




Privacy of the Elderly: A Qualitative Evaluation in Terms of Nursing Home Residents and Caregivers

Yaşlı Mahremiyeti: Huzurevi Sakinleri ve Bakım Vericiler Açısından Nitel Bir Değerlendirme

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ABSTRACT Objective: This study was planned to determine the perceptions of the elderly people living in nursing homes and their caregivers toward the elderly privacy. **Material and Methods:** The research was conducted by using a semi-structured face-to-face interview technique, which is among qualitative interview techniques. The sample of this study consists of nursing home residents (n=10) and their caregivers (n=10) who agreed to participate in the study with purposive sampling method and who gave informed consent. **Results:** While the majority of the elderly people defined the first theme of the research “Perception of Privacy” as avoiding their bodies from the opposite sex, caregivers reported that privacy is to keep elderly people’s bodies and to maintain the confidentiality of the information shared by the elderly people with themselves. As for the second theme of the research “privacy protection”, the nursing home residents stated that they often pay attention to the privacy and the caregivers reported that they try to pay attention to protect both information and bodily privacy of the elderly people. **Conclusion:** It was revealed that the perceptions of nursing home residents and caregivers towards privacy are close to and complement each other, the elderly people living in nursing home and the caregivers perceive privacy as the confidentiality of body and information, and both elderly people and caregivers behave very carefully to protect the privacy.

Keywords: Nursing home; elderly; caregiver; privacy; qualitative evaluation

ÖZET Amaç: Bu çalışma huzurevinde kalan yaşlıların ve bakım vericilerin yaşlı mahremiyetine yönelik algılarını belirlemek amacıyla planlandı. **Gereç ve Yöntemler:** Araştırma nitel görüşme tekniklerinden yarı yapılandırılmış yüz yüze görüşme tekniği kullanılarak yapıldı. Bu araştırmanın örneklemini bir huzurevinde yaşayan huzurevi sakinleri (n=10) ve bakım vericilerden (n=10) amaçlı örnekleme yöntemi ile çalışmaya katılmayı kabul eden ve aydınlatılmış onamı alınan bireyler oluştu. **Bulgular:** Huzurevi sakinleri ve bakım vericiler ile yapılan görüşmelerde ilk tema olan “Mahremiyet Algısı” na yönelik yaşlıların çoğunluğu mahremiyeti, karşı cinsten vücudunu sakınmak olarak bildirirken, bakım vericiler mahremiyeti yaşlıların bedenini koruma, yaşam alanlarına kontrollü girip-çıkma ve yaşlının kendileri ile paylaştığı bilgilerin gizliliğini sağlama olarak ifade etti. Araştırmanın ikinci teması olan “Mahremiyeti Koruma” ya yönelik; huzurevi sakinleri çoğunlukla mahremiyete dikkat ettiklerini, örf ve adetlerinde böyle gördüklerini; bakım vericiler ise yaşlıların hem bilgi hem de bedensel mahremiyetini korumaya dikkat ettiklerini bildirdi. **Sonuç:** Huzurevi sakinleri ve bakım vericilerin mahremiyet algılarının birbirine yakın ve birbirini tamamlar nitelikte olduğu, huzurevinde kalan yaşlılar ve bakım vericilerin mahremiyeti önemli ölçüde bedensel ve bilgi gizliliği olarak algıladığı, mahremiyeti koruma yönünde hem yaşlı hem de bakım vericilerin oldukça dikkatli davrandığı belirlendi.

Anahtar Kelimeler: Huzurevi; yaşlı; bakım verici; mahremiyet; nitel değerlendirme

Since the beginning of the twentieth century, old age population has increased due to the factors such as decrease in fertility rate throughout the world, increase in average life expectancy, increased awareness of people about health protection and development, improvement of

nutritional conditions, development of basic public health services, increase in early diagnosis and treatment possibilities of diseases, and control of many infectious diseases.¹⁻⁵ In addition, women's entering into work force, economic problems, increasing migration from rural areas to urban areas, spreading of nuclear family structure, young people's perspective on old age, communication problems between generations, increasing chronic diseases, and elderly people's becoming dependent/semi-dependent make it difficult to care for the elderly at home and these people prefer to stay in long-term care centers instead of home environment.^{2,5-9} In the studies conducted in our country, it has been reported that elderly people mostly prefer home environment; however, nursing homes are also in demand due to the socioeconomic and cultural changes.^{8,10,11} This change in the Turkish society and the increase in the use of nursing homes have made the concept of privacy in elderly care a current issue.¹¹

Nursing homes are inpatient social service organizations established to protect elderly people in need of care in a peaceful environment, to care for them and to meet their social and psychological needs.¹² Biological, economic, social and psychological dimensions of individuals change with increasing age and may be insufficient to meet self-care needs due to the decline of functions such as seeing, hearing and moving.¹³ This causes the needs of elderly individuals to be met by caregivers. At the same time, the cases of nursing homes in Turkey is usually shared rooms and a large common area consisting of spaces, the right to private life may become limited in these venues and facilities to be alone.⁸ All this brings the concept of privacy to the residents and caregivers in the nursing homes.

Privacy is a fundamental human right recognized in the Universal Declaration of Human Rights by United Nations, the International Covenant on Civil and Political Rights and many other international and regional treaties. Privacy is defined as confidentiality by the Turkish Language Association (TDK).¹⁴ Privacy should be considered not only as a way to hide, but also as a need to im-

prove the quality of life, as one of the ways for self-realization and to protect autonomy. In this respect, privacy can be defined as determining and controlling the boundary between "I" and "the other".¹⁵ Upon arriving the nursing home, the individuals leave their familiar environments, and there becomes a serious change in their friendship patterns and social environments. For this reason, there may be some changes in the perceptions, outlook on life and lifestyles of people who stay in long-term care centers. The subjective life, which is maintained in the home environment for the elderly person, turns into shared life with others in the care center environment.^{2,16} In this sense, privacy in long-term care centers is one of the priority requirements of institutional life, and maintaining privacy is of great importance for the well-being of individuals.¹⁶ As people grow older, there may be loss of privacy with the increase in the need for care especially in long-term care centers, and it is becoming a necessity for caregivers to respect the privacy of elderly people and to balance their care.² Mattiasson and Hemberg reported that elderly people expect caregivers to recognize themselves, respect their privacy and personalities.¹⁷

Due to the nature of the service in the care centers, it is inevitable to intervene in the private area by the caregiver (the other) and therefore a dilemma occurs for the person receiving care (I) towards privacy between the protection of private area and the realization of care. At the same time, there are also risky situations in which elderly privacy can be violated such as information sharing in the nursing home, life and social areas.¹⁶ Hence, privacy becomes more important for older people when they live in nursing home and when they are mostly dependent on the care of others, and it is the responsibility of caregivers who work in nursing homes to protect the privacy during the care of dependent elderly people.^{2,16} The right to privacy of elderly people is an important area especially in elderly care services, and caregivers should be sensitive to protect the privacy of elderly people.⁷

Previous studies examined the privacy as perception/ thought/ attitudes in elderly care in institutions giving healthcare, in nursing home staff,

and in elderly people in nursing homes.^{7,16,18-20} It was found that the hospitalized elderly patients perceive the privacy at a moderate level in terms of physical, informational and psychosocial dimensions.¹⁸ It was also revealed that privacy in nursing homes can be neglected in various areas, nursing home staff believe that privacy should not be ignored, they pay attention to privacy and that concept of privacy is perceived more as a religious issue and sexuality by elderly people in nursing homes, and associating the information confidentiality with privacy is at very low levels.^{7,16,19-21} Although there are a limited number of quantitative studies in the literature conducted separately in elderly people and nursing home staff toward the privacy of elderly people, there is no qualitative study which the perception of privacy of these two groups investigates together. The increased relationship between the people receiving care and caregivers in the nursing home may raise the possibility of privacy disturbance. This study was carried out to determine the perceptions of the individuals who receive care and who provide care in nursing home. In this respect, this study is expected to contribute to the increase in awareness and sensitivity toward the protection of the privacy of elderly people living in the nursing home.

MATERIAL AND METHODS

This research was conducted qualitatively through face-to-face interviews with semi-structured questions from the in-depth interview technique and, through its ethical aspect; it aims to evaluate the elderly privacy from the perspective of nursing home residents and caregivers.

The population of this study consists of nursing home residents (70) in Turkey and caregivers (16), and the sample is comprised of nursing home residents (n=10) and caregivers (n=10), who agreed to participate in the study with purposive sampling method and who gave informed consent.

The data was collected through Descriptive Characteristics Form (DCF) and Privacy Evaluation Form (PEF).

Descriptive Characteristics Form (DCF) was developed by the researchers on the basis of the lit-

erature, Descriptive Characteristics Form for Nursing Home Residents consists of 13 questions including age, sex, marital status, number of children, education level, social security, status of having chronic disease, status of whether their costs are met in the nursing home, duration of stay, visitor status and status of dependence/independence in daily living activities.^{7,8,19,21-23} Also developed by the researchers on the basis of the literature, Descriptive Characteristics Form for Caregivers consists of 12 questions including age, sex, marital status, number of children, education level, social security, working year in nursing home, type of working, willingness to work and receiving in-service training.^{7,8,20-22,24}

Privacy Evaluation Form (PEF) was developed by researchers on the basis of the literature, and consists of five open-ended questions to evaluate the privacy perception of nursing home residents and caregivers.^{7,8,19-24} These questions are as follows; (1) What is the concept of privacy? (2) Do you think it is important to take care of protecting privacy? Why? (3) In your opinion, is a person's privacy also regarded as privacy by others? (4) Is privacy generally paid attention in the nursing home? (5) Is there anything else you want to say about privacy?

IMPLEMENTATION OF RESEARCH

The data were collected by two researchers between July and September 2017. Interviews with nursing home residents and caregivers who were informed about the research and agreed to participate in the study were held in a room designated by nursing home managers. The room had the appropriate physical properties such as sound, heat, light, and was able to ensure the confidentiality of the interview with the participants. Nursing home residents and caregivers were informed about the fact that the decision on whether to participate in the study is entirely up to them, they would not write a name on the questionnaire, the written data of the interview will be used only within the scope of the research and that confidentiality will be ensured. Interviews were conducted using face-to-face interview technique with each participant.

One of the researchers (FTY) conducted the interview while the other (İY) wrote and recorded them.

ETHICAL CONSIDERATIONS

Ethical approval for the study was obtained from Sivas Cumhuriyet University Non-interventional Clinical Research Ethics Board (Decree No. 2017-03/24), and permission for institution was taken from the Republic of Turkey Ministry of Family and Social Policies (Date: 18/07/2017, No: 73595336-605.01-E. 76037). The study was carried out in accordance with the Helsinki Declaration Principles. Nursing home residents and caregivers were informed about the study prior to the research. The ones who met inclusion criteria and agreed for participation were included in the study after written informed consent had been obtained. The residents who were illiterate, who had communication/hearing problems and neurological disorders such as Parkinson's, dementia or Alzheimer's disease were excluded from in the study.

DATA ASSESSMENT

The obtained quantitative data were evaluated in SPSS 22 program, and they were typed in the table as the number, percentage calculations, mean and standard deviation. The obtained qualitative data was evaluated by the researchers in three sessions, and was typed. Two main themes were identified in content analysis: (1) Perception of Privacy and (2) Protection of Privacy.

RESULTS

QUANTITATIVE RESULTS

The mean age of nursing home residents (n=10) was 73.10 ± 6.19 (min: 64, max: 81), and 50% were female, 70% were widowed, 60% had no children, 60% were literate, 50% had social insurance and 90% had at least one chronic disease. Half of the residents (50%) were living in nursing home with support of government, and 80% were staying in a double room, mean duration of stay in nursing home was 2.85 ± 2.08 years (min: 1, max: 6), 30% had visitors and 70% could perform the daily living activities independently (Table 1).

TABLE 1: Descriptive characteristics of nursing home residents.

	n (%)
Age X= 73.10±6.19 (min: 64, max: 81)	
Gender	
Female	5 (50)
Male	5 (50)
Marital Status	
Single	3 (30)
Married	-
Widow	7 (70)
Children	
Yes	4 (40)
No	6 (60)
Education Level	
Literate	6 (60)
Primary school graduate	4 (40)
Secondary school graduate	-
High school graduate	-
College-University graduate	-
Social Security	
SSI	5 (50)
Other (No security-support of government)	5 (50)
Chronic Disease	
Yes	9 (90)
No	1 (10)
Type of stay in nursing home	
Paid	5 (50)
Support of government	5 (50)
Room	
Single room	2 (20)
Double room	8 (80)
Duration of stay in nursing home X=2.85±2.08 (min: 1,)	
Visitors	
Yes	3 (30)
No	7 (70)
Able to perform everyday activities independently	
Yes	3 (30)
No	7(70)

The mean age of caregivers (n= 10) was 39.70 ± 7.95 (min: 28, max: 55), 50% were female, all of them were married and had children, 70% had a nuclear family and 60% were high school graduates. All of the caregivers had social insurance, the average working year in nursing home was 7.15 ± 1.37 years (min: 4, max: 8), they were

TABLE 2: Descriptive characteristics of caregivers.

	n (%)
Age X= 39.70±7.95 (min: 28, max: 55)	
Gender	
Female	5 (50)
Male	5 (50)
Marital Status	
Single	-
Married	10 (100)
Children	
Yes	10 (100)
No	-
Family Type	
Nuclear family	7 (70)
Extended family	3 (30)
Broken Family	-
Education Level	
Literate	-
Primary school graduate	-
Secondary school graduate	2 (20)
High school graduate	6 (60)
College-University graduate	2 (20)
Social Security	
SSI	10 (100)
Working year in nursing home X=7.15±1.37 (min: 4, max: 8)	
Working type in nursing home	
Day shift	-
Night shift	-
Other (Three-shifts)	10 (100)
Willingness to work in nursing home	
Willingly	10 (100)
In need / Compulsorily	-
Receiving in-service training	
Yes	10 (100)
No	-

working as three shifts (07:00-15:00, 15:00-23:00 23:00-07:00), all of them were working willingly and received in-service training towards elderly care services (Table 2).

QUALITATIVE RESULTS

In accordance with the data obtained towards the “Perception of Privacy”, which is the first theme in interviews with nursing home residents and caregivers, it was found out that the majority of the elderly

reported that they perceive privacy as avoiding their body from the opposite sex. The female nursing home residents said that “*Privacy is to avoid and hide oneself and to pay attention to this*” (5 elderly females), while male residents reported that “*Privacy is to be ashamed of and to pay attention to one’s movements and speech when a female is present*” (5 elderly males).

The caregivers reported that they perceive privacy as keeping elderly people’s bodies, entering and exiting from the living spaces of elderly people in a controlled manner, and maintaining the confidentiality of the information shared by the elderly people with themselves. Caregivers said that they perceived privacy as “*everything that they do not want to be known from the other*” (4 caregivers), and that “*I believe everything unique to a person such as information, body and idea is private*” (6 caregivers).

As for the second theme of the research “privacy protection”, female residents stated that “*We have water and bathroom in our rooms, male residents live in different floor and male caregivers do not enter our rooms. My roommate also behaves carefully when she enters the room*” (5 female residents), while male residents reported that “*I pay attention to privacy, we learned it from our customs and traditions. I stand up when a female staff comes to my room to make cleaning, even if I am sitting. I am responsible for myself*” (5 male residents).

As for the “privacy protection”, caregivers noted that “*Of course, we pay attention to privacy (10 caregivers). We care elderly people since they cannot meet their needs, so this is a requirement and necessity (4 caregivers). They feel embarrassed and upset when their privacy is not protected. Therefore, we strive to implement their care without hurting their pride (4 caregivers). As caregivers, we take care of protecting both information and physical privacy. We pay more attention to privacy in order not to hurt, especially in personal care (7 caregivers). When necessary, we warn about each other and the elderly, and sometimes the elderly can warn us (2 caregivers) (Figure 1).*

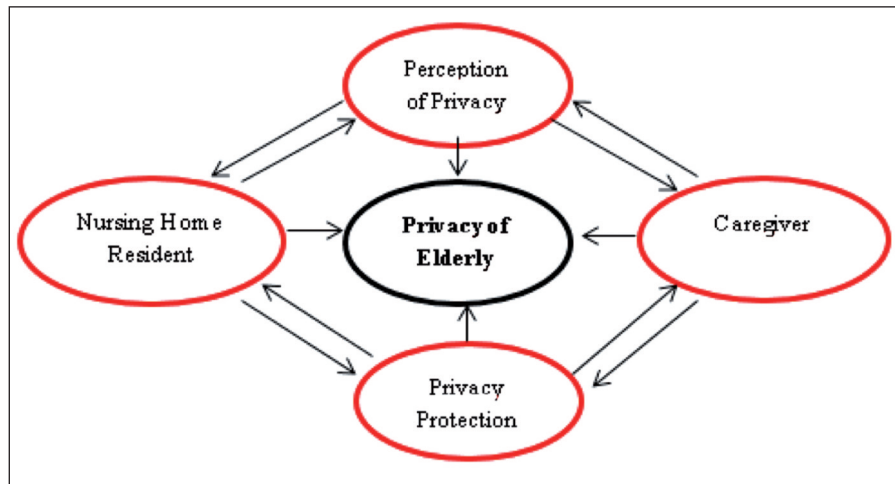


FIGURE 1: Relationship between Privacy of Elderly and Themes.

DISCUSSION

In our study, it was revealed that caregivers behave attentively to protect the physical privacy of the elderly people in all the practices they make while entering the living spaces of nursing home residents, and this has been confirmed by the residents in the nursing home. In line with the qualitative findings obtained from the study, it can be said that both elderly people and caregivers in the nursing home have almost the same opinion that they perceive the concept of privacy as a whole covering personal space, body, personal behaviors, social relations, information about themselves, beliefs and attitudes. It can also be concluded that caregivers are in general agreement to protect the privacy of the elderly and that they have the understanding that they reflect the perception of privacy they have into the service they give for the elderly.

The mean age of the nursing home residents was 73.10. In a similar study conducted in Turkey, the mean age of nursing home residents was found to be 74.00. The mean age of the caregivers who participated in our study was 39.70.¹⁷ In a similar study conducted in Turkey, the average age of caregivers in nursing home was found to be 39.11, 37.69, 38.04 and 39.44.^{7,18,19,21} According to these results, it can be said that the findings regarding the average age of nursing home residents and caregivers are consistent with the literature. In accordance

with these findings, the elderly and the caregivers who live in nursing homes in Turkey almost have the same opinions in terms of the perception of privacy.

In our study, it is observed that both nursing home residents and caregivers perceive privacy as an important concept in their lives. In the studies carried out with nursing home staff, it was found out that the staff expressed the privacy of elderly people as a concept that should not be neglected and they placed importance on privacy.^{7,20,21} Indeed, one of the most important cultural characteristics of Turkish society is respect for the elderly individuals. However, it can be said that elderly people are not adequately respected in rapidly changing and individualizing societies and that privacy can be harmed.

Our study has revealed that the concept of privacy is perceived especially in physical aspects by nursing home residents, but it is perceived as multi-dimensional by the caregivers, which is in physical, information and psychosocial aspects. However, another study conducted in Turkey found that the nursing home staff do not regard privacy as a multi-component concept.²⁰ In accordance with these findings, it can be said that the concept of privacy can be perceived in different ways in an individual and institutional perspective despite cultural partnerships. In literature, it is also stated that privacy is a multi-component concept on the basis of confidentiality.^{7,16} In this context, our study results are

consistent with the literature. It can also be stated that the right of privacy of elderly persons is an important area especially in the elderly care service, the caregivers in the nursing home should receive in-service training for privacy, and the service providers should know the perception of privacy of the service users.⁷

In our study, the majority of male and female nursing home residents perceive privacy as avoiding their bodies from the opposite sex. In some studies, it was determined that those who stay in nursing homes reported that their privacy was mostly damaged in personal hygiene interventions.^{16,25,26} Also, caregivers highlight the privacy with physical dimensions and stated that they pay attention to protect physical privacy while doing personal hygiene practices. Similarly to our study, nursing home caregivers stated that the physical privacy should not be damaged in care practices in another study.⁷ In some studies, nurses also emphasized that the privacy of the elderly is mostly damaged during personal hygiene practices.^{16,25-27} Based on these findings, it can be said that physical dimension is the most vulnerable area in terms of protecting the privacy of the elderly in nursing homes. In this respect, this is the reason why elderly people and caregivers bring the physical dimension into the forefront in privacy of the elderly.

As a matter of fact, a study conducted in a nursing home reported that privacy focuses on the relationship between men and women, older people can better protect physical privacy in the home environment, and that the architecture of nursing home is effective in maintaining physical privacy.¹⁹ In a study conducted in five European countries, it was found out that elderly people could not spend time alone and their privacy is prevented because of shared rooms and architectural structure.¹⁶ Therefore, it is important to consider the factors such as common use of living spaces (shared rooms, living areas, bathrooms and toilets, etc.), the coexistence of elderly people with different age, education, social and cultural level, and to protect the physical privacy.

CONCLUSION

In our study, it was concluded that the elderly people living in nursing home and caregivers perceive the concept of privacy as a multicomponent whole, but they regard the physical privacy as priority.

Elderly care is more than just a service; it is also a basic human right. For this reason, it is highly important to provide privacy-focused service between nursing home staff and the elderly people staying there, to increase the sensitivity in this area and to create an institutional culture. In this context, it is advisable to carry out awareness activities for elderly people living in nursing homes, to organize in-service training programs for the employees in the elderly care services, and to carry out the study in nursing homes in different regions and cities by using different measurement tools for privacy. In addition, similar studies may be conducted in larger samples in different cities and nursing homes.

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: Fatma Tok Yıldız, İlknur Yıldız, Şerife Karagözoğlu; **Design:** Fatma Tok Yıldız, İlknur Yıldız, Şerife Karagözoğlu; **Control/Supervision:** Fatma Tok Yıldız, İlknur Yıldız, Şerife Karagözoğlu; **Data Collection and/or Processing:** Fatma Tok Yıldız, İlknur Yıldız; **Analysis and/or Interpretation:** Fatma Tok Yıldız, İlknur Yıldız; **Literature Review:** Fatma Tok Yıldız; **Writing the Article:** Fatma Tok Yıldız, İlknur Yıldız, Şerife Karagözoğlu; **Critical Review:** Fatma Tok Yıldız, İlknur Yıldız, Şerife Karagözoğlu.

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