*Original Article*

**Dignity in Iranian Operation Room Nurses Perspective Patient**

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**Abstract**

Respecting patients' esteem is known as a fundamental part of nursing care. Operating room, one of the complex areas in treatment centers, is considered as a high-stress environment for both patient and nurse. Thus, special attention should be paid to respect the dignity of patients undergoing surgery in this environment. This study aimed to discover the meaning of human dignity with respect to operating room professionals. The A present study is a qualitative approach based. 15 participants were selected by using purposive sampling and interviewed through in-depth, individual, and semi-structured interviews in order to collect data. The more abstractive concept of ethical care in operating room was conceptualized based on the data analysis related to human dignity. It was divided into the observation of patient autonomy including behaving respectfully, attracting patients' trust, giving selection right to patients and keeping patient secrets, and preserving the individual identity of patients involving respect for patient privacy and patients' dignity. Based on the results, operating room nurses consider high value for human dignity due to the different nature and environment of operating room which requires respecting special ethical values.

**Keywords:** Dignity, [Operating Rooms](https://meshb.nlm.nih.gov/record/ui?ui=D009873), Nurses, Ethics

**Introduction**

Dignity is defined by oxford dictionary as the situation in which proper respect, esteem and pride exist. However, various authors have mentioned the ambiguity of the mean and phrase of dignity ([1](#_ENREF_1)). Although the dignity concept had been used in the medical field during distant past, it is discussed in the field of healthcare nowadays ([2](#_ENREF_2)). According to different studies, human dignity in clinical care is defined as trust in respectful qualitative care ([3](#_ENREF_3), [4](#_ENREF_4)).

In addition, care with dignity is considered as one of the main aims of comprehensive care, thus, preserving dignity is regarded as one of the ethical responsibility of workers in nursing care ([5](#_ENREF_5)). In fact, preserving and improving dignity as one of the important element of human rights is considered essential in nursing care ([3](#_ENREF_3)). According to the International Council of Nurses (ICN), respecting human life, dignity and rights is regarded as an impartible component of nursing, which is not affected by nationality, ethnicity, religion, skin color, age, gender or sociopolitical status ([6](#_ENREF_6)).

Preserving human dignity results in increasing their satisfaction of the services provided by healthcare staff, developing an appropriate relationship between patient and healthcare staff, sensing security, decreasing hospitalization along with reducing mental health problems, and finally decreasing costs and improving the motivation of healthcare professionals to provide better services ([2](#_ENREF_2)).

Considering the importance of preserving human dignity in clinical care, some studies reported that the patients' dignity is exposed to lose in healthcare centers ([4](#_ENREF_4)). In this regard, Abelsson and Lindwall maintained that although nurses preserve patients' dignity through attending their requirements and hide them from others' gazes, the violation of human dignity is ignored ([7](#_ENREF_7)). Thus, healthcare staff should pay attention to this point that preserving patients' dignity results in developing the feeling of capability and positive image for nurses, decreasing patients' stress, increasing their trust on care services, satisfying from nursing care, reducing hospitalization and enhancing patient care outcomes (8). Regarding the effect of therapeutic interventions on preserving human dignity, the results showed that these interventions lead to the reduction of patient mental stresses and give better meaning to their life ([8](#_ENREF_8)).

Operating room as one of the complex environments in treatment centers, which is equipped by modern technology is considered as a high-stress environment for both of patient and nurse. Consequently, special attention should be paid to preserve the dignity of patients undergoing surgery in this environment. In addition, the different concept of relationship between nurse and patient, respect for the privacy of unconscious patient, and the observation of patients' dignity in this environment could be highlighted. The studies indicated that the speed of providing care and the use of advanced technologies are considered as barriers for respecting professional ethical values in the operating room, which are regarded as great barrier for developing correct relationship between operating room nurse and patient. In fact, the quality of relationship between nurse and patient and respect for some of professional ethical values are exposed to danger since nurses are involved in more technical skills and modern technologies such as special equipment and robotics surgery ([9](#_ENREF_9)).

Bloomberg assessed the viewpoint of operating room nurses about the responsibility for patient care in operating room. Operating room nurses believed that this responsibility is divided into formal aspect which includes ensuring patient safety, and individual ethical values for preserving patients' dignity. In addition, patient safety involves exposing to danger, protecting patients' body and working with surgical team systematically, as well as individual ethical values mean considering patient as a person and caring patient along with observing his dignity ([10](#_ENREF_10)).

Walberg evaluated the experiences of anesthesiology students about respect for human dignity. Allocating time to patient and asking patient to participant and protect his body are regarded as three fundamental principles for preserving patients' dignity with respect their viewpoint. In addition, three main issues related to the violation of dignity were recognized, including alienage, delay, and violation of intimacy ([11](#_ENREF_11)).

Accordingly, preserving patients' dignity in operating room is considered important since respect for dignity as a multidimensional and complex concept is faced with more challenges by losing patients' autonomy such as in unconscious patients, aphasia, and dementia. In these conditions, nurses are regarded as ethical factors having the required ethical wealth for respecting human dignity. Considering the difference between the atmosphere of operating room and other hospital wards and the presence of limited resources related to dignity during caring patient in operating room, the present study sought to specify the lived experience of operating room nurses about respect for patient' dignity in operating room.

**Method**

In the present study, qualitative content analysis was used to assess nurse experiences about preserving patients' dignity. Regarding this approach, information is produced based on a unique viewpoint of participants and real data in the text. In fact, codes and themes are directly obtained in the form of a pattern of raw data ([12](#_ENREF_12)).

**Participants**

Participants were selected from the operating room nurses employing in university hospitals in Gorgan through purposive sampling and interviewed by using 15 individual semi-squared interviews. The inclusion criteria were willingness to provide experiences and having at least 6 months of professional experience in operating room. Participants included 6 males and 9 females with the age range of 27-42 and the work experience of 4-18 years.

**Data collection**

Data were collected by using in-depth semi-squared interviews in a quiet area within hospital. The content of interviews was recorded by MP3 player and typed word-by-word. The interview was started by using extended questions, for example "Can you tell me about preserving patients' dignity in operating room".

Then heuristic questions were asked to clarify responses and access in-depth data "Would you explain more? Can you give us an example?" Each interview lasted about 45 minute. Data were collected when the theoretical saturation of data was achieved ([13](#_ENREF_13)).

**Data analysis**

First author assessed total data by using the method proposed by Graneheim and Lundman. Regarding this method, data was written through fast transcription after each interview and meaning units were checked several times and integrated according to the text, then, formed subgroup and group. Finally, two final codes were extracted. Meaning unit was evaluated in all subgroups to ensure precision, along with some minor changes.

Some methods were used to ensure the accuracy and validity of data. Linclon and Kuba proposed that the criteria of rigor in qualitative studies are validity, trust, reliability and compatibility ([14](#_ENREF_14)).

Some parts of interviews, codes, and themes were assessed and confirmed by two experienced researchers, who were specialized and studied in nursing ethics. Providing the detailed explanation of data and study process allows readers to judge about precision and conform results to their fields. In addition, two external controllers evaluated and confirmed the process of collecting and analyzing data about the validity of study.

**Ethical consideration**

The present study was conducted by getting required permissions from GUMS university ethics committee (13950221). All participants signed informed consent form and could leave the study at each time. The interviews were conducted in the agreed time and position and recorded files were secured by using password.

**Results**

Fifteen operating room nurses which employ in the education and treatment centers of 5 Azar and Sayad Shirazi related to Golestan University of Medical Sciences were selected to participate in the present study. Participants consisted of 9 female and 6 male of which twelve persons were married and others were bachelor. The age range, mean, and work experience were determined 27-40, 32 and 4-15 years (Table 1).

**Table 1.**

In general, 180 primary codes were extracted which changed to 78 primary codes after overlapping. Then, codes were classified based on the common concepts and characteristic in order to access study purpose. Data analysis showed that participants emphasized on their liability to preserve human dignity regardless of age, gender, education, ethnicity, and the like. They defined human dignity with some concepts such as behaving respectfully, attracting patients' trust, giving selection right to patients, keeping patient secrets, respecting patient privacy and valorizing patient, which were created by relating patients. In fact, they believed that preserving human dignity is regarded as their duty, thus, they should respect it as a part of the rights and individual identity of patient. Considering the experiences of operating room staff about the concept of human dignity and above-mentioned characteristics, respect for patients' dignity in operating room could be conceptualized in the more abstractive concept of ethical care in operating room (Table 2).

**Table 2.**

**Respecting patient autonomy**

The observation of patient autonomy is regarded as one of the features for respecting patients' dignity in operating room based on participant experience. They maintained that in order to attract patient trust and provide required information for implementing timeliness and proper activities, they try to relate with patients appropriately along with respectful behavior during the patient entrance until their exit of operating room. In addition, the efficient and required explanations were provided to patients, who could mostly select the type of anesthesia in order to respect selection right of patients and involved them in surgical process. Thus, some characteristics such as respect for patient, patient’s satisfaction, the observation of patient secrets and the selection right of patient were created in the more abstractive concept of patient autonomy.

Regarding patients’ participation in making decision, one 35-years old participant explained "*A question about choosing spinal or general anesthesia is mostly asked from elective patients in order to observe the selection right of patients*."

Making relationship and respecting patient are considered as the dimensions of patient rights based on participant experiences. Other participants maintained "*By entering patient in operating room, we treat them happily to respect and attract their trust in order to make relationship easily. I have always treated like this and was successful in this regard.*" (34-years old participant)

"*During the delivery of a patient, the responsible nurse explained that he is devoid of problem, then delivered the patient and went. I spoke with patient again and explained about operating room and surgery. The patient said that he has allergy to some fruits, but he has no allergy to drugs. No one questioned him about food allergy. Then, I informed the anesthesia specialist and….*" (A 32-year-old participant)

They maintained that they respect ethical principles, secrecy and patient secrets to preserve human dignity. A 36-years old participant described "*One member of my family was undergone under abdominal surgery due to intestinal obstruction and large stool-filled tummy. Although we talked a lot about him in operating room, I did not talk about him in house and among family. We treat them like secretary*."

**Preserving the individual identity of patient**

According to participants’ experiences, observing the individual identity of patients is regarded as one of the signs for respecting patients' dignity in operating room. They claimed that they try to consider patient with respect to value perspective and observe their privacy during the patient entrance to their exit from operating room. Considering participants’ experiences and some characteristics such as making humanitarian relation, respecting *"the law of adaptation of administrative and technical affairs of medical institutes with Islamic standards"*, developing effective relationship, keeping the cover for patient undergoing surgery, respecting patient's belief, and understanding patient and reducing his stress by respectful behavior could be conceptualized in the more abstractive concept of preserving the individual identity of patient.

"*When a patient enters in operating room for each surgery, we try to consider and react with him like a human regardless of his age and* …." (35-years old participant)

A 27-years old participant maintained "*We consider patient as our family member. We try to control everything.*"

One 38-years old participant described "*We respect "the law of adaptation of administrative and technical affairs of medical institutes with Islamic standards" when patient exists in operating room. Female personnel are scrubbed during the surgeries on female. Regarding the surgery on hand and the like, where sensitive parts of body are not involved, we might not respect "the law of adaptation of administrative and technical affairs of medical institutes with Islamic standards" if few personnel are available or …., which is not regarded important*."

"*We try to respect patient's belief. During the delivery of a patient who tied a prayer around his arm, personnel said that he wants to untie prayer. Considering the importance of this issue for patient, we talked with physician, tied a band around prayer, and took the patient."* (A 36-year-old participant)

Another 32-year-old participant maintained "*One female patient who should have undergone cholecystectomy surgery entered the operating room. She wanted to wear her underpants. We talked with patient, but she did not agree. Finally, we decided that she could wear disposal underpants. Accordingly, the patient reached to her request and her stress decreased. In addition, no problem in surgery occurred with respect to infection.*"

**Discussion**

The maintenance of patients' dignity is considered as the fundamental nature of nursing care ([15](#_ENREF_15)). The present study sought to discover the meaning of preserving patients' dignity based on the experiences of operating room nurses and represented that they consider respecting patients' dignity as the ethical care of patients along with emphasis on their autonomy and individual identity. The subgroup of respecting patient autonomy was conceptualized with some concepts such as behaving respectfully, attracting patients' trust, giving selection right to patients and keeping patient secrets, and the subgroup of observing individual identity was conceptualized with respect to their privacy and dignity.

Due to the absence of the assessment and definition related to the concept of dignity with respect to operating room nurses and the presence of few relevant studies, other similar studies representing the concept of human dignity with respect to other groups were used.

Taghi, in a review study about the effective factors on the human dignity felt by patients, found that respect, trust, sympathy, un-harried relationship, keeping privacy, the provision of required information, the assignment of selection right to patient, the participation in treatment, secrecy, respect for autonomy, flexibility in care, the on-time provision of services, the presence of treatment personnel having proper scientific information, and the existence of adequate treatment equipment are considered as effective factors on feeling dignity by patient ([16](#_ENREF_16)). Autonomy means independence and the direct use of individual ability and is regarded as one of fundamental principles for respecting patient's rights. In addition, patients can decide for themselves and agree or refuse treatment. Thus, nurses should respect patient decisions despite disagreeing with them ([17](#_ENREF_17)).

Renjö explained that the reduction of patient consciousness leads to their vulnerability and dependency, and nurses try to preserve the dignity of unconscious patients. Further, anesthesia (sedation) is regarded as unconscious with respect to care since sedated patient should trust in healthcare staff to preserve his dignity ([17](#_ENREF_17)).

The ethical care of patient and respect for his innateness are considered as the fundamental rights of each patient. Regarding the assessment of patient's viewpoint about human dignity, Hosseini et al. defined the concept of human dignity with some phrases such as respectful atmosphere, privacy, patient autonomy and the reception of attention. Further, participants believed that the respectful atmosphere of hospital is considered as the most main requirement, in which healthcare team respects patients and their concomitant, and they receive respect from them. Furthermore, by emphasizing on respect for patients' dignity, they described that the provision of supportive environment, in which nurses receive respect, is essential to keep respectful atmosphere and improve the quality of care. In fact, they maintained the necessity of developing respectful atmosphere ([2](#_ENREF_2)). Davis et al. found that respectful reaction during surgical period is considered important for patients ([18](#_ENREF_18)). The respectful behavior of treatment personnel, consumption of adequate time to speak with patients and flexibility in the time and position of care result in sensing dignity by patients as Johnson reported ([19](#_ENREF_19)). The importance of respect originates in the religious beliefs of community since all samples under study were Muslim and respect for human in community is emphasized as a principle accepted in Islam. According to Islamic instructions, human possesses respectability and no one can hazard others’ prestige with his speech and behavior.

Attracting patient’s trust was obtained as one of the results in the present study. Trust is regarded as the base of treatment relationships, as well as an essential component for nurse-patient relationship. Making a trusty relationship with patients as an important aspect of nurse's role is regarded as the base for continuing care and treatment ([20](#_ENREF_20)), because the attraction of patient trust leads to their better cooperation in treatment. which is considered as more important in operating room as a high-stress area for patients.

Right to choose the patient is regarded as one of effective factors for observing patients' dignity in operating room. Thus, operating room nurses should respect patients’ decisions about treatment methods, which is confirmed by other similar studies. For example, making decision about medical treatments by the patients having cardiovascular diseases is considered as a main factor for improving patients' dignity ([21](#_ENREF_21)). In addition, Mohammadi reported that the nurses and midwifes employing in maternity hospital believe that respectability for the patient preferences related to treatment decisions and religious beliefs are considered as an effective factor for preserving patients' dignity ([22](#_ENREF_22)). Accordingly, patients should participate in the treatment decisions related to operating room, especially about anesthesia type, surgical method and the like. In fact, their viewpoints and requirements should be generally respected.

Observing patient secrets as other aspect of ethics-oriented care is considered as one of the certain patient's rights. Regarding the confidentiality of patient secrets, the article 1 of patient's rights in Iran emphasized that they allow trust in the confidentiality of their health record and the results of medical surveillances and clinical consultations regardless of the cases which therapeutic team announces based on juridical tasks in order to preserve their privacy. This important right is also prescribed in the law of some other countries such as Japan, Britain, Sought Africa, World Medical Organization, upon which the confidentiality and preservation of medical secrets are accepted by public as one of the common principles of patient's rights ([23](#_ENREF_23)). It is seemed that operating room nurses know this right well and use it practically as a part of the concept of human dignity.

Respecting for the individual identity of patient means observing patient privacy and dignity based on the results. Dignity is considered as a professional value which is reflexed when nurse respects and valorizes all patients. Human dignity is based on his ethical identity. The observation of patients' dignity results in developing the feeling of capability and positive image for nurses. However, he fails to control himself if his dignity is not respected ([6](#_ENREF_6)). The observation of the physical and informational privacy of patient is considered as an effective factor for respecting their dignity. A large body of research was conducted in Iran with respect to the respectability for the sexual privacy of patients, which represented the significance of observing privacy in Iranian culture ([24](#_ENREF_24)).

Ghasemi and Behnam, through conducting another study on privacy, found that caring by the nurses with opposite sex in operating room nurses is regarded as one of the cases related to violating privacy due to various reasons such as the lake of adequate congener staff for caring in operating room ([23](#_ENREF_23)). In general, the presence of gender adaptation in treatment centers plays an important role in increasing the mentality of female patients and reducing their stress. Thus, the hospitals respecting gender adaptation can pacify their patients more during treatment steps ([25](#_ENREF_25)). In addition, since Hijab (cover) are considered as the religious and valuable beliefs of Muslims, disregarding individual hijab and privacy versus the opposite sex results in irritating and violating their privacy ([26](#_ENREF_26)). The samples under study tried to provide some solutions in order to respect patients’ privacy in the operating room which requires removing patient cover such as observing *"The law of adaptation of administrative and technical affairs of medical institutes with Islamic standards"* as possible, keeping the patients’ cover except in necessary time, and coating unessential areas.

**Limitations**

Lack of similar studies having the same objective is regarded as one of the limitations of the present study. Another limitation is related to the selection of samples from operating room nurses in the public hospitals of Iran. Thus, it is recommended that the concept of patients' dignity be assessed with respect to the nurses’ opinions employing in private hospitals, as well as the patients undergoing surgery in operating room.

**Conclusion**

Human dignity, as one of the main requirements of patients, is highly emphasized, and is considered as one of qualitative indicators for assessing nurses’ performance during recent years. More attention should be paid to in operating room due to the different nature and environment of operating room which requires respecting special ethical values including the difference in nurse-patient relationship, the observation of privacy and human dignity in unconscious patient and the like. By considering the concepts accrued from the present study and thinking about required scheme for their implementation in clinics, new horizons can be provided to convert the innate values of this profession to operational values.

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**References**

1. Borhani F, Abbaszade A. The effect of dignity therapy model on sense of dignity of hemodialysis patients: a randomized clinical trial. *Bioethics J*. 2014;4(13):117-36.

2. Hosseini FA, Momennasab M, Yektatalab S, Zareiyan A. Patients’ perception of dignity in Iranian general hospital settings. *Nurs Ethics*. 2018:0969733018772078.

3. Whitehead J, Wheeler H. Patients’ experiences of privacy and dignity. Part 1: a literature review. *British J Nur*s. 2008;17(6):381-5.

4. Baillie L. Patient dignity in an acute hospital setting: a case study. *Int J Nurs Studies*. 2009;46(1):23-37.

5. Sharifi S, Borhani F, Abbaszadeh A. Factors affecting dignity of patients with multiple sclerosis. *Scand J Caring Sci*. 2016;30(4):731-40.

6. Sadeghi AK. Professional ethics in the management of health leads to respect for patient's rights. *J Med Ethics*. 2010;14(3):14-26.

7. Abelsson A, Lindwall L. What is dignity in prehospital emergency care? *Nurs Ethics*. 2017;24(3):268-78.

8. Borhani F, Abbaszadeh A, Moosavi S. Status of human dignity of adult patients admitted to hospitals of Tehran. *J Med Ethics History Med*. 2014;7:1-8.

9. Jacobs BB. Respect for human dignity: a central phenomenon to philosophically unite nursing theory and practice through consilience of knowledge. *Adv Nurs Sci*. 2001;24(1):17-35.

10. Farnia F, Abbaszadeh A, Borhani F. Barriers to Developing the Nurse-Patient Relationship in Operation Room: A Qualitative Content Analysis. *J Qualitative Res Health Sci*. 2013;2(1):76-89.

11. Blomberg AC, Bisholt B, Lindwall L. Responsibility for patient care in perioperative practice. *Nurs Open*. 2018;5(3):414-21.

12. Valeberg BT, Liodden I, Grimsmo B, Lindwall L. Nurse anaesthetist students' experiences of patient dignity in perioperative practice-a hermeneutic study. *Nurs Open*. 2018;5(1):53-61.

13. Hsieh H-F, Shannon SE. Three approaches to qualitative content analysis. *Qualitative Health Res*. 2005;15(9):1277-88.

14. Holloway I, Galvin K. Qualitative research in nursing and healthcare: John Wiley & Sons; 2016.

15. Speziale HS, Streubert HJ, Carpenter DR. Qualitative research in nursing: Advancing the humanistic imperative: Lippincott Williams & Wilkins; 2011.

16. Manookian A, Cheraghi MA, Nasrabadi AN. Factors influencing patients’ dignity: a qualitative study. *Nurs Ethics*. 2014;21(3):323-34.

17. Taghi S. An overview of the factors affecting the human dignity perceived by patient. Edu Ethics Nurs. 2016;5(1):9-17.

18. Randers I, Mattiasson AC. Autonomy and integrity: upholding older adult patients’ dignity. *J Adv Nurs*. 2004;45(1):63-71.

19. Davis Y, Perham M, Hurd AM, Jagersky R, Gorman WJ, Lynch-Carlson D, et al. Patient and family member needs during the perioperative period. *J Perianesthesia Nurs*. 2014;29(2):119-28.

20. Johnston B, Pringle J, Gaffney M, Narayanasamy M, McGuire M, Buchanan D. The dignified approach to care: a pilot study using the patient dignity question as an intervention to enhance dignity and person-centred care for people with palliative care needs in the acute hospital setting. *BMC Palliative Care*. 2015;14(1):9.

21. Dinç L, Gastmans C. Trust in nurse-patient relationships: A literature review. *Nurs Ethics*. 2013;20(5):501-16.

22. Bagheri H, Yaghmaei F, Ashktorab T, Zayeri F. Patient dignity and its related factors in heart failure patients. *Nurs Ethics*. 2012;19(3):316-27.

23. Mohammadi F, Tabatabaei Hs, Mozafari F, Gillespie M. Caregivers’ perception of women’s dignity in the delivery room: A qualitative study. *Nursing Ethics*. 2019:0969733019834975.

24. Ghasemi MRB. Check the status of respect for patients' rights and territory in in Sabzevar hospitals. *Asrar*. 1998;4(2):20-9.

25. Mohammadi A. Comparative Study of Iran's Charter of Rights in Several Selected Countries and Iran. *Social Security J*. 2003;5(14):705-24.

26. Borzou SR, Anoosheh M, Mohammadi E, Kazemnejad A. Exploring perception and experience of patients from nursing care behaviors for providing comfort during hemodialysis. *J Qualitative Res Health Sci*. 2014;3(1):1-13.

27. Noorian K, Hashemi H, Salehi Z, Rahimi Madiseh M. Comparison of operation room staffs and patients perspectives from “patient privacy” in the operating room. *J Clin Nurs Midwifery*. 2016;5(1).

**Table 1.** Demographic characteristics of participants.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Age | Sex | Marriage | Work experience  (Years) |
| 1 | 35 | Female | Married | 11.5 |
| 2 | 27 | Female | Single | 4.5 |
| 3 | 36 | Male | Married | 12 |
| 4 | 30 | Female | Married | 6.5 |
| 5 | 27 | Female | Single | 4 |
| 6 | 33 | Female | Married | 9 |
| 7 | 27 | Male | Single | 4 |
| 8 | 34 | Male | Married | 11.5 |
| 9 | 36 | Male | Married | 11 |
| 10 | 38 | Female | Married | 15 |
| 11 | 28 | Male | Married | 5.5 |
| 12 | 35 | Female | Married | 10 |
| 13 | 42 | Male | Married | 18 |
| 14 | 29 | Female | Married | 5 |
| 15 | 39 | Female | Married | 16 |

**Table 2.** The extracted categories of "Patient privacy in the operating room"

|  |  |  |
| --- | --- | --- |
| Theme | Sub-theme | Sub-subtheme |
| Ethical care in operating room | **Respecting patient autonomy** | Respectful behavior |
| Gaining patient confidence |
| Right to choose the patient |
| Secrets of the patient |
|
| **Preserving the individual identity of patient** | Privacy |
| Observing the individual identity of patients |
|
|
|