

Challenges of Confidentiality in Clinical Practice among Nurses in Ekiti State University Teaching Hospital, Ado-Ekiti, Nigeria

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Abstract:

Information about illness is a very sensitive ethico-legal issue. It is the duty of every health professional to keep patients' confidentiality as included in policy statements for health professional bodies' code of conduct. Nursing is a caring profession and nurses always need adequate information to plan patients care, but in a situation where patients are not confident that their information will be kept private, they are likely to withhold essential information from nurses thus hindering therapeutic communication which may in turn affects health services utilization. The objective of this study was to examine challenges of confidentiality among nurses in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti. The study used descriptive survey research design. A self-designed questionnaire was used to collect data among 105 nurses in various wards and clinics at EKSUTH. Collected data was analysed via Statistical Package for Social Sciences version 21. Results showed that knowledge of confidentiality was good among nurses in EKSUTH, 66.7% had knowledge of meaning of confidentiality, 94.6% knew the effects of breaches of confidentiality to nurse/patients relationship and 56.2% knew when disclosure of patient confidential information is permitted without necessary permission from patients. No significant difference was found in knowledge among nurses in relation to their age.

Keywords —Confidentiality, Clinical Practices, Nurses, knowledge, Challenges.

I. INTRODUCTION

Information about illness is a very sensitive issue and it is the right of every patient to have their medical information kept private. Nurses need adequate information to plan patients' care. They

always have information from verbal health history, clinical examinations, objective observations, medical diagnoses, and test results(1). Improper disclosure of such highly sensitive information could be detrimental to patients' reputation and self-esteem. Patients tend to lose confidence in the health care professionals

when their rights, related to privacy and confidentiality are not observed (2). This may make them likely to withhold essential information from nurses, and this in turn will hinder therapeutic communication. Furthermore, confidentiality is an important ethico-legal issue included in most policy statements for health professionals and its significance is reflected in various professional nursing bodies' code of conduct. American Nurses Association (ANA) code of ethics for nurses which is the standard by which ethical conducts is guided and evaluated explains clearly the role of nurses in promoting and advocating for patients privacy and confidentiality (3). Also, the Nightingale pledge indicates the importance and need for patients' confidentiality. Good nursing care depends on effective communication between the nurse and the client which can only be achieved through mutual trust (4).

However, despite the importance of confidentiality, there are occasions when an issue of confidentiality generates debates and criticism especially in issues of adolescents' health such as contraception (5) and also, in issues based on health risk to third party as in revealing patients' HIV positive status to patients' spouses. There is no general standing order in this regard; this kind of issue is managed differently in different countries but in Nigeria, due to discrimination, there is no clear guideline but it is not the duty of the nurse to disclose such information but to provide counselling to encourage voluntary disclosure by the patients (6).

There are many challenges facing confidentiality in clinical practices, some of which may be due to careless behaviour of health workers such as speaking about patients in public places like inside elevators, cafeterias, and during telephone conversations (7). Others may be due to administrative and organizational negligence. For example patients' relatives and friends are allowed to crowd the hospital environment and they often stay close to the wards where they can easily overhear nurses' conversations about patients (8).

Nurses are supposed to be patients' first advocates. They are always in charge of the ward

and are saddled with the responsibility of coordinating everyone in the health team to ensure that patients' rights are protected. Studies also found that majority of nurses are not aware of patient right to confidentiality and cannot correctly decide who "needs to know" for every patient (9, 10) yet many patients are aware of their rights and the hospital can be sued at any time if confidentiality is breached (11). This in turn could jeopardize the image of nursing and the job of any affected nurse.

In Ekiti state University Teaching Hospital, observations revealed the presence of some challenges to confidentiality among nurses but it is not known whether nurses in EKSUTH see these observed variables as problems of confidentiality which was the reason behind this study. Based on this background, this study was designed to investigate the challenges of confidentiality with the aims of providing solutions to enhance proper confidentiality in clinical settings in Nigeria and other developing countries.

I. PURPOSE OF THE STUDY

The purpose of this study was to assess challenges of confidentiality among nurses in Ekiti State University Teaching Hospital, Ado-Ekiti.

A. Research Questions

The following questions were raised:

- Do nurses in EKSUTH have knowledge of confidentiality?
- What are the challenges of confidentiality in EKSUTH?

A. Research Hypothesis

The following guide the study:

- There is no significance difference in knowledge of confidentiality among nurses in EKSUTH in relation to age.

II. METHODOLOGY Study Design and Population

Descriptive survey research design was adopted for this study. The target population for this study comprised all 300 Nurses working in Ekiti State

University Teaching Hospital, Ado-Ekiti, Ekiti state.

Research Setting

The study was conducted in Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti. EKSUTH is a tertiary hospital located in Ado-Ekiti, the capital of Ekiti State. The hospital serves as a referral centre for the state and the study was carried out among nurses.

Sample and Sampling Technique

Owing to the nature of nurses’ work roster (shifting duty), the researchers adopted convenient sampling technique to select the respondents. This indicated that all nurses met on duty at the time of data collection who agreed to participate in the study were recruited.

Research Instrument

A self-structured close-ended questionnaire was used for the study. The questionnaire consisted three sections; items in section A were designed to capture data regarding respondents’ demographic characteristics such as age, sex, academic qualification and cadre, section B was designed to elicit information on knowledge of nurses on confidentiality, section C was designed to capture challenges of confidentiality as experienced by EKSUTH nurses in their clinical practices. The questionnaire was pretested among 20 nurses and Cronbach alpha coefficient of 0.79 was obtained after calculating Cronbach internal consistency of each item in the questionnaire. This implies that the instrument can be considered to be reliable

Procedure for Data Collection

Ethical clearance was obtained from EKSUTH Ethical Review Committee. Two nurses from labour ward EKSUTH were trained as research assistants and administered the instrument to the nurses from various wards and units within the hospital.

After giving detailed information on the purpose of the study, verbal informed consent was obtained from the respondents who volunteered to take part

in the study. Each respondent was given the questionnaire and allowed to fill it after which it was collected back immediately.

Statistical Analysis

Descriptive and inferential statistics were used to analyse the data. The research questions were answered with the descriptive statistics and presented in frequency table and percentages. Hypotheses were tested using chi-square analysis at 0.05 level of significance.

RESULTS

The results are shown in the tables below:

TABLE 1: Socio-demographic Variables of the Respondents

Variables	Frequency	Percentage
Age(in years)	N	%
21-30	15	14.3
31-40	59	56.2
41-50	31	29.5
Total	105	100
Gender		
Male	18	17.1
Female	87	82.9
Total	105	100
Marital Status		
Single	13	12.4
Married	92	87.6
Total	105	100
Educational Qualification		
R. N	6	5.7
R.N/ R.M	49	46.6
BNS	45	41
MSC	5	4.7
Total	105	100
Cadre		
NO2	17	16.2
NO1	11	10.5
SNO	54	51.4
ACNO	9	8.6
CNO	9	8.6

ADNS	5	4.3
Total	105	100

Table 1 showed the socio-demographic data of respondents. A total of 105 nurses were selected. They were 18 (17.1%) males and 87 (82.9%) females. Their age ranged between 21 to 50 years, also, more than half 59 (56.2%) were between ages 30 and 39 years. Most respondents 92 (87.6%) were married while 49 (46.6%) were Registered Nurses/Midwives. Similarly, the subjects who were drawn from different cadres with more than half 54 (51.4%) being Senior Nursing Officers.

TABLE 2: Percentages of Responses on Knowledge of Confidentiality

Domains of confidentiality	Good knowledge		Poor knowledge	
	N	%	N	%
Meaning of confidentiality	70	66.7	35	33.3
When patients' personal medical information can be divulged without patients' consent	59	56.3	46	43.8
Effects of breaches of confidentiality on nurse/ patients relationship	99	94.2	6	5.8

Table 2 showed the knowledge of confidentiality among nurses. Twelve questions designed to elicit information related to three major aspects of confidentiality (meaning of confidentiality; when confidential medical information can be divulged without patients' consents; and effects of breaches of confidentiality on Nurse/Patient relationship) were scored from 0 to 12, incorrect responses and unanswered questions were scored as 0 while correct responses were scored as 1. Respondents who scored 6 and above were considered as having good knowledge of confidentiality and those who scored below 6 were considered as having poor knowledge. A total of 70 (66.7%) of the total sample had good knowledge of concept of confidentiality while 35(33.3%) demonstrated poor knowledge; 99(94.2%) respondents had good knowledge of effects of breaches of patient confidentiality on Nurse/ Patient relationship while

6 (5.7%) had poor knowledge. On the knowledge of when disclosure of patient confidential information is permitted without necessary permission from patients 59 (56.2%) had good knowledge while 46 (43.8%) had poor knowledge. This implies that EKSUTH nurses have good knowledge of patients' confidentiality mostly on effects of breaches of confidentiality on nurse/patient relationship.

TABLE 3: Challenges of confidentiality in EKSUTH

Identified challenges	Yes		No	
	N	%	N	%
Patients' relatives are allowed to collect laboratory results	92	87.6	13	12.4
Relatives are allowed to stay where they can eavesdrop on Nurses' discussion about patient health	91	56.3	14	13.3
Junior health workers are privileged to patients' health information	90	85.7	15	14.3
Nurses not involve in patients' care who come as relatives are allowed to read patients' case note	87	82.9	18	17.1
Nurses sometimes hand over in the presence of relatives	90	85.7	15	14.3
Other hospital workers such as cleaners, ward maids etc. are not trained to keep patients' confidentiality	91	86.7		

Table 3 showed the six challenges of confidentiality that were identified by EKSUTH nurses. They include; 1. Patients' relatives are allowed to collect laboratory results, thereby allowing them to have access to information that should be kept confidential. 2. Patients' relatives are allowed to stay where they can overhear nurses' discussion about patient information. 3. Junior health workers sometimes are careless about patients' health information. They are often discussing such information among themselves 4. Nurses who are not directly involved in patients care are allowed to look at the nurses' notes and records when they come as patients' relatives. 5. Nurses handover in the presence of other patients and 6. Junior health workers such as (cleaners, hospital maids) are not trained to keep patients' confidentiality.

The result obtained revealed that 92(87.6%) of the total respondents identified that patients' relatives

had free access to patients’ laboratory information by collecting patients’ laboratory results. Furthermore, 91 (86.7%) identified that patients’ relatives were allowed to stay where they could overhear nurses discussion about patients’ information. Also, 90 (85.7%) indicated that junior health workers sometimes discussed patients’ information among themselves or with patients’ relatives. Similarly, 87 (82.9%) nurses indicated that nurses who were not directly involved in patients care were allowed to look at the nurses’ notes and records when they came as patients’ relatives. On the issue of nurses handing over in the presence of other patients, 90 (85.7%) of the total respondents agreed that this was the case. Also, 91 (86.7%) agreed that junior health workers were not trained to keep patients’ confidentiality but 14 (1.3%) disagreed. Using a cut-off mean score of 1.20 for the rating scale, all the items had mean scores above the cut-off point.

TABLE 4: Knowledge of Confidentiality in Relation to Age of Nurses

Age in years	Meaning of confidentiality		When to divulge without consent		Effects of breaches of confidentiality	
	Good	Poor	Good	Poor	Good	Poor
21-30	12	3	9	6	13	2
%	11.4	2.9	8.6	5.7	12.4	1.9
31-40	39	20	33	26	56	3
%	37.1	19	31.4	24.8	53.3	2.9
41-50	19	12	17	14	29	2
%	18	11.4	16.3	13.3	27.6	2.9
Total	70	35	59	46	98	7
%	66.7	33.3	56.2	43.8	93.3	6.7
X²	1.61		.113		1.31	
p-value	.447		.945		.519	

KEYS: % = percentage, X² = Chi-square

Table 4 showed the knowledge of confidentiality in relation to nurses’ age. Chi-square analysis showed no significant difference in relation to knowledge of challenges of confidentiality based on the ages of nurses. The p-value of .447 is greater than 0.05 level of significance. Therefore, the hypothesis which state that There is no significance difference in knowledge of confidentiality among nurses in EKSUTH in relation to age is upheld.

DISCUSSION

This study provides important information about nurses’ knowledge of confidentiality and challenges of confidentiality in Ekiti State University Teaching Hospital, Ado-Ekiti. The finding of this study revealed that nurses have good knowledge of confidentiality (Table2). This finding is contradicting the finding of(10) which revealed poor knowledge of confidentiality among nurses in general. But the finding of this study is consistent with the finding of (11) which indicated that nursing students have good knowledge of every aspect of confidentiality. This finding may be due to the fact that the study of (11) was conducted among students who are currently going through teaching and learning and it indicates the need for continuous and on the job training to keep nurses current in knowledge in different aspects of nursing care.

Another finding of this study revealed that nurses in EKSUTH recognized that when patients relatives were made to collect patients’ laboratory results which made them have free access to patient information, and this is a challenge to patients’ confidentiality because patients’ retroviral status, and other personal health information which can lead to patients’ stigmatization can be easily divulged to patients’ relatives. This finding is an important management issue as established by the study of (2) which revealed that lack of management guideline related to confidentiality is a major challenge in clinical setting.

Furthermore, other finding of the study on junior health workers sometimes discussing patients’ information among themselves or with patients’ relatives is another important finding. Confidentiality of patients’ medical information is the responsibility of everyone in the health team. It is not essential just for nursing care but applicable to doctors, health attendants and all relevant individuals in health setting.

Confidentiality is essential action in professional accountability. This finding indicates the need for training of all individuals who have access to patient information in issues related to patients’ confidentiality.

Knowledge of confidentiality is an important enabler to enhance this professional action training junior workers in confidentiality is important as further finding of this study revealed that this group of health workers lack training in confidentiality. It is very important that knowledge of this group of health workers should be improved by training them in their roles in maintenance of patients' confidentiality. This finding is also consistent with the finding of Norooziet al.(2) where identification of gap of knowledge in definition of risk to patients when health workers are not aware of the need for confidentiality.

Another finding about patients' relatives staying where they can overhear nurses' discussion about patient information is consistent with the finding of Erikson and Millar (6) who indicated that hospitals are less than perfect environment for maintenance of patient' confidentiality because hospitals are always crowded with relatives. Another finding on nurses who are not directly involved in patients' care being allowed to look at the nurses notes and records when they come as patient relatives is an important finding which can be corrected by the nurses. Further finding about nurses 'handing over' in the presence of other patients is a challenge which is common to all hospitals where patients are nursed in open wards, but the nurses can derive a better means of handing over to overcome this important challenge.

CONCLUSION

Based on the findings of this study, we concluded that the nurses in EKSUTH are aware of need for confidentiality of patients information but they are faced with challenges some of these challenges are; patients' relatives staying where they can overhear discussions of health workers during ward round and nurses handing over and allowing them to collect laboratory results, junior health workers not trained in confidentiality and are not very conscious of it.

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