Privacy in Perinatal Services: A Qualitative Study

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Abstract:
Objectives:This aim of this study is to investigate the perceptions of privacy of mothers who received perinatal care and health professionals who provided these services.
Methods:A qualitative content analysis method was used to explore the perceptions of privacy of mothers receiving perinatal care and health professionals providing these services. The study was conducted with 20 pregnant or postpartum women and 15 health professionals. The data were collected using semi-structured interviews. The sample size was determined when data saturation was reached through the purposeful sampling method.
Results:The perception of privacy did not change for the mothers who benefited from perinatal services or for the health professionals, especially nurses who provided these services.
Conclusions:The mothers and health professionals actually spoke a common language, but health professionals lack some skills in terms of practice. Patient privacy is an important issue that must always be addressed vigorously.
Keywords:Perinatal, Nursing, Privacy, Qualitative.

I. Introduction

Perinatal services and childbirth, in particular, are special situations in which women's personal control is diminished, they are worried about not being able to protect their privacy, and they need more information and attention. There are certain interventions and examinations where privacy matters a lot during pregnancy, labor and postpartum periods. In such cases, ensuring patient privacy and confidentiality in health care settings is an important need[1,2]. Despite the emphasis on the importance of ethically high levels of midwifery-nursing practice for midwives (ICM 1993) and nurses (ICN 1973) in the International Code of Professional Ethics, there is currently limited research on topic of confidentiality in perinatal services including pregnancy, labor and postpartum periods[2].

Hospitals are places where patients have limited personal control over the physical environment and are deprived of privacy[3]. Unfortunately there is still limited literature on the concept of privacy. Moreover, it is often the case that current studies tend to address the physical dimension of privacy. In addition, further research on privacy is needed especially in health care institutions and nursing.

Any person is affected by various individual and environmental factors during pregnancy, labor and postpartum processes in perinatal services. In a study of postnatal clinics by Leino-Kilpi et al. [2], the mothers emphasized the importance of delivering in a safe environment, and 93% stated that the physical environment was effective during labor. Particularly shaving, gynecological examinations, environmental sound and vision problems during childbirth are some of the events that affect privacy. It is therefore important to protect the right to privacy of individuals receiving health care services. This can only be achieved through adopting an individualized care model that is sensitive and respectful to personal preferences, offering individuals a choice for maintaining their own care and control during the treatment process, ensuring participation in decision-making processes and receiving content. In addition, setting up suitable physical and social environments for individuals is also important in this sense[4].

There is unfortunately limited research on the current situation of individuals' right to privacy in perinatal services in Turkey. Therefore, the aim of this study was to determine the opinions and expectations of patients and health professionals on the effects of care practices on privacy/personal information protection of women in prenatal, perinatal and postnatal stages. This aim of this study was to investigate the perceptions of privacy of mothers who received perinatal care and health professionals who provided these services.

Privacy, which is defined as "data or information belonging to an individual, which, despite not necessarily being secret, should be only shared under the expressed permission of the original owner", is one of

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the fundamental needs of people[5]. According to literature on the dimensions of privacy, it has four dimensions: the physical, social, psychological and informational dimensions[6,7].

Physical dimension of privacy involves an individual's personal physical space and his or her control over this space, physical contact with other individuals and the degree of intimacy in this contact[6,7,8,9]. Social privacy describes social skills and the ability to control social interactions with others[6,7,10]. Psychological privacy involves the control of processes related to knowledge and emotional state, shaping of values, and sustainability of individual identity[6,9]. Finally, informational privacy describes an individual's ability to determine what information could he or she reveal about himself or herself to be known to others[11].

II. Material And Methods

A qualitative content analysis method was used to explore the perceptions of privacy of mothers receiving perinatal care and health professionals providing these services.

Subjects & selection method: This method was selected because it could provide new and extensive data[12,13]. The study was conducted with a total of 35 people – 20 pregnant or postpartum women who benefited from perinatal services between March 2011 and November 2013, and 15 health professionals who provided these services. The participants were selected through stratified purposeful sampling. Purposeful sampling helps researchers gain a clear understanding of participants' knowledge, experience and opinions. Stratified sampling method involves revealing the characteristics of particular subgroups, describing them and making comparisons among them[13,14,15]. The hospital where the study was conducted is in Istanbul, Turkey and is one of the largest maternity hospitals in the country. At the time when the data were collected, the rooms for postpartum patients were not single rooms. In fact, each room was divided by screens into labor areas, early postpartum areas and areas for labor tables. Those patients who were willing to participate in interviews, who could express their feelings and ideas, and who could fluently speak Turkish were included in the study. However, those who were in need of special care, who were mentally disabled or who did not complete the interview were excluded from the sample. In a quiet place that was appropriate for qualitative research data collection without interference, the lead author of the study conducted face-to-face interviews with the pregnant and postpartum women and health professionals using "individual in-depth interview technique".

The data were collected using semi-structured interview forms prepared by the researcher according to the literature. A total of seven people, a psychologist and six faculty members with expertise in qualitative research, took part in preparing the interview questions. The interview questions were piloted with three people - a pregnant woman, a postpartum and a nurse – after receiving their consent. The transcripts of the pilot interviews were analyzed and reviewed by the same experts and then the interview questions were revised. The pilot interviews were not included in the study sample.

Firstly, the pregnant women were introduced to the researcher at the hospital. Once the hospital and treatment procedures were finished, the patients who were willing to participate in the study were taken to a room that was not really suitable for data collection. During this meeting, the researcher just informed the participants about the purpose of the study and received their consent. Since the room in the hospital was not convenient for qualitative data collection, the researcher used this event in the hospital as an opportunity for a warming-up session. After making appointments with the participants, the researcher conducted the individual interviews particularly in places where the participants felt comfortable (e.g., in their homes or work places). Each of the participants was interviewed at least twice. We believe the interviews were very successful and fruitful because the participants got to express themselves better outside the hospital. For all the interviews, places without any interference from other people or phone calls were preferred. After being informed about the purpose of the study, the participants were explained that the researcher would use a voice recorder, and their written consents were obtained. In order to increase validity and reliability, the researcher interviewed the participants individually and made observation notes. The researcher did not try to collect data during the first interview as much as possible in order to ensure long-term interaction. Therefore, most data were collected during the second sessions of the interviews. The data were then evaluated by five experts together with the researcher. After each interview session, the participants listened to their interview recording and they were requested to provide informed consent. Each of the interview sessions lasted 35-95 minutes.

Analysis

Since our study included the participants' experiences, interpreting the hidden content of the statements relevant to the research topic was important. Therefore, we used Graneheim, Lindgren and Lundman's [16] conventional content analysis method.

The interviews were continued as new data were added. The interviews were terminated when data saturation was reached. Data collection and analysis processes were conducted simultaneously. The voice recordings of the interviews were transcribed into a Microsoft Word document. After the codes from each phrase or sentence were identified, the researcher who administered the interviews performed thematic coding

and then categorized them so as to identify appropriate themes and subthemes. The data were analyzed using Atlas.ti software. In order to increase the validity of the study, the same process was carried out by the five experts and then the data were reorganized by the experts and the researcher. An expert psychologist reviewed the transcripts of the interviews of the mothers and health professionals and made psychological evaluations.

Finally, all the data were interpreted and reported according to the themes. Institutional permissions were obtained prior to the research. During the sampling, no pressure was given to women to participate in the study and written and verbal consent was taken from all the participants.

III. Result

For each of sub-themes in the study, the mothers' opinions were presented and followed by the health professionals' opinions. Also, direct quotes from the participants were given to complement and contextualize these sub-themes. As can be seen in Table 1, the themes identified by analyzing the interviews of the mothers and health professionals were (a) meaning of privacy, (b) physical privacy (privacy of body, physical space, personal space/distance), (c) social privacy (social interaction, body image), (d) cultural privacy (spiritual values, cultural differences), (e) psychological privacy (confidentiality of feelings and thoughts), (f) informational privacy (confidentiality of personal information, patient records), and (g) expectations for privacy protection.

Table no 1: Direct Quotes from the Participants for the Themes and Sub- Themes Concerning Privacy Perceptions of Mothers and Health Professionals

Theme	Sub-Theme	Direct Quotes from the Mothers	Direct Quotes from the Health Professionals
Meaning of Privacy		*"... I mean private things, private situations I do not want others to find out ..."* (Mother-3, primiparous pregnant)	*"... It is anything that the patient wants to hide from others,"* (Doctor-34)
Physical Privacy	Privacy of the Body	*"... You need to protect your body under all conditions...."* (Mother -18, postpartum multiparous)	*"... These subjects are more delicate in gynecology because women get undressed during procedures..."* (Doctor -27)
	Physical Space	*"...It has to be a quiet environment. I should not be hearing other people, and the lights should not disturb..."* (Mother -2, primiparous pregnant)	*"... Sometimes physical conditions of perinatal clinics may not be suitable for protecting privacy..."* (Nurse-21)
	Personal Space/ Distance	*"... Everyone should have their own privacy, and I must be alone after the labor..."* (Mother -17, postpartum multiparous)	*"... When we enter the private space of a mother and stimulate her too much, or when we watch her more than necessary, she cannot let herself into the natural course of labor. Interventions bring other interventions..."* (Nurse -24)
Social Privacy	Social Interactions	*"... Not everyone should see..."* (Mother -11, 27 years old, postpartum primiparous)	*"In fact, we should be able to ask the patient, "We have a student/intern here. Do you mind his or her presence during examination?"*(Nurse -23)
	Body Image	*"...Pregnancy is embarrassing. So I am ashamed of the abdominal growth when I walk around because of that shape change in my body..."* (Mother -3, primiparous pregnant)	*"...They make comments about the patient's body image. For example, they tell how fat the patient's belly is. They tell this near the patient. ☹..."* (Hemşire-30)
Cultural Privacy	Spiritual Values	*"... It can be caused by faith because I do not want anyone else to see me in that situation..."* (Mother -5, primiparous pregnant)	*"... Spiritual values are important in our society, so are they in privacy ..."* (Doctor -34)
	Cultural Differences	*"... I think cultural differences are also important in privacy ..."* (Mother -14, postpartum multiparous)	*"... Some patients care extremely while some may not care at all. I guess cultural differences cause this..."* (Nurse -23)
Mental/ Psychological Privacy	Confidentiality of Feelings and Thoughts	*"... My baby died, I could not live my emotions... I did not want the people around me to be affected..."* (Mother -10, postpartum multiparous)	*"... She has lost her baby and her psychology is bad already... She tries to hide her emotions..."* (Nurse -33)
Informational Privacy	Confidentiality of Personal Information	*"... Some patients may have information that should not be known by others..."* (Mother -11, postpartum primiparous)	*"... For example, as soon as the patient comes to the department, the patient must have the privacy of what he tells..."* (Doctor -28)
	Patient Records	*"...It makes me feel uncomfortable even to think that where I visit on the Internet are recorded in the background, and my information (hospital records) needs to be stored more carefully...".* (Mother -16, multiparous pregnant)	*"...The patients especially ask, "Does anyone else see any of these records?"...* (Doctor -29)
Expectations About Privacy		*"... The physical conditions are inadequate and improvements need to be made in that respect. Then the privacy of patients is protected..."* (Mother -4, primiparous pregnant)	*"... Physical conditions need to be improved first of all..."* (Doctor -34)

Meaning of Privacy

Almost all of the mothers in the study defined privacy as "a personal state belonging solely to the person" and stated, "it is important at every stage of life".

"...Well, it involves protection of a spiritual space, I mean not just a physical space, that you think belongs to you..." (Mother-9, postpartum multiparous)

The health professionals in the study defined privacy as "an important concept that is not limited solely to the body but also includes personal information".

"... Not our organs, for sure. It means protecting information about us, too. Perhaps, it can be shared to some extent because everybody has got their own limits..." (Nurse-24)

Physical Privacy

The second theme that emerged in the study was the concept of Physical Privacy. The sub-themes of physical privacy were privacy of body, physical space, personal space/distance concepts.

Privacy of Body. The vast majority of the mothers stated they were uncomfortable for others to see their bodies during perinatal procedures (e.g., enema application, breastfeeding, delivery and pregnancy examination) and they were negatively affected by physical examination (e.g., number and behaviors of health professionals during examination).

"... I was surprised to hear that enema should be done, I told them I did not need it, I did not eat anything and my bowel was empty, but they still did it ... I hated it ☹..." (Mother-11, postpartum primiparous)

Health professionals stated that their own colleagues could not protect patient privacy during physical examination.

"... At the department, I unfortunately witnessed my own colleagues looking at and commenting on patients' sexual organs..." (Nurse-21)

Physical Space. The mothers said they would have preferred to avoid intense light and sounds in the areas where they would give birth in order to protect their privacy.

"... The place for my delivery could be a dim and quiet environment. I would like a place where my voice will not go out and the sounds outside will not come to me ... (Mother-1, primiparous pregnant)

Similarly, the health professionals in the study stated that health care institutions were not constructed in a way that would protect patient privacy in terms of physical space, the sounds and light in the environment disturbed patients and the labor process was adversely affected by the insufficient isolation system.

"... The hormones that are activated during labor like oxycotin are released in quiet, calm, soft and dim environments. ... However, if there are too many stimuli, if there are spot lights, if somebody's watching us, labor process is negatively affected ..." (Nurse-24)

Personal Space-Distance. Most of the mothers in the study stated that outpatient rooms or ultrasound rooms should be safe and secure places to protect patient privacy and personal space.

"... Knowing that I will not be the only patient in a single room when it is time for my delivery is what concerns me most because everybody comes in and out - nurses, other doctors, other midwives... This is really scary..." (Mother-13, multiparous pregnant)

The health professionals, on the other hand, stated that patients did not respect each other's personal space.

"... We take a patient to the gynecological table and all of a sudden another patient tries to enter the room. Even though we tell there is a patient in there, this other patient still forces the door or even makes her way into the room and does not hear us, she starts to tell her own complaints..." (Doctor-34)

Social Privacy

The participants referred to social interaction and body image issues under the theme of social privacy.

Social Interaction. Both the mothers and health professionals in the study stated that having social interaction with unknown people negatively affected privacy.

"... There came in an obstetrician, an assistant, a nurse, an intern, a photographer, and a pediatrician. With everyone around you, you are expected to deliver there...☹" (Nurse-24)

Body Image. Some of the mothers said they needed social concealment, especially because of the impairment of body image during pregnancy and labor.

"... I do not want anyone to see me and shut myself down because pregnancy and delivery affected my physical appearance..." (Mother-17, postpartum multiparous)

The health professionals, on the other hand, stated that sometimes their colleagues commented on the patient's body image.

"...They make comments about the patient's body image. For example, they tell how fat the patient's belly is ...☹" (Nurse-30)

Cultural Privacy

Most of the participants said that cultural factors were influential in shaping the concept of privacy for a person. They thought especially spiritual values and cultural differences of people had an influence on the perception of privacy.

Spiritual Values. The vast majority of the mothers stated that their spiritual values such as their religious beliefs, covering their bodies and senses of shame were important in their culture and they preferred female doctors in accordance with their religious beliefs.

"...In our culture, everyone has a sense of religion after all about spiritual matters. These are important in privacy..." (Mother-9, postpartum multiparous)

"...Of course, I would prefer to be examined by a female doctor if somebody was to examine lower parts of my body. This is because I'm a faithful person..." (Mother-15, primiparous postpartum)

The health professionals also stated that female health professionals were preferred more especially in perinatal procedures, and they added this situation was probably caused by patients' husbands and socio-cultural background. They further suggested that these cultural factors could be the reason why some patients skipped their gynecological controls.

"... Some patients' husbands do not want to have a male doctor examine their wives. This may be due to socio-cultural characteristics..." (Medical Secretary-32)

"...In our culture, even a woman's visit to gynecology department is regarded as something private because women come for examination in secrecy. In fact, this may even be the reason why they do not come here for examination or controls regularly..." (Doctor-34)

Some of the mothers also stated that they skipped their gynecological controls in the same way.

".... What do they say if I go to obstetrics and gynecology department? ... Everyone says, "I've never been to control examination (pap-smear) since my delivery." This is because we are embarrassed..." (Mother-14, postpartum multiparous)

Cultural Differences. Some of the mothers in the study stated that cultural differences were important to the perception of privacy, and cultural differences in the communication between health professionals and patients caused various problems in the perception of privacy.

"... They give a cover or something and that is just fine, but the patient also be a member of that culture (in terms of privacy) and know how to behave there..." (Mother-14, postpartum multiparous)

The health professionals stated that perceptions of privacy might differ from one culture to another even if they lived in a traditional society.

"... I think it is because we live in a traditional society or because of cultural things. Our society contains many different sub-cultures. This affects the privacy of patients..."(Nurse-33)

Psychological Privacy

The participants addressed confidentiality of feelings and thoughts under the theme of psychological privacy.

Confidentiality of feelings and thoughts. Some of the mothers in the study expressed their desire to hide their feelings, thinking that there might be women in their rooms who had stillbirths or mothers who did not have their babies with them.

"... Mothers whose babies are in incubators in intensive care unit should stay in different room because they are upset and ask themselves, "Why is my child not with me". Therefore, we have to hide our happiness so that they do not feel sad..." (Mother-11, primiparous postpartum)

The health professionals also referred to the same issue and emphasized the importance of understanding patients so that they could freely express their emotions.

"... She has lost her baby and her psychology is bad already. Someone else gets a healthy baby in her arms. I think this situation psychologically hurts the patient deeply..." (Nurse-33)

Informational Privacy

Both the mothers and health professionals in the study stated that the privacy of personal information and patient records mattered.

Confidentiality of personal information. The mothers stated that they thought their personal information was shared without their permission among health professionals in the hospital environment.

"... I think the chances of gossiping among them (health professionals) are very high. This is because we sometimes witness them talking about someone else..." (Mother-1, primiparous pregnant)

Most of the health professionals, on the other hand, stated that patient confidentiality was not only related to showing the body but also to personal information.

"... Medical information about me should not be shared with anyone without my consent under any circumstances..." (Nurse-23)

Patient records. Most of the mothers in the study stated that they felt a sense of insecurity about their records and the confidentiality of information-documents, and they added that health professionals should be extremely careful about this issue.

"... It makes me feel uncomfortable even to think that where I visit on the Internet are recorded in the background, and my information (hospital records) needs to be stored more carefully..." (Mother-16, multiparous pregnant)

The health professionals, on the other hand, suggested that patients should be informed before starting any procedures.

"... We need to pay close attention to privacy. I mean we need to get permission while we are examining, and we need to explain why we do something and how long it will take..." (Nurse-24)

Expectations for privacy protection

The mothers expected health professionals to approach patients with empathy, be understanding and respectful, communicate effectively and inform patients. They also stated they wanted to see some behaviors of health professionals to protect privacy (e.g., knocking the doors, providing covers, using curtains/screens).

"... I want them to be tolerant of me when I say I am embarrassed..." (Mother-18, postpartum multiparous)

"...I would prefer to be explained the reason for anything." (Mother-16, postpartum multiparous)

"... I want to be covered, especially upper parts of my body. I feel as if nobody could see there when I, myself, cannot see there..." (Mother-13, postpartum multiparous)

The mothers expected health care institutions to take action in issues such as improvement of the physical environment, development of standards related to patient rights and training of health professionals.

"... I think hospitals should be physically designed and constructed to protect privacy..." (Mother-17, postpartum multiparous)

The mothers stated that they knew they had the right to choose their health professionals but health care institutions had problems in granting this right. They also stated that institutions should be careful about keeping information and documents. Finally, they suggested that health professionals should be trained about protecting and maintaining patient privacy.

"... Health professionals need to receive training about patient privacy..." (Mother-17, postpartum multiparous)

The health professionals expected their institutions to take action in improvement of physical conditions and professional training. They expressed their need for in-service training and simulation training in particular.

"... There should certainly be single rooms where the patient and a family member can stay alone and enjoy privacy during the labor process." (Doctor-26)

"... The physical environment of the institutions should be improved and the health professionals should be trained about patient privacy. Before letting interns in the hospital environment, they need to be prepared through simulations. Sometimes even interns' reactions can damage patient privacy..." (Doctor-34)

IV. Discussion

In this study, privacy is defined as anything that belongs to the individual and must be protected from others. Privacy is seen as an important concept that provides control in individual life[7,11,17]. In a study by Jenkins, Merz&Sankar[18], the female participants perceived privacy as everything that should not be revealed and shared with anyone. It is important to protect and maintain privacy in nursing as a human-oriented profession so that quality care can be achieved[19].

Within the context of physical privacy, the participants in our study expressed their discomfort when others saw their bodies during perinatal procedures (e.g., enema, breastfeeding, pregnancy examination). In their study on Palestinian women's experiences during vaginal examinations, Hassan and colleagues [20] found that the women experienced feelings of pain, discomfort and embarrassment, respectively; their privacy was not properly cared for; their honor was hurt; they were treated with human dignity; but their feelings of embarrassment was reduced and the vaginal examination was easier when they were examined by female midwives. On the other hand, Lewin and colleagues [21] found that only 18% of the women experienced negative feelings when they underwent vaginal examination, but they needed an explanation about procedures because they experienced anxiety. The negative experiences in those two studies could have emerged due to lack of sufficient explanation. In our study, the mothers demanded informative explanations as a part of their expectations about privacy.

The health professionals stated that sometimes their colleagues were unable to protect patient privacy during physical examinations. Lawler [22] also found that nurses often protected the privacy of patients, but they sometimes underestimated the importance of patient privacy.

The participants in our study addressed sounds and light as components of physical space. Some of the participants expressed their discomfort upon easily hearing other mothers' voices in perinatal areas. Their

hearing each other's voices/screams could have led to sound contagion [23] and sound contagion, in return, could have affected the women's perceptions of pain. The health professionals in our study stated that health institutions could not protect patient privacy in terms of physical space and, therefore, the labor process was affected negatively. Michel Odent reported that labor was an instinctual phenomenon and that the natural physiological process should not be impaired. Even animals are known to prefer an environment where they can be safe and lonely when they give birth[24]. In one study, Hodnett and colleagues [25] placed a mattress and pillow on the floor, dimmed the lights, played music during the labor process, and let the participants watch various videos on the nature of women, unlike the conventional labor rooms in hospital setting. In that study, they determined that women had an easier period of labor, had fewer medical applications and had less oxytocin requirements. Research also showed that loss of personal privacy and individual control in hospital environment caused stress to patients and patients kept some important information from health professionals because other patients overheard them during their treatment[26]. It is clear designing labor rooms that allow for the physical comfort of mothers in terms of the protection of the distance to ensure privacy reduces medical intervention and anxiety[25].

Social interaction with strangers is an important factor that negatively affects social privacy. In a study by Yanikerem and colleagues [27], the patients requested to have only the relevant physician during examination. There are individual (e.g., personality traits, attitudes, preferences, expectations, norms, gender, mental status, culture and size of the group to which they belong) and social (e.g., structural changes, relocation and climate) characteristics that affect the perception of crowdedness[28]. A study on Iranian women's perceptions of privacy showed that crowded environments negatively affected privacy[29]. In addition, staying in rooms designed like wards negatively affect patient privacy[30]. Especially in traditional countries like Turkey, where discussing subjects related to women's health is considered as shameful/sinful, women feel uncomfortable when they are examined in crowded environments. However, considering the fact that perception of crowdedness varies according to situational characteristics and it is a subjective and psychological experience, perceptions may also be different in crowded environments where perinatal procedures are carried out. Being informed about the necessary procedures, as stated by the mothers in our study, could reduce this problem. Furthermore, continuous communication of mothers with health professionals acting as a team could change this negative perception.

Another sub-dimension of physical privacy that negatively affected the mothers' perceptions in our study was the body image. Especially the change in their body shapes seen by others and the feeling of being a pitiable object caused the mothers have a need to hide their bodies. Gumus and colleagues [31] studied self-esteem and body image during pregnancy and found that women's body image was impaired during pregnancy, they felt that they were bigger than they actually were and their partners in particular found them ugly. Therefore, in our study, the mothers' self-esteem could have been damaged by their negative perception of their bodies and being seen by everyone in that state. Body image is crucial to the protection of patient dignity and is necessary for the healing of patients[32].

In our study, spiritual values and especially cultural characteristics such as religion and family structure were determined to be important on the perception of privacy. A study conducted with elderly people in China found that Chinese culture shaped their perceptions of privacy[33]. In our study, most of the mothers stated that their spiritual values were extremely important in their culture and they chose their doctors in accordance with their religious beliefs. A study conducted with Palestinian women on body examination found that the participants wanted to be examined by female midwives because they were women, too[20]. In another study, however, it was found that patients did not give much importance to care by a nurse of their own sex[3]. In our study, the health professionals stated that their perception of privacy was influenced by the traditionalist structure of society and that it changed over time despite cultural influences. Privacy is affected by culture, age, gender and situational factors[29]. Moreover, varying from one culture to another, the concept of privacy can function through different rules and mechanisms depending on the role and status within the same culture. A study on Iranian women's perceptions of privacy found that the women living in the north of the country had lower privacy expectations than those living in the southern areas[29]. All of these results suggest that the impact of cultural factors, especially spiritual values, on privacy, could be attributed to the fact that Turkey is in fact a Middle Eastern and Islamic country.

In our study, the women who had positive clinical experiences felt that they had to hide their feelings and thoughts by considering those with negative experiences. The health professionals stated that the patients' feelings and thoughts were cared for adequately in hospital environment. Perinatal and postnatal losses may have devastating effects on the mental health of the woman and her partner. Losses are not only limited to the period when loss occurs, but are effective in all future pregnancies. As a result of such a loss, women can experience problems such as anxiety, excessive prenatal attachment, depressive signs and despair, and post-traumatic stress disorder in their later pregnancies[34]. The mothers in our study felt a need to conceal their

feelings of joy for the psychological reactions of others they were in contact with. To prevent this, there should be private physical spaces for each individual to separate them from others.

Although it is believed that personal information must be protected to ensure informational privacy, it is clear the mothers in our study were concerned about whether health professionals could be trusted to protect their private information in health care services. In many legal documents, including the United Nations Universal Declaration of Human Rights (1948)[35] and the European Convention on Human Rights (1950) [36], the right to privacy is regarded as a fundamental human right. In one study, approximately 31% of the participants were found to have no idea about why the required medical information was needed and where it would be used[18]. In nursing, which has a protective role focusing on human needs, it is necessary to keep information within the framework of personal rights and freedoms and not share it with other individuals/institutions without the individual's permission. Application of institutional policies/standards in the protection and maintenance of personal information and developing awareness of these practices in individuals/patients could improve the trust in health professionals. Informed patients are more likely to have positive attitudes towards hospital environment, treatment process and interpersonal communication, to have less anxiety and to adapt to procedures more easily[37]. According to Back and Wickblad[3], nurses are aware of this, but there is a problem in reflecting it into practice. In fact, in our study, the health professionals commented on informed consent practices, but the mothers did not mention any experience about informed consent or receiving patient consent. They just requested verbal information before proceeding with any operation. To sum up, each individual has the right to keep personal information that concerns his personality, thoughts, attitudes, or personal experience, and not to share it with others[17]. Therefore, the results from our study revealed that protecting and maintaining privacy is a universal need.

In our study, the mothers expected health professionals to approach patients with empathy, and be understanding and respectful, communicate effectively and inform patients. They also stated that they wanted to see some behaviors of health professionals to protect their privacy be thoughtful about their cultural differences (e.g., knocking the doors, providing covers, using curtains/screens). A study conducted in Ghana by Yakong and colleagues [38] found that health professionals communicated in a distant and reproving manner to women who come to women's obstetric departments, they did not adequately allow the right to choose the people to serve and they did not respect patient privacy, and this discouraged women to receive health care.

Patients expect health care facilities/rooms to be patient-centered (e.g., single rooms, enough space to stay with family members, access to health care information, presence of guiding signs), safe (e.g., design and development of supportive mechanisms for the prevention of falls, ventilation systems for prevention and control of infections, creation of areas for easy decontamination, easy access to hand washing units, prevention of injuries to the patient and caregiver, and sensitivity to ensure collaborative care in the workplace and processes), and effective (e.g., natural lighting and sound control)[39]. The participants in our study expressed similar concerns about the physical structure and problems of health institutions. In one study where the subjects could move freely and go through the labor process in more traditional labor rooms, the women had an easier period of labor and need fewer medical interventions[25]. This result is another proof that providing women with labor rooms where they can be comfortable reduces medical intervention and anxiety.

V. Conclusion

The following conclusions can be drawn from the results from this study, which was conducted to determine the perceptions of privacy of mothers who received perinatal care and health professionals who provided these services:

- The mothers and health professionals actually spoke a common language, but health professionals lacked some skills in practice. Policies, strategies and training programs should be developed to solve these problems.
- The physical conditions in the hospital were insufficient to ensure privacy, making it particularly difficult for nurses to maintain the privacy of the individual.
- There were no problems with the recognition of the Patients' Rights Regulations in hospitals. Problems mostly occurred in practice phase. In other words, health professionals need to put these principles into practice and be more careful in this sense. Therefore, it is necessary to train health professionals on the subjects such as "Patient Rights" and "Privacy Rights" through in-service training.

VI. Ethical considerations

Before starting the research, a Research Protocol (Protocol Code: 6777) was signed with the Istanbul Provincial Health Directorate and the approval of the Ethics Committee and the permission of the institution were obtained. The participants were informed about the purpose of the research and the method of collecting the data and they were explained that the information they provided would be kept confidential, would only be used for the purposes of completing this research, and would not be used in any way that could identify them. Finally, written consent was obtained from all the participants prior to their inclusion in the study.

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