Turkish Journal of Geriatrics
2013; 16 (2) 172-176

M. Cumhur İZGİ[1]
Mustafa ÇOBAN[2]
Emine Gül KAPÇI[3]
N. Yasemin YALIM[4]

RESEARCH

THE ATTITUDES OF NURSING HOME CARERS TOWARDS THE PRIVACY OF ELDERLY PEOPLE: A SCALE DEVELOPMENT STUDY

ABSTRACT

Introduction: Elderly people's right to privacy has been an important area of study especially in geriatric nursing institutions. The present study aimed to develop a new scale, "Attitudes Towards the Privacy of the Elderly" (ATPE) to assess the attitudes of nursing home carers towards the privacy of the elderly.

Materials and Method: Nursing home carers (n=156) from the southern regions of Turkey participated in the study. They were asked to fill in each item by rating on a five point Likert-type scale ranging from "strongly agree" to "strongly disagree". A number of reliability and validity analyses such as internal consistency, test-retest reliability and factor analysis were conducted to examine ATPE's psychometric properties.

Results: Factor analysis revealed a two-factor structure with 16 items explaining 37% of the variance. Internal consistency and test-retest reliability were found to be .77 and .53, respectively. Item total correlation was found to range from .35 to .77.

Conclusion: The 16 item respondent-based scale is a valid and reliable instrument to evaluate attitudes towards the privacy of the elderly. It is suggested that further studies may illuminate the practical value of the scale in nursing home settings.

Key Words: Aged; Attitude; Privacy; Relative Value Scales; Caregivers.

ARAŞTIRMA

HUZUREVİ ÇALIŞANLARININ YAŞLI MAHREMİYETİNE İLİŞKİN TUTUMLARI: BİR ÖLÇEK GELİŞTİRME ÇALIŞMASI

ÖZ

Giriş: Yaşlı bireylerin mahremiyet hakkı özellikle yaşlı bakım hizmetinde önemli bir alan olarak yer almaktadır. Bu çalışma huzurevi çalışanlarının yaşlı mahremiyetine yönelik tutumlarını belirlemek amacıyla ölçek geliştirmeyi hedeflemiştir.

Gereç ve Yöntem: Ölçek Antalya, Isparta ve Burdur il merkezlerinde bulunan huzurevlerinde çalışan 156 personele uygulanmıştır. Elde edilen verilerle 'Açımlayıcı Faktör Analizi' yapılmış, test-tekrar test kararlılığı incelenmiş, iç tutarlılık ise Cronbach Alfa katsayısı ile değerlendirilmiştir.

Bulgular: Faktör analizi sonucunda toplam 16 maddeden oluşan ve varyansın %37'sini açıklayan iki faktörlü bir yapı elde edilmiştir. İç tutarlılık ve test-tekrar test güvenilirliği sırasıyla .77 ve .53 olarak bulunmuştur. Madde-toplam korelasyonu .35 ile .77 arasında tespit edilmiştir.

Sonuç: Geliştirilen 16 maddelik ölçeğin psikometrik özelliklerinin yeterli olduğu ve huzurevlerinde hizmet alan yaşlıların mahremiyetlerine yönelik çalışanların tutumlarının değerlendirilmesinde ve konu ile ilgili çalışmalarda kullanılabileceği görülmektedir.

Anahtar Sözcükler: Yaşlılık; Tutum; Mahremiyet; Ölçek; Bakım Elemanı.

İletişim *(Correspondance)*

M. Cumhur İZGİ
Akdeniz Üniversitesi Tıp Fakültesi, Tıp Tarihi ve Etik Anabilim Dalı ANTALYA

Tlf: 0242 249 60 00
e-posta: cizgi@akdeniz.edu.tr

Geliş Tarihi: 15/01/2012
(Received)

Kabul Tarihi: 06/04/2012
(Accepted)

[1] Akdeniz Üniversitesi Tıp Fakültesi, Tıp Tarihi ve Etik Anabilim Dalı ANTALYA
[2] Akdeniz Üniversitesi Sağlık Hizmetleri Meslek Yüksek Okulu, Yaşlı Bakım Programı ANTALYA
[3] Ankara Üniversitesi Eğitim Bilimleri Fakültesi, Eğitimde Psikolojik Hizmetler Bölümü ANKARA
[4] Ankara Üniversitesi Tıp Fakültesi, Tıp Tarihi ve Etik Anabilim Dalı ANKARA

INTRODUCTION

A 2002 news release from the World Health Organisation stated that a demographic revolution is underway throughout the world and that the elderly population is growing faster than any other age group (1). Many countries will inevitably be affected by this phenomenon, also referred to as 'Global ageing', that is set to continue. For instance, the above-65 population, which accounted for 6.9% of the world population in 2000, is expected to rise to 10.5% by 2025 (2).

Changes in old age such as chronic diseases increase the burden on the elderly, thereby increasing their dependency on other individuals. This type of relationship that the elderly are obliged to establish with others leads, in turn, to a further restriction of their autonomy. The fact that the relationship is not based on equal knowledge and skill may also put the elderly in a rather passive state vis-à-vis others and may, in some instances, lead to negligence of the privacy of the elderly (3).

The notion of privacy was first put forward by the American judge Louis Brandeis in 1890 as "the right to be let alone–the most comprehensive of rights and the right most valued by civilized man (4)". Throughout the years, different definitions for privacy were suggested. These definitions went, for the most part, hand-in-hand with the notions of confidentiality, property rights, information, private life, autonomy, public sphere and private sphere as well as religion, sexuality and culture (5-8). Gavison suggests that the confidentiality component forms the legal basis for privacy and that it is a significant element for the fulfilment of privacy (6). However, the notion of privacy has connotations that go beyond confidentiality. Privacy, as pointed out by Louis Brandeis, does not only refer to something that should be hidden. It is also considered as a means that allows individuals to develop their personalities, ensure their self-control and preserve their autonomy (9).

The possible impact of ageing on the well-being and living standards of the older population is a warning to social decision making (10). The literature reviewed stresses the importance of the notion of privacy; however, the limited number of studies in this field is far from being in proportion to this constant emphasis. Yet, the attitudes of carers towards the privacy of the elderly may carry great importance, given the cognitive, affective and behavioural aspects of their attitudes. In the literature, cultural values' effects on the concept of privacy is pointed out. Since religion is considered to be one of the most important components of a culture, the importance of development of a scale, which considers inherent values of the culture , has emerged in societies where Muslims constitute the majority of the population. Moreover, in the literature it is stated that besides the perception of privacy concept in general meaning, each component of the privacy concept, like information confidentiality, showed differences in regional and cultural levels (11). The aim of this study is to develop a scale in order to evaluate the attitudes related to the privacy of the elderly people, taking cultural differences into account. Such a scale may prove to be useful in studies to be carried out on privacy of the elderly. For example, it may be used in studies where the attitudes towards the privacy of the elderly are evaluated, different factors (such as occupation, level of education, age and gender) that are correlated with positive and negative attitudes and actions to be taken to raise awareness about the privacy of the elderly are revealed.

MATERIALS AND METHOD

Participants

A total of 156 nursing home carers from four public and five private nursing homes, situated in the Western Mediterranean Region of Turkey participated in the study. Of the participants 113 were women (%72.4), and 43 were men (%27.6). The mean age was 37.69 (SS=9.07) ranging from 20 to 69. A great majority of the participants were married (married, n=126; single, n=14; divorced, n=14 and widowed, n=2). 60 participants had primary school education (%38.5), 19 had secondary school education (%12.2), 37 had high school education (%23.7) and 40 had university education (%25.6). The participants were covering a wide spectrum of professions (nurses n=26; physicians n=2; care specialists n=68; social workers n=5; cooks n=10; orderlies n=17; physiotherapists n=2; nutrition specialist n=1; security staff n=4 and administrative staff n=21).

Instruments

The Attitudes Towards the Privacy of the Elderly (ATPE)

During the initial phase of the development of the ATPE, semi-structured interviews about privacy and the privacy of the elderly were carried out with a total of 62 people, including residents (n=6), nursing homes carers (n=15), various groups of professionals (n=25) and health professionals (n=16). These individuals were asked about how they perceive privacy and how they would define situations where they would feel that their privacy is respected or violated / disturbed.

In light of the information obtained through literature review and semi-structured interviews, a number of items evaluating positive and negative attitudes towards privacy were developed. The respondents were asked to rate each item

on a five-point Likert-type scale, representing scores from 1="I strongly disagree" to 5="I strongly agree". "I make sure that seniors are alone when I provide them with care" is an example of the items representing positive attitude towards privacy, whereas "I don't have any problem with the nursing home management controlling the lockers of the residents without their permission" is an example of the items representing negative attitude towards privacy.

The initial draft of the scale was sent to five experts to evaluate the appropriateness and clarity of the items. Following a number of minor changes in the wording that were deemed to be necessary by the experts, the scale was administered to a number of staff members (n=22) from a nursing home not included in the study. After evaluation by the experts and the results of the preliminary application, the 45-item ATPE was ready for implementation.

Procedure

The ATPE, "Attitudes Towards the Privacy of the Elderly", study was carried out with the participation of staff members from a total of nine nursing homes, four public and five private, situated in the Western Mediterranean Region of Turkey. The study covers all of the nursing homes located in Antalya, Burdur and Isparta city centers. 193 staff members from these nursing homes constituted the target population of the study. Although all staff members were contacted, 156 of them agreed to take part in the study (80.8%). A group of staff members (n=29) were asked to fill in the scale for a second time, at a maximum of 3-4 weeks interval, to assess the test-retest reliability of the scale.

All applications of the scale were personally done by the researchers on a face-to-face basis. The implementation of the scale took an average of 20-30 minutes. Prior to the implementation of the scale, staff members were informed about the purpose of the study and told that the results would be used only for study purposes without being shared with other individuals and institutions and that all information would be kept anonymous. Acceptance of participants to answer the scale was accepted as consent but a written consent was not obtained. Moreover, a guideline explaining the aim of the scale was added to the introduction part.

The permission to conduct this study was obtained from the Prime Ministry General Directorate of Social Services and Child Protection Agency.

Analysis of the data

Exploratory factor analysis was applied to the data obtained from the 156 nursing home staff members. The test-retest reliability of the ATPE was assessed through data from a group of staff members who filled in the scale twice, at 3-4 weeks interval. The Cronbach's Alpha coefficient was used to test the internal consistency of the ATPE.

Results

Results of the Exploratory Factor Analysis

The sample adequacy and the suitability of the data for factor analysis were examined with the Kaiser-Meyer-Olkin (KMO) coefficient and the Barlett Sphericity test. The use of the KMO coefficient demonstrated that the criteria for sample adequacy were met (.75), and the Bartlett Sphericity test showed that factor analysis was appropriate ($^{-2}$=578, sd=120; p<.0001).

Principal axis factoring with promax rotation was applied in order to determine the factor structure of the ATPE. Although the analysis revealed a five factor structure, each with an eigenvalue of more than 1, scree testing suggested a three-factor structure with each factor accounting for at least 5% of the variance. It was observed that some items were not loaded on any of the factors, whereas some others were loaded on more than one. When the items with factor load values lower than .32 (12) and the items that were loaded on more than one factor with a difference lower than .10 were removed, a 16-item two-factor structure explaining 37% of the variance was obtained. The two factors accounted for 24% and 13% of the variance, respectively. The first factor was named *"The Necessity of Privacy",* since it contained items such as 'I make sure that seniors are alone when I provide them with care', 'I warn my colleagues who are not careful about privacy' and 'The same level of attention must be paid to the privacy of the elderly in nursing units as to the privacy of other residents'. The second factor was named *"The Negligibility of Privacy",* since it contained items such as 'People diagnosed with dementia (senility) do not have privacy', 'I don't have a problem with the fact that all the carers of a resident have access to the information in his/her personal file', 'The decline in sexuality is directly proportional to the decline in privacy' and 'I don't have any problem with the nursing home management controlling the lockers of the residents without their permission' (see Table 1).

Results about the reliability of the ATPES

The correlation between repeated measurements performed at a 3-4 week interval was calculated to examine the test-retest reliability of the ATPE (r=.53). Although the obtained value does not indicate a very high correlation, it is found to be statistically significant (p<.01; n=29). The internal consistency of the scale was evaluated using the Cronbach's Alpha coeffi-

Table 1— Principal Axis Factoring With Promax Rotation and Item-Total Correlation findings of the ATPE

Items	I. Factor The Necessity of Privacy	II. Factor The Negligibility of Privacy	r
Making sure that seniors are alone during the delivery of care	.68		.47**
Warning those who violate privacy	.65		.44**
Paying the same level of attention to the privacy of seniors in nursing units	.61		.34**
The connection between privacy and private life	.51		.50**
Making sure that seniors are alone while they are cleaned	.50		.51**
Keeping the secrets of seniors	.48		.35**
The multi-component nature of privacy	.46		.43**
Confidentiality as a component of privacy	.41		.55**
Making sure that treatment is not a pretext for the disruption of privacy	.41		.41**
Sharing one's conversations with a senior with his/her family		.67	.62**
Restricting privacy to the genitals		.61	.54**
Ignoring the privacy of the demented		.51	.53**
Not having a problem with the fact that all information about seniors is easily accessible		.51	.44**
Eavesdropping on conversations of seniors		.46	.51**
Privacy declining in line with the decline in sexuality		.46	.50**
Controlling lockers without the seniors' will		.42	.54**
Eigenvalue	3.86	2.11	

**p<.01; r= Item-total correlation.

cient and was calculated to be .77. It was also observed that the item-total correlation value, which indicates the contribution of each item to the total score, varied between .34 and .62 and they were all statistically significant.

Discussion

Thus, the present study developed a scale, the ATPE that evaluates attitudes towards the privacy of the elderly. Exploratory factor analysis was conducted to examine the factorial structure of the ATPE and its reliability was tested through internal consistency, item-total correlation and test-retest reliability coefficients.

Exploratory factor analysis of the scale yielded a two-factor structure that accounted for 37% of the variance. After the examination of the items loaded on these two factors, the first factor was called 'the necessity of privacy' since the items loaded on it concerned issues such as the protection of privacy and awareness about the different components of privacy. The second factor was called 'the negligibility of privacy' since it was related to such issues as the circumstances where privacy might be disturbed and the subordinate nature of privacy. As the distribution of the items indicates, the first factor refers to positive attitudes about privacy while the second factor deals with negative attitudes.

A number of methods were used to test the reliability of the scale. The internal consistency of the scale, tested through the Cronbach's Alpha coefficient, was found acceptable (13). All items included in the scale had a significant correlation with the total score. The ATPE's test-retest reliability revealed a moderate correlation. One reason that might explain this relatively low level of correlation could be the relatively long interval of 3-4 weeks between the measurements. Another reason might be that the participants might have started thinking about privacy after the initial measurement and decided that certain situations they had previously considered as not disturbing privacy might actually be so. When the results of the second measurements were analysed, there was indeed a relative increase in the scores related to positive attitudes towards privacy. However, further studies should be carried out to test the accuracy of both assumptions.

Due to the limited number of participants in the study, only exploratory factor analysis could be conducted. In further studies, confirmative factor analysis should be performed to test the suitability of the two-factor model–i.e., positive and negative attitudes towards privacy–revealed by the present study. Another limitation of the study is the imbalance between the number of male and female participants. The reason for this imbalance is the fact that more women than men are employed in the care sector in Turkey.

In surveying the literature, since there is no prevalent scale for perception of privacy and determination of components of the concept, the ATPE developed could not be compared with different scales. However, the studies in literature related with the value load of the concept and its place in care services were used as discussion issues. Since the aim of this study was to develop a new scale, the data was not used to obtain other results.

The increasing shift from the extended family to the nuclear family in today's society increases the institutional care of the elderly or their domestic care by non-family members. The attitudes of carers towards the privacy of the elderly could be a significant component of care quality.

Schopp et al. demonstrated in a study that respect for privacy is one of the key components of the relationship between the elderly in nursing homes and their carers. They identified three types of attitudes: carers treating the residents like friends, strangers and objects. Treating residents like friends entails the acceptance of their individuality and, as a result, residents feel better about themselves. When residents are considered as objects, however, personal privacy standards are usually violated. In this case, the needs of the individual are neglected since they are considered as mere objects that should be repaired, and the swift accomplishment of duties become the only objective (14).

Even with the current emphasis on confidentiality and privacy, there is a lack of legal information or court decisions detailing the communications between health care professionals and patients (15).

A study covering five European countries, namely Finland, Spain, Germany, Greece and the United Kingdom, and supported by the European Commission, was conducted between the years of 1998 and 2001 to measure the value attached to the notions of privacy, autonomy and informed consent (16). Data collected from 573 seniors and 887 nurses was evaluated. The study demonstrated that the nurses attached greater importance to privacy than to autonomy or informed consent. While these notions are highly valued by the carers in the UK, the carers in Greece valued them the least. The study also showed that the elderly in Spain, the UK and Finland cared most about autonomy, privacy and informed consent, respectively. The differences in perception between nurses and the elderly was also highlighted by the study. It was concluded that the nurses had a better perception of these three concepts. The researchers argued that the differences among the countries might be due to different health service organisations, education, cultural values and the roles attributed to the elderly in different societies (17).

Finally, since this study evaluated the psychometric properties of a new scale that assesses the attitudes towards the privacy of the elderly, it did not emphasize the descriptive findings. Further studies may focus both on the utility of the scale and the variables that predict positive attitudes towards privacy of the elderly in nursing home settings.

References

1. WHO, Healthy ageing is vital for development, Prevention of Noncommunicable Diseases Throughout The Life Course Is Key Says New Who Policy Roadmap. [Internet] Available from: http://www.who.int/mediacentre/news/releases/release24/en/index.html. Accessed: 17.01.2012.
2. UN, Detailed Indicators. [Internet] Available fromhttp://esa.un.org/unpd/wpp/unpp/panel_indicators.htm. Accessed: 17.01.2012.
3. Büken NÖ, Büken E. Yaşlanma olgusu ve tıp etiği (Aging case and medical ethics). Turkish Journal of Geriatrics 2003;6(2):75-9.
4. Diffie W, Landau S. Privacy on the line: The politics of wiretapping and encryption. Cambridge, Massachusetts, The MIT Press, 1998, p 149.
5. Miller AR. Assault on privacy: Computers, data banks, and dossiers. Michigan, Michigan University Press, 1971, pp 40-1.
6. Newell PB. Perspectives on privacy. Journal of Environmental Psychology 1995;15(2):87-104.
7. Johnson DG. Computer Ethics, Upper Saddle River, New Jersey, Prentice-Hall, Inc., 2001, pp 120-7.
8. Belsey A, Chadwick R. Medya ve Gazetecilikte Etik Sorunlar (Ethical Issues in Journalism and the Media), Translated by N. Türkoğlu, Ayrıntı Publishing House, Istanbul, 1998, pp 110-1.
9. Geiderman JM, Moskop JC, Derse AR. Privacy and confidentiality in emergency medicine: Obligations and challenges. Emergency Medicine Clinics of North America 2006;24(3):633-56.(PMID:16877134).
10. Verropoulou G, Tsimbos C. Socio-demographic and health-related factors affecting depression of the Greek population in later life: an analysis using SHARE data. European Journal of Ageing 2007;4(3):171-81.
11. O'brien J, Chantler C. Confidentiality and the duties of care. Journal of Medical Ethics 2003;29(1):36-40.
12. Tabachnick BG, Fidell LS. Using Multivariate Statistics, 5th edition, Boston, Pearson International Edition, 2007, pp 607-75.
13. Nunnally JC, Bernstein IH. Psychometric Theory. 3th edition, New York, McGraw-Hill, 1994, pp 211-92.
14. Schopp A, Leino-Kilpi H, Välimäki M, Dassen T, Gasull M, Lemonidou C, Scott PA, Arndt M, Kaljonen A. Perceptions of privacy in the care of elderly people in five European countries. Nursing Ethics 2003;10(1):39-47. (PMID:12572759).
15. Plawecki LH, Amrhein DW. The nurse and the depressed or suicidal older patient. Journal of Gerontological Nursing 2010;36(5):15-8. (PMID:20438007).
16. Leino-Kilpi H, Välimäki M, Dassen T, et al. Perceptions of autonomy, privacy and informed consent in the care of elderly people in five European countries: General overview. Nursing Ethics 2003;10(1):18-27. (PMID:12572757).
17. Leino-Kilpi H, Välimäki M, Dassen T, et al. Perceptions of autonomy, privacy and informed consent in the care of elderly people in five European countries: Comparison and implications for the future. Nursing Ethics 2003;10(1):58-66. (PMID:12572761).