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PATIENTS' PRIVACY AND DIGNITY IN GASTROENTEROLOGY WARD

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E Said,^{1,*} P Sidhu,¹ K Kapur,¹ A Soliman¹ ¹*Gastroenterology, Barnsley District General Hospital, Barnsley, UK*

Introduction Respecting patient privacy, dignity and confidentiality are one of the principles of good practice laid out by the general medical council. Inpatients in the gastroenterology ward are likely to be subjected to more intimate examination, need more bowel care and may have alcohol intake problems that they wish only to discuss in private.

Methods A designed questionnaire to test patients perception of how their privacy, dignity and confidentiality have been maintained during their stay in our ward was handed on discharge over 3-month period. Out of 150 consecutive discharges' questionnaires, 50 responses were returned. Results were collected and analysed in relation to whether patient stayed in single, four-bedded or six-bedded rooms.

Results 50 patients, 48% (24/50) males, mean age 56 (range 20–81 years), 52% (26/50) female mean age 61 (range 42–90 years). Reasons for admission: gastroenterology related admission 62% (31/50) (alcohol, diarrhoea, bleeding, etc), non-gastroenterology related (stroke, fall, etc) 38% (19/50). 80% (40/50) of the patients confirmed that their privacy had always been maintained when discussing their condition and medical treatment (81% in 6 bedded, 78% in 4 bedded, 85% in single room). 48% (24/50) of the patients confirmed that their consultation had never been interrupted, while 36% (18/50) patients had interruption sometimes, 4% (2/50) frequently and 10% (5/50) always. 44% (19/43) of the patients in the 6 and 4 bedded rooms confirmed overhearing conversations of medical information about other patients either sometimes or frequently. 86% (43/50) of the patients confirmed that they had been given enough privacy and explanation before examined (90% in 6 bedded, 84% in 4 bedded, 85% in single room). All patients (100%) felt curtains and chaperones were used appropriately. 18% (9/50) of the patients did need help with personal hygiene (16% in 6 bedded, 25% in 4 bedded, 0% in single room). 100% patients who stayed 1–3 days felt respected compared to 94% 4–7 days, 84% 7–14 day and 77% >14 days. 84% (26/31) of the patient admitted with gastroenterology problem felt they were always treated with respect and dignity compared to 89% (17/19) of those admitted with non-gastroenterology related problem. Overall 88% (44/50) of the patients felt they were always treated with respect and dignity during stay (90% in 6 bedded, 90% in 4 bedded, 71% in single room) compared to 12% (6/50) felt that only sometimes or frequently.

Conclusion It is difficult to maintain confidentiality in the 4 and 6 bed settings. Duration of stay in the gastroenterology ward appear to have more impact than the room setting and reasons for admission in maintaining respect and dignity. The role of staff professional attitude and behaviour need to be further evaluated.

Competing interests None.

Keywords privacy, dignity