OBJECTIVES
The objective of this study was to explore the perceptions of privacy by former patients who had shared hospital rooms with other patients.

DESIGN IMPLICATIONS
The study emphasizes the inadequacy of shared rooms and curtains in maintaining much-needed patient privacy and ensuring confidentiality. The study suggests facilities with multi-bedded rooms may consider incorporating spaces that support confidential patient-doctor discussions.

SYNOPSIS

Does privacy matter? Former patients discuss their perceptions of privacy in shared hospital rooms

Malcolm, H. A. 2005 | Nursing Ethics. Volume 12, Issue 2, Pages 156-166

Key Concepts/Context
According to the author, protection of patient privacy is a new legislation in New Zealand. The author indicates that anecdotal evidence suggests that the legislation was not well understood either by healthcare professionals or by patients. This research was a pilot study, exploratory in nature. The intent was to understand privacy from patients’ (who had experienced inpatient stays) perspectives. The study found that patients considered that privacy in shared hospital rooms was seriously constricted by environmental factors.

Methods
A qualitative co-constructivist approach was adopted to conduct this pilot study. Data was collected via semi-structured interviews of participants. Data was categorized, reduced, and described, and themes formed using inductive analysis. There were 12 participants in all – five male and seven female, all older than 16 years.

Findings
The findings from this research pertained to the following themes:

• Lack of privacy is conditionally accepted by patients.
  o In a shared room, there are environmental limitations to privacy. Conversations between patient and family or between patient and healthcare professional cannot be private, given that the room had other occupants (patients and perhaps their families).
  o A setting more private than a shared room is needed for discussion of serious issues. There are chances of patients withholding information.
The positive aspect of a shared room was the support provided by roommates.

- Curtains are inadequate in providing auditory privacy.
  - Curtains provide only a visual barrier.
  - Healthcare professionals seemed oblivious that the curtains did not provide auditory privacy.
- Choice over privacy would maintain control of personal information.
  - Providing a private setting for confidential patient-doctor discussion would provide scope for a more open conversation between healthcare professionals, patients, and families.

**Limitations**

The author indicates that this study does not have limitations; since this was a pilot study, the author did not aim to make generalizations.

Other limitations of the study include:

- The small size of the sample.
- No description of the room, in terms of number patients.
- The time of the interviews with regard to discharge of the patient from the hospital should have been mentioned for all patients.