Original Article Health, Spirituality and Medical Ethics. 2020;7(4):33-40

Relationship between Spiritual Attitude and Protecting Patient Privacy in Nursing Students in Khoy

Received 08 Feb 2020; Accepted 31 Oct 2020
http://dx.doi.org/10.29252/jhsme.7.4.33

Shahriar Sakhaei[1], Hossein Motaarefi[1], Esmayil Zeynali[2], Mostafa Momeni[3], Hassan Ebrahimpour Sadagheyani[4*]

1 Department of Nursing, Khoy University of Medical Sciences, Khoy, Iran.
2 Department of Islamic Teachings, Khoy University of Medical Sciences, Khoy, Iran.
3 Department of Islamic Teachings, Neyshabur University of Medical Sciences, Neyshabur, Iran.
4 Department of Health Information Technology, Neyshabur University of Medical sciences, Neyshabur, Iran

Abstract

Background and Objectives: Protection of patient privacy consider as one of the fundamental requirements in professional morality, maintenance of individual dignity, and Patient-centered in the spiritual care system of nurses. This study aimed to explore the relationship between spiritual attitude and Protection of patient privacy in students at Khoy university of medical sciences in 2018.

Methods: The present study was an analytical cross-sectional type in which 196 Khoy nursing students were selected. To collect data, two questionnaires of spiritual attitude and patient privacy were applied. Data were analyzed by SPSS V22 software, independent T-test, and Pearson correlation coefficient.

Results: The spiritual attitude of most students was positive with 81.6% and the tendency to the protection of patient privacy was desirable with positive. Most agrees concerning privacy respectively related to protective measures and consideration of individual hygiene in the prevention of nosocomial infections (72.4%), the requirement of screen application at the time of caring (65.3%), and appropriate coverage of patient to prevent unnecessary exposure (62.2%). There was a positive and significant relationship between the spiritual attitude and necessity of privacy protection (p=0.045, r=0.203).

Conclusion: All humans have a spiritual orientation potential that with the support of reasoning and learning is amendable. Activities including respecting, privacy-protecting, and listening to patients were considered as spiritual care principles. It is necessary, nursing faculty members strengthen the spiritual attitude and observance of these principles in nursing students by using practical and role-playing teaching methods.

Keywords: Attitude, Nursing Students, Patient Data, Privacy, Spirituality.

***Correspondence:** Should be addressed to Dr. Hassan Ebrahimpour Sadagheyani.
Email: Ebrahimpourh@nums.ac.ir

Please Cite This Article As: Sakhaei S, Motaarefi H, Zeynali E, Momeni M, Ebrahimpour Sadagheyani H. Relationship between Spiritual Attitude and Protecting Patient Privacy in Nursing Students in Khoy. Health Spiritual Med Ethics. 2020;7(4):33-40.

Introduction

One of the main aspects of a healthy life is the fulfillment of spiritual needs that results in the establishment of an integrated personality (1, 2). Spirituality is acknowledged as a fundamental element of clinical care, and nursing students are greatly interested in spiritual care to provide welfare and mental need of patients (3, 4). Spirituality is defined as having supreme human values, such as faith in God, respecting others, piety, service, optimism, and honesty (5, 6). Nurses can be easily approved in the personal territory of patients at the time of disease.Therefore, they are held responsible for considering spiritual issues, and there is a growing tendency to value spirituality and spiritual issues (7-9).

Spirituality is derived from the Latin word

"spiritual" defined as a method of life with the cognition of immaterial dimension and values referring to others, itself, nature, and life (10).

It is one of the human dimensions that generate the sense of being alive with such qualities as nature, holy subjective experiences, and finding meaning for existence (11, 12). Abraham Maslow believed that 'spirituality' is a general responsibility that is assigned to all human beings. Furthermore, he thought that spiritual experience leads us from conventional wisdom to the realm of existence and provides us with the meaningfulness of noble values, such as truth, beauty, art, and love (13).

All human beings are endowed with potential spiritual tendencies which are specific to each person, highlighting human superiority over other creatures, and the existence of spiritual tendencies refers to reasoning potential in human. Spiritual tendencies with reasoning result in creating spiritual capabilities in humans (14). The people with higher levels of intellectual foundation in human attitudes are more involved in process of spiritual growth. Following the process of spiritual growth, as well as having faith in God and his presence in life, strongly affects personal attitude, self-relationship, and relationship with others. Moreover, it helps human beings find a purpose in life; therefore, it is the best way to obtain spiritual capability and healthy spiritual attitudes (15, 16). Attitude consists of three dimensions, namely cognitive, emotional, and behavioral (17).

Spiritual care of patients is recognized as a multi-dimensional concept, including issues related to activities in such fields as respecting, maintaining patient privacy, listening carefully, and raising patients' awareness of the disease process (8, 18). Based on related studies, hope and spiritual health were meaningful aspects in life that assisted individuals in adapting to disease, reduced their mental tension, and promoted their life quality and mental-social health (11, 19). In this regard, a study showed that nursing students had a high level of spiritual health, and fourth-year students placed more emphasis on supporting the patient's spiritual beliefs, compared to other students (20). In nursing, the spiritual dimensions of individuals are placed in the framework of care, and considering the variable of spirituality is necessary for principled care and having a comprehensive outlook. To provide spiritual care, nurses should extend their knowledge and understanding of spirituality and incorporate spirituality in their nursing care (21). Privacy protection is regarded as a fundamental need of human beings, a critical concept in nursing, as well as a necessary factor in creating patience-centeredness, individualism, and ethical healthcare (1, 22). The concept of personal privacy is derived from the Latin word 'Privatus' defined as deprivation (23). Respect for personal privacy dignifies patients and instills trust so that a safe environment leads patients to physical and mental health and accelerates their treatment and discharge at the earliest possible time (24). Considering personal privacy puts emphasis on the establishment of an effective relationship between the medical team and the patient, as well as the maintenance of patient peace and satisfaction. Despite the critical importance of this issue, when people are admitted to hospitals, their privacy is usually violated during hospitalization by the medical team due to various reasons (25). In a study conducted by Woogara, one-fourth of the admitted patients in the hospital stated that their privacy was not respected during the hospitalization period (26). The concept of patient privacy involves physical, physic, social, and informational dimensions, and its physical dimension has been already considered. In various examinations, cases, such as entering patients' rooms without permission, exposure of body parts, unawareness of disease, insufficient data about the therapy process, and irresponsiveness have been regarded as breaches of patient rights. Nowadays, increased technology and application of patient data in performing research have highlighted the necessity of respecting the personal privacy protection. The breach of patient privacy not only can impose irreparable damage to the patients but also affects the whole healthcare system (27). The violation of patient privacy leads to serious consequences, such as concealing disease background, preventing physical test, increasing anxiety and

stress, the arousal of aggression and violent behavior, and lack of trust in the medical team-patient relationship (28), which in turn, causes a reduction in care quality and dissatisfaction.

Protection of personal privacy which is a fundamental value deeply rooted in the traditions and history of the nursing profession is regarded as the central conception of nursing care. Moreover, previously conducted studies indicated that the realization of patient privacy protection is related to spiritual capability and culture of nursing (29). In their study, Kuzu et al. showed that patients' privacy was observed in 86.1% of the cases (30). Protection of patient privacy can be considered one of the basic ethical requirements of maintaining individual dignity and patient-centeredness in the spiritual care system of nursing and during hospitalization. Protection of patient privacy can be accounted as one of basic moral requirement, protection of individual dignity and patient-centeredness in spiritual care system of nursing and during hospitalization, nursing students are accepted to facilitate improvement to more extent in the personal realm, but consideration of limitation will be influential in making effective relations, maintaining peace, improving care quality and satisfying patients. There have been different influential cultural, personal, and social factors in considering patient privacy which needed strengthening to modify attitude and notify timely. Furthermore, spiritual attitude, as personal, innate impressions, and holy mental experience directs all life aspects of humans in considering norms specifically respecting personal privacy. Nursing care involves spiritual nature intrinsically and it requires that nursing students take into account a deep understanding of spiritual beliefs and values to provide the basic needs of patients concerning realm limitation. Therefore, this study aimed to determine the relationship between spiritual attitude and tendency to the protection of patient privacy from perspectives of Khoy nursing students.

Methods

The present cross-sectional study was conducted in 2018. The study population included all students of Khoy university of Medical Sciences (n=220), among whom 196 subjects completed the questionnaire. Data collection tools included two questionnaires of spiritual attitude and privacy protection. The spiritual attitude questionnaire (43 items) was designed on the 5-point Likert scale (‘I strongly agree’ to ‘I strongly disagree’). The scores were within the range of 43-215 rated as negative=<100, indifferent=101157, and positive=>158. The reliability and validity of the spiritual attitude questionnaire have been confirmed with the Alpha coefficient of 91.0 in the previous study conducted by library search and referring to different sources (31).

The privacy protection questionnaire (31 items) was rated on a 5-point Likert scale with the scores ranging from 31-155 (undesirable=>100, rather undesirable=74-115, and desirable=>115). The content validity of the questionnaire was approved by eight faculty members of Khoy University of Medical Science, and reliability of this scale was obtained 0.79 at based on a primary study on 20 students and calculating the Cronbach alpha coefficient. Data were analyzed in SPSS V22 using descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (independent T-Test and Pearson correlation Coefficient) at a significant level of 0.05.

The essential permissions were obtained from the Research Council of Khoy University of Medical Science. At the commencement of the study, informed consent was obtained from all subjects; moreover, they were provided with the objectives of the research and were assured of the confidentiality of their responses.

Result

Out of 196 participants, 116(59.2%) cases were male, and 80(40.8%) subjects were female. The majority of cases (75%) were third semester students and city dwellers (88.3%) with a mean age of 21.59±2.9 years and a grade point average of 14.9±1.3 (Table 1).

The spiritual attitude of students was positive (83.7%); moreover, the tendency to respect patient privacy was desirable (83.7%) (Table 2).

Table 1. Participants' Demographic Characteristics

Variables		Frequency (%)
Sex	Male	116(59.2)
	Female	80(40.8)
Residence	Urban	173(88.3)
	Rural	23(11.7)
Age	Male	22.31±3.4
	Female	20.55±1.5
Grade Point Average	Male	14.44±1.1
	Female	15.79±1.4

Based on the findings, the highly desirable spiritual attitude of nursing students resulted in more respect for the personal privacy of patients, and there was a direct statistically significant relationship between spiritual attitudes and a tendency to observe patient privacy (P=0.045, r=0.203). Furthermore, in statistical analysis, a significant relationship was detected between a tendency toward privacy protection and gender (P=0.031), as well as the spiritual attitude and tendency toward privacy protection with the place of residence (P=0.001). There were no significant differences in other cases (Table 3).

The most frequently observed "strongly agree" was related to protective measures and consideration of individual hygiene in the prevention of nosocomial infections (72.4%), the screening requirement during care (65.3%), and appropriate coverage of patient to prevent unnecessary exposure (62.2%), respectively. The least frequency referred to the possibility of the presence of a family member (20.4%), giving personal satisfaction for releasing (26.5%), providing patients with information, and participating in decision making (28.6%) (Table 4).

Table 2. Absolute and relative frequency distribution of spiritual attitude and Patient Privacy

Spiritual Attitude Scores						Patient Privacy Scores					
Less than 100 (negative)		101-157 (indifferent)		More than 158 (positive)		Less than 73 (undesirable)		74-115 (rather undesirable)		More than 115 (desirable)	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0(0.0)	0 (0.0)	20 (10.2)	12 (6.1)	96 (49.0)	68 (34.7)	12 (6.1)	0 (0.0)	16 (8.2)	4 (2.0)	88 (28.6)	108 (55.1)
0(0.0)		32 (16.3)		164 (83.7)		12 (6.1)		20 (10.2)		164 (83.7)	

Table 3. Statistical Relations and Analytic Tests Between Variables

Variables			Mean ± SD	P-Value	t	df
Gender	Tendency toward privacy protection	Male	123.29±28.55	0.031	-2.190	96
		Female	133.90±13.22			
	Spiritual Attitude	Male	171.91±16.71	0.651	-0.453	96
		Female	173.40±14.75			
Place of residence	Tendency toward privacy protection	urban	126.17±24.84	0.001	-4.060	41.30
		Rural	140.40±7.26			
	Spiritual Attitude	urban	171.61±16.41	0.002	-1.693	96
		Rural	180.50±6.15			
Spiritual attitude Score			16.04±1.5	0.045	r=0.203*	
Patient privacy Score			16.3±3.1			

*Correlation is significant at the level of 0.05 (2-tailed).

Tabel 4. Absolute and relative distribution of the dimensions of the patient's privacy from the perspective of nursing students

No.	Items	Strongly agree n (%)	Agree n (%)	Agree to some extent n (%)	Disagree n (%)	Strongly disagree n (%)
1	To get permission to enter patients' room	72(36.7)	80(40.8)	28(14.3)	0(0.0)	16(8.2)
2	Familiarizing the patient with the unfamiliar environment of the ward	68(34.7)	88(44.9)	24(12.2)	4(2.0)	12(6.1)
3	Introducing the patient to the members of the care team in the ward	92(46.9)	52(26.5)	20(10.2)	16(8.2)	16(8.2)
4	Allowing the patient to choose a therapist	68(34.7)	76(38.8)	32(16.3)	12(6.1)	8(4.1)
5	Providing facilities for the worship and prayer of the patient	108(55.1)	56(28.6)	16(8.2)	12(6.1)	4(2.0)
6	Performing a physical examination when necessary	80(40.8)	80(40.8)	24(12.2)	12(6.1)	0(0.0)
7	Introducing yourself to the patient	76(38.8)	80(40.8)	24(12.2)	12(6.1)	4(2.0)
8	Before doing anything, the goal should be explained to the patient	104(53.1)	60(30.6)	16(8.2)	4(2.0)	12(6.1)

Table 4. Continued

9	Greeting the patient	116(59.2)	44(22.4)	16(8.2)	4(2.0)	16(8.2)
10	Calling the patient by first and last name	88(44.9)	60(30.6)	40(20.4)	4(2.0)	4(2.0)
11	Respectful talking	116(59.2)	52(26.5)	16(8.2)	0(0.0)	12(6.1)
12	Timely response to patients' questions	76(38.8)	84(42.9)	20(10.2)	4(2.0)	12(6.1)
13	Possibility to use mobile and telephone in the hospital	72(36.7)	88(44.9)	16(8.2)	12(6.1)	8(4.1)
14	Possibility of relation with a family member	40(20.4)	112(57.1)	32(16.3)	8(4.1)	4(2.0)
15	Observing same-sex care	80(40.8)	76(38.8)	24(12.2)	4(2.0)	12(6.1)
16	Confidentiality	108(55.1)	60(30.6)	20(10.2)	4(2.0)	4(2.0)
17	Respecting the patient's culture, values, and beliefs	116(59.2)	52(26.5)	16(8.2)	8(4.1)	4(2.0)
18	Providing patients with information and participating in decision making	56(28.6)	100(51.0)	20(10.2)	16(8.2)	4(2.0)
19	Giving personal satisfaction for releasing	52(26.5)	88(44.9)	40(20.4)	8(4.1)	8(4.1)
20	Getting informed consent from the patient on admission	100(51.0)	64(32.7)	16(8.2)	0(0.0)	16(8.2)
21	Informing the patient about the stages of diagnosis, treatment, and progression of the disease	68(34.7)	72(36.7)	32(16.3)	16(8.2)	8(4.1)
22	Avoiding unnecessary personal questions	100(51.0)	40(20.4)	32(16.3)	12(6.1)	12(6.1)
23	Maintaining personal distance during the interview	80(40.8)	72(36.7)	28(14.3)	12(6.1)	4(2.0)
24	Appropriate coverage of patient to prevent unnecessary exposure	122(62.2)	36(18.4)	14(7.1)	16(8.2)	8(4.1)
25	Observance of moral considerations in physical examination	112(57.1)	48(24.5)	20(10.2)	16(8.2)	0(0.0)
26	Screening requirement for care	128(65.3)	36(18.4)	12(6.1)	4(2.0)	16(8.2)
27	Putting the patient in a suitable room	92(46.9)	68(34.7)	16(8.2)	16(8.2)	4(2.0)
28	Unusual cover of the treatment staff during patient care	84(42.9)	32(16.3)	24(12.2)	12(6.1)	44(22.4)
29	Access to care team members	64(32.7)	92(46.9)	24(12.2)	8(4.1)	8(4.1)
30	Observing silence	100(51.0)	68(34.7)	12(6.1)	8(4.1)	8(4.1)
31	Protective measures and consideration of individual hygiene in the prevention of nosocomial infections	142(72.4)	42(21.4)	0(0.0)	4(2.0)	8(4.1)

Discussion

As evidenced by the obtained results, the majority of students (83.7%) had a positive spiritual attitude which was indicative of the critical importance nursing student attached to spirituality as the fourth dimension of health. Moreover, they had a great tendency to respect the personal privacy of patients, and this inclination was affected by family nature, cultural factors, and training on basic lessons of ethics, as well as nursing methods. In a study carried out by Shahr Abadi et al., 56% of nursing students and 51.8% of medical students in the final term of Iran University of Medical Science had a positive attitude toward the spiritual care of patients (32). In line with the results of the current research, in a study conducted by Fatemi et al., nurses' attitudes toward providing spiritual care in the selected hospitals of Ardebil Medical University were positive and high (33). The results of the mentioned study demonstrated that most of the nurses 83.7% respected patient privacy. Along the same lines, Karimi et al. compared nurses' understanding and hospitalized teenagers' perceptions of the importance of patient privacy. They reported that nurses valued patient privacy more than hospitalized teenagers (34).

In the same vein, in their study in turkey, CKuzu et al. indicated that the right of personal privacy of patients was observed in 68.1% of cases, and the most frequently observed dimensions of privacy protection were related to protective measures and consideration of individual hygiene (72.4%), screening requirements of care (65.3%), and appropriate coverage of patient to prevent unnecessary exposure (62.2%) (30). In partial agreement with the present study, in another study conducted by Aghajani et al., the fulfillment of patient needs and a neat environment in some dimensions were highly critical from teenagers' perspective (1). Previous studies in the field of respecting personal privacy reported the most frequently observed cases of patient privacy breaches, such as sitting on the patient bed without permission, exposure of some body parts, excessive noise, lack of control over personal space boundaries, irresponsiveness to patient questions, and unawareness of disease (25, 26, 35). In a study performed by Lin et al. in

Taiwan, patient privacy breach occurred due to high working volume, lack of employed persons, congested areas, and inappropriate physical space (22).

Aghajani and Dehghanniri indicated that unnecessary touching in half of the patients and sitting on the patient bed without permission occurred in 13% of cases. There were significant differences in the relationship between gender and privacy protection, as well as the association of respecting patient privacy with the place of residence and spiritual attitude. In the mentioned study, no significant relationship was observed between gender and respecting patient privacy; nonetheless, there was a significant relationship between age and privacy protection (1). These findings were incongruent with our results and showed that attitudes of nursing students in Khoy significantly differed according to the place of residence and gender in terms of respecting patient privacy and attitude toward spiritual issues. Based on the correlation between spiritual attitude and personal privacy protection, a positive spiritual attitude was highly influential on respecting patient privacy.

Based on the results of the study and the correlation between spiritual attitude and patient privacy, raising nursing students' spiritual awareness can exert positive effects on clinical care and quality of treatment, which in turn, leads to increased patient satisfaction and professional competence in nurses.

Conclusion

All humans have a spiritual orientation potential that with the support of reasoning and learning is amendable. In spiritual care, activities such as respecting, protecting patient privacy, listening carefully to patients, and helping to disease process are fundamental concepts. According to the results of the study and the direct correlation between spiritual attitude and respect for patients 'privacy, a positive attitude in nursing students improve spiritual capability in terms of respect to the patient realm and privacy protection. Since spiritual attitude and a tendency toward patient privacy protection are factors that require studies in various fields and each kind of activity for need assessment, notices, and interventions can assist students to present spiritual care relied on respecting humanity and morally right. It is necessary, nursing faculty members strengthen the spiritual attitude in nursing students by using practical and role-playing teaching methods.

Conflict of interest

The authors declare that they have no conflict of interests.

Acknowledgements

The Student Research Committee of Khoy University of Medical Sciences approved this study with code 99000040. The authors wish to thank Khoy University of Medical Sciences for their support to do and complete this research. Also, we appreciate all students who helped us with this research.

Funding

This research received no financial help from any funding agency.

References

1. Aghajani M, Dehghannayeri N. The rate of observe" various dimensions of Patients Privacy" by treatment team. Iran J Med Ethics Hist Med 2009;2(1):59-70. Link
2. Marandi A, Azizi F. The position, based on the difficulties of defining and spiritual health of the population–Islam. J Med Ethics 2010;4(14):11-21. Link
3. Lemmer C. Teaching the spiritual dimension of nursing care: a survey of US baccalaureate nursing programs. J Nurs Educ 2002;41(11):482-90. PMID: 12437053
4. Wittenberg-Lyles E, Goldsmith J, Ferrell B. Oncology nurse communication barriers to patient-centered care. Clin J Oncol Nurs 2013;17(2):152-8. PMID: 23538250
5. HasanPour-Dehkordi A, Fatehi D. Analgesic plus prayer versus analgesic alone. Effect of prayer on intensity of postoperative pain, anxiety and physiological indices in surgical patients. A randomized clinical trial. Heroin Addic Relat Clin Problems 2016;18(6):13-20. Link
6. Naghavi A, Asaadi MM, Mirghafuri H. Investigation and Identification of the Factors affecting organizational spirituality in Yazd's Shahid Sadoghi hospital: an Islamic approach. Med Ethics 2015;8(30):157-84. Link
7. American Nurses Association. Code of ethics for nurses with interpretive statements. Maryland: Nursesbooks; 2001. Link
8. McSherry W, Draper P, Kendrick D. The construct validity of a rating scale designed to assess spirituality and spiritual care. Int J Nurs Stud 2002;39(7):723-34. PMID: 12231029
9. Soleimani F, Motaarefi H, Hasanpour-Dehkordi A. Effect of sleep hygiene education on sleep quality in hemodialysis patients. J Clin Diagn Res 2016;10(12):CD01-4. PMID: 28208884
10. Vlasblom JP, van der Steen JT, Knol DL, Jochemsen H. Effects of a spiritual care training for nurses. Nurse Educ Today 2011;31(8):790-6. PMID: 21146259

11.Abolghasemi Mahani S. Spirituality in nursing care and its application in hospitalized patients. Med Ethics J 2016; 2(6):121-53. Link
12.Snell ME, Brown FE. Instruction of students with severe disabilities: pearson new international edition. New York: Pearson Higher Ed; 2014. Link
13.Range LM, Rotherham AL. Moral distress among nursing and non-nursing students. Nurs Ethics 2010;17(2):225-32. PMID: 20185446
14.Hardy A. The spiritual nature of man: a study of contemporary religious experience. Oxford: Oxford University Press; 1981. Link
15.Mayer JD. Spiritual intelligence or spiritual consciousness? Int J Psychol Relig 2000;10(1):47-56. Link
16.Motaarefi H, Mahmoudi H, Mohammadi E, Hasanpour-Dehkordi A. factors associated with needlestick injuries in health care occupations: a systematic review. J Clin Diagn Res 2016;10(8):IE01-4. PMID: 27656466
17.Tiew LH, Creedy DK, Chan MF. Student nurses' perspectives of spirituality and spiritual care. Nurse Educ Today 2013;33(6):574-9. PMID: 22789873
18.Giske T. How undergraduate nursing students learn to care for patients spiritually in clinical studies--a review of literature. J Nurs Manag 2012;20(8):1049-57. PMID: 23151107
19.Lucchetti G, Lucchetti ALG, Puchalski CM. Spirituality in medical education: global reality? J Relig Health 2012; 51(1):3-19. PMID: 22130583
20.Pesut B. The development of nursing students' spirituality and spiritual care-giving. Nurse Educ Today 2002;22(2): 128-35. PMID: 11884193
21.Newman MA, Sime AM, Corcoran-Perry SA. The focus of the discipline of nursing. ANS Adv Nurs Sci 1991;14(1):1-6. PMID: 1819254
22.Lin YP, Tsai YF. Maintaining patients' dignity during clinical care: a qualitative interview study. J Adv Nurs 2011;67(2):340-8. PMID: 21044135
23.Hydari MR, Anushe N, Azad T, Mohamadi E. The process of patient privacy: foundations of a theory of data. J Shahid Sadoughi Univ Med Sci 2011;19(5):644-54. Link
24.Ghasemi M, Behnam H. The study of respect status for patient's rights in hospitals territory based on Patients point view in hospitals of Sabzevar. J Sabzevar Univ Med Sci 1998;5(3):20-9. Link
25.Bäck E, Wikblad K. Privacy in hospital. J Adv Nurs 1998;27(5):940-5. PMID: 9637320
26.Woogara J. Patients' rights to privacy and dignity in the NHS. Nurs Stand 2005;19(18):33-7. PMID: 15683053
27.Barlas D, Sama AE, Lesser ML. Is there a gender difference in patients' perceptions of privacy in the emergency department? Acad Emerg Med 1999;6(5):546. Link
28.Lillis C, LeMone P, LeBon M, Lynn P. Study guide for fundamentals of nursing: the art and science of nursing care. Philadelphia: Lippincott Williams & Wilkins; 2010. Link
29.Lin YK, Lin CJ. Factors predicting patients' perception of privacy and satisfaction for emergency care. Emerg Med J 2011;28(7):604-8. PMID: 20660898
30.Kuzu N, Ergin A, Zencir M. Patients' awareness of their rights in a developing country. Public Health 2006; 120(4):290-6. PMID: 16476454
31.van Leeuwen R, Tiesinga LJ, Middel B, Post D, Jochemsen H. The validity and reliability of an instrument to assess nursing competencies in spiritual care. J Clin Nurs 2009;18(20):2857-69. PMID: 19220618
32.Shahrabadi R, Masroor D, Hadjizadeh S, Hosseini F. Comparison of the attitudes of the last-year nursing and medical students about spiritual care. Iran J Cardiovasc Nurs 2012;1(1):30-4. Link
33.Fatemi M, Nazari R, SafaviM NM. SvadpvrM. Relationship between spirituality and nurses on patient satisfaction with nursing care. J Med Ethics 2011;5(17):140-59. Link
34.Karimi R, Nayeri N, Daneshvari Z, Mehran A, Sadeghi T. Comparison of nurses and adolescents understand the importance of patient privacy and patient compliance. J Hayat 2009;15(1):21-30. Link
35.Mehrdad N, Parsa Yekta Z, Jolaee S. Patients' privacy: a literature review. J Hayat 2005;10(4):87-95. Link

مقاله پژوهشی

ارتباط نگرش معنوی و گرایش به حفظ حریم خصوصی بیماران در دانشجویان پرستاری دانشکده علوم پزشکی خوی

تاریخ ارسال: ۱۳۹۸/۱۱/۱۳؛ تاریخ پذیرش: ۱۳۹۹/۰۸/۱۰

شهریار سخائی[۱]، حسین متعارفی[۱]، اسماعیل زینالی[۲]، مصطفی مؤمنی[۳]، حسن ابراهیم پورصدقیانی[۴]*

[۱] گروه پرستاری، دانشکده علوم پزشکی خوی، خوی، ایران.

[۲] گروه علوم معارف اسلامی، دانشکده علوم پزشکی خوی، خوی، ایران.

[۳] گروه علوم معارف اسلامی، دانشکده علوم پزشکی نیشابور، نیشابور، ایران.

[۴] گروه فناوری اطلاعات سلامت، دانشکده علوم پزشکی نیشابور، نیشابور، ایران.

چکیده

سابقه و هدف: حفظ حریم بیمار یکی از ملزومات اساسی اخلاق حرفه‌ای و حفظ شأن فردی در سیستم مراقبت معنوی پرستاری است. در این ارتباط، مطالعه حاضر با هدف تعیین رابطه بین نگرش معنوی با گرایش به حفظ موازین حریم بیماران از دیدگاه دانشجویان پرستاری خوی در سال ۲۰۱۸ انجام شد.

روش کار: در پژوهش تحلیلی- مقطعی حاضر ۱۹۶ نفر از دانشجویان پرستاری خوی به صورت در دسترس انتخاب شدند. برای گردآوری داده‌ها از دو پرسشنامه نگرش معنوی و محدوده حریم بیماران استفاده گردید. داده‌ها با استفاده از نرم‌افزار SPSS 22، آزمون t مستقل و ضریب همبستگی Pearson مورد تجزیه و تحلیل قرار گرفتند.

یافته‌ها: نگرش معنوی اکثر دانشجویان (۸۱/۶ درصد) مثبت و گرایش به مراعات حریم بیمار، مثبت و مطلوب بود. بیشترین نظر موافق در زمینه مراعات حریم به ترتیب مربوط به اقدامات حفاظتی و رعایت بهداشت فردی در پیشگیری از ابتلا به عفونت بیمارستانی (۷۲/۴ درصد)، لزوم استفاده از پاراوان در هنگام مراقبت (۶۵/۳ درصد) و پوشش مناسب بیمار جهت جلوگیری از در معرض دید قرار گرفتن غیر ضروری (۶۲/۲ درصد) بود. شایان ذکر است که بین نمره نگرش معنوی و لزوم حفظ حریم، همبستگی مستقیم و معناداری وجود داشت (r=۰/۲۰۳، P=۰/۰۴۵).

نتیجه‌گیری: همه انسان‌ها دارای ظرفیت معنوی بالقوه‌ای هستند. با پشتوانه تعقل و یادگیری، نگرش معنوی قابل تقویت می‌باشد. از آنجایی که در امر مراقبت، فعالیت‌هایی نظیر احترام گذاشتن، حفظ حریم، گوش دادن به بیمار و کمک به آگاهی از روند بیماری از اصول اساسی محسوب می‌شوند، لازم است اعضای هیأت علمی پرستاری با استفاده از روش‌های عملی و نقش‌آفرینی، نگرش معنوی و رعایت این اصول را در دانشجویان پرستاری تقویت کنند.

واژگان کلیدی: حریم خصوصی، داده‌های بیمار، دانشجویان پرستاری، معنویت، نگرش.

* **نویسنده مسئول:** حسن ابراهیم پورصدقیانی. ایمیل: Ebrahimpourh@nums.ac.ir