Personal and territorial space of the patients: a nursing ethics question

Namie Okino Sawada¹, Francisco de Assis Correia², Isabel Amelia Costa Mendes³, Jose Augusto Dela Coleta⁴

ABSTRACT

Using the technique of the critical incidents, situations and behaviors mentioned by hospitalized patients were identified as far as the invasion of their personal and territorial space was concerned. The analysis of 80 reports of critical incidents revealed: a) 80 situations which were grouped in 11 categories; b) 95 health personnel behaviors related to personal and territorial invasion. These reports were distributed in nine behavior categories related to invasion of personal space and seven categories related to invasion of territorial space. Considering the reported behaviors, the authors emphasize: lack of respect for the patients, making noises and turning the lights on. The data showed that the health personnel do not respect the personal and territorial space of the hospitalized patients. This fact has several negative consequences to the patients such as: negative feelings, decreased quality of assistance, alteration in the pattern of sleep, among others.

¹ Professor, Doctorate Degree, University of Sâo Paulo, School of Nursing of Preto.
² Professor, Doctorate Degree, University of Sâo Paulo, School of Nursing of Preto.
³ Head Professor, University of Sâo Paulo, School of Nursing of Ribeirâo Preto.
⁴ Head Professor, Federal University of Uberlândia, Brazil.
INTRODUCTION

Man as a social being organizes himself within physical proximity's and relates with other beings inside a physical environment. Space affects significantly the social interaction and the interpersonal communication. The sensation of space involves a synthesis of visual, auditory, kinesthetic, olfactory and thermic information. Thus, it is necessary to acknowledge the importance of the physical space in social interactions. In order to feel safe, stimulated and possessors of an identity, it is essential that all human beings possess a territory.

In the hospital context, during the crisis period of an illness, it is often necessary to divide the territorial space with strangers and thus, invasion of the personal and territorial space of the hospitalized patient often occurs. According to Blondis & Jackson the hospitalized patients lose control of the spatial parameters and this can cause psychological stress.

The capacity of the sick to deal with the stress of hospitalization depends on a series of personal and social factors, mainly how the nurses reinforce the sick person's condition as human beings, independently of the physical or emotional exposition that makes them particularly vulnerable. It is up to the nurses, through their actions and attitudes, to protect the patients' privacy, as well as to help them to deal with the loss of privacy that occurs during hospitalization.

The rights of the patients to privacy, respect, dignity and individuality are mentioned in the Universal Declaration of Human Rights, in the deontology and ethics codes of the nursing professionals. However, at the health institutions level, we know that these rights are not regulated and not all of them were implemented.

According to Driscoll the human rights should not continue to be imperceptible in the nursing practice.

Presently, Bioethics is being widely discussed. Considering that the invasion of the personal and territorial space involves questions of professional ethics since it violates the privacy principle, we proposed the realization of this study whose aim was:

a. identify situations in which invasion of the personal and territorial space of the hospitalized patients occurs;
b. identify behaviors of the health team as far as invasion of the personal and territorial space of the patients is concerned;
c. identify the consequences for the patients of the invasion of their personal and territorial space.

METHODOLOGY

The data was collected in a general, government hospital intended for teaching and research in the city of Ribeirão Preto, São Paulo, Brazil.

The patients had to meet the following criteria for inclusion in the study:
a. aged eighteen or over;
b. be literate;
c. accept and register a written consent proposing to participate as subject in the study

A sample of 100 patients who met the inclusion criteria were interviewed three days after hospitalization using the critical incidents technique. Only negative critical incidents were questioned, since we believe that the invasion of the personal and territorial space of the patient is always an unpleasant and uncomfortable situation.

The patients were asked:

To recall occasions in which a health team member (doctors and nurses) or a support team member (cleaners and feeding personnel) entered your room and came very near you or any other patient. Recall one specific occasion in which something that you considered very disagreeable happened, something bad, that you did not like. Describe exactly the situation, what happened on that occasion, and what was the consequence of that fact.

The reports of the patients were collected through interviews effected by the researcher and two previously trained monitors. The notes were written down and afterwards read to the interviewee in order to obtain validation through confirmation and rectification of the reports.

After collection of the critical incidents, a content analysis of the reports was effected to identify situations, behaviors and consequences.

After analyzing and identifying situations, behaviors and consequences, a categorization of the reports showing similarity was effected.

The behaviors of personal and territorial space invasion were divided in two groups:

• behaviors of the health and support teams concerning personal space invasion;
• behaviors of the health and support teams concerning territorial space invasion.

Personal space invasion behaviors were those revoked by intimate proximity with the patients during the execution of procedures, examination of intimate parts of the body, touching abruptly the patients, as well as showing disrespect to the patient as a human being, violating their human rights and the right to receive individualized and qualified assistance.

Territorial space invasion behaviors were those resultant of intrusion in the physical space occupied by the patient as: entering the room without permission, removing furniture without permission, changing bedding with the patient still lying on the bed, making noise and turning the lights on, talking loudly, hitting the bed with cleaning devices and making noise in the corridors.

RESULTS AND DISCUSSION

Among the 100 interviewed subjects, 20 (20%) did not remember negative critical incidents related to invasion of their personal and territorial space. The other 80 (80%) reported 80 negative critical incidents, averaging one report per interviewed individual. The collected critical incidents are presented in general, grouped in categories of situations, behaviors and consequences. We shall discuss only the categories with higher frequencies.
From the 80 negative critical incidents which were collected we extracted 80 situations which were grouped in 11 categories of situations as Table 1 shows.

**TABLE 1: Distribution of the Situation Categories**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lack of control over the physical space</td>
<td>06</td>
</tr>
<tr>
<td>2. Necessity to execute procedures</td>
<td>14</td>
</tr>
<tr>
<td>3. Necessities of the patient</td>
<td>20</td>
</tr>
<tr>
<td>4. Pain</td>
<td>06</td>
</tr>
<tr>
<td>5. Inadequate communication</td>
<td>02</td>
</tr>
<tr>
<td>6. Lack of control over personal belongings and visitors</td>
<td>04</td>
</tr>
<tr>
<td>7. Ethical aspects</td>
<td>05</td>
</tr>
<tr>
<td>8. Abrupt approach</td>
<td>02</td>
</tr>
<tr>
<td>9. Human error (negligence)</td>
<td>05</td>
</tr>
<tr>
<td>10. Noise and lights on in the ward and corridor</td>
<td>11</td>
</tr>
<tr>
<td>11. Lack of orientation</td>
<td>05</td>
</tr>
<tr>
<td>TOTAL</td>
<td>80</td>
</tr>
</tbody>
</table>

The categories with higher frequencies were necessity to execute procedures and necessities of the patients. The first category is characterized by some kind of necessity of the patients, such as: physiological (excretion and feeding), smoking, corporal hygiene, locomotion and use of the telephone; the patients need help to meet those needs. In the other category, the patients were undergoing a procedure, such as: trichotomy, enema, drug administration, vesicle probing, preparation for surgery, and others.

Analyzing these data, it is possible to verify that we are constantly invading the personal and territorial space when procedures are performed to meet the needs of patients whose physical and psychological conditions are too fragile to allow them not to admit intrusion.

The paper of Stillman¹⁶ emphasizes these aspects and points out that the fulfillment of nursing activities involves the personal space of the patients, and the way they are performed is very important. It is necessary that the nurses acknowledge the patient as an individual, provide explanations when necessary, do not expose unnecessarily the patient's body, work quickly to minimize corporal contact and recognize the physical and psychological discomfort caused by privacy intrusion.

Allekian's¹ study showed that the patients feel anxious when invasion of their territorial space occurs; however, they show indifference when the personal space is invaded. These data show that the individuals entering hospital are aware that they are going to be submitted to a series of procedures that demand physical contact.

We agree that the invasion of the personal space of the patients is necessary in order to execute the procedures; however, the health team must show zeal for the ethical aspects, maintaining comfort and dignity of the patients.

Table 2 shows the 95 behaviors of the health and support teams concerning invasion of the personal and territorial space of the patient, according to the critical incidents reports.
TABLE 2: Distribution of the Behaviors of the Health and Support Teams Concerning Invasion of the Personal and Territorial Space of the Interviewed Patients.

<table>
<thead>
<tr>
<th>Categories of Behaviors</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invasion of the personal space provoked by the health and support teams</td>
<td>63</td>
</tr>
<tr>
<td>Invasion of the territorial space provoked by the health and support teams</td>
<td>32</td>
</tr>
<tr>
<td>TOTAL</td>
<td>95</td>
</tr>
</tbody>
</table>

The group of behaviors of the health and support teams concerning invasion of the personal space was divided in nine categories of behaviors as Table 3 shows.

TABLE 3: Distribution of Behaviors of the Health and Support Teams Concerning Invasion of the Personal Space of the Interviewed Patient.

<table>
<thead>
<tr>
<th>Categories of Behaviors</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPE1- Delayed attendance when patients request</td>
<td>07</td>
</tr>
<tr>
<td>CPE2- Non-attendance of the patients’ needs</td>
<td>11</td>
</tr>
<tr>
<td>CPE3- Human error</td>
<td>12</td>
</tr>
<tr>
<td>CPE4- Careless attendance</td>
<td>04</td>
</tr>
<tr>
<td>CPE5- Disrespect to the patients</td>
<td>19</td>
</tr>
<tr>
<td>CPE6- Disrespect to the patients’ personal belongings</td>
<td>02</td>
</tr>
<tr>
<td>CPE7- Intimate proximity</td>
<td>02</td>
</tr>
<tr>
<td>CPE8- Difficulty to effect the procedure</td>
<td>03</td>
</tr>
<tr>
<td>CPE9- Abrupt interruption of sleep</td>
<td>03</td>
</tr>
<tr>
<td>TOTAL</td>
<td>63</td>
</tr>
</tbody>
</table>

The most frequent category of behavior was disrespect to the patient. In this category we included the nursing and support personnel behaviors related to treating the patients aggressively, harshly and impolitely.

These data corroborate the study of Hooven and Spitzer\textsuperscript{13,14} also identifying complaints of the patients related to impoliteness, lack of privacy, demonstration of indifference, discouraging facial expression and hurry of the health team personnel when providing care.

We understand that respect for the patients as human beings is fundamental to their treatment. It is necessary that the nursing personnel treat them with respect and dignity besides protecting them from embarrassing situations promoting a reliable environment. The second most mentioned category was human error. In this category were included behaviors related to lack of orientation or inadequate orientation, incorrect execution of procedures, administration of wrong medication, losing results of exams, administration of the same medication twice. These behaviors indicate error of the health personnel offering risks, losses and damages to the patients.
Human errors were considered invasive to the personal space because they are behaviors which disrespect the patients as human beings, they violate the human rights and the rights to qualified assistance.

This fact points out the necessity of more attention and respect on the part of the health/support personnel in executing the procedures even if their complexity is minimal.

The group of behaviors of the health team concerning invasion of the territorial space of the patient was divided in seven categories as Table 4 shows.

**TABLE 4: Distribution of the Behaviors of the Health and Support Personnel Concerning Invasion of the Territorial Space of the Interviewed patient**

<table>
<thead>
<tr>
<th>Categories of Behaviors</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEI - Aggressive response to a patient of the same ward</td>
<td>01</td>
</tr>
<tr>
<td>CTE2 - Inadequate conduct inside the ward</td>
<td>08</td>
</tr>
<tr>
<td>CTE3 - Personnel make noises and turn the lights on</td>
<td>14</td>
</tr>
<tr>
<td>CTE4 - Entrance without asking permission, furniture removed from the ward and transference of the patient</td>
<td>04</td>
</tr>
<tr>
<td>CTE5 - Personnel obstructs passage to the bathroom</td>
<td>01</td>
</tr>
<tr>
<td>CTE6 - Execution of procedures in inadequate site</td>
<td>01</td>
</tr>
<tr>
<td>CTE7 - unethical conduct</td>
<td>03</td>
</tr>
<tr>
<td>TOTAL</td>
<td>32</td>
</tr>
</tbody>
</table>

The most frequently found category of behavior was "the personnel make noises and turn the lights on". We included in this category behaviors related to the entrance of personnel in the ward during the night, making noises and turning the lights on to provide care to the interviewed patient or to other patients in the same ward. Also included were the behaviors which produce noise in the corridors caused by the health personnel talking and by the floor washing machines activated by the cleaners.

According to Proshansky & Col12, the individual responds to varied stimuli as lights, noises, forms and structures, objects and spaces as well as to other persons who develop specific activities. The physical environment, simple or complex, provokes several human responses as feelings, attitudes, values, expectations and wishes, just as in the relationships and experiences of human conduct.

Investigating the satisfaction level of the patients in a small hospital, Stamps15 found out that the high level of noise provoked by the nursing personnel is one of the most unsatisfactory factors.

Considering the high number of critical incidents reported in this item, we alert the health professionals to analyze their conduct inside the hospital, mainly during the night period. The health institutions also should worry, providing individual bedside lamps, controlling the level of noise in the different, that is, providing and demanding that the rights of the patients are fulfilled and respected.

Table 5 shows the nine categories of consequences to the patients extracted from the critical incidents reports.
TABLE 5: Distribution of the Consequences to the Interviewed Patients

<table>
<thead>
<tr>
<th>Consequences</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Difficulty to remain in the physical space</td>
<td>01</td>
</tr>
<tr>
<td>2. Alteration in the sleep pattern</td>
<td>14</td>
</tr>
<tr>
<td>3. Negative interaction</td>
<td>19</td>
</tr>
<tr>
<td>4. Negative feelings</td>
<td>80</td>
</tr>
<tr>
<td>5. Invasion of privacy and of the physical space</td>
<td>19</td>
</tr>
<tr>
<td>6. Alteration in the general state of the patient</td>
<td>14</td>
</tr>
<tr>
<td>7. Impaired quality of assistance</td>
<td>16</td>
</tr>
<tr>
<td>8. Hospital discharge</td>
<td>01</td>
</tr>
<tr>
<td>9. Long-term hospitalization</td>
<td>02</td>
</tr>
<tr>
<td>TOTAL</td>
<td>166</td>
</tr>
</tbody>
</table>

As Table 5 shows, the categories showing greater number of consequences were negative feelings, impaired quality of assistance, negative interaction, invasion of privacy and of the physical space, alteration in the sleep pattern and alterations in the general conditions of the patient.

In view of the great number of negative consequences to the patients, the importance of considering the personal and territorial space of the hospitalized patient was corroborated.

These data also show the quality level of assistance that is being provided to the patients, demonstrating that they are dehumanized and depersonalized.

FINAL CONSIDERATIONS

This study allowed us to determine the situations, behaviors and consequences found when invasion of the personal and territorial space occurs, considering the point of view of the patients themselves.

The data evidenced that the invasion of the personal and territorial space often occurs in the interaction of nurse-patient and many times is related to ethical issues, as the principle of respect for the human being, maintenance of privacy, competence and responsibility.

The unnecessary invasion of the personal and territorial space of the patient can reveal indifference as far as their comfort and dignity are concerned. Considering that the respect to the personal and territorial space meets the needs of identity and safety, it is imperative that the health team remain attentive to attain this since it is essential to the recovery of the patient.

Several authors\textsuperscript{1,9,10,15,17} discussed the effects of the personal and territorial invasion provoked by the health personnel behaviors. All of them agree that this intrusion heightens the level of anxiety and stress and that the warranty of a territory meets the needs of identity, autonomy and safety.

Thus, we alert the health team personnel to be attentive to factors of personal and territorial space invasion in order to minimize them.
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