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Observation of Patients' Privacy by Physicians and Nurses and Its Relationship with Patient Satisfaction

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ABSTRACT

The present study was conducted to determine the extent of observation of patients' privacy by physicians and nurses and its relationship with patient satisfaction. This descriptive correlational study was conducted on 600 patients selected by convenience sampling. Based on the patients' points of view, the level of observation of patients' privacy and its dimensions, especially the psychosocial dimension, were reported to be higher in nurses than in physicians. Pearson's correlation coefficient showed a direct and significant relationship between the observation of privacy by the nurses and physicians and different dimensions of patient satisfaction.

KEYWORDS

patient privacy; physician; nurse; patient satisfaction

Background

Privacy is the feeling a person has about his identity, independence, dignity, and personal space (Langarizadeh, Orooji, and Sheikhtaheri 2018). Many definitions have been proposed for privacy, depending on the influence of norms, cultural values and people's status in the society (Lee 2018). Privacy has physical, psychosocial and informational dimensions. The physical dimension includes the extent to which a person becomes physically available to others. The psychosocial dimension includes the person's ability to control psychological processes and social interactions, and the informational dimension refers to the person's control over the process of personal information exchange (Hosseini et al. 2019). Respect for privacy requires is to have respect for people's dignity and independence (Benn 2017), and observing privacy is one of the basic rights and pressing needs of all humans (Aksoy and Komurcu 2018; Kim, Han, and Kim 2017).

Privacy has specific meanings in healthcare systems (Ozturk et al. 2018). In nursing, privacy is a fundamental value and a central concept that is deeply rooted in nursing traditions and history (Jahanpour and Rasti 2014). In the field of nursing and medicine, observing the patients' privacy is one of the main duties in medical ethics and has a long history in the world of medicine. Knowledge of the principles of respect for patients' privacy and its observation are obligatory for the healthcare personnel, especially physicians and nurses, and are considered professional rules of these disciplines (Demirsoy and Kirimlioglu 2016). Patients are among the most physically, mentally, socially, and economically vulnerable groups who have no control over their privacy; therefore, this issue is of particular importance (Hasan Tehrani et al. 2020).

Observing patients' privacy and maintaining their confidentiality have been stressed as standard principles of care by international nursing organizations and associations, including the International Nursing Council and American Nursing Association and other medical and paramedical associations (Friedman 2015). Examples of ethical documents have also been set up and implemented in Iran according to the Islamic Iranian culture, which include the Patients' Rights Charter and the Iranian Code of Nursing

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Ethics (Mohajjel-Aghdam et al. 2013; Zahedi et al. 2013).

Respect for patients' privacy can increase the patients' cooperation and adherence to medical teams' advices. It can also make the patients feel more comfortable and safer, resulting in faster recovery and discharge (Eyni et al. 2017; Lin et al. 2013). Despite the great emphasis on patients' privacy, the results of some studies suggest that hospitalized patients experience many problems with regard to their privacy in the hospital, and in most cases, the patients' satisfaction with the personnel's observation of their privacy has been reported as moderate and poor (Friedman 2015; Lin and Tsai 2011). In addition to causing irreversible damage to the patients (Demirsoy and Kirimlioglu 2016), the violation of the patients' privacy reduces the quality of care, which is the main objective of any healthcare organization, particularly of nursing teams (Adib-Hajbaghery and Faraji 2016).

Patients' privacy is also of particular value and importance in Iran as a country ruled by Islamic laws. Given the increasing global significance of patients' privacy, the effect of cultural and social differences on patients' privacy and the very few studies conducted on the subject, the present study seeks to determine the extent to which physicians and nurses observe patients' privacy and its relationship with patient satisfaction.

Methods

Study Design and Sample

This is a descriptive correlational study conducted in 2019. The population in this study consisted of all the eligible patients hospitalized in teaching hospitals in Urmia city. The sample size was determined as 600 patients based on the study conducted by Hajbagheri et al. with a 95% confidence interval, maximum 3% sampling error, and using the sample size formula (Hajbaghery and Chi 2015).

Eligible patients were enrolled in the study using convenience sampling. The study inclusions were: minimum 24 hours of hospitalization, age over 15 years, full consciousness, no intellectual disability or psychological problems, and ability to cooperate in this research.

Data Collection

Data were collected using a demographic details form and questionnaires concerning patient's privacy and patient satisfaction with the observation of privacy.

The demographic details form included six items on age, gender, education, place of residence, duration of hospital stay, and admission ward.

The patients' privacy questionnaire was derived from a study by Dehghan-Nayeri and Aghajani and contained 41 items on various dimensions of privacy, including physical (13 items), informational (seven items), and psychosocial (21 items) dimensions, and was scored based on a four-part scale ('Yes' = 1 point, 'Do Not Know' = 1.5, 'Occasionally' = 2 and 'No' = 3). It should be noted that the scoring system changed depending on the item's content being in line with the observation of privacy or being its reverse, and the total score varied from 41 to 123 points. The qualitative face and content validity of this questionnaire were confirmed by ten faculty members in Dehghan-Nayeri and Aghajani's study, and its reliability was determined by internal consistency and Cronbach's alpha coefficient (r = 0.84) (Dehghan Nayeri and Aghajani 2010).

The patient satisfaction with observation of privacy questionnaire was also derived from Dehghan-Nayeri and Aghajani's study and contained 41 items on the patients' satisfaction with the healthcare personnel's amount of respect for different dimensions of their privacy, including physical (13 items), informational (seven items) and psychosocial (21 items), and was scored based on a six-part scale ('Totally Satisfied' = 1, 'Moderately Satisfied' = 1.5, 'Makes No Difference' = 2, 'Little Satisfied' = 2.5, 'Do Not Know' = 3, 'Not At All Satisfied' = 4). The items of this questionnaire were designed according to the items of the patients' privacy questionnaire, and its scores ranged from 41 to 164 points (Dehghan Nayeri and Aghajani 2010). In this study, the validity of this questionnaire was assessed using qualitative face and content validity methods and its reliability was determined by internal consistency and Cronbach's alpha coefficient (r = 0.81).

The questionnaires were completed by the researcher through interviews conducted with patients every day of the week, in morning, afternoon and night shifts.

Table 1. Independent T-test comparing the mean score of observation of patients' physical privacy by the nurses and physicians, the patients' satisfaction with their observation, and Pearson's correlation coefficient between observing physical privacy and the satisfaction with it.

Variable	Physical privacy observed		Patients' satisfaction		r (Pearson's correlation coefficient between observation of privacy and patient satisfaction)	
Score range	(13-39)		(13-52)			
Group	Nurse (n = 600)	Physician (n = 600)	Nurse (n = 600)	Physician (n = 600)	Nurse (n = 600)	Physician (n = 600)
Mean	25.00	24.71	21.48	21.76	0.379	0.307
Standard Error	0.098	0.1	0.12	0.117		
P-value*	0.035		0.003		<0.001	<0.001

*The significance level was considered to be less than 0.05.

Data Analysis

The quantitative data were described using central and dispersion indices (mean and standard deviation) and the qualitative variables using frequency percentage. The variables were compared and the relationship between them was assessed using the independent t-test and Pearson's correlation coefficient. All the statistical analyses were carried out in SPSS-16 at a significance level of $P < 0.05$.

Ethical Considerations

After obtaining permission from the Urmia University's Ethics Committee (IR.UMSU.REC. 1393.238), the participants received full explanations about the study and completed a consent form, and the researcher also committed to maintain the confidentiality of participants' information and to present them as statistical data.

Results

Participant Characteristics

The present descriptive correlational study was conducted on 600 patients admitted to teaching hospitals in Urmia city, including 52.3% male and 47.7% female patients with the mean age of 55.18 ± 10.4 years. A total of 32% of the patients had primary school education, 27.9% high school education, 23.3% had a high school diploma, and 16.8 had university education. A total of 63.8% were from urban areas and 36.2% from rural areas. The duration of hospital stay was one day in 27.7% of the patients, two days in 57.9%, and three days in 14.4% of them. A total of 32.4% of the patients were hospitalized in the surgery ward, 33.8% in the internal ward, 17.8% in intensive care units, and 16% in the emergency ward.

Observation of Physical Privacy by Physicians and Nurses and Patients' Satisfaction with It

The mean score of observation of physical privacy was 25.0 ± 0.098 for the nurses and 24.71 ± 0.1 for the physicians. The independent T-test showed a significant difference between the nurses and physicians in observing the patients' physical privacy ($P = 0.035$). The mean score of patient satisfaction with the observation of physical privacy was reported as 21.48 ± 0.12 for the nurses and 21.76 ± 0.117 for the physicians, and the independent T-test showed a significant difference between the nurses and physicians in terms of the patients' mean satisfaction with their observation of their physical privacy ($P = 0.003$). Pearson's correlation coefficient showed a direct and significant relationship between the nurses and physicians observing of physical privacy and the patients' satisfaction with their observation ($P < 0.001$; Table 1).

Observation of Informational Privacy by Physicians and Nurses and Patients' Satisfaction with It

The mean score of observation of informational privacy was 14.10 ± 0.091 for the nurses and 13.63 ± 0.087 for the physicians. The independent T-test showed a significant difference between the nurses and physicians in observing the patients' informational privacy ($P < 0.001$). The mean patient satisfaction was reported as 16.77 ± 0.08 with the nurses and 16.80 ± 0.084 with the physicians, and the independent T-test showed no significant differences between the nurses and physicians in terms of the patients' satisfaction with their observation of their informational privacy ($P = 0.723$). Pearson's correlation coefficient showed no significant relationships

Table 2. Independent T-test comparing the mean score of observation of patients' informational privacy by the nurses and physicians, the patients' satisfaction with their observation, and Pearson's correlation coefficient between the observation of informational privacy and the satisfaction with it.

Variable	Informational privacy observed		Patients' satisfaction		r (Pearson's correlation coefficient between the observation of privacy and patient satisfaction)	
Score range	(7-21)		(7-28)			
Group	Nurse (n = 600)	Physician (n = 600)	Nurse (n = 600)	Physician (n = 600)	Nurse (n = 600)	Physician (n = 600)
Mean	14.10	13.63	16.77	16.80	0.038	0.196
Standard Error	0.091	0.087	0.08	0.084		
P-value*	<0.001		0.723		0.359	<0.001

*The significance level was considered to be less than 0.05.

Table 3. Independent T-test comparing the mean score of observation of patients' psychosocial privacy by the nurses and physicians, the patients' satisfaction with their observation, and Pearson's correlation coefficient between the observation of psychosocial privacy and the satisfaction with it.

Variable	Psychosocial privacy observed		Patients' satisfaction		r (Pearson's correlation coefficient between the observation of privacy and patient satisfaction)	
Score range	(21-63)		(21-84)			
Group	Nurse (n = 600)	Physician (n = 600)	Nurse (n = 600)	Physician (n = 600)	Nurse (n = 600)	Physician (n = 600)
Mean	37.93	34.91	42.82	41.52	0.236	0.258
Standard Error	0.158	0.149	0.175	0.173		
P-value*	<0.001		<0.001		<0.001	<0.001

*The significance level was considered to be less than 0.05.

between the observation of informational privacy by the nurses and the patients' satisfaction with their observation (P = 0.359), but Pearson's correlation coefficient was 0.196 between the observation of informational privacy by the physicians and the patients' satisfaction with it; that is, the patients' satisfaction increased significantly as the physicians' observation of their informational privacy improved (P < 0.001; Table 2).

The Observation of Psychosocial Privacy Observed by Physicians and Nurses and Patient's Satisfaction with It

The mean score of observation of psychosocial privacy was 37.93 ± 0.158 for the nurses and 34.91 ± 0.149 for the physicians. The independent T-test showed a significant difference between the nurses and physicians in terms of observing the patients' psychosocial privacy (P < 0.001). The mean patient satisfaction was reported as 42.82 ± 0.175 with the nurses and 41.52 ± 0.173 with the physicians, and the independent T-test showed a significant difference between the nurses and physicians in terms of the patients' satisfaction with their observation of their psychosocial privacy (P < 0.001). Pearson's correlation coefficient showed a direct and significant relationship between the nurses and physicians in terms of observing psychosocial privacy and the patients' satisfaction with their observation of it (P < 0.001; Table 3).

General Privacy Observed by the Physicians and Nurses and the Patient's Satisfaction with It

The mean score of observation of general privacy was 84.16 ± 0.224 for the nurses and 80.35 ± 0.211 for the physicians. The independent T-test showed a significant difference between the nurses and physicians in observing the patients' general privacy (P < 0.001). The mean patient satisfaction was reported as 95.19 ± 0.247 with the nurses and 93.66 ± 0.275 with the physicians, and the independent T-test showed a significant difference between the nurses and physicians in terms of the patients' satisfaction with their observation of their general privacy (P < 0.001). Pearson's correlation coefficient showed a direct and significant relationship between the nurses and physicians in terms of observing general privacy and the patients' satisfaction with their observation (P < 0.001; Table 4).

Discussion

Observing patients' privacy is very important in healthcare systems and can be an effective factor in

Table 4. Independent T-test comparing the mean score of observation of patients' general privacy by the nurses and physicians, the patients' satisfaction with their observation, and Pearson's correlation coefficient between observing general privacy and satisfaction with it.

Variable	General privacy observed		Patient satisfaction		r (Pearson's correlation coefficient between observing privacy and patient satisfaction)	
Score range	(41-123)		(41-164)			
Group	Nurse (n = 600)	Physician (n = 600)	Nurse (n = 600)	Physician (n = 600)	Nurse (n = 600)	Physician (n = 600)
Mean	84.16	80.35	95.19	93.66	0.250	0.177
Standard Error	0.224	0.211	0.247	0.275		
P-value*	<0.001		<0.001		<0.001	<0.001

*The significance level was considered to be less than 0.05.

the quality of the services provided. Given the patients' distance from their family environment and the fact of being in a new medical setting, observing these ethical principles can profoundly affect their speed and rate of recovery and influence their satisfaction with care. Nurses and physicians are positioned at the forefront of this crucial matter and should maintain the patients' dignity and worth by observing their privacy while providing proper medical services to them (Demirsoy and Kirimlioglu 2016; Hasan Tehrani et al. 2020).

The results of the present study on the degree of observation of patients' privacy by physicians and nurses and its relationship with patient satisfaction showed that, despite the statistically significant difference between nurses and physicians in terms of the mean score of observing patients' privacy and its dimensions from the patients' viewpoint, there was no statistically noticeable difference between the two groups in the mean observation of patients' privacy and its dimensions. The observation of patients' privacy and its dimensions by the nurses was reported to be slightly better than by the physicians. In general, patients' privacy and its dimensions were moderately observed by the nurses and physicians, which was also true for the patients' satisfaction with the nurses' and physicians' observation of their privacy and its dimensions.

There is a large pool of evidence on the non-observation of patients' privacy by medical teams. The results reported by Dehghan-Nayeri and Aghajani showed that the observation of patients' privacy was poor and medium in 50% of the cases and only half of the patients were satisfied with medical teams' observation of their privacy (Dehghan Nayeri and Aghajani 2010). In a study conducted by Akyüz and Erdemir in Turkey, the patients argued that ensuring the observation of their privacy by nurses requires emphasis on issues such as offering more comfortable and suitable rooms, maintaining self-control and showing empathetic behaviors and respect (Akyüz and Erdemir 2013). Whitehead and Wheeler stated that, despite the formal recognition of privacy as a need, it is sometimes hard to achieve, since the nature of providing care is often in conflict with privacy. Sometimes, physicians and nurses sacrifice privacy to provide care, protect against risks, and save patients' lives (Whitehead and Wheeler 2008).

The observation of the physical and spatial privacy of patients is an important factor for patients to feel physically and mentally good. The unnecessary invasion of patients' private space by nurses and physicians is wrong, unless absolutely necessary. Strategies such as using a wall as opposed to curtains is more important for maintaining patients' privacy, as remarked by researchers in the past (Hartigan et al. 2018; Zirak, Ghafourifard, and Aliafsari Mamaghani 2017), and can have a major role in observing the privacy of hospitalized patients.

According to a report by King et al. (King, Brankovic, and Gillard 2012), most patients wish that their health status would only be reported to other care personnel with their own permission, but their information is often conveyed to other personnel without their permission. With the emergence of electronic medical information record systems, integrated care systems and the internet, new opportunities have emerged for improving healthcare. In contrast, with these technologies, protecting people's privacy and confidentiality and controlling and ensuring the accuracy of private health information have become challenging in healthcare systems. The complexity of professional teamwork, the paper and electronic documents now popular in

healthcare and the emails, telephones and visual communications between the patients and the care providers have the potential to cause a violation of the patients' informational privacy (Shen et al. 2019; Chadwick 2012; Grace 2017).

In the present study, there was a significant statistical difference in the mean scores of observation of psychosocial privacy between the nurses and the physicians. The level of observation of patients' psychosocial privacy shows empathy, sympathy, mutual respect and understanding, and a sense of duty along with following the legal, ethical and religious codes by medical staff toward patients, all of which lie in the essence of nursing (Harorani et al. 2017). On the other hand, nurses are more in contact with patients than other medical staff and are also present at their bedsides, all of which can be mentioned in justification of the above findings. However, the observation of patients' psychosocial privacy by both nurses and physicians, and the patients' satisfaction with the observation of their privacy was at a moderate level. Many factors could have affected this finding, including participants' age. In the present study, participants' mean age was 55.18 ± 10.4 years, and the easy irritability of older people and medical teams' lack of attention to this group could explain this finding. Moreover, the differences between the personnel, facilities and physical structure of wards admitting the patients and the shortage of healthcare personnel could be among the factors exacerbating the violation of the patients' psychosocial privacy.

Limitations

This study had some limitations. First, it was conducted among the nurses and physicians of teaching hospitals in Urmia city. A more extensive study with a larger sample size should be conducted to provide a better picture of the state of observation of patients' privacy across the country. Second, this study used self-reporting tools; according to previous studies, self-reporting is not a reliable method for investigating issues, since some patients are likely to report certain aspects of the reality differently.

Conclusion

Patients' privacy is still a very controversial subject and any step taken to improve and expand the knowledge about it can help patients receive care based on human and ethical rights. The present findings demonstrated a partial observation of the patients' privacy by nurses and physicians. The results also revealed a significant relationship between the observation of privacy and patient satisfaction. These results should draw the attention of healthcare authorities to the need for ongoing training in care professions, especially nursing and medicine. The ongoing training of medical teams regarding patients' privacy can be one of the key factors in promoting the observation of patients' privacy by medical personnel. In addition, senior health system managers are advised to improve the grounds for observing the patients' privacy in its different dimensions by ensuring the recruitment of adequate care providing personnel and ample and suitable rooms for hospitalization, since these factors play a major role in the patients' adaptability with their environment, maintaining their physical and mental health, and ensuring better response to the treatments.

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Conflict of Interests

We declare that there is no conflict of interest between the authors.

Authors' Contributions

RB designed the study, acquired and analyzed the data, wrote the article, revised and finalized it. SRI contributed to the design and acquired the data. NG revised the article critically and gave final approval of the version to be published. YM contributed to the analysis of data and the editing of the manuscript and gave final approval of the version to be published.

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