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Determine Knowledge, Attitudes and Practice of Confidentiality of Patients' Health Records among Healthcare Professionals in University of Port Harcourt Teaching Hospital

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ABSTRACT

Background: Health Information Management is the central focus of healthcare delivery and its critical significance is to ensure full documentary on course of patient health care which provide a channel of interaction and knowledge among frontline healthcare professionals. Based on the ethical code of conduct on privacy and confidentiality rules and Hippocratic Oaths, the healthcare professionals are aware of the guidelines governing their practices. Although some of the healthcare providers may decides to have replace this ethical codes for either financial reasons or may have fail to adhere strictly on the code of conduct. Thus, this study examine knowledge, attitudes and practice of confidentiality of patients' health records among healthcare professionals in University of Port Harcourt Teaching Hospital.

Methods: A cross – sectional descriptive survey was carried out among 318 staffs drawn from staff of six major professional bodies of the University of Port Harcourt Teaching Hospital, which includes, Administration/Account staff, Medical Records staff, Nursing staff, Medical Doctors, Pharmacy, Medical Laboratory staff using a non – probability sampling methods, while, Yaro's Yamane formula was used to determined sample size. A self – administered structured questionnaire used to elicit data on Knowledge, Attitudes and Practice of Health Records Confidentiality among Healthcare Professionals. A quantitative method of data collection techniques was used and analyzed using descriptive statistical methods such as frequency distribution tables and simple percentages, while, the hypothesis was analyzed using Chi square.

Results: Majority (55%) of the healthcare professionals had the knowledge of confidentiality and adhere strictly to the practice of records confidentiality. Furthermore, (83.3%) agreed that there are penalties for healthcare professionals who breach patients' confidentiality as most of the respondents (63.3%) agreed to have received special training on patient's confidentiality. However, (54.3%) of the respondents agreed that if employment of health information professionals is recommended as one of the steps or guidelines, it can improve or maintain patient's health records confidentiality.

Conclusion: A good demonstration of sound attitudes toward keeping patients health information confidential is to be wary of unauthorized release of such information. Professionals in this study agreed that only authorized portion of patient's records shall be released to authorized users and that not everybody irrespective of their relationship to the patient has right to access patient's health information. Furthermore, appropriate sanctions should also be meted out to erring staff to serve as deterrent to others. An organized reward system will surely foster good health records /confidentiality practice.

INTRODUCTION

Background to the Study

Health Information Management is the central focus of healthcare delivery and its critical significance is to ensure full documentary on the course of patient health care and provide a channel of interaction and knowledge sharing among Frontline healthcare professionals for current and future use. To ensure full compliance, notable amount of data or information must be made open and recorded. Nevertheless, the quality of the information shared with health-care professionals dependent on their ability to keep it confidential. Otherwise, the patient may withhold critical information which may affect the quality of the care provided.

The physician-patient relationship has long been imbued with a special ethos of confidentiality (Aitken, 2012). This ethos was set out by Hippocrates in 460 BC: "All that may come to my knowledge in the exercise of my profession which ought not to be spread abroad, I will keep secret and will never reveal (Anderson, and Walport, 2010)."'The American Medical Association (AMA) has incorporated confidentiality into its Principles of Medical Ethics. Section IV declares that "[a] physician shall respect the rights of patients ... and shall safeguard patient confidences ... within the constraints of the law (Armstrong, *et al*. 2006)."'The AMA Code of Ethics re-emphasizes that "the information disclosed to a physician ...is confidential to the greatest possible

degree" but recognizes countervailing "ethically and legally justified" exceptions that also demand consideration (Bartlett, Simpson, & Turner, 2012). This ethos of confidentiality derives from privacy interests of the patient (Carlisle, Shickle and Cork, 2006).

Privacy, generally described as "the right to be let alone (Azad, & Perry, 2014), is linked to autonomy, i.e., the ability to control one's destiny and limit others' physical access to one's person or to information about oneself (Bhatia, & Wallace, 2007). Privacy is a complex and multifaceted concept which scholars have struggled to tease apart and break down into its elements. Formulations generally incorporate aspects of privacy related to physical and informational access; proprietary use of likeness or personal identity, personhood (includes notions of dignity and individuality), and constitutionally-protected decision-making about intimate relations (Bowie, Halley & McKay, 2014) are readily recognizable in the health care context. The last often requires contact with the health care system in order to act on those decisions (Caldicott, *et al*. 2013). Confidentiality is a distinctive aspect of privacy in that it arises only within a special relationship, such as a physician-patient relationship.25 While anyone may be liable for invading a person's privacy (Carroll, Lloyd-Jones, Cooke, & Owen, 2012), only those with information derived from the special confidential relationship have a duty to maintain its confidentiality, i.e., to not share it without the person's permission or in the absence of a compelling reason to do so.

Thus, confidentiality protects informational privacy interests by requiring recipients of information deemed confidential to restrict access to that information (Casali, 2014). While the professional ethos of confidentiality is well-established, the rights-based interests that underlie that ethos generate a demand for legal protection as well. The traditional approach has been to recognize a common law cause of action for invasion of privacy. Of the four branches of this tort identified by William Prosser (Grant, Ure, Nicolson, Hanley, Sheikh, McKinstry, & Sullivan, 2013) -intrusion, publicity of private facts, false light, and appropriation-the first two would appear to hold the most promise for protecting privacy rights in the health care context. Common law has proved to be a flexible means of addressing privacy issues in health care but has left important gaps that ultimately led to federal legislation. The intrusion element of the privacy tort generally refers to a physical invasion of a person's privacy, i.e., into a private space or matter in which the person would have a reasonable expectation of privacy (Greenhalgh, Morris, Wyatt, Thomas, & Gunning, 2013). In the classic medical intrusion cases, plaintiffs discover that third parties present at the time of their care were not medical personnel (ComRes, 2014). The perceived offense arises from expectations unique to the medical context.

Based on the ethical code of conduct provided by HIPAA (2009) on privacy and confidentiality rules and Hippocratic Oaths, the healthcare professionals are aware of the guidelines governing their practices. Although some of the healthcare providers may decides to have replace this ethical codes for either financial reasons or may have fail to adhere strictly on the code of conduct. There are three important and related concepts of health information within the Nigeria healthcare system: confidentiality, privacy and security. Yet, each of these concepts has a different fundamental meaning and unique role. Most frequently, “HIPAA” comes to mind when health information privacy is discussed; however, the concept of patients’ confidentiality has been around for much longer. However, this study will briefly explore differences in the meaning of privacy, security and confidentiality of health information (records). Selected examples of sources of law and guidelines will be offered with respect to these concepts. Challenges in balancing interest of individuals, healthcare providers and the public will be noted, as well as the role of health information management professionals.

Methodology

A cross – sectional design survey was adopted, and the population was drawn from the staffs of six (6) major professional bodies of the University of Port Harcourt Teaching Hospital which includes, Administration/Account staff, Medical Records staff, Nursing staff, Medical Doctors, Pharmacy, Medical Laboratory staff. A non – probability sampling methods was used with a sample size of 318 using Yaro’s Yamane formula. Questionnaire was used as research instrument for data collection, and was presented and analyzed using descriptive statistical methods which was presented in frequency distribution table and simple percentage. The hypothesis was analyzed using chi – square.

Results

Table 1: Socio – demographic Characteristics of the Respondents

Sex	**Number of Respondents**	**Percentage (%)**
Male	142	47.3%
Female	158	52.7%
Age		
< 20	15	5%
20 – 29	45	15%
30 – 39	50	16.7%
40 – 49	120	40%
>50	70	23.3%
Religion		
Christian	122	40.7%
Muslim	100	33.3%
African Tradition	20	6.7%
Others	58	19.3%
Educational Level		
Non – formal	23	7.7%

FSLC	30	10%
SSCE	27	9%
NCE/OND	51	17%
HND/BSC	60	20%
MBBS/Equivalent	87	29%
Post Graduate	22	7.3%
Marital Status		
Single	90	30%
Married	150	50%
Separated/Divorced	21	7%
Widow/Widower	39	13%
Years in Service		
< 5	25	8.3%
6 – 10	44	14.7%
11 – 15	64	21.3%
16 – 20	75	25%
>20	92	30.7%
Professional/Department		
Administration/Account	63	21%
Medical Records	45	15%
Nursing	56	18.7%
Medical Doctors	79	26.3%
Medical Laboratory	30	10%
Pharmacy	27	9%

Source: Survey Data 2018

Table 2: Practice of Patients' Health Records Confidentiality among Professionals

Questionnaires	Option	Number of Respondents	Percentage (%)
Do you think the patient should have access to the folder?	Yes	90	30%
	No	210	70%
Do you know about patient confidentiality?	Yes	165	55%
	No	135	45%
Do you know if there is legal implication of divulging patient information?	Yes	200	66.7%
	No	100	33.3%
Do you know the importance of keeping patient information secret?	Yes	180	60%
	No	120	40%

Source: Survey Data 2018

Table 3: Problems Health Professionals Face in Implementing Patients' Health Records Confidentiality

Questionnaires	Option	Number of Respondents	Percentage (%)
Do you believe it is proper for patients to have access to their medical records?	Yes	147	49%
	No	153	51%
Do you think there are penalties for health professionals who breach patient confidentiality?	Yes	250	83.3%
	No	50	16.7%
Do you think confidentiality is practiced in your hospital?	Yes	175	58.3%
	No	125	41.7%

Source: Survey Data 2018

Table 4: Awareness of confidentiality among professionals

Questionnaires	Option	Number of Respondents	Percentage (%)
Do you know if there are penalties?	Yes	176	58.7%
	No	124	41.3%
Did you receive any special training on patient confidentiality?	Yes	190	63.3%

	No	110	36.7%
If yes, where were you trained?			
In school	Yes	130	43.3%
	No	170	56.7%
On – the – job	Yes	240	80%
	No	60	20%
During seminar	Yes	161	53.7%
	No	139	46.3%
Do you give patient health information to the relatives?	Yes	147	49%
	No	153	51%
Does patient have access to his/her medical records?	Yes	130	56.7%
	No	70	43.3%
Do you think staff can release death certificate to the patient's next of kin?	Yes	185	61.7%
	No	115	38.3%

Source: Survey Data 2018

Table 5: Steps or Guidelines Taking into Cognizance to ensure that Patient's Health Records Confidentiality is maintained

Questionnaires	Option	Number of Respondents	Percentage (%)
Do you think employment of health information professionals can improve confidentiality?	Yes	163	54.3%
	No	137	45.7%
Do you believe that mass sensitization of all staff is the best way to improve confidentiality?	Yes	127	42.3%
	No	173	57.7%
Do you think confidentiality of health information can improve patient's confidentiality?	Yes	188	62.7%
	No	112	37.3%

Source: Survey Data 2018

Results in **table 1** shows that majority 158 (52.7%) of respondents are females within the age of 40 – 49 years 120 (40%), and most 122 (40%) of respondents are Christians who are holders of MBBS/Equivalent 87 (29%) though basically married 90 (30%) with over 20 years in service 92 (30.7%). However, majority 79 (26.3%) are medical doctors. In **table 2**, majority 165 (55%) of respondents have knowledge of patients' confidentiality with legal implication of divulging patient's information 200 (66.7%) as most 108 (60%) of the respondents knew the importance of keeping patients' information secret.

Despite the level of knowledge on practice of patients' health records confidentiality among health professionals, majority 153 (51%) of the respondents feel it is improper for patients' to have access to their medical records since they knew it is their duties to maintain patients' health records, and not to allow them to handle it on their own **table 3**. However, majority 250 (83.3%) of respondents agreed there are penalties or sanctions for healthcare professionals who breach patients' confidentiality. Furthermore, 176 (58.7%) of respondents are aware of penalties against anyone that violates patients' health records confidentiality laws **table 4**. Also, majority 190 (63.3%) agreed of receiving special training on patients confidentiality like issuing of death certificate to patient's next of kin 185 (61.7%). Nevertheless, majority recommend employment of health information professionals as a step in improving patient's health records confidentiality 163 (54.3%) **table 5**. Also, mass sensitization of staffs is not a tool in improving patient's health records confidentiality 173 (57.7%).

Discussion

Health professionals at University of Port Harcourt Teaching Hospital are considerably of confidentiality of patients' health records right from their respective training schools and are positively disposed to its relevance and importance to sound healthcare delivery. These findings agree with the study reported by Garbin, *et al* (2008) that most interviewees affirmed to have awareness of the ethical aspects of their professions related the confidentiality. However, it is contrary to findings reported from Barbados that majority of participants acquired their knowledge of confidentiality and ethics during work and that many of them are either unaware of the importance of confidentiality or are unable to appropriately deal with related issues.

School as the major source of knowledge of confidentiality from our findings might imply that curricula in relevant medical and paramedical training school contain certain instructions on ethical and legal obligations on healthcare professionals especially on confidentiality. The fact that health information management had the highest percentage of school as their source of information on confidentiality might possibly corroborate the tenet that maintaining confidentiality is one of their major roles in healthcare services. Also, the few participants who had multiple source of information on confidentiality were doctors and nurses. This might be due to their weekly exposure to various hospital-based continuous medical educations (CME) and continuous professional development (CPD) activities. These many times serves as avenue for dissemination of knowledge on various aspect of professional practice. The level of awareness among these professionals tends to be beneficial to the patients and healthcare system in general. Since

medical confidentiality provides an essential element of the trust needed to build a successful doctor-patient relationship. Therefore, their level of knowledge determines how much of these rules they know and their ability to put it into practice.

In spite of their level of awareness of confidentiality, professionals in this study have demonstrable gaps in knowledge of this important aspect of healthcare. Only a few of them agreed that confidentiality is the responsibility of all healthcare providers while the while the relative majority opined that it is the sole responsibility of health information management professionals. This last view attests to the obvious existing gap between their knowledge and practice. Although this finding goes with the one reported by Shrier *et al* (1998) that most professionals do not fully understands their obligations towards patients' records confidentiality. Healthcare managers and professionals shall maintain confidentiality of patients' health records.

A good demonstration of sound attitudes toward keeping patients health information confidential is to be wary of unauthorized release of such information. Professionals in this study agreed that only authorized portion of patient's records shall be released to authorized users and that not everybody irrespective of their relationship to the patient has right to access patient's health information. My findings is in tandem with those reported by Perez C. *et al* (2006) where professionals only release information to the patient's family members upon permission by the patient and few said they do it only when the patient is a minor who cannot decide for himself. It is contrary to the findings reported by Carlisle, *et al*. (2006) where professionals said they have exclusive access to patient's health information and discuss such freely with their assistants and spouse at home.

Conclusion

Recommendation of observance of good health records practice by all healthcare professionals and stakeholders is strongly suggestive of a gap between knowledge and practice i.e. the practice is not in tandem with the knowledge. This further reinforces the necessity for regular sensitization /update/refresher courses and seminars on confidentiality for staff; emphasizing the legal aspects. Appropriate sanctions should also be meted out to erring staff to serve as deterrent to others. An organized reward system will surely foster good health records /confidentiality practice.

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