Interdisciplinary Journal of Acute Care
Volume 1, July/December 2020, Issue 2, pp. 34-42
Journal homepage: www.ijac.lums.ac.ir

Patients' Privacy and Satisfaction in Emergency Department: A Descriptive Analytical Study

Hadis Kogani Nejad[1], TaherehToulabi[*2], Mojgan Khademi[2], Fatemeh Janani [3], Fatemeh Ghasemi[3] ,

[1]Student Research Committee, Lorestan University of Medical Sciences, Khorramabad, Iran
[*2]Social Determinants of Health Research Center, Lorestan University of Medical Sciences, Khorramabad, Iran.
[3]Faculty of Nursing and Midwifery, Lorestan University of Medical Sciences, Khorramabad, Iran

ABSTRACT

Nowadays, patients' privacy as an important part of patient's rights, which is related to his dignity, is regarded as the basis of treatment and care; and its significance as an ethical medical principle is on the increase. Therefore, the current research was conducted to investigate the preservation of patients' privacy. This research is a cross-sectional descriptive study, conducted on 141 patients (with non-convenience sampling) admitted in the emergency department of Shahid Rahimi Hospital in Khoramabad. Data were collected using a three-part questionnaire investigating patients' privacy. The results of this study revealed that the highest preserved cases in different dimensions of physical, information, and psychological - social privacy were: sitting on the patient's bed with his permission(, seeing parts of the body of other patients and respecting the values and beliefs of the patient by the medical staff. The most satisfaction case of patients was related to the refusal of the treatment staff from an unnecessary touch of the body and the least satisfaction case of patients was with hearing the conversation of other patients with the doctor or nurse unconsciously. Although the privacy of over half of the patients in terms of physical, information, and psychosocial dimensions was at acceptable level, yet, its observation is at very low level in terms of staff's treatment ;thus, the managers, physicians, and nurses should pay more attention to this critical need.

Keywords: Patient privacy; emergency department; Patient Satisfaction

Introduction:

Patients are among the most vulnerable social groups in physical, psychosocial and economic terms [1]. Considering the significance of the concept of ethics in medical health cares, the rights of patients, as a vulnerable class should be specially emphasized [2]. In addition, besides addressing medical issues of patients and taking pharmacological advices, ethical advices should be taken into consideration [3]. The observation of professional ethics causes optimal relationship between the client and staffs; the feeling of security among patients, reduces the rate of hospitalized patients resulting from the reduction of psychological problems, the reduces costs, increases the motivation of staffs for better service delivery, and ultimately, increases patients' satisfaction with the services [4]. The respect for human dignity and value is one of the divine commitments; and the preservation of the patients' human personality in terms of beliefs, culture, and moral standards is a very important factor in the improvement of the disease [5]. Respect for patients' rights is one of the most important components of providing humanitarian and ethical care [6]. Today, the privacy of patients (related to the dignity of the individual) as an important part

[*]*Corresponding* author:
School of Nursing& Midwifery, Lorestan University of Medical Sciences, Khorramabad, Iran.
Phone numbers: +986633120140, Fax: +986633120140,E-mail: tolabi.t@lums.ac.ir

DOI: 10.22087/ijac.2020.125370

of the patient's rights, is considered as the foundation of patients' care; and its importance as a basis for medical ethics is increasingly growing [7, 8]. The observation of patients' privacy in the health care and nursing care centers is required as the fundamental principle of humanity and one of the fundamental rights of every human being [9].

Since the attempt to meet the needs of clients is one of the major aspects of nursing, the need to respect the privacy and consequently the dignity of patient, is essential. Therefore, nurses as well as other medical group should attempt to meet the privacy, independence, security, and identity needs of clients [10]. Considering 24-hour responsibility of patients' care, medical staff, especially nurses are the main agents in observing patients' privacy [11]. Yora and Walsh (1988) believe that observing patients' privacy creates peace and comfort and it is very important in nursing [12].

In the hospital's emergency department, unlike other departments, there are no private and semi-private rooms to help privacy. Most emergency departments in medical centers are often demarcated with a curtain, and patients are in close contact for a long time [13, 14]. Such conditions cause a feeling of shame and tend to make patient preserve his privacy [15]. In the study by Caro et al. (2005), the violation of privacy in emergency department occurred in 45% cases [8]. In the study by Dehghannayeri (2007), the observation of privacy was at average level (33.9%) in most research units, and the satisfaction with physical privacy in half of the research units was at low level (50%) [15]. In addition, evidences have shown that patients' privacy violation is a major challenge especially in emergency department. Thus, it is necessary that patients' privacy in emergency department be seriously investigated. In addition, observing patients' privacy is one of the research priorities of the Ministry of Health, Treatment, and Medical Education; and one of the general axes of hospital validation standards is assigned to this issue [16]. Additionally, privacy has an undetermined and relative concept, norms and cultural values of the society, as well as specific situation of individuals in the society influence its definition and range [17]. Therefore, the current research was conducted to investigate the quality of patients' privacy in emergency department.

Materials and Methods

This research is a cross-sectional descriptive study, conducted on 141 patients admitted in the emergency department of Shahid Rahimi Hospital in Khorramabad in 2018. Non-random sample method was used in the study.

Inclusion criteria included hospitalization due to medical illnesses, general surgery, heart disease and poisoning, above 15 years old, mental alertness, lack of mental disability and mental problems, ability to co-operate and answer questions, stable hemodynamic status, and admission to the emergency department for at least 6 hours. The exclusion criteria were: the discharge, death or transfer of the patient to other department before 6 hours.

Data were collected using a three-part patients' privacy questionnaire [17]. The first part contained demographic information with 12 items about age, gender, education, occupation, hospitalization period, hospitalization history, etc. The second part of the privacy questionnaire included 41 items regarding the different dimensions of physical privacy (13 items), information privacy (7 items), psychosocial privacy (21 items) on a four-point Likert scale (yes=1, sometimes=2, no =3, I do not know=4). In addition, statements with privacy observation concept were aversely scored. The third part of the privacy satisfaction questionnaire included 41 items regarding different dimensions of physical privacy (13 items), information privacy (7 items), psycho-social privacy (21 items) on a six-point Likert scale (Absolutely=1, moderate=2, little=3, ever=4 no difference=5, I do not know=6).

The total score of the test is in the second part of the privacy questionnaire (in the range of 46 – 133) and in the third part of the satisfaction questionnaire (in the range of 39 to

119). According to the results, the percentage of people, the degree of observance of privacy, satisfaction and comparison with similar studies[17], the degree of observance of general privacy of patients was three levels weak at (less than), moderate (75-104), good (more than 104). The general satisfaction of patients was classified in three levels: low (less than 50%), moderate (50-75%) and high (above 75%).

The validity of the questionnaire was confirmed by face and content validity by 10 faculty members. An internal reliability test was used to confirm the reliability of the tool employed for the study and its coefficient was obtained as 0.8442 using the Cronbach alpha coefficient for the privacy questionnaire [17].

The reliability of the tool was measured in the research environment. Cronbach's alpha was calculated for the patients' privacy questionnaire and satisfaction questionnaire as 0.711, and 0.9, respectively.

Data were collected and evaluated using a questionnaire by the trained researcher assistant (nursing expert) within one month in all shifts. Ethical considerations were observed in this research, some of which included: explaining the purpose of the research, voluntary participation in the research, confidential information recording without mentioning `name and family name of participants. Research was conducted with the permission of hospital authorities and responsible person in the respective department. The collected data was analyzed using descriptive statistics (absolute and relative frequency, mean, standard deviation) and inferential statistics (Spearman correlation coefficient, Mann-Whitney test, and Kruskal-Wallis test) with a significant level of 0.05.

Results

The Mean (SD) of patients' age in the current research was 47.13 (22.29). A total of 84 (59.6%) women, 32 (22.7%) single and 85 (60.3%) married took part in this research. Only 32 (16.3%) of participants had higher education and 47(33.3%) were illiterates. All patients were Muslim and 97.9% had Shia religion. Fifty-four (38.3%) and 50(38.5%) of the subjects were admitted to the hospital for one day and less than one day respectively.

Regarding the level of physical privacy, the highest frequency in cases of non-compliance was observed in seeing parts of the body of the patient by others patients of the same sex and opposite sex, seeing parts of the body of other patients when they were in their beds, incomplete body coverage due to the inappropriate clothing of the department. The most frequent cases of compliance were sitting of the treatment staff on the bed at the time of examination without patient's permission, the patient was not bare without the patient's permission in presence of the medical team members, and the refraining from the unnecessary touch of the patient by the treatment staff (Table 1).

Regarding the level of privacy in the informational dimension, the most frequent non-compliance cases were related to unconsciously hearing the conversation between other patients and the physicians or nurses, hearing the personal information of the patient by unrelated people in the department and the highest frequency of compliance cases were: not-asking irrelevant personal information that were not related to the illness and treatment, the confidentiality of the medical information of the patient by medical staff, non-refusal to provide some information related to the disease to the treatment staff (Table 2).

psychosocial dimensions, respectively. In addition, a positive significant relationship was observed between satisfaction with information privacy and the age of patients in this study. That is, patients' satisfaction increased by increasing the age. This relationship is not significant in other sub-scales.

The opinions of men and women regarding sub-scales of privacy were significantly difference.

Table 1: Physical privacy and patient's satisfaction with physical privacy

Items related to the physical privacy of patients	Yes (I'm pretty sure) (Percentage)	Sometimes (on average) (Percentage)	No (I'm pretty sure) (Percentage)	I don't know (Percentage)	satisfaction (Percentage)
The people in same sex (other than medical staff) in the department see parts of my body	7.8 (11)	23.4 (32)	61 (87)	7.8 (11)	61.3 (89)
The people in the opposite sex (other than medical staff) in the department see parts of my body.	4.3 (6)	13.4 (18)	71.6 (102)	10.7 (15)	68.8 (97)
Medical team (doctor, nurse, etc.) sits on my bed without permission	1.4 (2)	3.6 (4)	94.3 (134)	0.7 (1)	79.4 (112)
I saw parts of other patients' body in the department when they were on their bed	0.7 (1)	21.3 (30)	74.4 (105)	3.6 (5)	69.8 (99)
When examining, the doctor makes me bare without my permission in the presence of medical team members.	2.1 (3)	1.4 (2)	94.4 (133)	2.1 (3)	85.0 (120)
Unnecessary parts of my body are covered during examination or care by the treatment staff.	80.8 (115)	4.3 (6)	11.3 (16)	3.6 (5)	82.0 (116)
Treatment staff refuses the unnecessary touching of my body	82.9 (117)	5.7 (8)	7.1 (10)	4.3 (6)	82.0 (116)
My body is observed and examined frequently and unnecessarily by the staff (interns, students, etc.)	10.0 (14)	9.2 (13)	73.7 (104)	7.1 (10)	71.2 (101)
When I need to use the toilet, my required privacy is provided.	71.6 (101)	11.3 (16)	6.4 (9)	10.7 (15)	64.7 (92)
The department's specific clothing covers my body well and I feel comfortable.	82.3 (116)	14.2 (20)	2.8 (4)	0.7 (1)	79.1 (112)
My privacy is properly preserved when care is provided (around my bed is covered by a paravan or like that).	82.9 (117)	10.0 (14)	2.1 (3)	5.0 (7)	77.0 (109)
After the necessary measures, the treatment staff does not leave me without covering	75.8 (107)	10.0 (14)	7.8 (11)	6.4 (9)	77.7 (110)
Because I felt like some people would see me, I did not want to practice some parts of the physical examination conducted by the medical staff.	8.5 (12)	8.5 (12)	75.2 (106)	7.8 (11)	70.5 (100)

Table 2: Information privacy and patient's satisfaction with information privacy

Items related to the information privacy of patients	Yes (I'm pretty sure) (Percentage)	Sometimes (on average) (Percentage)	No (I'm pretty sure) (Percentage)	I don't know (Percentage)	satisfaction (Percentage)
Irrelevant individuals in the department hear my personal information (confidentiality).	9.2 (13)	12.1 (17)	70.2 (99)	8.5 (12)	68.4 (97)
I unconsciously hear the conversation of other patients with the doctor or nurse.	19.2 (27)	48.2 (68)	26.9 (38)	5.7 (8)	28.9 (41)
My personal information were received and recorded by authorized person.	63.1 (89)	6.4 (9)	19.2 (27)	11.3 (16)	80.6 (115)
Personal information irrelevant to my illness and treatment were asked.	3.6 (5)	6.4 (9)	86.4 (122)	3.6 (5)	72.8 (103)
The treatment staff confidentially preserve my medical information.	78.7 (111)	4.3 (6)	1.4 (2)	15.6 (22)	74.1 (105)
I feel that information related to my illness is confidentially stored in the computer system of the hospital.	70.2 (100)	6.4 (9)	7.8 (11)	15.6 (22)	74.1 (105)
I refuse to give some information related to my illness to treatment staff, because I felt irrelevant people hear it.	8.5 (12)	8.5 (12)	78.7 (112)	4.3 (6)	76.8 (109)

In addition, a significant difference was observed only between marital status and informational privacy. In the investigation of educational effect on research indexes, significant correlation was observed only between total privacy and education. In investigating the occupation effect on the research sub-scales, no significant difference was observed between different occupations

Table 3: Psychosocial privacy and patient's satisfaction with psychosocial privacy

Items related to psychosocial privacy of patients	Yes (I'm pretty sure) (Percentage)	Sometimes (on average) (Percentage)	No (I'm pretty sure) (Percentage)	I don't know (Percentage)	satisfaction (Percentage)
Treatment staff respect my values and beliefs in the department (performing religious affairs).	86.5 (122)	7.8 (11)	2.1 (3)	3.6 (5)	84.8 (120)
My personality is respected when I am in the department.	84.4 (119)	12.8 (18)	1.4 (2)	1.4 (2)	78.8 (111)
I can talk about my personal interests with the staff (doctor, nurse, etc.) if I wish.	58.1 (82)	20.6 (29)	13.5 (19)	7.8 (11)	63.0 (90)
Discussion of people and staff in the department is unpleasant to me (noises of staff is annoying).	12.1 (17)	29.1 (41)	57.4 (81)	1.4 (2)	54.0 (77)
Treatment staff informs me adequately about the diagnosis and type of my illness.	63.1 (89)	25.5 (36)	7.8 (11)	3.6 (5)	58.4 (83)
The person responsible for taking care of me (doctor, nurse) initially introduces himself.	32.6 (46)	36.2 (51)	24.1 (34)	7.1 (10)	36.6 (52)
Medical staff took permission from me when entering my section.	37.6 (53)	36.9 (52)	18.4 (26)	7.1 (10)	40.9 (58)
When one of the treatment team members wants to move my equipment, she/he first asked for my permission.	50.3 (71)	31.2 (44)	10.0 (14)	8.5 (12)	46.4 (66)
At the time of admission, the medical staff got me acquainted with the unfamiliar environment of the department and provided me with the necessary explanations.	35.2 (75)	25.5 (36)	16.3 (23)	5.0 (7)	51.8 (74)
The medical staff does not disturb me when I am asleep or resting.	49.6 (70)	20.6 (29)	24.1 (34)	5.7 (8)	64.5 (92)
At the time of admission, the way of taking care of me as a man done by a man and vice versa.	57.4 (81)	7.8 (11)	32.0 (45)	2.8 (4)	67.2 (95)
The male staff had an unnecessary presence on my bedside (for the female patient) (vice versa).	3.6 (5)	16.3 (23)	74.4 (105)	5.7 (8)	67.2 (95)
The medical staff addressed me by my bed number.	42.5 (60)	31.2 (44)	20.6 (29)	5.7 (8)	41.6 (59)
The tone of medical staff when speaking to me is respectful.	83.7 (118)	11.3 (16)	1.4 (2)	3.6 (5)	77.9 (110)
Medical staff listens to me patiently.	74.4 (105)	19.9 (28)	1.4 (2)	4.3 (6)	77.0 (111)
Medical staff does not answer to my questions appropriately	5.0 (7)	15.6 (22)	74.4 (105)	5.0 (7)	68.4 (97)
Medical staff at first explains to me the measures they are going to use	66.7 (94)	23.4 (33)	7.1 (10)	2.8 (4)	65.4 (93)
Medical staff takes permission from me when implementing the care.	65.9 (93)	24.1 (34)	5.7 (8)	4.3 (6)	64.7 (92)
I can talk to my doctor or nurse privately if I wish.	52.4 (74)	38.3 (54)	4.3 (6)	5.0 (7)	54.7 (78)
The time for my family to visit is appropriate.	83.6 (118)	7.1 (10)	4.3 (6)	5.0 (7)	82.6 (117)
Privacy in the department is up to my expectation	78.0 (110)	14.2 (20)	5.0 (7)	2.8 (4)	76.1 (108)

Discussion

The findings of the current research suggested that over half of the patients who participated in this study evaluated privacy in emergency department at a good level. According to the report by Barlas et al. (2001), over 80% of patients believed that their privacy was completely observed by the treatment staff; this is consistent with the current study [18]. Dehghannayeri and Aghajani reported 49.9% privacy of patients at good and very good level [15]. However, the study by JafariManesh (2014) indicated that despite that 96.7% of research samples mentioned the significance of patients' privacy; only 34% of them stated that their privacy was completely observed [19]. Adib-Hajbagheri and Zehtabchi(2014) and Yazdanparast et al. (2016) in their study showed that privacy level in most research samples was at average and poor levels [17, 20]. Harorani et al. (2017) also reported the privacy of patients in emergency department as poor, and only a little percent of patients evaluated their privacy as good [9]. Different causes such as cultural and local differences, perceptions of patients in cities and countries from the term privacy, physical structure of different departments, facilities and human resources of the research units,

type of disease, research tools used and so on can make this difference in the results. In the present study, the observance of physical privacy was reported at a good level by more than two thirds of the samples, and the highest frequency of observance of the physical privacy was: treatment staff sitting on the patient's bed with patient's permission, not clothing off the patient without his permission by the physician at the time of the examination. Also, the covering of unnecessary areas of the body during the examination, refraining from unnecessary touch of the body, maintaining proper privacy at the time of care was recorded in more than 80% of cases. Zirak et al. reported that physical privacy of patients was observed in about half of the samples (49.2%), and 68.4% of the samples stated that the department staff always refrain from sitting on their bed while 43% of the samples mentioned the covering of unnecessary areas of body [5]. In addition, the study by Dehghani revealed that 45.5% of the samples evaluated permission before the examination and 64.7% mentioned the refusal from unnecessary touch at optimal level [21]. Regarding the level of physical privacy, the lowest frequency of non-observed cases was related to seeing parts of the body of other patients inappropriately. This is in line with the study of Adib-Hajbagheri and Zehtabchi, which observed that seeing parts of the body of patients by non-staffers was mentioned by 70.3% of samples [17]. However, in Harorani et al.'s research, the level of physical privacy of patients was about 28% [9]. This can be explained by the lack of facilities and the inappropriate physical space of the emergency department as well as the absence of separate rooms. The important factor of feeling well by the patients in physical and cognitive terms is in the control and observation of their physical and spatial privacy. If this factor is ignored, and privacy of patient is violated by the medical staff, it is inappropriate, unless it is necessary.

In addition, over two-third of the research samples reported the informational privacy at a good level. The highest frequency in the observation of patients' privacy cases was related to information dimension, which is, not asking about personal information irrelevant to the disease and treatment, the confidentiality of medical information, and the provision of information related to the disease by medical staff to the patient. The highest score in patients' privacy was related to confidentiality and information privacy, which was recorded as 86%. Dehghani also reported privacy in confidentiality dimension as optimal in most patients [21]. Patients' satisfaction for information disclosure is a vital part of good relationship between doctors and patients. It is a legal and ethical requirement for the doctor to respect patient's right (satisfaction or dissatisfaction) prior to specific medical measures for prevention, treatment, or other cases [22]. King et al. (2012) reported that majority of patients tend that their permission is taken before providing their health information with other medical team members [23].

The lowest frequency of non-observance of privacy was related to unconscious hearing of other patients' conversation with the doctor or nurse. Salehi et al. reported that observing information privacy in over half of the patients was at a poor level. Aghajani and Dehghannayeri also reported that the observance of information privacy was at a poor level (28.6%). In addition, Humayan et al. (2008) reported privacy and confidentiality to be at low levels in patients admitted to public hospitals [25]. The high numbers of medical, nursing, and other disciplines' students, which frequently ask information from the patients; inappropriate physical space of departments, locating patients on the beds beside each other, and writing patient's description on his bed in presence of others, were mentioned as reasons for privacy violation in the studies. In the current study, the majority of participants were admitted to a shared space with other patients. Considering the educational nature of medical center under study, the presence of students from different disciplines on the patient's bed is expected.

The observance of psychosocial privacy in over half of the samples was reported to be at a good level in the current research. The observance of psychosocial privacy of patients

indicates empathy, sympathy, respect and mutual understanding, as well as responsibility; it also indicates the observation of legal, ethical, and moral issues by the medical staff toward the patients [9]. The most frequent compliance cases were related to respect for values and beliefs of patient, respectful speaking by staff, timeliness in families' visits, respect for the personality of the patient. Aghajani and Dehghannayeri in their study reported psychosocial privacy as average level in 31.9% of samples, and poor level in 28.9% of samples [15]. Regarding level of psychosocial privacy compliance, the highest frequency in cases observed were: the lack of taking permission by treatment staff from the patient when entering his section, the lack of introduction of the patient's attendance at the beginning of his presence on the patient's bedside, addressing the patient by his bed number by the treatment staff; which are consistent with the findings in Jahanpoor's study [10]. In addition, the study by Mobaraki and Ruzitalab showed that 65% of nurses do not introduce themselves when providing medical care; this is consistent with the current study [26]. Meanwhile, in Dehghani's study, the observation of patients' privacy with permission during physical examination was reported at optimal level [21].

The findings of this study showed that patients' satisfaction in all dimensions related to privacy was at good level. The average satisfaction in physical dimension was over two third. The highest satisfaction level was related to not clothing off the patient in the presence of medical team while the least satisfaction level was related to seeing parts of body by same-sex individuals. The satisfaction of clients with information privacy was at average level with over two third of participants. The highest level of satisfaction was with over two third and recording personal information of patient by authorized individuals, while the least level of satisfaction was with unconscious hearing of conversation between other patients and doctor or nurse. The highest satisfaction with psychosocial dimension was related to respect to patients' values and beliefs; while the least satisfaction was with the introduction of care authority (doctor or nurse) to the patient at his bed. The findings of Adib-Hajbagheri and Zehtabchiindicated that patients' satisfaction with all dimensions of privacy was at average level [17]. The reason for the high level of satisfaction in this study was the ignorance of admitted patients about their rights despite cases of privacy violation.

The findings of this research showed that there is a significant relationship between satisfaction with information privacy and age, such that patients' satisfaction significantly increased by increasing the age. In addition, there was a significant difference between male and female patients about the sub-scales of information privacy and the male patients had more information privacy than females. Significant statistical relationship was observed between age and physical privacy variables in the study by Harorani et al., while there was no statistical significant relationship between gender and the observation of other dimensions of privacy as well as the total score [9]. In addition, in Adib-Hajbagheri and Zehtabchistudy, no significant relationship was observed between gender and age with regards to privacy [17]. In terms of marital status of patients and its relationship with privacy and satisfaction, significant difference was observed only regarding information privacy, which was consistent with findings of Zirak et al. (2015). They found that the privacy of single patients was less observed [5], which can be due to excessive sensitivity of single people and their high expectations.

Conclusion

The findings of this study indicated that despite the non-observance of privacy in some dimensions, more than half of the patients were satisfied with their privacy level by the medical staff. This can be attributed to cultural factors, ignorance of patients about their rights, and patient's inadequate understanding of different dimensions of privacy. In addition, if privacy is reported at good level from the

patients' point of view, it does not mean perfect observation of privacy by the medical staff. It seems that a qualitative study is better able to provide insight about experiences of involment group and violation of their privacy.

Acknowledgment

The financial support of Research and Technology Deputy of Lorestan University of Medical Sciences for approval of this research project, as well as physicians, head nurses and nurses of the emergency, and all the patients who helped us to carry out the project are greatly appreciated.

References:

1. Babamahmoodi F, Meftahi M, Khademloo M, Hesamzadeh A. Observation of patient's right charter in Mazandaran teaching hospitals: patients view. Iranian Journal of Medical Ethics, 2011; 4 (4):37-44 URL: http://ijme.tums.ac.ir/article-1-165-fa.html (in Persian).

2. Amini A, Tabrizi J S, Shaghaghi A, Narimani M R. The Status of Observing Patient Rights Charter in Outpatient Clinics of Tabriz University of Medical Sciences: Perspectives of Health Service Clients. Iranian Journal of Medical Education, 2013; 13 (7):611-622 URL: http://ijme.mui.ac.ir/article-1-2565-fa.html (in Persian).

3. Avizhgan M, Mirshahjafari E. Dignity in Medicine: Emphasis on Dignity of End Stage Patients. Iranian Journal of Medical Education, 2012; 11 (9):1496-1510
URL: http://ijme.mui.ac.ir/article-1-2073-fa.html (in Persian).

4. Alhavaz M, Jouybari L M, Hekmati pour N, Sanagu A, Fazli L, Bakhsha F et al. Clarifying the Clinical Experiences of the Students of Anesthesiology at Golestan University of Medical Sciences Regarding Medical Ethics in the Operating Theater. Jorjani Journal, 2013; 1 (2):47-55

5. Zirak M, Ghafourifard M, Aghajanloo A, Haririan H. Respect for patient privacy in the teaching hospitals of Zanjan. Iranian Journal of Medical Ethics, 2015; 8 (1):79-89 URL: http://ijme.tums.ac.ir/article-1-5523-fa.html (in Persian).

6. Bekaii M, Anjzab B, Fotohi Z, Sarvari M. Farajkhoda T, Abasi M. A survey on patients' awareness about the patients' rights charter in Shahid Sadoughi Hospital in Yazd in 2010. Medical Ethics Quarterly. 2011; 5(17):16-2. (In Persian).

7. parsapoor A, Bagheri A, Larijani B. Review of revolution of patient's right charter. Iranian Journal of Medical Ethics, 2010; 3:39-47 URL: http://ijme.tums.ac.ir/article-1-247-fa.html (in Persian).

8. Karro J, Dent AW, Farish S. Patient perceptions of privacy infringements in an emergency department. Emergency Medicine Australasia, 2005; 17(2):117-23. DOI: 10.1111/j.1742-6723.2005.00702.x

9. Harorani M, Pakniyat AG, Jadidi A, Sadeghi H, Varvanifarahani P, Golitaleb M, Basati M, Safarabadi M. The Extent of Maintaining the Privacy of Patients Hospitalized in Emergency Departments of Hospitals Affiliated with Arak University of Medical Sciences; a Cross-sectional Study. Iranian Journal of Emergency Medicine, 2017; 4(4):158-63 (in Persian).

10. Jahanpour F, Rasti R. Viewpoints of Nurses and Patients on Paying Respect to the Privacy of Patients in Care. Journal of Mazandaran University of Medical Sciences, 2014; 24 (111):34-42URL: http://jmums.mazums.ac.ir/article-1-3619-fa.html (in Persian).

11. Calleja P, Forrest L. Improving patient privacy and confidentiality in one regional Emergency Department–A quality project. Australasian Emergency Nursing Journal, 2011; 14(4):251-6.

12. Yura H, Walsh M. The Nursing: Process. 5th Edition. Norwalk, CT Appleton & Lange, 1988

13. MoskopJC, Marco CA, Larkin GL, GeidermanJM, Derse AR. From Hippocrates to HIPAA: privacy and confidentiality in emergency medicine part I: conceptual, moral, and legal foundations. Annals of emergency medicine, 2005; 45(1):53. DOI: 10.1016/j.annemergmed.2004.08.008

14. Lin YK, Lee WC, Kuo LC, Cheng YC, Lin CJ, Lin HL, Chen CW, Lin TY. Building an ethical environment improves patient privacy and satisfaction in the crowded emergency department: a quasi-experimental study. Bio Med Central medical ethics, 2013; 14(1):1.DOI: 10.1186/1472-6939-14-

15. DehghanNayeri N, Aghajani M. Patients' privacy and satisfaction in the emergency department: a descriptive analytical study. Nursing ethics, 2010 Mar; 17(2):167-77. DOI: 10.1177/0969733009355377

16. Ramezani M, AraniLK, Abedini P. Accreditation standards of patient rights in Iranian hospital. Medical Ethics Journal, 2016; 4(10):103-25 (in Persian).

17. Adib-Hajbagheri M, Zehtabchi S. Evaluation of elderly patients' privacy and their satisfaction level of privacy in selected hospitals in Esfahan. Medical Ethics Journal, 2014; 8(8):120-97 (in Persian).

18. Barlas D, Sama AE, Lesser ML. Is There a Gender Difference in Patients' Perceptions of Privacy in the Emergency Department? Academic Emergency Medicine, 1999; 6(5):546.

19. ManeshHJ, Ranjbaran M. Assessment of urology patients' perspective about the importance and compliance of patient privacy. Journal of Kermanshah University of Medical Sciences, 2014; 18(4):251-5 (in Persian).

20. Yazdanparast E, Davoudi M, GhorbaniSH, Abbaspoor M. The observance of different aspects of patient privacy: Analysis of elderly views. Medical Ethics Journal, 2016; 10(36):73-80 (in Persian)

21. Dehghani F, Abbasinia M, Heidari A, Mohammad Salehi N, Firoozi F, Shakeri M. Patient's View about the Protection of Privacy by Healthcare Practitioners in Shahid Beheshti Hospital, Qom, Iran. Iran Journal of Nursing, 2016; 28 (98):58-66 URL: http://ijn.iums.ac.ir/article-1-2270-fa.html (in Persian).

22. Bhaskar S, Koumousidis A, Vause S. Survey on maternity wards regarding privacy and confidentiality. OA Woman's Health, 2013; 1 (1): 7-10. doi: 10.13172/ 2053-0501-1-1-660

23. King T, Brankovic L, Gillard P. Perspectives of Australian adults about protecting the privacy of their health information in statistical databases. International journal of medical informatics, 2012 Apr 1; 81(4):279-89. DOI: 10.1016/j.ijmedinf.2012.01.005

24. Salehi T, Eyni E, Sadeghe T. Effect of nursing staff regarding the privacy of information on patients in the emergency department. Iranian Journal of Nursing Research, 2015; 10 (1):66-75 URL: http://ijnr.ir/article-1-1482-fa.html (in Persian).

25. Humayun A, Fatima N, Naqqash S, Hussain S, Rasheed A, Imtiaz H, Imam SZ. Patients' perception and actual practice of informed consent, privacy and confidentiality in general medical outpatient departments of two tertiary care hospitals of Lahore, Bio Medical Central medical ethics, 2008; 9(1):14. https://doi.org/10.1186/1472-6939-9-14

26. Mobaraki A, Rouzytalab M. Survey on respecting to the basic rights and privacy issues of the patients hospitalized in the educational hospitals of Yasuj (2007). Quarterly Rafsanjan's Nursing Midwifery Paramedical Sciences, 2007; 1(3): 39-45 (in Persian).