

Privacy in Licensed Texas Long-Term Care Facilities

Prepared by

Jo-Allison Bennett, M.S.W.

Institute for Quality Improvement in Long Term Health Care

**School of Health Professions
Southwest Texas State University
San Marcos, Texas**

IQILTHC Series Report 99-1

May, 1999

Information presented in this document may be copied for non-commercial purposes only. Please credit the Institute for Quality Improvement in Long Term Health Care. Additional copies may be obtained from the Institute for Quality Improvement in Long Term Health Care, 601 University Drive, San Marcos, Texas, 78666. Phone: 512-245-8234. FAX 512-245-7803. E-mail sr06@swt.edu.

Table of Contents

Abstract	1
Introduction	2
Literature Review	3
Data Collection Methodology	5
Analysis of Results	6
Discussion of Research Findings	13
Recommendations	16
References	18
Appendix A	20
Appendix B	22

ABSTRACT

The purpose of this research study was to discover how licensed Texas' long-term care facilities are currently addressing the issue of privacy. To achieve this objective, a survey was mailed to all of the 1,162 licensed Texas' LTC facilities (LTC facilities). The response rate was 37%. The profile which emerged from the data revealed that: (1) more responses came from "For Profit" LTC facilities than "Not for Profit" LTC facilities; (2) the mean number of residents per LTC facility is currently 106; (3) the majority of respondents considered privacy to be "very important" because residents have expressed a desire for privacy and respondents believe that privacy would improve residents' quality of life; (4) the mean percentage of residents, per LTC facility, who would/could use a private time room is currently 39.7%; (5) the majority of LTC facilities have provided staff with an inservice that addressed the issue of privacy within the past twelve months; (6) currently, the main obstacle to providing residents with opportunities for privacy is monetary in nature; and (7) currently, the two most common ways of offering residents privacy are "private rooms" and "outside sitting areas".

I. Introduction

According to a study conducted by social work consultants in New York (Richardson, 1995), most long-term care facilities (LTC facilities) do not have rooms that are used by residents exclusively for private time. One might respond to this information by asking the question, "Who cares?" In fact, many people care. Most importantly, those who care about privacy in LTC facilities are the people who live there, the residents. In fact, many residents have stated that lack of privacy is a problem (Richardson, 1995). State and federal law makers also care about the issue of privacy in LTC facilities and have declared that residents have a legal right to privacy (40 Texas Administration Code Chapter 19, Section 19.407, 1998 and C.F.R. Title 42 - Public Health, Section 483.10, 1998).

Privacy for residents in LTC facilities is an important issue for several reasons:

- privacy preserves dignity and respect;
- privacy is a basic human need;
- residents and families need privacy to discuss personal concerns without worrying about being interrupted;
- privacy can aid in attaining peace of mind;
- having the opportunity for privacy bolsters one's sense of control, which is important because as one gets older control over much of one's life is lost;

- privacy provides an appropriate setting for intimacy; and
- opportunities for privacy improve resident autonomy and self-determination.

The survey that is the subject of this report was comprised of several research questions. The questions address various topics such as "For Profit" versus "Not for Profit", census, respondents' opinions regarding opportunities for privacy and the percentage of residents that would/could use a private time room, inservices, obstacles to providing opportunities for privacy, and how each LTC facility currently provides residents with opportunities for privacy.

The survey was undertaken as an elective course requirement for the Master's Social Work program at Southwest Texas State University. Dr. Yvette Murray, Ph.D., supervised the project. The survey was made possible by a grant from the Institute for Quality Improvement in Long Term Health Care (Institute), with technical assistance provided by Sandy Ransom, M.S.H.P.

II. Literature Review

The issue of privacy in LTC facilities is not a new one; however, to the author's knowledge, this report is the first of its kind to address the issue of privacy within Texas' LTC facilities. Others have examined this issue in other areas of the United States and Canada. Knowledge gained from these studies, is discussed below.

Richardson (1995), found that lack of privacy was a barrier to sexual expression for residents of LTC facilities in the state of Maryland. A study conducted in Ontario, Canada, by Gladstone (1995), found that a number of

respondents who were married and whose spouses lived in the community, indicated that intrusions by staff and other residents made it difficult to be intimate, or to have serious discussions with their spouses. One participant of Gladstone's study stated: "They come barging in. There are no locks on the doors and they don't know how to knock. They're in all the time."

Privacy is important to many residents. In a 1997 study involving residents of two LTC facilities, Degenholtz, Kane, and Kivnick found that respondents said privacy was very important, at a rate of 55%, at site A, and 65.7%, at site B. Site A is located in a Midwestern state; site B is located in a Western state. A Veterans Affairs Medical Center Nursing Home Care Unit was the site for the next study. In this study, Moye, Domingos, Pittman, Beal, and Williams (1997), found that 47.6% of elderly residents who were moved from an older unit, to an updated unit, stated that they liked the new, two person rooms better than the old four person rooms. One can reasonably infer that part of the reason that these residents liked the two person rooms better than the four person rooms, is because there are more opportunities for privacy with one roommate than with three.

Privacy is an important factor in maintaining one's sense of self. Petronio and Kovach (1997) found that privacy fortifies one's sense of individuality and control over one's life. Namazi, Eckert, Rosner, and Lyon (1991), concluded that people, regardless of age, or residential setting, seem to need, among other things, privacy. This study, along with a 1994 study by Applegate and Morse, indicates that privacy contributes to the maintenance of personal autonomy,

individuality, stability and continuity throughout life. Not surprisingly, Dean, Briggs, and Lindesay (1993) found that the cognitive functioning, ability to engage in self-care, and communication skills of geriatric psychiatric ward residents improved when they were provided with, among other things, more opportunities for privacy.

Elder neglect, according to Vida (1994), includes deprivation of privacy. According to Vida, then, many LTC facilities are currently engaged in elder neglect by not offering residents sufficient opportunities for privacy. Several studies cited by Petronio and Kovach (1997) showed that, in fact, most LTC facilities obstruct opportunities for privacy due to the fact that they are based on the medical model, which depersonalizes residents by viewing them as an illness, instead of human beings. Furthermore, the 1994 study by Applegate and Morse showed that LTC facility residents are depersonalized when their personal privacy is violated.

III. Data Collection Methodology

The means for collecting data in this research project was a survey (see Appendix A). In the attempt to discover how Texas' LTC facilities are currently addressing the issue of privacy, the survey was mailed to each of the 1,162 licensed LTC facilities. Names and addresses for this population were provided by the Institute. A postage paid, return envelope was included with each survey. Social Work Department Heads were chosen to be the

respondents, in the belief that they, due to the Social Workers' Code of Ethics, would be most attuned to the issue of privacy. Respondents were asked to fill out the survey and return it using the return envelope provided.

The survey questions were created by the author, in conjunction with Dr. Yvette Murray, Ph.D., and Sandy Ransom, M.S.H.P. Social workers at three LTC facilities participated in field testing the survey. The survey consisted of forced choice responses. In the event that the response categories for questions four, seven and eight did not cover all possible responses, space was provided, in the form of an "Other" category, for additional responses (see Appendix A).

As the survey was returned, data were coded and entered into a computer by the author. Once this task was completed, data were analyzed using SPSS software. A total of 428 responses were received, which provided a return rate of 37%. The response rate may have been hampered by the fact that the survey was mailed the last week of October, 1998, and the respondents were requested to return the survey by November 9, 1998. Therefore, some respondents may not have responded if they could not meet the implied deadline of November 9, 1998.

IV. Analysis of Results

The survey yielded eight categories of information about how LTC facilities are dealing with the issue of privacy. The first information category targeted the number of "For Profit" versus "Not for Profit" LTC facilities. A frequency

distribution revealed that 309, or 77.1%, of the respondents work at "For Profit" LTC facilities, while 92, or 22.9%, work for "Not for Profit" LTC facilities.

The wording of the first question may have created confusion for respondents regarding what was actually being asked. The response category "Private" should have been, and was intended to mean, "For Profit". For example, responding to question one, some respondents selected both "Private" and "Not for Profit" and some hand wrote "For Profit". To correct for this error, when entering data for question one, responses of both "Private" and "Not for Profit", were counted as "Not for Profit" responses, and handwritten responses of "For Profit" were counted as "For Profit" responses.

The second information category targeted the number of residents per facility. The frequency distribution for this category revealed that, currently, the mean number of residents per LTC facility is 106, with a range of 22 to over 400.

The third information category targeted how important social workers consider privacy to be for LTC facility residents. Frequency distributions were computed for all response categories. Data analysis revealed that 88.2% of all respondents considered privacy to be "very important" and 7.3% considered privacy to be "moderately important". The response rate was less than 2% for each of the remaining three response categories: "neutral", "moderately unimportant", and "very unimportant" (see Table 1).

Table 1.

How social workers rate the importance of privacy

Response Categories	All Facilities	
	Frequency	Valid Percent
Very Important	373	88.2%
Moderately Important	31	7.3%
Neutral	5	1.2%
Moderately Unimportant	6	1.4%
Very Unimportant	8	1.9%

The fourth information category targeted the rationale behind how the social workers rated the importance of privacy. Frequency distributions showed that 40% of the respondents cited that "residents have expressed a desire for privacy" and 42.6% cited that "privacy would improve residents' quality of life", as the basis for their respective responses to question three (see Table 2). In the "Other" response category, only 8.7% of the respondents stated that providing residents with opportunities for privacy is important because doing so is required by law.

Table 2.

Basis for social workers' response to the question, "How important do you think it is for residents to have opportunities for privacy?"

Response Categories	All Facilities	
	Frequency	Valid Percent
Residents have <u>not</u> expressed a desire for privacy	34	8.2%
Residents <u>have</u> expressed a desire for privacy	167	40%
Opportunities for privacy would <u>not</u> improve residents' quality of life	2	.5%
Opportunities for privacy <u>would</u> improve residents' quality of life	177	42.6%
Other	36	8.7%

The fifth information category targeted the percentage of residents that social workers think would/could use a private time room. The mean percentage of all LTC facility residents who currently would/could use a private time room is 39.7%, with a range of 1% to 100%. Responses to this question represent the subjective opinion of each respondent.

The sixth information category targeted whether inservices on privacy had been offered at each LTC facility within the last twelve months. Data analysis of the frequency distribution that was computed for this category revealed that 81.3% of the LTC facilities have had an inservice that addressed the issue of privacy within the last twelve months, while 18.7% have not (see Table 3).

Table 3.

Inservices

	<u>All Facilities</u>	<u>"For Profit"</u>	<u>"Not for Profit"</u>
Privacy Inservice Offered Within Last 12 Months	Frequency/ Valid Percent	Frequency/ Valid Percent	Frequency/ Valid Percent
Yes	340 / 81.3%	242 / 80.4%	77 / 85.6%
No	78 / 18.7%	59 / 19.6%	13 / 14.4%

Note. While 418 respondents responded to the "Inservice" question, only 391 of those also responded to the "Type of Facility" question. As a result, the frequencies do not match when one compares "All Facilities" responses to the total number of responses for both "For Profit" and "Not for Profit" LTC facilities.

The seventh information category targeted obstacles that LTC facilities face which make providing opportunities for privacy either difficult, or impossible. Frequency distributions were computed for each response category. Data analysis revealed that the main obstacle to privacy is monetary in nature. That is, most residents can not afford private rooms and many LTC facilities have limited resources (see Table 4). Structural limitations are another

obstacle to privacy that many LTC facilities face. In the "Other" response category, 1% of the respondents stated that staff do not knock before entering resident rooms, and 1% stated that there is a lack of administrative support for providing residents with opportunities for privacy because doing so is not cost effective.

Table 4.

Obstacles to Privacy

Response Categories	<u>All Facilities</u>		<u>"For Profit"</u>	<u>"Not for Profit"</u>
	Frequency	Valid Percent	Frequency/ Valid Percent	Frequency/ Valid Percent
Facility lacks funds	77	19.8%	56 / 19.7%	18 / 21.4%
Residents cannot afford private rooms	229	58.8%	174 / 61.3%	41 / 48.8%
Structural limitations	61	15.7%	43 / 15.1%	15 / 17.9%
Other	22	5.7%	11 / 3.9%	10 / 11.9%

Note. While 389 respondents responded to the "Obstacles to Privacy" question, only 368 of those also responded to the "Type of Facility" question. As a result, frequencies do not match when one compares "All Facilities" responses to the total responses of both "For Profit" and "Not for Profit" LTC facilities.

The eighth information category targeted how LTC facilities provide residents with opportunities for privacy. Frequency distributions computed for each response category revealed the following: (1) "private rooms" and "outside sitting areas" were the responses most often chosen as means of providing residents with opportunities for privacy (see Table 5); (2) according to the data, 5.5% of LTC facilities represented by the survey

currently provide residents with a room, or rooms, where privacy is assured; (3) the mean number of rooms, per LTC facility, that are available to residents exclusively for private time, is currently 3.1; (4) In the "Other" response category, 8% of the respondents stated that privacy curtains are a means of providing residents with privacy.

Table 5.

Opportunities for Privacy

Response Categories	All Facilities		"For Profit"	"Not for Profit"
	Frequency	Valid Percent	Frequency/ Valid Percent	Frequency/ Valid Percent
Private rooms	215	51.3%	155 / 50.8%	50 / 46.3%
Rooms used by residents only for private time	23	5.5%	16 / 5.3%	6 / 5.5%
Rooms used by residents for private time if not otherwise occupied	72	17.2%	50 / 16.4%	14 / 13%
Outside sitting areas	86	20.5%	61 / 20%	19 / 17.6%
No opportunities for privacy exist	12	2.9%	12 / 3.9%	11 / 10.2%
Other	11	2.6%	11 / 3.6%	8 / 7.4%

Note. While 419 respondents responded to the "Opportunities for Privacy" question, only 413 of those also responded to the "Type of Facility" question. As a result, the frequencies do not match when one compares "Opportunities for Privacy" responses to the total responses for both "For Profit" and "Not for Profit" LTC facilities.

V. Discussion of Research Findings

The purpose of the survey was to discover how Texas' LTC facilities are currently addressing the issue of privacy. Toward this end, the survey inquired into:

- the number of "For Profit" versus "Not for Profit" LTC facilities;
- the number of residents per LTC facility;
- how important social workers consider privacy to be for residents;
- how many residents would/could use a private time room;
- whether inservices have been offered on privacy within the last twelve months;
- obstacles that make providing opportunities for privacy impossible or difficult; and,
- how LTC facilities provide residents with opportunities for privacy.

The profile which emerged from the data revealed that the overwhelming majority of respondents believe that privacy is important. However, only a small fraction of LTC facilities (5.5%) provide rooms that residents can use exclusively for privacy and most only do so on an "as needed" and "as available" basis.

The research findings produced at least three possible implications to the fact that the majority of Texas LTC facility residents lack sufficient opportunities for privacy. One, cost containment is currently taking precedence over meeting residents' privacy needs. Two, residents are viewed narrowly, as "medical

ailments/illnesses" instead of broadly, as human beings, with psychological needs. Three, when one enters a LTC facility, apparently one's need for privacy is largely ignored.

In response to question three, 1.9%, or 8, respondents indicated that privacy was "very unimportant". Each of these respondents stated that they work with all, or a majority of residents, who suffer from Alzheimer's disease. As a result, most of these residents "wander" and appear to have fewer privacy needs and wants.

Privacy in LTC facilities is required by law. Only 8.7% of the respondents, however, mentioned this fact when responding to question four. This may indicate a lack of respondent awareness about the legal aspect of resident privacy.

Several respondents, when answering question six, wrote that privacy was addressed within an inservice on resident rights. Therefore, the overwhelming number of "Yes" responses does not necessarily mean that the inservices offered in the last twelve months were devoted exclusively to the issue of privacy.

For question eight, 51.3% of respondents indicated that private rooms are a means of providing residents with opportunities for privacy; however, this response does not mean that 50% of LTC facilities have many private rooms. In fact, only 1 out of the 428 LTC facilities represented in this survey currently provides each resident with a private room, and only three LTC facilities have a

majority of private rooms. This finding coincides with the fact that most residents can not afford private rooms. According to the data, 5.5% of the LTC facilities represented by the survey currently provide residents with a room, or rooms, to be used exclusively for private time; however, the author believes that this data is misleading. Of those LTC facilities that allegedly provide residents with a room, or rooms, exclusively for private time use, most do so on an "as needed" , or "as available" basis. That is, if an empty room is available, an opportunity for privacy exists. If there is no empty room, there is no opportunity for privacy. Indeed, the data suggests that currently, only one LTC facility truly provides a room for residents that is exclusively used for "private time", and one LTC facility is currently building a "private time" room. Finally, a surprising response to question eight, was that privacy curtains are considered as a means of providing privacy; however, as one respondent reasonably asks, "... does this equal privacy?!". Privacy curtains offer visual privacy; they most assuredly do not provide olfactory or auditory privacy.

In summary, the research findings point out that while the majority of social workers believe that privacy is important, there are insufficient true opportunities for privacy within Texas LTC facilities. Despite the fact that privacy is the legal right of every LTC facility resident, in most Texas LTC facilities, few true opportunities for privacy exist. These findings underscore the importance of addressing the issue of privacy in Texas LTC facilities.

VI. Recommendations

Lack of privacy within Texas LTC facilities must be addressed. Consider the following scenario which occurred on January 4, 1998, at a Texas LTC facility. A woman went to visit her grandmother. Since her grandmother turned 87 on this day, the woman went to the LTC facility bearing gifts. She and her grandmother wanted to sit together in private to open the gifts, but this was impossible. The large dining room was being cleaned; the small dining room was occupied by staff; a room that was empty was locked; there were several residents in the sitting area; even the grandmother's room offered no privacy, as her roommate was in bed. As a result, they settled in the dining room. The grandmother opened her birthday gifts, saying to the staff, who were cleaning all around her and her granddaughter, "We won't be too long." This kind of scenario is not uncommon; it is also not acceptable.

Providing residents with opportunities for true privacy is part of creating a humane living environment. "True opportunities for privacy" does not mean empty rooms, if available, or staff offices, if unoccupied - it does mean access to privacy when a resident wants or needs private time. Accomplishing this task does not have to be difficult, or costly. For example, a room already in existence could be designated as a "private time" room, or a "private time" room could be constructed in the common area that most LTC facilities have.

In addition to creating "private time" rooms, what can be done to address the issue of privacy in LTC facilities? Further studies can be conducted

to add more data to the knowledge base created by this survey. In this way, a more comprehensive and clear understanding of this issue can be obtained. Panel discussions on the topic of privacy can be conducted at geriatric conferences. Such discussions could generate solutions to the problem of lack of privacy. Standardized inservice and orientation programs on privacy can also be developed. In this way, all LTC facility staff would have the opportunity to be educated about this issue. LTC facilities that are still in the design planning stage can have rooms designed with private porches. Finally, providing residents with sufficient opportunities for privacy can become a requirement of Texas' LTC facility surveys.

REFERENCES

Applegate, M., & Morse, J. (1994). Personal privacy and interactional patterns in a nursing home. Journal of Aging Studies 8(4), 413-434.

Dean, R., Briggs, K., and Lindesay, J. (1993). The domus philosophy: A prospective evaluation of two residential units for the elderly mentally ill. International Journal of Geriatric Psychiatry, 8(4), 807-817.

Degenholtz, H., Kane, R., and Kivnick, H. (1997). Care-related preferences and values of elderly community-based ltc consumers: can case managers learn what's important to clients?. The Gerontologist, 37(6), 767-776.

Gladstone, J. (1995). Elderly married persons living in long term care institutions: a qualitative analysis of feelings. Aging and Society 15(4), 493-513.

Moye, J., Domingos, K., Pittman, R., Beal, L., & Williams, C. (1997). When environmental Re-design creates autonomy hindrance: learning from the investigation of local detail in the study of institutional relocation. Clinical Gerontologist 18(1), 15-30.

Namazi, K., Eckert, K., Rosner, T., and Lyon, S. (1991). The meaning of home for the elderly in pseudo-familial environments. Adult Residential Care Journal 5(2), 81-96.

Petronio, S., & Kovach, S. (1997). Managing privacy boundaries: health providers' perceptions of resident care in Scottish nursing homes. Journal of Applied Communication Research 25(2), 115-131.

Resident Rights. 40 Texas Administrative Code Chapter 19, Section 19.407, Vernon's Texas Codes (1998).

Resident Rights. C.F.R. Title 42 - Public Health, Section 483.10. (1998).

Richardson, J. (1995). Sexuality and the nursing home patient. American Family Physician, 51(1), 121,

Vida, S. (1994). An update on elder abuse and neglect. Canadian Journal of Psychiatry, 39(8, Supp. 1), S34-S40.

Appendix A

INSTITUTE FOR QUALITY IMPROVEMENTS IN LONG TERM HEALTH CARE
School of Health Professions - Southwest Texas State University - San Marcos, TX 78666

RESIDENT PERSONAL PRIVACY SURVEY

1. Type of facility:

- 1 Private 2 Non-profit

2. Number of residents: _____

3. How important do you think it is for residents to have opportunities for privacy?

- | | | | | |
|----------------|----------------------|---------|------------------------|------------------|
| 1 | 2 | 3 | 4 | 5 |
| Very Important | Moderately Important | Neutral | Moderately Unimportant | Very Unimportant |

4. What is the basis for your response to question number three?
Please circle all that apply.

- 1 Residents have not expressed a desire for privacy.
- 2 Residents have expressed a desire for privacy.
- 3 Opportunities for privacy would not improve residents' quality of life.
- 4 Opportunities for privacy would improve residents' quality of life.
- 5 Other (please elaborate) _____

5. What percentage of residents do you think would/could use a private time room?

% _____

6. Have there been any inservices at your facility, within the last 12 months, concerning resident privacy?

- 1 Yes 2 No

7. What obstacles does your facility face, that make providing opportunities for resident privacy either impossible, or difficult? Please circle all that apply.

- 1 Facility lacks funds
- 2 Residents can not afford private bedrooms
- 3 Structural limitations
- 4 Other (please elaborate) _____

8. How does your facility provide residents with opportunities for privacy? Please circle all that apply.

- 1 Private bedrooms
- 2 Rooms used by residents for private time only
How many? _____
- 3 Rooms used by residents for private time, if not otherwise occupied
How many? _____
- 4 Outside sitting areas
- 5 No opportunities for privacy exist
- 6 Other (please elaborate) _____

THANK YOU!

Appendix B

October 10, 1998

Long-Term Care Facility X
Attn: Social Worker
City, TX 00000

RE: Privacy survey

Dear Social Worker:

I am a social work graduate student at Southwest Texas State University conducting research on the issue of privacy in long term care facilities. I realize that you are probably overworked and very busy, but please take a few minutes to complete the enclosed survey. Your assistance in this matter will be invaluable.

To facilitate your response, I have also enclosed a self-addressed, stamped envelope. Please respond by November 9, 1998. All responses will be kept confidential. Data will be reported collectively i.e., no individual facilities will be identified.

Please let me know if you would like to receive a copy of the results. I will be happy to forward the final report to anyone who is interested.

Thank you in advance for your cooperation and time.

Sincerely,

Jo-Allison Bennett