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INVESTIGATION OF SURGICAL TECHNOLOGY STUDENT'S ATTITUDE TOWARD PATIENT'S PRIVACY CONSIDERATION IN EDUCATIONAL HOSPITALS OF ZAHEDAN

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Abstract

Patient's privacy was considered in nursing profession traditionally. It's a main value in this profession. Patient's privacy consideration could lead to dignity and confidence for the patient. This study aimed to investigate Surgical Technology student's attitude toward patient's privacy consideration in educational hospitals of Zahedan

This was a cross sectional study conducted on 50 surgical technology students in Zahedan University of Medical Sciences. Data were collected through a two part questionnaire. The first part was about the demographic information. The second part was the patient's privacy consideration questionnaire. After data collection they were analyzed through descriptive statistics, Pearson's correlation and T-test through SPSS v.19.

The mean of age was 22.52 ± 1.66 . 28 respondents were females while 22 were male. The total score of patient's privacy consideration was 39.34 ± 7.48 which shows a medium consideration. 4 respondents stated that the patient's privacy consideration is poor, 27 said its moderate and 19 said it's good. Students stated that the privacy consideration was moderate in Physical, Social and Informational dimensions. There wasn't any significant relationship between age, sex and respondent's attitude toward patient's privacy consideration.

The results of this study had shown that the patient's privacy consideration is moderate from student's attitude.

Keywords: Patient's privacy, students, Zahedan.

Introduction: Patient's privacy was considered in nursing profession traditionally. It's a main value in this profession. Patient's privacy consideration could lead to dignity and confidence for the patient. Patients need calm and confidence to

give proper information about their disease and problem to healthcare providers (1). When a patient is admitted in the hospital he is not able to protect his privacy all the time. So his privacy is danger in different situation (2). . Lack of privacy could lead to so many other problems such as anxiety and stress, lack of confidence among health care providers, anger, hiding the facts of the medical history and physical examinations refusal (3-5). Wogra's study had shown that almost a quarter of patients hospitalized in hospitals stated that their privacy rights were not considered by healthcare system staff (6). Privacy is a sense of personality, dignity and independency which everyone has from his personal environment (7). Patient's privacy consideration has 4 dimensions. Physical, psychological, social and informational (8). . The physical dimension is highly considered in healthcare environments with activities such as covering the patient with appropriate clothes, unnecessary exposure prevention, and considering the ethical rights for the patient in physical examinations. The informational dimension is mostly about keeping patient's personal information safe. The social dimension is about controlling the environment which patients are there. This dimension contains activities such as separating the patients with curtains or giving personal rooms to patients. A research conducted in Zanjan's educational hospital showed that most of the staff do not use a curtain to separate the patients from each other. The mean score of considering the patient's privacy was lower in single respondents in comparison with the married (10). Considering the patient's privacy could lead to better communication between healthcare providers and patients. Patients would be calm and satisfied (11, 12). Respecting the patient's privacy is a duty for the healthcare providers which give the patients dignity and confidence and let them to participate in their treatment process actively. All of these above mentioned good points could lead to decreased hospitalization time (13). Patient's privacy is an important matter to the healthcare systems these days. It should be highly considered by all the healthcare providers, and the authorities must plan for preventing the probable problems. This study aimed to investigate Surgical Technology student's attitude toward patient's privacy consideration in educational hospitals of Zahedan.

Material and Methods

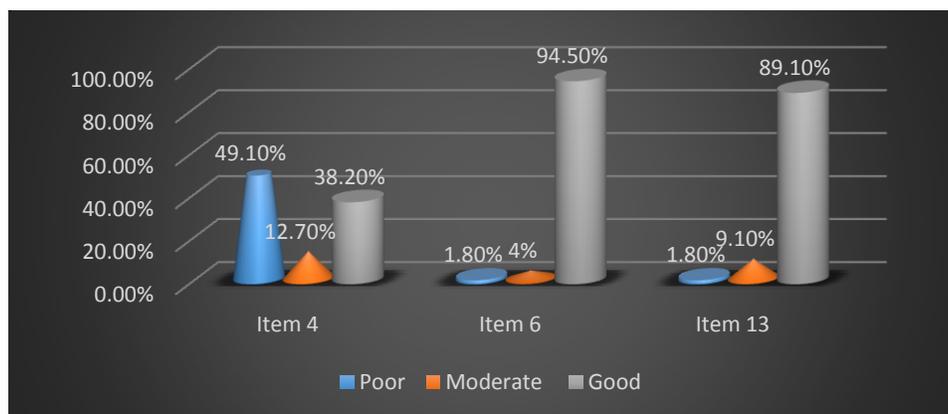
This was a cross sectional study. 50 respondents participated in this survey. They were semester 6 and 8 studying surgical technology. The total surgical technology students were 60 and according to the Morgan's table 50 of them were chosen for this study randomly. Data were collected through a two part questionnaire. The first part was about the demographic information including age and sex. The second part was "patient's privacy consideration from student's viewpoint"

questionnaire. The second part of this questionnaire contained 18 questions which were evaluated in three levels (Poor (1), Moderate (2), Good (3)). This part had three dimensions. 14 questions for the physical dimension, 2 questions for the informational dimension and 2 questions for social dimension. The scores varied from 18 to 54. Scores 18 to 30 were considered as poor privacy consideration, 30 to 42 were considered as moderate privacy consideration and more than 42 were considered as Good privacy consideration. In the physical dimension scores 14 to 23 were considered as poor privacy consideration, scores 23 to 32 were considered as moderate privacy consideration and scores more than 32 were considered as good privacy consideration. In the informational and social dimensions scores 2 to 3.5 were considered as poor privacy consideration. Scores 3.5 to 5 were considered as moderate privacy consideration and scores over 5 were considered as Good privacy consideration. This questionnaire was used by Nourian and colleagues and its validity was proved. The reliability was calculated through Cronbach's alpha in this study and it was 0.81 (14). For data collection the aim of the study was explained to the respondents. After getting the verbal consent the questionnaires were given to them. Just for the records it was mentioned in the first page of the questionnaire that "your cooperation in filling this questionnaire is considered as your consent to be a part of this study." And also it was written that "your information would be completely safe". After completing, the questionnaires were given back to the researcher. If any was incomplete the respondents were asked to complete them respectfully. After data collection the data were analyzed through descriptive analytics, Pearson's correlation (the relationship between age and privacy consideration) and T-test (relationship between sex and privacy consideration) by SPSS v.19. The significant P value was considered less than 0.05.

Results

The mean of age was 22.52 ± 1.66 in this study. 28 (56.0%) respondents were female while 22 were male. The total score of patient's privacy consideration was 39.34 ± 7.48 which shows a medium consideration. 4 respondents (8.0%) stated that the patient's privacy consideration is poor, 27 (54.0%) said it's moderate and 19 (38.0%) said it's good. Students stated that the privacy consideration was moderate in Physical, Social and Informational dimensions. There wasn't any significant relationship between age ($p=0.389$), sex ($p=0.205$) and respondent's attitude toward patient's privacy consideration. Males had more positive attitude toward patient's privacy.

Frequency distribution of considering the privacy rights in different dimensions from student's attitude is shown in bar chart 1.

Bar chart 1. Privacy rights in different dimensions from student's attitude.

Frequency distribution of assessing questions in patient's privacy from student's viewpoint is shown in table 1.

Table 1. Frequency distribution of assessing questions in patient's privacy from student's viewpoint.

	Poor	Moderate	Good
1. Patients cloths while entering the hospital	2	58	40
2. Personal and patient are the same sex	8	54	38
3. Anesthesiologist explanations before surgery	26	32	42
4. Limited exposure due to need of surgeon	32	34	34
5. Prepping after the anesthesia	24	32	44
6. Brief explanation from surgical team before surgery	18	44	38
7. Preventing unnecessary touches and examinations	14	26	60
8. Doing the examinations in private	16	30	54
9. Patient's clothes design due to the surgical site	24	42	34
10. Doing the genital surgeries in private	22	48	30
11. Closing the doors in genital and urological surgeries	16	50	34
12. Clothing the patient after surgery	24	34	42
13. Using a blanket for patients in the recovery room	8	38	54
14. Separate male and female patients in recovery	26	42	32
15. Keeping patients information safe	24	48	28
16. Not asking unnecessary questions from the patient	22	56	22
17. Silence in the waiting room	26	40	34
18. Silence in the recovery room	28	38	34

Discussion

The students stated that the patient's privacy was moderate in each dimension and in total in this study. This was consistent with Kazemnejad and colleague's study (15). The study of Aghajani and colleagues and Dehghanniri and colleagues also it was reported that the privacy consideration of 60% of patients was poor or moderate (16, 17). WaskoeiAshkori's study stated that patient's privacy was considered in 55% of patients and in 56% of patient's their information were safe (18). While Leino-Kilpi's study showed that only 30% of patients believed that their information are safe (5). In Nourian and colleagues study the results showed that in 78.9 patients the physical dimension of privacy

was considered (14). These differences in above mentioned studies could be cause of different hospitals and different hospital wards where the studies were conducted. Jolaei's study said that shortage of staff could lead to patient's privacy refusal by them (19). The Operating Room is an important ward in the hospital. Dangerous and sensitive procedures done in the ORs. So the workers there should highly consider the patient's privacy rights. They should know that they could easily hurt the patient's emotions. If they respect the patient's privacy so the patient would have independency and feels valuable (20-24). Unnecessary exposures were common between respondents in this study. Peymani and colleague stated in their study that about 1% of Shiraz's population is in danger of getting examined by different gender healthcare providers (25). Most of respondents did not consider to give enough information to the patient or even introduce themselves to the patient while this is a certain right for each patient that he should know who we are and we are getting information from him. Most of respondents did not consider patient's private environment while this also his certain right to have (26). Some of respondents stated that they did not introduce themselves to the patients because they had labels with their name on it. But this is not a good reason because there may be some illiterate patients among them. Introducing of staff to patient could lead to a trustful environment between the healthcare providers and the patients (26).

Conclusion

The results of this study had shown that the patient's privacy consideration is moderate from student's attitude. In each culture patient's privacy values are different. So it seems necessary to do more surveys to find different patient's opinion about the privacy. This can lead to better caregiving and considering patient's privacy.

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