

PATIENT PRIVACY IN EXAMINATION AND INTERVENTION: A SYSTEMATIC REVIEW

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ABSTRACT

The aim of this study is to conduct a systematic review of the studies on ensuring body privacy during patient examination or intervention. In the systematic review, 1821 studies conducted between 2015 and 2023 within the scope of patient examination and intervention and by entering the keywords 'Patient privacy, Privacy, Private Life, Patient privacy' in the electronic databases of National Academic Network and Information Center, Higher Education Institution Theses, Pubmed, Google Scholar were scanned. A total of 6 studies that met the inclusion criteria were reached and compared in terms of their results. It was stated that the inpatients thought that their privacy was taken care of by the staff of the institution, the patients who participated in the research observed that the care shown to their privacy was better in private hospitals than in public hospitals, the average level of privacy knowledge of the patients was 73.9%, the average level of privacy evaluation was 81.6%, and the inpatients thought that their privacy was taken care of by the staff of the institution. It was found that the use of apron during the intervention to the patients increased the patient's sense of protection of privacy. In ensuring patient privacy; patient confidentiality all healthcare personnel who work in different institutions by showing the same attention to treating patients may contribute to the increase of level of privacy. It may be recommended to develop different aprons to protect their body privacy during the procedures applied to patients.

Keywords: examination, privacy, patient privacy, personal life, intervention.

Introduction

In 1980, the right to privacy, which was first addressed by Warren and Brandie, envisaged that each individual has the right to make decisions in sharing the feelings and thoughts of individuals who are provided with legal security in society with other people. (Woogara, 2001).

There is no universally accepted definition of privacy (Akyüz & Erdemir, 2013). The concept of privacy, which was first discussed by Altman, emphasised that it is the most basic human need and that the individual's control is important in ensuring privacy (Leino-Kilpi et al., 2001). The Turkish Language Association defines privacy as confidentiality (Turkish Language Association, 2019). The most fundamental aspect of privacy that is recognised is that it is a human need and a basic need (Akyüz & Erdemir 2013). It is emphasised that privacy is also an important concept in terms of the differences between people and people, within the same society or between cultures (İnan, 2008).

Privacy in health practices is a fundamental right that includes personal integrity and is included in both negative and positive rights. Controlling and sharing one's personal information, property and actions is a positive right, while preventing interference with one's own privacy is a negative right (Bekmezci & Özkan, 2015). It is important to define and provide the care that individuals need in health practices. Privacy in health practices can be considered in terms of physical, psychological, social and informational aspects (Akyüz & Erdemir, 2013; Ergül & Bayık, 2004; Coyle, 2002).

Physical privacy in health practices includes the room where patients stay during their hospital stay or an intervention to be made on the patient's body (Akyüz & Erdemir, 2013). It is a result of the individual's body privacy that no medical intervention is made without the patient's consent and that the interventions permitted by the patient are implemented by the health personnel by providing informed consent. Any forced medical practice falls within the scope of an interference with the individual's right to privacy. Refusal to accept requests for sterilisation, IUD application, voluntary abortion, etc., which are not medically inconvenient in practice, fall within the scope of violation of body privacy (Bekmezci & Özkan, 2015). Social privacy in health practices includes the control of the individual in the interaction process. In health care, this control usually passes to the health professional (Akyüz & Erdemir, 2013). Psychological

privacy in health practices can cause permanent problems that can leave deep scars on the individual if the violation is not recognised from the outside. For this reason, it is stated that the health professional should take care to protect the privacy of the individual during the application (Saribaş & Aktaş, 2023; Akyüz & Erdemir, 2013). Information privacy in health practices includes informing the patient. Thanks to the information privacy of the patients, it ensures both the confidentiality of medical records and the support of physical, social and psychological privacy by informing them about the decisions and practices taken. (Akyüz & Erdemir 2013).

Being respected as a human being, receiving the highest quality health care as much as possible, being informed, obtaining permission for planned medical interventions, respecting privacy and private life, ensuring continuity of care and treatment are among the most important patient rights. (Erbil, 2009). In terms of protecting the private lives of individuals, the right to privacy may also affect the right to sexual life and reproduction. The right to privacy includes the inaccessibility of information, bodily inviolability, self-development and expression (Bekmezci & Özkan, 2015).

Patient rights aim to support and socially empower patients. (Erbil, 2009). Any intervention to be made to the patient must be done by respecting the patient's privacy (Saribaş & Aktaş, 2023; Bekmezci & Özkan, 2015). Although gynaecological examination is perceived as a simple practice, it is an important examination and evaluation method in nursing and midwifery approach. All people experience anxiety when they encounter an unusual situation. In our country, the majority of women may experience anxiety and embarrassment during physical examination and intervention. (Saribaş & Aktaş, 2023; Altay & Kefeli, 2012). The attitude of the health personnel before, during and after the examination and the person's positive examination experience have an important effect on ensuring the continuity of the subsequent examination and increasing the quality of service provided. It is recommended that health professionals should be caring and respectful, show a smiling face, empathise and show an explanatory approach in preparing patients for the examination. (Sarpkaya & Vural 2014; Altay & Kefeli 2012; Taşkın, 2012; Mete, 1998). Diagnosis and treatment applications to be applied with the patient; examination covering the patient's body, anamnesis procedures that require him to express his private life and secrets must be carried out in a certain privacy environment. The health professional should have an assistant with him/her in this practice. If there is no medical problem, a relative can be present with the patient. If there are students in the health institution and they need to be present during the application, it is important to obtain consent from the patient (Saribaş & Aktaş, 2023; Arisoy 2009).

Materials and Methods

In this systematic review, 18581 studies published between 2015 and 2023 were examined. National Academic Network and Information Centre, Higher Education Institution Thesis, Pubmed, Google Scholar electronic databases were searched using the keywords 'Patient privacy, Privacy, Private Life, Patient privacy'. The titles and abstracts of all relevant articles identified by electronic search were independently reviewed by the researcher. Meta-analysis, systematic review, randomised controlled trial, controlled experimental studies were included in the review. Although the number of articles examined in the study was 1821, 6 articles that met the limitations were included in the study.

As inclusion criteria, it was determined that the patients were planned within the scope of patient privacy, the publication language was Turkish or English, it was published between 2015 and 2023, and the full text could be accessed. In-vitro studies, case reports, and ongoing studies were excluded as research types. One retrospective controlled study, four descriptive studies, and one systematic review that met the criteria were included in the study.

Process Steps

With the keyword 'Patient privacy, Privacy, Private Life', National Academic Network And Information Centre and Higher Education Institution TEZ electronic databases were searched.

A total of 1821 studies were reached.

The studies were listed and evaluated according to the inclusion criteria.

828 studies were excluded because they did not meet the condition that the publication date was between 2015 and 2019.

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394 studies were excluded because they did not meet the criteria of meta-analysis, systematic review, randomised controlled trial, controlled experimental study.

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110 studies were excluded because they were not within the scope of patient confidentiality.

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A total of 1332 studies that did not meet the criteria and could not be reached were excluded.

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A total of 6 studies included in the study were evaluated in terms of comparison, limitations and results.

Results

When the content of a total of 6 studies included in this study is examined in general;

- The level of knowledge of the patients participating in the study about patient privacy,
- The extent to which patients' privacy is respected in hospitals,
- The way patients perceive their right to privacy,
- Whether the care shown by healthcare professionals to patient privacy has an effect on the patient's perception of privacy
- How a new gown developed affects the patient's sense of privacy was analysed.

In line with this systematic review; it was determined that the patient privacy shown to the patient in private and public hospitals is different, the care shown to the privacy of the patients is better in private hospitals than in public hospitals, the privacy knowledge levels of the patients in private hospitals are higher than the patients in public hospitals, and when evaluated in terms of physical environment, it was determined that the physical spaces of private hospitals have more suitable physical conditions in terms of protecting the privacy of the patients. It was found that the average privacy knowledge level of the patients was 73.9%, the average privacy evaluation was 81.6%, and the inpatients thought that their privacy was taken care of by the staff of the institution. It was determined that adapting the response surface method to the concept of patient satisfaction will affect the variables affecting patient satisfaction and the targeted satisfaction values.

Table 1. Method, limitations of the reviewed studies.		
Name/year of the study Authors	Method	Limitations
Response Surface Approach to Patient Satisfaction Çiftçi E, Aktaş S 2015	-Cohort Retrospective	-It is known that the value of the variable of general satisfaction with hospital services takes a value between 0 and 100. Satisfaction coefficient takes its highest value as 100. However, when some independent variable values were substituted in the model, situations exceeding 100 were detected. Since it is known that satisfaction will be 100 per cent at most, general satisfaction is accepted as 100 in this case. This is a limitation of the study.
Evaluation of the care shown to the patient's privacy in the hospitals with the patient's point of view (The example of Antalya) Refik ERTEN 2017	-Descriptive study	- The results of the research are valid only for the population in which the research was conducted and cannot be generalised to the country. The fact that patients other than the patients who participated in the research in Antalya province could not be included in the research constitutes the limitations of the research. Due to the insufficient number of studies on this subject in the literature, the scarcity of the number of resources that can be used in the process of interpreting the findings is another limitation.
Evaluation of Inpatients' Opinions on Confidentiality of Personal and Disease Information Kutlu L, Baykal D, Urfa H, Keskin G, Güçlüel Y 2017	-Descriptive study
Evaluation of patient confidentiality Akar Y, Özyurt E, Erduran S, Uğurlu D, Aydın İ 2019	-Descriptive study
Effect of a Novel Patient Garment on Perceived Privacy during Colonoscopy: A Simple Approach to Minimize Embarrassment. Aamar A, Butt Z, Madhani K, Hussain I, Aslanian H 2019	-Descriptive study	Questionnaire responses were anonymous. The study included those who volunteered to participate in the research. We estimate that 10% of eligible participants declined participation; data for this group were not recorded. The questions were designed to determine the impact of the gown on privacy concerns before and during colonoscopy; however, we recognise that additional factors could potentially influence patient responses. A comparative study in a larger population with the inclusion of groups with low rates of colon cancer screening and no comparison between the old practice and the newly developed gown used during the procedure is warranted.
Understanding the Patient Privacy Perspective on Health Information Exchange: A systematic review. Shen N, Bernier T, Sequeira L, Strauss J, Silver MP, Carter-Langford A, Wiljer D 2019	-Systematic Review	-.....

As a result of the studies, it was determined that patients were satisfied with the use of response surface method in determining patient satisfaction in health institutions (Çiftçi & Aktaş, 2015), patient privacy is provided more in private hospitals and physical conditions are more suitable for ensuring patient privacy (Erten, 2017), they are satisfied with the presence of their spouse during the examination and interventions (Kutlu et. al. al, 2017), healthcare staff did not pay attention to the body privacy of inpatients (Akar et. al, 2019), patient gowns developed for use during examination and intervention protect body privacy and increase satisfaction (Aamar et al, 2019), and perceived quality of care and privacy protection were found to be insufficient by patients (Shen et al, 2019).

Discussion

The phenomenon of privacy is a phenomenon that can change the emotional state of patients and increase the level of stress and anxiety. According to the study of Erbil et al. (2008), the negative approach of health service providers and their lack of attention to privacy, as well as the patient's previous negative experiences cause anxiety to increase and pain to be felt more (Erbil et al., 2008).

Lemonidou et al. (2003) stated in their study that nursing staff need systematic and comprehensive training at all levels, especially in terms of the principles of autonomy, privacy and informed consent, which can be frequently violated.

Akar et al. (2019) questioned the attentiveness of not only nursing staff but also all employees to privacy and concluded that privacy is generally taken care of in the hospital.

In Dülgerin's study (2014), this training issue was addressed as 'members of the health profession should be trained on this issue, and even by introducing Health Law courses in medical faculties, the necessity of protecting personal data and the consequences of not protecting personal data should be taught to future physicians in terms of both legal and professional ethics at the first stage'.

Conclusion and Recommendations

As a result of this study, it was determined that making patients wear patient gowns to protect body privacy during examinations and interventions to be performed on patients increased the feeling that body privacy was protected. In order to ensure the protection of patients' body privacy, health personnel providing services in public and private institutions should show the same attentive behavior to patients during treatment in order to increase the feeling that privacy is protected. It may be recommended to develop different gowns for examination and intervention practices to be performed on patients.

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