

The Status of Protecting and Maintaining Patient Privacy of Intern Nurses and Affecting Factors

Abstract

Aim: The aim of this study was to determine the status of intern nurses to protect and maintain patient privacy and affecting factors.

Methods: The study planned as cross-sectional study and conducted between December 2017 and February 2018 at a nursing faculty in Turkey. In the collection of data, 252 intern nurses were reached. The data of the study were gathered by questionnaire method using "Individual Identification Form," "Intern Nursing Students' Information Form Related to Privacy," and "Patient Privacy Scale". In statistical analysis, frequency, mean and standard deviation, Kruskal-Wallis and Mann-Whitney *U*-test were used.

Results: Of the intern nurses, 82.5% were female and their ages were in the range of 21-24 years. The mean score of the Patient Privacy Scale of them was 4.56 ± 0.40 . In the subscales, "physical privacy" displayed the highest mean score (4.67 ± 0.47), while "gender-related privacy" was the lowest (4.41 ± 0.51). In addition, it was found that there was a statistically significant relationship between the variables of Patient Privacy Scale total score, gender, hospitalization experience, having knowledge about privacy, believing privacy was always necessary and meeting the privacy needs of their patients variables ($P < .05$).

Conclusion: It was determined that the intern nurses' approaches to protect and maintain patient privacy were found to be positive. It should be observed whether this is reflected in care during clinical practice.

Keywords: Privacy, Nursing, Nursing care

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Introduction

The word "private" refers to something that is confidential and must not be mentioned to or known by everyone or to something that must be committed to secrecy.¹ "Privacy" then is related to the freedom and right of an individual to exclusively maintain or try to maintain the conditions implicit to the existence of one's own body, mind, and development.² The efforts to define the behaviors and characters of individuals, social groups, and societies in today's world to determine what is good or valuable are described as ethics. Some basic terms that are especially meaningful in healthcare ethics are doing no harm/being of benefit, autonomy/respect for the individual, justice and equality, privacy, and confidentiality.³ The principle of confidentiality, which is among the principles of ethics, is the requirement that private and secret information regarding other people should not be divulged. Privacy in the context of healthcare implies medical confidentiality; the two terms are not synonymous but complementary to each other.⁴

In healthcare practices, privacy should be thought of in terms of its physical, social, psychological, and informational aspects. One example of respecting physical privacy may be described as refraining from directly intervening in the physical accessibility of a patient's body. Social privacy refers to the patient's having the right of control over the parties involved in relationships and their frequency and duration. Psychological privacy refers to the process of an individual's control over shaping his/her own cognitive and psychological state as well as in the context of adopting values and protecting one's personal identity. Cognitive privacy is the ability of the individual to control the degree to which others will be allowed to have access to personal information.⁵⁻⁷

In the context of the Code of Ethics for Nurses set forth by the International Council of Nurses (ICN), nursing practitioners, administrators, educators, researchers, and associations have been delegated various responsibilities with respect to maintaining privacy and confidentiality. It has been stated in this context that nurses must keep patient information secret and use their common sense at any point at which sharing this information comes into question.⁸ As members of the healthcare team, nurses have on important duties and responsibilities in communicating with patients as regards the maintaining of the patient's physical, psychological, social, and informational privacy.⁵ However, it is possible that nurses in hospitals may be less likely to conceal information regarding a patient's treatment from administrative officers and may inadvertently commit breaches of confidentiality.⁹

Although the importance of adopting an approach that protects patient privacy (PP) is frequently emphasized to healthcare personnel, there are few studies in the literature conducted with nurses and students on the subject of privacy.¹⁰⁻¹⁴ Not only are there few studies on this subject carried out with nurses in Turkey,^{5,6} there is no article in the literature on the knowledge of intern nursing students and their approaches to the matter of privacy. If PP is to be fostered, it is important that nursing students who will be taking on the responsibility of

cares for patients in the future become knowledgeable and receive substantial training on this issue.¹² This study will be of great significance to full-time nursing students participating in patient care in terms of helping them to evaluate the importance of PP.

The practice of internship gives student nurses the opportunity to practice their theoretical knowledge in the clinic, develop their professional identity, and adapt to the profession in general.¹⁵ Senior nursing faculty students take part in a full-time (4 days a week) internship program by actively participating in patient care over the course of two semesters at the university where the research is carried out. When it is considered that the nursing students who will be the next generation of nurses may have different values and perspectives than the nurses of today, it is important to understand their level of knowledge about privacy and their approach to this issue. We believe that our study will contribute to the literature on investigating the approaches of nursing students regarding PP. The aim of this study was to determine the status of protecting and maintaining patient's privacy of intern nurses PP and affecting factors.

Study Questions

1. What is the level of intern nurses to protect and maintain patient privacy?
2. What are the factors affecting intern nurses' protecting and maintaining of patient privacy?

Methods

Study Design and Sample

The cross-sectional study was conducted between December 2017 and February 2018 at Ege University School of Nursing in Izmir, Turkey. The inclusion criteria were volunteering to participate in the study, and the intern was working in the clinic as a nurse. The universe of the study consisted of 470 nursing students of faculty. The minimum number of sample was determined to be 212 with 5% error in the 95% confidence interval using sampling formula with known universe is used ($P: .5, q: 0.5$). Convenience sampling method was used. In the collection of data, 252 nursing students were invited to study. Twelve of students were not fully filled questionnaires. A total of 240 students' questionnaires were analysed.

Dependent and Independent Variables: The dependent variable of the study was score of Patient Privacy Scale (PPS). The independent variables were gender, family type, living place, etc.

Data Collection Materials and Procedures

The data of the study were gathered by questionnaire method using Individual Identification Form, Intern Nursing Students' Information Form Related to Privacy, and "PPS." Forms were developed by the researchers by research the relevant literature,^{2,4,7,8} expert opinion was taken and a pilot application was carried out.

Individual Identification Form: This form consists of questions aimed at defining the descriptive characteristics of nursing students. There are 12 questions such as age, gender, life satisfaction, living place, family type, and perceived academic grade at Individual Identification Form.

Intern Nursing Students' Information Form Related to Privacy: The form for the purpose of determining the information about the privacy of the intern nurses was formed by the researchers using the related literature.^{5,11,16–18} There are nine questions in the form.

Patient Privacy Scale: It has been developed by Öztürk et al.⁷ to determine whether nurses are behaving appropriately or care to protect

and maintain the privacy of patients and whether privacy breaches exist in the hospitals' services/units. Scale is a 5-point Likert-type measure of 5 = Totally agreeing, 4 = Agreeing, 3 = Undecided, 2 = Not agreeing, and 1 = Absolutely agreeing. It consists of 27 items in total. The content validity value is 0.91, the Cronbach Alpha value is 0.93, and the Spearman-Brown and Guttman coefficient is 0.85. The scale consists of sub-titles of "confidentiality of personal information and private life (Cronbach Alpha, 0.90)," "sex privacy (Cronbach Alpha, 0.77)," "the privacy of those unable to protect themselves (Cronbach Alpha, 0.82)," "physical privacy (Cronbach Alpha, 0.84)," and "ensuring a favourable environment (Cronbach Alpha, 0.77)". Scale total score is 27-135. Scoring close to 135 points indicates that nurses pay close attention to PP and that they do not pay close attention to 27 points. When these scores are divided by the number of items to be compared, it takes a value between 1 and 5 in the sum of the scale and the level of the sub-titles and thus the scale scores are evaluated. For sub-titles, once the scores are calculated, the scale score is divided by the number of items and is between 1 and 5 points.⁵ The Cronbach Alpha value for this study was found to be 0.95.

Before collection of data, a pilot study was carried out with 20 students. Minor revisions were made in the forms (Individual Identification Form, Intern Nursing Students' Information Form Related to Privacy). Then, data collection materials were deployed to students in their free time who volunteered to take part in the study. The forms collected back after 20 minutes.

Ethical Consideration

Ethical approval for conducting this study was obtained from a University Scientific Research Publication Ethics Committee (Approval No: 20478486-380). After intern nurses were informed of the purpose and procedure of the study, written consent was obtained from the participants. The study was conducted in accordance with ethical standards of the Declaration of Helsinki.

Data Analysis

Data were analysed using the SPSS for Windows, Version 22.0 (IBM SPSS Corp.; Armonk, NY, USA). Descriptive statistics were used to describe intern nurses' sociodemographic characteristics and their information about privacy. Normal distribution was tested with Shapiro-Wilk and Kolmogorov tests. Data were not normally distributed. Mann-Whitney *U*-test and Kruskal-Wallis analysis were used to assess associations between scores variables. The results were assessed in the 95% reliability range at the significance level of $P < .05$.

Results

The sociodemographic data on the intern intern nurses can be seen in Table 1. The intern nurses' ages were in the range of 21-24 years and of the interns, 82.5% were female.

Table 2 presents data of the intern nurses regarding PP. Most of the interns (82.5%) believed they had adequate knowledge about privacy and a large majority (94.6%) said the source of their knowledge was school courses. In the definition of privacy, aspects that were most commonly mentioned were confidentiality of private life (28%), physical privacy (24%), and confidentiality of information (20%). A large majority of the interns (96.3%) believe that privacy is always needed, and most interns (86.7%) are able to meet the patient's need for privacy. Of the intern nurses, 70.4% witnessed breaches of privacy in the clinical setting, and the most common reasons for privacy violation were environmental conditions are not suitable, caregivers' perception of privacy, and lack of information.

Table 1. Sociodemographic Characteristics of Intern Nurses (N = 240)

Variables	n	%
Gender		
Female	198	82.5
Male	42	17.5
The longest living place		
Big city	69	28.7
Province	48	20
District	85	35.4
Village-Town	38	15.8
Family type		
Nuclear family	207	86.3
Extended family	23	9.6
Broken family	10	4.2
Working as a nurse		
Yes	28	11.7
No	212	88.3
Personality type		
Intravert	103	42.9
Extravert	137	57.1
Perceived life satisfaction		
Very satisfied	15	6.3
Satisfied	181	75.4
Not satisfied	44	18.3
Perceived academic grade		
Good	51	21.3
Fair	169	70.4
Poor	20	8.3
Self or nearby hospitalization experience		
Yes	159	66.3
No	81	33.8

SD = Standart deviation, Min = minimum, Max = maximum.

The mean scores of the interns on the PPS and its subscales are seen in Table 3. The interns placed high importance on privacy (4.56 ± 0.40). In the subscales, physical privacy displayed the highest means score (4.67 ± 0.47), while sexual privacy was the lowest (4.41 ± 0.51).

The mean scores of the interns according to various variables can be seen in Table 4. The scale mean score of the female (4.59 ± 0.37) was higher than the male (4.41 ± 0.47), and the difference was statistically significant ($P < .05$). The scale mean score of students with hospitalization experience (4.59 ± 0.40) was higher than those without hospitalization experience (4.51 ± 0.39), and the difference was statistically significant ($P < .05$). The scale mean score of students who observing

Table 2. Knowledge of Intern Nurses about Privacy (N = 240)

Variables	n	%
Having enough information about patient privacy		
Yes	198	82.5
No	42	17.5
Source of information*		
School lessons	227	94.6
Patients' rights regulation	60	25
Scientific methods (congresses, symposia, courses etc.)	36	15
Content of privacy definition (n = 178)*		
Private life/Private life privacy	50	28
Right	9	5.05
Physical confidentiality	44	24.74
Psycho-social confidentiality	33	18.53
Protecting/ensuring information privacy	37	20.78
Maintaining personal control	8	4.49
Invalid response	38	21.34
Is a detailed education about your privacy necessary?		
Yes	179	74.6
No	61	25.4
Is patient privacy always necessary?		
Yes	231	96.3
No	9	3.8
Can meet the privacy needs of patients		
Yes	208	86.7
No	32	13.3
Observation of abuse of privacy in the clinic		
Yes	169	70.4
No	71	29.6
Factors that cause violation of privacy in the clinic*		
Lack of information	140	58.3
Time inadequacy	139	57.9
Legal obligations of health professionals	23	9.6
Prioritizing physical problems	93	38.8
Unfavorable environmental conditions	167	69.6
Communication problems with the patient	51	21.3
Caregivers' sense of privacy	145	60.4
Failure to approach the patient as an individual	88	36.7
Do not adhere to ethical principles in care	122	50.8

*More than one option is marked.

Table 3. The Means of Patient Privacy Scale Score of Intern Nurses (N = 240)

Patient Privacy Scale score	Mean (SD)	Min-max
Scale Total Score	4.56 ± 0.40	0.85-5
Subscales		
Confidentiality of personal information and private life	4.53 ± 0.42	2.7-5
Sexual privacy	4.41 ± 0.51	2.8-5
The privacy of those unable to protect themselves	4.62 ± 0.47	3-5
Physical privacy	4.67 ± 0.47	2.5-5
Ensuring a favorable environment	4.65 ± 0.47	3-5

SD = Standart deviation, Min = minimum, Max = maximum.

Table 4. Variables Related to Importance Given to Patient Privacy of Intern Nurses (N = 240)

Variables	Patient Privacy Scale Score	
	Mean (SD)	Analysis
Gender		
Female	4.59 ± 0.37	Z: -2.32
Male	4.41 ± 0.47	P: .021*
The longest living place		
Big city	4.60 ± 0.44	X2: 4.52
Province	4.59 ± 0.37	P: .210
District	4.54 ± 0.38	
Village-Town	4.49 ± 0.39	
Family type		
Nuclear family	4.55 ± 0.40	X2: 7.61
Extended family	4.62 ± 0.42	P: .381
Broken family	4.67 ± 0.35	
Working as a nurse		
Yes	4.53 ± 0.36	Z: -0.67
No	4.56 ± 0.40	P: .500
Perceieved life satisfaction		
Very satisfied	4.71 ± 0.43	X2: 3.25
Satisfied	4.56 ± 0.36	P: .192
Not satisfied	4.50 ± 0.52	
Perceieved academic grade		
Good	4.63 ± 0.36	X2: 2.68
Fair	4.56 ± 0.37	P: .261
Poor	4.36 ± 0.61	
Self or nearby hospitalization experience		
Yes	4.59 ± 0.40	Z: -1.97

Table 4. Variables Related to Importance Given to Patient Privacy of Intern Nurses (N = 240) (Continued)

Variables	Patient Privacy Scale Score	
	Mean (SD)	Analysis
No	4.51 ± 0.39	P: .040*
Having enough knowledge about patient privacy		
Yes	4.59 ± 0.39	Z: -2.28
No	4.44 ± 0.41	P: .025*
Believing necessity of detailed education about privacy		
Yes	4.58 ± 0.40	Z: -1.86
No	4.50 ± 0.39	P: .064
Believing patients privacy is always necessary		
Yes	4.58 ± 0.38	Z: -2.82
No	4.07 ± 0.60	P < .001
Meeting the privacy needs of patients		
Yes	4.59 ± 0.38	Z: - 2.37
No	4.38 ± 0.47	P: .010*
Observation of abuse of privacy in the clinic		
Yes	4.60 ± 0.37	Z: -1.52
No	4.48 ± 0.46	P: .120

*P < .05, Z = Mann-Whitney U-Test, X2 = Kruskal-Wallis, SD = Standard deviation.

breaches of privacy in the clinical setting (4.60 ± 0.37) was higher than without observe breaches (4.48 ± 0.46), and the difference was statistically significant (P < .05). The scale mean score of interns who have adequate knowledge about privacy (4.59 ± 0.39) was higher than those have inadequate knowledge (4.44 ± 0.41), and the difference was statistically significant (P < .05). The scale mean score of intern who believing in the need for detailed training on privacy (4.58 ± 0.40) was higher than without believing (4.50 ± 0.39), and the difference was statistically significant (P < .001).

Discussion

The results showed that female interns, interns who had experienced hospitalization, those who had adequate knowledge about privacy, those who believed in privacy is always necessary, and those who were able to meet the privacy needs of their patients placed more importance on the issue of privacy.

Protecting privacy is a basic value that has its roots in the history and traditions of the nursing profession. Respecting privacy means respecting the individual, as well as the individual's dignity and autonomy.¹² Our study revealed that intern nurses assigned a high level of importance to PP. Various studies also have found nurses to have a high perception of privacy.^{11,13,14} In this study, most of the intern nurses stated that respecting privacy and confidentiality was a part of patient rights.¹² In a study on student nurses' perception of patient dignity, it was reported that most students

believed that the importance placed on privacy was an integral part of protecting a patient's dignity.¹⁹ In another study, patients revealed that healthcare personnel were not careful with respecting their privacy.²⁰

In our study, we found that the intern nurses paid the most attention to pulling shades or screens and using similar props, an indication that they assigned importance to protecting the physical and bodily privacy of their patients. Another important component of privacy is gender-related, and it was found that the intern nurses were less careful about the privacy of patients of the same gender sharing a space. Similar to our own results, in another study, it was reported that 83% of clinical nurses were always careful about PP and that they showed more concern for physical privacy.¹ In other studies, it has been reported that patients are satisfied with the way nurses respect their privacy and that they mostly place their attention on physical and bodily privacy, with the least care being given to informational privacy.^{6,21}

In any case, what must be kept in mind is that each case is unique and characterized with individual social, cultural, and medical needs.²² Another factor that influences the importance placed on privacy is culture. How individuals experience privacy and what they consider a breach of their privacy is influenced by their cultural backgrounds and demographic and ethnic roots.²³ It is noted in the literature that the importance placed on privacy and the impact of privacy on individual lives varies according to culture.^{2,10} A study has reported that individuals expressed the view that the concept of privacy may change from culture to culture and that this derives from religious elements.²⁴ It is therefore believed that intern nurses place a great deal of importance on PP. Dominant cultures tie respecting the privacy of others to specific rules, norms, and mores. In western cultures, privacy is considered a basic personal need.²⁰ In a study that was conducted in five European countries, it was found that nurses in the UK had the highest level of protecting privacy, while nurses in Greece displayed the lowest level.²³

In order for intern nursing students to become aware of the issue of privacy, they must first acquire knowledge about the meaning of the concept. When defining privacy, the intern nurses in the study mostly spoke of the confidentiality of private life, physical privacy, and confidentiality of information. In one study, a group of nurses and midwives (97%) answered the question, "How do you describe an individual's privacy?" by saying, "Physical privacy and confidentiality of information."¹⁰

It was seen that a large majority of the interns acquired their knowledge about privacy from their lessons in school. This is an expected outcome since the topic of privacy is included in the nursing school curriculum. What is important in this training is that students acquire an adequate amount of knowledge and adopt the right attitude toward privacy over the course of their education. In this study, the intern nurses said that academic personnel and educators take care to act appropriately and carefully with respect to teaching the importance of privacy.¹²

Nurses assign priority to the seriousness of a patient's physical condition in critical situations and sometimes the patient's privacy may be jeopardized because of this.²⁵ About two-thirds of the intern nursing students in the study had observed breaches of PP in the clinical setting. The first three reasons they offered for the breaches were unsuitable conditions in the environment, the perception of caregivers, and a lack of knowledge. Among the reasons for privacy breaches mentioned in the literature are lack of resources, a routine implementation of procedures, the physical unsuitability of patient

rooms, personnel inadequacy, and using hospitals as teaching tools, among others.^{12,23,26} In studies based on student observations and experiences, it is seen that breaches of PP are among the most common ethical issues encountered.^{12,26} Studies conducted with nursing students report that students' observations about the reasons PP can be violated stem from conditions such as the door not being closed while the patient is being given a bed bath, the failure to use a screen for privacy, allowing visitors to look at patients when they are undressed, and breaches of privacy during vaginal examinations or rectal applications carried out by nurses and physicians.^{19,26,27}

Gender is an important factor in the approach to privacy. In our study, it was seen that women place more importance on privacy. It can be seen that Gilligan reports that men and women tend to have different ethical sensitivities and that there is a correlation between ethical tendencies and gender.¹⁰ Due to the structure of religious and patriarchal societies, more responsibility for privacy is placed on the woman's shoulders,¹⁰ and this may be the reason so much importance is attributed to a woman's privacy in these populations. In different studies, it was found that the perception of privacy of women and men is similar.^{28,30}

Education plays an important role in developing the degree of importance to be placed on privacy. In our results, it was observed that the participating intern nurses who had adequate knowledge about protecting patients' privacy and believed in the worth of being trained in detail about privacy placed more importance on privacy. In a study, it was found that a nurse's knowledge about the provision of patient confidentiality affects she/he privacy practices.²⁹ However, it was discovered that only 25% of the intern nurses derived their information about privacy from the guidebook on patient rights. In parallel to this, only 5% of the participants mentioned the concept of "right" when defining privacy. In another study with results similar to ours, it was reported that nurses did not adequately read the section on privacy in the patient rights guidebook.¹⁰ In the study by Öztürk et al.¹ this rate of reading the guidebook was found to be high. It is our belief that if educators were to call student nurses' attention to the patient rights guidebook, this would contribute to their learning not only about privacy but to raising their awareness about accepting that the concept of privacy is a matter of patient rights. In another study conducted with student nurses, it was recommended that medical and nursing students should take part in appropriate training courses that will serve to change their attitudes toward privacy and that more attention should be given to stressing the importance of privacy throughout the training program.¹² In a study by Candan and Bilgili,²⁸ it has been determined that those who attend seminars, courses, or meetings about privacy have higher perception of privacy.

The study outcome was that intern nurses who had experience with being hospitalized, either personally or through a close relative, those who believed that PP should always be respected, and intern nurses who were able to meet their patients' privacy requirements placed more importance on the issue of privacy. Unlike our result, in a study, the perception of privacy of those who did not experience hospitalization was higher.²⁸ In particular, it is believed the experience of being in a position of receiving care in a hospital raises the awareness of individuals about privacy needs and helps them to develop sensitivity in this respect. Learning through personal experience can influence an individual to be more careful about another individual's privacy. Another study reports that students believed that learning to protect PP helped them to develop professionally, comply with patient rights and also increased patients' satisfaction with the care they were provided.¹²

In any case, what must be kept in mind is that each case is unique and characterized with individual social and cultural need. How individuals experience privacy and what they consider a breach of their privacy is influenced by their cultural backgrounds and demographic and ethnic roots. It should not be forgotten that the importance placed on privacy and the the impact of privacy on individual lives can vary varies according to culture.

Conclusion

It was determined that the intern nurses gave high importance to protect and maintain PP. The results showed that female intern nurses, interns who had experienced hospitalization, those who had adequate knowledge about privacy, those who believed in the necessity of detailed training in this context, and those who were able to meet the privacy needs of their patients placed more importance on the issue of privacy.

However limited our results may have been, they provide a glimpse into the knowledge levels and approaches of intern nurses in Turkey concerning privacy. It might be useful to compare these findings with the outcomes of similar studies with students in the national and international arena.

The importance the next generation of nurse's place on privacy will have an impact not only on their approaches to this issue but also on the care they provide to their patients. Although the importance given to protect and maintain PP was to be high, it would also be recommended that an investigation be made as to whether this result is actually reflected in healthcare practices. There is a need for studies that probe into how important intern nurses consider the matter of PP. The role of education is vital in increasing student awareness about privacy. Training programs should therefore be organized to call attention to this subject.

Ethics Committee Approval: Ethical approval was obtained from the Ege University Scientific Research Publication Ethics Committee for the conduct of this study (Approval No: 20478486-380).

Informed Consent: Before the data of the study were collected, the participants were informed about the research, and written and verbal consent was obtained from those who agreed to participate.

Peer-review: Externally peer-reviewed.

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