



WWJMRD 2021; 7(2): 18-22
www.wwjmr.com
International Journal
Peer Reviewed Journal
Refereed Journal
Indexed Journal
Impact Factor MJIF: 4.25
E-ISSN: 2454-6615

Catherine Abou-Zaid
EdD MSc PGDip(Coun,
Pharm. Psych. Medical Term),
Mohamed Khalifa Cardiac
Centre Bahrain.

Yusra Salahuddin
BSc Mohamed Khalifa Cardiac
Centre Bahrain

Zainab Jabber
BSc MSc Mohamed Khalifa
Cardiac Centre Bahrain.

Fatima Khalil
PhD MSc BSN FFNM Bahrain
Defence Force Hospital
Bahrain.

Correspondence:
Catherine Abou-Zaid
EdD MSc PGDip(Coun,
Pharm. Psych. Medical Term),
Bahrain.

Enhancing Patient dignity by considering new innovations in hospital gowns: A qualitative study using one-to-one interviews.

Ms. Yusra Salahuddin BSc, Dr. Catherine Abou-Zaid EdD, Ms. Zainab Jabber MSc, Dr. Fatima Khalil PhD.

Abstract Objective

The objective of this study is to investigate the patient gown innovations and the availability of specific gowns used for certain procedures. The design of hospital patient gowns will be the purpose of the study. Implementing new features in hospital gowns can improve patient satisfaction of hospital resources, can assist the healthcare professionals in giving care in a dignified way and help the patient to maintain their dignity.

Design

The study will take the form of a qualitative research design using one-to-one interviews as a means of data collection.

Setting

The setting will be a cardiac centre in Bahrain which was established 28 years ago. The patient hospital gown has not seen any change in design for many years. The centre deals with all aspects of cardiac disease with two cardiac catheterization laboratories, one cardiac theatre, coronary care unit, diagnostic department, and chest pain clinic. In support of these units we have the physiotherapy, and dietician department. All dealing with interventional procedures which affect the usage of patient hospital gowns.

Method

The data analysis methodology will be that of using thematic analysis to extract themes and sub-themes which will then be taken into producing major themes. These themes will be used to recommend changes in the current patient gowns.

Results and Conclusion

Results showed that current hospital patient gown in collaboration with medical care was of the highest importance to the patient outcome and new innovations were needed. Rehabilitative procedures need to keep patient dignity and at present this is not achieved. In critical care areas it was also found that quick access is of the highest importance to the care of patients. More research into patient gown innovation is needed.

Keywords: dignity, gowns, respect, innovation

Introduction

Hospital gowns provide low dignified care for patients by exposing their private body parts during procedures or examinations because they are often not fully closed at the back (Liu et al., 2016, pp.390-393). In addition, the current gowns show no signs of changing and the patient's dignity is always at risk. Gowns are in use globally, both in hospitals and other medical facilities as most patients when admitted for any procedure or as an emergency are given a gown as typical apparel (Shamam, 2001). These gowns are normally open at the back generally with ties which adds to patients' lack of tying them as they are out of reach.

Globally hospital gowns are not generally different, they tend to follow the same design throughout many healthcare facilities. It is on rare occasions that new innovations are implemented because of lack of budget, lack of facilities for laundry or no new research has been implemented regarding new innovation in patient attire worn in hospital in the different specialized units. Healthcare facilities should understand the characteristics of the ideal gown (Rutala and Webber, 2001).

Background to the Study

Dignity is a human right and an essential for individuals but is often compromised in hospitals (Bell, 2015, pp.84-84). Cairns et al. (2013, pp. 2-6) state dignity "is about how individual feels, think and behave as regards to value of themselves and others".

Using evidence-based practice has shown that patient's gowns have fallen outside the scope of scholarly research. The current gowns being used within the current organization renders the patient as being vulnerable, losing dignity, while their sense of identity is affected. The size of the hospital gowns are also a subject for discussion. The study was inductive in nature, seeking to understand perceptions of the patient gown through thematic analysis of transcripts within and across interviews. Themes within patients' interviews suggest gowns are provider-driven, the design is problematic, gowns reduce self-esteem, and color options would be empowering. Themes within providers' interviews addressed gowns theoretically vs. practically, attire biases, and distress from seeing patients in gowns. Common themes among groups included: negative first impressions of gowns, ideas for improvement, and barriers to change. The study was to ascertain how patients and providers perceive patient gowns and offer the opportunity to describe and look at an "ideal" alternative. The current gown satisfies neither patients nor providers, and flaws must be addressed to improve patient and provider experiences. Hospital gowns provide low dignified care for patients by exposing their private body parts during examination and physiotherapy sessions as well as during rehabilitation during and after surgical events (Lucas and Dellasega, 2020).

In addition, patients, specifically females hesitate to walk after surgery when they are not fully covered by hospital gowns which can expose their body parts to the opposite sex (Williams, Cross and Darbyshire, 2017). Religious beliefs may influence individual views about modesty (Hordern, 2016, pp.589-592). The rationale for the study is that of providing the patients with a more dignified gown with closed back and other distinguishing features. This provides each patient with dignity while giving medical and nursing staff easy access for medical procedures.

Aim of the Study

The aim of this study is to look at changing to a hospital gown that will provide dignified care for patients by not exposing their private body parts during procedures or examinations (Liu et al., 2016) because often religious beliefs may influence individual views about modesty (Hordern, 2016, pp.589-592). It will also help the healthcare professionals access the patient for procedures such as blood extraction from arms and rehabilitation purposes by maintaining their dignity. In addition, implementing new features in hospital gowns can improve patient satisfaction of hospital resources, can

assist the healthcare professionals in giving care in a dignified way and help the patient to maintain their dignity. The main aim was to investigate the new innovations in hospital gown systems and how to enhance patient dignity. This is a collaborative study from two organizations; Bahrain Defence Force (BDF) Hospital and The Mohamed Bin Khalifa Cardiac Centre (MKCC). The size of the study was determined according to the units that use a patient gown for many different reasons. E.G. CICU, CCU, Ward 33 (pre surgical) and diagnostic department within the MKCC and Wards 21, 23, 41 and 42 of the BDF.

Objectives of the Study

- 1) To review literature on the how hospital gowns have changed in the last 20 years.
- 2) To explore the perceptions of Bahrain's Cardiac Centre and Bahrain Defence Force Hospital nurses towards the role and benefits of giving dignity to patients as well as using the new technology in gown design to enhance patient care.
- 3) To identify emerging and recurring themes on perceived roles and benefits of using evidence-based practice in patient care where dignity has to be upheld.
- 4) To provide The Cardiac Centre and the Bahrain Defence Force Hospital with recommendations to improve the current system and recommend any changes that may be needed with patient gowns.

Research Outcome

The findings from the study will be used to recommend and inform policymakers of any new innovation in patient gowns, while looking for healthcare professionals and patients opinions that may arise from the results of the study. Any gaps in the literature that may appear will be looked at from a research point of view and any further research will be taken on to address these gaps at a later stage.

Literature Review

Patient advocacy is a priority of care health care providers as this change can play a bigger role in providing stander care (Bell, 2015, pp.84-84.). Literature suggests that challenges can exist as barriers to any development. Hence, Medical facilities support has to encourage implementing the change. The study of Jankovska and Park (2018), found that the majority of their participant and especially women had the lowest satisfaction and discomfort with the neckline and back opening than men. Besides, the discomfort was strongly associated while sitting activity, and the back opening was with the reaching up activity. Moreover, Wellbery and Chan (2020) study reflected that equilibrate the doctor-patient relationship may help to maintain patient-center care through considering patient choice in selecting hospital garments during hospitalization. In as same as, Vaskooi-Eshkevari et al. (2019, pp.635-644) stated that low satisfaction of hospital recourses can diminish the patients' motivation for staying in the hospital and complying with the healthcare provisions instructions. Unfortunately, the design of patient wear is often not considered when it comes to improving healthcare services and patient satisfaction with these services (Liu et al., 2019, pp.390-393). Hence, all studies have evidenced that wearing traditional discomfort hospital clothes with inappropriate body

coverage is high effects on patient advocacy, dignity, and resistance in providing proper care. Furthermore, in another study by Akyüz and Erdemir (2013) conducted that majority of Patients are concerned related to physical privacy when they are taken to the room/bed, get dressed, and get up after surgery. Unfortunately, nurses advised promoting physical privacy of the following surgery by practices of preventing others from seeing," such as covering patients or using a cloak/ curtain. Likewise, Williams Cross and Darbyshire (2017) stated that females hesitate to walk after surgery when they are not fully covered by hospital gowns which can expose their body parts to the opposite sex. In contrast, the healthcare provider's ignorance of physical privacy can offend the patient's trust in the medical team and thus damage the doctor-patient relationship and loosen the patients' adherence to the treatment sequence (Vaskooi-Eshkevari et al., 2019, pp.635-644). Finally, Religious beliefs may influence individual views about modesty (Hordern, 2016, pp.589-592). Therefore, evidence has shown that proper arrangements concerning the hospital environment including changes in hospital gowns should be planned and evaluated, which would be effective with clear barriers being encountered in privacy and dignity of the patient.

Study Design

A qualitative design methodology will be the most appropriate for this type of study. As the proposed research will be to see the current status of patient gown systems and to assess the staff understanding of the most recent evidence based practice guidelines being used within Gulf countries and globally on hospital gown design. The qualitative study will bring a more personalised humanistic approach as it will be done on a one-to-one interview basis, where confidentiality will be a priority at all times.

Participants

Participants in the study will be the current staff of the two chosen units within the BDF and three units within the MKCC who have been employed for more than 1 year. This will include; head nurses, team leaders, staff nurses in each unit within the centre that has an interest in the patient gown usage. A total of 30 participants will be included in the study making that 5 from each unit. The staff will be chosen from 50 emails sent out to randomly chosen head nurses, team leaders, staff nurses in all units. 30 will be taken from the first emails received. The patient contingent will be 10 from MKCC and 5 from BDF. The patient's will need to be conscious, orientated and be able to speak the English language. The participants were given an information form that explained the rationale for the research study and the way in which the study will be analysed.

Methodology

A qualitative design methodology using one-to-one interviews will be the most appropriate for this type of study. As the proposed research will be to see the current status of patient gown system and to assess the staff understanding of the most recent evidence based practice guidelines being used within Gulf countries and globally on hospital gown designs. Because of the Covid-19 Pandemic the one-to-one interviews had to become printed papers given to the participants which they completed and handed back to the researchers for analysis. If the participants had any questions

they could call any of the researchers for further information. The patients were interviewed once their Covid-19 pandemic checks had been done before getting admitted to the centre. All elective cardiac patients prior to any emergencies, interventional procedures including surgery are checked prior to admission. The staff questions were completed first, then in September 2020 until November 2020, the patient's questions were concluded by the researchers.

Data Analysis

Thematic analysis transcription information was chosen for the data analysis. Thematic analysis is the most common form of analysis in qualitative research (Wisker, 2012). It emphasizes pinpointing, examining, and recording patterns (themes) within data. Themes are patterns across data sets that are important to description of phenomenon and are associated to a specific research question. The themes become the categories for analysis. Thematic analysis is performed through the process of coding in six phases to create established, meaningful patterns. These phases are; familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report.

Coding

Coding was done by manually color coding the familiar themes of the findings on a table then taking the codes to a subtheme column. The color coding takes the familiar words and brings it to themes and sub-themes. A non-cross sectional approach was used to the data organization which involved looking at particular parts of the data individually which individualized the categories before bringing the themes together. This approach is seen to give better opportunities and gains a sense of distinctiveness to particular sections of the data collection (Ritchie and Lewis, 2005). This approach helps to understand distinct narratives or processes. The use of a non-cross sectional approach also gives the researcher a cross-referencing system which does not segment the text but provides the analyst with a browsing pathway throughout the data, which can link to the major and sub-theme analysis from the manual color coding.

Discussion & Findings

During the discussion and findings of the one-to-one interview papers, it was noted that the word dignity, difficult, human, affected, walking, honour, auscultation, vulnerable, respect, procedures, care, patient rights, recognition, difficulty came out on top as being the most words used (See Figure 1).

These words led to the labelling and categorizing of themes-sub-themes and major themes. These themes emerged throughout with the manual colour coding which enabled the researchers to identify similarities. After the initial colour coding a preliminary framework was refined to give emerging themes. Data was labelled and categorized according to the theme or concept. Synthesizing the data to a thematic chart was where the key points from the one-to-one interviews were written down in table form. Participant and patient narrative was withheld and used as quotes within the text of the summarizing. These participants' opinions can be seen in Table 2 and 3.

specialised units e.g. cardiac intensive care and coronary care should use the new innovation in patient gowns to assess the readiness for the centre to implement throughout at a later stage. The change process should be strategically implemented using management change models to assist in the process.

Conclusion

Patient gowns within hospital settings have been used widely for more than a century by patients. A patient enters a hospital and is immediately asked to remove clothing whereupon a hospital gown is worn, which is open at the back (Gordon and Winkler, 1990). The de-humanizing of a patient as stated by Gordon and Winkler (1990). The five major themes that emerged from the data collection will assist in the decision making process to change the current hospital patient gowns. Currently hospital patient gowns are designed to facilitate not only convenient and unobstructed access to the patient's body by medical personnel but also to provide an improved fit, ease of wearing, and an enhanced level of modesty and privacy when compared to conventional rear-access hospital gowns (Ochoa and Nalbone, 2008). Patient gowns contribute to indignity according to Wellbery and Chan (2014). It has also been noted that medical literature has paid almost no attention to the patient gown, meaning that more research is needed in this field.

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