

Original Research Article

Patients' and Health Care Personnel's Perception of Patient Privacy

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ABSTRACT

Privacy is a basic human right. The concept of privacy pertains to all areas of human activity in society and it is used in many disciplines and is recognize as one of the important concept in nursing and health care ethics. The objectives were to determine patients' perception of privacy, to assess health care personnel's perception of privacy and to compare the patient's privacy as perceived by patients' and health care personnel. A quantitative descriptive research approach was used. The samples were the patients admitted for 3 to 15 days, within the age group of 12- 60 years and the health care personnel. Simple random sampling technique was used for selecting patients and healthcare personnel. The total sample was 140. The data was collected using the tools on the perception of patient's privacy by patients and health care personnel. The data was analysed using descriptive and inferential statistics. Findings of the study showed that patients had higher perception of the privacy when compared to the health care personnel's perception of patients' privacy.

Key Words: Privacy, Patient, Healthcare personnel, Perception.

INTRODUCTION

Privacy allows people to maintain individuality. It is important for the psychological well-being of patients that private domains be provided which are not open to public views or use. Several studies provide evidence of significant discrepancies between patients and care giver perceptions of common needs like privacy related to health and illness. Nurses seemed to overestimate patient's needs and also misjudge the patients feeling and psychological needs.

The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient. The interpretive statements are explicit in their language regarding privacy and confidentiality and should be used by nurses to guide clinical practice and to set organizational policy. ^[1]

The right to privacy is our right to keep a domain around us, which includes all those things that are part of us, such as our body, home, property, thoughts, feelings, secrets and identity. The right to privacy gives us the ability to choose which parts in this domain can be accessed by others, and to control the extent, manner and timing of the use of those parts we choose to disclose. ^[2]

Clients feel more comfortable if providers respect their privacy during counseling sessions, examinations, and procedures. In a qualitative study in Chile, between 30 percent and 50 percent of female patients reported a lack of privacy. One woman commented, "The exam and the clean-up afterwards shouldn't be done so publicly, because there are men moving around in the halls and you feel really

embarrassed. There should be a curtain or a door. I don't want people to see my body". [3]

A study conducted in Taiwan in Emergency department regarding factors predicting patient's perception of privacy and satisfaction reported that 75% of the patients interviewed said privacy is very important. Patient satisfaction was strongly predicted by the perception of privacy. Clients particularly those who obtain services in secret report higher satisfaction with providers who keep their needs and personal information confidential. [4,5]

Patients should be provided more privacy during their treatment by using curtains, closing windows, draping the patient when required. And also meal time privacy, toilet facilities, privacy during physical examination, providing visual and hearing privacy like not discussing the patient's case loudly, respecting the dignity of the patient. Nurses and doctors need to improve their communication with the patients like explaining all procedures, clearing patients doubts, taking the consent before any procedure in particular, the health care team should provide more emotional support to the patient so that they have at least someone in the staff with whom they can share their fears and worries. Finally, an effort should be made to ask patients about their views on the care provided in all instances rather than just giving them an option to do so. [6]

Privacy in itself seemed to be rated highly by the nursing staff, even if they did not always succeed in fulfilling patients' privacy needs. There was significant difference in both patients' and nurses' perceived situations involving physical care and communication related to privacy. [7]

In the World Health Report 2000, the WHO presented a framework for assessing health system performance which includes: respect for autonomy, choice of care provider, respect for confidentiality, communication, and respect for dignity, access to prompt attention, quality of basic

amenities and access to family and community support. [8]

According to the American Nurses Association's Code of Ethics, the nurse safeguards the patient's right to privacy. The need for health care doesn't justify unwanted intrusion into the patient's life. The nurse advocates for an environment that provides sufficient physical privacy, policies, and practices that protect information confidentiality. [9]

A study was conducted to explore patients and nurses attitude towards privacy and also to assess whether nurses' perception of patients privacy needs corresponded with patient's own reported needs. Two questionnaires with 13 and 20 items related to privacy in hospital and in general respectively were administered for the data collection, which included 120 patients and 42 nurses who were responsible for the participating patients' individual care. The main findings in this study indicated that patients and nurses mostly agreed upon the ratings related to major components of privacy in general, but when it came to privacy in hospital, nurses overestimated the patient's need. In the study the item "talk to my physician in private" showed a significant difference in the perception of the patients of almost all the groups. [10]

The above studies have indicated that patients' privacy in hospital is an acknowledged problem and those patients' and nurses' perception of common needs differ markedly. The available studies are from the western setting and the researcher is interested to examine the extent of this important human rights problem in an Indian setting.

Objectives:

The study is aimed to:

1. Determine patients' perception of privacy.
2. Assess health care personnel's perception of privacy.
3. Compare the patient's privacy as perceived by patients' and health care personnel.

MATERIALS AND METHODS

Research design: A comparative descriptive design was adopted for the study. The purpose of this study was to explore the relationship between the patient's perception and health care personnel's perception of patients' privacy as measured by the rating scale on the perception of privacy in the hospital.

Setting of the study: The study was undertaken in a selected hospital situated in Mangalore. It is a medical college hospital for training undergraduate and postgraduate medical, nursing and as well as the allied health professional students. It is a well-equipped hospital with 1050 beds.

Population: The population for this study consisted of male and female patients admitted to the surgery, medical and orthopedic wards, the doctors working in the respective strata, and the nurses working in the selected hospital in Mangalore.

Sample: The sample comprised of 80 inpatients between the age group of 12-60 years, who had completed a minimum of three days of hospitalization and a maximum of 15 days of hospitalization and 60 health care personnel working in a selected hospital in Mangalore

Sampling technique: In this study, the sample size is 140, wherein 80 are patients and 60 are health care providers. Simple random sampling was used for the selection of patients and healthcare personnel working in the selected hospital in Mangalore.

Sampling criteria

Inclusion criteria: Subjects who are willing to participate and who are able to express their perceptions, who are hospitalized for a minimum period of three days to a maximum period of fifteen days, who are admitted to the surgery, medical and orthopedic wards and the Subjects between the age group of 12 to 60 years.

Data collection instruments:

1. Demographic proforma of the patient

2. Rating scale on the patient's perception of privacy in the hospital.
3. Demographic proforma of the health care personnel
4. Rating scale on the perception of patients' privacy in the hospital by the health care personnel

Data collection process

To conduct research study in the selected hospital in Mangalore, formal written permission was obtained from the institutional ethics committee and Medical Superintendent after explaining the nature and objectives of the study. Confidentiality of the responses was assured to all the subjects to get their cooperation. The researcher approached each subject individually. An informed consent was taken from all the subjects individually after explaining the objectives, the purpose of the study and the method of filling the rating scale items, followed by a self-introduction of the investigator. Data was collected from the patients of surgical, medical and orthopedic wards and the health care personnel.

The collected data was analyzed by using MS Excel. The baseline data were analyzed by frequency and percentage. Inferential statistics such as t test was applied to compare the patient's privacy as perceived by patients' and health care personnel at the p- value <0.05 level of significance.

RESULTS

Section I: Demographic characteristics of the patient:

1. 49% of the patients were in the age group of 41-60 years.
2. 50% of the patients were male and 50% were females.
3. 61% of the patients were Hindu's by religion.
4. 69% of the patients were married.
5. 35% of the patients had education up to high school.
6. 65% of the patients were unemployed.

Section II: Analysis of perception of patients' and health care providers' perception of patients' privacy:

Table 1: Frequency and percentage distribution of the sample based on the perception level of the privacy

Percentage %	Level of perception of privacy	Patients (f)	Healthcare Providers (f)
81-100	Very High	33	0
61-80	High	42	40
41-60	Moderate	5	20
21-39	Low	0	0
1-20	Very Low	0	0

Table 1 shows that

1. 41% of the patients' had very high perception of privacy, 53% of the patients' had high perception of privacy and 6% had moderate perception of privacy in the hospital.
2. None of the health care personnel had very high perception of privacy, 67% of the health care personnel had high perception of privacy and 33% had moderate perception of patient's privacy in the hospital.

Section III: Comparison between the patients' and health care personnel's perception of patient's privacy:

Table 2: Comparison of the patients' perception of privacy and health care providers' perception of patients' privacy.

Level of perception of privacy	Very High	High	Moderate	Mean	SD	t
Patients	33	42	5	90.2	12	7.78
Healthcare providers	0	40	20			

Table 2 shows that there was high significance ($t=7.78$ $p<0.05$) in the patients' perception level of privacy when compared to the health care personnel's perception level of patient's privacy.

has been found between nurses and patients attitude concerning caring needs. Nurses often assess patients privacy needs stereotypically. Privacy in itself seemed to be rated highly by the nursing staff, even if they did not always succeed in fulfilling patients privacy needs. There was significant difference in both patients and nurses perceived situations involving physical care and communication related to privacy.

DISCUSSION

Privacy is a basic human right but suggests that a patients' privacy may be jeopardized during a hospital stay as caring situations are often intimate. The preservation of patient's privacy and dignity is essential in nursing but that it is more than simply closing curtains around a patient's bed but it also involves respecting the patients values and beliefs. [3]

Similar study conducted in Karnataka revealed that there is very high significance in the patients 'perception of patients' privacy when compared to the health care providers perception of patients privacy ($t = 7$) at 0.05 level of significance. [11]

Several studies provide evidence of significant discrepancies between patients and care giver perceptions of common needs like privacy related to health and illness. Nurses seemed to overestimate patient's needs and also misjudge the patients feeling and psychological needs. Poor correlation

CONCLUSION

Privacy is a basic human right but suggests that a patients' privacy may be jeopardized during a hospital stay as caring situations are often intimate. The preservation of patient's privacy and dignity is essential in nursing but that it is more than simply closing curtains around a patient's bed but it also involves respecting the patients values and beliefs.

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Conflict of interest:

The authors declare no conflict of interest.

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