al., 2016).

A study conducted in the public hospitals of the Central Gondar region, northwest Ethiopia, in 2021 aimed to assess the practice of the code of ethics and associated factors among healthcare professionals in public hospitals from the perspective of healthcare professionals. This study revealed that 46.7% of healthcare professionals adhered well to the code of ethics, with this level of practice being evaluated as poor. Consequently, the study recommended the importance of practical training for professionals on the requirements of the code of ethical conduct and continuous monitoring (Yeshineh, *et al.*, 2022).

Similarly, a recent 2022 study conducted in three healthcare facilities in the Metropolis of Ghana found that 78% of nurses possess good ethical knowledge, 84% have a positive attitude, and 98% have good ethical practices. It's a result of professional ethics education and training. The study recommended the necessity of constantly updating nurses' knowledge through seminars and workshops so that they are aware of the ethical issues arising in their practices (Asare *et al.*, 2022).

According to the literature, informing patients about their care plan is crucial for quality care and satisfaction. A study conducted in public and private hospitals in Palestine in 2018 about the factors that affect patient satisfaction in emergency departments in Palestine, found that patient satisfaction depends on the degree of knowledge of the medical procedures provided to the patient compared to the expected care. This study showed that the overall patient satisfaction score was 3.77 out of 5, which means an acceptable level of patient satisfaction with the services of emergency hospitals and healthcare providers in Palestine (Amro *et al.*, 2018).

The literature is rich in studies relating compliance to patient rights, and treating all individuals with equality and compassion with quality care (Turale, 2014). These studies address numerous aspects that intersect with the ethical practices of healthcare providers with patients, such as the patient's right to privacy, justice, and confidentiality, among others.

A study titled "Awareness of the Importance of and Adherence to Patients' Rights Among Physicians and Nurses in Oman: An analytical cross-sectional study across different levels of Healthcare" was conducted in Oman during the year 2015/2016. The study aimed to distinguish between the awareness and knowledge of patient's rights and the level of commitment to these rights by doctors and nurses in the country. The research included a total of 1385 participants from various levels of healthcare in government healthcare

institutions in Oman. The findings of the study revealed that physicians and nurses exhibited a high level of awareness (91.51%) regarding the importance of patients' rights. However, the commitment to practicing these rights was relatively low (63.81%). Furthermore, the study highlighted that the patient's right to receive information was perceived as the least important and had the lowest compliance rate among doctors and nurses (Al-Saadi, et al. 2019).

As for the extent of the relationship between nurses' compliance with patients' rights and its relationship to patients' satisfaction, a study was conducted in 2020 at Minia General Hospital and Minia University Hospital in Egypt entitled (Nurses Compliance toward Patients' Rights and its Relation to Patients Satisfaction). The study aimed to evaluate the application and compliance of nurses with patients' rights and its relationship to patient satisfaction. (55) nurses were monitored in their dealings with (110) patients in the intensive care units, where the results showed that more than half of the patients in Minia University Hospital have a medium level of satisfaction. About 43 % of them showed a high level of satisfaction, while the results showed a low to medium level of patient satisfaction in Minia General Hospital. Patients consider that when treated with respect and dignity, participate in treatment decisions, are treated in a safe environment, and are given enough privacy during treatment, these are the most significant intangible issues related to patient satisfaction (Fouad; et al. 2020).

Compliance with professional ethics is reflected in patient satisfaction, treatment efficacy, or employee satisfaction. All medical professions are interrelated and serve the patient's and society's interests, as it is a right. An integral part of medical care is respecting the patients and their privacy, dealing with them with transparency and honesty, taking their opinion before starting any medical procedure, and giving them the right to know their condition (Asare et al., 2022).

This research studied the extent to which the nurses and physicians applied the ethical code from the perspective of patients in Al-Makassed Hospital and its effect on patients' satisfaction.

2.6. Summary

The literature review revealed a wealth of research on professional codes of ethics. However, there are limited studies on patients' perspectives regarding physicians' and nurses' ethical practices. The literature review aims to illuminate significant findings and themes pertaining to the principles and concepts of ethics and the aim of this study.

Chapter Three

Conceptual Framework

Chapter Three

Conceptual Framework

3.1. Introduction

This chapter includes the conceptual definitions of some terminologies used in this study. Then, it presents the conceptual framework demonstrating the study variables and the supposed links between them. Moreover, it highlights the conceptual and operational definitions of the dependent and independent variables, and how the study variables will be measured.

3.2. Conceptual Definitions

3.2.1. Study Terminology

The following definitions of concepts were adopted to study the ethical practices of physicians and nurses:

Code of Ethics: It is a statement of the ethical principles that underpin the medical profession and is designed to guide the behavior of medical providers in their interactions with patients, colleagues, and society. The Code of ethics covers a wide range of issues, including confidentiality, informed consent, and the duty to provide appropriate care (World Medical Association, 2014).

Code of Conduct: It is an important government document in addition to the system of government work legislation that acquaints employees with the rules of correct behavior and ethics that must be followed during the job performance to reach a work environment and high-quality services (Al-Ghamdi, 2010).

Ethics: It is a characteristic of the self that shows its effects in speech, practical behavior, outward appearance, and the chosen company (Al-Ghamdi, 2010).

Professional Ethics: The employee's commitment to his/her job duties as defined by the law and includes the employee's respect for regulations, laws, community values and customs, justice, impartiality, working for the public interest, preserving the secrets of the organization in which he works, as well as respecting time and adherence to working hours to achieve the greatest amount of production (Ghosheh, et al, 1983).

A code of professional ethics serves as a collection of principles and actions that employees are expected to adhere to in order to guide their conduct and interactions both within the workplace and with the individuals they serve.

3.2.2. Quality of Health Services

Customer satisfaction at present is one of the main factors on which marketing in service organizations of all kinds depends, and through the number of visitors and customers to the organizations, we measure the extent of their success and failure and who is the leading organization in providing services according to high quality and based on the development of the service sector, in general, many have been imposed one of the challenges for institutions that provide services, especially health care institutions, where the need of people and the local community has become great for them. Due to their contribution to the gross national product, they have become the focus of attention of researchers and those interested in developing them. Among the most prominent service institutions are health centers and hospitals (Kaihlanen, et al., 2019).

Health services are among society's most important services, due to the diversity and ambiguity of physical and psychological diseases and their rapid development. Patients' satisfaction with receiving various medical services. Accordingly, there has been a great trend in studying services, defining their concept, and determining their properties (Varkey, 2021).

The quality of healthcare services refers to the degree to which healthcare services meet the needs and expectations of patients and are safe, effective, patient-centered, timely, equitable, and efficient (Kruk et al., 2018). In other words, quality healthcare services provide the right care to the right patient at the right time, with the right outcome and experience.

3.2.3. Services concept

Services are mechanisms and activities that are provided by the service provider to the customer to fulfill his/her desires. They are intangible and not stored, but rather the individual obtains them to benefit him (Kaihlanen, et al., 2019).

In the last two decades, services have gained a high and increasing status among interested parties at various levels due to the tremendous scientific and technological

progress, and they have become a prominent role in the life of the individual and society and contribute to their well-being and enjoyment of good health (Kaihlanen, et al., 2019).

3.2.4. Health Services

The process of building a person does not stop at the educational aspect but rather precedes it in the aspects of upbringing and is associated with it from birth until he died the aspects of health care and nutrition, and providing security and stability for him. Therefore, the healthcare sector occupies paramount importance within the sectors of social development as the sector responsible for protecting the population from all diseases and preventing them, which directly contributes to improving the quality of life (Kruk et al., 2018).

The concept of health care (health service) refers to a set of services and preventive measures provided by health care systems and their affiliated institutions to all members of society in general, to raise the health level of society, preventing the occurrence and spread of diseases, and always working to promote and maintain public health (Kruk et al., 2018).

3.2.5. Demographic and Organizational Data

The conceptual framework also includes two independent variables; patients' demographic characteristics and organizational factors:

3.2.5.1. Patient Demographic Characteristics

Demographic characteristics of the participants, such as age, gender, place of residence, marital status, education, insurance coverage, family size, income, and employment status, may influence their perception.

The demographic data collected from patients (participants) in this study include: Gender, which refers to the sex of the patient, which is measured as male or female. Age is measured by the number of years the patient has lived. Marital status indicates the patient's social status, whether they are single, married, divorced, or widowed. Educational qualification represents the number of years of academic education the patient completes, categorized into different levels (Twjihi and below, intermediate diploma, bachelor's degree, postgraduate studies). Place of residence refers to the patient's location, whether in a city, refugee camp, or village. The residential area represents the residential region based on the division of living areas for Palestinians (Jerusalem, West Bank, Gaza). Health insurance

availability indicates whether the patient is covered by an insurance provider or not (unavailable, Palestinian government insurance, Israeli government insurance, relief agency insurance, private company insurance). The current occupation of the patient describes their current job nature, measured as (unemployed, employed in a permanent position, employed intermittently, or other). Monthly family income represents the general monthly income of the entire family and is categorized as (less than 2000 shekels, 2000 to less than 5000 shekels, 5000 to less than 7000 shekels, more than 7000 shekels).

3.2.5.2. Organizational Factors (Department):

The organizational factors are the values that are promoted within the hospital by senior management to achieve good performance, that is, the values written in policies or ethical rules, and the values followed in the department (values common to physicians and nurses) that can be negative or positive, and the extent of congruence between these two types of values. Conformity occurs when the values (ethical behavior) that match what is written in the policies are practiced, which is due to individual perception (heads of departments and individuals) (Zidane, 2015).

The organizational factors that are considered in this study are the department in which the patient receives medical services at Al-Makassed Hospital, categorized as the internal medicine department, surgery department, and orthopedics department. The number of hospital admissions for treatment in the internal departments of Al-Makassed Hospital in the past year, including the current admission, was divided into three categories (once, two to five times, more than five times). Communication between doctors and nursing staff was assessed through patient observation in the department where they are currently receiving treatment, measured as (very good, good, acceptable, unacceptable, unsure). Collaboration between doctors and nursing staff was assessed through patient observation during the provision of medical services in the department where they are currently receiving treatment, measured as (good, poor, and unsure).

3.3. Physicians and Nurses' Practices

The practices carried out by physicians and nurses are considered the basis for building the hospital's reputation, as their performance is reflected in the patient's satisfaction, and through this, the medical services and health care provided to patients are

measured. Therefore, the study mainly aims to study and measure the extent to which physicians and nurses in Al-Makassed Hospital adhere to the code of ethical conduct while providing treatment for patients and dealing with their families from patients' perspectives. This is done by studying several aspects of the physicians' and nurses' practices with patients, and nurse-physician interrelated communication and coordination during the provision of the services to the patient, and whether the patient is respected and worked in his/her interest and the extent of their keenness to protect the patient from harm, preserve his/her freedom and give him/her the right to choose the method of treatment.

To assess physicians' and nurses' commitment to the code of ethics, this study will adopt the main domains that were determined by the World Medical Association. Under this code of honor, the physician pledges to devote his/her life to the service of humanity and to practice the profession with conscience and dignity (human dignity and value), with the patient's health being his/her first consideration (beneficence), in addition to respecting the patient's secrets (privacy). Even after the patient's death, the healthcare professionals should practice the profession without racial discrimination or any other consideration (justice and fairness), achieve the utmost respect for human life, and will not use medical knowledge in contravention of the laws of humanity (non-maleficence) (World Medical Association, 2014).

According to the International Council of Nurses (ICN), the Code of Ethics for Nurses has four principal elements that provide a framework for ethical conduct; maintaining human rights and dignity, advocating equity and social justice, respecting privacy and confidentiality, and demonstrating professional values such as respect, justice, responsiveness, caring, compassion, empathy, trustworthiness, and integrity (International Council of Nurses, 2021).

In this study code of ethics that will be assessed is based upon six main principles that are a combination of physicians' and nurses' codes of ethics (the dependent variables): Beneficence, non-maleficence, autonomy, justice, privacy, and respect human dignity and value, that influence directly, on patient satisfaction, which is the outcome being measured.

It is also important to consider the influence of independent variables (demographic data and organizational factors), in research. These variables can significantly impact the

outcome of a study and can help to better understand the relationship between the dependent and independent variables.

The following definitions of the main domains of the physicians' and nurses' ethical practices (dependent variables) that are assessed in the study:

1- Beneficence and Respect for Patients

Physicians and nurses must act for the patient's benefit and support many moral rules to protect and defend the rights of others, prevent harm, remove conditions that will cause harm, help persons with disabilities, and rescue persons in danger (Varkey, 2021).

Respect for human dignity is an essential value that must be adopted, regardless of the individual differences in gender, race, and others between patients. Healthcare professionals must respect the values of every patient and include them during the provision of care (Kırımlıoğlu et al., 2016).

2- Non-Maleficence

Ensure that unintentional harm is not caused to patients while providing treatment or services, especially by new employees, through good training and working to perfect the service delivery correctly from the first time. Additionally, physicians' and nurses' obligations and intentions are to relieve a patient's suffering through appropriate treatment (Varkey, 2021).

3- Autonomy

Preserve the patient's independence, and consider his/her wishes in a manner that does not conflict with the health interest. This principle refers to the patient's rights to make decisions and act on them freely and without interference, the right to refuse a particular treatment, and the physician's obligation to respect that refusal (Cummings & Mercurio, 2010).

4- Justice and Fairness

Justice is generally interpreted as fair, equitable, and appropriate treatment of persons. Thus, treatment should be given to all patients at the same level and quality, without any difference (Varkey, 2021).

5- Privacy and Confidentiality

The patient's right to privacy is to maintain the confidentiality of information related to him and the privacy of the patient's body. This right requires that physicians and nurses maintain the confidentiality of information provided to them by the patient during their professional interaction with him, and this enhances confidence in health care and respect for patient privacy (Kırımlioğlu et al., 2016).

6- Patient Satisfaction

Patient satisfaction can be expected from a combination of factors, such as care, empathy, reliability, responsiveness, physician behavior, service availability, outcomes, and other factors (Prakash, et al. 2010).

Figure 3.1 represents the study framework, showing the relationship between the independent variables (demographic and organizational data) and their relationship with the study's six domains (dependent variables); Beneficence and respect for patients, Non-maleficence, Autonomy, Justice and fairness, Privacy and confidentiality, and Respect for human dignity and value, and their influence on patients; satisfaction.

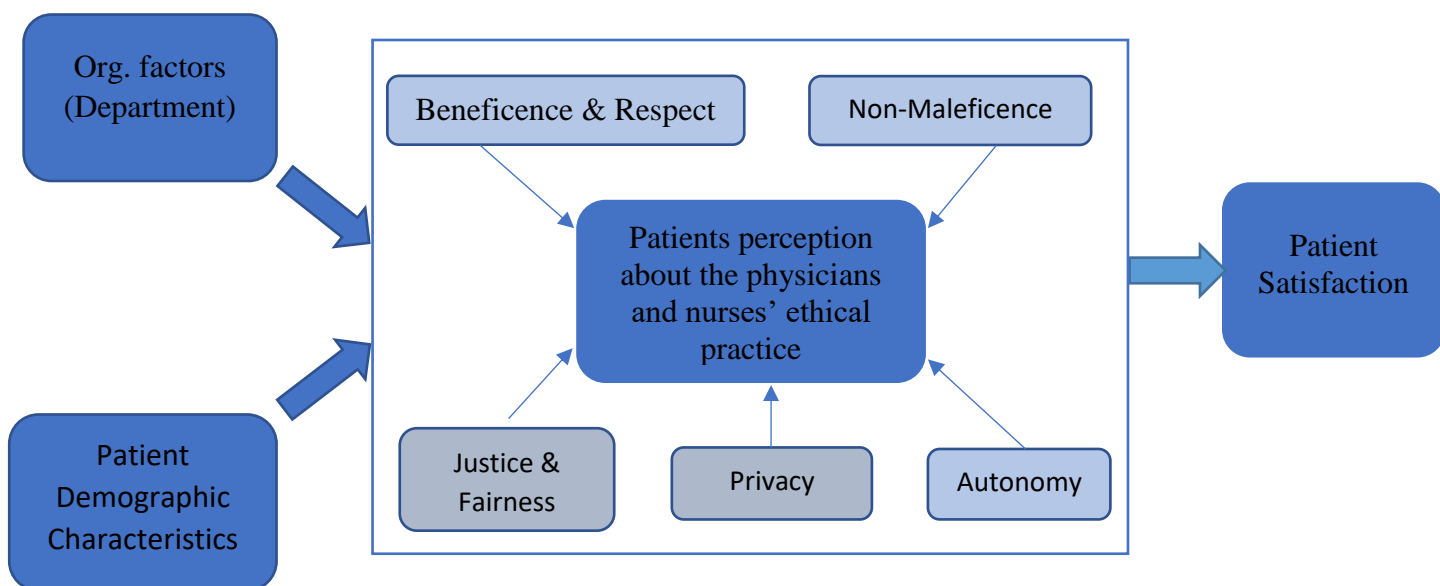


Figure 3.1: The Conceptual Framework of the Study: The relationship between patient perception of ethical practices of physicians and nurses and patient satisfaction.

3.4. Summary

This chapter presented an overview of the study's conceptual framework that was developed based on the literature review of the medical professionals' code of ethics, as well as the variables of the conceptual and operational definitions of the study. In addition to factors that may affect the patient's satisfaction with the hospital and the medical staff services are age, gender, educational level, place of residence, income level, and job type. Moreover, organizational factors and the extent to which the Code of Ethics is applied may also impact their perceptions of their level of satisfaction.

Chapter Four

Methodology

Chapter Four

Methodology

4.1. Introduction

This chapter describes the study methodology, including the study design, setting, target population, sample, data collection instruments, validity and reliability, data entry, and statistical analysis. Moreover, the study's ethical considerations, limitations, and a pilot study summary are highlighted.

4.2. Study Design

A quantitative cross-sectional study design was used for this study. Quantitative research is a formal and systematic scientific process for gathering information or investigating phenomena and relationships, so it involves collecting numerical data where there is often considerable control and analysis of data by using statistical procedures (Hoare & Hoe, 2013). Using quantitative cross-sectional study design is common in healthcare because cross-sectional studies are generally quick, easy, and cheap to perform. They are often based on a questionnaire survey, and there will be no loss to follow-up because the population sample participates at only one point in time (Sedgwick, 2014).

4.3. Study Setting

The study was conducted at Al-Makassed Islamic Charitable Hospital on the Mount of Olives in East Jerusalem, a hospital affiliated with the Al-Makassed Charitable Society. It is a general hospital that provides medical care services of secondary and tertiary care and has many clinical departments and specialties. It is licensed to 250 beds. The hospital had an average number of admissions of 15828 patients and an occupancy rate of 84% in 2022. It serves as a tertiary referral hospital mainly for the Arab population of the Palestinian territory, namely the West Bank (including East Jerusalem) and the Gaza Strip. Also, it provides health care for visitors and tourists. It is a teaching hospital and site for faculties of Medicine and allied health faculties (Palestinian Ministry of Health, 2021). In addition, the hospital has received the Joint Commission International Certificate for Hospitals (JCI) since March 2014, and the certification was renewed in 2017 as well as 2021, indicating that the hospital complies with the standards set by the Commission to improve healthcare (around 300 standards and 1,200 measurable items). The hospital accreditation is designed to ensure a safe environment for patients and their caregivers, enhance efficiency, improve

outcomes, increase patient satisfaction, and reduce costs through standardized care (Joint Commission, 2014).

4.4. Study Population

This study's target population is patients admitted and receiving inpatient services in the departments of surgery, orthopedics, and internal medicine at Al-Makassed Hospital in Jerusalem. The study population consisted of 504 patients. This represents the average number of patients admitted during six months to the three departments included in the study. Recruited participants have the following criteria:

4.4.1. Inclusion Criteria

- Inpatients who are admitted to the selected departments for more than 48 hours.
- Conscious patients and their cognitive state allow them to understand and reply to the study questions.
- Patients 18 years old and above.

4.4.2. Exclusion Criteria

- Patients who are suffering from a terminal illness and unbearable suffering.
- Unconscious patients.
- Patients with psychological or mental problems.
- Their age is less than 18 years.

4.5. Sampling and Sample Size calculation

This study used a purposive sampling method to select the study participants to ensure a representative sample of the target population. Patients were selected from three departments (Surgery, Orthopedics, and Internal Medicine).

The sample size was proportional to the average number of patients admitted in each department. The average monthly number was designated for each department as the average number of patients admitted to a department during six months. The total number of patients admitted into the selected departments per month, as estimated by the hospital information technology department for the first six months of 2022 was 504 patients (Surgery 217, Orthopedic 164, and Internal Medicine department 123 patients).

The sample size considered that the marginal error =5 %, confidence level 95%, and a response rate of around 60%, were calculated based on this equation from Raosoft® Application.

$$x=Z(c/100)2r (100-r), n=N x/ ((N-1) E^2 + x), E=\text{Sqrt} [(N - n) x/n (N-1)]$$

N is the population size, r is the fraction of responses you are interested in, and $Z(c/100)$ is the critical value for the confidence level c .

The Recommended Sample Size was 250 patients. The sample size from each department is shown in Table (4.1):

Table 4.1: Sample Size for Each Department

Department	Average # / month	Required Sample	% of size to the total sample
General Surgery	217	108	43.2%
Orthopedic	164	81	32.4%
Internal Medicine	123	61	24.4%
Total	504	250	100%

Patients were selected weekly from each department from March 2023 - April 2023. Patients purposefully selected from the list of patients admitted to the three selected departments who have spent more than 48 hours in the hospital and meet the specified criteria.

4.6. Data collection

The data was collected data from the participants after getting their approval. Because the researcher works at Al-Makassed Hospital, the data was collected from patients by the help of students from Al-Quds University due to ethical considerations. The selected students were well-trained in how to ask the questions and how to fill out the questionnaire. Additionally, students were trained for two days on how to clarify the purpose of the study, to explain the consent form, and to ask the questions in a way that makes the patient comfortable in answering to ensure that the data collected from the patient is accurate and reliable.

4.7. Data Collection Tool

The data collection tool for this research is a questionnaire that includes closed-ended questions. The questionnaire was developed after a comprehensive review of the literature to select the main domains that were consensus on in many studies in the area of professional code of ethics in healthcare. It included (67) questions exploring patients' perceptions of physicians and nurses' commitment to the code of ethics. The questionnaire was divided into four main sections (Annex 3):

1. Demographic data: Collecting demographic data can be useful for understanding the study population's characteristics and identifying any potential biases in the data or results. The demographic data collected about patients are sex (female/male), age by years, marital status (single, married, divorced, widow, others), academic qualification (high school, diploma, bachelor, high education), living area (city, village, camp), residence area (Jerusalem, West Bank, Gaza), health insurance (Palestinian governmental insurance, Israeli governmental insurance, UN health insurance, Private insurance, others, not available), patient's current job (no job, permanent job, temporary job, others), monthly family income (< 2000ILS, from 2000 - < 5000ILS, from 5000 - < 7000ILS, > 7000ILS).
2. Organization related factor containing four questions covering the factors related to the organization, which include: The section where the patient receives medical services at Al-Makassed Hospital is classified as the Department of Internal Medicine, Department of Surgery, and Department of Orthopedic Surgery. The number of times the patient has been admitted to the hospital for treatment in the internal departments of Al-Makassed Hospital last year, including the current admission, was measured as (once, two to five times, more than five times). The communication between doctors and nursing staff through patient monitoring in the department where they are currently receiving treatment was measured as (very good, good, acceptable, unacceptable, unsure). Lastly, the collaboration between doctors and nursing staff through patient monitoring during the provision of medical services in the department where they are currently receiving treatment was measured as (good, poor, and unsure).
3. The third section of the questionnaire includes questions related to the main five domains of the research; Beneficence and respect for patients will be evaluated by ten questions, non-maleficence eight questions, autonomy eight questions, justice and fairness four

questions, privacy and confidentiality has six questions. The questions' answers are 5 Likert scale (strongly agree, Agree, Neutral, Disagree, strongly disagree).

4. The last section contains (18) questions that measure the level of patients' overall satisfaction with the services provided and the physicians' and nurses' performances. Patients' answers were on a 5 Likert scale (strongly agree, Agree, Neutral, Disagree, strongly disagree).

Before distributing the questionnaire, it was pretested by a pilot study to ensure participants' clarity and ease of use.

Table 4.2: Study domains and number of questions related to it in the questionnaire

No.	Domain	Number of questions
1.	Demographic data	Nine questions
2.	Organizational data	Four questions
3.	Beneficence and respect for patients	Ten questions
4.	Non-maleficence	Eight questions
5.	Autonomy	Eight questions
6.	Justice and fairness	Four questions
7.	Privacy and confidentiality	Six questions
8.	Patient satisfaction with Al-Makassed Hospital health services	18 questions

4.8. Pilot Study

A pilot study was conducted with around 10% of participants from the study sample before starting the data collection. The data from 22 participants in the pilot study were not included in the main study data analysis. Conducting a pilot study is an essential step in the research process, as it allows researchers to test their questionnaire design and data collection procedures before conducting the actual study. The pilot study helps to identify any issues with the questionnaire, such as confusing or misleading questions, unclear

instructions, or missing response options. It also provides an opportunity to assess the questionnaire's length and the time required to complete it, which can affect the response rate and data quality (Van, 2010).

4.9. Validity of the Research

Using questionnaires for data collection is one of the most used tools in social science research, as it aims to obtain information related to the research topic most reliably and validly. The accuracy and consistency of the questionnaire are thus important aspects of the research methodology known to be valid and reliable (Taherdoost & Lumpur, 2016).

Validity refers to the accuracy of the measurement, that is, the accuracy of the study's answers to the study questions, meaning the strength of the study's conclusions (Heale & Twycross, 2015). It is an essential aspect of research as it ensures that the data collected accurately measures the constructs under investigation. However, it's important to note that validity is not a one-time achievement but an ongoing process that needs to be maintained throughout the research. It is crucial to ensure that the research design, sampling, data collection, and analysis methods are all aligned with the research objectives to maintain the study's validity.

Moreover, there are different types of validity that need to be considered in research, such as content validity, construct validity, criterion validity, and internal validity. Each type of validity assesses different aspects of the research, and it's essential to ensure that all types of validity are addressed in the research process.

By considering different types of validity, researchers can ensure that their questionnaire measures what it is intended to measure and that the results are valid and reliable. It's also important to pilot-test the questionnaire with a sample of participants to identify any issues with the wording or structure of the questions and to make any necessary revisions before administering the questionnaire in the actual study.

4.9.1 Content Validity of the Questionnaire

Construct validity refers to the extent to which the questionnaire accurately measures the underlying construct of interest. This can be assessed by comparing the scores on the

questionnaire with scores on other measures of the same construct or by conducting factor analysis to determine whether the questions cluster together as expected.

The questionnaire content validity was evaluated by the supervisor and five experts in the academic and research field (Annex 5) for their expert opinions. The questionnaire was modified according to their comments to produce the final version of the questionnaire. They agreed that it was valid and suitable for measuring the research objectives.

4.9.2 Criterion Validity of the Questionnaire

Criterion validity refers to the extent to which the questionnaire predicts or correlates with other measures of the same construct or related constructs. This can be assessed by comparing the scores on the questionnaire with scores on other measures or by examining the relationship between scores on the questionnaire and some external criterion, such as actual behavior or performance.

4.9.3 Statistical Validity of the Questionnaire

To insure the validity of the questionnaire, two statistical tests should be applied (Brains, et al, Rich 2011), the first test is the Criterion-related validity test (Pearson test) which measures the correlation coefficient between each item in the field and the whole field. The second test is the structure validity test (Pearson test) that used to test the validity of the questionnaire structure by testing the validity of each field and the validity of the whole questionnaire. It measures the correlation coefficient between one field and all the fields of the questionnaire that have the same level of similar scale (Kramer, et al, 2009).

4.9.4 Structure Validity of the Questionnaire

Structure validity is the second statistical test that is used to test the validity of the questionnaire structure by testing the validity of each field and the validity of the whole questionnaire. It measures the correlation coefficient between one field and all the fields of the questionnaire that have the same level of Likert scale.

As shown in table (4.4), the significance values are less than 0.01, so the correlation coefficients of all the fields are significant at $\alpha = 0.01$, so it can be said that the fields are valid to measure what it was set to achieve the main aim of the study.

Table 4.3: Structure Validity of the Questionnaire

No.	Pearson correlation coefficient	p-value
First: Respecting the patient and working for his interest (beneficence and respect)	.854**	0.001
Second: Protecting the patient from harm (benevolence and non-harm)	.878**	0.001
Third: Preserving the patient's freedom to agree to the treatment plan (Autonomy)	.805**	0.001
Fourth: Justice and Equality	.825**	0.001
Fifth: confidentiality and privacy	.876**	0.001
Patient satisfaction with the medical service provided at Makassed Charitable Hospital	.920**	0.001

** Correlation is significant at 0.01 level

4.10 Internal Consistency

Internal consistency of the questionnaire is measured by a scouting sample, which consisted of thirty questionnaires, through measuring the correlation coefficients between each question in one field and the whole field. Table (4.3) below shows the correlation coefficient and P-value for each field item. As shown in the table the P-values are less than 0.05 or 0.01, so the correlation coefficients of this field are significant at $\alpha = 0.01$ or $\alpha = 0.05$, so it can be said that the paragraphs of this field are consistent and valid to measure what it was set for.

Table 4.4: The Correlation Coefficient Between Each Item in the Field and the Whole Field

First: Respecting the patient and working for his interest (beneficence and respect)		Second: Protecting the patient from harm (benevolence and non-harm)		Third: Preserving the patient's freedom to agree to the treatment plan (Autonomy)		Fourth: Justice and Equality		Fifth: Confidentiality and privacy		Patient satisfaction with the medical service provided at Makassed Charitable Hospital	
Item No.	Coefficient of correlation	Item No.	Coefficient of correlation	Item No.	Coefficient of correlation	Item No.	Coefficient of correlation	Item No.	Coefficient of correlation	Item No.	Coefficient of correlation
1	.579**	1	.744**	1	.649**	1	.878**	1	.935**	1	.802**
2	.676**	2	.706**	2	.726**	2	.891**	2	.895**	2	.794**
3	.673**	3	.717**	3	.749**	3	.860**	3	.760**	3	.740**
4	.688**	4	.797**	4	.689**	4	.413*	4	.921**	4	.757**
5	.747**	5	.574**	5	.377*	5	.846**	5	.893**	5	.905**
6	.791**	6	.652**	6	.685**	6	.868**	6	.572**	6	.665**
7	.782**	7	.681**	7	.693**			7	.865**	7	.788**
8	.721**	8	.702**	8	.630**			8	.887**	8	.749**
9	.821**	9	.741**							9	.814**
10	.812**	10	.692**							10	.861**
11	.615**	11	.735**							11	.856**
12	.839**	12	.690**							12	.690**
13	.676**	13	.748**							13	.861**
14	.728**									14	.879**
15	.634**									15	.540**
16	.605**									16	.902**
17	.697**									17	.923**
18	.643**									18	.906**

** Correlation is significant at 0.01 level

4.11 Reliability of the Research

The reliability of an instrument is the degree of consistency with which it measures. One of the most common ways to check for reliability is retesting the questionnaire, achieving similar results when given to the same person on two separate occasions. Cronbach alpha was used to check for reliability. For most purposes, reliability coefficients above 0.70 are considered satisfactory, which describes the extent to which all the items in a test measure the same concept or construct, and it is connected to the interrelatedness of the items within the test. It is expressed as a number between 0 and 1 (Tavakol & Dennick, 2011).

Due to the complicated conditions that the participants were facing at the time, it was too difficult to ask them to respond to our questionnaire twice within a short period. However, overcoming the distribution of the questionnaire twice to measure the reliability can be achieved by using the Half-Split Method and Cronbach Alpha coefficient through the SPSS software.

4.11.1 Half Split Method

This method depends on finding the Pearson correlation coefficient between the means of odd rank questions and even rank questions of each field of the questionnaire. Then, correcting the Pearson correlation coefficients can be done by using the Spearman-Brown correlation coefficient of correction (Eisinga, et al. 2013). The corrected correlation coefficient (consistency coefficient) is computed according to the following equation:

Consistency coefficient = $2r/(r+1)$, where r is the Pearson correlation coefficient. The normal range of the corrected correlation coefficient $2r/(r+1)$ is between 0.0 and + 1.0. Table (4.5) shows that the values of reliability were in the range of 0.792 and 0.909, which is considered high; the result ensures the reliability of each field of the questionnaire. The reliability equals 0.905 for the entire questionnaire, which indicates an excellent reliability of the entire questionnaire. Therefore, the questionnaire is valid, reliable, and ready for distribution to the population sample.

Table 4.5: Split-Half Coefficient Method

No.	Section	person-correlation	Spearman-Brown Coefficient
1	First: Respecting the patient and working for his interest (beneficence and respect)	0.809	0.894
2	Second: Protecting the patient from harm (benevolence and non-harm)	0.734	0.847
3	Third: Preserving the patient's freedom to agree to the treatment plan (Autonomy)	0.655	0.792
4	Fourth: Justice and Equality	0.747	0.855
5	Fifth: confidentiality and privacy	0.819	0.900
6	Patient satisfaction with the medical service provided at Makassed Charitable Hospital	0.834	0.909
	All items	0.827	0.905

4.11.2 Cronbach's Coefficient Alpha

Cronbach's alpha is designed to measure internal consistency; i.e., all the items within the instrument measure the same thing (Ritter, 2010). One of the most common ways to check for reliability is retesting the questionnaire, achieving similar results when given to the same person on two separate occasions. Cronbach alpha was used to check for reliability. Describes the extent to which all the items in a test measure the same concept or construct, and it is connected to the interrelatedness of the items within the test. It is expressed as a number between 0 and 1 (Tavakol & Dennick, 2011).

The normal range of Cronbach's coefficient alpha value is between 0.0 and + 1.0, and the higher values reflect a higher degree of internal consistency. Cronbach's Coefficient Alpha was calculated for each field of the questionnaire.

Table (4.6) shows the values of Cronbach's Alpha for each field of the questionnaire and the entire questionnaire. For the fields, values of Cronbach's Alpha were in the range of

0.804 and 0.942. This range is considered high; the result ensures the reliability of each questionnaire field. Cronbach's Alpha equals 0.937 for the entire questionnaire, which indicates excellent reliability. It proved the questionnaire was valid, reliable, and ready for distribution to the population sample.

Table 4.6: Cronbach's Alpha for Reliability

No.	Section	No. of items	Cronbach's Alpha
1	First: Respecting the patient and working for his interest (beneficence and respect)	18	0.940
2	Second: Protecting the patient from harm (benevolence and non-harm)	13	0.916
3	Third: Preserving the patient's freedom to agree to the treatment plan (autonomy)	8	0.804
4	Fourth: Justice and Equality	6	0.894
5	Fifth: confidentiality and privacy	8	0.942
6	Patient satisfaction with the medical service provided at Makassed Charitable Hospital	18	0.928
	All items	71	0.937

4.12 Statistical Analysis

The collected data were entered into computer software (Statistical Package for the Social Sciences) SPSS (version 24) program by the researcher after coding the questions and clearing the entered data. The next step was data analysis SPSS program was used for data entry and quantitative data analysis methods. Since used a cross-sectional study design with a purposive sample was used. T-test and ANOVA statistical methods were used in this study.

The analysis of the data included:

1. Descriptive statistics: including frequencies, percentages, means, and standard deviations.
2. Pearson Correlation Coefficient for Validity and correlation between variables.
3. Cronbach's Alpha for Reliability Statistics.
4. Independent Samples T-test.
5. One-way ANOVA
6. Scheffe test for multiple comparisons.

4.13 Answers' Coding

The participants' answers were mainly on the Likert 5-point scale, and each answer was represented by a number from 1 to 5 as follows: 1: strongly disagree, 2: disagree, 3: Neutral, 4: agree, and 5: strongly agree. The respondents in sections three and four answered the items with a number from 1 to 5, where (5) represents the highest acceptance degree about an item and (1) represents the lowest acceptance degree about it, as illustrated in table (4.7).

Table 4.7: Respondent Scale

Level	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Scale	1	2	3	4	5
Mean Range	1.0-1.8	1.8-2.6	2.6-3.4	3.4-4.2	4.2-5.0
Weight mean	20%-36%	36%-52%	52%-68%	68%-84%	84%-100%

4.14 Ethical Consideration

The approval of the Scientific Ethics Committee at Al-Quds University / Faculty of Public Health was obtained for this research (Annex1). The study's permission was obtained from the hospital director and the Scientific Research Committee of Al-Makassed Hospital

(Annex2). Ethical considerations considered the data collection process, such as the appropriate time chosen for the patient, taking into account his/her comfort, health, and psychological condition. A consent form was obtained from the participants before their enrollment in the study (Annex3). Maintaining anonymity, privacy, and confidentiality was ensured throughout data collection.

4.15 Study Limitations

While conducting this study, it is important to acknowledge the potential limitations of this study:

1. Study objectives limitation: The study was limited to examining the patients' perception in evaluating the professional practices of part of the staff working at Al-Makassed Charitable Hospital in Jerusalem, who are physicians and nurses.
2. Special limitation: The study was limited to Al-Makassed Charitable Hospital in Jerusalem.
4. Human limitation: The study was based on patients' perceptions (250 patients) at Al-Makassed Charity Hospital in Jerusalem, which can be influenced by patients' experiences, cultural backgrounds, and personal beliefs.
5. Time limit: The data collection was conducted from March to April 2023. Due to time constraints, this period might not be sufficient to capture a comprehensive range of patients' perceptions.

4.16 Summary

This chapter presented the methodology employed in a descriptive cross-sectional study aimed at investigating the patients' perception of ethical practices among physicians and nurses at Al-Makassed Hospital. The study sample was selected from patients receiving inpatient services in the surgery, orthopedics, and internal medicine departments. Instead of using a random sample, a purposive sampling method was adopted. The study achieved a response rate of (88.4%). Due to the scarcity of existing research studies on the subject, the researcher had to develop a new questionnaire to address this constraint. The next chapter will present the study findings.

CHAPTER FIVE
Study Results

CHAPTER FIVE

Study Results

5.1. Introduction

In this chapter, the focus is on the statistical analysis of the collected data. It involves describing the demographic information of the patients and their satisfaction with the ethical practices of physicians and nurses. To summarize and describe the central tendency and variability of the data, arithmetic averages and standard deviations are commonly used to display the study results.

5.2. Response Rate

In this study, the sample consisted of 250 patients. Of the initial sample, 221 participants agreed to participate in the study. Therefore, the response rate of the study was calculated as 88.4%, indicating a high level of participation and engagement from the study participants.

5.3. Data Analysis

5.3.1. Demographic data

Table (5.1) presents the demographic data of the participants in this study. The data is presented in categories, frequencies, and percentages. The first variable is sex, with 110 (49.8%) male and 111 (50.2%) female patients. The second variable is age, with 39 (17.6%) patients less than 30 years, 113 (51.1%) patients between 30-60 years, and 69 (31.2%) patients more than 60 years old. The third variable is social status, with 47 (21.3%) single, 141 (63.8%) married, 7 (3.2%) divorced, and 26 (11.8%) widowed patients. The fourth variable is scientific qualification, with 165 patients (74.7%) having Tawjihi or less than Tawjihi qualification, 17 (7.7%) patients having an intermediate diploma, 35 (15.8%) patients having a bachelor's degree, and 4 (1.8%) patients having graduate studies. The fifth variable is the place of residence, with 128 (57.9%) patients residing in the city, 73 (33.0%) patients in camps, and 20 patients (9.0%) living in villages. The sixth variable is the residence area, with 52 (23.5%) patients residing in Jerusalem, 102 patients (46.2%) in the West Bank, and 67 patients (30.3%) in Gaza.

Regarding the variable of the availability of health insurance, results showed that a low percentage of patients (2.7%) 6 patients did not have health insurance, 163 patients (73.7%) had Palestinian government insurance, 41 patients (18.6%) had Israeli government insurance, 6 patients (2.7%) having relief agency insurance, and 5 patients (2.3%) having private companies' insurance. The eighth variable is the current job, with 165 patients (74.7%) not working, 37 (16.7%) patients working in a fixed job, 16 (7.2%) patients working intermittently, and 3 (1.4%) patients having other job arrangements. The final variable is the monthly household income level, with 128 (57.9%) patients having a monthly household income less than 2000 shekels, 73(33.0%) patients having a monthly household income between 2000 to <5000 shekels, 14 (6.3%) patients having a monthly household income between 5000 to <7000 shekels, and only 6 (2.7%) patients having a monthly household income of more than 7000 shekels.

Table 5.1: Demographic Data of the participant

Variable	Categories	Frequency	Percent
Sex	Male	110	49.8 %
	Female	111	50.2%
Age	Less than 30 years	39	17.6%
	30-60 years	113	51.1%
	More than 60 years	69	31.2%
Social status	Single	47	21.3%
	Married	141	63.8%
	Divorced	7	3.2%
	Widowed	26	11.8%
Scientific qualification	Tawjihi and less than	165	74.7%
	Intermediate diploma	17	7.7%
	bachelor's	35	15.8%
	graduate studies	4	1.8%
Place of residence	City	128	57.9%
	Camps	73	33.0%
	Villages	20	9.0%
Residence area	Jerusalem	52	23.5%
	West Bank	102	46.2%
	Gaza	67	30.3%
Availability of health insurance	Not available	6	2.7%
	Palestinian government insurance	163	73.7%
	Israeli government insurance	41	18.6%
	Relief agency insurance	6	2.7%
	Private companies' insurance	5	2.3%
Current job	I do not work	165	74.7%
	I work in a fixed job	37	16.7%
	I work intermittently	16	7.2%
	Other job arrangements	3	1.4%
The monthly household income level	Less than 2000 shekels	128	57.9%
	From 2000 to <5000	73	33.0%
	From 5000 to <7000	14	6.3%
	More than 7000 shekels	6	2.7%

5.3.2. Factors Related to the Organization and Inter-Communication

1. Participants' Distribution According to the Department They are Admitted to:

Table (5.2) shows the distribution of medical services received by the respondents based on the department. There were 221 respondents in total, divided into three categories: Internal medicine, Surgery, and orthopedic department. Out of the 221 respondents, 55 (24.9%) received medical services from the Internal medicine department, 95 (43.0%) received services from the Surgery department, and 71 (32.1%) received services from the Orthopedic department.

Table 5.2: The Department from Which You are Currently Receiving Medical Service

No.	Categories	Frequency	Percent %
1.	Internal medicine	55	24.9%
2.	Surgery	95	43.0%
3.	Orthopedic	71	32.1%
	All categories	221	100.0%

2. The Number of Admissions Per Participant at Al-Makassed Charitable Hospital in the Last Year:

Table (5.3) shows the number of admissions of patients to receive treatment at Al-Makassed Charitable Hospital in the last year. The data is presented in the form of categories, frequencies, and percentages. There are three categories presented in the table: Once means the current admission of the patient, from two to 5 times, and More than 5 times. Out of the 221 patients included in the study, 142 patients (64.3%) had one admission to the hospital (current admission). While 65 patients (29.4%) had between two to five admissions, and 14 patients (6.3%) had more than five admissions.

Table 5.3: The Number of Admissions Per Patient at Al-Makassed Charitable Hospital in the Last Year

No.	Categories	Frequency	Percent (%)
1.	Once	142	64.3%
2.	From two to 5 times	65	29.4%
3.	More than five times	14	6.3%
	All categories	221	100.0%

3. Communication Between Doctors and Nurses in the Department in Which the Participants Stayed While Providing the Service:

According to Table (5.4), out of 221 respondents in the department, 151 of them rated the communication between doctors and nurses as very good, which accounts for 68.3% of the total responses. While 58 respondents rated it as good, accounting for 26.2% of the responses. Only ten respondents rated it fair, accounting for 4.5% of the responses. One respondent rated it unsatisfactory, accounting for 0.5% of the responses. Only one respondent didn't know how to rate it, accounting for 0.5% of the responses. Most respondents rated the department's communication between doctors and nurses as very good.

Table 5.4: Communication Between Doctors and Nurses in the Department in Which the Participants Stayed While Receiving the Service

No.	Categories	Frequency	Percent (%)
1.	Very good	151	68.3%
2.	Good	58	26.2%
3.	Fair	10	4.5%
4.	Unsatisfactory	1	0.5%
5.	I don't know	1	0.5%
	All categories	221	100.0%

4. Cooperation Between Doctors and Nurses in the Department in Which the Participants Stayed While Providing the Service:

Based on Table (5.5), it is evident that the collaboration between doctors and nurses in the department received mostly positive feedback. Specifically, 94.1% of the total sample (208 respondents) reported "Good" cooperation. In contrast, there was a minimal negative response, with only 0.5% (1 respondent) expressing "Bad" cooperation. Additionally, 5.4% of the total sample (12 respondents) stated they were uncertain about the level of cooperation, as they selected "Don't know" as their response.

In summary, most respondents (94.1%) had a positive view of the cooperation between doctors and nurses in the selected departments, indicating a strong level of collaboration among the healthcare professionals.

Table 5.5: Cooperation Between Doctors and Nurses in the Department in Which the Participants Stayed While Providing the Service

Categories	Frequency	Percent
Good	208	94.1%
Bad	1	0.5%
Don't know	12	5.4%
All categories	221	100.0%

5.3.3. The Analysis of the Ethical Practices from the Participants' Perception

The third section of the questionnaire includes 36 items on 5-scale Likert questions about patients' perception of the ethical practices of doctors and nurses, which ranches to the following fields as follows:

1. Respecting the patient and working for his interest (beneficence and respect)
2. Protecting the patient from harm (non-maleficence)
3. Preserving the patient's freedom to agree to the treatment plan (Autonomy)
4. Justice and fairness
5. Privacy and confidentiality.

5.3.3.1. Respecting the Patient and Working for his Interest (Beneficence and Respect)

The Mean, Weight mean, Standard Deviation, and Ranking of each item for the domain “Respecting the patient and working for his/her interest” are shown in Table (5.6) as follows: The mean of items ranges from (3.81-4.44), the weighted mean of items ranges from (76.11% to 88.78%), the average mean for all items = 4.01 from (5) with Standard deviation =1.02, and the average weight mean = 80.22%. **The results showed that the level of respecting the patient and working for his/her interest is very high according to the Likert scale.** The highest three items of the domain are as follows:

- (Doctors treat me with courtesy and respect) with a weighted mean of 88.78%.
- (The doctor asks about my medical history before determining a treatment plan) with a weighted mean of 88.69%.
- (Doctors listen to me) with weight mean 85.25%.

While the lowest three items of the domain are as follows:

- (Doctors respect the patient's values and principles) with a weighted mean of 77.47%.
- (I feel that the doctors respect my customs and traditions) with a weighted mean of 77.47%.
- (Nurses take into account the psychological and social situation of the patient) with a weighted mean of 76.11%.

Table 5.6: Respecting the Patient and Working for his/her Interest (Beneficence and Respect)

Item No	Item	Mean	Standard deviation	Weight mean (%)	Ranking	Interpretation
1.	Doctors treat me with courtesy and respect.	4.44	1.02	88.78 %	1	S.A
8.	The doctor asks about my medical history before determining a treatment plan.	4.43	1.14	88.69%	2	S.A
3.	Doctors listen to me.	4.26	1.25	85.25%	3	S.A
2.	The nurses treat me with courtesy and respect.	4.08	1.36	81.63%	4	A
5.	I feel like the doctors are accompanying me during the examination.	4.03	1.34	80.54%	5	A
6	I feel the nurses accompany me during the examination.	4.01	1.34	80.27%	6	A
4	The nurses listen to me.	4.00	1.37	80.09%	7	A
15	I don't feel like the doctor is looking down on me.	4.00	1.36	80.00%	8	A
17	I feel good about the doctors' treatment of me.	3.93	1.42	78.64%	9	A
16	I don't feel like the nurse looks down on me.	3.93	1.41	78.55%	10	A
7	I have complete confidence that the doctor is presenting me with the available treatment plan options and providing me with the best.	3.92	1.39	78.37%	11	A
9	Doctors take into account the psychological and social situation of the patient	3.91	1.37	78.28%	12	A
14	I feel the nurses respect my customs and traditions.	3.91	1.39	78.28%	12	A
12	Nurses respect the patient's values and principles.	3.89	1.40	77.83%	13	A
18	I feel good about the nurses' treatment of me.	3.89	1.42	77.74%	14	A
11	Doctors respect the patient's values and principles.	3.87	1.41	77.47%	15	A
13	I feel that the doctors respect my customs and traditions.	3.87	1.39	77.47%	15	A
10	Nurses take into account the psychological and social situation of the patient.	3.81	1.42	76.11%	16	A
Overall mean		4.01	1.02	80.22%		A

SA: strongly agree, A: agree

5.3.3.2. Protecting the Patient from Harm (Non-Maleficence)

The mean, Weight mean, Standard Deviation, Ranking, and Interpretation of each item for protecting the patient from harm (benevolence and non-harm) domain are shown in Table (5.7) as follows: The mean of items ranges from (3.73–4.13), the weight mean of items ranges from (74.57% - 82.62%), the average mean for all items = 3.98 from (5) with standard deviation =1.01, and the average weight mean = 79.63%. **Results showed that the level of**

protecting the patient from harm (non-maleficence) is high. The highest three items of the domain are as follows:

- (I note that in the event of an emergency happening to the patient while receiving treatment, the doctors rush to save him and mitigate the harm) with a weighted mean of 82.62%.
- (Doctors are keen to wear gloves when providing care to patients in order to protect the patient from infection) with a weighted mean of 81.81%.
- (I notice that in the event of an emergency happening to the patient while receiving treatment, the nurses rush to save him and mitigate the harm) with a weighted mean of 80.63%.

The lowest three items of the domain are as follows:

- (I feel like the nurses do whatever it takes to keep me safe from harm during any medical procedure) with a weighted mean of 79.10%.
- (Nurses make sure that the place is sterile and clean to ensure that infection is not transmitted) with a weighted mean of 77.65%.
- (I trust that the nurses are experienced and skilled enough to treat me) with a weight mean of 74.57%.

Table 5.7: Protecting the Patient from Harm (Non-Maleficence)

Item No.	Item	Mean	S.D.	Weight mean (%)	Ranking	Interpretation
5	I note that in the event of an emergency happening to the patient while receiving treatment, the doctors rush to save him and mitigate the harm.	4.13	1.25	82.62	1	A
9	Doctors are keen to wear gloves when providing care to patients in order to protect the patient from infection.	4.09	1.35	81.81	2	A
6	I notice that in the event of an emergency happening to the patient while receiving treatment, the nurses rush to save him and mitigate the harm.	4.03	1.29	80.63	3	A
10	Nurses are keen to wear gloves when providing care to patients in order to protect the patient from infection.	4.03	1.36	80.63	3	A
7	Doctors are keen to wash their hands when providing care to patients in order to protect the patient from infection.	4.02	1.28	80.36	4	A
13	I feel safe receiving treatment and examination in the hospital.	4.01	1.38	80.18	5	A
11	I note that when performing any medical procedure, an adequate medical team is available for the patient's interest.	4.00	1.35	80.00	6	A
1	I trust that the doctors have enough experience and skill to treat me.	3.98	1.37	79.55	7	A
8	Nurses are keen to wash their hands when providing care to patients in order to protect the patient from infection.	3.96	1.32	79.19	8	A
3	I feel like the doctors do whatever it takes to keep me safe from any medical procedure.	3.95	1.40	78.91	9	A
4	I feel like the nurses do whatever it takes to keep me safe from harm during any medical procedure.	3.95	1.39	79.10	9	A
12	Nurses make sure that the place is sterile and clean to ensure that infection is not transmitted.	3.88	1.43	77.65 %	10	A
2	I trust that the nurses are experienced and skilled enough to treat me.	3.73	1.43	74.57	11	A
Overall mean		3.98	1.01	79.63%		A

SA: strongly agree, A: agree

5.3.3.3. Preserving the Patient's Freedom to Agree to the Treatment Plan (Autonomy)

Mean, Weight mean, Standard Deviation, Ranking and Interpretation of each item for (Preserving the patient's freedom to agree to the treatment plan (autonomy)) domain shown in Table (5.8) as follows: The mean of items ranges from (3.64–4.29), the weight mean of items ranges from (72.85%–85.70%), the average mean for all items = 3.89 from (5) with Standard deviation =0.96, and the average weight mean = 77.88 %. **Results showed**

that the level of preserving the patient's freedom to agree to the treatment plan (autonomy) is high.

The highest three items of the domain are as follows:

- (Before performing operations or medical interventions, doctors ask me to sign a written consent) with a weighted mean of 85.70%.
- (The doctor explains my condition in an understandable way) with a weighted mean of 81.45%.
- (The doctor does not try to pressure me or force me to agree to treatment) with a weighted mean of 79.10%.

And the lowest three items of the domain are as follows:

- (The doctor explains to me the expected side effects of the medicines prescribed to me) with a weighted mean of 76.20%.
- (If I do not agree to the treatment, the doctor suggests alternative solution) with a weighted mean of 73.76%.
- (If I feel doubts about the treatment plan, the doctor encourages me to seek other medical opinions) with a weighted mean of 72.85%.

Table (5.8): Preserving the Patient's Freedom to Agree to the Treatment Plan (Autonomy)

Item No.	Item	Mean	Standard deviation	Weight mean (%)	Ranking	Interpretation
6	Before performing operations or medical interventions, doctors ask me to sign a written consent.	4.29	1.22	85.70%	1	A
1	The doctor explains my condition in an understandable way.	4.07	1.33	81.45%	2	A
7	The doctor does not try to pressure me or force me to agree to treatment.	3.95	1.35	79.10%	3	A
2	The doctor explains the treatment plan and its duration to me in an understandable way.	3.86	1.37	77.29%	4	A
3	The doctor explains the medicines prescribed to me and how to use them.	3.84	1.32	76.74%	5	A
4	The doctor explains to me the expected side effects of the medicines prescribed to me.	3.81	1.27	76.20%	6	A
8	If I do not agree with the treatment, the doctor suggests alternative solutions.	3.69	1.32	73.76%	7	A
5	In the event that I feel doubts about the treatment plan, the doctor encourages me to seek other medical opinions.	3.64	1.29	72.85%	8	A
Overall mean		3.89	0.96	77.88%		A

SA: strongly agree, A: agree

5.3.3.4. Justice and Equality

The mean, Weight mean, Standard Deviation, Ranking, and Interpretation of each item for Justice and Equality) domain are shown in Table (5.9) as follows: The mean of items ranges from (3.26 – 3.87), the weight mean of items ranges from (65.25%–77.38%), the average mean for all items =3.64 from (5) with Standard deviation =1.05, and the average weight mean = 72.75 %. **Results show that the level of Justice and Equality is high.** The highest three items of the domain are as follows:

- (In my experience, I believe that doctors treat patients equally, without discrimination) with a weighted mean of 77.38%.

- (In my experience, I believe that nurses treat patients equally, without discrimination) with a weighted mean of 74.48%.

- (I note that all patients can benefit from medical services in the hospital fairly according to their needs) with a weighted mean of 73.76%.

The lowest three items of the domain are as follows:

- (I see that there is no preference for a certain category of patients over another, or one patient over another when providing treatment by doctors.) With a weighted mean of 73.39%.

- (I see that there is no preference for a certain category of patients over another or one patient over another when providing treatment by nursing.) with a weighted mean of 72.22%.

- (I think medical fees and medicines are affordable for everyone) with a weighted mean of 65.25%.

Table 5.9: Justice and Equality

Item No.	Item	Mean	S.D.	Weight mean(%)	Ranking	Interpretation
1	In my experience, I believe that doctors treat patients equally, without discrimination.	3.87	1.39	77.38%	1	A
2	In my experience, I believe that nurses treat patients equally, without discrimination.	3.72	1.40	74.48%	2	A
3	I note that all patients can benefit from medical services in the hospital fairly according to their needs.	3.69	1.37	73.76%	3	A
5	I see that there is no preference for a certain category of patients over another, or one patient over another when providing treatment by doctors.	3.67	1.39	73.39%	4	A
6	I see that there is no preference for a certain category of patients over another or one patient over another when providing treatment by nursing.	3.61	1.40	72.22%	5	A
4	I think medical fees and medicines are affordable for everyone.	3.26	1.17	65.25%	6	N
Overall mean		3.64	1.05	72.75%		A

SA: strongly agree, A: agree, N: neutral

5.3.3.5. Privacy and confidentiality

Mean, Weight mean, Standard Deviation, Ranking, and Interpretation of each item for (the privacy and confidentiality) domain are shown in Table (5.10) as follows: The mean of items ranges from (3.56–4.02), the weight mean of items ranges from (71.22%-80.45%), the average mean for all items = 3.81 from (5) with standard deviation =0.50, and the average weight mean = 76.28%. **Results show that the level of privacy and confidentiality is high.** The highest three items of the domain are as follows:

- (Doctors care about and respect patient privacy.) with a weighted mean of 80.45%.
- (I notice that the curtains between patients in the common rooms are always closed by the medical team) with a weighted mean of 80.09%.
- (Nurses care about and respect the privacy of the patient) with a weighted mean of 79.64%.

The lowest three items of the domain are as follows:

- (The doctor uses the best way to communicate with me and maintain my privacy) with a weighted mean of 72.49%.
- (The doctor asks for my consent before sharing information about my illness with relatives.) with a weighted mean of 72.13%.
- (I note that patient privacy is always taken into account in the treatment rooms) with a weighted mean of 71.22%.

Table 5.10: Privacy and Confidentiality

Item No.	Item	Mean	Standard deviation	Weight mean (%)	Ranking	Interpretation
4	Doctors care about and respect patient privacy.	4.02	1.35	80.45%	1	A
3	I notice that the curtains between patients in the common rooms are always closed by the medical team.	4.00	1.36	80.09%	2	A
5	Nurses care about and respect the privacy of the patient	3.98	1.38	79.64%	3	A
1	Doctors keep my information confidential.	3.89	1.39	77.83%	4	A
2	The nurses keep my information confidential.	3.82	1.39	76.38%	5	A
8	The doctor uses the best way to communicate with me and maintain my privacy.	3.62	1.46	72.49%	6	A
6	The doctor asks for my consent before sharing information about my illness with relatives.	3.61	1.30	72.13%	7	A
7	I note that patient privacy is always taken into account in the treatment rooms.	3.56	1.48	71.22%	8	A
Overall mean		3.81	1.10	76.28%		A

SA: strongly agree, A: agree

5.4. Research Questions

5.4.1. How Ethical is the Medical Staff Conduct from the Patient's Perspective?

Mean, Weight mean, Standard Deviation, Ranking, and Interpretation of each dimension for (ethical practices of doctors and nurses) are shown in Table (5.11) as follows: The mean of dimensions ranges from (3.64 – 4.01), the weight means of dimension ranges from (72.75%–80.22%), the average mean for all items = 3.91 from (5) with Standard deviation=0.90, and the average weight mean = 78.28%. **Results showed that the level of ethical practices of doctors and nurses is high according to the Likert scale.** We ranked the dimensions from highest to lowest according to the weight man as follows:

- (Respecting the patient and working for his interest (beneficence and respect)) with a weighted mean of 80.22%.
- (Protecting the patient from harm (benevolence and non-harm)) with a weighted mean of 79.63%.

- (Preserving the patient's freedom to agree to the treatment plan (autonomy)) with a weighted mean of 77.88%.
- (Privacy and confidentiality) with a weighted mean of 76.28%.
- (Justice and Equality) with a weighted mean of 72.75%.

Table 5.11: Ethical Practices of Doctors and Nurses

No.	Domain	Mean	Standard deviation	Weight mean (%)	Ranking	Interpretation
1	Respecting the patient and working for his interest (beneficence and respect)	4.01	1.02	80.22%	1	A
2	Protecting the patient from harm (benevolence and non-harm)	3.98	1.01	79.63%	2	A
3	Preserving the patient's freedom to agree to the treatment plan (autonomy)	3.89	0.96	77.88%	3	A
5	Privacy and confidentiality	3.81	1.10	76.28%	4	A
4	Justice and Equality	3.64	1.05	72.75%	5	A
Overall domains		3.91	0.90	78.28%		A

A: agree

5.4.2. What is the level of patient satisfaction with the health services provided at Al-Makassed Charitable Hospital?

The mean, Weight mean, Standard Deviation, Ranking, and Interpretation of each item for (patient satisfaction with the hospital health services provided at Al-Makassed Charitable Hospital) domain shown in Table (5.12) as follows: The mean of items ranges from (3.36–3.99), the weight mean of items ranges from (67.24%–79.82%), the average mean for all items = 3.79 from (5) with standard deviation =1.02, and the average weight mean = 75.86%. **Results showed that the level of patient satisfaction with the medical service provided at Al-Makassed Charitable Hospital is high.** The highest three items of the domain are as follows:

- (I will be recommending this hospital to friends and relatives) with a weighted mean of 79.82%.
- (In general, I am satisfied with the hospital's services.) With a weighted mean of 78.82%.

- (I trust the medical service provided at Al-Makassed Hospital) with a weighted mean of 78.55%.

And the lowest three items of the domain are as follows:

- (The hospital responds within a reasonable time to patients' complaints and inquiries) with a weighted mean of 72.31%.

- (The hospital handles crowds and noise effectively.) with a weighted mean of 71.04%.

- (Appointments in the hospital are organized, and waiting time is short) with a weighted mean of 67.24%.

Table 5.12: Patient Satisfaction with the Health Service Provided at Al-Makassed Charitable Hospital

No.	Item	Mean	Standard deviation	Weight mean (%)	Ranking	Interpretation
17	I will be recommending this hospital to friends and relatives.	3.99	1.38	79.82%	1	A
18	In general, I am satisfied with the hospital's services.	3.94	1.40	78.82%	2	A
1	I trust the medical service provided at Makassed Hospital.	3.93	1.42	78.55%	3	A
16	If I get sick again, I prefer to come to this hospital for treatment.	3.91	1.39	78.28%	4	A
14	I would like to continue receiving the service in the same hospital.	3.89	1.40	77.83%	5	A
11	The time the doctor spends with me is enough	3.87	1.35	77.38%	6	A
6	The sanitary institution takes care of the cleanliness of the rooms.	3.86	1.40	77.10%	7	A
2	The hospital provides health services of high quality.	3.84	1.41	76.74%	8	A
7	I feel comfortable when dealing with hospital staff.	3.84	1.43	76.83%	8	A
10	I feel like the hospital is trying to please me.	3.84	1.40	76.83%	8	A
5	I feel that I am receiving adequate service in the hospital.	3.81	1.42	76.11%	9	A
9	I defend Al-Makassed Hospital when I hear about what harms its reputation.	3.81	1.41	76.20%	9	A
15	The hospital and its facilities are generally clean and tidy.	3.79	1.41	75.75%	10	A
3	According to my experience, the patient does not wait long to get the service at Al-Makassed Hospital.	3.76	1.41	75.11%	11	A
8	The hospital is interested in patients' suggestions through the suggestion box in order to improve the medical services provided.	3.68	1.23	73.57%	12	A
4	The hospital responds within a reasonable time to patients' complaints and inquiries.	3.62	1.35	72.31%	13	A
12	The hospital handles crowds and noise effectively.	3.55	1.36	71.04%	14	A
13	Appointments in the hospital are organized and waiting time is short.	3.36	1.37	67.24%	15	A
Overall mean		3.79	1.02	75.86%		A

A: agree

5.5. Pearson Correlation

1. There is a statistically significant relationship at a level $\alpha \leq 0.05$ between **patients' perceptions of ethical conduct and patient satisfaction.**

We use the Pearson correlation test to test the relationship between patients' perceptions of ethical conduct and patient satisfaction at a significance level $\alpha \leq 0.05$, and Table (5.13) shows the following results:

- There is a **correlation** between Respecting the patient and working for his/her interest and patient satisfaction at a significance level $\alpha \leq 0.05$, since the Pearson coefficient = 0.633, and p-value = 0.001.
- There is a **correlation** between Protecting the patient from harm and patient satisfaction at a significance level $\alpha \leq 0.05$, since the Pearson coefficient = 0.685, and p-value = 0.001.
- There is a **correlation** between Preserving the patient's freedom to agree to the treatment plan and patient satisfaction at a significance level $\alpha \leq 0.05$, since the Pearson coefficient = 0.607, and p-value = 0.001.
- There is a **correlation** between Justice and Equality and patient satisfaction at a significance level $\alpha \leq 0.05$, since the Pearson coefficient = 0.670, and p-value = 0.001.
- There is a **correlation** between privacy and confidentiality and patient satisfaction at a significance level $\alpha \leq 0.05$, since the Pearson coefficient = 0.659, and p-value = 0.001.

In general, there is a **correlation** between patients' perceptions of ethical conduct and patient satisfaction at a significance level $\alpha \leq 0.05$, since the Pearson coefficient = 0.740, and p-value = 0.001.

Table 5.13: A Correlation Between Patient’s Perceptions of Ethical Conduct and Patient Satisfaction at a Significant Level $\alpha \leq 0.05$

Variable	Statistic	Respecting the patient and working for his interest	Protecting the patient from harm	Preserving the patient's freedom to agree to the treatment plan	Justice and Equality	Privacy and Confidentiality	All dimensions
Patient Satisfaction	Person coefficient	.633**	.685**	.607**	.670**	.659**	.740**
	P-value	0.001	0.001	0.001	0.001	0.001	0.001
	N	221	221	221	221	221	221

5.6. T-test and One-way ANOVA

Statistical analysis of the T-test and ANOVA was conducted for the following hypotheses.

- A- There are statistically significant differences at the level ($\alpha \leq 0.05$) in the participants' **perspectives regarding the ethical practice of physicians and nurses** due to the **participants demographic characteristics variables** (Sex, Age, Social status, Scientific qualification, Place of residence, Residence area, current job, and monthly household income).

Results of the statistical analysis showed:

1. There are statistically significant differences at the level ($\alpha \leq 0.05$) in the participants' perspectives regarding the ethical practice of physicians and nurses due to Sex.

To test the hypothesis, we use the Independent Samples T-test and the result in Table (5.14) shows that there are **no statistically significant differences** at the level ($\alpha \leq 0.05$) in the respondents' perspectives regarding the ethical practice of physicians and nurses due to sex.

Table 5.14: Results of T-test for the Respondents' Perspectives Regarding the Ethical Practice of Physicians and Nurses According to Sex

Category	N	Mean	Std. Deviation	T-Test	Df	P-Value
Male	110	3.91	0.90	-0.071	219	0.943
Female	111	3.92	0.90			

2. There are statistically significant differences at the level ($\alpha \leq 0.05$) in the participants' perspectives regarding the ethical practice of physicians and nurses due to (Age, Social status, Scientific qualification, Place of residence, Residence area, current job, and monthly household income).

To test the hypotheses, we use a one-way ANOVA test, and the results in Table (5.15) show that there are **no statistically significant differences** at the level ($\alpha \leq 0.05$) in the participants' perspectives regarding the ethical practice of physicians and nurses due to Age, Social status, Scientific qualification, Place of residence, Residence area, current job, and monthly household income.

Table 5.15: Participants' Perspectives Regarding the Ethical Practice of Physicians and Nurses According to (Age, Social status, Scientific qualification, Place of residence, Residence area, current job, and monthly household income) (ANOVA)

Variable	Sources of variation	Mean Square	F. value	P-value
Age	Between group	2.253	2.829	0.61
	Within group	0.796		
Social status	Between group	1.725	2.165	0.93
	Within group	0.797		
Scientific qualifications	Between group	0.992	1.230	0.30
	Within group	0.807		
Place of residence	Between group	1.473	1.833	0.162
	Within group	0.803		
Residence Area	Between group	0.173	0.212	0.809
	Within group	0.815		
Current Job	Between group	0.965	1.196	0.312
	Within group	0.807		
Monthly household income	Between group	0.861	1.065	0.365
	Within group	0.809		

B- There are statistically significant differences at the level ($\alpha \leq 0.05$) in the responses of the study participants regarding **patient satisfaction** due to the **participants demographic characteristics variables** (Sex, Age, Social status, Scientific qualification, Place of residence, Residence area, current job, and monthly household income)

Statistical analysis of T- test and ANOVA for this hypothesis showed that:

- 1- There are statistically significant differences at the level ($\alpha \leq 0.05$) in the participants' responses regarding patient satisfaction due to sex.

To test the hypothesis, we use the Independent Samples T-test, and the result in Table (5.16) shows that there are **no statistically significant differences** at the level ($\alpha \leq 0.05$) in the participants' satisfaction regarding hospital health services due to sex.

Table 5.16: Results of the t-test for the Responses of the Study Sample in Patient Satisfaction According to Sex

Category	N	Mean	SD	T-Test	Df	P-Value
Male	110	3.788	1.013	-0.076	219	0.940
Female	111	3.798	1.026			

2- There are statistically significant differences at the level ($\alpha \leq 0.05$) in the study participants' satisfaction regarding hospital health services according to age.

To test the hypothesis, we use a one-way ANOVA test, and the result in Table (5.17) shows that there are **statistically significant differences** at the level ($\alpha \leq 0.05$) in the responses of the study sample patient satisfaction due to Age.

Table 5.17: Results of one-way ANOVA Test to a Significant Difference Between Responses of the Study Sample in Patient Satisfaction According to Age

Variable	Domain	Sources of variation	Sum of Squares	Df	Mean Square	F	P-Value (Sig.)
Age	patient satisfaction	Between Groups	15.960	2	7.980	8.216	.0001*
		Within Groups	211.726	218	.971		
		Total	227.686	220			

Table (5.18) shows the Scheffe test for multiple comparisons between each two categories of age. The results showed that **there is a difference** between " Less than 30 years ", and " More than 60 years " in favor of " More than 60 years".

Table 5.18: Results of the Scheffe Test to Find the Binary Differences of Age

Variable	Category	N	Mean	Sd.	P-value		
					Less than 30 years	30-60 years	More than 60 years
Age	Less than 30 years	39	3.48	0.95		0.660	0.001
	30-60 years	113	3.67	1.05	0.660		0.002
	More than 60 years	69	4.18	0.89	0.001	0.002	

3- There are statistically significant differences at the level ($\alpha \leq 0.05$) in the study participants' satisfaction regarding hospital health services due to (Scientific qualification, Place of residence, Residence area, and current job).

To test the hypothesis, we use a one-way ANOVA test, and the result in Table (5.19) shows that there are **no statistically significant differences** at the level ($\alpha \leq 0.05$) in the responses of the study sample patient satisfaction due to (Scientific qualification, Place of residence, Residence area, and current job).

Table 5.19: Participants' Satisfaction with Hospital Health Services According to (Scientific Qualification, Place of Residence, Residence Area, and Current Job) (ANOVA)

Variable	Sources of variation	Mean Square	F. value	P-value
Scientific qualifications	Between group	2.034	1.992	0.116
	Within group	1.021		
Place of residence	Between group	0.101	0.96	0.908
	Within group	1.044		
Residence Area	Between group	0.419	0.403	0.669
	Within group	1.041		
Current Job	Between group	1.668	1.625	0.184
	Within group	1.026		

- 4- There are statistically significant differences at the level ($\alpha \leq 0.05$) in participants' satisfaction with hospital health services according to Social status.

To test the hypothesis, we use a one-way ANOVA test and the result in table (5.20) shows that **there are statistically significant differences** at the level ($\alpha \leq 0.05$) in the responses of the participants' satisfaction with hospital health services due to Social status.

Table 5.20: Participants' Satisfaction with Hospital Health Services According to Social Status (ANOVA)

Sources of variation	Sum of Squares	df	Mean Square	F	P-Value
Between Groups	11.470	3	3.823	3.837	0.010*
Within Groups	216.215	217	0.996		
Total	227.686	220			

Table (5.21) shows the Scheffe test for multiple comparisons between every two categories of Social status. The results showed that **there is a difference between “single” and “widowed “in favor of “widowed”**.

Table 5.21: Results of Scheffe Test to Find the Binary Differences of Social Status

Variable	Category	N	Mean	SD	P-value			
					Single	married	Divorced	Widowed
Social status	Single	47	3.43	0.97		0.054	1.000	0.018*
	Married	141	3.87	1.03	0.054		0.833	0.687
	Divorced	7	3.43	1.10	1.000	0.833		0.426
	Widowed	26	4.16	0.86	0.018*	0.687	0.426	

- 5- There are statistically significant differences at the level ($\alpha \leq 0.05$) in the participants' responses regarding patient satisfaction due to the availability of health insurance.

To test the hypothesis, we use the Independent Samples One-way ANOVA and the result in Table (5.22) shows that there are **no statistically significant differences** at the level ($\alpha \leq 0.05$) in the participants' satisfaction regarding hospital health services due to the availability of health insurance.

Table 5.22: Results of one-way ANOVA Test to a Significant Difference Between Responses of the Study Sample in Patient Satisfaction According to Availability of Health Insurance

Variable	Domain	Sources of variation	Sum of Squares	Df	Mean Square	F	P-Value (Sig.)
Insurance	patient satisfaction	Between Groups	1.764	4	0.441	0.422	0.793
		Within Groups	225.921	216	1.046		
		Total	227.686	220			

6- There are statistically significant differences at the level ($\alpha \leq 0.05$) in the responses of the study sample regarding patient satisfaction due to monthly household income.

To test the hypothesis, we use a one-way ANOVA test and the result in table (5.23) shows that there are **statistically significant differences** at the level ($\alpha \leq 0.05$) in the responses of the study sample in patient satisfaction due to monthly household income.

Table 5.23: Participants' Satisfaction with Hospital Health Services According to Monthly Household Income (ANOVA).

Sources of variation	Sum of Squares	Df	Mean Square	F	P-Value
Between Groups	9.602	3	3.201	3.185	0.025*
Within Groups	218.084	217	1.005		
Total	227.686	220			

Table (5.24) shows the Scheffe test for multiple comparisons between every two categories of monthly household income. The results showed that **there is a difference between " From 2000 to <5000" and " More than 7000 shekels " in favor of " More than 7000 shekels "**.

Table 5.24: Results of Scheffe test to Find the Binary Differences of Monthly Household Income)

Variable	Category	N	Mean	SD	P-value			
					Less than 2000 shekels	From 2000 to <5000	From 5000 to <7000	More than 7000 shekels
monthly household income	Less than 2000 shekels	128	3.89	1.03		0.107	1.000	0.524
	From 2000 to <5000	73	3.54	0.99	0.107		0.654	0.017*
	From 5000 to <7000	14	3.95	0.93	1.000	0.654		0.780
	More than 7000 shekels	6	4.55	0.45	0.524	0.017*	0.780	

C- There is a significance relationship at level $\alpha \leq 0.05$ between **participants' perception of the ethical practices of physicians and nurses** and the **rate of their visits to the hospital.**

Pearson correlation test was used to test the relationship between participants' perception of ethical practices of physicians and nurses and the rate of their visits to the hospital at a significance level $\alpha \leq 0.05$ and table (5.25) shows that the Person coefficient =0.740, and p-value = 0.001 > 0.05. Results showed that **there is a correlation** between participants' perception of the ethical practices of physicians and nurses and the rate of their visits to the hospital.

Table 5.25: A Correlation Between Participants' Perception of Ethical Practices of Physicians and Nurses and the Rate of their Visits to the Hospital

Variable	Statistic	The rate of their visits to the hospital
Participants' perception of ethical practices of physicians and nurses	Person coefficient	0.740**
	P-value	0.001
	N	221

5.7. Summary

The chapter on study results presented the comprehensive findings and the related statistical analysis using Mean, standard deviation, frequencies, Pearson correlation, T-test, ANOVA, and Scheffe test. The next chapter will present the discussions and explanations of the findings and their relation with similar studies in the literature.

Chapter six
Discussions and Recommendations

Chapter Six

Discussion and Recommendation

6. 1. Introduction

This chapter begins by examining the demographic characteristics of the participants and the organizational characteristics of the hospital. Following this, it will delve into a discussion of the study results and their comparison with findings from previous studies. Furthermore, the chapter addresses the main domains that reflect the ethical practices of doctors and nurses in the context of providing medical care to patients. Additionally, it will encompass an exploration of the results pertaining to patients' satisfaction with the ethical practices of healthcare providers and the quality of medical services offered within the hospital.

6. 2. Demographic Characteristics of Patients

The percentage of male participants was distributed at 49.8%, while females accounted for 50.2%. These proportions align with the proportions of females and males among the total entries for the departments studied during the first six months of 2022, which were 56.8% females and 43.2% males.

Most participants (46.2%) hailed from the West Bank, with a significant majority covered by Palestinian government insurance (73.7%). This number indicates that most of the patients from the West Bank referred to the Al-Makassed hospital had governmental insurance. The Palestinian Health Insurance provides healthcare services to all beneficiaries in government healthcare institutions and in institutions from which services are procured by the Ministry of Health, such as Al-Makassed Hospital. This health insurance encompasses all government employees and their dependents, who are obligated to pay monthly insurance premiums deducted from their salaries. It deducts 5% from the total salary of participating government employees, with a minimum of 50 shekels and a maximum of 75 shekels. It is worth noting that certain segments of the Palestinian society have their insurance premiums covered by the government, such as individuals with special needs (people with disability). Also, private enterprises have the option of insuring their employees and taking advantage of state health insurance services by concluding contracts with the Ministry of Health. In addition, individuals who do not work in the government

sector can choose to enroll in state health insurance voluntarily (General Health Insurance Administration). Consequently, most of the Palestinian people are covered by government insurance, and this justifies the emergence of this percentage of West Bank patients who are treated under government insurance.

Additionally, a significant number of participants (57.9%) reported a monthly family income not surpassing 2000 shekels, and (74.7%) do not have work. This is because most patients are from the West Bank and Gaza (76.5%), known for the difficult economic and unemployment situation due to the Israeli–Palestinian conflict and siege. This corresponds to the statistics of the Palestinian statistics center, which indicates that there is a poverty rate (29.2%) among the Palestinian people (PCBS, 2023).

The survey findings unveiled that a prevailing majority of patients (64.3%) hospitalized as a first time. This observation underscores that over half of the respondents encountered healthcare services at Al-Makassed Hospital for the first time. This trend is consistent with the results of participants' demographic data indicating that the majority of patients (51%) belong to the age group spanning 30 to 60 years. This period includes middle age, when a person begins to be exposed to various diseases. Many non-communicable diseases in midlife are clinically identifiable only once an individual reaches an advanced age (Shlisky, 2017).

About seventy-four percent of the participants hold a Tawjihi certificate or lower, this could potentially impact their knowledge and awareness of patient rights and their evaluation of the content of the questionnaire and the level of answers. This was evidenced by a study conducted at Minia University in Egypt in 2017 indicated that the patient's level of education significantly influences their level of knowledge. Moreover, the researcher believes that certain demographic factors of the patient may influence their opinions and perceptions towards the services provided to them in the hospital and the behaviors of the medical staff. Factors such as family income level, the availability of alternative healthcare options, the patient's residential area and location, their level of education, and cultural background, among other factors, may impact their satisfaction with the provided services and their perception of the medical staff's conduct towards them (Mohammed, et al., 2018).

6. 3. Organizational Factors and Inter-Communication

Through surveying patients regarding their observations of communication and cooperation between nurses and doctors during their hospital stay, the results were positive. 68.3% of them rated the communication between doctors and nursing staff as very good, and a remarkable 94.1% of the patients indicated that the collaboration between doctors and nursing staff was good. Effective communication and collaboration between physicians and nurses are essential in providing high-quality, safe, and comprehensive patient care. Additionally, effective communication and cooperation between health providers positively impact the quality of medical services provided to patients and contribute positively to patients' perceptions of the medical staff's conduct.

Patient satisfaction with doctor and nurse communication is impacted by various factors such as education level, age, gender, and primary language. Patients generally prefer patient-centered communication as opposed to doctor-centered or directed communication. Effective communication is a key element of multiple aspects of patient-centeredness (McFarland et al., 2017).

6. 4. The Main Domains of the Physicians' and Nurses' Ethical Practices that are Assessed in the Study

The overall rate of the ethical practices of doctors and nurses is 78.28% as perceived by the respondents. This indicates the extent of the commitment of the healthcare providers and the medical staff at Al-Makassed Hospital in the application of the ethical code of conduct. The hospital's acquirement of JCI accreditation and the Israeli regulations and requirements for hospital licensing, in addition to the costly malpractice suites, could greatly influence the healthcare commitment to the code of ethics. Moreover, the role of hospital leadership and management in enforcing compliance with the Code of Ethics. Noncompliance with the code of ethics can be considered a risk factor that threatens the hospital's financial status, licensing, and sustainability in Jerusalem.

The result aligns with the findings of a recent study conducted in three healthcare facilities in the Metropolis of Ghanaian in 2022. It revealed that 98% of the nurses exhibit good ethical practices (Asare, et al., 2022). On the other hand, another study conducted in 2021 at public hospitals in the Central Gondar Zone, northwest Ethiopia, revealed that 46.7% of healthcare professionals demonstrated a good commitment to the code of medical ethics.

These results indicate a weakness in the application of the rules of the code of ethical conduct, and therefore, the study recommended the importance of practical training for professionals on the requirements of the code of ethical conduct and continuous monitoring (Yeshineh, et al., 2022).

According to Mitchell (2015) the code of ethical conduct is the basis for the medical staff's interaction with the patient and it needs to be developed and monitored its applications. The importance of practical professional training on the ethical code of conduct, continuous monitoring, and the medical staff's prompt response to external factors and influences are recommended (Yeshini, et al., 2022).

6.4.1. Respecting the Patient and Working for his/her Interest (Beneficence and Respect)

This domain was measured through several questions that reflect the behavior of doctors and nurses, which impacts the patient's perception of being treated with respect and dignity. The percentage of patients who feel respected during treatment by doctors and nurses at Al-Makassed Hospital reached an average of 80.22%, with a score of 4.01 out of 5.

The highest percentage was attributed to the patient's sense of kindness and respect from doctors during treatment (88.78%). Meanwhile, the lowest percentage (76.11%) was related to nurses' attention to the patient's psychological and social condition, which could potentially be due to nursing workload pressures and variations in nurses' abilities to comprehend and perceive patients' psychological and social situations of patients. Similar results appeared in a study conducted in 2020 at Minya General Hospital and Minya University Hospital showed that Patients emphasized the importance of feeling respected and dignified when it was mentioned as one of the significant intangible issues that affect patient satisfaction (Fouad; et al. 2020).

Patients who are treated respectfully experience greater satisfaction, better adherence to medical advice and guidelines, and increased receipt of preventive care. Patient involvement in medical decisions was linked to higher levels of perceived respect, and being treated with dignity was linked to receiving preventive services. Patients can recognize when healthcare providers show a genuine attitude of value, and this perception is connected to significant positive outcomes (Beach et al., 2005).

6.4.2. Protecting the Patient from Harm (Benevolence and Non-Harm)

The results in this domain were also high, with an average weighted mean of 79.63%. This indicates that both physicians and nurses are attentive to not causing harm to the patient during the provision of medical services, demonstrating kindness and gentleness.

The highest positive response was observed when patients were asked about their perception of doctors' promptness in responding to rescue patients and prevent harm during the emergency, with a percentage of (82.62%). The lowest percentage in this domain was (74.57%), regarding the patients' trust in the nursing staff's experience and sufficient skills for their treatment.

Patient treatment primarily relies on the physician who devises the treatment plan and gives instructions to the nursing staff regarding the necessary treatments. Consequently, the patient's confidence is often higher in the doctor's ability to provide treatment compared to their trust in the nursing staff's capabilities. Additionally, Al-Makassed Hospital is considered a referral hospital to patients from Gaza and West Bank and is well known for a group of well-known specialists in a wide variety of medicine.

These results are consistent with a study conducted in government and private hospitals in Palestine in 2018, regarding the factors influencing patient satisfaction in emergency departments in Palestine. It was found that patient satisfaction depends on the patient's awareness of the medical procedures provided to them compared to the expected care, and thus, they are informed about the anticipated outcomes and side effects. The study showed that 3.77 out of 5 patients were satisfied with the services provided to them. This reassures the patient that the medical staff chooses the most appropriate treatment that reduces the likelihood of unexpected harm to the patient during the treatment (Amro et al., 2018).

6.4.3. Preserving the Patient's Freedom to Agree to the Treatment Plan (Autonomy)

Every patient should be given the right to participate in decision-making or to express an opinion about the different treatment methods without going into the interest of the doctors at the expense of the patient, such as prescribing expensive medicines, when there is an equally effective medicine, its price is lower because the interest of the patient outweighs the interest of the doctors (Varkey, 2021). Accordingly, the study results showed

that the patient's right to express his/her opinion was 3.89 out of 5, with a good percentage of 77.88%, this was demonstrated in our study by the medical staff obtaining written consent before performing operations and medical interventions, 85.70%. These results can be explained by the commitment and awareness of healthcare professionals to the importance of shared decision-making with patients and the regulatory requirements of the hospital licensing and JCI accreditation of signing patients on consent forms before conducting any procedure.

The patient's ability to engage in treatment decisions relies on their understanding of available options and expected outcomes. A qualitative study on informed consent practice in Guangdong, China, from patients' perspectives within hospitals in 2017 revealed three barriers hindering patients' access to necessary medical information for involvement in their treatment decisions: (1) insufficient medical information for informed decision-making, (2) patients lacking medical knowledge to comprehend doctors' viewpoints, and (3) inadequate patient-doctor interactions in clinical settings(Gong et al., 2018).

Also, the study found that the doctor understandably explained the health condition about (81.45%), and the doctor did not try to pressure the patient and force him to take treatment (79.10%). According to the literature, informing patients of their care plan is critical to obtaining quality care and satisfaction. A study conducted in governmental and private hospitals in Palestine in 2018 on the factors affecting patient satisfaction in emergency departments in Palestine found that patient satisfaction depends on the degree of knowledge of the medical procedures provided to him compared to the expected care. (Amro et al., 2018).

This finding aligns with another study conducted in Palestine in 2014, titled "The Knowledge, Attitudes, and Practices of Physicians at Primary Healthcare Centers/Clinics Regarding the Right to Health in the District of Ramallah/Al-Bireh," the study revealed that 53.3% of physicians respect the patient's right to refuse healthcare within legal boundaries and after informing them of the medical consequences (Saadeh.,2014).

The lowest percentage in this domain was related to patient doubts about the treatment plan and whether the doctor encourages seeking second medical opinions (72.85%). It is worth mentioning here that doctor's failure to suggest alternative solutions for non-agreed treatment may be due to several factors, including the lack of alternative solutions or the doctors' preoccupation and excessive work pressure on them (Mohammed,

et al., 2018). Patient treatment is closely tied to their overall health condition, as there are treatments that might adversely affect the patient in other ways. Additionally, there might not be alternative treatments for some conditions with the same level of efficacy, and other reasons. The importance of informing patients about their right to seek a second opinion was seen in a study conducted at Minia University Hospital in Egypt in 2017 titled "Awareness and Practice of patient rights from patient perspective: An Insight from Upper Egypt." The study revealed that the medical team did not inform 98.1% of patients about available treatment options (Mohammed, et al., 2018).

A study conducted in 2020 aimed to investigate the attributes, incentives, and results of patients who sought second opinions. The research explored the impact of these second opinions on patient care, patient satisfaction, and cost-efficiency. Data were collected from databases such as Embase, Medline, PsycINFO, and HMIC. The findings indicated that the majority of patients expressed contentment with their second medical opinion consultations. They reported feeling more informed and reassured regarding their diagnosis and treatment. Additionally, patients exhibited increased confidence and trust in their second physician. Moreover, patients perceived better communication, attentiveness, and friendliness from their second medical opinion doctors (Greenfield et al., 2021).

6.4.4. Justice and Equality

The majority held the belief that nurses treat patients equally without discrimination (77.38%) among the questions assessing patients' evaluations of justice and equality. Perceptions of fairness and equality vary from patient to patient. Some patients' medical conditions might influence the medical staff's treatment approach, or personal relationships between a patient and a specific nurse might impact their behavior, potentially leading other patients to feel unequal treatment. When patients observe each other, some intellectual differences overlap between the beliefs of the patients themselves, and they believe that their disease is the most important and the first because of the pain they feel (Varkey, 2021).

On the other hand, treatment and medication costs were not accessible for all patients at a rate of (65.25%). This might be attributed to the fact that (73.7%) of inpatients receive medical services covered financially by the Palestinian Ministry of Health. Consequently, when additional services require out-of-pocket payments, they might be costly compared to the same services received at government hospitals and to the differences in the economic situation between Jerusalem and Gaza and WEST Bank.

However, patients' sense of fairness and equality was generally evaluated as high, with an overall percentage of (72.75%).

To attain fair healthcare, healthcare providers must be familiar with their interactions with patients across various scenarios. Understanding patient perspectives on healthcare is essential for fostering and attaining enhanced equity. Differentiating between patients might dissuade those requiring care from seeking it and can erode patient confidence in healthcare providers. Achieving more equitable care means having more time for consultations and caring and better accessibility to the best healthcare (Akhavan & Tillgren, 2015).

A study conducted in 2010 aimed to investigate the perceptions of patients and their attendants, the impact of service quality on customer satisfaction in Indian hospitals, with a focus on the perceptions of patients and attendants. The findings of the study suggest that patients and nurses treat the interpersonal aspect of care as the most important one. Fairness is defined as "fair medical treatment provided to the patient by the hospital" and "provision of medical services with nominal cost to the needy patients." Fairness is an important aspect of service quality that can impact customer satisfaction in healthcare services (Padma et al., 2010).

6.4.5. Privacy and Confidentiality

One of the most crucial domains influencing patient satisfaction with the medical staff and hospital services is the patient's perception of privacy and confidentiality. This involves the patient feeling comfortable and at ease during treatment, affecting the patient's response to medical procedures. The study's results indicated that (76.28%) of patients perceive privacy and confidentiality as being upheld by the medical staff, highlighting the extent to which the medical team adheres to ethical standards in their interaction with patients and their families.

Doctors' concern for patient privacy and respect for it had the highest percentage (80.45%) among the aspects reflecting this domain. Among the factors that could influence this percentage is that the hospital is an educational institution, and maintaining privacy and confidentiality are key concepts and core values by which healthcare professionals are strongly committed to them as an ethics, regulatory, and accreditation requirement.

The lowest patient satisfaction was related to their perception of privacy being respected in treatment rooms (71.22%). Most treatment rooms have multiple beds, which

affects maintaining each patient's privacy. In addition to being the main educational hospital for medical and health professions students in West Bank. The presence of students may disturb and compromise patients' privacy and confidentiality.

In a study conducted in Palestine entitled "The Reality of the Application of Health Professions Ethics in the Palestinian Public Health Sector: From the Perceptions of Public Hospital Employees and the Health Directorate in Bethlehem Governorate" in the field of applying health professions ethics in public health, showed that patients' confidentiality is maintained. It is forbidden to give any information related to patients without the patient's consent and according to the law. It was indicated that the administrative staff maintain patients' privacy, and the hospital bears the responsibility for protecting the patient's medical records, as there was a very high degree of approval of confidentiality among the employees from their point of view, with an average of 4.27 out of 5. This result confirms the hospital's commitment and the healthcare professionals' awareness of patient confidentiality in disclosing information (Jaafar, 2018).

6.5 Patient Satisfaction with the Hospital Healthcare

The differences in the participants' place of residence, the healthcare coverage status, and the reported monthly family income carry notable implications for understanding the potential impact on patient satisfaction with hospital services. Moreover, the variations in healthcare infrastructure, resources, and service availability between regions might affect quality of care, subsequently influencing patient satisfaction levels, as East Jerusalem hospitals, including Al-Makassed Hospital, are characterized by distinguished infrastructure and services compared to hospitals in the Gaza Strip and government hospitals in the West Bank.

In general, the results of the study showed a high level of patient satisfaction with the health services provided in the hospital at a rate of (75.86%). This was measured by examining several aspects of patient satisfaction with hospital services. The highest percentage indicating this satisfaction was that (79.82%) of patients expressed the desire to recommend the hospital to their friends and relatives for receiving medical services, which is a positive indicator of patients' favorable impression of the hospital services. Research suggests that there is a relationship between patient satisfaction and the likelihood a patient will recommend and return to the healthcare organization (AlMailam, 2005). Moreover, the

respondents showed their trust in the medical services provided at Al-Makassed which received 78.55%.

On the other hand, the results indicated that patients were less satisfied with hospital appointment scheduling and waiting times (67.24). This may be because the majority of patients are residents of the West Bank and Gaza Strip which requires a lot of coordination to facilitate their access to the hospital. Bowling et al (2012) found that the patient expectations least likely to be met is being seen on time. Moreover, the results showed that the weighted mean for the item "the hospital handles crowds and noise effectively" was 71.04% which reflect the high pressure on the hospital due to the high workload and the large number of patients referred from West Bank and Gaza by the Palestinian Ministry of Health.

Also, several factors contributed to the responses of the participants on item " the hospital responds within a reasonable time to patients' complaints and inquiries" (weighted mean = 72.31%), including the inability to control the number of admitted and emergency cases, heavy workload and reduced staffing, and the patient health conditions in the selected departments.

6.6 Significant Results

There are statistically significant differences at the level ($\alpha \leq 0.05$) in the responses of the study sample in patient satisfaction due to the variables of the patient's demographic characteristics:

- **According to the age:** the results indicated that there are statistically significant differences at the level ($\alpha \leq 0.05$) in the responses of the study sample **patient satisfaction due to age** between categories "Less than 30 years" and "More than 60 years" in favor of " More than 60 years". This could be due to the differences in treatment perception between generations and, the difference in experiences with the healthcare facilities. Moreover, elder people may have a lower expectation from health services than younger patients (Jaipaul & Rosenthal, 2003 and Adhikari et al, 2021).

This finding contradicts the findings of a study conducted in a large family medicine clinic over 11 months in the years 2007 and 2008, where it was found that older patients were less satisfied with patient-centered medical encounters compared to younger patients. Patient age was significantly associated with both doctor-patient interaction style and patient

satisfaction. Specifically, older patients were more likely to experience a doctor-centered interaction style, while younger patients were more likely to experience a patient-centered interaction style (Peck, 2011).

- **According to the social status**, the results indicated that there are statistically significant differences at the level ($\alpha \leq 0.05$) in the responses of the study sample **patient satisfaction due to social status** (P-Value = 0.010). The results showed that there is a difference between “single”, and “widowed “in favor of “widowed”.

In contrast to most studies that examined the effect of demographic factors on patients' satisfaction, which did not mention the existence of an effect of the social status factor. The observed statistical significance in patient satisfaction based on social status accentuates the influence that this factor holds within the context of healthcare. It suggests that varying social statuses might lead to differing expectations, preferences, or experiences when it comes to patient satisfaction. The contrasting levels of satisfaction between "single" and "widowed" individuals signal the need for further investigation into the potential underlying reasons for this divergence.

These findings could potentially be attributed to a range of factors, such as differing levels of social support, personal circumstances, or emotional well-being associated with the two social statuses. It was found that widowhood is strongly associated with a wide range of deprivations, and vulnerability across low and middle-income countries (Lloyd-Sherlock, Corso, Minicuci, 2015). However, according to Stephens et al (2021), they found that patients within the most deprived quartile were significantly less likely to report satisfaction compared to the least deprived quartile. By recognizing these variations, healthcare providers can tailor their approaches to address the specific needs and concerns of different social groups, ultimately contributing to improved patient satisfaction and overall healthcare quality.

- **According to monthly household income:** the results indicated that there are statistically significant differences at the level ($\alpha \leq 0.05$) in the responses of the study sample patient satisfaction due to monthly household income. The results showed that there is a difference between “From 2000 to <5000”, and "More than 7000 shekels" in favor of "More than 7000 shekels”.

There is inconsistency in the literature regarding the relation between patient satisfaction and income. Some studies that investigated the impact of patient demographic

factors on their satisfaction with medical services provided have shown that patients with lower household incomes tend to have higher satisfaction with the services provided to them compared to those with higher incomes (Ganasegeran et al., 2015,). However, Okunrintemi, et al, (2019) found the lower income was consistently associated with poor patient outcomes.

- **Patients' perceptions of ethical conduct and patient satisfaction:** There is a statistically significant relationship at a level $\alpha \leq 0.05$ between patients' perceptions of ethical conduct of nurses and physicians and patient satisfaction. This suggests that healthcare professionals at the hospital, including physicians and nurses, demonstrate a noteworthy dedication to upholding ethical standards which have an effect on patient satisfaction. However, there is room for further improvement and enhanced commitment in certain areas that warrant development.

These findings align with those of a study carried out in private hospitals in Jordan titled "The Mediating Effect of Patient Satisfaction in the Patients' Perceptions of Healthcare Quality – Patient Trust Relationship." The outcomes of this study revealed that patients expressed contentment with the overall quality of nursing care, surpassing their initial expectations. Furthermore, the study demonstrated that patients displayed higher levels of satisfaction regarding the technical and ethical dimensions of nursing care. This encompassed nurses' skill sets and proficiencies, upholding privacy, displaying empathy, and maintaining respectful communication. However, the study also unveiled that patients held comparatively lower levels of satisfaction concerning the delivery of professional information by nurses regarding their medical conditions, health statuses, diagnostic procedures, and prognoses, as this responsibility was largely attributed to physicians (Abdel Maqsood et al., 2012).

- **Patients' perception of the ethical practices of physicians and nurses and the rate of their visits to the hospital:** there is a correlation between participants' perception of the ethical practices of physicians and nurses and the rate of their visits to the hospital.

Patients' satisfaction with medical and nursing care, encompassing aspects such as ethical conduct, communication, and information provision, plays a pivotal role in influencing their likelihood of revisiting the hospital, as emphasized in a study by Johansson in 2002. Another research study demonstrated that the connection between subjective experiences and expectations is more robust and consistent in predicting satisfaction with

healthcare than factors related to the patient or their specific hospital visit (Boudreaux, 2000). This underscores the significant impact of these factors on hospital visit rates.

6.5.Conclusion

this study sheds light on various aspects of patient demographics, ethical practices of healthcare providers, and patient satisfaction within Al-Makassed Hospital. Notable findings include a balanced distribution of male and female patients, a majority from the West Bank covered by government insurance, and a significant portion facing economic challenges. The majority of patients were first-time visitors, primarily in the 30 to 60 age group, highlighting the importance of healthcare in middle age.

Regarding ethical practices, the hospital received a relatively high rating, reflecting a commitment to ethical codes and regulations, which can impact the hospital's reputation and sustainability. However, patient satisfaction showed variations, with higher scores for aspects like respect and benevolence, and lower scores for factors like appointment scheduling and waiting times.

Furthermore, demographic factors like age and social status had an impact on patient satisfaction. Elderly and widowed patients tended to express higher satisfaction. Income levels also played a role, with higher-income patients reporting higher satisfaction.

The study underscores the significance of ethical practices and their impact on patient satisfaction. Moreover, it highlights the role of organizational factors in shaping healthcare provider behavior and patient experiences. Improvements in areas with lower satisfaction scores, such as appointment scheduling and waiting times, are essential to enhance overall patient satisfaction.

Overall, this research provides valuable insights into the complex interplay of demographic factors, ethical practices, and patient satisfaction within a healthcare setting, emphasizing the need for continuous improvement and patient-centered care.

6.6.Recommendations

Improving and monitoring compliance with the Code of Ethics for medical professionals in the healthcare sector and establishing healthcare practices should be a top strategic priority for all healthcare providers, health officials, managers, leaders, and policymakers. Emphasizing the importance of enhancing ethical practices among doctors

and nurses should be a priority at all levels of the healthcare system, and this should be translated into policies, procedures, and protocols that support monitoring programs and provide training to the medical staff on healthcare ethics.

6.6.1. Recommendations for Al-Makassed Charitable Hospital

1) **Tailored Services for Different Demographics:** Develop strategies to provide tailored services for different age groups, income levels, and social statuses. For example, consider specialized programs for elderly patients and those with lower income.

2) **Improve Appointment Scheduling:** Address patient dissatisfaction with appointment scheduling and waiting times. Invest in better scheduling systems and streamline processes to reduce waiting times for patients.

3) **Enhance Privacy and Confidentiality:** Continue to prioritize patient privacy and confidentiality. Consider improving the design of treatment rooms to better preserve patients' privacy, especially in multi-bed rooms. Provide training to staff on the importance of maintaining patient confidentiality.

4) **Promote Shared Decision-Making:** Encourage healthcare providers to involve patients in their treatment decisions by explaining available options and expected outcomes. Ensure that written consent is obtained before conducting medical procedures. Promote patient-centered communication, especially when discussing treatment plans.

5) **Monitor Ethical Practices:** Continuously monitor and reinforce the ethical practices of doctors and nurses. Provide ongoing training to healthcare staff on the importance of ethical conduct and patient rights. Develop mechanisms for patients to report any ethical concerns or violations.

6) **Improve Communication and Collaboration:** It is essential to review and improve protocols and policies governing the interactions of medical teams with patients to enhance overall patient satisfaction with the healthcare services provided to them.

6.6.2. Recommendations for Policymakers

1) **Expand Health Insurance Coverage:** Explore options to expand health insurance coverage for individuals who do not work in the government sector voluntarily. This can help increase access to healthcare services for a broader segment of the population.

2) **Promote Patient Education:** Invest in patient education programs to enhance patients' knowledge of their rights and healthcare processes. Better-educated patients are more likely to have higher satisfaction levels and make informed decisions about their healthcare.

3) **Encourage Second Medical Opinions:** Promote the importance of seeking second medical opinions when necessary. Provide resources and information to patients about their right to seek alternative treatment options or opinions from other healthcare professionals.

4) **Monitor Hospital Compliance:** Regularly assess hospitals' compliance with ethical codes of conduct. Consider developing a framework for monitoring and evaluating hospitals' commitment to ethical practices and patient rights.

5) **Reduce Disparities:** Work towards reducing healthcare disparities based on income, age, and social status. Develop policies aimed at improving healthcare access and quality for all citizens, regardless of their demographic characteristics.

6) **Patient Feedback Mechanisms:** Establish mechanisms for patients to provide feedback on their experiences at healthcare facilities. Use this feedback to make continuous improvements in the quality of care and patient satisfaction.

7) **Support Healthcare Workforce:** Recognize the importance of a well-trained and motivated healthcare workforce. Invest in healthcare professional development and support programs to ensure they can provide quality care while upholding ethical standards.

6.8.3. Further Research

1. **Other aspects:** To explore additional aspects at Al-Makassed Hospital related to professional ethics and quality of care, and including other categories of employees. Conducting similar studies on these employees, taking into account the nature of their interactions with patients, would help identify any areas that require improvement. The hospital administration should actively follow up on these findings to enhance patient satisfaction with the hospital's services.

2. Comparative Study: Conduct a comparative study to assess whether patients' perceptions of ethical practices among physicians and nurses vary across different hospitals or healthcare settings. This could provide insights into whether certain hospitals excel in ethical practices compared to others.
3. Longitudinal Study: To track changes in patients' perceptions of ethical practices over time. This would help in understanding whether there are any trends or improvements in ethical practices in healthcare institutions.
4. Qualitative Research: Such as interviews or focus groups, to gain deeper insights into patients' experiences and perceptions of ethical practices. Qualitative data can provide context and nuance to quantitative findings.

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Annex 1

Al-Quds University Scientific Ethical Approval

Al-Quds University
Jerusalem
School of Public Health



جامعة القدس
القدس
كلية الصحة العامة

التاريخ: 31/1/2023

عزيزتي الطالبة ريم شريعة المحترمة
برنامج ماجستير السياسات والادارة الصحية

الموضوع: موافقة لجنة اخلاقيات البحث العلمي

قامت اللجنة الفرعية لأخلاقيات البحث التابعة لكلية الصحة العامة بمراجعة مشروع الرسالة بعنوان:

" Physicians and Nurses' Ethical Practices from patients' perspective and its effect on patient satisfaction at Al-Makassed Hospital."

المقدم من (مشرف البحث/د. اسمى الامام).

يعتبر مشروعك مستوفياً لمتطلبات أخلاقيات البحث في جامعة القدس.

نتمنى لكم كل التوفيق في تسيير المشروع.

ملاحظة: في حالة الحاجة الى موافقة من اللجنة المركزية في الجامعة، تستطيع التقدم باستخدام هذه

الموافقة على الرابط. <https://research.alquds.edu/en/ethics/48-how-to-apply.html>

رئيسة اللجنة الفرعية لاخلاقيات البحث

كلية الصحة العامة

د. نهى الشريف



Annex 2

Facilitation Letter

2021/04/26

الدكتور عدنان فرهود المحترم
المدير العام

تحية طيبة وبعد،

الموضوع: بحث ماجستير

أحيط حضرتمكم علماً بأنني أكمل دراستي للحصول على شهادة الماجستير تخصص سياسات وإدارة صحية Policies and Health Management من جامعة القدس/ أبو ديس ، وقد أنهيت الفصل الأول بحمد الله.

من مساقات الفصل الحالي مادة Research Methods والتي تقوم من خلالها بدراسة اليات البحث العلمي التي تؤهلنا للعمل على رسالة الماجستير، بحيث نقوم بتحديد مشكلة معينة ودراستها للوصول الى الطرق العلمية الصحيحة لحلها، وأنا أتطلع ليكون هذا المساق (مشكلة البحث) مقدمة لرسالة الماجستير للوصول للتحفة.

وعليه فأنني أرغب في دراسة موضوع له أثر كبير على رضى المرضى وزيادة الإقبال على المستشفى، وهو مدى التزام الطواقم الطبية (أطباء وممرضين) بأخلاقيات المهنة الطبية أثناء تعاملهم مع المرضى.

Code of Ethics practices of Healthcare professionals at Al-Makassed Hospital from patients' perspective

وذلك من خلال تطبيق الدراسة على قسمين في المستشفى (قسم النسائية وقسم الباطني).

أرجو من حضرتمكم الموافقة وتسهيل مهمتي.

علماً بأنني سأقوم بإفادتكم بنتائج الدراسة أولاً بأول، وكلني أمل أن أقدم الفائدة لهذا الصرح العظيم الذي اعتدنا أن يكون منارة علم وفائدة لنا على مر الزمن.

شاكراً لكم تعاونكم الدائم...

مع الاحترام والتقدير...

ريم عطا شريعة
موظفة مشتريات/ 11311

27. 04. 2021
ريم عطا شريعة
مشتريات

Annex3

The Questionnaire

Al-Quds University – Jerusalem

Fuculty of Public Health

Health policy and Management

Master’s Program



Dear Patients,

The researcher is conducting academic research about " Physicians and Nurses' Ethical Practices from patients' perspective and its effect on patient satisfaction at Al-Makassed Hospital." This study is intending to measure the extent of doctors and nurses' commitment to ethical practices while providing the medical service to patients and dealing with their families. The research is a requirement for the fulfillment of the Master degree in Health Policy Management in Al-Quds University – Jerusalem.

Considering the importance of this topic and that you are the best source of the information needed, we kindly ask you to answer the questionnaire in a precise and objective way. It is estimated that it will take 15-20 minutes of your time, knowing that data collected will be treated confidentially and presented only in summary form without disclosing the name or any personal information of the respondent. It will be only used for the purpose of academic research.

Finally, we would like to note that participation in the study is voluntary and will not affect the service provided to you.

Thank you for your cooperation.

The Researcher

Reem sharia

0586329311

First: Demographic information

Please put √ at the answer you choose:

1. Gender: Male Female

2. Age: _____

3. Marital Status: Single Married

Divorced Widow

Other, specify: _____

4. Academic qualification: High school Diploma

Bachelor Higher Studies

5. The area you live in: City Village Camp

6. Residence Area: Jerusalem Westbank Gaza

7. Health Insurance availability: (you can choose more than one option)

Not available Palestinian governmental insurance

Israeli governmental insurance UN health insurance

Private companies insurance Other, Specify: _____

8. Your current Job: I do not know Permanent Job

Temporary Job Other, Specify: _____

9. Monthly Salary:

- Less than 2000 ILS From 2000 ILS to less than 5000 ILS
 From 5000 ILS to less than 7000 ILS More than 7000 ILS

Second: Factors related to the organization and internal interaction:

1. The department you receive the medical services from:

- Internal Medicine Surgery Orthopedic

2. How many times you visited Al-Makassed Hospital in the last year:

- One time 2 to less than 5 times More than 5 times

3. Communication between doctors and nurses in the department where you receive the medical service is:

- Very good Good Acceptable Not acceptable
 I do not know

4. From you point of view, the coordination between doctors and nurses in the department where you receive the medical service is:

- Good Bad I do not know

Second: Study Dimensions:

First dimension: Ethical Practices from patients' perspective

Please put (√) on the answer you agree with according to your personal assessment of the ethical practices for doctors and nurses working in Al-Makassed Hospital:

	Phrase	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
First: Beneficence and respect for patients						
1	Physicians respect me.					
	Nurses respect me.					
2	Doctors listens to me carefully.					
	Nurses listens to me carefully.					
3	I feel that doctors are kind with me during the medical examination.					
	I feel that nurses are kind with me during the medical examination.					
4	I have the full trust that the doctor studies all possible alternatives and chooses the best for me.					
5	The physician usually asks me about my medical history before identifying the treatment plan.					
6	Physicians take into account of the psychological and social status of the patient.					

	Phrase	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	Nurses take into account of the psychological and social status of the patient					
7	The doctors respect patients' values and traditions.					
	The nurses respect patients' values and traditions.					
8	I feel that the doctor respects my values and traditions.					
	I feel that the nurses respect my values and traditions.					
9	I do not feel that the physician looks condescending to me or makes me feel inferior.					
	I do not feel that the nurses look condescending to me or makes me feel inferior.					
10	I feel satisfied about how the doctor deals with me.					
	I feel satisfied about how the nursing team deals with me.					
Second: Non-maleficence						
1	I trust that physicians have the full experience and skills to provide the medical care for me.					

	Phrase	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	I trust that nurses have the full experience and skills to provide the medical care for me.					
2	I feel that physicians are trying to protect me from harm when performing any medical procedure.					
	I feel that nurses are trying to protect me from harm when performing any medical procedure.					
3	I noticed that in case of anything urgent happened to the patient during treatment; physicians usually hurry to save the patient's life and minimize his suffering.					
	I noticed that in case of anything urgent happened to the patient during treatment; nurses usually hurry to save the patient's life and minimize his suffering.					
4	Physicians take care of washing their hands when providing medical service to protect patients from infection.					
	Nurses take care of washing their hands when providing medical service to protect patients from infection.					
5	Physicians take care of wearing gloves when providing medical service to protect patients from infection.					

	Phrase	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	Nurses take care of wearing gloves when providing medical service to protect patients from infection.					
6	I noticed that when performing any medical procedure usually there is a sufficient medical team for the benefit on patient.					
7	Nurses always make sure that the place is sterilized and clean for the purpose of infection control.					
8	I feel safe during examination and receiving treatment in the hospital.					
Third: Autonomy						
1	The doctor explains my medical condition in a simple way.					
2	The doctor explains my treatment plan and its duration in a simple way.					
3	The physician explains the medications prescribed to me, and how to use it.					
4	The physician explains the expected side effects of the medications prescribed to me.					
5	In case I felt doubt toward the treatment plan, the doctor encourages me to seek for other medical opinions.					

	Phrase	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6	Before any surgery or medical intervention, I am asked to sign a consent form.					
7	The physician usually does not put any pressure on me to accept the treatment.					
8	In case of not accepting the treatment plan suggested by the medical doctor to me, he suggests other treatment alternatives.					
Fourth: Justice and Fairness						
1	According to my experience, I think that physicians deal with all patients with justice and with no discrimination.					
	According to my experience, I think that nurses deal with all patients with justice and with no discrimination.					
2	I noticed that all patients can benefit from the hospital medical services in a fair way according to their needs.					
3	I think that hospital fees and medications prices are affordable.					
4	I see that no preferences between patients when providing the treatment from the side of doctors.					
	I see that no preferences between patients when providing the treatment from the side of nurses.					

	Phrase	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Fifth: Privacy and confidentiality						
1	The doctors maintain the confidentiality of my information.					
	The nurses maintain the confidentiality of my information.					
2	I notice that the medical team keeps the curtains closed between patients in shared rooms.					
3	The doctors care about and respect patients' privacy.					
	The nurses care about and respect patients' privacy.					
4	The doctor asks for my consent before sharing my medical information with relatives.					
5	I noticed that the patient's privacy is always respected in the treatment rooms.					
6	The physician uses the best way to communicate with me and maintaining the confidentiality.					

Second dimension: Patients satisfaction on the medical services at Al-Makassed Hospital

please put (√) on the answer you agree with according to your assessment of the medical services provided in Al-Makassed Hospital:

No.	Phrase	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	I trust the medical services provided at AlMakassed hospital.					
2	The Hospital provides high-quality medical services.					
3	According to my experience, the patient doesn't wait a long time to get the medical service in AlMakassed hospital.					
4	The hospital responds to patients' complaints and enquires in a reasonable time.					
5	I feel that I receive a sufficient medical service at the hospital.					
6	The hospital takes care of the hygiene of patients' rooms.					
7	I feel comfortable when dealing with hospital staff.					
8	The hospital takes into consideration the patients' suggestions through the suggestion box to improve the medical services.					

No.	Phrase	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9	I defend Al-Makassed Hospital when I hear what may harm its reputation.					
10	I feel the staff are trying to please me.					
11	The time the doctor spends with me is sufficient.					
12	The hospital deals efficiently with the crowds and noise.					
13	The appointments at the hospital are organized and the waiting time is short.					
14	I want to continue receiving the medical services from the same hospital.					
15	The hospital and its facilities are generally clean and tidy.					
16	If I get sick again, I prefer to come to the same hospital for treatment.					
17	I will recommend the hospital services to friends and relatives.					
18	In general, I am satisfied about the hospital services.					

Thanks for your cooperation

Annex 4

Arabic Copy of the Questionnaire

Al-Quds University – Jerusalem
College of Public Health
Health policy and Management
Master’s Program



جامعة القدس – القدس
كلية الصحة العامة
برنامج الماجستير في السياسات
والإدارة الصحية

بسم الله الرحمن الرحيم

أخي الكريم... أختي الكريمة ،،،

السلام عليكم ورحمة الله وبركاته ،،،،،،،،،،،

الموضوع/ تعبئة استبانة

بداية أتقدم لكم بجزيل الشكر والتقدير لإعطائنا جزء من وقتكم وجهدكم لتعبئة هذا الاستبيان.

تقوم الباحثة بإجراء دراسة بعنوان:

"الممارسات الأخلاقية للأطباء والممرضين من منظور المرضى وأثره على رضا المريض في

مستشفى المقاصد الخيرية"

وتهدف هذه الدراسة الى قياس مدى التزام الأطباء والممرضين في مستشفى المقاصد بمدونة السلوك الأخلاقي أثناء تقديم العلاج للمرضى والتعامل مع ذويهم. وذلك استكمالاً لمتطلبات الحصول على درجة الماجستير في السياسات والإدارة الصحية، من جامعة القدس.

نظرا لأهمية الموضوع، ولكونكم المصدر الأفضل للوصول للمعلومات المطلوبة، نرجو منكم الاجابة بدقة وموضوعية على أسئلة الاستبيان الذي تم اعداده لهذا الغرض. حيث تستغرق إجابة هذه الاستبانة من 15 – 20 دقيقة، علما أن الاجابات ستعامل بسرية تامة ولن تستخدم الا لأغراض البحث العلمي، ولن يتم التعريف باسم المريض.

واخيرا، نود ان ننوه الى ان المشاركة في الدراسة طوعية ولن تؤثر على الخدمة المقدمة لك.

شاكرين لكم حسن تعاونكم وجهدكم،،،

الباحثة / ريم شريعة
0586329311

أولاً: البيانات الديمغرافية:

يرجى وضع إشارة أمام الإجابة المناسبة.

1- الجنس:

ذكر أنثى

2- العمر: _____

3- الحالة الاجتماعية:

أعزب/عزباء متزوجة مطلقة أرمل/ة
غير ذلك/ حدد _____

4- المؤهل العلمي:

توجيهي فأقل دبلوم متوسط بكالوريوس دراسات عليا

5- مكان الإقامة:

مدينة قرية مخيم

6- منطقة الإقامة:

قدس الضفة غزة

7- توفر تأمين صحي (يمكن وضع أكثر من خيار)

غير متوفر تأمين حكومي فلسطيني تأمين حكومي إسرائيلي تأمين وكالة الغوث تأمين شركات خاصة
غير ذلك/ حدد _____

8- عملك الحالي:

لا أعمل أعمل بوظيفة ثابتة أعمل عمل متقطع
غير ذلك/ حدد _____

9- مستوى دخل الأسرة الشهري:

أقل من 2000 شيكل من 2000 إلى >5000 من 5000 إلى >7000
أكثر من 7000 شيكل

ثانياً: عوامل متعلقة بالمؤسسة والتفاعل الداخلي:

1- القسم الذي تتلقى الخدمة الطبية منه حالياً:

باطني جراحة عظام

2- عدد مرات الدخول لتلقي العلاج في مستشفى المقاصد الخيرية في السنة الأخيرة:

مرة واحدة من مرتين إلى 5 مرات أكثر من 5 مرات

3- التواصل بين الأطباء والمرضى في القسم الذي تمكنت به أثناء تقديم الخدمة:

جيد جداً جيد مقبول غير مقبول لا أعلم

4- من وجهة نظرك، التعاون بين الأطباء والمرضى في القسم الذي تمكنت به أثناء تقديم الخدمة:

جيد سيء لا أعلم

المحور الأول: الممارسات الأخلاقية للأطباء والممرضين:

الرجاء وضع إشارة (√) في الحالة التي تراها مناسبة حسب تقييمك للممارسات الأخلاقية للأطباء والممرضين في مستشفى المقاصد الخيرية:

الرقم	العبرة	أوافق بشدة	أوافق	محايد	أعارض	أعارض بشدة
أولاً: احترام المريض والعمل لمصلحته (الكرامة والقيمة)						
1	يعاملني الأطباء بلباقة واحترام.					
	يعاملني الممرضين بلباقة واحترام.					
2	يحسن الأطباء الاستماع لي.					
	يحسن الممرضون الاستماع لي.					
3	أشعر بأن الأطباء يرفقون بي أثناء الفحص.					
	أشعر بأن الممرضون يرفقون بي أثناء الفحص.					
4	لدي الثقة الكاملة بأن الطبيب يعرض علي الخيارات المتاحة لخطة العلاج ويقدم لي الأفضل.					
5	يسأل الطبيب عن تاريخي المرضي قبل تحديد الخطة العلاجية.					
6	يراعي الأطباء الوضع النفسي والاجتماعي للمريض					
	يراعي الممرضين الوضع النفسي والاجتماعي للمريض.					
7	يحترم الأطباء القيم والمبادئ الخاصة بالمريض.					
	يحترم الممرضون القيم والمبادئ الخاصة بالمريض.					
8	أشعر بمراعاة الاطباء للعادات والتقاليد الخاصة بي.					
	أشعر بمراعاة الممرضين للعادات والتقاليد الخاصة بي.					
9	لا أشعر بأن الطبيب ينظر لي نظرة دونية.					

الرقم	العبارة	أوافق بشدة	أوافق	محايد	أعارض	أعارض بشدة
	لا أشعر بأن الممرض ينظر لي نظرة دونية.					
10	أشعر بالرضا عن معاملة الأطباء لي.					
	أشعر بالرضا عن معاملة الممرضين لي.					
ثانياً: حماية المريض من الأذى (الإحسان وعدم الإضرار)						
1	أثق بأن الأطباء لديهم الخبرة والمهارة الكافية لتقديم العلاج لي.					
	أثق بأن الممرضين لديهم الخبرة والمهارة الكافية لتقديم العلاج لي.					
2	أشعر بأن الأطباء يعملون كل ما يلزم لحمايتي من الأذى عند أي إجراء طبي.					
	أشعر بأن الممرضين يعملون كل ما يلزم لحمايتي من الأذى عند أي إجراء طبي.					
3	ألاحظ بأنه في حال حدوث أمر طارئ للمريض خلال تلقي العلاج يسرع الأطباء لإنقاذه وتخفيف الأذى.					
	ألاحظ بأنه في حال حدوث أمر طارئ للمريض خلال تلقي العلاج يسرع الممرضين لإنقاذه وتخفيف الأذى.					
4	يحرص الأطباء على غسل أيديهم عند تقديم الرعاية للمرضى وذلك لحماية المريض من العدوى.					
	يحرص الممرضين على غسل أيديهم عند تقديم الرعاية للمرضى وذلك لحماية المريض من العدوى.					
5	يحرص الأطباء على لبس القفازات عند تقديم الرعاية للمرضى وذلك لحماية المريض من العدوى.					
	يحرص الممرضين على لبس القفازات عند تقديم الرعاية للمرضى وذلك لحماية المريض من العدوى.					

الرقم	العبارة	أوافق بشدة	أوافق	محايد	أعارض	أعارض بشدة
6	ألاحظ بأنه عند القيام بأي إجراء طبي يتوفر فريق طبي كاف من أجل مصلحة المريض.					
7	يحرص الممرضون على أن يكون المكان معقم ونظيف لضمان عدم انتقال العدوى.					
8	أشعر بالأمان عند تلقي العلاج والفحص في المستشفى.					
ثالثاً: المحافظة على حرية المريض في الموافقة على الخطة العلاجية (الاستقلالية)						
1	يسرح لي الطبيب عن حالتي المرضية بطريقة مفهومة.					
2	يسرح لي الطبيب الخطة العلاجية ومدتها بطريقة مفهومة.					
3	يسرح لي الطبيب الأدوية الموصوفة لي وطريقة استخدامها.					
4	يسرح لي الطبيب المضاعفات الجانبية المتوقعة للأدوية الموصوفة لي.					
5	في حال شعرت بالتشك تجاه الخطة العلاجية يسجعتني الطبيب لأخذ آراء طبية أخرى.					
6	قبل إجراء العمليات أو التدخلات الطبية يطلب مني الاطباء التوقيع على موافقة خطية.					
7	لا يحاول الطبيب الضغط عليّ أو اجباري على الموافقة على العلاج.					
8	في حال عدم موافقتي على العلاج يقترح الطبيب حلول بديلة.					

الرقم	العبارة	أوافق بشدة	أوافق	محايد	أعارض	أعارض بشدة
رابعاً: العدالة والمساواة						
1	حسب تجربتي أعتقد بأن الأطباء يتعاملون مع المرضى بطريقة متساوية دون تمييز.					
	حسب تجربتي أعتقد بأن المرضى يتعاملون مع المرضى بطريقة متساوية دون تمييز.					
2	ألاحظ أن جميع المرضى يستطيعون الاستعادة من الخدمات الطبية في المستشفى بشكل عادل حسب حاجاتهم.					
3	أعتقد أن الرسوم والأدوية الطبية أسعارها في متناول الجميع.					
4	أرى أنه لا يوجد تفضيل لفئة معينة من المرضى على أخرى أو مريض على آخر عند تقديم العلاج من قبل الأطباء.					
	أرى أنه لا يوجد تفضيل لفئة معينة من المرضى على أخرى أو مريض على آخر عند تقديم العلاج من قبل التمريض.					
خامساً: السرية والخصوصية						
1	يحافظ الأطباء على سرية المعلومات الخاصة بي.					
	يحافظ المرضى على سرية المعلومات الخاصة بي.					
2	ألاحظ أنه يتم إغلاق الستائر بين المرضى في الغرف المشتركة من قبل الفريق الطبي دائماً.					
3	يهتم الأطباء بخصوصية المريض ويحترمونها.					
	يهتم المرضى بخصوصية المريض ويحترمونها.					

الرقم	العبارة	أوافق بشدة	أوافق	محايد	أعارض	أعارض بشدة
4	يطلب الطبيب موافقتي قبل مشاركة المعلومات الخاصة بمرضى مع الأقارب.					
5	ألاحظ أنه يتم مراعاة خصوصية المريض في غرف العلاج دائماً.					
6	يستخدم الطبيب أفضل طريقة للتواصل معي والمحافظة على خصوصيتي.					

المحور الثاني: رضا المريض عن الخدمة الطبية المقدمة في مستشفى المقاصد الخيرية

الرجاء وضع إشارة (√) في الحالة التي تراها مناسبة حسب تقييمك للخدمات الطبية المقدمة في مستشفى المقاصد الخيرية من خلال تجربتك في الإدخال الأخير:

الرقم	العبارة	أوافق بشدة	أوافق	محايد	أعارض	أعارض بشدة
1	أثق بالخدمة الطبية المقدمة في مستشفى المقاصد.					
2	يقدم المستشفى خدمات صحية ذات جودة عالية.					
3	حسب تجربتي، لا ينتظر المريض فترة طويلة للحصول على الخدمة في مستشفى المقاصد.					
4	يقوم المستشفى بالرد ضمن وقت معقول على شكاوى واستفسارات المرضى.					
5	أشعر بأنني أتلقى الخدمة الكافية في المستشفى.					
6	تهتم المؤسسة الصحية بنظافة الغرف.					
7	أشعر بالارتياح عند التعامل مع العاملين في المستشفى.					

الرقم	العبرة	أوافق بشدة	أوافق	محايد	أعارض	أعارض بشدة
8	تهتم المستشفى باقتراحات المرضى من خلال صندوق الاقتراحات وذلك لتحسين الخدمات الطبية المقدمة.					
9	أدفع عن مستشفى المقاصد عند السماع بما يضر سمعتها.					
10	أشعر بأن المستشفى يسعى لإرضائي.					
11	الوقت الذي يقضيه مع الطبيب كافٍ					
12	يتعامل المستشفى مع الزحام والضوضاء بشكل فعال.					
13	المواعيد في المستشفى منظمة ووقت الانتظار قليل.					
14	أرغب بالاستمرار بتلقي الخدمة في نفس المستشفى.					
15	المستشفى ومرافقها تتصف بالنظافة والترتيب بشكل عام.					
16	إذا مرضت مرة أخرى فأفضل القدوم لهذا المستشفى للعلاج.					
17	سأقوم بترشيح هذا المستشفى للأصدقاء والأقارب.					
18	أنا راض بشكل عام عن خدمات المستشفى.					

شكرا لحسن تعاونكم

الرقم	العبرة	أوافق بشدة	أوافق	محايد	أعارض	أعارض بشدة
8	تهتم المستشفى باقتراحات المرضى من خلال صندوق الاقتراحات وذلك لتحسين الخدمات الطبية المقدمة.					
9	أدفع عن مستشفى المقاصد عند السماع بما يضر سمعتها.					
10	أشعر بأن المستشفى يسعى لإرضائي.					
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16	إذا مرضت مرة أخرى فأفضل القدوم لهذا المستشفى للعلاج.					
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18	أنا راض بشكل عام عن خدمات المستشفى.					

شكرا لحسن تعاونكم

Annex 5

Academic Experts Who Validated the Questionnaire

Expert Reviewers of the Study Tool

- Maysa Al Usta, RN, MPH, PhD
Coordinator of Graduate Studies, Nursing Department
College of Health Professions.
Al Quds University.
- Dr Mohamad Khleif
Assistant professor
Faculty of Allied Medical Sciences
Palestine Ahliya University
- Dr. Shahenaz Najjar, Ph.D
Public Health, Health Services Management and Policy, Quality and Patient Safety
KU Leuven Institute for Healthcare Policy (Leuven Instituut voor
GezondheidszorgBeleid LIGB), Belgium
Kapucijnenvoer 35, 3de floor, B-3000 Leuven, BELGIUM
- Khaldoun Bader BVMS, MPH, PhD
Assistant Professor in Epidemiology
Al-Quds University
School of Public Health
- Dr. Nuha El Sharif
Associate Professor of Medical Sciences/Epidemiology

Master of Public Health coordinator
Master of Infectious Diseases Prevention and Control Coordinator
Faculty of Public Health
Al Quds University, Abu Dis Campus, The Health Campus