



## KEY POINT SUMMARY

### OBJECTIVES

The objective of this research was to gather the perceptions and observations of patients on privacy in different treatment areas in an ED.

## Comparison of the auditory and visual privacy of emergency department treatment areas with curtains versus those with solid walls

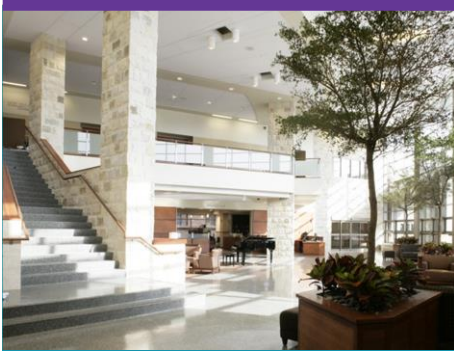
Barlas, D., Sama, A.E., Ward, M.F., Lesser, M.L., 2001 | *Annals of Emergency Medicine*. Volume 38, Issue 2, Pages 135-139

### Key Concepts/Context

Privacy and confidentiality are crucial to patients and their relationship with their healthcare provider. Many emergency departments (EDs) use curtains to separate different areas of care and treatment to enable smooth movement of equipment and personnel and allow for patient observation. Considering that the curtains may hinder auditory and visual privacy, and potentially, confidentiality, the authors sought to conduct this study to understand ED patients' observations and perceptions on privacy in such treatment areas. This research involved a patient survey in an ED of a suburban tertiary-care hospital. The study found that patients in curtained treatment areas had more concerns about auditory and visual privacy than patients in walled treatment areas.

### Methods

The methodology for the study involved use of a survey of patients (older than 18 years) in three general adult treatment areas in an ED located in a suburban tertiary-care hospital. Of the three treatment areas, one was among three single-gurney rooms having solid walls and a door. The second area was adjacent to the nurse station, physicians' desks, and telephones – it had one wall on the gurney head, two curtains on a U-shaped rod covering the other three sides, and an adjoining treatment area. The third treatment area was identical to the second except it was located away from the central part of the ED and had two adjoining treatment areas. Data were collected for 42 eight-hour periods. To complete the anonymous survey eligible patients were contacted after their initial medical evaluation and before discharge or relocation. The survey had 11 questions whose responses were on a graded Likert scale ranging from “definitely yes” to “definitely not.” Of the 11 questions, eight pertained to breaches of auditory and visual privacy



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and three related to the patient's assessment on overall privacy, ED staff respect of patient privacy, and whether their expectation of privacy had been met. Survey data were analyzed statistically using descriptive statistics, one-way analysis of variance, the Kruskal-Wallis test, Mann-Whitney U tests, median test, and the Spearman correlation.

## Findings

Of a total 115 eligible patients, 108 were asked to participate in the study. All 108 patients completed the survey. The mean age of participants was 57.7 years, half were female, and 35.2% of the patients had been seen between 8 p.m. and 8 a.m.

The Mann-Whitney tests showed the difference in patient responses pertained to the walled and curtained treatment areas and not between the two curtained treatment areas. The differences in responses were significant regarding:

- Patients in curtained areas were either not sure or probably agreed that their conversations had been overheard, as compared to patients in the walled areas who were definite their conversations had not been overheard. ( $P < 0.01$ ).
- Patients in curtained areas were either not sure or probably agreed that they had overheard conversations of other patients with their healthcare providers, as compared to patients in the walled areas who were definite they had not overheard other patient conversations. ( $P < 0.03$ ).
- Patients in curtained areas reported a higher possibility of unauthorized people had visual access into their treatment area, as compared to patients in the walled area. ( $P < 0.01$ ).
- Patients in both curtained and walled areas were definite that unauthorized people did not have visual access to personal parts of their body ( $P < 0.04$ ).
- Patients in curtained areas rated overall sense of privacy lower than those in the walled areas ( $P < 0.01$ ).

Over 82% of patients responded that the ED staff had "complete" or "a lot of" respect for patient privacy and there was no significant difference in responses between the different treatment areas. Over 92% of patients reported their experience of privacy was higher than their expectation, irrespective of treatment area. However, four patients from the curtained treatment areas reported they had probably or definitely not divulged all of their medical history or had refused parts of physical examination because of concerns pertaining to inadequate privacy.

There were no significant differences in patient responses by sex or time of day. As compared to younger patients, older patients responded they could overhear



conversations of other patients with healthcare providers, indicating a mild correlation ( $P < 0.01$ ,  $r = 0.26$ ).

### Limitations

The authors consider the following to be limitations: The ED in this study was large and host to teaching programs, which meant patients were meeting with medical students, house officers, and attending physicians in addition to ED staff. These interactions may have led patients to report less privacy. Patients may have provided responses not true to their experience. The sample excluded patients younger than 18 years of age, patients with severe illnesses, and those not knowing English. Lastly, the authors also considered the small size of their sample to be a limitation.

### Design Implications

Indicating the need for a balance between the need for patient privacy and the need for direct patient observation and smooth movement of equipment and personnel, authors recommend substituting lightweight curtains with thicker ones with sound-absorbing material and increasing the space between treatment areas.

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