

Original Article

Investigation of the Relationship between Nursing Students' Privacy Consciousness and Attitudes Towards Patient Privacy

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Abstract

Background: Nursing students are expected to develop privacy consciousness and an attitude towards the protection of patient privacy in order for nursing students to develop their professional identity and take part in nursing care practices.

Aim: This research aims to determine the relationship between nursing students' privacy consciousness and attitudes towards patient privacy.

Methodology: This is a descriptive, correlational research. The sample of this study consisted of 200 nursing students who were studying in the nursing department of a state university. Research data were collected using the 'Demographic data form of the nursing students', the 'Privacy Consciousness Scale', and the 'Patient Privacy Scale'.

Results: It was found that there was a significant relationship between the students' continued class and consciousness regarding privacy of others and behaviors regarding privacy of others. It was found that there was a significant relationship between consciousness and behaviors regarding privacy of the self and their belief that necessary attention is paid in clinics to patient privacy.

Conclusions: According to the study results, the level of importance given to patient privacy by nursing students was high and the level of privacy consciousness was moderate. In order to improve the privacy consciousness of nursing students, it is recommended to develop educational content in which students can take an active role, and to use experiential teaching methods.

Key words: nursing student, privacy consciousness, patient privacy, privacy, patient rights

Introduction

It is extremely important and necessary to understand the concept of privacy in order to live according to human dignity and to build interpersonal relationships as desired. Privacy, a word of Latin origin, is defined as the private space and right that individuals have in their relations with others (Turkish Language Society, 2020). In other words, it is an area where individuals can behave as

they want while in a relationship, share as much as they want, and decide how to build a relationship (Mersin & Kahraman, 2019). Privacy refers to an emotion related to individuals' identities, personalities, and freedoms as much as private space. A privacy-specific area refers to a multidimensional concept with physical, social, and psychological aspects, where an individual is able to control the integrity of the abstract and concrete values, as well as covering various concepts such as

confidentiality, a multidimensional concept with confidentiality, privilege, and hidden areas which are not shared with the others (Ak et al., 2020, Akyüz & Erdemir, 2013). Privacy, which is extremely important in an individual's life, is recognized as a basic human need and right. Therefore, the privacy right of individuals, which is inherent in being a human being, is protected by National (Official Gazette 1982; 2004) and International regulations (Council of Europe, 2010, The United Nations, 1948). Patient privacy, which arises from the concept of privacy and is an important issue in patient rights, is defined as the state of confidentiality and privacy of patients. In other words, the private areas and personal information that people have to share with health professionals for the purpose of diagnosis, treatment and care or for a different reason, which they don't want to be known by others is called patient privacy (Arslan & Demir, 2017, Soysal & Aksan, 2019).

In the provision of health services, the attitude of health care professionals is extremely important in determining the boundaries of privacy and provision of the right to privacy due to the close relationship between those who receive and provide the service. In addition, health care professionals are primarily responsible for ensuring and maintaining patient privacy due to their constant interaction with patients (Arslan & Demir, 2017). Nurses are the health professionals who are in close contact with patients during the delivery of health services and have a long role in their care. For this reason, nurses consider and care about patient privacy as a fundamental requirement (Altman, 1976, Candan & Bilgili, 2018, Leino-Kilpi et al., 2001). Pursuing patient privacy by nurses has a fundamental role in nurse-patient relationships and is extremely important in ensuring therapeutic communication (Adib-Hajbaghery & Faraji, 2016, Ozata & Kubilay, 2017). Moreover, meeting patients' expectations about privacy also increases their satisfaction with the delivery of health services and the quality of the service (Ozer, 2015). In order for nursing students as health care professionals, who are trained to develop their professional identity and take part in qualified nursing care practices, it is of importance to increase their awareness of the issue and raise privacy consciousness. Nursing students are working with different patients in many different clinical settings throughout their educational life, as

well as working with different nurses. For this reason, it is important to evaluate the effectiveness of the education they receive in the attitude they will develop regarding privacy consciousness and patient privacy throughout their education. Considering the national and international studies, however, studies involving nursing students are quite limited (Adib-Hajbaghery & Faraji, 2016, Ak et al., 2020, Lee, 2017, Özkan et al., 2020). Based on this background information, this research was conducted to determine the relationship between nursing students' privacy consciousness and attitudes towards patient privacy.

Material and Methods

Research Design: This is a descriptive, correlational research to determine the relationship between nursing students' privacy consciousness and attitudes towards patient privacy.

Participants and settings: The research was conducted in the spring semester of the 2019-2020 academic year in the nursing department of the Faculty of Health Sciences of a state university. The study population was composed of 368 students in the nursing department of the faculty of health sciences. The whole study population was studied without performing any sample selection. However, 168 students were excluded from the study since 78 students refused to participate in the study, 35 filled out forms incompletely, and 55 did not return to the survey. Thus, the study was completed with 200 (54.3%) students.

Data collection tools: Research data were collected using the 'Demographic data of the nursing students', the 'Privacy Consciousness Scale' (Ozturk et al., 2019), and the 'Patient Privacy Scale' (Ozturk et al., 2014).

Demographic data of the nursing students, was developed by the researchers and consists of 5 items that questions the participant's gender, age, Continued class, his/her definition of privacy with one word, taking lessons related to privacy, and beliefs about whether the patient privacy is respected during the clinical practice.

Privacy Consciousness Scale (PCS), developed by Tabata and Hirotsune (2014) (Tabata & Hirotsune, 2014)), has been adapted to Turkish by Ozturk et al. (2019). The scale consists of 3 sub-scales: 'consciousness and behaviors regarding privacy of the self', 'consciousness regarding privacy of others', and 'behaviors regarding privacy of others'

(Ozturk et al., 2019). The scale is a 5-point Likert type scale. Fifth, 7th, 8th and 9th items of the scale are reverse coded. The score on the scale ranges from 11-55, but on the 5-point Likert type scale, it is stated that 2.5 points and below refers to a low consciousness, 2.5 to 3.5 refers to a moderate, and 3.5 to 5 refers to a high privacy consciousness. As the scale score increases, privacy consciousness increases positively. As a result of the confirmatory factor analysis (CFA) made by Ozturk et al. (2019), the Cronbach's alpha internal consistency reliability coefficient for the entire scale was found as .77. (Ozturk et al., 2019). The Cronbach's alpha value of the scale for this study was .48, indicating a low-level reliability.

Patient Privacy Scale (PPS), was developed by Ozturk et al. (2014) to determine whether nurses exhibit appropriate behavior or take care to protect and maintain patients' privacy, or whether there are privacy violations. The scale consists of 'confidentiality of personal information and private life', 'sexual privacy', 'the privacy of those unable to protect themselves', ' physical privacy', and 'ensuring a favorable environment' sub-dimensions (Ozturk et al., 2014). The 5-point Likert-type scale consists of 27 items. The total score range of the scale is 27-135. A higher score from the scale indicates that nurses take care of patient privacy, while a lower score indicates that nurses do not care about patient privacy. The Cronbach's alpha value of the scale was 0.93 (Ozturk et al., 2014). For this study, the Cronbach's alpha value of the scale was found to be 0.99.

Data Collection and Analysis: The survey was announced to students at the institution where the research was conducted, and data were collected by sending data collection tools to students who agreed to participate in the research via Google forms. In the evaluation of the data, the data obtained as a result of the research were analyzed in a computer environment using the Statistical Package for the Social Sciences SPSS Statistics 25.0 program (SPSS Inc., Chicago, IL, USA). When evaluating the study data, average, standard deviation, number, percentage calculations, independent groups t-test, and one-way ANOVA were used after the normality test that showed a normal distribution in the data, and LSD test was used to find out the originating group of the difference, and correlation analysis was performed to determine the relationship between the scales. $P < 0.05$ was accepted as the level of

significance.

Ethics Considerations: Ethics Committee approval (decision no:2020/2-24) and permission of a state university (decision no:416) were obtained before conducting the research. The necessary permissions for the scales used in the research were obtained by e-mail from the authors of the scale. Before the conducting the research, verbal and written consent was obtained from participants who agreed to participate voluntarily.

Results

The results of the study, which was conducted to determine the relationship between nursing students' privacy consciousness and attitudes towards patient privacy, are shown in tables. The average age of the students in the study was 21.02 ± 1.49 , and 74% was female. Of the students, 26.5% was freshman, 23.5% was sophomore, 27% was junior, and 23% was senior student. It was found that the vast majority of students took privacy-related courses and 74.5% believed that patient privacy was taken care of in the clinics where they practiced. When students were asked to define privacy in one word, 38.5% defined it as personal, 36% as confidentiality, 9% as ethics, 7.5% as respect, 6% as right, and 3% as shame (Table 1). Looking at the scores obtained by the students from the scales, it was found that the average PPS score was 4.32 ± 1.20 (min: 1, max: 5). It was found that the total score average of the students in the PCS was 3.49 ± 0.25 (min: 2.50, Max: 4.40).

Table 2 presents a comparison between some of the demographic data of the nursing students and their PCS score averages. A significant difference was found between the students' continued class and the PCS score, consciousness regarding privacy of others sub-scale, and the behaviors regarding privacy of others sub-scale ($p < 0.05$). As a result of the LSD test conducted as a further analysis, it was found that this difference in the consciousness regarding privacy of others sub-scale in PCS was caused by the sophomore students. However, the LSD test for the behaviors regarding privacy of others sub-scale showed that this significant difference was caused by the senior students ($p < 0.05$). In addition, it was found that there was a significant difference between the consciousness and behaviors regarding privacy of the self sub-scale and the state of thinking that necessary attention was paid to patient privacy in clinics ($p < 0.05$).

Table 1. Demographic data of the nursing students (n=200)

Demographic data	N	%
Gender		
Female	148	74.0
Male	52	26.0
Continued class		
Freshman	53	26.5
Sophomore	47	23.5
Junior	54	27.0
Senior	46	23.0
Taking lessons related to privacy		
Yes	169	84.5
No	31	15.5
Beliefs about whether the patient privacy is respected during the clinical practice		
Yes	149	74.5
No	51	25.5
Definition of privacy with one word		
Private / private area	77	38.5
Privacy	72	36
Ethic	18	9
Respect	15	7.5
Right	12	6
Shame	6	3
	Mean ± SD/ (min- max)	
Age	21.02±1.49/(18-26)	
Patient Privacy Scale	4.32 ± 1.20/ (1-5)	
Privacy Consciousness Scale	3.49± 0.25/ (2.50-4.40)	

Table 2. Comparison between the demographic data of the students and their PCS score (n = 200)

Demographic data	Consciousness and Behaviors Regarding Privacy of the Self	Consciousness Regarding Privacy of Others	Behaviors Regarding Privacy of Others	Total score
Gender				
Female (n=148)	3.96±0.33	2.15±0.53	3.49±0.39	3.49±0.24
Male (n=52)	3.93±0.31	2.24±0.54	3.44±0.42	3.50±0.29
Statistical test	t=- 0.666 p=.507	t= -1.037 p=.301	t=-0.858 p=.392	t=-0.173 p=.863
Continued class				
Freshman (n=53)	3.98±0.27	2.18±0.50	3.42±0.48	3.49±0.28
Sophomore (n=47)	3.88±0.45	2.37±0.70	3.39±0.45	3.51±0.28
Junior (n=54)	4.01±0.22	2.03±0.43	3.53±0.29	3.48±0.22
Senior (n=46)	3.93±0.32	2.13±0.42	3.57±0.31	3.50±0.24
Statistical test	F=1.068 p=.364	F=3.736 p=.012	F=2.408 p=.049	F=0.184 p=.907
Taking lessons related to privacy				
Yes (n=169)	3.97±0.35	2.18±0.53	3.50±0.39	3.51±0.27
No (n=31)	3.92±0.21	2.16±0.57	3.38±0.42	3.45±0.28
Statistical test	t=0.660 p=.510	t=-0.106 p=.916	t=1.459 p=.146	t=1.108 p=.269
Beliefs about whether the patient privacy is respected during the clinical practice				
Yes (n=149)	3.99±0.27	2.19±0.54	3.46±0.38	3.52±0.29
No (n=51)	3.87±0.46	2.12±0.52	3.52±0.44	3.45±0.24
Statistical test	t=2.165 p=.032	t=0.789 p=.431	t=-0.816 p=.416	t=1.398 p=.164

Table 3. Comparison between the demographic data of the students and their PPS score (n=200)

Demographic data	Confidentiality of personal information and private life	Sexual privacy	The privacy of those unable to protect themselves	Physical privacy	Ensuring a favorable environment	Total scale score
Gender						
Female (n=148)	4.25±1.27	4.25±1.20	4.34±1.38	4.40±1.32	4.35±1.36	4.30±1.28
Male (n=52)	4.36±0.98	4.13±0.93	4.56±0.92	4.47±1.09	4.49±1.08	4.38±0.96
Statistical test	t=-0.540 p=.589	t=0.656 p=.512	t=-1.062 p=.290	t=-0.329 p=.742	t=-0.648 p=.518	t=-0.400 p=.690
Continued class						
Freshman (n=53)	4.37±1.18	4.34±1.11	4.41±1.25	4.47±1.17	4.40±1.22	4.39±1.16
Sophomore (n=47)	4.12±1.31	4.09±1.26	4.28±1.43	4.23±1.50	4.19±1.48	4.17±1.34
Junior (n=54)	4.09±1.37	4.13±1.26	4.25±1.45	4.28±1.42	4.26±1.48	4.17±1.37
Senior (n=46)	4.56±0.82	4.31±0.87	4.69±0.85	4.70±0.80	4.71±0.82	4.58±0.79
Statistical test	F=1.633 p=.183	F=.592 p=.621	F=1.188 p=.315	F=1.365 p=.255	F=1.516 p=.212	F=1.284 p=.281
Taking lessons related to privacy						
Yes (n=169)	4.30±1.20	4.21±1.17	4.41±1.30	4.43±1.26	4.40±1.30	4.33±1.21
No (n=31)	4.17±1.23	4.25±0.97	4.37±1.18	4.35±1.28	4.33±1.29	4.26±1.16
Statistical test	t=0.563 p=.574	t=-0.180 p=.857	t=0.160 p=.873	t=0.317 p=.752	t=-0.277 p=.782	t=0.290 p=.772
Beliefs about whether the patient privacy is respected during the clinical practice						
Yes (n=149)	4.29±1.19	4.22±1.11	4.40±1.33	4.41±1.28	4.39±1.29	4.33±1.19
No (n=51)	4.25±1.27	4.21±1.22	4.41±1.28	4.42±1.21	4.38±1.31	4.31±1.26
Statistical test	t=0.518 p=.824	t=0.563 p=.952	t=0.679 p=.990	t=0.751 p=.973	t=-0.816 p=.986	t=0.098 p=.922

Table 4. The Relationship Between PCS and PPS Score of Nursing Students (n=200)

SCALES		Privacy Consciousness Scale			
		Consciousness and Behaviors Regarding Privacy of the Self	Consciousness Regarding Privacy of Others	Behaviors Regarding Privacy of Others	Total scale score
Patient Privacy Scale	Confidentiality of personal information and private life	r= .058 p= .413	r= -.128 p= .070	r= .025 p= .727	r= -.100 p= .160
	Sexual privacy	r= .082 p= .246	r= -.148 p= .037	r= .051 p= .476	r= -.108 p= .127
	The privacy of those unable to protect themselves	r= .089 p= .210	r= -.147 p= .038	r= .051 p= .476	r= -.060 p= .397
	Physical privacy	r= .073 p= .303	r= -.123 p= .082	r= .012 p= .868	r= -.081 p= .254
	Ensuring a favorable environment	r= .068 p= .340	r= -.171 p= .016	r= .002 p= .973	r= -.140 p= .048
	Total scale score	r= .099 p= .163	r= -.149 p= .035	r= .030 p= .678	r= -.088 p= .214

There was no significant difference between the gender of the students, the status of taking any course related to patient privacy, and privacy consciousness ($p>0.05$).

Table 3 presents the relationship between some of the demographic data of the nursing students and the average PPS score. No significant difference was found between the scale score averages according to the gender of the students, their continued class, taking any course related to patient privacy, and their belief that the necessary attention to patient privacy was paid in clinics ($p>0.05$).

Looking at the relationship between students' level of PSC and PPS score, it was found that there was a negative weak relationship between the sub-scale of consciousness regarding privacy of others and the PCS sexual privacy, the privacy of those unable to protect themselves and ensuring a favorable environment sub-scale and the total score average. In addition, it was found that there was a negative weak relationship between the PCS total score average and the PPS ensuring a favorable environment sub-scale score average.

Discussion

In this study, nursing students' privacy consciousness and attitudes towards patient privacy were evaluated and whether there was a relationship between them was investigated and the findings were discussed in this direction with the relevant literature. Privacy is a right and a sensitive subject based on autonomy and respect for the individual.

It is one of the ethical principles to be followed for nurses and future nurse prospective students. It is also one of the first values taught and cared for in nursing education (Ceylan & Cetinkaya, 2020). In the study, when students were asked to define the concept of privacy in one word, they defined it with words such as private space, confidentiality, ethics, respect, rights, and shame. In a qualitative study conducted by Ak et al. in order to assess cultural perspectives of nursing students on patient privacy, a great majority of the students was found to consider privacy as not only the physical intimacy, but also a concept involving patient's personal life and sexual life (Ak et al., 2020). In a study conducted by Degirmen (2014) to develop a scale related to body privacy in gynecology and obstetrics, participants defined privacy as physical privacy and information confidentiality (Degirmen,

2014).

In another qualitative study to determine the views of surgical patients and nurses on patient privacy, participants defined privacy as the confidentiality of personal life/lifestyle (Akyuz & Erdemir, 2013).

In this context, our study findings in line with the results obtained from the studies conducted. In the study, when students were asked whether they thought that adequate care was taken for patient privacy during the clinical practice, most of the students stated that necessary care was taken for the patient privacy. Looking at the studies on this subject, in a study conducted by Kukukoglu et al., students stated that nurses did not pay sufficient attention to the right to privacy and respect for privacy (Kukukoglu et al., 2010).

In a study by Adib-Hajbagheri et al., where they compared effectiveness of group discussion and training over nursing students' attitudes and practices towards patient privacy, both groups stated that they were not witnessed any conflict because of the violation of patient privacy (Adib-Hajbagheri & Faraji, 2016). It is believed that the data obtained from the relevant studies and our research finding is not similar due to the sociocultural level of the studied regions.

In order to protect privacy, it is necessary to know the boundaries of privacy. These differences in the level of privacy consciousness vary according to the degree of the privacy limit of individuals (Tabata et al., 2018). In our research, the privacy consciousness of the nursing students was found to be moderate. Contrary to our research results, a study conducted by Aslan et al. to determine the level of privacy consciousness and associated factors of nurses working in surgical clinics and operating rooms found a high level of privacy consciousness in nurses (Aslan et al., 2019). Similarly, in the study of Eyigün and Yılmaz, it was found that nurses have a high level of privacy consciousness (Eyigün & Yılmaz, 2019). According to our research results, we can state that the moderate level of privacy consciousness of nursing students is due to their continuing education, their inadequate level of maturity, and insufficient experience. The study found that sophomore nursing students have a higher privacy consciousness for others. A study conducted by Tabata et al. to compare the privacy consciousness of Japanese and Taiwanese concluded that Taiwanese privacy

consciousness is more advanced. It has been said that this may be due to the fact that moral education about using the Internet use is more common in Taiwan (Tabata et al., 2018).

In our study, we can state that the high level of consciousness regarding privacy of others of second-year students is due to the ethics course taught in the second year at the studied institution. According to our research results, senior students were found to be more careful in behaviors regarding privacy of others. Eyigün and Yılmaz's study showed that nurses' level of privacy consciousness increases as their education level increases (Eyigün & Yılmaz, 2019). Here, it is believed that the high level of behaviors regarding privacy of others in senior students is due to the fact that students are at the graduation stage and have the most experience and educational life among the groups included in the study. In addition it was found that students who believed that patient privacy was taken care of in clinical settings were more aware of their own privacy. Privacy consciousness is about knowing our boundaries about privacy (Tabata et al., 2018). For this reason, so we can state that students who believe that patient privacy is taken care of in clinics are aware of the limits related to privacy, leading to more significant level of consciousness and behaviors regarding privacy of the self. According to research findings, students' attention to patient privacy was found to be high. This result is similar to the result of a study conducted by Ozkan et al. to determine the behavior of nursing students to protect patient privacy (Özkan et al., 2020). In addition, in some research results conducted on the professional values of nursing students, patient privacy was found to be the most important value of students (Abdullah & Chong, 2019, Poorchangizi et al., 2019). The study found no significant relationship between the importance attached by students to the patient privacy and gender. Looking at some research results on the nurses' attitudes towards patient privacy, it seems that there was no relationship between patient privacy attitudes and gender (Aktan et al., 2019, Varol, 2018). While this result is similar to our research findings, the study of Fernández-Feito et al. shows that male students pay less attention to issues such as privacy than female students (Fernández-Feito et al., 2019). We can state that this is due to the nature of the nursing profession, which provides

equal service without distinction of religion, language, gender, social class, and the students receive education based on this awareness throughout their educational lives.

No significant difference was found between the continued class and the emphasis on the patient privacy, in line with the results of the similar studies (Kaya et al., 2017, Özkan et al., 2020). A large majority of the students involved in the study stated that they had previously received privacy training, but this was not statistically significant in terms of the importance attached to patient privacy. In a study by Özkan et al. aimed at determining the behaviors of nursing students for protecting patient privacy, a significant relationship between the status of taking ethics course and students' attitudes towards protecting patient privacy (Özkan et al., 2020). This result is similar to our research findings. In Ceylan and Çetinkaya's study, however, nurses with higher degrees of education who were trained in patient privacy and read the patient rights regulation and the Convention on the Rights of the Child were found to be more concerned about patient privacy (Ceylan & Cetinkaya, 2020).

Looking at the relationship between patient privacy and privacy consciousness, it seems that as the level of consciousness regarding privacy of others increases, the importance given to sexual privacy and the privacy of those unable to protect themselves and the ensuring a favorable environment sub-scale scores decrease. In addition, as the level of privacy consciousness increases, the importance given to ensuring a favorable environment decreases. Looking at the relationship between patient privacy attitudes and privacy consciousness, we can state that the negative result is due to the fact that the level of privacy consciousness of the study group was moderate. This may be due to the fact that they have not yet determined the boundaries of privacy, or their different educational lives and clinical experiences, as well as the presence of different cultural values, as expressed in the work of Tabata et al. (Tabata et al., 2018; Theofanidis & Dikatanidou, 2006).

Conclusions and Recommendations: According to the results of this study, it was found that students' privacy consciousness levels were moderate and their attitude towards patient privacy was high. Since the first year of nursing education, nursing students are expected to be aware of patient privacy

and develop a positive attitude towards patient privacy since they interact with patients in clinical practice. It was found that there was a negative weak relationship between the level of privacy consciousness of students and attitudes towards patient privacy sub-scales. For this reason, it seems that students need more concrete examples and experiences that they can transfer into life in order to develop a privacy consciousness.

The right to privacy is a natural right stemming from the right to respect the individual, one of the basic ethical principles of nursing. In order for nurses working in one-to-one contact with the patient to internalize the concept of privacy in the education process, to develop privacy consciousness and to be aware of all dimensions of patient privacy, more space should be included in nursing education. For this reason, it is recommended to develop educational content in which the student can take an active role in privacy, to use experiential teaching methods in courses related to the subject, and to conduct in-depth research in order to understand the experiences and needs of the students. Moreover, since privacy consciousness can be affected by society, culture and environmental factors, it is recommended to conduct research with larger samples in different countries and cultures.

Limitations: This research has some limitations. One of them is that the study was conducted only in the nursing department of a public university. Another limitation is that the Privacy Consciousness Scale, one of the measurement tools used in the research, has a low Cronbach's alpha value in our research (.48). In addition, the insufficient number of studies conducted using the Privacy Consciousness Scale is a limitation in terms of in-depth discussion of the issue.

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