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ASPECTS PERMEATING NUDITY IN EVERYDAY NURSING CARE

ASPECTOS QUE PERMEIAM A NUDEZ NO COTIDIANO DO CUIDADO DE ENFERMAGEM

ASPECTOS QUE TRATAN DE LA DESNUDEZ EN EL COTIDIANO DE LOS CUIDADOS DE ENFERMERÍA

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ABSTRACT

Objective: to know the psychological and ethical-legal aspects permeating the invasion of privacy of the patient's body in the context of nursing care. **Method:** a descriptive study, in the form of an integrative review of the literature in Latin American and Caribbean Health Science Literature Database (LILACS) and PubMed databases, using the following subject descriptors: privacy, right to privacy, shame, associated with the descriptors: nursing, nursing care and nursing ethics and their combinations in Portuguese, English and Spanish, totaling 138 articles. **Results:** the results emphasize the need for discussion and reassessment of the roles of the nurse as a protector of the privacy and of the quality of nursing care, since the feeling of being naked is a factor of stress and suffering for the patient. **Conclusion:** the study indicates the urgent need for nursing to appreciate the ethical and legal aspects that permeate the patient's nudity in the context of care. **Descriptors:** Privacy; Shame; Nursing Care; Nursing Ethics.

RESUMO

Objetivo: conhecer os aspectos psicológicos e ético-legais que permeiam a invasão da privacidade corporal do paciente nos contextos de cuidado da enfermagem. **Método:** estudo descritivo, tipo revisão integrativa da literatura, nas bases de dados Literatura Latino-Americana e do Caribe e Ciências da Saúde (LILACS) e PubMed, utilizando-se os seguintes descritores de assunto: privacidade, direito à privacidade, vergonha associados aos descritores Enfermagem, cuidados de enfermagem e ética de enfermagem e suas combinações nas línguas portuguesa, inglesa e espanhola, totalizando 138 artigos. **Resultados:** os resultados alertam para a necessidade de discussão e reavaliação dos papéis do enfermeiro como protetor da privacidade e da qualidade da assistência de enfermagem, uma vez que sentir-se despido é um fator de estresse e sofrimento para o paciente. **Conclusão:** o estudo sinaliza para a necessidade premente da enfermagem valorizar os aspectos éticos e legais que permeiam a nudez do paciente nos contextos de cuidado. **Descritores:** Privacidade; Vergonha; Cuidados de Enfermagem; Ética de Enfermagem.

RESUMEN

Objetivo: conocer los aspectos psicológicos y ético-legales que tratan la invasión de privacidad corporal del paciente en el contexto del servicio de enfermería. **Método:** estudio descriptivo, tipo revisión integradora de la literatura, en la base de datos Literatura Latino-Americana y del Caribe y Ciencias de la Salud (LILACS) y PubMed, utilizándose los siguientes asuntos: privacidad, derecho a privacidad y vergüenza, asociados a las palabras clave enfermería, cuidados de enfermería y ética de enfermería y sus combinaciones en las lenguas portuguesa, inglesa y española, totalizando 138 artículos. **Resultados:** los resultados alertan para la necesidad de discutir y reevaluar los papeles del enfermero como protector de la privacidad y de la cualidad del servicio de enfermería, una vez que sentirse desnudo es un factor de estrés y sufrimiento para el paciente. **Conclusión:** el estudio enfatiza en la necesidad de que se valore los aspectos éticos y legales de la desnudez del paciente en el contexto de los cuidados de enfermería. **Descriptores:** Privacidad; Vergüenza; Cuidado de Enfermería; Ética de Enfermería.

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INTRODUCTION

The human being is in constant interaction and involved in relationships with the world surrounding him, including family, community, work, traditions, culture, spirituality, i.e., the social context where he lives, its multidimensionality. It's through these relationships that man develops his ethical conscience. Therefore, he brings along with him moral and ethical values that are apprehended in the course of his existence.

For an individual, even if he is sick, being naked can mean discomfort and embarrassment. After all, one learns, culturally and within the scope of the family, that the exposure of the body is not appropriate, implicitly relating nudity to sensuality and sexuality, both common to individuals, but somehow repressed in accordance with the standards of behavior culturally current in society.³

The condition of being sick triggers feelings such as incapability, dependence, insecurity and feeling of losing control over oneself. The patients face hospitalization as a factor of depersonalization by recognizing the difficulty of maintaining their identity, intimacy and privacy. Hospital environment is generally a stress trigger due to several factors, especially to the sick person, who loses control over the ones affecting him and on which he depends for his survival. Besides, hospitalization is distressing because it emphasizes the fragility to which they are subject, due to physical and emotional exposure.³

The hospitalized individuals depend, partially or totally, on nursing care to fulfill several of these needs⁴. Cares that are targeted to specific priority needs of clients, such as personal hygiene and urinary/bowel elimination involve body exposure and invasion of intimacy. In this context, nursing is a profession that keeps the most contact with the client during hospitalization; consequently, it is the one which most exposes, touches and handles the body when performing such cares.⁶ Considering that nudity, partial or full, is indispensable in several activities related to the act of caring, it is deemed essential to respect and maintain human dignity, since the hospitalized individual "becomes the object of manipulation" on many occasions, thus reflecting the fragmentation of care.

Therefore, privacy is a necessity and a right for every human being and is essential for the maintenance of dignity. It is natural

that people seek to preserve their intimacy, so in case of invasion, they show surprise and shame, fear and nervousness when touched while the performing of procedures. Thus, nudity becomes something unpleasant and uncomfortable, weakening the relation of care in the environment.⁵

It is interesting to note the absence of specific laws directed to privacy regarding the physical access of users of health systems. The codes of ethics provide the professional's duties and the patient's right to privacy, so as the Brazilian Constitution, however, they aren't explicit and there is no inspection, resembling standards and recommendations, maybe because the line between what is necessary and what is excessive is very fine and difficult to be determined.³

Thus, given the above, the question is: how has nursing addressed, in its scientific production, the issue of their patients' nudity and privacy in care settings? What aspects of this issue have been addressed? Because it is noticed that the client's nudity and privacy appear as challenges to be faced by nursing. Those concerns have emerged as the starting point for the elaboration of this study, seeking to contribute to the process of nursing care and to the quality of health care, since, from the knowledge of these issues, the nurse may be able to discern viable and advisable strategies for every situation in the settings in which the actions and attitudes of care are processed; he may be able to better understand and elucidate some of the problems faced by the profession, such as the psychological and ethical-legal aspects affecting the patient in face of nudity, the patient's physical privacy, the more humanized care, etc. It should be mentioned that privacy is considered, in this study, the hospitalized client's right to preserve his body from exposure and manipulation by others, and that the disrespect of that right characterizes its invasion.

Therefore, in order to answer the questions above, the objective of the study was delimited as the identification, from the analysis of the knowledge produced in the literature, of the approaches taken on the psychological and ethical-legal aspects permeating the nudity of patients in the context of nursing care.

METHODOLOGY

In order to achieve the proposed objective, it was employed the integrative review of the literature, because this research technique enables a systematic search of scientific

papers, a critical and synthetic evaluation of the available evidences, the subject and the investigated object, besides enabling the identification of gaps that allow to realize the need for new investigations.⁶

However, it is worth highlighting the steps necessary to meet the rigor of scientific method, namely: development of guiding questions; delimitation of the research problem; delimitation of the objective; search strategies and selection of papers; description and analysis of results.

For the papers selection, online searches for scientific articles were performed in databases: Latin American and Caribbean Health Science Literature Database (LILACS) and PubMed. For this goal, the following subject descriptors were used: privacy, right to privacy, shame, and their combinations in Portuguese, English and Spanish.

In order to enable a broad search and collection of articles concerning the object under investigation, the strategy of association of descriptors was used, namely: privacy OR right to privacy OR shame, associated with the descriptors Nursing OR Nursing care OR Nursing assistance OR Nursing ethics. Searches were conducted in August and September 2011.

Inclusion criteria set for the selection of the articles were: Papers addressing the psychological and ethical-legal aspects permeating nudity in daily nursing care in English, Portuguese and Spanish; access to the full paper for a more reliable analysis; temporality, where only articles from the last decade were selected as an intentional criterion for investigating the latest productions. Therefore, for this investigation, exclusion criteria are not delimited, considering the rigorous refinement of the criteria for inclusion.

In possession of the search strategies adopted, 138 articles were found; however, after submitting them to the inclusion criteria, there was a quite impressive refinement, with only five articles being identified.

The guiding principles used to direct the analysis of this study were: the ethics of nursing in face of the loss of the patient's privacy, the right given by law to the patient in face of this loss and the psychological effects relating to exposure of his body at the hospitalization.

For the collection of data, some questions on the following were observed: identification of the article, study type, instrument for data collection, survey scope, percentage of

answers, learning objectives, addressed themes and evaluation of results.

After the data collection, a comparative analysis between studies was performed, investigating psychological and ethical-legal aspects permeating nudity in the hospital environment, focusing mainly on the discomfort of both then nurse and the patient, and on the coping strategies adopted by these professionals during the loss of the patient's privacy.

RESULTS AND DISCUSSION

The "act of caring" exists since conception. The animals take care of their offspring based on their natural instinct, whether it's rational or not, seeking the preservation and perpetuation of the species. And by taking care of the habitat, they aim their subsistence, their survival.⁷

The process of care, in health, represents the way through which assistance towards the client is developed, and involves behaviors and feelings such as interest, affection, consideration, sympathy and so on. In the context of nursing, this process involves several aspects, among which are the social, economic and biological factors, the latter being directly related to the client's body and its changes, whether they are due to a medical condition or to lack of care; therefore, nursing care is also directed to the client's body.⁸

About this issue, it is noteworthy that the hospital routine is quite complex because it involves a technological context, of constant stress for the staff, patients and families, bringing diverse ethical and technical components that need to be analyzed by those involved in the process.⁵ Nevertheless, despite the efforts of professionals to humanize care, it is still a difficult task because it requires individual and collective attitudes so that the patients' privacy, individuality and dignity are respected.

Privacy is considered by the same author, a fundamental and essential component to the development and maintenance of the meaning of life of the human being. At the same time, it allows the patient a feeling of expression of autonomy, freedom of choice, personal control over his health and body, leading to reflection and self-assessment of the exercise of citizenship as a human being, subject and responsible for his decisions. Rather, the loss of privacy and bodily exposure can have serious consequences for the individual and may generate potential loss of his identity and individuality.

Consequently, at the hospital, the notion of privacy encompasses the right of the hospitalized client to preserve his body from exposure and manipulation by someone else, and disregard for this right characterizes its invasion⁵, since its first level is that of the person, of the body itself.

Physical privacy also involves how the body is available to the other person, including the space between oneself and another person, and how much access can be controlled⁹. The demarcation of territorial boundaries allows keeping and imposing limits to invasion; however, the power of incursion of others is sometimes superior to the person's defense power, because hospitalization weakens the barriers built by the client to preserve intimacy.

Little has been evaluated and discussed about physical privacy in health care, especially in nursing, since it is observed in daily practice some conflict, uncomfortable situations due to failures in the protection of privacy, especially when it involves intimate parts, because they are related to socioculturally constructed values. However, nursing actions should be based on ethical principles, which guide the actions of the whole staff⁹. Thus, by focusing its professional actions on interpersonal relations, it is agreed that nursing must know in order to value beliefs, values and individual desires, in defense of autonomy and respect for people's choices, considering, above all, the principle of dignity, because when the patient's privacy is invaded, his dignity is invariably hurt.

Inside the "technoscience" paradigm, the technical component, the tasks and manual dexterity are valued requirements, because the activity and the use of equipment are essential for professionals in the hospital environment. However, the academy and the use of techniques e care technologies is meaningless if not integrated in the relational and ethical process.

Within the hospital structure, the idea is that the client's body becomes a healthcare team's "property". This power is exercised by the team because it holds the scientific "knowledge", which, from the perspective of professionals, assures them unrestricted permission to manipulate and make decisions about the treatment of the patient's body.²

In fact, it is noticed through professional experience that, in most cases, clients agree to submit their bodies to the manipulation and gazing of strangers without questioning it, due to lack of information about their rights

and lack of explanations about the treatment, procedures and care. They submit themselves to the power of the "knowledge" incorporated by professionals and to the rules established by healthcare institutions, because they understand that they depend on them for their recovery.²

With regard to the intensive care units (ICUs), culturally, the popular view is related to the binomial life/death. The information provided to the client and to the family disregard the preconceived notion that relates this environment to death, as well as the lack of knowledge about the physical characteristics and assistance in these services.¹¹ It is worth adding that explanations on the need for removal of clothing, apparently, have been inefficient and do not consider that, generally, in the sociocultural context where clients are inserted, it is not normal to get undressed in front of others, and that maybe they prefer the assistance or the presence of a relative when it is necessary.¹²

The human aspect of nursing care is surely one of the most difficult to be implemented. The daily and complex routine present at the ICU environment most often makes members of the nursing staff forget to touch, talk and listen to the human being in front of them¹³.

Although the health staff has turned its attention to the diseased organ, to the pathology or to the search for diagnosis that guide their conduct and technical procedures, it often ignores the feelings of the beings experiencing hospitalization and the condition of patient. The technological apparatus installed, the isolation and the work dynamic at the ICU reinforce the image of impersonality and automation attached to these environments, generating insecurity, anxiety and stress in both the clients and their relatives.¹²

The experience of hospitalization in an intensive environment, due to its characteristics and routines, often rigid and inflexible, may create discomfort, impersonality, social isolation, lack of privacy and loss of identity and autonomy in the patient. In this process, identity and autonomy are affected because the patient is deemed unable to choose, decide, opine and express himself. Thus, the principle of autonomy is not put in practice even in situations of personal hygiene, feeding and eliminations, among others. This characterizes partial or total subjugation to those taking care of him, as if the patient was a mere receptacle of technical, intensive care.¹⁴

On the other hand, professionals involved with these units have been increasingly concerned in improving the environment, aiming to meet the bio-psycho-spiritual needs, highlighting the importance of humanization; however, they have not yet found a solution to maintaining the privacy of individuals who are hospitalized there.²

Feeling naked is a factor of stress and suffering for the patient, causing him difficulties to adjust to hospitals. It is necessary to reflect on the meanings of physical exposure, considering actions to help the patient to overcome the loss of his individuality and privacy. An attentive and respectful conduct is indispensable to a good care relationship.²

Humanization should be part of the philosophy of nursing. The physical environment, material and technological resources are important, but no more significant than the human essence. It will indeed drive the thought and actions of the nursing staff, especially of the nurses, making him able to criticize and build a more human reality, less aggressive and hostile.¹³

Although many actions are being implemented by professionals in order to protect the intimacy and privacy of patients, there are professionals, however, who consider this preservation to be unfeasible during the provision of care and the performance of the duties and responsibilities inherent in the profession.⁵ It is noticed, during the exercise of the profession, that these factors, associated with the body exposure issue, affect both the cared one and his family.¹²

The nurse needs to know his own body and what it means, notice it, i.e., become aware of it, because during the nurse/client interaction, the nurse's body relates to the client's body during the care process. This understanding promotes the understanding about the other person's body.² The client is a human being, and it is important to know his physical, cultural, social, spiritual and psychological nature, all of which are aspects that have an influence on the human behavior.

The importance given to the implementation of the nursing practice is often questioned, and emphasis is given on the technique and skills, without real concern for feelings such as distress, awkwardness, embarrassment and shame expressed by individuals when they have their bodies exposed and manipulated.² Apparently this issue is not very discussed because the emotions surrounding it are disregarded,

emotions related to self-esteem, self-image, self-preservation, sexuality, modesty and privacy.

On the other hand, while clients express such feelings when exposing their bodies, nursing professionals do not seem to realize those feelings inside themselves, let alone feeling these emotions when performing care. Probably this happens because they do not feel comfortable or do not have the abilities to face this situation; it is assumed that they "disguise" such perception. However, as well as with the clients, the values embodied within the family also influence the behavior and reactions of the professionals, since they are characterized as invading the client's privacy.²

If the expression of sexuality upsets the patients and the health staff, causing discomfort, embarrassment and awkwardness to both groups, the issue of exposure and manipulation of the body for the performing of the assistance should be further discussed by the professionals, especially within the scope of nursing.² Apparently, these issues are not addressed with proper depth during training, and when experienced during everyday practice, it may be difficult to address them.

The role of nursing is maintaining the patient's privacy and helping him cope with the loss of privacy, when necessary. However, this role is not easy and there is often invasion of the client's privacy during the execution of care.

Under the legal aspect, the right to personal space becomes individual and unattainable property of every citizen, and the ethical-legal and moral issues related to invasion of privacy during nursing care are emphasized, as well as the nurses' responsibilities³. In this study, it is discussed the role of the Research Ethics Committees (Comitês de Ética em Pesquisa - CEPs) involving human beings, of the Research Ethics Commissions involving human beings and of the Nursing Ethics Committees in Organizations as mechanisms of control and protection of individuals.

In Chapter I - Individual and Collective Rights and Duties, the Article 5, paragraph X of the Constitution of the Federative Republic of Brazil provides *that* "...the privacy, private life, honour and image of persons are inviolable, and the right to compensation for property or moral damages resulting from their violation is ensured".^{15:6}

The Code of Ethics for the Nursing Professionals preconizes in Article 27, Chapter

IV - Duties, that the nurse must “Respect and recognize the client’s right to decide about his person, his treatment and his welfare”, and in Article 28, that the nurse should “Respect the client’s natural modesty, privacy and intimacy”.^{16:9}

Faced with the reality of the facts, the nursing staff cannot continue to ignore the fact that, by performing care, they expose and manipulate the client’s body, adopting a posture of “authority” over another person’s body, without asking for permission to do so most of the time.² This authority is granted by cultural standards and is cemented by individual, interpersonal and social needs.

It is understood that respect constitutes an ethical principle for Nursing and is the basis for the attitudes performed by the profession, and consists of the recognition of dignity, individuality and cultural heritage of every human being who needs their care.

Besides that, nursing professionals believe and disseminate their profession as the art and science of care, however, despite the great development in the care process, little has been discussed about the issue of nudity in its context.²

In this way, there are only a few studies that have addressed the investigation of the aspects that permeate the invasion of privacy related to exposure of the body during assistance, from the nurses and clients’ point of view.² A huge part of the literature devoted to issues related to privacy concerns to the confidentiality of information about illness, treatment and preservation of identity during therapeutic monitoring and the participation in scientific research.

Regarding scientific studies involving human subjects, the Resolution N° 196, Chapter III - Ethical Aspects of Research Involving Human Subjects preconizes that researches should:

[...] provide for procedures to ensure the confidentiality and privacy, image protection and no stigmatization, making sure not to use the information to the detriment of individuals and/or communities, including in terms of self-esteem, prestige and economic and financial.

[...] always respect the cultural, social, moral, religious and ethical values, as well as the habits and custom when research involves communities.

Similarly, in Chapter IV - Term of Free and Informed Consent, this resolution preconizes that the term explains “... guarantee of confidentiality to ensure the privacy of

subjects regarding confidential data involved in research”.^{20:4}

It is noticed that such resolution only emphasizes the aspects regarding the protection of the individual’s privacy concerning confidentiality of information, ensuring confidentiality and anonymity, without reference to issues involving bodily exposure and invasion of intimacy.²

It is understood that it is not enough to know the perceptions and sensations experienced and expressed by the clients. One should intervene in the cares related to privacy during health care. To do this, one must first understand how nursing feels and behaves when facing the exposure of the patient’s body, when nursing is the profession that keeps the most contact with the patient and, inevitably, the one that most acts as a “invader” of the other person’s privacy. However, it is assumed that these professionals have difficulty approaching conflict situations arising from the exposure of the client’s body and therefore, they cannot help the patient dealing with the invasion of his privacy. It seems logical to believe that this is due to the lack of training of professionals to face and overcome such circumstances.²

CONCLUSION

The ethical, moral and legal behavior has been discussed referring to political issues, religious conflicts, the influence of technological progress and scientific research. If ethics is the science of moral, implying judgment of values, and moral refers to the conduct/behavior of human beings, wouldn’t the invasion of the patient’s privacy be, during nursing care, an ethical issue to be considered more seriously and with more thoughtfulness by these professionals?

Other issues also arise for discussion and reflection by nurses, such as: what perception do nurses have about what happens to the patient during care? What and how nurses manage to protect patients? Do they know the patients’ rights? How do they interpret and understand the Articles 27 and 28 of the Code of Ethics for the Nursing Professionals?

When these questions appear, there is an attempt to sensitize the nursing professionals primarily, as well as professionals from other health care areas, to the guarantee that individuals have that their privacy and individuality are safeguarded, not only in the position of subjects of a science research but also in the condition of an ill person.

Significant progress has been made

regarding researches involving human subjects after the promulgation of the Resolution 196/96. The CEPs are committed in rigorously analyzing these projects, with special attention to the Term of Free and Informed Consent, but they rarely follow the development of the investigations and the researcher's conduct, except in case of complaint. And the Hospital Ethics Committees generally meet only to verify ethical-legal questions referred for analysis and assessment, without supervising or inspecting the professionals' conduct and attitudes.

The study encourages professionals to rethink their actions, because there is little concern for ensuring the privacy and protection of the patient when there is the need of physical exposure. The respect for the patient's territorial and bodily space has been violated in various ways, for these aspects have been ignored during the performance of functions.

Nursing has developed a lot in the care process, believing that is the art and science of care, i.e., "it is people caring for people". In fact, caring is much more than an act; it is an attitude of occupation, concern, responsibility and emotional involvement with the other person, requiring commitment from the professional nurses towards their fellow men. Nursing cannot and should not scale only the disease, but the individual as a whole, who, by being ill needs personal and special care.

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