ORİJİNAL ARAŞTIRMA ORIGINAL RESEARCH

DOI: 10.5336/nurses.2020-78242

Privacy Awareness of Nursing Students

Hemşirelik Bölümünde Öğrenim Gören Öğrencilerin Mahremiyet Bilinci

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ABSTRACT Objective: This study was conducted in a descriptive design type to determine the privacy awareness of nursing students and associated factors. **Material and Methods:** The sample of this descriptive study consisted of 490 nursing students studying in Gümüşhane University Health Sciences Faculty Nursing Department and Recep Tayyip Erdogan University Health Sciences Faculty Nursing Department. The data were collected with the questionnaire developed by the researchers and the Patient Privacy Scale. To evaluate the data, continuous variables were expressed as mean, standard deviation, median (25^{th}-75^{th} percentile), and categorical variables as numbers (percent). A comparison of variables that did not show normal distribution between groups was evaluated by the Mann-Whitney U test, Kruskal-Wallis, Post-Hoc Tukey test and the relationship between numerical variables was evaluated by Spearman correlation analysis. **Results:** The study revealed that gender, place of residence, and education on privacy were the factors affecting privacy awareness. The reasons for the violation of privacy were determined as "careless work of nurses", "heavy workload of nurses", "environmental deficiencies", and "emergencies". The privacy scale scores of the students who chose 'emergencies' as the factor causing privacy violation were found significantly high in the confidentiality of private life (p=0.021), sexual privacy (p=0.014), physical privacy (p=0.039), ensuring a favorable environment (p=0.014), and privacy scale scores (p=0.007). **Conclusion:** It was found that the students had high scores on privacy, and patient privacy was affected by the students' level of knowledge about gender, privacy, and place of residence. We suggest that training for privacy practices should be repeated at regular intervals when students start the profession.

Keywords: Nursing students; patient care; privacy

ÖZET Amaç: Bu çalışma, hemşirelik bölümünde öğrenim gören öğrencilerin mahremiyet bilincini ve bununla ilişkili faktörleri belirlemek amacıyla tanımlayıcı tipte yapılmıştır. **Gereç ve Yöntemler:** Tanımlayıcı türdeki araştırmanın örneklemini Gümüşhane Üniversitesi Sağlık Bilimleri Fakültesi Hemşirelik Bölümü ve Recep Tayyip Erdoğan Üniversitesi Sağlık Bilimleri Fakültesi Hemşirelik Bölümünde öğrenim gören 490 öğrenci oluşturdu. Veriler araştırmacılar tarafından geliştirilen soru formu ve Hasta Mahremiyet Ölçeği ile toplandı. Araştırmadan elde edilen verilerin değerlendirilmesinde, sürekli değişkenler ortalama, standart sapma, medyan (25-75. persentil), kategorik değişkenler ise sayı (yüzde) olarak ifade edildi. Gruplar arasında normal dağılım göstermeyen değişkenlerin karşılaştırılması Mann-Whitney U testi, Kruskal-Wallis test, "post-hoc" Tukey testi ve sayısal değişkenler arasındaki ilişki ise Spearman korelasyon analizi ile değerlendirildi. **Bulgular:** Cinsiyet, yaşanılan yer ve mahremiyet ile ilgili eğitim alma durumu mahremiyet bilincini etkileyen faktörler olduğu görüldü. Mahremiyet ihlalinin nedeni "hemşirelerin dikkatsiz çalışması", "hemşirelerin iş yükünün fazla olması", "ortamdan kaynaklanan eksiklikler" ve "acil durumların olması" olarak belirlendi. Mahremiyet ihlaline neden olan faktörlerden "acil durumların olmasını" belirten öğrencilerin özel hayatın gizliliği (p=0,021), cinsiyete ilişkin mahremiyet (p=0,014), bedensel mahremiyet (p=0,039), uygun ortam oluşturma (p=0,014) ve mahremiyet ölçeği puanlarının (p=0,007) anlamlı olarak yüksek olduğu saptandı. **Sonuç:** Araştırma sonucunda, öğrencilerin mahremiyete yönelik puanlarının yüksek olduğu, hasta mahremiyetinin cinsiyet, yaşanılan yer ve öğrencilerin hasta mahremiyeti hakkındaki bilgi düzeyinden etkilendiği görülmüştür. Meslek hayatına geçildiğinde mahremiyet uygulamalarına yönelik eğitimlerin aralıklı olarak tekrarlanması gerektiğini önermekteyiz.

Anahtar Kelimeler: Hemşirelik öğrencileri; hasta bakımı; mahremiyet

Nursing is a professional health discipline based on ethical principles and values by addressing science and art together. Nurses have ethical and legal responsibilities in protecting the privacy of individuals whom they provide care and treatment.[1] The concept of privacy is a fundamental human right as a primary

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Peer review under responsibility of Turkiye Klinikleri Journal of Nursing Sciences.

Received: 24 Jul 2020 ***Received in revised form:*** 16 Nov 2020 ***Accepted:*** 18 Nov 2020 ***Available online:*** 12 Feb 2021

value in the provision of healthcare.[2] Rapid changes in health technology require an individual to be more sensitive about their privacy.[3] The concept of privacy, which is defined as a right to be protected, immunity, private life, and a personal property, is described as one of the basic needs of people in every environment where people exist.[4,5] The right to privacy was first introduced by Warren and Brandie in 1890, and it is defined as the right of the individual to decide on sharing his/her thoughts and feelings with others, as well as ensuring his/her legal security in the society.[6] The Turkish Language Association defines privacy as confidentiality.[7] The Patient Rights Regulation describes privacy as making confidential medical evaluations about the patient's health status, allowing relatives to be present during the treatment, and not allowing those who are not directly involved during treatment.[8]

The basis of nursing "care" depends on the interaction between the patient and the nurse and the care process. Care is the nursing practices that require meeting the unfulfilled needs of the individual, informing them about the procedures, supporting the individual to deal with their problems, and most importantly, paying attention to privacy while performing them.[9] Combining the sensory and moral aspects of care with professional knowledge and skills, and reflecting it on the nurse-patient relationship in line with ethical principles and values is among the features that make the nursing care privileged. Otherwise, care provided based on only intuition, a conscientious sense, compassion, and goodwill cannot meet the needs of individuals sufficiently and may also harm the care receiver. Medical mistakes due to carelessness, neglect, lack of knowledge and skills, lack of respect for privacy, and ethical principles and values can threaten the lives of individuals and have very serious consequences. This is against ethical principles, human and patient rights, and poses a threat to the quality of care and patient safety.[10]

It is highlighted that privacy education or privacy-related course programs taken during nursing education have significant effects on the privacy perceptions of nurses and nursing students.[11,12] It is also reported that nurses who attend any course, seminar, or meeting on patient rights and/or patient privacy have a higher privacy perception.[13] A study conducted with nurses and midwives, demonstrated that as their education level increased, their privacy awareness increased.[13] In a randomized controlled study examining the effects of training booklet and group discussion methods on nursing students' attitudes and practices towards patient privacy, it was found that the application of the educational booklet did not affect the practices of the students regarding patient privacy, but the practice scores of the students who were involved in group discussion method on patient privacy increased significantly.[14]

Literature reviews have shown that there are very few studies on privacy awareness, and current studies generally focus on personal information and the physical dimension of privacy.[11-14] Further studies investigating the concept of privacy are required, especially for nursing students who are nursing candidates. Based on this need, this study was conducted to determine the privacy awareness of students studying in the nursing department and associated factors.

MATERIAL AND METHODS

TYPE OF RESEARCH

This research was conducted in a descriptive design to determine the privacy awareness of nursing students and associated factors.

THE UNIVERSE AND SAMPLE OF THE RESEARCH

The data of the study were collected between April 1 and June 30, 2019. The universe of the research consisted of students studying in the nursing department of two public universities. The sampling method was not used as it was aimed to reach the entire universe. The inclusion criteria of the research were to study in the nursing department of the specified universities and to take part in the study voluntarily. After obtaining the necessary permissions for the study, the researchers went to the students' classes and filled the questionnaires with the face-to-face interview method. The study was completed with 490 voluntary students.

DATA COLLECTION TOOLS

The data were collected with a questionnaire prepared by the researchers and the Patient Privacy Scale (PPS).

Questionnaire form: It consists of questions investigating the socio-demographic characteristics (sex, age, grade, etc.) of students and their sensitivity to privacy.

Patient Privacy Scale: Developed by Ozturk et al., PPS aims to determine whether the nurses working in hospitals are acting appropriately to protect and maintain patient privacy, whether they pay attention to or violate privacy and to define the activities of nursing services management for patient privacy.[15] The scale is a 5-point Likert type and includes 27 questions and 5 sub-factors. The sub-dimensions of the scale are The Confidentiality of Private Life/Personal Information (F1), Sexual Privacy (F2), The Privacy of Those Unable to Protect Themselves (F3), Physical Privacy (F4), and Ensuring a Favorable Environment (F5). The total Cronbach alpha value of the scale was found to be 0.93, and the scale's total score range is between 27 and 135. Scoring close to 135 from the scale indicates that nurses are protecting patient privacy or personal confidentiality, and scoring close to 27 indicate they are not. In this study, the Cronbach alpha value of the scale was found to be 0.92.

ETHICAL CONSIDERATIONS

Before conducting the research, the ethics committee approval with decision number 2018/3 from the Gümüşhane University Non-interventional Clinical Research Ethics Committee of the relevant university (Ethics Committee Approval Date: 03.13.2018), written permission from the institution where the study was conducted, and informed consent was obtained from the students in line with the principle of volunteering. The study was performed in accordance with the Declaration of Helsinki.

STATISTICAL ANALYSIS

In the study, SPSS 22.0 statistical package program was used for statistical analysis. To analyze the data, descriptive statistical methods such as frequency, percentage, mean, standard deviation, median (25^{th}-75^{th} percentile), and Kolmogorov-Smirnov distribution test were used for normal distribution. In comparing the variables without normal distribution among the groups, the Mann-Whitney U test, the Kruskal-Wallis and Post-Hoc Tukey test was applied, and the relationship between numerical variables was evaluated by Spearman correlation analysis. $p<0.05$ was considered statistically significant.

RESULTS

The results revealed that the average age of students was 21.00±1.86 years (min: 18, max: 29), and 367 (74.7%) of them were female. Of the participants, 231 (47.1%) studied in the second grade, 378 (77%) stayed in the dormitory, 415 (84.5%) had a middle-income level, and 350 (71.3%) chose the profession voluntarily, 394 (80.2%) of the students received privacy training, 416 (84.7%) did not encounter privacy violations, and 222 (45.3%) stated the reason for the privacy violation as 'careless work of nurses' (Table 1).

The Privacy Scale sub-dimension scale scores were found as 48.00±4.75 in the confidentiality of private life, 23.00±2.97 in sexual privacy, 20.00± 2.30 in the privacy of those unable to protect themselves, 20.00±2.26 in physical privacy, and 20.00±3.29 in ensuring a favorable environment. The total score of the Privacy Scale was 130.00±13.18 (min: 42, max: 135) (Table 2).

No significant relationship was found between the Privacy Scale and its sub-dimensions according to "careless work of nurses", "nurses' heavy workload", and "environmental deficiencies" ($p>0.05$). It was seen that the sub-dimension scores of the confidentiality of private life ($p=0.021$), sexual privacy ($p=0.014$), physical privacy ($p=0.039$), ensuring a favorable environment ($p=0.014$), and privacy scale scores ($p=0.007$) were significantly high (Table 3).

The average scores of the students' Privacy Scale and sub-dimensions according to the gender of the students showed that the average scores of female students' sexual privacy, the privacy of those unable to protect themselves, physical privacy, ensuring a favorable environment, and the total score of the Privacy Scale were significantly higher ($p<0.05$). When the privacy scale and sub-dimension score averages were examined according to the status of receiving privacy education, it was determined that those who received privacy training had higher mean scores on physical privacy, ensuring a favorable environment and Privacy

TABLE 1: Distribution of descriptive characteristics of students (n=490).

Descriptive Characteristics		n	%
Age (Mean±SD)	21.00±1.86		
Sex			
Female		367	74.7
Male		123	25.1
Grade			
1.Grade		67	13.7
2.Grade		231	47.1
3.Grade		192	39.2
Place of residence			
With family		51	10.4
Dormitory		378	77
With friends		62	12.6
Income level			
Good		49	10.0
Moderate		415	84.5
Bad		27	5.5
Status of choosing the occupation voluntarily			
Yes		350	71.3
No		141	28.7
Status of receiving education on privacy			
Yes		394	80.2
No		97	19.8
Status of encountering a privacy violation			
Yes		74	15.1
No		416	84.7
Situations causing privacy violation			
Careless work of nurses		222	45.3
Nurses' heavy workload		34	6.9
Environmental deficiencies		74	15.1
Emergencies		160	32.7

SD: Standard deviation.

Scale ($p<0.05$). A significant difference was seen between the place of residence and the total score average of the Privacy Scale, and students staying in the dormitories had higher scores than others ($p<0.05$).

DISCUSSION

Patients apply to hospitals for their medical needs, and their needs are met by healthcare professionals. Taking off their clothes or sharing personal information about their private life during the examination causes worries in the patient, so healthcare professionals are expected to be sensitive to patients.[16] In the field of health, privacy is a key factor in communication between nurses and patients. Privacy means respecting the right of the individual, supporting her/his self-control and self-esteem, and is also among the basic quality indicators of patient care.[17] Therefore, this study examined the privacy awareness of nursing students and associated factors.

The Privacy Scale scores of the students in our study were found to be high, so it can be said that their privacy perception is at a high level. Our findings show that nursing students care and attach importance to patient privacy in their care practices. In the literature, it has been reported that patient privacy is not properly paid attention by the medical and nursing team and that nurses' privacy perception is at a moderate level. 11.[13-21] In our study, it is thought that the reason why nursing students' privacy scores are higher than nurses is the inability to transfer theoretical knowledge to practice and working conditions. Therefore, urgent steps are needed to overcome this problem.

In this study, "environmental deficiencies" were determined as the factors that caused privacy violation. No statistically significant difference was found between these factors and the total score and sub-dimensions of the privacy scale. In the study of Akyüz

TABLE 2: Students' privacy scale and sub-dimension mean scores (n=490).

Privacy Scale and sub-dimensions		Mean ±SD	Minimum-Maximum
Sub-dimensions	The confidentiality of private life	48.00±4.75	16-50
	Sexual privacy	23.00±2.97	6-25
	The privacy of those unable to protect themselves	20.00±2.30	4-20
	Physical privacy	20.00±2.26	4-20
	Ensuring a favorable environment	20.00±3.29	4-20
Scale total score		130.00±13.18	42-135

SD: Standard deviation.

TABLE 3: Privacy scale total score and sub-dimension scores according to the situations causing privacy violation.

	Privacy Scale					
Situations causing privacy violation	**F1**	**F2**	**F3**	**F4**	**F5**	**Total**
Careless work of nurses	r=-0.001	r=-0.025	r=-0.028	r=-0.010	r=-0.021	r=-0.009
	p=0.496	p=0.354	p=0.337	p=0.443	p=0.376	p=0.447
Nurses' heavy workload	r=0.039	r=-0.038	r=-0.031	r=-0.003	r=0.162	r=-0.015
	p=0.413	p=0.415	p=0.432	p=0.494	p=0.181	p=0.466
Environmental deficiencies	r=0.008	r=-0.049	r=-0.089	r=0.045	r=0.165	r=-0.043
	p=0.472	p=0.341	p=0.226	p=0.352	p=0.079	p=0.358
Emergencies	r=-0.182	r=-0.194	r=-0.103	r=-0.140	r=-0.175	r=-0.194
	p=0.021	**p=0.014**	p=0.194	**p=0.039**	**p=0.014**	**p=0.007**

Patient Privacy Scale sub-dimension: (F1): The confidentiality of private life/ personal information; (F2): Sexual privacy; (F3): The privacy of those unable to protect themselves; (F4): Physical privacy; (F5): Ensuring a favorable environment.

and Erdemir, 16 (34.4%) of nurses thought that the physical environment in the hospital was designed to respect and protect the privacy and private lives of patients.[17] This difference in literature is thought to arise from the differences in the hospital conditions in which the sample groups worked/did an internship.

No statistically significant difference was detected between the 'careless work of nurses', and 'heavy workload of nurses', the factors that cause privacy violation, and the total and sub-dimension scores of the privacy scale. The students participating in our research thought that working carelessly and having too much workload make it difficult for nurses to pay attention to privacy. The fact that nurses take care of a large number of patients during their extended working hours and they are responsible for a wide range of applications has been reported to lead to deficiencies in patients' follow-up, damage to the patient, and failure to do what is beneficial for the patient in the literature.[22] It is stated that employing the right number and quality of nurses in the clinics can improve patient and hospital outcomes, reducing the workload of the nurse and providing more attention to privacy.[23]

The effect of "emergencies" on patient privacy violation was examined in the study, and the total score of privacy scale, the confidentiality of private life, sexual privacy, physical privacy, and ensuring a favorable environment were seen to be high. Moskop et al. investigated the moral/legal foundations of privacy in health services and privacy problems in emergency services and stated that the intensity experienced in emergency services may cause privacy problems.[24] The result of our study is consistent with the literature. We think that privacy is ignored in this struggle against time since the most significant factor that healthcare professionals focus on in emergency situations is the survival of the individual and the improvement of his condition without any sequelae.

The average scores of the Privacy Scale and sub-dimensions were examined according to gender, and female students' sexual privacy, the privacy of those unable to protect themselves, physical privacy, ensuring a favorable environment, and total score of the Privacy Scale were found significantly higher (Table 4). While Varol stated that there was no significant difference between nurses' privacy scores according to their gender, Değirmen found that women were more sensitive to privacy.[25,26] The reason for the difference between the study findings may have resulted from the differences in the age and gender ratios of the sample groups and different health policies in effect in the relevant years. In Turkey, the patient's personal information and privacy are guaranteed by the Patients' Rights Regulations.[27] It is seen that the vast majority of the students in the study received training on patient privacy, and the rate of nurses' privacy training varied between 41-80% in different studies.[28-30] It was seen that the students receiving privacy training had higher mean scores in physical privacy, ensuring a favorable environment, and the Privacy Scale.

TABLE 4: The students' average scores of the PPS according to their characteristic.

PPS Socio-demographic characteristics		The confidentiality of private life personal information median (25-75. percentile)	Sexual privacy median (25-75. percentile)	The privacy of those unable protect themselves median(25-75. percentile)	Physical privacy median (25-75. persentil)	Ensuring a favorable environment median (25-75. percentile)	PPS total mean score median (25-75. percentile)
Sex							
Female	367	48 (44-50)	24 (21-25)	20 (18-20)	20 (18-20)	20 (18-20)	130 (120-134)
Male	123	47 (43-50)	22 (20-25)	19 (17-20)	19 (16-20)	19 (16-20)	125 (113-132)
		[a]p=0.086	[a]p=0.009	[a]p<0.001	[a]p<0.001	[a]p<0.001	[a]p =0.001
Status of choosing the profession voluntarily							
Yes	350	48 (45-50)	23 (21-25)	20 (17-20)	20 (18-20)	20 (17-20)	130 (119-134)
No	140	48 (43-50)	23 (20-25)	20 (18-20)	20 (17-20)	20 (17-20)	129 (117-135)
		[a]p=0.586	[a]p =0.826	[a]p=0.715	[a]p=0.252	[a]p=0.519	[a]p=0.750
Status of receiving privacy education							
Yes	393	48 (45-50)	23 (20-25)	20 (18-20)	20 (18-20)	20 (18-20)	130 (120-134)
No	97	46 (42-50)	23 (20-25)	20 (16-20)	19 (16-20)	19 (16-20)	127 (113-134)
		[a]p=0.098	[a]p=0.167	[a]p=0.111	[a]p=0.001	[a]p=0.001	[a]p=0.047
Place of residence							
Family (a)	51	47 (43-49)	23 (20-25)	20 (17-20)	20 (18-20)	20 (18-20)	127 (119-133)
Dormitory (b)	378	48 (44-50)	23 (21-25)	20 (18-20)	20 (18-20)	20 (18-20)	131 (120-134)
With friends at home (c)	62	47 (42-50)	21 (19-25)	19 (16-20)	19 (16-20)	20 (16-20)	125 (114-131)
		p=0.204	[b]p=0.080	[b]p=0.056	[b]p=0.059	[b]p=0.082	[b]p=0.011 (b>a=c)

[a]p: Mann-Whitney U test; [b]p: Kruskal-Wallis test & Post-Hoc Tukey Test; PPS: Patient Privacy Scale.

Aydın et al. reported that the education of the ethics course in undergraduate education was found sufficient by the students, but they stated that they could not find solutions for the problems in case of ethical violations during the clinical practice process.[30] Aktan et al. indicated that 67 (41.6%) of the nurses in the study participated in training on privacy and patients' rights, and Ceylan and Çetinkaya highlighted that the nurses who received training on the subject had more privacy consciousness.[31,32] In a study conducted with nursing students, students emphasized that privacy training should be received to improve appropriate attitudes towards privacy, and more attention should be paid to privacy during training.[11] The results of our study support the literature.

There was a significant difference between the place of residence and the total score average of the Privacy Scale, and the total score average of the Privacy Scale was higher in the students staying in the dormitory. No findings to our knowledge have been encountered in the literature to discuss with the findings of our study. However, students living in the dormitory have some problems with privacy due to reasons such as staying in the same room with a few people, not having a separate living space, and not having a dressing room while wearing their clothes, and we think that they give more importance to privacy by empathizing with this situation.

CONCLUSION

This study revealed that the students had high scores on privacy, and patient privacy was affected by the students' level of knowledge about gender, privacy, and place of residence. We suggest that training for privacy practices should be repeated at regular intervals when students start the profession.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Nurşen Kulakaç, Dilek Çilingir;* ***Design:*** *Nurşen Kulakaç, Dilek Çilingir;* ***Control/Supervision:*** *Dilek Çilingir, Nurşen Kulakaç, Ceyda Uzun Şahin, Esra Özkan;* ***Data Collection and/or Processing:*** *Esra Özkan, Ceyda Uzun Şahin, Nurşen Kulakaç;* ***Analysis and/or Interpretation:*** *Nurşen Kulakaç, Ceyda Uzun Şahin, Esra Özkan;* ***Literature Review:*** *Nurşen Kulakaç, Ceyda Uzun Şahin, Esra Özkan;* ***Writing the Article:*** *Nurşen Kulakaç, Ceyda Uzun Şahin, Esra Özkan;* ***Critical Review:*** *Nurşen Kulakaç, Ceyda Uzun Şahin, Esra Özkan;* ***References and Fundings:*** *Nurşen Kulakaç, Ceyda Uzun Şahin, Esra Özkan.*

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