ASSESSING THE PERCEPTION OF NURSES ABOUT PRIVACY OF PATIENTS

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Introduction

Privacy is a legal right of patient/ client, which flows from the fundamental rights to life, liberty and property, drives from the right to enjoy life and to be left alone (1+7+8). Respect for patients' privacy and dignity are long established principles of nursing practice (10). Invasion of a patient's privacy decreases the quality of care that is provided for the patient and decreases the trust of the patient in the medical team, which has a negative effect on the health status of the patient (2+4).

The concept of patient privacy is used in many disciplines and is recognized as one of the important concepts in nursing (3+10). In the practice, there are many forms for the patient privacy, including the physical, informational, decisional and proprietary privacy (5). In fact, even though most healthcare professionals know the limits of patient privacy and its forms very well, they have trouble applying them to their behaviors, particularly in hospital lifts where discussions of patients' information may be overheard, or when the patient's body parts need to be exposed (6+9). This gap between the privacy perception and the privacy practice directs us toward this study. The purpose of this study is to assess the current practices and problems that are encountered with the perception of patient privacy among registered nurses at King Hussein Hospital.

Methodology

Descriptive design was used for this study. A convenience sample of 100 registered nurses was selected from both genders with different experiences, who are working in surgical and medical floors, in addition to critical units at King Hussein Hospital (Table 1).

A questionnaire was developed by the researchers and consisted of 20 statements that assessed mainly physical and informational privacy. The four point Likert scale questionnaire was reviewed by an expert panel consisting of nurse educator, nurse administrator and senior nurse colleague to establish its content validity. The stability reliability was checked by administering the questionnaire to a group of 30 registered nurses selected conveniently from both genders with different experiences. Then after 2 weeks, the same instrument was administered to the same group. The correlation coefficients were calculated, and it was equal to (+0.80).

The Data collection was carried out on 14th of January 2010. Response rate was 82% (n=82).

Characteristics	Number	Percentage
• Gender:		
a. Male	28	34.1%
b. Female	54	65.8%
• Experience years:		
a. 1-10 years	51	62.1%
b. 11-20 years	31	37.8%
• Work Area:		
a. Critical units	42	51.2%
b. Floors/Wards	40	48.7%

Table 1: The characteristics of the sample

Results

The patient privacy in our study was divided into two main divisions: Physical privacy and Informational privacy. Physical privacy includes preparing the environment that ensures patient privacy before any procedure is provided to the patient, like closing the room door or the drape, dismissing the visitors and company. Physical privacy also includes obtaining patient permission to expose any part of his/her body during any procedure. In our study, 55.5% of the nurses were always protecting the physical privacy, 34.9% usually, 7.4% rarely and 1.8% not at all. (Table 2 - next page)

The other type of patient privacy in our study was informational privacy, which includes protecting all the information and records concerning patients, and not sharing this information or records with anyone outside the patient's medical team without the patient's permission. In our study, just 18.5% of the study nurses were always protecting the informational privacy, 21.9% usually, 26.5% rarely and 32.8% not at all (Table 3 - next page).

On the other hand, 53.6% of the study nurses think that the most common invasions of the patients privacy is caused by the visitors and patient's company. While 36.5% of

Characteristics	Always	Usually	Rarely	Not at all
• Gender:				
a. Male	21.9%	23.1%	19.5%	35.3%
b. Female	56%	23.1%	19.5%	1.2%
• Experience years:				
c. 1-10 years	50%	40.2%	6.09%	3.6%
d. 11-20 years	45.1%	30.4%	10.9%	13.4%
• Work Area:				
c. Critical units	60.9%	29.2%	7.3%	2.4%
d. Floors/Wards	47.5%	42.6%	6.09%	3.65%

Table 2: The protecting of patients' physical Privacy

Characteristics	Always	Usually	Rarely	Not at all
• Gender:				
a. Male	61.8%	30.6%	6.09%	1.2%
b. Female	44.9%	45.1%	7.7%	2.4%
• Experience years:				
e. 1-10 years	31.7%	43.4%	22.4%	2.4%
f. 11-20 years	59.7%	24.3%	14.6%	1.2%
• Work Area:				
e. Critical units	75.6%	20.7%	2.4%	1.2%
f. Floors/Wards	64%	28%	4.8%	2.4%

Table 3: The protecting of patients' informational Privacy

the study nurses think that the most common invasions of patient's privacy were caused by the health team members themselves.

Discussion

Physical and informational privacy are the most well known types of patient privacy among nurses (5). In the empirical studies, the concept of privacy has mainly been studied in hospital organizations using the physical dimension (5).

In our study, physical privacy was protected always & usually by 90% of the participants, which reflects the high standardized care that is provided by nurses. On the other hand, the results show that female nurses protect physical privacy more than male nurses, while the less experienced nurses (1-10 years) protect the privacy more than the highly experienced nurses (11-20 years). The less experienced nurses are more restricted by the rules of the hospital. The work area also has its effect on the physical privacy; in critical units where there is a highly qualified team and more restriction on the visitors, physical privacy is more protected (~80%) than the floors.

The other type of privacy in our study is informational. Just 40.4% of the nurses were always and usually protect informational privacy. This small percentage in comparison with the physical privacy reflects the high need to train the nurses about how to protect informational privacy. Gender also had its effect on informational privacy; we find that the male nurses more protect the informational privacy than females. In addition, in the critical units informational privacy is also more protected than on the floors. The previous studies found that informational privacy was poorly protected in floors (10).

The causes for invasion of privacy in our study were the visitors mainly, then by the medical team. In the previous studies, the causes were mainly by the medical team not by the visitors (4+6+10).

Conclusion and Recommendations

An assurance of patient's privacy is necessary to secure effective, high quality health care. Breaches of a patient's privacy compromises ethical health care and undermines patients' confidence in caregivers. Healthcare institutions must provide effective training to minimize these breaches. We hope that the Royal Medical Services will heed the call to improve discretion for the patients who entrust us with their care.

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