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# Respect for privacy by nurses from the perspective of the elderly hospitalized in internal and surgical wards

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**ABSTRACT**

**Background:** Respect for privacy is the right of all patients, including the elderly, and lack of respect for patients could be associated with increased anxiety, stress, lack of confidence in hospital personnel, refusal of physical examination, and impaired recovery. This study aimed to evaluate respect for privacy by nurses from the perspective of the elderly hospitalized in internal and surgical wards.

**Methods:** This cross-sectional study was conducted on the elderly hospitalized in internal and surgical wards of hospitals affiliated to Zahedan University of Medical Sciences, Zahedan, Iran, in 2015. In total, 132 patients were selected through convenience sampling. Data was collected using the researcher-made questionnaire of respect for privacy, reliability and validity of which were confirmed. Data analysis was performed in SPSS, version 16, using descriptive statistics, Mann-Whitney U tests, and Spearman's correlation coefficient.

**Results:** In this study, mean score of respect for privacy of patients by nurses was favorable in 70.4% of the cases. In terms of physical and psycho-social dimensions of privacy, 81.1% and 73.4% of the cases were at an acceptable level, respectively. Regarding information dimension of privacy, 84.8% of the cases were at a moderate level. A higher level of respect for privacy was reported by elderly female patients (104.24±13.7), compared to male elderlies (109.13±60.62; P=0.013). Moreover, a negative significant correlation was observed between age of the elderly and respect for privacy by nurses (P<0.001, r=-0.37).

**Conclusion:** According to the results of this study, respect for the elderly was reported to be at a favorable level for physical and psycho-social dimensions. Nevertheless, information dimension of privacy was not acceptable. Therefore, it is recommended that necessary educational programs be performed for nurses.

## 1. Introduction

Privacy is a basic human need and an important aspect of nursing and ethics of care, which is currently regarded as an essential right of patients.[1-3] Privacy is the willingness of individuals for having their own personal space, away from interference, harassment, anxiety, or responsiveness and the attempt to prevent disclosing one's personal information.[4] This concept determines the breadth of thoughts and feelings transmitted from one person to others and has various dimensions (e.g., physical, information, psychological, and social). In this regard, the psycho-social dimension encompasses the attempts to control the input and output values, social interactions, decision-making ability, and the ability to decide without the interference of others. The information dimension, on the other hand, determines time and extent of access of others to an individual's personal information. However, with hospital admission, privacy of patients might be disturbed due to the breaking the human realm and entering an unfamiliar place.[5, 6]

Today, with advancements in science and technology, especially in the field of medicine, longevity has increased resulting in the presence of a large group of elderlies in the society. This group, due to their especial features, are more vulnerable compared to other groups of the society.[7] The elderly need special healthcare services due to their unique physical and physiological conditions and suffering from several chronic diseases at the same time.[8, 9] On the other hand, increased need of care in patients is associated with more behaviors that

violate patient privacy, which sometimes turn into common behaviors such that the care providers are not aware of this breaching.[7]

Several studies indicated some flaws in following the dimensions of patient privacy.[3, 7, 10-12]. In this regard, Aghajani and Dehghan Niri (2009) reported that the level of respect for patient privacy was at a medium level in the emergency departments of hospitals and the most weakness was related to lack of compliance with the rules related to familiarizing patients with the unfamiliar environment of the ward upon admission.[7] In addition, Adib Haj Bagheri and Zahtabchi (2014) also stated that the most problems were observed in the personal information dimension of patient privacy. This means that the right of patients in terms of appropriate method and time of providing patient information to other people or organizations is neglected.[11] Some other studies pointed out the defects in respecting patient privacy such as respect for culture, values, personal information, and physical space.[5, 13, 14]

Lack of respect for patient privacy could be associated with many complications, including elevated levels of anxiety and stress, lack of confidence in healthcare personnel, aggression, hiding medical history, and refusing physical examination.[10]

Given the fact that few studies were conducted on the elderly in this regard.[11, 15] and respect for privacy is one of the key concepts of nursing care,[16] this study was performed to evaluate respect for patient privacy by nurses from the perspective of the elderlies admitted to internal and surgical wards.

## 2. Methods

### 2.1. Design

This cross-sectional study was conducted on the elderly patients admitted to internal and surgical wards of teaching hospitals of Zahedan University of Medical Sciences (two hospitals in total), Zahedan, Iran, in 2014.

### 2.2. Participants and setting

Sample size was calculated at 132 cases based on the study by Aghajani and Dehghan Niri (2009)[7] and sample size formula ($\rho=0.5$, Z1- $\alpha.2=1.96$, $d=0.05$, $N=200$). The participants were selected using convenience sampling.

The inclusion criteria were minimum hospitalization period of 24 hours in one of the internal or surgical wards, aged > 60 years, consciousness, no mental disorders or cognitive psychological problems, and the ability to cooperate and respond to questions.

### 2.3. Instruments

In this study, the researcher-made questionnaire of respect for privacy, which is a shortened questionnaire of respect for privacy designed based on review of the previous studies[7, 17] and opinions of professors of Kerman University of Medical Sciences, was applied. This 28-item questionnaire includes three sections of physical (9 items), psycho-social (14 items), and information (5 items) aspects. The participants rate the questionnaire using 5-point Likert scale (5=always, 4=often, 3=sometimes, 2=rarely, and 1=never), showing the level of respect for patient privacy during treatment. The final score can be within the range of 28-140, where scores 28-64 indicate unfavorable, 66-102 moderate (almost favorable), and 103-140 demonstrate acceptable respect for privacy.

In terms of the physical dimension of privacy, the minimum and maximum scores were 9 and 45, respectively, where scores 9-21 indicate unfavorable, 22-33 moderate, and 34-45 acceptable respect for privacy. Regarding psycho-social dimension, minimum and maximum scores were 14 and 70. In this dimension, scores of 14-32.7 indicate unfavorable, 32.8-51.4 moderate, and 51.5-70 acceptable respect for privacy. In terms of the information dimension, the scores are within the range of 5-25, where scores 5-11.7 indicate unfavorable, 11.8-18.4 moderate, and 18.5-25 acceptable respect for privacy.

In order to evaluate content validity, 10 professors of Kerman University of Medical Sciences, Kerman, Iran, were asked to present their feedback regarding the necessity, relativity, simplicity, and clarity of each item of the questionnaire. After confirming content validity, the questionnaire was filled out by 20 participants and reliability of the questionnaire was established by Cronbach's alpha coefficient ($\alpha=0.89$).

### 2.4. Data Collection

Furthermore, the researcher visited the internal and surgical wards of the hospital for three months and at different working hours to collect data. The participants were selected from among the eligible individuals through convenience sampling. The questionnaire was completed through self-report when the overall health of the patients was favorable and implementation of the study did not intervene with rest time or treatment process of the patients.

### 2.5. Ethical considerations

To take ethical considerations into account, the objectives of the study were individually explained to the participants. In addition, they were assured of

confidentiality of personal information and they were informed that they could withdraw from the study at any time and it does not have any effect on their treatment process. In addition, the researcher was available through the study and answered all the questions of the participants. Written informed consent was obtained from the subjects prior to the study.

### *2.6. Statistical analysis*

Data analysis was performed in SPSS, version 16, using descriptive statistics and non-parametric statistical tests of Mann-Whitney U test (for evaluation of mean score of respect for privacy in the elderly based on gender and ward) and Spearman's correlation coefficient (to assess the relationship between age and mean score of respect for privacy in the elderly).

## 3. Results

Demographics of the participants are provided in Table 1. According to our findings, mean score of respect for privacy by nurses was reported to be more favorable among the male patients, compared to the female ones (P=0.013). In addition, the older elderlies were less satisfied with respect for privacy by nurses (r=-0.37, P<0.001; Table 1).

From the perspective of 70.4% of the participants, nurses' respect for patient privacy was at a moderate level (106.59±13.87). In terms of the physical and psycho-social dimensions, 81.1% and 73.4% of the participants reported a favorable level of respect for privacy by nurses, respectively. Regarding the information dimension, 84.8% of the participants affirmed moderate level of respect for privacy by nurses (tables 2 and 3).

According to Table 3, the subjects reported that in the physical dimension, the item related to physical space during treatment process was more considered by nurses, compared to the other items of this section. On the other hand, the least considered item in the physical dimension was reported to be asking for permission to enter the room and using a paravan around patients by nurses. Regarding the psycho-social dimension, the highest score belonged to respectful tone and greeting of nurses, whereas the lowest score pertained to providing facilities for praying and respect for the beliefs of the elderly by nurses. In the information section, the highest and lowest scores belonged to adherence to confidentiality terms by nurses and familiarizing the elderlies and their families with the hospital environment, respectively.

**Table 1.** Mean score of respect for privacy by nurses from the perspective of the elderlies based on demographic characteristics

| Variable | | N (%) | M±SD | P-value |
|---|---|---|---|---|
| Gender | Male | 74 (56.1) | 109.13±60.62 | *0.013 |
| | Female | 58 (43.9) | 104.13±24.7 | |
| Ward | Internal | 102 (77.27) | 105.14±3.15 | *0.36 |
| | Surgical | 30 (22.73) | 110.12±90.14 | |
| Age (year) | M±SD | 70.7±31.30 | | r=-0.37 **<0.001 |

*Mann-Whitney U test; **Spearman's correlation coefficient

**Table 2.** Frequency and mean score of respect for privacy and its dimensions by nurses from the perspective of the elderly

| Levels / Dimensions | Unfavorable | Almost favorable | Favorable |
|---|---|---|---|
| | N (%) | N (%) | N (%) |
| Physical | 0 (0) | 25 (18.9) | 107 (81.1) |
| Psycho-social | 1 (0.8) | 34 (25.8) | 97 (73.4) |
| Information | 9 (6.8) | 112 (84.8) | 11 (8.4) |
| Total | 1 (0.8) | 38 (28.8) | 93 (70.4) |

**Table 3.** Mean score of respect for privacy by nurses from the perspective of the elderly

| DIMENSION | ITEM | M±SD |
|---|---|---|
| Physical | During treatment process, the nurse keeps the appropriate physical distance with the elderly. | 4.45±0.68 |
| | Nurse respects the personal space of the elderly. | 4.28±0.86 |
| | Nurse avoids sitting on the bed of the elderly patient. | 4.27±0.83 |
| | Nurse pays attention to the privacy of the elderly during the visiting hour. | 0.88±21.4 |
| | Nurse pays attention to the reaction of the elderly upon entering their personal territory. | 0.87±4.41 |
| | Nurse pays attention to the needs of the elderly in terms of personal and physical space. | 0.96±4.08 |
| | The space around and the belongings of the elderly are respected and permission is asked when belongings are moved. | 1.07±4.05 |
| | Paravans are used around the elderly upon examination or during the treatment process (unnecessary regions are covered). | 1.04±3.89 |
| | Nurse asks for permission to enter the room of the elderly. | 1.08±3.82 |
| | Total | 5.71±37.21 |
| Psycho-social | Nurse has a respectful tone when speaking with the elderly. | 0.82±4.41 |
| | Nurse greets the elderly. | 4. 22±0.83 |
| | Nurse calls the elderly with full name. | 0.86±4.21 |
| | The independence to perform personal tasks is provided for the elderly. | 0.79±4.20 |
| | Patient keeps the elderly safe and pays attention to the skin health of the patients upon performing the treatment procedures. | 0.88±4.16 |
| | After a care, patients are immediately covered. | 34.86±4.15 |
| | Nurse takes the necessary precautions when performing painful techniques on the elderly. | 0.87±4.03 |
| | Rings from the elderly are immediately responded. | 1.02±4.0 |
| | The sleeping and eating times of the elderly are not changed (due to loud sounds or improper lighting). | 0.98±3.98 |
| | Male nurses takes care of male patients and female nurses care for female patients. | 1.19±3.75 |
| | Nurse introduces him/herself to the elderly. | 1.03±3.74 |
| | Nurse pays attention to religious rituals of the elderly and respects them. | 1.36±3.38 |
| | Religious beliefs of the elderly are respected. | 1.33±3.33 |
| | Necessary facilities are provided for praying of the elderly. | 1.32±2.84 |
| | Total | 6.84±54.4 |
| Information | Nurse is secretive. | 0.89±4.12 |
| | Nurse explains all the treatment procedures performed on the elderly. | 0.98±3.84 |
| | Upon discharge, nurse accurately guides the elderly. | 0.99±3.78 |
| | Nurse does not disclose personal information of the elderly to others. | 0.98±3.64 |
| | Upon admission, nurse familiarizes the elderly and families with the ward. | 1.19±3.15 |
| | Total | 2.55±14.90 |
| Total score | | 87.13±106.59 |

## 4. Discussion

According to the results of the present study, respect for privacy by nurses was reported to be favorable by the elderly hospitalized in surgical and internal wards of teaching hospitals of Zahedan, Iran. In this regard, Adib Haj Bagheri and Zehtabchi (2014) stated that the elderly admitted to all wards of their selected hospitals in Isfahan, Iran, reported moderate level of respect for privacy by nurses,[11] which is not in congruence with our findings. In addition, Lin and Tsai (2011) affirmed that the majority of patients reported a moderate level of respect for privacy in the emergency department of hospitals.[3] Results obtained by Aghajani and Dehghannayeri (2010) revealed that approximately half of the patients admitted to emergency department reported low to moderate levels of respect for privacy.[7] Jahanpour and Rasti (2014) also marked that patients admitted to internal, surgical, and emergency departments, as well as operating room reported medium level of respect for privacy by healthcare personnel.[14] In this regard, Sarkhil et al. (2013) stated that patients admitted to Coronary Care Unit (CCU) of the selected hospitals in Tehran, Iran, reported acceptable level of respect for privacy.[18] Yzdanprst et al (2016) in the analysis of comments regarding the privacy of seniors reported at a low level.[15] The results of all the mentioned studies are inconsistent with our findings, which might be due to differences in sample populations and type of the admitted ward since the elderly patients were mainly admitted to internal and surgical wards in the present study.

In the physical dimension, respect for privacy by nurses was acceptable and the item of providing an appropriate physical space for the elderly by nurses obtained the highest score. Meanwhile, asking permission for entrance and using paravans around the elderly during or after a treatment procedure attained the lowest scores. In a study by Sarkhil et al. (2013), regarding the physical dimension it was reported that respect for privacy of patients hospitalized in CCUs was at a favorable level.[18] On

the other hand, Adib Haj Baghi and Zehtabchi (2014) reported respect for privacy of patients to be at a medium level,[11] which is not in line with our findings. Jahanpour and Rasti (2014) marked that the majority of patients admitted to intensive care units (ICUs) complained about lack of attention to personal space of patients during examination and injection, which is incongruent with the results of the current study.[14] This similarity in results could be due to lack of attention to the use of tools and instruments that provide privacy, such as paravans, during nursing procedures. Therefore, it seems necessary to teach nursing students about the importance of respect for physical privacy of patients and the necessity of applying privacy tools through in-service educational programs.

With respect to psycho-social dimension, respect for privacy of nurses was reported at a favorable level. The highest score pertained to respectful tone and greeting by nurses, whereas the lowest score was assigned to given to the necessary facilities for praying of the elderly. In line with our findings, Jahanpour and Rasti (2014) reported that about half of the patients complained about inappropriate tone upon addressing the patients or using the bed number to call a patient.[14] However, Adib Haj Bagheri and Zehtabchi (2014) reported respect for privacy by nurses at a moderate level,[11] which is not in accordance with our findings. In the mentioned study, a high percentage of patients complained about not introducing the person in charge of their care and lack of respect for their religious beliefs and values, which is similar to the current findings. However, the highest frequency of unperformed actions was related to lack of ability to share personal feelings with the personnel. In this regard, Aghajani and Dehghannayeri (2009) reported respect for privacy by nurses at a moderate level in terms of the psycho-social dimension,[7] which in not in line with the results of the present study. In the mentioned study, the highest frequency of neglected acts was related to familiarizing the elderly with the environment upon admission, which is inconsistent with our findings. This difference in results might be due to the nature of the emergency department of hospitals, since issues related to the admission process of patients are less focused in places similar to emergency wards due to urgency in the implementation of cares and lack of sufficient personnel. Therefore, it seems necessary to provide human resources and hold educational workshops on valuing, internalizing, and implementing ethical principles by authorities.

In terms of the information dimension, moderate level of respect for privacy was reported. The highest score was related to confidentiality of nurses, whereas the lowest score was assigned to method used to familiarize the elderly and their families with the hospital environment upon admission, and providing information for the elderly. In line with our findings, Adib Haj Bagheri and Zehtabchi (2014) reported moderate level of respect for privacy by nurses.[11] In this study, the highest frequency was related to neglected acts in the information dimension, including unintentional hearing of the conversation between other patients and physicians or nurses, which is in congruence with the results of the present study. Lin and Tsai (2011) also stated that factors related to dissatisfaction with respect for privacy included unintentional hearing of other patients' information and disclosing personal information of patients while providing healthcare services.[3] In a study by Sarkhil et al. (2013), the psycho-social and information dimensions were less taken into consideration, which is similar to the current findings.[18] This similarity between the results might be due to insufficient understanding of nurses regarding privacy of patient information. Therefore, training is necessary to teach nurses about this issue.

According to the results of the current study, privacy of male elderly was more respected, compared to female patients. In line with our results, Yazdan Parast et al. (2016) reported that privacy was more respected for male patients, compared to female ones.[15] In addition, Gattinger et al. (2014) stated that female patients complained more about inadequate respect for their privacy by healthcare providers.[19] This might be due to high expectations of female clients regarding respect for privacy,[19] since female patients are more sensitive about their privacy. Inconsistent with our findings, studies by Adib Haj Bagheri and Zehtabchi (2014) and Aghajani and Dehghannayeri (2009) indicated no significant relationship between gender and respect for privacy.[7, 11, 14] This difference between the results might be due to diverse attitudes of the participants of studies.

Advanced age of the elderly was associated with decreased respect for personal space by nurses, which is consistent with the results obtained by Aghajani and Dehghannayeri (2009) and Lin and Tsai (2011).[3, 7] Nevertheless, studies by Adib Haj Bagheri and Zehtabchi (2014) and Jahanpour and Rasti (2014) revealed no significant association between age and respect for privacy.[11, 14] This difference in perception of the elderly regarding methods used to respect patient privacy might be rooted in culture of the society.[20]

Since the questionnaire was completed by the elderly upon admission, it is possible that no accurate report was provided about the status of respect for privacy by nurses due to anxiety or fear of the effectiveness of unfavorable responses on

their treatment procedure. However, the patients were assured that their responses would not affect their treatment. In addition, this study was conducted on the geriatric patients of the hospitals, which limited generalizability of the results.

## 5. Conclusion

As the findings of the present study indicated, both distraction techniques (i.e., balloon inflating and watching cartoons) had significant impacts on reduced pain caused by triple vaccination in school-age children. Therefore, these techniques are recommended to be used as standard care techniques during the vaccination since they are cost-effective and have no complications. Moreover, providing retraining programs for familiarizing the healthcare providers with non-pharmacological methods to relieve pain seems necessary.

## Conflicts of interest

The authors declare no conflicts of interest.

## Authors' contributions

Marzieh Zihaghi: study design, implementation of the study, and drafting the manuscript, Saman Saber: participation in implementation of the study and drafting the manuscript, Esmat Nouhi : study design and participation in drafting of the manuscript, Toktam Kianian: data analysis and drafting of the manuscript.

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