

Informational Privacy in the Recovery Room—Patients' Perspective

Hannele Koivula-Tynnälä, MNSc, RN, Anna Axelin, PhD, RN,
Helena Leino-Kilpi, PhD, RN, FEANS

Purpose: To describe patients' perceptions of informational privacy and factors promoting it in the recovery room.

Design: A descriptive semistructured qualitative interview study.

Methods: The study was conducted in 2013, and the data were analyzed with inductive content analysis. Adult surgical recovery room patients ($n = 17$) were recruited with purposive sampling at the Department of Ear, Nose and Throat diseases in a university hospital in Finland.

Findings: Informational privacy was described as control of patients' health information maintained by the health care professionals and the patients. Informational privacy was especially important in relation to other patients. Health care professionals and patients' attitude, behavior, and knowledge of informational privacy, barriers of hearing and seeing, societal rules, and the electronic patient data system promoted informational privacy.

Conclusions: Informational privacy in relation to other patients could be improved in the recovery room, for example, by developing patient health information transmission and architectural solutions.

Keywords: informational privacy, patient health information, recovery room, acute care.

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INFORMATIONAL PRIVACY IS an important principle in health care. It supports patients' dignity, self-determination,^{1,3} and patient safety.⁴ However, the protection of patients' health information is found to be the weakest part of good patient care in surgical wards.⁵ Informational privacy

is not always respected,^{6,7} and there is limited confidentiality of patient health information in the hospital wards.⁷⁻¹¹

Informational privacy concerns information related to patient's health, how it should be protected, and who has the right to access it.^{12,13} Informational privacy is defined as the patient's right to decide how, when, and how much information they are willing to share with another person¹⁴ or in the health care organization.¹ The main content of informational privacy is considered to be the confidentiality of the patient's health information.^{12,15}

Informational privacy has an ethical and legal dimension in health care. In this study, the ethical dimension is investigated from the patients' perspective in the context of the recovery room. Informational privacy is protected by the ethical

Hannele Koivula-Tynnälä, MNSc, RN, Department of Nursing Science, University of Turku, and Ambulatory Surgery Unit for Ear, Nose and Throat Diseases, Helsinki University Hospital, Finland; Anna Axelin, PhD, RN, Department of Nursing Science, University of Turku, Finland; and Helena Leino-Kilpi, PhD, RN, FEANS, Department Nursing Science, University of Turku, and Turku University Hospital, Turku, Finland.

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Address correspondence to Hannele Koivula-Tynnälä, Haukkakallio 2 D 8, 02620 Espoo, Finland; e-mail address: hannele.tynnala@botmail.com.

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codes of nurses and physicians.¹⁵⁻¹⁷ National legal acts regarding the handling of patient health information are connected by International human rights.^{18,19}

Patients are increasingly aware of their rights for privacy, and they expect these rights to be ensured in health care organizations.²⁰ Patients may share with health care professionals issues that they do not always share even with their significant others. The increasing capability to store and distribute patients' health information with the help of information technology highlights the importance of the protection of informational privacy.¹² Patient safety can also be at risk if patients feel unsafe sharing their private information with health care professionals.^{4,8} This is especially true in the recovery room, where the patient is in a vulnerable position under sedative medication, possibly with many patients in the same room at the same time.

The context of this study is a hospital, more precisely, the recovery room. In the hospital setting, patients' perspective of informational privacy has been studied mostly in medical and surgical wards. Patients in long-term care had previously expressed higher expectations of informational privacy than patients in acute care.⁶ However, recent studies in acute care settings such as emergency departments^{10,11,21,22} indicate that patients in acute care may have become more critical toward the lack of informational privacy than in earlier studies.

To our knowledge, there is only one study pertaining to informational privacy in the recovery room. As early as 1968, Mincley²³ observed that the patients controlled their privacy in the recovery room by ignoring fellow patients' presence, hiding behind the cover, or turning their faces toward the wall. Both patients and nurses lowered their voices when communicating because there were no visual or auditory barriers in use.²³

Recovery rooms have challenges in promoting patients' privacy. To ensure patient safety, nurses need to exchange patient information²⁴ and observe the patients continuously.²⁵ There are also multiple staff members participating in patient care.²⁶ In addition, the increased number of ambulatory surgery procedures puts pressure

to share more information with the patient immediately after surgery in the recovery room. At the same time, many operations are performed under regional anesthesia and with short-acting sedative medication so that patients can be discharged quickly; therefore, they are more aware of the events around them. All this puts new challenges to adequate protection of patients' informational privacy. The aim of this interview study was to describe, with an inductive approach, patients' perceptions of informational privacy and factors promoting it in the recovery room.

Methods

The study was conducted as a descriptive qualitative interview study. This design is used when there is scarce information about the phenomenon under investigation.²⁷ This design allows the researchers to get a comprehensive understanding of the patients' perceptions of informational privacy in the recovery room.²⁸

Settings and Sample

The data collection took place in July to September 2013 in the Department of Ear, Nose and Throat (ENT) diseases in one of five university hospitals in Finland. This department was chosen because of the high number of operations and the expectations of having several patients in the recovery room at the same time.

The ENT Department recovery room was located next to the operating rooms. Approximately 20 patients per day, representing both genders and aged greater than 6 months, were taken care of in the same recovery room.²⁹ Some of the patients had problems with hearing and in communication because of hearing loss or laryngotracheal operations.

The patients were observed and cared for postoperatively by the recovery room nurses. Information about the patients was exchanged verbally among staff at the patients' bedside after the operation, and when they were transferred to the postoperative ward. Patient folders were kept on a table next to the bed.

There were screens between the patients, which could be drawn out if needed (Figure 1). Each

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