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(Citation)

Bulletin of allied medical sciences Kobe : BAMS (Kobe), 12:35-40

(Issue Date)

1997-01-24

(Resource Type)

departmental bulletin paper

(Version)

Version of Record

(URL)

<https://hdl.handle.net/20.500.14094/00188137>



Relationship Between Perceived Privacy of Hospitalized Patients and Their Perception of Relationship with Nurses

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To clarify the relationship between the perceived privacy of hospitalized patients and their perception of their relationship with nurses, 164 hospitalized patients were examined using a self-administered questionnaire including the hospitalized patients' perceived privacy scale and the five items of positive feelings toward nurses. Data were analyzed using an one-way ANOVA and the t-test. The results showed that hospitalized patients who had a positive feeling toward nurses had a significantly lower perception on two dimensions of the privacy scale, "intrusion of self by others" and "breakdown of personal space." Another dimension of the privacy scale, "the exposure of one's life history," did not have a significant relationship between a positive feeling toward nurses, such as trust in a nurse and understanding the personality of a nurse, and the perceived invasion of privacy. In order to protect the privacy of patients, it is necessary for nurses to establish good interpersonal relationships with patients, which allows the patients to feel comfortable with their relationships with the nurses.

Key Words

Positive feeling toward nurses,
Nurse-patient relationship,
Scale for measuring perceived privacy.

INTRODUCTION

An increase in the invasion of patients' privacy has become a serious problem at hospitals where high-tech medicine is practiced and information is instantly disseminated. Nurses and all other individuals engaged in medical care are now required to pay particular attention to protecting a patient's privacy.

Curran et al. (1) identified the type

of employee accessing of a hospital information system and the frequency of access. Patients in long-stay geriatric ward satisfied with the aspect of privacy in relation to bathing and using the toilet were described by other workers. Tabak et al. measured the attitudes of nurses with regard to ethical professional behavior and found that knowledge of ethics among nurses is still lacking (3, 4). Pattison and co-worker reported that the ward design was significantly effective relative to perceived privacy (5).

There have been a few papers on the perceived privacy of hospitalized patients in Japan, such as the relationship between perceived privacy and their territory (6), the perceived privacy of nursing students (7, 8) and differences in feelings about privacy between patients and nurses (9).

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Nurses and other medical staff members often intrude on patients' privacy unavoidably, such as asking about the composition of the patient's family or making decisions about fellow patients in their ward without listening to a patient's desires or opinions. Medical staff members must not only protect patient's privacy but also decrease their perceived invasion of privacy. We are exploring the factors that are associated with the perceived privacy of hospitalized patients (10).

Nursing has been defined as "an interpersonal process" (11-13). This interpersonal relationship is being evaluated in Japan. Therefore, the perceived privacy of hospitalized patients is suggested to depend on their perception of their relationship with the nurses. There have been a few reports on the relationship between the perceived privacy of hospitalized patients and their perception of their relationship with nurses. The purpose of this study was to explore the relationship between the perceived privacy of hospitalized patients and their perception of their relationship with nurses.

The privacy was conceptualized on the basis of Westin's (14) definition of privacy and the concepts of privacy for Japanese hospitalized patients described by Ogawa (15), namely (a) the confidentiality of information related to one's dignity, (b) the secrets of one's body and behavior, (c) avoiding invasion of one's personal space, and (d) the freedom to control one's private life by oneself (10, 16). The perceived privacy was operationally defined in this study as the degree of patient discomfort caused by the inva-

sion of their privacy, and the perception of their relationship with nurses is defined as the degree of positive feelings toward nurses as perceived by the patients.

MATERIALS AND METHODS

Subject: A group of 164 patients admitted to a university hospital and a general hospital in Kobe City who consented to this survey were examined. Their ages ranged from 18 to 88 years, with a mean age of 50.3 years ($SD = 16.8$). The male to female ratio was about 1: 1 (male 54.5%, female 45.4%).

Measure: Murata (16) and other investigators have developed a scale for measuring hospitalized patients' perceived privacy, which was used in this study. This scale is composed of the three dimensions: ①the intrusion into the self by others, ②the exposure of one's life history, and ③the breakdown of personal space. These three dimensions are assessed using a total of 40 items. This Likert scale has 4 points, ranging from great discomfort (4 points) to no discomfort (1 point), the higher the score, the higher the level of perception of perceived invasion of privacy. Cronbach's alpha reliability of individual dimensions for this scale was 0.93, 0.90 and 0.81.

The hospitalized patients' perceptions of their relationships with nurses were assessed on the basis of an analysis of five items: Trust (I can feel trust in a nurse), Security (I feel secure in the presence of a nurse), Understanding oneself (I can feel that a nurse understands me), Understanding one's personality (I don't understand the personality of a nurse), and

psychological distance from nurses (I feel that the nurse is distant). These items were selected from items contained in the facilitator relationship scale of an encounter group developed by Shin (17). This Likert scale has 5 points, ranging from "Yes, I think so (5 points)" to "No, I don't think so at all (1 point)." Negatively worded items are reverse scored. The scale has a score range of 5 to 25 with higher scores indicating greater positive feeling toward nurses. Cronbach's coefficient of reliability for this scale was 0.76 (18).

Procedure: A self-administered questionnaire, including the hospitalized patients' perceived privacy scale, the items of positive feelings toward nurses and questions about demographic factors, were given to each subject. It was collected a few days later.

Analysis: The patients were divided into three groups (high, middle, and low score groups) by the level of the total score of positive feeling toward nurses. The mean scores of three dimensions of the perceived privacy scale were compared among these groups using a one-way ANOVA. Furthermore, the patients were divided into two groups (high and low score groups) by the level of the individual item scores for the positive feeling toward nurses; the mean scores for three dimensions of the perceived privacy scale were compared between the groups using the t-test.

RESULTS

The individuals' total scores of perceived privacy ranged from 40 to 129

and the average was 75.7. As for the three dimensions of the perceived privacy scale, "the intrusion of self by others" had a score of 47.3, "the exposure of one's life history" had a score of 14.9, and "the breakdown of personal space" had a score of 13.6 (Table 1). The full-scale score of hospitalized patients' positive feeling toward nurses averaged 19.5. Of the five items on this scale, "Trust" had an average score of 4.6, "Security" had an average score of 4.5, "Understanding oneself" had an average score of 4.3, "Understanding personality" had an average score of 3.0 and "Psychological distance from nurses" had an average score of 3.1 (Table 2).

The higher group for the positive feeling toward nurses showed significantly lower score on every dimension of the perceived privacy scale; intrusion of self by others ($P < .000001$), exposure of life history ($P < .0005$), and breakdown of personal space ($P < .000001$), than the lower group (Table 3).

The high score group on "Trust"

Table 1. Descriptive statistics for perceived privacy scale

N=164		
Three dimensions	M	SD
Intrusions of self by others	47.3	14.1
Exposure of life history	14.9	4.3
Breakdown of personal space	13.6	4.7
Total of three dimensions	75.7	20.5

Table 2. Descriptive statistics for scale of perception of relationship with nurses

N=164		
Five items	M	SD
Trust	4.6	0.7
Security	4.5	0.8
Understanding oneself	4.3	0.8
Understanding Personality	3.0	1.1
Psychological distance to nurse	3.1	1.0
Total score	19.5	3.3

and "Psychological distance from nurse" for the positive feeling toward nurses had significantly lower scores for "the intrusion of self by others" (Trust $P < .0005$, Psychological distance from nurses $P < .005$) and "the breakdown of personal space" (Trust:

$P < .05$, Psychological distance from nurses: $P < .0005$) than the lower groups. The group that scored high for "Security" and "Understanding oneself" had significantly lower scores on every dimension of the perceived privacy scale than the lower group (intrusion of self by others: Security $P < .0005$, Understanding oneself $P < .0005$, exposure of life history: Security $P < .05$, Understanding oneself $P < .0005$, breakdown of personal space: Security $P < .0005$, Understanding oneself $P < .0005$). On the other hand, there was no significant difference in the score for any of the three dimensions of the perceived privacy scale between patients who scored high for "Understanding personality" and those who scored low (Table 4).

DISCUSSION

The higher the positive feeling toward nurses was, the lower the pa-

Table 3. Comparison of perceived privacy score according to level for total score of positive feeling to nurses

Level of total score of positive feeling toward nurses	N	Intrusions of self by others		Exposure of life history		Breakdown of personal space	
		M(SD)	F	M (SD)	F	M (SD)	F
High	38	41.9 (12.9)		13.9 (3.3)		11.5 (3.3)	
Middle	86	45.6 (13.1)	14.13**	14.3 (3.1)	6.71*	13.1 (4.1)	15.10**
Low	40	56.8 (12.8)		17.0 (6.4)		16.8 (5.7)	

High: Patients with a positive feeling total score over the mean of $+1/2SD$

Middle: Patients with a positive feeling total score between the mean of $-1/2SD$ and $+2/1SD$

Low: Patients with a positive feeling total score below the mean of $-1/2SD$

** $P < .000001$ * $P < .0005$

tients' perceived invasion of privacy was. This finding proposed that a positive feeling toward nurses, such as trust in a nurse and security in the presence of a nurse, decrease the perceived invasion of privacy of hospitalized patients.

Two dimensions of perceived privacy, "intrusion of self by others" and "breakdown of personal space", had significant relationship between perceived privacy and almost positive feeling toward nurses. In another dimension, "exposure of life history," there was no significant relationship between perceived privacy and some positive feeling toward nurses such as trust in a nurse and security in the

presence of a nurse. These results probably indicate that an interpersonal relationship such as a patient-nurse relationship has little influence on "exposure of life history", because the patients can control the extent to which they expose their life history, such as life style and components of the family.

"Intrusion of self by others" and "breakdown of personal space", such as being seen while crying when upset or not being able to conceal appearance and manner while relaxing, are disturbing to patients' privacy. It was suggested that positive relationships with nurses decreased these perceived invasions of privacy.

Table 4. Comparison of perceived privacy score according to level for individual items' score of positive feeling to nurses

Level of individual items' score of positive feeling toward nurses		N	Intrusions of self by others		Exposure of life history		Breakdown of personal space	
			M(SD)	t	M (SD)	t	M (SD)	t
Trust	High	119	45.2 (13.9)	3.25***	14.6 (3.7)	1.08	15.2 (5.5)	2.47*
	Low	45	53.0 (13.2)		15.6 (5.7)		13.0 (4.3)	
Security	High	104	43.4 (3.2)	5.17***	14.2 (3.2)	2.39*	12.5 (4.0)	3.62***
	Low	60	54.3 (5.7)		16.1 (5.7)		15.4 (5.4)	
Understanding oneself	High	72	41.4 (2.8)	5.10***	13.6 (2.8)	3.71***	11.8 (3.6)	4.77***
	Low	92	52.0 (5.0)		15.9 (5.0)		15.0 (5.1)	
Understanding personality	High	44	44.5 (4.1)	1.54	14.4 (4.1)	0.89	12.5 (4.4)	1.73
	Low	120	48.3 (4.4)		15.0 (4.4)		14.0 (4.8)	
Psychological distance from nurse	High	47	41.9 (3.4)	3.18**	14.1 (3.4)	1.49	11.7 (3.3)	3.88***
	Low	117	49.5 (4.6)		15.2 (4.6)		14.3 (5.0)	

High: Patients answered "strongly agree(5)" in Trust, Security and Understanding oneself, and answered "strongly agree(5)" or "agree(4)" in Understanding personality and Psychological distance to nurses.

Low: The other patients.

***P<.0005 **P<.005 *P<.05

The lack of a close relationship between understanding the personality of a nurse and the sense of privacy suggests that patients' perception of privacy is more closely related to the psychological support provided by the nurses, as represented by trust and security, than the image or impression of the nurse, such as understanding the personality of the nurse.

The relationship between the perceived privacy of Japanese hospitalized patients and the patient-nurse re-

lationship was clarified. It was suggested that the Japanese characteristic interpersonal relationships were reflected in the perceived privacy of Japanese hospitalized patients. Therefore, in order to protect the privacy of patients, it seems to be necessary for nurses to establish good interpersonal relationships with the patients, which allows patients to feel comfortable with their relationships with the nurses.

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