

Original Research Article

The relationship between patients' perception of nursing care and nursing attitudes towards patient privacy in gynecology clinics

Meyreme Aksoy¹, Reva Balci Akpinar^{2*}

¹Department of Health Sciences, Siirt University, Siirt, Turkey

²Department of Nursing, Atatürk University Erzurum, Turkey

Received: 20 August 2020

Accepted: 25 September 2020

*Correspondence:

Dr. Reva Balci Akpinar,

E-mail: reva@atauni.edu.tr

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Patient privacy is an important variable that affects patients' satisfaction with their hospital experience and perception of quality of healthcare. This study aims to examine the relationship between the importance attached by nurses working in gynecology and obstetrics clinics to patient privacy and patients' satisfaction with nursing care.

Methods: This descriptive study included nurses (n=48) and female patients (123) who agreed to participate in the study. The research data were collected using the 'patient introductory form' and the 'patient perception of hospital experience with nursing care' for the patients, and the 'nurse introductory form' and the 'patient privacy scale' for the nurses. Descriptive statistics and correlation analysis were used for data evaluation.

Results: The patients' mean age was 30.93±8.28 years. Of them, 31.7% were primary school graduates and 81.3% were housewives. The nurses' mean age and occupational experience was 31.60±8.76 and 11.17±8.93 years, respectively. 50.4% of the nurses had a bachelor's degree. The patients' mean score on the 'patient perception of hospital experience with nursing care' was found to be 63.04±11.09. The nurses' mean score on the 'Patient Privacy Scale' was found to be 122.89±14.59. A positive relationship was found between nurses' emphasis on patient privacy and patients' perceptions of hospital experience with nursing care ($r=0.34$, $p<0.05$).

Conclusions: It was determined that nurses' perception of patient privacy and patients' satisfaction with nursing care were high; further, as nurses' emphasis on patient privacy increases, patients' perception of their hospital experience with nursing care is positively affected.

Keywords: Nursing care, Privacy, Patient satisfaction, Gynecological services

INTRODUCTION

Today, patient satisfaction, which has become increasingly important in health services, plays an important role in evaluating healthcare services.¹ Patient satisfaction is defined as a basic criterion which informs the extent to which patients' values and expectations of healthcare services are met, indicating quality of the care in which patients play a role of principal authority.^{2,3} The basis of patient satisfaction largely consists of patient-nurse association.⁴ Nurses are members of healthcare teams and have more responsibilities to patients than other healthcare staff, as they provide 24-hour, uninterrupted care services to patients and are responsible

for individuals' healthcare and rehabilitation.⁵ Therefore, nurses play a very important role in increasing patients' satisfaction from hospitalization to discharge.^{6,7} Studies report a positive relationship between patient satisfaction and nursing care quality.⁸⁻¹⁰

Satisfying patients' privacy expectations and informing them in this regard is an important factor for increasing patient satisfaction with healthcare services and, therefore, the quality of services provided.^{11,12} Privacy refers to the restriction of other persons' access to information about an individual's body, feelings, thoughts and relationships.¹³ Patient privacy refers to patients' confidentiality and privacy. In this sense,

privacy includes the fact that information about the patient's illness must be confidential, encompassing both the patient's physical and mental privacy. Invasion of a patient's privacy refers to the exposure of information about his/her self and/or illness.¹⁴ Healthcare professionals who provide one-on-one care to patients during the treatment process have the power to pass patients' privacy boundaries and enter their private spaces. In the diagnosis and treatment process, healthcare professionals can access confidential patient information that is unknown by others, even sometimes by patients themselves. The right of privacy and confidentiality, which exists in every environment where people are present, or in every area which belongs to human beings, is accepted as a fundamental human right which must be protected.¹⁵

Health care is a field that requires the most specific and attentive services to be offered to people and puts ethical responsibility on health professionals. Because potential patients who apply to health institutions are in need of assistance and have sensitive, vulnerable and exploitable position.¹⁶ Therefore, the right of privacy has been guaranteed by many international declarations and regulations as well as national legislations. In accordance with the nursing ethics code published in 1953 and revised in 2012 by international council of nurses (ICN), nurse practitioners, managers, trainers and researchers as well as nursing associations are responsible for ensuring patients' privacy and confidentiality.^{17,18} The ethical principles and responsibilities code issued by the Turkish association of nurses in 2009 describes the principle of privacy and secrecy as one of the four nursing principles.¹⁹ This principle requires nurses to protect the physical, mental and social privacy of individuals to whom they provide healthcare, to keep their personal and family information confidential, to prevent others from accessing this information without legal obligation/individuals' consents, and to protect individuals from potential harms due to the declaration of this information. Despite these regulations, however, it becomes increasingly difficult to ensure patients' privacy or confidentiality.²⁰

Rapid developments in health care and technology and evolving media and communication channels have posed severe challenges to patient privacy and confidentiality. Individuals who receive health care, particularly in gynecology and obstetrics clinics, often show their private body parts to the people whom they have seen for the first time, and frequently receive negative reactions from health personnel when they try to protect their privacy during medical applications. This situation constitutes an ethical violation and negatively affects patient satisfaction. In addition, the lack of privacy and low patient satisfaction negatively impacts individuals' tendency to revisit a health care facility.²¹ Protection of patients' privacy leads to a decrease in their feelings of shame, fragility and tenderness, and also increases their satisfaction with hospital experience, fostering healthy

communication through a trustworthy relationship with healthcare team members.¹⁵

Measuring patient satisfaction and utilizing the results allows the healthcare system to propose and implement regulations from which patients can benefit. The wide variety of health problems, care types and patient needs related to gynecology and obstetrics suggests that these patients' attitudes and expectations may vary. Therefore, an evaluation of healthcare services from patients' perspectives, which can highlight the strengths and weaknesses in healthcare delivery is important for determining patient satisfaction. This study aims to examine the relationship between the importance attached by nurses working in gynecology and obstetrics clinics to patient privacy and patients' satisfaction with nursing care.

METHODS

This study was conducted in Erzurum, Turkey. An exploratory approach utilizing a cross-sectional survey design was used to assess the patients' perception with nursing care among patients in the obstetrics and gynecology clinics and nurses' attitudes towards a patient privacy scale in Turkey. A structured questionnaire was administered to patients and nurses using the face-to-face interview method, which included specific questions about demographic and health status and two standardized scales: patient perception of hospital experience with nursing care (PPHEN) and patient privacy scale (PPS).

PPHEN

The scale was developed by Dozier et al in New York, and the validation and reliability studies of the scale for Turkish were carried out by Ipek Coban and Kasikci (2006) in Turkey.^{10,22} This 15-item instrument, based on Swanson Kauffman's framework, can detect changes in patients' perceptions of the quality of nursing care when provided in different institutions and when the quality of care delivery changes within the same institution. PPHEN has a one-factor structure, Cronbach's α reliability coefficient was 0.92, and the total item point correlations were between 0.36 and 0.74. In addition, the test-retest correlation value was 0.90. ASNP is a 5-point Likert scale and the cut-off point is 45. A participant can take minimum 15, maximum 75 point of the scale. The point of 45 and above shows positive perception of the nursing care.

PPS

The Patient Privacy Scale was developed by Öztük et al to measure nurses' perceptions regarding patient privacy.¹⁵ It is a 5-point Likert-type scale consisting of 27 items with the following scoring: 5=strongly agree; 4=agree; 3=undecided; 2=disagree; and 1=strongly disagree. The scale consists of five subscales:

confidentiality of personal information and private life; sexual privacy; ensuring privacy of those unable to protect themselves; physical privacy; and ensuring a favorable environment. Cronbach's alpha values of these subscales vary between 0.77-0.90. The total Cronbach's alpha value of the entire scale was found to be 0.93, referring to a valid and reliable measurement tool.

Study place and properties

The study was conducted in the clinics of obstetrics and gynecology at Erzurum Nene Hatun Maternity Hospital and Atatürk University Training and Research Hospital in Turkey. The study involved nurses (n=65) working in the clinics of obstetrics and gynecology at Erzurum Nene Hatun Maternity Hospital and Atatürk University Training and Research Hospital and patients (n=300) treated in these clinics. No sampling method was used in the study. The study sample consisted of 123 female patients who agreed to participate in the study and 48 nurses who took care of them. The data were collected by researchers using face-to-face interviews with patients and nurses within the same day/hour in which the form and scale were distributed.

Inclusion criteria

Inclusion criteria were, 1) should be 18 years or older (ability to decide with an autonomy) 2) have been an inpatient for 2 days or more (to have time to make observations about nurses) 3) have no psychiatric history (in order to make healthy decisions) 4) self-reported absence of pain (to answer the questions correctly) 5) agree to give informed consent to be interviewed (for ethical procedures).

Exclusion criteria

No exclusion criteria were determined for nurse participants.

Statistical analysis

The data obtained in the study were analyzed using the SPSS 20 packet program. Descriptive (percentile, arithmetic mean, standard deviation, min-max values) tests were used in the analysis of participants' characteristics, and also mean and standard deviation tests were used to determine the level of patients' satisfaction with nursing services. The obtained results were evaluated at the level of 5% significance in the 95% confidence interval.

Ethical considerations

To conduct the study, ethical approval was obtained from the Ethical Committee of Health Sciences Faculty at Atatürk University and legal permission was obtained from relevant institutions. During the collection of research data, the participants were informed about the

study for complying with the principle of "informed consent", they were told they were free to participate in the study which complied with the principle of "respect for self-autonomy", and they were also told that their information would be confidential, which complied with the principle of "privacy and protection of privacy."

RESULTS

The participant patients' mean age and length of hospitalization was 30.99 ± 8.82 and 4.45 ± 6.78 , respectively.

Table 1: Participant patients' clinical and Socio-demographic characteristics (n=123).

Socio-demographic characteristics	Min-max	X \pm SD
Age	18-53	30.99 \pm 8.82
Length of hospitalization	2-56	4.45 \pm 6.78
	N	%
Marital status		
Single	4	3.3
Married	119	96.7
Educational level		
Illiterate	10	8.1
Primary education	39	31.7
Secondary education	54	43.9
Higher education	20	16.3
Economic condition		
Income less than expenses	12	9.8
Income equal to expenses	84	68.2
Income more than expenses	27	22
Employment status		
Employed	23	18.7
Unemployed	100	81.3
Treatment clinic		
Obstetrics	75	61
Gynecology	48	39
Previous hospitalization experience		
Yes	58	47.2
No	65	52.8
How many people are staying in the room		
Single room	21	17.1
Double room	68	55.3
Triple room	34	27.6
Hospital attendant		
Yes	114	92.7
No	9	7.3
Chronic disease		
Yes	14	11.4
No	109	88.6

Out of them, 96.7% were married, 43.9% were secondary education graduates, 68.2% had an income equal to expenditure, 81.3% were unemployed, 61% were treated in obstetrics clinics, 52.8% had previous hospitalization

experience 55.3% were staying in double rooms, 92.7% had a hospital attendant, and 88.6% had no chronic illnesses (Table 1).

Table 2: Participant nurses' socio-demographic characteristics (n=48).

Socio-demographic characteristics	Min-max	X±SD
Age	21-52	31.60±8.76
Occupational experience	1-35	11.17±8.93
	N	%
Marital status		
Single	19	39.6
Married	29	60.4
Occupational educational level		
High school	8	16.7
Associate degree	19	39.6
Bachelor's degree	18	37.5
Master's degree	3	6.3

The participant nurses' mean age was 31.60±8.76 years. Of them, 60.4% were married and 37.5% had a bachelor's degree (Table 2).

The mean scores of PPHEN were (63.04±11.13), indicating low levels of patient satisfaction with nursing care. The mean scores of PPS were (4.54±0.53). The subscales mean scores were as follows: confidentiality of personal information and private life was (4.59±0.50); sexual privacy was (4.33±0.79); privacy of those unable to protect themselves was (4.60±0.62), physical privacy was (4.64±0.53) and ensuring a favorable environment was (3.67±0.42) (Table 3).

A positive, statistically significant relationship was found between the nurses' attitudes towards patient privacy and patient perceptions of nursing care ($r=0.353$, $p<0.000$). There was a significant correlation between the subscales of the PPS and the PPHEN (Table 4).

Table 3: Scale mean total scores.

Scale	Min & Max Values	X±SD
PPHEN	27-75	63.04±11.13
PPS		
Confidentiality of personal information and private life	3.30-5	4.59±0.50
Sexual privacy	2.40-5	4.33±0.79
The privacy of those unable to protect themselves	2.25-5	4.60±0.62
Physical privacy	3.50-5	4.64±0.53
Ensuring a favorable environment	2.60-4	3.67±0.42
Total	3.30-5	4.54±0.53

Table 4: The relationship between PPHEN and PPS.

Scales	PPHEN	
PPS	r	P value
Confidentiality of personal information and private life	0.346	0.016
Sexual privacy	0.277	0.050
The privacy of those unable to protect themselves	0.286	0.048
Physical privacy	0.306	0.034
Ensuring a favorable environment	0.343	0.017
Total	0.353	0.00

DISCUSSION

Health care is a field that requires the most specific and attentive services to be offered and for health professionals to assume ethical responsibility. Patient satisfaction is an important part of good quality service. The basis of patient satisfaction largely consists of patient-nurse association. Determining the level of patient satisfaction is important in terms of increasing the quality of healthcare services and providing more qualified healthcare services that exceed patients' expectations.²³ Satisfying patients' privacy expectations and informing them in this regard is an important factor in increasing their satisfaction with healthcare services, and, therefore,

the likelihood of their returning to the institution to receive healthcare services again.^{21,24}

Patients' satisfaction with nursing care given during hospitalization is the most important factor affecting their satisfaction with all hospital services.²⁵ In this study, the patients' mean scores of PPHEN were determined as 63.04±11.13, indicating high levels of patient satisfaction with nursing care. A previous study found that whether the patient and caregiver nurse had the same or different gender affected the level of patient satisfaction with nursing care. This suggests that individuals communicate more easily with those of the same gender and express their expectations and complaints more easily particularly

regarding privacy matters.²⁶ One of the reasons for the high level of patient satisfaction with nursing care found in this study may be that caregivers and patients had the same gender. In addition, another study determined a relationship between patient satisfaction with nursing care and nurse education levels.²⁷ High education levels of the participant nurses, of whom only 16.7% were high school graduates, may have positively affected the level of patients' satisfaction in this study. In addition, the fact that the hospitals in which the study was conducted are the largest and most technologically advanced hospitals in the region may have also positively affected the level of patients' satisfaction in this study. In this context, some study results were found to support the present study whereas other study results did not.^{1,6,27-30}

Patient privacy, a fundamental human right, is assessed within the confidentiality of private life, and is one of the most important issues to which patient service providers should pay attention.³¹ Ensuring patient privacy is a key concept in healthcare ethics and a vital compound of healthcare service. Protecting and respecting patient privacy and confidentiality is also the primary responsibility of all healthcare professionals, particularly nurses.³² In this study, the nurses' mean score from the PPS was 4.54 ± 0.53 , indicating their high attentiveness to patient privacy. As supporting results for the present study, some studies on patient privacy determined that participant nurses were sensitive to patient privacy.^{15,33,34} These results constitute a desirable but not surprising situation, because the protection of or being sensitive to patient privacy is a basic nursing principle. However, other studies also found that participant nurses had low levels of sensitivity to patient privacy.³⁵⁻³⁷

In this study, participant nurses received the highest and lowest mean scores on the subscales of confidentiality of personal information and private life (4.59 ± 0.50) and ensuring a favorable environment (3.67 ± 0.42), respectively. This may be due to the fact that privacy is more associated with bodily privacy and that the study sample is made up of only women. The reason why participant nurses received the lowest score from the subscale of ensuring a favorable environment may be due to the fact that the patients stayed in double or triple rooms and gave birth in delivery rooms. Previous studies in Turkey report that nurses are mostly sensitive to the physical privacy of patients.¹²

This study determined a significant positive correlation between patient satisfaction with nursing care and the importance attached by nurses to patient privacy. In other words, the emphasis nurses place on patient privacy increases patient satisfaction with nursing care. Ensuring patient satisfaction is only possible through the alignment of patient's expectations and the healthcare received.³⁸ One of the most important expectations of patients from all healthcare providers during healthcare is to respect their privacy. Studies on patient satisfaction report that one area in which patients expressed their satisfaction with nursing care at the highest level is the respect shown

by nurses to their privacy.^{1,31} Privacy is important, especially in women's health services, because of the existence of some special interventions and examinations with risk of ignoring privacy.³⁹ A review study conducted on anxiety levels and influencing factors in gynecologic examination reported that one of the most important reasons for women's anxiety during gynecologic examinations is encountering a healthcare provider's failure to take care of patient privacy.²⁴ That is to say, preservation and maintenance of patient privacy is an important factor affecting patient satisfaction.³⁹ Similar studies conducted abroad, including one conducted in gynecology and obstetrics clinics and two carried out in emergency rooms, found a significant positive correlation between the levels of patients' satisfaction with nursing care and the levels of nurses' emphasis on patient privacy.³⁷

CONCLUSION

It was determined that nurses' perception of patient privacy and patients' satisfaction with nursing care were high, and that nurses' emphasis on patient privacy positively increased patients' perception of hospital experience with nursing care.

Recommendation

Patient satisfaction is an important indicator of nursing care quality. For this reason, the issue of privacy, which affects patient satisfaction, especially in female patients, it is recommended to work with large populations.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the institutional ethics committee

REFERENCES

1. Kuzu C, Ulus B. Determination of Satisfaction Status of Patients Treated in Surgical Clinics for Nursing Care. *Acıbad Univ J Heal Sci.* 2014;5:129-35.
2. Arslan S, Nazik E, Tanrıverdi D, Gürdil S. Determining the Level of Satisfaction of Patients in Nursing Care and Health Services. *TAF Prevent Medic Bullet.* 2012;11:717-24.
3. Ipek Coban G, Kasikci M. Reliability and validity of the scale of patient perception of hospital experience with nursing care in a Turkish population. *J Clinic Nurs.* 2010;19(13-14):1929-34.
4. Köşgeroğlu N, Acat MB and Karatepe Ö. Nursing care satisfaction scale in chemotherapy patients. *Anato J Psychiat.* 2005;6:75-83.
5. Velioglu P. Hemşirelikte Kavram ve Kuramlar. *İstanbul: Alaş Ofset,* 2012;53-77.
6. Aksakal T and Bilgili N. Evaluation of Satisfaction with Nursing Services; Gynecology Service Example. *Erciy Medic J.* 2008;30:242-9.
7. Omotayo R, Akadiri O, Akintan A, Omotayo S. Level of patient's satisfaction in gynaecological

- practice at a south west Nigerian specialist hospital. *Int Res J Med Med Sci.* 2019;7:60-7.
8. Johansson P, Oleni M, Fridlund B. Patient satisfaction with nursing care in the context of health care: a literature study. *Scandinav J Car Sci.* 2002;16:337-44.
 9. Chan J, Chau J. Patient satisfaction with triage nursing care in Hong Kong. *J Advanc Nurs.* 2005;50:498-507.
 10. Coban G, Yurdagul G. The relationship between cancer patients' perception of nursing care and nursing attitudes towards nursing profession. *Asia-Pacif J Oncol Nurs.* 2014;1:16.
 11. Özata M. Evaluation Of Practices for Patient Privacy in Hospitals Within The Context Of Quality Standards in Health: Konya Example. *Int J Soc Sci.* 2016;3:11-33,
 12. Akyüz E, Erdemir F. Surgical patients' and nurses' opinions and expectations about privacy in care. *Nurs Ethic.* 2013;20(6):660-71.
 13. Bekmezci H, Özkan H. The importance of privacy in midwifery practices. *J Heal Sci Profess.* 2015;2(1):113-24.
 14. Çetinalp, H. Hasta Mahremiyeti. Available at <http://www.ism.gov.tr/hastahaklari/makale/hastamahremiyeti/>. Accessed on 21 June 2019.
 15. Öztürk H, Bahçecik N, Özçelik K. The development of the patient privacy scale in nursing. *Nurs Ethic.* 2014;21:812-28.
 16. Dinç L. Ethical Responsibilities in Nursing Services. *Hacettepe Medic J.* 2009;40:113-9.
 17. McKeown K. Ethical aspects of healthcare. New York: Thomson Delmar Learning. 2008;517-33.
 18. International Council of Nurses. The ICN Code of Ethics for Nurses. Geneva, Switzerland. Available at <http://www.icn.ch/icncode>. Accessed on 28 June 2019
 19. Hemşireler İçin Etik Soumluluklar Available at: <http://www.turkhemsirelerdernegi.org.tr/Upload/hemsire%20brosur.pdf>. Accessed on 01 March 2019.
 20. Sert G. Tıp Etiği ve Mahremiyet Hakkı. İstanbul: Babil Yayınları, 2008:100-2.
 21. Namlı S. Hastanelerde Yaşanan Mahremiyet İhlalleri Raporu. Hasta Hakları Aktivistleri Derneği. 2012.
 22. Dozier AM, Kitzman HJ, Ingersoll GL, Holmberg S and Schultz AW. Development of an instrument to measure patient perception of the quality of nursing care. *Resear Nurs Heal.* 2001;24:506-17.
 23. Söylemez H, Koplay M, Sak ME, Cingu AK. The Effect of Urinary System Ultrasound on Patient Satisfaction in Urology Outpatient Practice. *Dicle Medic J.* 2009;36.
 24. Altay B, Kefeli B. The Effect of Some Variables To The Alleriatiati Anxiety Of Women Who Came For Jynecologic Examination. *Dokuz Eylul Uni Sch Nurs Electro J.* 2012;134-41.
 25. Eroğlu F, Özmen S, Noyaner A, Aydın C. Can We Improve The Health Care Quality Of Patient In Icu? *Süleym Demi Uni Facul Medic J.* 2001;9-11.
 26. Ottosson B, Hallberg IR, Axelsson K, Loven L. Patients 'Satisfaction with Surgical Care Impaired by Cuts in Expenditure and After Interventions to Improve Nursing Care at a Surgical Clinic. *Int J Qual Heal Ca.* 1997;9:43-53.
 27. You LM, Aiken LH, Sloane DM, Liu K, He GP, Hu Y, et al. Hospital nursing, care quality, and patient satisfaction: cross-sectional surveys of nurses and patients in hospitals in China and Europe. *Int J Nurs Stud.* 2013;50(2):154-61.
 28. Khatun A, Nahar K, Aktar MN, Akter FM and Rahman H. Satisfaction of women with health service provider in outpatient department of Obstetrics and Gynecology at a Tertiary care hospital. *J Shah Suhrawa Medic Coll.* 2017;6:79-81.
 29. Ünalın D, Öztürk A, Tolga Y. The Satisfaction Of the SSK Patients Who Recieve Treatment At the Outpatients Clinic, At Kayseri State Hospital. *J Fırat Heal Serv.* 2008;3:85-97.
 30. Arslan Ç, Kelleci M. Satisfaction Levels of Hospitalized Patients in Care of Nursing in aUniversity Hospital and Some Related Factors. *J Anatol Nurs Heal Sci.* 2011;1-8.
 31. Geçkil E, Dündar Ö, Şahin T. Evaluation of Patients' Satisfaction Levels from Nursing Care at the Centre of the City Adıyaman. *Hacette Univ J Nurs Facul.* 2008;41-51.
 32. Moskop JC, Marco CA, Larkin GL, Geiderman JM, Derse AR. From Hippocrates to HIPAA: privacy and confidentiality in emergency medicine—part I: conceptual, moral, and legal foundations. *Ann Emerge Medic.* 2005;45:53-9.
 33. Öztürk H, Özçelik SNB. Taking Pains Över Patientprivacy by Nurses. *J Ege Univ Nurs Facul.* 2014;19-31.
 34. Barlas D, Sama AE, Ward MF, Lesser ML. Comparison of the auditory and visual privacy of emergency department treatment areas with curtains versus those with solid walls. *Ann Emergen Medic.* 2001;38:135-9.
 35. Karro J, Dent AW, Farish S. Patient perceptions of privacy infringements in an emergency department. *Emergen Medic Aus.* 2005;17:117-23.
 36. Nayeri ND, Aghajani M. Patients' privacy and satisfaction in the emergency department: a descriptive analytical study. *Nursi Ethic.* 2010;17:167-77.
 37. Olsen JC, Sabin BR. Emergency department patient perceptions of privacy and confidentiality. *J Emergen Medic.* 2003;25:329-33.
 38. Yılmaz MA. Measure of health care quality: patient satisfaction. *Cumhuriyet Univ Sch Nurs J.* 2001;5:69-74.
 39. Ağ SDS, Kömürcü N. Privacy at Birth. *Türkiye Klinikleri J Obstet Wom Heal Diseas Nurs Spec Top.* 2015;15-9.

Cite this article as: Aksoy M, Akpınar RB. The relationship between patients' perception of nursing care and nursing attitudes towards patient privacy in gynecology clinics. *Int J Sci Rep* 2020;6(12):508-13.