

A Survey of Respecting “Patient Privacy” by Medical Emergency Team, from the Viewpoint of Cardiovascular Patients Transported to Hospitals Affiliated with Urmia University of Medical Sciences in 2014

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Nowadays patient privacy is considered a part of the patient's rights as the basis and foundation of treatment and care, and practicing it is one of the main goals of the health care system. Under the concept of privacy, four functional categories could be analysed: independence, protection of privacy, security, and recognition of identity. The goal of this study is to determine the amount of respecting physical, information and psychosocial privacy of cardiovascular patients by paramedics. This research is a descriptive study. In this study 303 cardio vascular patients, who were transferred to two hospitals affiliated with Urmia University of Medical Sciences, were chosen and studied using convenience sampling. The data collection tool, a questionnaire, consisted of two sections: first part is a demographic specifications questionnaire, and the second part is a privacy questionnaire concerning various aspects of privacy; including physical privacy (9 questions), information privacy (5 questions), and psychosocial privacy (16 questions). The information was analysed using descriptive statistics in statistical package of SPSS (version 20). The results show that in all aspects, the majority of patients expressed a high degree of respect of their privacy. However, regarding physical privacy 33% of patients complained that staff did not introduce themselves to patients, and 46% stated staff did not ask for permission to sit next to them. As for information privacy 29% stated enough information was not given about their disease and current condition. There was a significant association with some demographic variables. Although the degree of observing the privacy of the majority of patients was at a satisfying level in general, some cases of physical and information privacy are not fully respected. Therefore, officials and clinicians need to pay special attention to this matter, and its education. Furthermore, effective measures are necessary to guarantee patient satisfaction.

Key words: Physical Privacy, Information Privacy, Psychosocial Privacy, Medical Emergency Team, Cardiovascular Patients.

Human beings are creatures of need and need is in their nature. Their needs are so vast and include physical, psychological, emotional,

materialistic, and spiritual needs; and during health and illness they have rights which without others help cannot defend, protect, and obtain (Nassiriani et al. 2007). Therefore, a major part of human effort involves resolving or satisfying such needs in a proper way. One of these necessities is the need for personal territory¹. Either from physical or

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from psychological, social, and economical points of view, patients as one of the most vulnerable groups of the society, are exposed to a lot of dangers and this fact is the main reason for international human rights organizations attention to the concept of patient (Khademloo et al. 2011).

Privacy is a cultural concept that limits other people's access to our body and mind including dreams, imaginations, thoughts, and beliefs. In fact, physical and interpersonal factors define one's privacy and territory (Mosby 2009, Pour afkari 2001). For hospitalized patients the problem of human territory and private space becomes very important by entering an unknown environment called hospital (Dadkhah et al 2003). Priority of providing emergency services during prehospital emergency care might also undermine the importance of protecting territory and personal space of the patients; which in turn would cause unintentional violation of their privacy and damage moral and human aspects of nursing cares. Because patients enter the health care system before entering the hospital by calling medical emergency services personnel, special attention must be paid to pre-hospital care. Privacy among different cultural backgrounds is also identified as a basic need for individuals (Woogara 2005) and researchers also admit the influence of cultural and social factors on the perception of privacy. As a matter of fact providing proper care matching the culture, makes the topic of studying privacy very important (Hudak & Wright 2000, Stolker et al. 2006).

Method

This was a descriptive study conducted on the patients referred to two hospitals affiliated with the Urmia University of Medical Sciences: Taleghani Hospital and Seyedoshoha Hospital. To determine sample size a pilot study³ was done, which during this small sampling, values of S and \bar{X} were determined. Using Cochran's sample size formula with a 95% confidence level and 0.01 minimum acceptable errors, a sample size of 307 was determined for convenience sampling method. Criteria for entering the study included: 14 years old or higher, sane and without mental or psychological disorders, able to speak, cooperate and answer questions. Triage ESI level-1 and multi-trauma patients were not entered into the study.

For data collection we used a questionnaire designed in two sections with the first section containing 12 questions about demographic data (age, sex, marital status, religion, level of education, occupation, urban or rural residency status, etc). The second part of the privacy questionnaire was designed by the researcher after thorough investigation of the literature and merging existing questionnaires conforming to socio-cultural conditions of Iranian society and included 30 questions about different aspects of privacy - physical (9 questions), informational (5 questions) and psychosocial (16 questions) - on a four part scale (completely agree, agree, disagree, completely disagree) with given marks of 1, 2, 3, and 4 to each question. Total marks scored in the privacy questionnaire fit in the [30-120] interval. Based on the results and calculation of the percentage of people, the degree of respecting general privacy of patients was categorized into four levels; weak (30-52), average (53-75), good (76-98), and excellent (99-120). The data were collected on the researcher's chosen days and during four months of Iranian calendar year 1392 (April 2013 - March 2014), using analytic descriptive statistical methods (frequency distribution tables, average, variance, independent samples t-test, unidirectional variance analysis). Pearson correlation coefficient was also used to investigate the correlation among the parameters.

Content validity was used to verify the validity of the data collection tool. The questionnaire was given to project supervisor, 10 faculty members of the nursing and midwifery faculty of the Urmia University of Medical Sciences, and two faculty members at the research center for medical laws and ethics. Tool's reliability was confirmed using internal consistency evaluation and Cronbach's alpha (0.901) methods.

RESULTS

Findings from the research showed maximum frequency (37.6%) is located in the age group 61 and older, and the average age was (55.5) with a variance of (15.72). Majority of patients were women (53.5%). Regarding marital status most research subjects were married (71%) and a low percentage (2.6%) was divorced. Most people had high school education (33.7%) and only (15.5%)

had university degree. Majority of patients (38.6%) were housewives and only (3.3%) of them were labourers. Highest percentage of the patients (95.7%) was Muslim and only (4.3%) were from

other religions. Majority of the patients transported to the hospital (80.5%) were Shiites and remaining (19.5%) were other sects. Results show that (70.6%) of the patients were Turks. Majority of the subjects

Table 1. Absolute and relative distribution frequency of the demographic specifications of patients

Specifications	Variable ranking	Frequency	Percentage
age	30 and younger	17	6.5
	31 to 45	66	8.21
	46 to 60	106	35
	61 and older	114	6.37
Sex	Male	141	5.46
	Female	162	5.53
Marital status	Single	30	9.9
	Married	215	71
	Divorced	8	6.2
	Widowed	50	5.16
Education	Illiterate	60	8.19
	Primary school	94	31
	High school	102	7.33
	University degree	47	5.15
Occupation	Self-employed	67	1.22
	Government	53	5.17
	Laborer	10	3.3
	Housewife	117	6.38
	Retired	33	9.10
	Unemployed	23	6.7
Religion	Muslim	290	7.95
	Christian	12	4
	Zoroastrian	1	3.0
Religious sect	Shiite	244	5.80
	Sunni	46	2.15
	Others	13	3.4
Ethnicity	Persian	24	9.7
	Turk	214	6.70
	Kurdish	45	9.14
Residency status	No reply	20	6.6
	Urban area	264	1.87
	Rural area	39	9.12
Accident location	Home	208	6.68
	Work	64	1.21
	Street	16	3.5
	Road	6	2
	Others	9	3
Patient's main complain	Chest pain	107	3.35
	Palpitations	37	2.12
	Irregular heartbeat	28	2.9
	High blood pressure	53	17.5
	Difficulty breathing	34	2.11
	Poisoning (Digoxin or Warfarin)	25	3.8
Record of transport by ambulance	No response	19	3.6
	First time	227	9.74
	Two times or more	76	1.25

patients with first and last name during all stages of care and treatment.

Analysis of the relationship between patient's age and the level of respecting general privacy of patients by medical emergency team, was performed using Pearson correlation test. There was a direct and significant statistical relationship at five percent level ($r = 0.250$, $P = 0.000$), meaning the score of the respecting general privacy of the patients increases with age. Also a significant relationship between marital status ($P = 0.002$), education level ($P = 0.003$), residency status ($P = 0.007$) and the degree of respecting general privacy of the subjects under study was observed.

DISCUSSION

Present study showed the degree of respecting general privacy of majority of the subjects under study (55.1%) was at a high level and (44.2%) stated the degree of respecting their privacy was at a good level. Also (0.7%) of patients expressed respect for their privacy average, and no weak level was reported. In total (99.3%) of patients expressed respecting their privacy as excellent or good and (0.7%) expressed it as good or weak. Ghasemi and Behnam (1998) reported that (57.5%) of patients stated their rights and territory were often noticed and respected by health care personnel. Barlas *et al.*¹² (2001) also reported that (85.2%) of patients stated their privacy was respected completely or to a high degree of satisfaction, which matches the results of the present study. Also Mosadegh Rad (2004), in a study on respecting patient privacy in Isfahan, reported the degree of respecting the rights of (75%) of patients by healthcare team as weak, (20%) as very weak, and (5%) as average. In a study of respecting patients territory and rights, Malekshahi too stated that only the territory of (10%) of patients was always respected. Karro¹³, Dent, and Farish in their research titled Patient perceptions of privacy infringements in an emergency department, reported that certainly in (33%) of patients and probably in (35%) of patients violation of privacy happened which differs from the results of this study.

Findings of the study on respecting physical privacy shows (43.2%) of patients

described the degree of respecting their physical privacy as excellent and the highest percentage of patients (54.8%) described the degree of respecting their physical privacy as good. Also (2%) reported the degree of respecting their physical privacy as average and there were no reports of weak degree of respect. Karro *et al.* (2005) reported that (11%) of patients had experienced exposing their private body parts or had inappropriately seen other patients' private body parts. Based on his research, Dehghan Nayyeri (2008) also stated avoiding unnecessary touching is a factor in respecting patient's privacy and a case that has been completely observed (58.6%), and not sitting next to patients without their permission was (89.2%). While in current study (60.7%) of patients stated unnecessary physical contact with their body was avoided and (51.5%) reported they were not asked for permission to be sit next to, which in both cases the results are inconsistent with the present study. In a research with the goal to assess the degree of observing the territory and rights of patients in the city of Sabzevar, Ghasemi and Behnam (1998) reported that (42.5%) of patients most often expressed their satisfaction concerning attention and respect for their bodily and physical territory and (67.1%) of patients also believed always or most often the healthcare team observed the case of "sitting on patients bed without permission", which is consistent with this study.

The degree of respect for information privacy of a high percentage of subjects under study 72.6% was at a high level and 25.4% expressed the level of respecting their privacy as good. Also, two percent of patients stated the level of respect for their information privacy as average and there was no report of weak. According to polling from doctors and nurses, Goodarzi and Rahnama reported the degree of respect for doctor-patient confidentiality as being (83%). Also Yaghmayi *et al.* (2007) reported that (64.9%) of patients were trusted the confidentiality of their medical records, which conforms to the results of the present research. However, Lino-Kilpi in a study on realization of the rights of 203 patients stated that only 30% of the responders believed their information kept confidential in hospital computer system. Olsen and Sabin (2003) in a study titled Emergency department patient perceptions of privacy and confidentiality Ethics in Emergency

Medicine, also reported 36% of patients accidentally overheard healthcare team conversations and 15% felt their conversations with the staff were overheard by other people. These patients probably held their information and their expectations for privacy were probably not met. These cases indicate there are differences in the degree of respecting privacy and also the perception of patients, from different regions with different backgrounds, about it.

On mental and psychosocial aspect, the level of respecting privacy in the highest percentage of research subjects (58.1%) was at a level high and (40.9%) expressed the degree of the respect for their privacy as good. Also (1%) of patients stated the degree of respect for their psychosocial privacy as average, with no case of a weak degree of respect. While in his study Dehghan Nayyeri has pointed out that (31.9%) of subjects under study expressed the degree of respecting their mental-psychological and social privacy at an average level and (28.9%) at a weak level. Concerning healthcare team's respect for psychological and mental privacy of patients Barlas *et al.* (2001), expressed that a high percentage of patients (32%) stated their privacy was not respected which contradicts the results of our research. In patients' rights, privacy right is highly emphasized (Woogara¹⁴ 2001). In spite of this, in many healthcare centers attention to care from a psychological point of view is very weak and there is specially little attention to privacy (Low, Lee, Chan¹⁵ 2007).

On physical aspect, the case that is observed the least and research subjects stated "disagree" or "completely disagree" as their response was the case that medical emergency staff did not introduce themselves to patients. Majority of research subjects (52.4%) stated medical emergency staff "didn't introduce themselves to us". In their research in Tehran, Vaskuyi Ashkevari *et al.* expressed only (27.6%) of patients stated that healthcare staff introduced themselves to them, which these results are in compliance with the results of the current study. Another case that was observed less concerned asking patient's permission, before sitting next to them. (51.5%) of patients reported that medical emergency staff did not ask for our permission before sitting next to us. In a research with the goal to assess the degree

of observing the territory and rights of patients in the city of Sabzevar, Ghasemi and Behnam (1998) reported that (67.1%) of patients believed the healthcare team always or most often observed this case. In Dehghan Nayyeri and Aghajani (2008) research (89.2%) of patients also mentioned that healthcare staff do not sit on hospital bed without permission which contradicts the findings of this study. Among the cases that study subjects were completely agreed with their observance, (76.2%) covering unnecessary areas of body during examination and (75.5%) respect for religious aspects during care and examination, were reported.

On information aspect of privacy, highest frequency (85.5%) belonged to letting one of the relatives to accompany the patient in ambulance, that majority of people completely agreed with it, while (2.3%) completely disagreed with this matter. Also regarding giving essential information to patients (37.6%) of people stated that concerning their illness and current conditions, necessary information was given to them and were completely agreed with this matter. (32%) agreed to some degree while (29%) completely disagreed. The results of the research done by Vaskuyi Ashkevari in year 2009 titled investigating the degree of respecting patient's rights in Tehran medical sciences university affiliated hospitals, showed that in regard to having information, in about (47.3%) of cases proper information about illness and caring methods was given to patients that is similar to the current research. In the findings of their research in Turkey Zulfikar¹⁶ *et al.* showed that (38%) of patients were not aware of their diagnosis and (61%) did not know what operation was performed on them. They also mentioned in the study done by vural¹⁷ that (53%) of patients did not have any knowledge about the treatment and medical methods and lack of knowledge of their diagnosis in Gurhan's¹⁷ research was (51%) that does not agree with the findings of this research. Regarding asking questions related to treatment problems by medical emergency personnel, (68.8%) of study subjects of this research stated they completely agreed with this fact. Also in Dehghan Nayyeri's research, not asking for personal information irrelevant to the illness and remedy were among the cases which were completely respected (66.9%) which conforms to the results

of this research.

Regarding mental and psychosocial aspect, in this study (88.4%) of people stated they completely agreed with the presence of caring personnel of the same sex in the medical emergency team. In his study Dehghan Nayyeri also reported that caring for patients by the staff of the same sex as the patient (91.7%) was among the cases which were completely respected. Also in Ghasemi and Behnam (1998) research, a high percentage of patients (50%) believed the care performed by personnel of the same sex; the results of their study are consistent with current research. Being cared by people of the same sex is one of the rights that provides psychological and mental calmness and comfort, and is one of the primary responsibilities of clinical nurses (Anusheh 2011). In the case of addressing patients with first or last name, the results of the research showed that (46.2%) of research subjects were “disagree” or “completely disagree” and mentioned that during all stages of care and treatment, they were not addressed by their first or last name.

According to the findings of the research, regarding patients' specifications, age and average score of general privacy of respecting patients' privacy by medical emergency team, showed direct and significant statistical correlation ($r = 0.250$, $P = 0.000$). Therefore with age increase, score of the respect for the general privacy of the patients increases. Bauer (1994) reported that violation of the privacy of elderly people was more than young people. In his study Dehghan Nayyeri (1998) also stated that older patients received less respect for their privacy and Back and Wikblad in a research in Sweden concluded that younger patients expressed highest degrees of need for privacy which contradicts the results of this research. In researcher's opinion these differences could be the result of the role played by culture. Elderly people enjoy a high degree of respect in our society therefore expect to receive more respect as well.

In this study there was a significant correlation ($P = 0/002$) between respect for general privacy and the marital status of the patients under study. The result of one-sided analysis of variance test showed that single and married individuals had different points of view regarding respect for their privacy and it was lower for single individuals. This fact could be a result of the higher sensitivity

among single individuals regarding their privacy. Heydari (2000) reported that there is no significant correlation between observing territory and marital status. The results of the research by Dehghan Nayyeri (2008) also showed that majority of single patients had a relatively good or good privacy and between privacy and marital status there is a significant correlation, which is not consistent with the results of this study.

Results showed that there is a significant statistical discrepancy ($P = 0/003$) between the level of the education of patients under study and the respect for privacy.

Results show that in none of the groups a weak respect was reported. In primary school group (1.1%) and in university education group (2.1%) expressed the degree of privacy as good. In illiterate group (75%), primary school group (51.1%), high school group (49%), and university education group (51.1%) of individuals expressed respecting their privacy as excellent. Results show that patients' perspective regarding respect of general privacy at different levels of education is not the same but in Dehghan Nayyeri's research there was no significant statistical correlation between respecting privacy and level of education which is not consistent with the results of this research.

In this study, there was a significant statistical correlation ($P = 0.007$) between the residency status of the patients and the degree of respect of their privacy. Therefore, there was a difference between the viewpoint of the residents of urban and rural areas regarding general privacy. Mogharrab in a research in Birjand did not find a significant difference among individuals under study regarding the level of education and residency status, but Rangraz Jeddi and Rabiei reported the existence of this relationship in their study which is similar to the findings of the present study. The reason for this difference could be distinct expectations between the rural and urban area residents, regarding privacy, in the research population.

Medical emergency is one of the wards which can have a major influence on the operation of the emergency room or other wards of the hospital. Sometimes first experience of the patient with healthcare system could be with medical emergency also called 115. Since these patients

need immediate and special treatment and care, the topic of respecting the privacy of patients by medical emergency team becomes more important. For providing quality service and special care, observing medical ethics standards and respecting privacy of patients in offering healthcare services are inevitable. One of the ways to improve the quality of healthcare services is to conduct multiple researches and identify the influential factors on them, which in turn helps in development of scientific structure and growth of nursing knowledge along with the progress of science and technology in society. One of the reasons for conducting this research has been studying one of the important and influential factors on the well-being of patients and in the end influential on the whole healthcare system, which is respecting the privacy of cardiovascular patients by medical emergency team.

CONCLUSION

The concept of patient privacy is a topic which still has a lot of ground for discussion and research and every step to study and develop it could help patients to receive a care based on moral and human rights. With respect to the increasing importance of the topic of patient privacy worldwide, requirement of developing solutions compatible with the rich cultural backgrounds of Islamic Iran becomes an inevitable fact. Respecting patients rights is one of the most important components in offering a humane and moral care. A lot of research has been conducted worldwide with emphasis on the importance and quality of respecting these rights, and many rules and regulations has been written down, but to observe these rights in practice, just issuing statements and official orders are not enough and along with them necessary trainings must be given to people who provide healthcare services, as well to patients and their family in order for them to be able to be considered an active participant in the subject of care and treatment.

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