

RESEARCH NOTE

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Predicting the effect of ethical climate and spiritual well-being of nurses on respecting the patients' privacy in intensive care units: an analytical study

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Abstract

Background Ethical climate, observance of patients' privacy and nurses' spiritual well-being are of great importance in intensive care units (ICU). In addition, it is essential to identify spiritual and ethical predictors of patients' privacy. Thus, this study aimed to determine the predictive effects of ethical climate and nurses' spiritual well-being on patients' privacy in ICU.

Methods In this analytical cross-sectional study, 250 out of 500 ICU nurses were recruited using proportionate allocation stratified sampling. Data were collected using a demographic characteristics form, Patient Privacy Scale, Hospital Ethical Climate Survey, and Spiritual Well-Being Scale. The data were analyzed using Pearson correlation coefficient and hierarchical linear regression analysis.

Results The results showed that patients' privacy was associated with the hospital's ethical climate and nurses' spiritual well-being ($P < 0.001$). The hierarchical linear regression analysis indicated that, in step 1, patients ($\beta = 0.22$, $P = 0.03$) and managers' ($\beta = 0.41$, $P < 0.001$) subscales of ethical climate had a significant proportion of the variance of patients' privacy. In step 2, patients ($\beta = 0.25$, $P = 0.01$), managers' ($\beta = 0.34$, $P < 0.001$) subscales of ethical climate, and nurses' spiritual well-being ($\beta = 0.17$, $P = 0.01$) had a significant proportion of the variance of patients' privacy. According to step 2, these variables explained 40% of the changes in patients' privacy.

Conclusion The results of the present study showed that the ethical climate and nurses' spiritual well-being were the predictors of patients' privacy. Given that 40% of the variance of the patients' privacy was recognized by these variables, it is suggested that further research should be conducted to determine other predictors.

Keywords Critical care nursing, Ethics, Privacy, Spirituality

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organizational policies, infrastructure, psychological factors, and external cultural or legal influences. Future research should explore these variables to better understand the unexplained variance.

Conclusion

This study showed an association between the patients' privacy, ethical climate, and nurses' spiritual well-being. Moreover, these variables determined 40% of the variance of patients' privacy. This predictor study provided valuable insights into how improving the ethical climate of the hospital and nurses' spiritual well-being might increase respecting the patients' privacy by intensive care unit nurses. In further research, the roles of hospital ethical climate, nurses' spiritual well-being, and other predictors in respecting the patients' privacy should be considered in intensive care units. We hope that our findings could contribute to the development of a model for intensive care unit nurses aiming at enhancing patients' privacy.

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Author contributions

Roya Dokoohaki, Elham Afshari, Masoume Rambod, Mahdi Salmanpour participated in the design of the study, analysis, and interpretation of the data. The draft and revised article were critically assessed for important intellectual content by all the authors. They approved the versions to be submitted and published. Roya Dokoohaki, Elham Afshari, Masoume Rambod, Mahdi Salmanpour participated in the work to take public responsibility for the appropriate portion of the content.

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Data availability

The datasets analyzed during the current study are available from the corresponding author upon reasonable request.

Declarations

Ethics approval and consent to participate

The Research Ethics Committees of the School of Nursing and Midwifery, Management and Medical Information Science at Shiraz University of Medical Sciences approved this study (IR.SUMS.NUMIMG.REC.1401.043). All methods were carried out following relevant guidelines and regulations. The nurses signed the written consent form. In other words, written informed consent was obtained from all subjects in this study.

Consent for publication

Not applicable.

Conflict of interest

The authors declare that there is no conflict of interest.

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