

## Methodological Remarks on a Study of Privacy Awareness in Operating Room Students

Hakan Veli Savaş<sup>1</sup>

<sup>1</sup> Karakoçan State Hospital, Elazığ/Türkiye

### LETTER TO THE EDITOR

Dear Editor,

I read with great interest the study by Dilmen and Faki (2025) examining privacy awareness among students in anesthesia and operating room programs. The purpose of this letter is to offer several methodological remarks that may help further strengthen the interpretation and applicability of the study's findings. By highlighting issues related to sampling structure, measurement approach, and operating room-specific content, I aim to contribute constructively to the ongoing discussion on how privacy awareness can be more accurately evaluated in perioperative education.

The study found that privacy awareness scores were high among operating room and anesthesia students, particularly in items related to respect for patient confidentiality and bodily privacy. These results form a valuable foundation for further methodological discussion.

First, the research was conducted with students from a single institution and at the same educational level. This makes the work more manageable and internally consistent, yet it also limits the ability to distinguish how much of the "high privacy awareness" profile reflects student characteristics versus institutional culture. Health vocational schools in other cities, students completing internships in university hospitals, or participants in operating room training programs within private institutions may embody quite different privacy norms. Repeating the same scale within a multicenter design would help reveal whether these high scores persist across diverse settings.

Second, privacy was assessed solely through self-report. On socially valued topics such as ethics, confidentiality, and patient rights, respondents often provide answers they perceive as desirable—an effect known as social desirability bias (Grimm, 2010). Yet in the operating room, privacy is often compromised through subtle, practical details: unnecessary personnel present during induction, incomplete draping, or speaking about the patient in a loud voice. Integrating short scenario-based questions or brief semi-structured interviews into the assessment process could help capture what Guillemin and Gillam (Guillemin et al., 2004) describe as "ethically important moments" and allow comparison between perceived and enacted privacy behaviors.

Third, content specificity could be improved. The scale

used may measure general privacy awareness well; however, OR-related privacy behaviors (draping, voice level, photo/video prohibition, student presence in the room) may not be fully captured by a general instrument. In addition, several critical practices unique to the operating room—such as ensuring that only essential personnel are present during induction and emergence, maintaining visual shields when repositioning the patient, and avoiding the display of patient identifiers on monitors visible to non-team members—represent important components of perioperative privacy that merit explicit assessment. For this reason, extending the current scale with a few OR-specific items or adapting it to the operating theatre context would allow future training programs to be more targeted.

Recent studies continue to emphasize that privacy in the operating room is shaped not only by institutional protocols but also by contextual and behavioral factors. For example, Khoshrang et al. (2025) demonstrated that patients in academic hospitals reported varying levels of privacy protection during perioperative care, highlighting the need for context-sensitive assessment tools. Similarly, Beriso et al. (2024) described how operating room nurses frequently encounter ethical challenges related to dignity, communication, and exposure, further supporting the argument that OR-specific privacy behaviors require targeted measurement.

Incorporating insights from these recent studies may help refine future adaptations of the privacy awareness scale by ensuring that both patient-reported experiences and professional ethical reflections are represented in the instrument.

Despite these limitations, the study makes a meaningful contribution by demonstrating that privacy awareness can be systematically evaluated during the early stages of perioperative education. The authors' efforts to highlight the importance of privacy in operating room training are commendable, and further research that incorporates multicenter sampling, mixed-method designs, and OR-specific behavioral indicators will help build an even stronger evidence base for future curricula. I hope that the methodological reflections offered in this letter will be received in the constructive spirit intended and will support ongoing advancements in teaching privacy to future perioperative professionals.

Sincerely,

Dr. Hakan Veli Savaş

Karakoçan State Hospital, Elazığ/TÜRKİYE

## References

- Dilmen, B., & Faki, S. (2025). Privacy consciousness and its determinants among future operating room professionals: A cross-sectional study. *OneHealth Plus Journal*, 3, 39–43. <https://dergipark.org.tr/tr/pub/onehealthpj/issue/93320/1703761>
- Grimm, P. (2010). Social desirability bias. *Wiley International Encyclopedia of Marketing*. <https://doi.org/10.1002/9781444316568.WIEM02057>
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and “ethically important moments” in research. *Qualitative Inquiry*, 10, 261–280. <https://doi.org/10.1177/1077800403262360>
- Khoshrang, H., Sedighinejad, A., Taramsari, M. R., et al. (2025). Patients’ privacy in the operating room: Perspectives from patients in academic hospitals of Guilan (Iran). *Iran Journal of Nursing and Midwifery Research*, 30, 491–496. [https://doi.org/10.4103/IJNMR.IJNMR\\_193\\_23](https://doi.org/10.4103/IJNMR.IJNMR_193_23)
- Beriso, Y. M., Alemu, W., & Mulugeta, T. (2024). Unveiling the experiences of operation room nurses on ethical issues: A phenomenological study in Adama Hospital Medical College, Ethiopia, 2022. *BMC Nursing*, 23, 860. <https://doi.org/10.1186/S12912-024-02493-9>

Received 03 November 2025;

Received in revised form 19 November 2025;

Accepted 19 December 2025

## ORCID:

Hakan Veli SAVAŞ: 0000-0002-3281-9892

\*Correspondence: S. NALBANT

Hakan Veli SAVAŞ

Address: Cumhuriyet Mah. Mustafa Doğan Sk. Yağmur Apt. No:2 K:4 D:13

Phone: +90 545 691 9004

Fax: +90 545 691 9004

Mobil Phone: +90 545 691 9004

e-mail: hakanvelisavas@hotmail.com

## Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

## Ethics Approval

No ethics committee approval was required for this study.

## Conflict of Interest

The author declares that there is no conflict of interest.

## Author contribution

Idea, concept, and design: HVS  
Data collection and analysis: HVS  
Drafting of the manuscript: HVS  
Critical review: HVS

## Data Availability

The datasets generated and/or analyzed during the current study are available from the corresponding author upon reasonable request.