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PATIENT RIGHTS AND EMPOWERING THEIR ROLE IN MINIMIZING POST-TRAUMATIC ELEMENTS. THE CASE OF ALBANIA

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ABSTRACT

INTRODUCTION: Patients' rights are an important term in health sciences literature and practice and have become an essential part of modern health care practice. Patients now are much more informed of their rights regarding health care. The study aimed to find out the knowledge regarding patient dissatisfaction experienced by patients during hospitalization, particularly concerning surgery patients, in the Gjirokastra region.

MATERIAL AND METHODS: Quantitative study was conducted to find out the knowledge regarding patients' rights and their satisfaction with the way they receive surgery hospitalized services. A hundred respondents were selected by using the convenience sampling technique. For the study results we usedquestionnaires to collect the data. The collected data were analyzed using descriptive statistics and concluded using models of cause-effect type and statistical interpretation of SPSS outputs. A pilot study was carried out to evaluate the validity and reliability of the assessment tool.

RESULTS: The study's findings revealed that 35% of the respondents were satisfied with the health service offered at their hospital. 66% of patients of the Gjirokastra hospital region stated corruption in the Albanian government health service. Patients' rights and human rights are only partially respected. This study shows that Gjirokastra patients do not see a correlation between human or patient rights, the fight for their protection, the phenomenon of corruption, and the satisfaction with the health service.

CONCLUSION: Based on the study's findings, it is concluded that nearly three fourth of the respondents believe that corruption affects patients' rights

Keywords: patients rights, health care, human rights, hospital, Gjirokastra, Albania.

1. Introduction

The health care model in Albania is universal, based on constitutional rights for all citizens. After the 1990s,Albania's medical services have undergonetremendous pressure during the dramatic changes in Albanian society and economy. Actually, Albania spends a below-average share of GDP and total public expenditures on healthcare.Even though life expectancy at birth is lower than most developed European countries, it is somewhat higher than most of Eastern and Central Europe(Albania:Report, February 2006)According to INSTAT (2021), during 2020, the average number of days a patient stays in a hospital in Albania is 5.1 days. In public hospital service institutions, 46,369 surgeries were performed, 27.2 % less than a year ago. Albania, as a country that accedes to be part of the EU, to achieve all EU objectives, has been assisted by European Partners and the EU health institutions, which in collaborative relationships have implemented advanced schemes on the health sector. The Government of Albania has come to the end of the national strategy for

controlling noncommunicable diseases 2016–2020, which prioritizes improving the quality of life and more equitable life within and between the county (1). This reform, followed by others health policy came into force according to priorities for strengthening health systems in the European Region. The primary health reframing element of the system was people-centered, which was defined as the design of core health system functions that prioritize the needs of individuals, their families and communities, both as participants and beneficiaries, for high-quality comprehensive and coordinated services delivered equitably and involving people as partners in decision-making (2). Compared to other Balkan or Eastern European countries, Albania's limited public spending on the health care sector has increased reliance on out-of-pocket payments (Tomini, 2015) for inpatient and outpatient care.

Human rights are inalienable, fundamental rights to which every human being is inherently entitled. The term "human rights" refers to those rights recognized by the world community in the *Universal Declaration of Human Rights (UDHR)*, adopted by the member states of the United Nations (UN) since 1948, and other international legal instruments which are binding for the signatories to the declaration.

This study aimed to describe domains of dissatisfaction experienced by patients during hospitalization, particularly concerning surgery patients, in the Gjirokastra region. This article focuses on patient and human rights, assessment, and satisfaction with the health service in a public hospital in Albania's south region.

In Albania, in the framework of protecting the rights of patients, we should mention the Albanian Constitution, the European Convention on Human Rights, Criminal Code, Law No.10107, dated 30.3.2009 "On Health Care in the Republic of Albania", Law No. 10138, dated 11.5.2009 "On Public Health", Law no. 10171, dated 22.10.2009 "On Regulated Professions in the Republic of Albania", etc.

Patient rights:Many European institutions and organizations have contributed to developing and advancing patients' rights. The term "patient" is most often used when it comes to health. According to the World Health Organization (WHO 2015-2020) definition, health means a complete physical, mental and social well-being, not merely the absence of sickness or infirmity. Ensuring respect for human rights directly impacts health and well-being and compels the implementation of specific patients' rights.

Respect for autonomy:In many aspects of health care, especially in palliative care, in recent years, more and more attention is being paid to patient autonomy and the need to respect him\her. Autonomy is increasingly seen as a vital aspect of the interaction between patients and health professionals. It constitutes the basis for many ethical actions, such as telling the patients the truth and obtaining informed consent before receiving any medical treatment.We should not stop people from acting as they see fit for themselves (except if their actions hurt others). But why should we work in that way? Why is autonomy so crucial that we must respect it?There are two reasons why we should respect other peoples' independent decisions. First, most people know better than anyone else what is best for them. Of course, expert knowledge about the progress of the disease or the side effects of treatment help to make a decision, but it is always the individual who decides what is good or bad for him\her. Experts cannot tell us what is best for each of us, as this depends on our concerns and values as an individual. These vary from one individual to another; in general, we know better for ourselves than other people might know. Second, we must respect individuals' independent decisions because we show our respect towards them.

This paper takes on a unique value in the context of the Covid-19 pandemic. The whole world found itself unprepared to deal with emergencies caused by Covit-19 and ensure individuals' health well-being. Crisis caused by Covid-19 may have interfered with other health issues and may affect even surgery units. There is no doubt that the pandemic has affected many human rights and freedoms protected by the European Convention on Human Rights. The Covit-19 pandemic situation has raised several problematic issues to protect the patient's health without compromising the collective purpose of fundamental human rights and freedoms.

2. Literature review

Various studies are skeptical of how health institutions take responsibility and follow the government model, which comes in force with specific regulations. Studies show that the public does not trust the institutions to guarantee equality, fairness and integrity in the health sector. On the other side, the public expects the health authorities to do their job well and diligently. (Gilson, 2003).The concept of human rights in patient care refersto the theoretical and practical application of generalhuman rights principles to the patient care context,particularly to interactions between patients andproviders. There is evidence that applying the rights principles in hospitals can result in more efficiency in the use of resources and improve service quality. The modern movement for patients' rights emerged from increasing concern about human rights abuses in health care settings, particularly in countries where patients are assuming a more significant share of health care costs and thus expect to have their rights as "consumers" respected in return. (J.Friedli, Budapest 2006)).

All WHO recommendations (2018) ask governments to take measurements and bemore responsible for shaping the national health systems. This does not mean that the health system requires frequent repairs in progress to improve.

Dorland's Medical Dictionary defines "patient care"as "the services rendered by members of the healthprofession and non-professionals under their supervision *for the benefit of the patient*." (Dorland**,** 2007).This differs from"health care," where services are provided "to promote, maintain, monitoring, orto restore health." (Ibid. s. v. "health car). Patient care highlights patients asfundamental agents and the ultimate beneficiaries ofservices. The focus on patients, while not exclusive,is consistent with the way the human rights approachhelps to identify and address vulnerabilities.

Considerations of respect for autonomy in health care contexts tend to focus on situations in which decisions need to be made about health care interventions. A principle of respect for autonomy is also invoked in discussions about confidentiality, fidelity, privacy, and truth-telling. Still, it is most strongly associated with the idea that patients should make autonomous decisions about their health care.Beauchamp and Childress' influential definition identifies independent decisions as those made intentionally and with substantial understanding and freedom from controlling influences *(Jonathan Cohen &Tamar Eze, 2013).*

The concept of human rights in patient care provides a complementary framework to bioethics withthe former's systemic approach, operational norms,and procedures and focus on advocacy. While thefield and practice of bioethics apply philosophicalprinciples such as autonomy, beneficence, justice,and non-maleficence to the patient care context (aswell as to other contexts such as medical research andpublic health), the human rights framework applies acomplementary set of legal norms (for example, freedom, security of the person, non-discrimination) thathave been developed through judicial interpretation.Relational accounts encourage clinicians to consider patients' autonomy in situations beyond decision-making. They promptus to consider how illness and clinical practice can affectpatients' autonomy, positively or negatively, via their influence on autonomy capability as well as values and choices. It iswidely recognized that illness can affect autonomy by challenging life plans, necessitating changes in relationships, anddisrupting self-identities *(Jonathan Cohen &Tamar Eze, 2013).*Despite agreement on the basic precepts, several theoriesof autonomy have emerged over time, under the influenceof law, politics, philosophy, and religious doctrines.Consequently, "autonomy" has different connotations,unevenly understood and applied in a variety of ways.At a root level, autonomy means having the capacity toself-govern, actingindependently,responsibly, and with conviction.

This concept of autonomyrelies on the agency of a moral being to exercise his/herown decisions about his/her being. Legally, the agencyof an individual or capacity for self-rule is concerned withmental competence and cognitive capability to decide at a particular time. Hence legal age is used asa proxy for mental and cognitive capacity(Beauchamp TL, Childress JF, 2013; Buchanan A. 2004).

Poor and marginalized populations typically suffer the most from the consequences of corruption in health systems. Accordingly, anti-

corruption, transparency, and accountability measures are central components of health systems strengthening universal health coverage. Such measures are alsocritical for upholding the right to health.Anti-corruption, transparency, and accountability measures are a central component of health systems strengthening universal health coverage. Such measures are also essential for upholding the right to health and reducing health inequities. If unchecked, corruption in health systems represents a significant drain on national health resources and development assistance for health.This rapid literature review contributes to the anti-corruption, transparency, and accountability workstream.One objective of the workstream is to support the enhanced focus on anti-corruption, transparency, and accountability in WHO normative guidance on health systems strengthening.

Three areas were identified for furthering this focus in 2018–2019: health financing, health systems governance, and human resources for health(World Health Organization, 2020).

3. Methodology

Quantitative methods were used to describe the patient perception ofhealth insurance satisfaction,corruption in Health Service, respect for human rights and health care system respect of patient rights, and their relationship with secondary variables.The study population is patients hospitalized in the Gjirokastra Regional Hospital for surgical procedures throughout the study period and other patients in the hospital were excluded. A minimum sample size of 100 patients was chosen in the sample design, which is large enough to obtain an acceptable assessment practice of patient's rights in the study hospitals.

This questionnaire was designed by researchers and was based on the Albanian Hospital Accreditation standards (USAID, 2015; Albanian Health care Accreditation Organization, 2018) and line up with the National Strategy for Health in Albania 2007-2013.

The quantitative study is of the non-experimental, correlational, and inferential type performed with 100 patients from the Gjirokastra region. The questionnaire consists of a limited number of simple and straightforward questions. The questionnaire consisted of 32 closed-ended questions with four sections regarding patients' knowledgeoftheirpractice rights and health care quality,regarding knowledge of patients' legal rights and health care procedures. Therefore, the questions were distributed as follows: 1) health care and health insurance (10 items); 2) corruption in the Albanian government health service (8 items); 3) adequate information and level of respect for human rights (11 items); 4) respect of patient rights inthe health care system (3 items). In addition, two researchers interviewed patients to describe the study, answer the questions, and clarify the survey items. The same researchers asked each patient to identify patients' rights that were practiced in his surgical unit. The patients were asked to choose between "yes" or "no" answers and "do not know" in 15 items and on a Likert scale in 16 items. Subsequently, responses on the "yes" and "no" questionnaire were scored as follows: 1 point for received correct practice ("Yes" answer), 0 not to receive the proper practice ("No" answer), and 2 points for "don't know" answer. The maximum possible score for thatquestionnaire was 32. A questionnaire lasted approximately 15–20 minutes.

A pilot study was carried out to evaluate the validity and reliability of the assessment tool. The pilot study was conducted with patients of similar status and showed the validity, the easy-to-use format, and the understandable nature of the questionnaire. Test-retest reliability was assessed using this questionnaire two times on 15 patients. The correlation (Pearson's r) of scores from time 1 and 2 were used to determine test and retested reliability. Thus, the correlation between the test and the retest was 0.893.

The research was carried out between January and August 2020. The study results were concluded using models of cause-effect type and statistical interpretation of SPSS v.2 software outputs (version 15.0).

Eligible patients the study included and who had the physical opportunity to participate in the studywere selected according to the following criteria: (1) age: 18 years or older; (2) treatment: they should have undergone a surgical operation, and (3) duration: they should have been hospitalized for atleast three days, to enable them to exercise their rights.

Because the randomly selected sample is from the population of patients who visit the hospital for surgical health reasons, the questions and the answer alternatives are chosen directly and not complex so that the possibility of patients' reaction is as natural as possible. The values of the variables that participate in the descriptive and inferential statistical study are directly determined by the importance of the answers to the respective questions representing the variable in the questionnaire, both when they express numerical values and when they express the level of perception to Likert scales after "yes" and "no" answers.

Ethical Consideration

The Ethics Committee approved the Faculty of Natural Sciences study protocolat Gjirokastra University beforeconducting the investigation. Furthermore, preventive measures were taken into consideration to safeguard the study of patients' legal rights. Before participation in the study, consent forms were obtained from all (100) patients willing to participate in the study. In addition, confidentiality and anonymity of the patients were strictly maintained through a code number on the questionnaire.

4. Data Analysis and Search Results.

Statistical Analysis

Each of the participants was assessed individually by the researchers.

Statistical analysis was carried out using the Statistical Package for Social Sciences (SPSS) version 15.0. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to describe the practice of patient's rights, correlation, and simple and multiple linear regression analyses were done.

Student t-test and Chi-square tests were used for statistical evaluation of the results and to compare differences. Also, statistical significance was set at P-value <0.05.

Demographic data

An almost equal number of men and women (respectively 58% and 42% %) participated in the study. The largest group of patients were in the age group 65 years and older (45%), and the smaller group participatedbelong to the youngest (18 to 34 age) with 7% of the study sample; 18% were 35 to 49 years old, and 30% belong to 50 to 65 age. Almost half of them were high school graduates (49%), and themajority were permanent inhabitants of Gjirokastra city (72 %). The monthly family incomeof the majority was low (below 50.000 All approximately450 euros) (59%). Almost one-third of the patients (36.2%) had not been hospitalized before; 32.3% had beenpreviously hospitalized for a short period. The majority of patients (82.3%) did not know the patients' rights article and never have read it. 52.5% of the participants had been personally informed about their health situation, and one-third of them (31.6%) were informed on family or relative behalf.

Gjirokastra assessment of patient rights

The study included 100 adult patients (over 18 years of age) at the Gjirokastra Regional Hospital. The statistical population consists of 58% female patients and 42% male patients. 7% of the patients belong to the 18 to 34 age bracket, 18% belong to the 35 to 49 age bracket, 30% belong to 50 to 65 age bracket, and 45% are over 65 years of age. A descriptive evaluation of data shows some interesting results. Thus, only 35% of the respondents are satisfied with the health service offered at their hospital.

As mention earlier, the Constitution of Albania establishes the right to health insurance of all Albanian citizens, but according to this study, in no one case does the health insurance cover medical expenses incurred by them to the range of 80% -100%.

A very small percentage of the patients (2%) reported that health insurance covers 60% to 80% of healthcare costs,and no one of the samplings declares that health care costs are covered by insurance; 86% of patients on this study think that their health insurance covers up to 40% healthcare costs (as presented byChart 1.)

Chart 1 "How much % of your healthcare costs is covered by your health insurance?"

In this survey, 66% of patients of the Gjirokastra hospital region stated corruption in the Albanian government health service.The results of this phenomenon are shown in Chart 2, where it is apparent that this negative phenomenon is disturbing in its current form and directly undermines the patient's rights.This indicates that part of the financial costs for health care cover the "corrupt" costs of the health services, which unjustly reduces the totality and quality of health services that the patient covers through his health insurance.

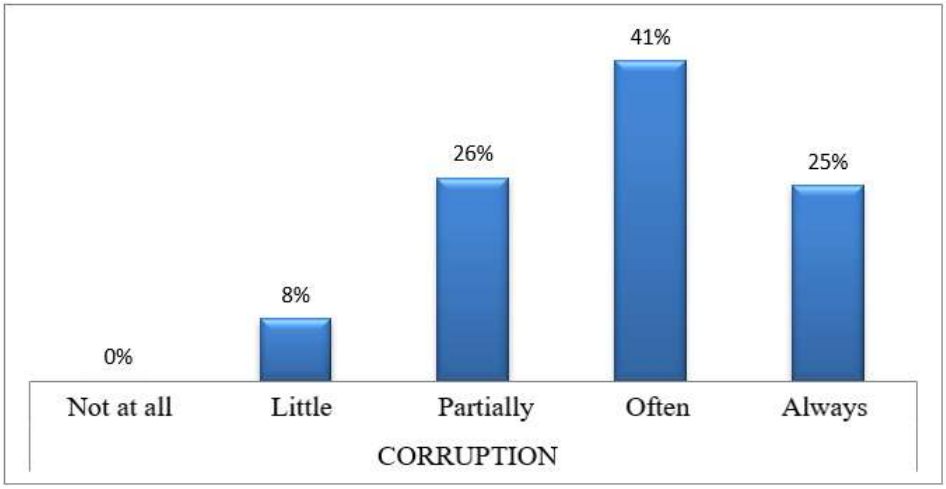

Chart 2. "Is there any corruption in the Albanian government Health Service?"

Respect for patients' rights and human rights, in general, were the two indicators that were employed in the study (Chart 3). Descriptive analysis of the data shows a similar perception regarding both of these indicators. What is essential in both cases is that patients are, to a large extent (41% -47%), sure that the patients' rights and human rights are only partially respected in our country. A significant amount (36% -39%) are convinced that these rights are respected "little" or "not at all".

Chart 3. "To what extent does the health care system respect your rights as a patient?" and "what is the level of respect for human rights in Albania?"

The study of the data collected by the questionnaire was also focused on the inferential statistical aspect, concluding the correlative relations between indicators and variables and the regressive ties between them. The treatment of factors "*Patient's Rights*", "*Human Rights*", "*Corruption*", "*Protection of Human Rights*," and "*Satisfaction with the Health Service*" as independent variables enabled the study of correlative relationships between them. The results of this study are presented in Table 1.

Table 1.Bivariate correlations between the variables

Correlations						
		X1	X2	X3	X4	X5
X1	Pearson Correlation	1				
	Sig. (2-tailed)					
X2	Pearson Correlation	**0.637**	1			
	Sig. (2-tailed)	.000				
X3	Pearson Correlation	**-0.690**	**-0.745**	1		
	Sig. (2-tailed)	.000	.000			
X4	Pearson Correlation	**0.612**	0.576	0.717	1	
	Sig. (2-tailed)	.000	.000	.000		
X5	Pearson Correlation	0.426	.120	.014	.113	1
	Sig. (2-tailed)	0.014	.144	.865	.168	
X1=PATIENT RIGHTS; X2=HUMAN RIGHTS; X3=CORRUPTION; X4=PROTECTION OF HUMAN RIGHTS; X5=SATISFACTION FROM MEDICAL SERVICE						

The results from the table show that "*Patient's rights*" correlate positively and sensitively with "*Human Rights*" and "*Human Rights Protection*." While its correlation with "Corruption" is negative and quite sensitive (-0.690). This result reinforces what the descriptive study of the phenomenon of corruption also concluded, showing that corruption is a negative phenomenon that directly affects the patient's rights. "Corruption" also hasan equally damaging and even more sensitive impact (-0.745) on "Human Rights". Ergo, showing that corruption is a negative factor in the health service and a negative phenomenon in all social activities where human rights should be respected.

The table shows that the correlation between "*Human Rights Protection*" and the independent variable "*Human Rights*" is positive and significant (0.576), which shows that the need to fight for the protection of human rights in general and those of the patient in particular, is immediate and positive. The study indicates that "*Satisfaction with the Health Service*" does not correlate significantly with any other variables. This shows that patients do not see a correlation between human or patient rights, the fight for their protection, the phenomenon of corruption, and the satisfaction with the health service.

The study of linear regression with the dependent variable "Patient's Rights" and independent variables: "Technology", "Science", "Law", and "Standard of living" also produced an exciting and significant result.

From the results of the statistical evaluation using the linear regression method (Table 2), we see that the three dependent variables (technology, science and law) are included in the model by obtaining probabilities of statistical significance within the allowed limits of linear models with a value threshold of statistical significance of 95%. The other independent variable, "Standard of living," does not obtain the probability of statistical significance (0.229> 0.05), so it was not included in the inferential, predictive model.

Table 2. Linear Regression for the variable "Patient's rights."

Variables in the Equation							
		B	S.E.	Df	Sig.	95% C.I.for B	
						Lower	Upper
	Y_1	0.625	0.779	1	0.022	0.116	2.464
	Y_2	0.659	0.394	1	0.044	0.239	1.119
	Y_3	-1.204	0.4	1	0.003	-2.310	-0.098
Step 1[a]	Y_4	0.214	0.102	1	0.229	0.012	0.416
a. Variable(s) entered on step 1: Y_1, Y_2, Y_3, Y_4.							
Y_1=TECHNOLOGY; Y_2=SCIENCE; Y_3=LAW; Y_4=STANDARD OF LIVING							

Graphic representation of linear regression coefficients (Chart 4) enables the comparison of variables that have the most significant influence on the perception of the variable "Patient's rights" level.

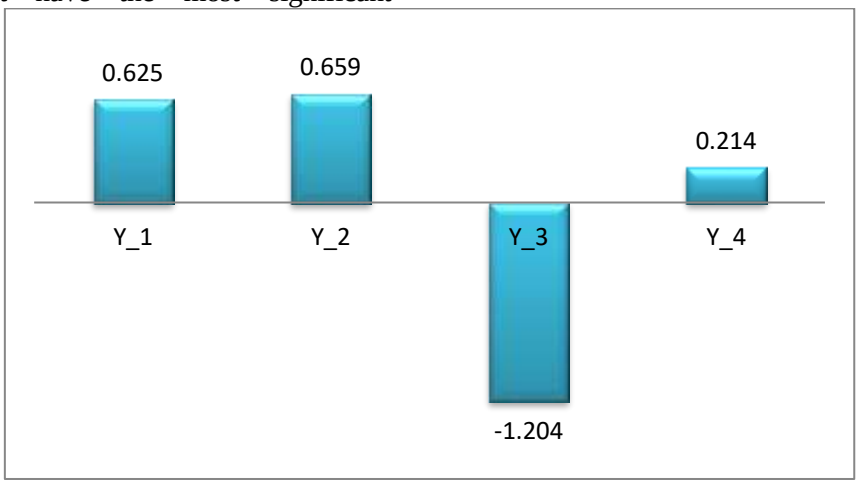

Chart 4. "The level of influence of the independent variables on the dependent variables"

The chart shows that "Technology" and "Science" exert a significant positive impact at levels of 0.625 and 0.659 on the perception level of "Patient's Rights". This shows that the more the Albanian patient feels that technology and science are applied to the health service sector, the more satisfied they are with respecting his\her rights. The opposite happens with the "Law". The law exerts a negative impact on the dependent variable "Patient's Rights" at a level of -1.204. This shows that Albanian patients are still uncertain whether the laws on health care help respect their rights. Besides, their applicability in this direction leaves room for improvement.

5. Discussion

This paper aims to identify the problemsthat surgical patients identify in the Gjirokastra hospital region. To compare this study's results and build conclusions and recommendations, we have considered three countries in the region for which the European Commission has expressed in the final report: Updated Study on Corruption in the Healthcare Sector, in September 2017 (Brigitte Slot.L de S., Kim W.,..2017).These countries are Greece, Croatia, and Lithuania.

From the descriptive statistical study of the data, it was concluded that 66% of patients encounter at the level of "often" or "always" the phenomenon of corruption. So, corruption in the Albanian health service is a present convincing phenomenon. The correlative statistical relationship between "Patient Rights" and "Corruption" is harmful and quite sensitive (-0.690). This result shows that corruption is a negative phenomenon that directly affects the rights of the patient. The same negative and even more significant impact (-0.745), "Corruption" exercises on "Human Rights," showing that corruption is not a negative factor only in the health service, but it is a negative phenomenon in all social activity where human rights must be respected. Also, Albanian patients are still unsure that healthcare laws help to respect their rights as patients. Or, their applicability leaves much to be desired in this regard.

In Greece, petty corruption remains a big challenge. The problem has only increased inrecent years as a result of the combination of higher demand for public healthcare and the decline in wages for physicians. Although it is a significant challenge for the Greek healthcare
system and society in general, it does not appear to be a priority in anti-corruption plans for the healthcare sector as there have not been many policies or initiatives to tackle (the root causes of) this problem; the problem does not seem to get the attention it needs and deserves ((Brigitte Slot.L de S., Kim W.,..2017, 42).

Some stakeholders believe that decent plans are sometimes developed and relevant studies are conducted, but that there is a subsequent lack of implementation. The main reasons for this are the lack of resources and, maybe even more importantly, the lack of the political will to fight corruption and the unstable political climate. Because of this unstable
climate, all actors in the healthcare sector are operating in a risky environment and frequent changes within the Ministry, policies and legislation make it challenging to keep up and plan. (Brigitte Slot.L de S., Kim W.,..2017, 43).

In 2013, the Ministry of Health published its anti-corruption plan, which focuses explicitly on the healthcare sector. This plan had to be written as part of the structural reforms needed to help Greece out of its economic depression. All measures included in the plan, aim to fight corruption in the Greek healthcare system. However, it is unclear if the plan was implemented. Many of the stakeholders doubt the effectiveness of the plan and indicate that it is just another document that seems to have ended up in the drawer(Brigitte Slot.L de S., Kim W.,..2017, 40).

In Croatia, there have been no indications of systemic corruption since the 2013 case. Combating
corruption is taken seriously by the government, which has adopted regulations to lower the risks for corruption and an anti-corruption strategy; as well as by the providers of healthcare and by the industry itself, which both pay attention to the issue, attempt to increase transparency, and have ethical agreements amongst themselves (self-regulation)
and with the CHIF to combat corruption(Brigitte Slot.L de S., Kim W.,..2017, 52).

At the same time, it is notable that there have not been any complaints to the Ombudsman regarding corruption in healthcare even though the perception of corruption among citizens is relatively high in Croatia. It seems that there is underreporting of corruption cases, and a mismatch between which kind of corruption reaches the public sphere (a few high-profile cases) and what is going on in terms of actual corruption (lower level ‘petty’ corruption)(Brigitte Slot.L de S., Kim W.,..2017, 52).

Corruption is highlighted as a point of attention in the Croatian Health Care Strategy, and it is vital that ownership of this strategy and the relevance of combatting corruption
is increased among all stakeholders. The two latter challenges were also reported in

a recent publication on Health Care and Long-term Care Systems & Fiscal Sustainability (2016) ((Brigitte Slot.L de S., Kim W.,..2017, 52).

Lithuania has a hybrid system of compulsory statutory health insurance, providinguniversal coverage. The National Health Insurance Fund (VLK), a semi-autonomous statemonopoly under the Ministry of Health, is the third-party payer in this system. All essentialservices are covered and provided free of charge. The benefits package and the contributions and prices paid to providers are established by law(Brigitte Slot.L de S., Kim W.,..2017,53).

Lithuania is very active in the field of anti-corruption. Anti-corruption programs have been implemented on three levels: the national level, the healthcare sector level, and the health institution level. Most of the implemented measures focus on creating awareness and increasing transparency. One of the challenges with this broad multi-layered approach is to generate sufficient focus and measurable Key Performance Indicators (KPIs). Unfortunately, hardly any implemented policies and practices have been appropriately evaluated; this does not seem to be a priority. There are (almost) no funds made available for this. As a result, it is difficult to assess the impact and effectiveness of the efforts made in the fight against corruption(Brigitte Slot.L de S., Kim W.,..2017, 63).

To conclude, although corruption is still widespread, attitudes are slowly changing; the generational shift seems to be accompanied by a growing intolerance for corruption. Moreover, many policies and practices have been implemented in recent years, and it appears that significant progress has been made in the fight against corruption in the healthcare sector. However, given the lack of systemic evaluations of the implemented policies and practices, crucial information pinpointing what has worked and why (not) is lacking (Brigitte Slot.L de S., Kim W.,..2017, 64).

We are oriented towards building the conclusions and recommendations of this paper by referring to the strategy of these countries and the recommendations of the |European committee for them.

6. Conclusions and Recommendations

Patient rights are part of fundamental human rights. These rights are of great importance given the very nature of the individual who enjoys these rights. Of course, all rights are necessary, but the patient's rights are of particular significance as they are associated with the full enjoyment of mental and physical health.

There is still much to be done in Albania, not only for approximating legislation with internationally accepted principles in this field but also for the practical implementation of these rights.

Albanian patients are still unsure that laws on health care help to respect their rights as patients. Or, their applicability leaves much to be desired in this regard. Life, health, medical confidentiality are personal and inalienable rights enjoyed by every individual undergoing health care.

The results showed that corruption is a negative phenomenon that directly affects the patient's rights, and "Human Rights" showing that corruption is not a negative factor only in the health service, but it is a negative phenomenon in all social activity where human rights must be respected.

The application of modern science and technology in the health service in a qualitative way has increased the feeling of satisfaction and respect for the rights of the Albanian patient.

The patient-physician relationship is of particular importance not only for the full enjoyment of rights by patients but also in the interest that the state has for protecting the life and health of its citizens.

The health service in Albania will be provided to European standards by informing patients about their rights and responsibilities and encouraging patients to exercise these rights.

7. Strengths and limitations

Due to the limited number of samples selected, the study did not include a comparison of results by age group, patient gender, and nature of health insurance.

Data on the effectiveness of government and community policy interventions on patient rights are represented only through a perception of the legal package as a whole, for which patients do not have sufficient expertise. Therefore the conclusions of the study may not be complete. More research is needed on policy interventions to reduce corruption in health financing and transparency with the public.

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