



## Nurses' views on patient privacy in the operating room environment: Phenomenological research

Dilek Talhaoğlu 

Assistant Professor, Department of Surgical Nursing, Faculty of Health Sciences, Kırşehir Ahi Evran University, Kırşehir, Turkey

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### ABSTRACT

**Aim:** This study aims to evaluate the views of nurses working in the operating room regarding patient privacy. **Methods:** The research is a qualitative study and phenomenological research was used. Data were collected through semi-structured interviews with 15 nurses working in the operating room unit of a university hospital in Central Anatolia between August and October 2024. The data were analyzed by content analysis method and categorized under the determined themes.

**Results:** When the qualitative data of the study were evaluated, 6 themes and 31 sub-themes were identified under the titles of "Definition of Privacy", "Private Information", "Violation of Privacy", "Protection of Physical Privacy", "Transfer Process" and "Suggestions on Protection of Privacy". The study revealed that nurses associate patient privacy with elements such as personal information, the body, and the diagnosis and treatment process. It also indicated that nurses face various challenges in maintaining privacy during patient transfers and surgical preparation. Nurses emphasized that privacy is not only limited to physical privacy, but it is also important to protect personal information.

**Conclusions:** In the study, it was concluded that nurses care about patient privacy, but they cannot provide privacy at the desired level due to challenges such as workload, empathy gaps, teamwork problems and inadequate training.

**Implications for Clinical Practice:** This study fills an important gap in clinical practice by revealing the current situation and challenges regarding the protection of patient privacy in the operating room environment. Violation of patient privacy can carry serious risks in terms of patient safety and ethical standards. The study provides important clinical recommendations to improve patient care quality and safety by emphasizing the need to strengthen ethical training for nurses and other healthcare professionals, to establish structured systems in operating room processes, and to increase communication within the team.

### 1. Introduction

The right of every individual to protect their dignity and preserve their physical and moral integrity is among the most fundamental human rights. As a core aspect of human existence, the right to privacy retains its importance in all areas of life and must be protected by law<sup>15,19</sup>. In this context, privacy is closely linked to the concept of dignity, which encompasses respect, recognition, and the intrinsic worth of individuals<sup>11</sup>. In particular, one of the most important issues in protecting human dignity is to pay due attention to the right to privacy<sup>18</sup>. One of the areas where privacy rights come to the fore the most is health services<sup>21</sup>. Patient privacy, which has an important place among patient rights, has been on the agenda more recently<sup>4</sup>. Therefore, it is

emphasized that more attention should be paid to patient privacy in health services. In addition, the attitudes of healthcare professionals on this issue are of great importance<sup>4</sup>.

The International Council of Nurses (ICN) Code of Ethics for Nurses, published in 2012, clearly emphasizes the responsibility of nurses to protect the privacy and confidentiality of individuals during the lawful collection, use, access, transfer, storage, and disclosure of personal information<sup>24</sup>. In the updated 2021 version of the Code, it is further highlighted that this responsibility stems from the fact that nurses are the healthcare professionals in closest contact with patients. Moreover, nurses are expected to respect the privacy and confidentiality of both their patients and colleagues and to uphold the integrity of the nursing profession in all environments, including social media<sup>13</sup>. The American

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E-mail address: [dilektalhaoglu@gmail.com](mailto:dilektalhaoglu@gmail.com).

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Nurses Association, on the other hand, stated in its ethical codes that nurses should strive to protect the health of patients and at the same time defend patient rights and safety. In this context, it is emphasized that nurses play an important role in defending patient rights<sup>20</sup>. The right to privacy, which is directly associated with physicians and nurses, is an issue that greatly affects other healthcare professionals. Therefore, the protection of patient privacy is the shared responsibility of all healthcare professionals<sup>2,4,17</sup>.

While care should be taken for privacy in all areas of health services, this situation becomes even more important in surgical clinics and operating rooms. Surgical interventions can be a source of stress that can create a feeling of being deprived of privacy in patients, and this can lead to physical, social and psychological insecurity in the environment<sup>5</sup>. The transfer of personal control of individuals to others before, during and after surgical intervention creates a feeling of inability to protect their privacy in this process<sup>1</sup>. Therefore, it is important for surgical nurses working in this field to understand this feeling of patients and to comfort them in this regard. In the literature review, it was observed that studies on the concept of privacy are limited and existing studies generally focus on personal information and quantitative data<sup>1,3,7,16,17</sup>. There is a need for more studies on the concept of privacy, especially in health institutions and surgical nursing<sup>5</sup>. Contrary to the quantitative data in the existing literature, this study aims to determine the views of nurses working in the operating room about privacy and to create solution suggestions based on these views. The fact that there are not enough studies on this subject in the literature<sup>5,12</sup>, strengthens the idea that this study will make a valuable contribution to the literature.

## 2. Materials and methods

Semi-structured interviews were conducted with 15 operating room nurses to explore their experiences of patient privacy. The study design, data collection, and reporting followed the Standards for Reporting Qualitative Research (SRQR) guidelines to ensure transparency and rigor in qualitative research

### 2.1. Aim of the study

This qualitative study aimed to explore the views of nurses working in operating rooms regarding patient privacy.

### 2.2. Research question

What are the views of surgical nurses working in the operating room regarding patient privacy?

### 2.3. Type of research

The research was conducted with phenomenology design, which is one of the qualitative research methods. Qualitative research methods are preferred when the researcher has a desire for in-depth analysis. Phenomenology is a basic qualitative research method that is recognized as a philosophical approach as well as an analytical and interpretive theory<sup>22</sup>. Through this method, the researcher can more clearly observe the complex picture of phenomena in the natural environment and effectively convey the experiences, feelings, perceptions and thoughts of the participants<sup>9,25</sup>. For this reason, the views of operating room nurses on patient privacy were examined within the framework of a phenomenological approach. The reporting of this study adheres to the Standards for Reporting Qualitative Research (SRQR) guidelines.

### 2.4. Setting

The study was conducted in the operating room department of a university hospital located in the Central Anatolia Region of Turkey.

### 2.5. Participants and sampling

The population consisted of 50 nurses working in the operating room of the university hospital. A purposive sampling strategy was used to recruit participants who had experience relevant to the phenomenon being studied. In qualitative research, purposive sampling allows the selection of individuals who are knowledgeable and experienced in the area of inquiry. Although there is no strict rule for sample size in phenomenological studies, 5-25 participants are often recommended<sup>9</sup>. In this study, data saturation was reached at 15 participants when no new information emerged and responses became repetitive<sup>8</sup>.

### 2.6. Inclusion criteria

- Being a nurse actively working in the operating room
- Having at least one year of experience in perioperative care
- Volunteering to participate in the study

### 2.7. Exclusion criteria

- Nurses not involved in direct perioperative care

### 2.8. Data collection

Data were collected through semi-structured interviews between August and October 2024.

### 2.9. Data collection tool

A semi-structured interview form was used as a data collection tool. The interview form was created by the researcher by reviewing the literature<sup>4,6,12</sup> and consisted of 10 questions. Through the interview questions, the factors affecting the operating room nurses' knowledge and opinions about privacy and their experiences about the practices they have experienced were examined. The interviews were conducted by the researcher in the operating room and lasted approximately 20-25 minutes to avoid disruption of work. Since the researcher has been working in the field of operating room nursing for a long time, this time was sufficient for in-depth interviews. All interviews were recorded using a digital recorder and transcribed by the researcher.

### 2.10. Data analysis

Verbatim transcripts were reviewed alongside the audio recordings to confirm accuracy and consistency. This process confirmed the reliability of the data. Each participant was anonymized and assigned a code (P1, P2, etc.) to protect confidentiality. Data were analyzed through content analysis, following the guidelines by Yıldırım and Şimşek<sup>25,25</sup>. Similar codes were grouped under categories and themes, and the relationships among them were interpreted through a cause-and-effect perspective. The coding and thematization processes were conducted manually by the researcher experienced in qualitative research. To ensure trustworthiness and enhance the rigor of the findings, the coding process was reviewed by an independent qualitative research expert. As a result, **6 main themes and 31 sub-themes** were identified. These were presented descriptively in alignment with the study aims. Direct quotations were included to allow readers to engage with the original data.

### 2.11. Trustworthiness of the study

To ensure the **credibility, transferability, dependability, and confirmability** of the research, the following strategies were adopted:

- Prolonged engagement with participants

- Triangulation through peer debriefing with a qualitative research expert
- Detailed documentation of all research processes to allow for auditability
- Use of direct quotes to maintain authenticity of the data
- Clarifying the researcher’s role and potential biases due to professional background

2.12. Ethical considerations

Ethical approval for this study was obtained from the Scientific Research and Publication Ethics Committee of Osmaniye Korkut Ata University (Approval No: 2023/4/3). Participants received both verbal and written information about the study’s purpose and their rights. Written informed consent was obtained from all participants, who were informed they could withdraw at any stage without providing reasons. Permission for audio recording was obtained before each interview. The study was conducted in compliance with the **Declaration of Helsinki**. All data were anonymized, and identifying information was removed before analysis.

2.13. Limitations of the study

The limitations of this study include the limited number of similar studies in the literature, which restricted the interpretation of findings. Additionally, the single-center nature of the research limits the generalizability of the results.

2.14. Findings

The results obtained according to the demographic information

**Table 1**  
Characteristics of the participants.

Characteristics	n (15)	%	Participant Codes
<b>Age</b>			
24-30	4	27 %	P1, P4, P7, P10
31-37	6	40 %	P2, P3, P8, P9, P13, P14
38-44	4	27 %	P5, P11, P12, P15
45-49	1	6 %	P6
<b>Gender</b>			
Female	10	67 %	P3, P4, P5, P6, P7, P11, P12, P13, P14, P15
Male	5	33 %	P1, P2, P8, P9, P10
<b>Education Level</b>			
Bachelor’s Degree	13	87 %	P1, P3, P4, P5, P6, P7, P8, P9, P10, P11, P12, P13
Postgraduate Degree	2	13 %	P2, P14, P15
<b>Years in Profession</b>			
2-7 years	1	7 %	P7
8-12 years	7	46 %	P1, P2, P8, P9, P10, P13, P15
13-20 years	6	40 %	P3, P5, P11, P12, P14
20+ years	1	7 %	P6
<b>Years in Operating Room</b>			
Less than 2 years	3	20 %	P1, P2, P8
2-7 years	2	13 %	P7, P10
8-15 years	7	47 %	P3, P4, P5, P9, P13, P14, P15
More than 15 years	3	20 %	P6, P11, P12

obtained in the study are presented in [Table 1](#).

In [Table 1](#), the study revealed that 40 % of the participants were between the ages of 31-37, 67 % were female, 87 % were undergraduate graduates, 46 % of the participants’ working years ranged between 13-20 years, and those with 8-15 years of working time constituted the largest group with 47 %.

In [Table 2](#), nurses’ perceptions and practices related to privacy in the operating room environment are evaluated. The opinions of 15 participants in the sample are expressed in percentages. When the table is examined, all participants (100 %) responded positively about providing physical privacy. Regarding the sharing of patient information among health personnel, 60 % of the participants responded positively, while 40 % responded negatively. Sharing patient information with people other than healthcare personnel was viewed negatively by 100 % of the participants. While 47 % of the participants thought that they were successful in protecting privacy in the operating room, 53 % stated that they were not successful enough in this regard. It was observed that all participants (100 %) believed that it was possible to protect privacy in the operating room.

[Table 3](#) presents the themes and sub-themes related to privacy. Direct quotations of the participants in accordance with the themes are given below.

2.15. THEME 1: Definition of privacy

Most nurses described privacy as encompassing any information or aspect of the patient that they wish to keep confidential. This includes not only physical aspects such as the patient’s body but also personal, psychological, cognitive, and social dimensions. Nurses emphasized that privacy is deeply individual and context-dependent.

*“Everything that the patient does not want to share is confidential information.” (P1)*

*“To me, privacy is confidentiality. It can be not only physical, but also cognitive, social, and psychological.” (P2)*

*“Anything the patient wants to hide is privacy.” (P3)*

This theme highlights a multidimensional understanding of privacy, with nurses demonstrating a comprehensive awareness of both visible and invisible boundaries of personal space and information.

**Table 2**  
Distribution of data on privacy.

	n (15)	%
<b>Maintain physical privacy</b>		
Yes	15	100 %
No	-	-
<b>Sharing of patient information among health personnel</b>		
Well accepted	9	60 %
Negatively accepted	6	40 %
<b>Sharing patient information with someone other than healthcare personnel</b>		
Well accepted	-	-
Negatively accepted	15	100 %
<b>Are you able to maintain privacy in the operating room as you wish?</b>		
Yes, I can protect	7	47 %
No, I cannot protect	8	53 %
<b>Can privacy be protected in the operating room?</b>		
Yes	15	100 %
No	-	-

**Table 3**  
Themes and Subthemes related to privacy.

Themes	Subthemes
<b>Definition of Privacy</b>	Patient's personal information Everything he/she doesn't want to say Patient's body Diagnosis and treatment Personal life Privacy
<b>Privacy Information</b>	The human body Imperfections in the body Family status Personal life Infectious disease Religion
<b>Violation of Privacy Intensity</b>	Neglect Habitual Lack of empathy Emergency cases Lack of team collaboration
<b>Physical Privacy Protection</b>	Covering the patient Providing surgical field cleaning by closing the private areas Reducing the number of people in the operating room Keeping room doors closed Be careful when giving positions Uncovering after anesthesia
<b>Transfer Process</b>	Lack of knowledge Unconscious uncovering of the patient Focusing the team only on handover information
<b>Recommendations regarding the protection of privacy</b>	Improvement of the physical conditions of the operating room Providing training to staff Disposable underwear for patients Attention to patient requests

#### 2.16. THEME 2: Privacy information

Nurses identified a wide range of information as private, extending beyond physical attributes to include body image, medical diagnoses, treatment details, personal life, religious beliefs, and infectious diseases particularly those with a stigma such as sexually transmitted infections. They emphasized that any information shared by the patient is inherently private unless consent for disclosure is given.

*"In my opinion, any information given by the patient to the health personnel can fall under patient privacy." (P1)*

*"If we say what is included in privacy: the patient's body, private life, religion, maybe even an infectious disease that the patient does not want to tell is privacy." (P6)*

*"I think any information about the patient's condition is within the scope of privacy unless the patient wants it to be shared with someone else." (P13)*

This theme illustrates that nurses recognize privacy as encompassing both tangible and intangible aspects of patients' lives, and underscores the need for consent-based information sharing in clinical settings.

#### 2.17. THEME 3: Violation of privacy

Nurses acknowledged that despite their efforts to protect patient privacy in operating rooms, violations still occur. These breaches were attributed to multiple factors, including time pressure, high patient volume, emergency situations, lack of empathy, habitual behaviors, and insufficient team coordination. Nurses noted that maintaining privacy is a collective responsibility and not solely the nurse's duty.

*"Sometimes there are such emergency cases that it is more important to keep the patient alive than the patient's privacy." (P2)*

*"Unfortunately, this is an issue that we neglect a little bit in the operating rooms... But it is wrong to think that this is only the duty of the nurse, it is the duty of the whole team." (P7)*

*"Sometimes the patient can be uncovered before being painted. I warn the team but I cannot intervene because I am sterile." (P14)*

This theme highlights the systemic and situational challenges to maintaining privacy in high-pressure environments like operating rooms and points to the need for teamwork and shared accountability in upholding privacy standards.

#### 2.18. THEME 4: Physical privacy protection

Nurses emphasized that physical privacy is a core component of patient dignity, particularly in operating rooms. They reported taking specific precautions such as covering the patient's body except for the surgical area, limiting the number of people in the room, controlling door access, and avoiding photography without consent. Nurses also stated that physical privacy must be maintained throughout the perioperative process, especially in sensitive procedures like gynecological or urological surgeries.

*"The thing I pay the most attention to in terms of physical privacy is that the patient's private areas are covered, except for the area to be operated on." (P1)*

*"When there are extra people in the room, I take them out. I pay more attention especially if there are procedures to be performed on intimate areas." (P11)*

*"I try to pay extra attention to ensure privacy while positioning the patient... It is important for me to position the patient by keeping private areas closed." (P15)*

While the primary focus was on physical privacy, nurses also noted that privacy encompasses verbal and informational dimensions, reinforcing the need for a holistic approach to protecting patient dignity.

#### 2.19. THEME 5: Transfer process

Nurses reported that patient privacy during the transfer process is generally respected, particularly when patients are conscious. However, challenges arise when patients are unconscious or disoriented, leading to involuntary exposure due to movement. Additionally, lack of sufficient staff training on privacy protocols during transfer was identified as a contributing factor. Nurses emphasized the importance of vigilance and care during this vulnerable period to maintain patient dignity.

*"Sometimes it can be uncovered due to the unconscious movement of the patient after sobering up. We cover them and they are uncovered again." (P1)*

*"Problems arise mostly due to the lack of staff training during transportation." (P2)*

*"During the patient transfer process, patients can uncover their clothes because they cannot make very conscious movements, and we need to be extra careful in this regard." (P7)*

This theme underscores the need for improved training and protocols to support consistent privacy protection throughout all stages of patient care, including transfers.

#### 2.20. THEME 6: Recommendations on the protection of privacy

Nurses proposed several practical measures to enhance privacy protection in operating rooms. These included providing targeted

training on privacy beyond basic knowledge, improving physical arrangements such as patient preparation rooms close to the OR, limiting unnecessary personnel in surgical areas, and controlling operating room door access. Emphasis was placed on teamwork and continuous education to foster a culture of privacy awareness.

*“Just like everyone knows how to wash hands, but correct hand washing is different and we support these with training. I think trainings can also be given on privacy.” (P1)*

*“Maybe patient preparations for planned cases can be done in a room close to the operating room...Our covered women have difficulties in this area.” (P2)*

*“Operating room doors should be checked frequently, maybe the entrances and exits to the rooms can be provided from another place not directly connected to the corridor.” (P12)*

These recommendations reflect the nurses' commitment to improving privacy standards through education, environmental design, and collaborative effort.

### 3. Discussion

The study revealed that nurses conceptualized patient privacy in the operating room as encompassing not only physical boundaries, but also the protection of personal, diagnostic, and treatment-related information, as well as aspects of the patient's private life. It highlighted that privacy is not limited to physical concealment but includes safeguarding the patient's confidential information. The study revealed that nurses encountered numerous challenges in preserving privacy during patient transfer and surgical preparation, including lack of staff training, high workload, urgency of emergencies, insufficient empathy, and poor team collaboration. Participants described privacy violations such as exposing patients due to time constraints, admitting unnecessary personnel to the operating room, and frequently opening OR doors. The study also revealed that unconscious patients posed particular difficulties in maintaining privacy.

The study revealed that while nurses paid close attention to maintaining patient privacy, their efforts were often compromised by structural and environmental limitations. These findings align with previous research indicating that nurses generally maintain high awareness of patient privacy, with an emphasis on physical aspects<sup>1,14</sup>. For example, Aslan et al.<sup>5</sup> reported that surgical nurses had a strong sensitivity to privacy<sup>5</sup>. However, Evren<sup>10</sup> found that auxiliary staff were perceived as least attentive to privacy, followed by physicians, anesthesia teams, and finally nurses<sup>10</sup>. These findings support the necessity of reinforcing institutional education and training across all healthcare professionals to protect patient privacy consistently.

Additionally, the study revealed which specific elements nurses consider private. These included the patient's body, physical imperfections, family background, private life, infectious diseases, and religious beliefs. Similar trends are seen in the literature: Hüzmeleli<sup>12</sup> reported that nurses identified the body (34 %), personal data (28 %), private life (28 %), family information (8 %), and religion (6 %) as private<sup>12</sup>. Likewise, in Aktan et al.'s<sup>1</sup> study, 100 % of participants considered the body private, 88.8 % health-related data, 97.5 % personal information, and 87.6 % gender-related data as confidential<sup>1</sup>. The study revealed that nurses consistently value the protection of patients' physical and informational privacy.

Moreover, the study revealed various perceived causes of privacy violations, including negligence, lack of information, emergency situations, lack of empathy, and poor teamwork. These findings are in line with Hüzmeleli<sup>12</sup>, who reported similar contributing factors<sup>12</sup>. Although limited, existing studies in the literature emphasize individual errors, staff shortages, heavy workloads, equipment deficiencies, and gaps in ethical or in-service training as primary contributors to privacy violations<sup>14,17,23</sup>.

Importantly, the study revealed that nurses believe maintaining privacy is not solely their responsibility but should be approached as a team-based duty involving the entire surgical staff. Literature supports this view, noting that communication failures, ambiguous role definitions, fragmented teams, interpersonal tensions, and inadequate involvement in decision-making processes are common issues affecting teamwork in the OR<sup>3</sup>. This underlines the need for institutional systems that promote structured collaboration and effective communication.

### 4. Conclusion and recommendations

In conclusion, this study addressed the attitudes of nurses towards patient privacy and the challenges they face in the operating room environment. It was found that nurses paid great attention to patient privacy, but faced various difficulties, especially during patient transfer and preparation for surgery. Privacy violations are usually caused by factors such as busy work schedule, lack of equipment, lack of training and lack of empathy. Nurses emphasized that privacy is not only limited to physical confidentiality, but it is also important to protect patients' personal information and private lives. These findings show that nurses attach high importance to patient privacy, but this importance encounters various obstacles in practice. When similar studies in the literature are examined, it is concluded that nurses' awareness of patient privacy is generally high, but communication deficiencies and lack of team cooperation may lead to privacy violations. Therefore, it is emphasized that in order to protect privacy in the operating room environment, ethical training of personnel should be strengthened, communication within the team should be increased and structured systems should be established. ***In addition, feasible strategies for protecting patient privacy in the operating room, such as maintaining physical barriers during patient transfer, reducing unnecessary staff traffic, and ensuring confidentiality of patient information, have been discussed. Moreover, it is recommended that future studies compare the perceptions of privacy between patients and the perioperative healthcare team to better understand differing expectations and improve practices. Recent literature on privacy and confidentiality has also been reviewed and updated to support these recommendations.*** It was stated that it is not only the responsibility of the nurse to protect patient privacy, but the entire healthcare team should make a joint effort. In this context, it is recommended to ensure continuity of trainings, psychological support and coordination within the team to reduce privacy violations and increase patient safety.

### CRediT authorship contribution statement

**Dilek Talhaoğlu:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Software, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization.

### Declaration of competing interest

The author has no conflict of interest.

### Supplementary materials

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