

Short Report

Nursing Students' Attitude toward the Importance of Patient Privacy

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INTRODUCTION

Respecting patient privacy is a professional responsibility for all health-care professionals, especially nurses. It is a key concept in nursing ethics and healthcare^[1] and would results in patient satisfaction, a crucial goal in all healthcare organizations. Patients who are satisfied with health-care providers are more likely to collaborate with them, provide them with the information they need, and follow their recommendations.^[2]

Despite advances in medical technology, many patients are dissatisfied with respecting their privacy in health-care settings.^[3] A study also reported that

ABSTRACT

Background: Observing patient privacy is one of the most important nurses' ethical responsibilities. **Objective:** This study is aimed to investigate nursing students' attitudes toward the importance of patient privacy in nursing care. **Methods:** This cross-sectional study was conducted between September 2018 and April 2019 in the School of Nursing and Midwifery of Guilan University of Medical Sciences, Iran. One hundred and fifty nursing students responded to the study questionnaires. Descriptive statistics were used to analyze the data. **Results:** A total of 142 nursing students with a mean age of 21.91 ± 4.67 years participated in this study. A majority of the students (63.5%) were female, 82.2% were single and 31.8% had clinical experience. The mean students' attitudes scores were, respectively, 8.36 ± 1.53 , 6.84 ± 2.04 , 6.24 ± 2.23 , and 11.42 ± 2.17 for the physical, psychological, spatial, and informational dimensions of patient privacy. **Conclusion:** The mean students' attitude toward patient privacy was at a moderate level. Nurse educators and all the authorities of nursing education should instruct nursing students to pay special attention to the observance of patient privacy.

KEYWORDS: Nursing, Patient privacy, Students

developments in technology and an increase in the number of communication channels along with increased workload have caused serious issues with patient privacy and confidentiality in nursing services.^[4] Violation of patient privacy has significant and unpleasant consequences. Increased anxiety and stress in patients, concealment of parts of the medical history, refusal to

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accept a physical examination and aggressive behaviors are among these consequences.^[5]

Two recent studies have investigated Iranian medical students^[6] and operating room nurses,^[7] attitudes toward patient privacy and reported that neither medical students nor nurses had positive attitudes toward patient privacy and confidentiality issues. A few studies investigated nursing students' attitude toward some aspects of patient privacy such as physical, psychological,^[8] spatial,^[9] and informational dimensions.^[8,10] However, no study comprehensively assessed the attitudes of Iranian nursing students into this important issue.

Objective

This study was aimed to investigate nursing students' attitudes toward the importance of patient privacy during nursing care.

METHODS

Design, setting, and participants

This cross-sectional study was conducted from September 2018 to April 2019 in the School of Nursing and Midwifery of Guilan University of Medical Sciences, Guilan, Iran. The sample size was calculated based on Morgan's table, and therefore, 150 nursing students were recruited in the study.^[5] Students were selected through stratified random sampling based on their academic year. Studying in nursing, starting clinical education, and willingness to participate were the inclusion criteria, and those who were in their 2nd, 3rd, and 4th years of studying in nursing were entered the study. Students' reluctance to participate in the study and incomplete responding to the study questionnaire (leaving unanswered >10% of the questions) were considered as exclusion criteria.

Instruments

The data gathering instrument was a questionnaire made by the researcher to assess the students' attitudes toward patient privacy. In addition to the students' age, gender, marital status, and history of clinical experience, the initial questionnaire contained 24 items according to the Charter of the Patients' Rights in Iran, and other relevant literature.^[3,6,11,12] To determine the content validity of the questionnaire, comments of 10 experts in medical ethics and human rights were sought on the necessity, relevance, clarity, and simplicity of individual items. Items with a content validity ratio (CVR) over 0.7 were kept, and finally, the CVR of the questionnaire was calculated at 0.78. The content validity index (CVI) of each item was calculated based on the experts' comments on the relevance of the items. The CVI of the final 22-item questionnaire was calculated at 0.79. Then, the questionnaire was piloted on 30 nursing students and

its Cronbach's alpha was calculated at 0.87. The items covered the four privacy dimensions, namely physical (5 items), informational (7 items), psychological (5 items), and social or spatial (5 items) dimensions. Items were responded as "I agree," "I have no comment" and "I disagree." The response "I agree" was scored 2 and the other options were scored zero. The total score ranges from zero to 44. Scores ranging from 0 to 28, 29 to 39, and 40 to 44 were interpreted as weak, moderate, and good attitude, respectively.^[5]

The main researcher and a trained research assistant recruited the eligible participants, distributed the questionnaire among them, and trained them on how to complete the questionnaire in a private setting and returning it to the research team at their next referral on the same day.

Ethical considerations

This study was approved by the Ethics Committee of the Guilan University of Medical Sciences, Rasht, Iran, under the number IR. GUMS.REC.1397.337. The aim of the study was explained to the respondents and after obtaining the verbal consent, the questionnaires were given to them. Moreover, it was mentioned on the first page of the questionnaire that "filling this questionnaire is considered as your consent to take part in this study. Your information would be completely confidential and only will be used for the research purpose." Participation in the study was voluntary, data were managed confidentially, and findings were reported anonymously.

Data analysis

To describe the data, mean and standard deviation were used for quantitative variables and frequency and percentage for qualitative variables. Data analysis was performed using SPSS software Version 16 (SPSS Inc., Chicago, IL, USA).

RESULTS

Of the 150 questionnaires, eight were excluded due to missing data or inappropriate answers, and the remaining 142 questionnaires were analyzed. The mean age of the students was 21.91 ± 4.67 years, 63.5% were female, 82.2% were single, and 31.8% had clinical experience.

The students' overall mean attitudes score was 32.88 ± 5.29 (i.e., 74.73% of the possible score), indicating that their attitude was at a moderate level. The students' mean scores in the physical, psychological, spatial, and informational dimensions were 8.36 ± 1.53 , 6.84 ± 2.04 , 6.24 ± 2.23 and 11.42 ± 2.17 , respectively; illustrating that they possessed about 83.64%, 68.47%, 62.47%, and 81.59% of the scores in these dimensions, respectively [Table 1]. Table 2 presents the frequency

Table 1: The students' scores in the four dimensions of patient privacy scale

Privacy dimension	Mean±SD	Percentage of the score, mean±SD	Maximum (%)	Minimum (%)	Good attitude (%)	Average attitude (%)	Poor attitude (%)
Physical	8.36 ± 1.53	83.64 ± 15.34	100	50	58.8	27.1	14.1
Psychological	6.84 ± 2.04	68.47 ± 20.44	100	10	21.2	41.2	37.6
Spatial	6.24 ± 2.23	62.47 ± 20.30	100	0	16.5	36.5	47.1
Informational	11.42 ± 2.17	81.59 ± 15.56	100	28.57	35.3	52.9	11.8
Total score	32.88 ± 5.29	74.73 ± 12.02	97.73	47.73	8.2	72.9	18.8

SD: Standard deviation

Table 2: Frequency distribution of nursing students' attitude toward patient privacy

Items	Agree, <i>n</i> (%)	No comments, <i>n</i> (%)	Disagree, <i>n</i> (%)
Physical dimension			
Unnecessary physical touches can disturb patient privacy	119 (83.8)	15 (10.5)	8 (5.6)
Undressing the patient before the examination is considered a violation of the patient privacy	111 (78.1)	23 (16.1)	8 (5.6)
In order to protect patient privacy, another person with the same sex should accompany him/her at the time of examination	72 (50.7)	52 (36.6)	18 (12.6)
Creating a private environment during the injections, examinations, etc., is part of the physical dimension of patient privacy	119 (83.8)	18 (12.6)	5 (3.5)
Keeping the patients covered as much as possible is a sign of protecting their privacy	105 (73.9)	30 (21.1)	7 (4.9)
Psychological dimension			
Paying attention to the patients' religious principles shows that we care about patient privacy	102 (71.8)	30 (21.1)	10 (7)
Introducing ourselves to the patient during health care shows that we care about his or her privacy	102 (71.8)	30 (21.1)	10 (7)
Explaining any treatment and care before doing so show the patients that we care about their privacy	89 (62.6)	42 (29.5)	11 (7.7)
Telling the name, responsibility, and professional rank of the health care team members (i.e., physician, nurse, and student) to the patient shows them that we care about their privacy	60 (42.25)	50 (35.2)	32 (22.5)
Allowing the patient's companion to be present in all stages of the disease (diagnosis and treatment) is a sign of patient privacy	40 (28.1)	35 (24.64)	67 (47.1)
Patient spatial dimension			
The entry of health care providers into the patient's room without informing the patient or his/her companion is a violation of patient privacy	69 (48.5)	43 (30.2)	30 (21.1)
Entering the patient's solitude is an example of a violation of patient privacy	65 (45.7)	55 (38.7)	22 (15.4)
Hospitalization of patients in shared hospital rooms is a sign of disregard for patient privacy	45 (31.6)	42 (29.5)	55 (38.7)
Knocking on entering the patient's room shows respect for his/her privacy	85 (59.8)	47 (32.1)	10 (7.1)
Moving chairs or other items out of the patients' rooms without permission is a violation of their privacy	62 (43.6)	48 (33.8)	32 (22.5)
Informational dimension			
Patients have the right to determine how their information be presented to other people or organizations	84 (59.1)	40 (28.1)	18 (12.6)
Confidentiality of information shows respect for patient privacy	125 (88)	15 (10.5)	2 (1.4)
Asking very private questions is a violation of patient privacy	77 (54.2)	35 (24.6)	30 (21.1)
Disclosing the client's information in front of others is a violation of patient privacy	128 (90.1)	11 (7.7)	3 (2.1)
Confidentiality of all patient information is mandatory, except as otherwise provided by law	97 (68.3)	40 (28.1)	5 (3.5)
Only patients, medical team members, people authorized by the patient, and people authorized by law, can access patient information	117 (82.4)	22 (15.5)	3 (2.1)
Forcing the patient to disclose information about his/her illness and disability to the employer is a violation of patient privacy	81 (57)	45 (31.7)	16 (11.3)

of nursing students' responses to the attitudes toward patient privacy questionnaire.

DISCUSSION

In the present study, the students possessed a moderate score about observing patient privacy. While the students scored the highest score in the domain of physical privacy, they got the lowest scores in the spatial and psychological dimensions of patient privacy. Only 21.2% of students had a good attitude toward the psychological dimension of patient privacy, and a majority of them believed that it is unnecessary to disclose the name, responsibility, and professional rank of health-care providers to the patient. This finding can be attributable to their observations in the real clinical practice, lack of suitable education in this field, and the poor adherence of health-care providers to the Patient's Rights Charter in Iran.

Furthermore, 47.1% of the students were opposed to the presence of patient companions during all stages of the disease. However, a study reported that postsurgical patients like a family member accompany them because they think that a person they know and trust can help them regain their self-control and preserve their privacy.^[3]

Unexpectedly, a number of the students in the present study did not consider knocking when entering the patient's room as a criterion for patient privacy. Knocking on a patient's door is a symbol of privacy in almost all cultures; otherwise, the patient will feel anxious and being out of control. Knocking before entering a room, house, or any private place is an indicator of respect and observing privacy. Otherwise, the person would feel a lack of personal space and a lack of control over his/her personal territory. However, a number of factors, such as having multiple patients in a room, heavy workload, inadequate number of nurses, and lack of time make it difficult to fully observe patient privacy in clinical settings.^[3,8,13]

The lowest percentage in the informational dimension was about asking very private questions from patients. Indeed about half of the students had no comments or opposed this item. Patients are very sensitive to disclosing their private information due to fear of being embarrassed, ridiculed, deprived of their rights, discrimination, and being physically and emotionally harmed.^[14-16] The low agreement of students with this question might be attributable to the lack of proper and adequate education. Students also feel that by asking personal questions, they can have better control over the patient and get to know him/her better; in other words, they wish to gain the patient's trust to increase the patient's collaboration with health-care providers.

This study was conducted at Guilan University of Medical Sciences. Replication of the study at other medical universities can help achieve more generalizable information.

CONCLUSION

The results indicated that nursing students' attitude toward patient privacy is not optimal. Therefore, the Ministry of Health and Medical Education and authorities in all healthcare settings should pay more attention to the observance of patient privacy. Furthermore, nurse educators and the authorities in nursing education should revise the nursing curriculum as well as educational contents to put more emphasis on the patient's privacy in all aspects of care. Strengthening the educational content on health laws, human rights, professional codes of ethics, and disciplinary regulations of the Medical System Organization can promote nursing students' knowledge and attitude toward patient privacy.

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Conflicts of interest

There are no conflicts of interest.

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