AJPMHS GLOBAL RESEARCH NETWORK

AMERICAN Journal of Pediatric Medicine and Health Sciences
Volume 01, Issue 09, 2023 ISSN (E): 2993-2149

KNOWLEDGE AND ATTITUDE OF PATIENTS TOWARDS PRIVACY AND CONFIDENTIALITY OF HEALTH INFORMATION IN NIGERIA (A Case Study of Medical Outpatients of Lagos University Teaching Hospital)

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Abstract

Introduction:

Ensuring the confidentiality and privacy of patient information in healthcare interactions is not just a legal requirement but a fundamental element of ethical and effective patient care. These principles play a pivotal role in shaping the relationship between patients and healthcare providers, impacting trust, open communication, and the overall quality of healthcare delivery. In today's healthcare landscape, the recognition of safeguarding patient information has grown, driven by a convergence of legal, technological, and societal factors. As healthcare systems evolve, striking a delicate balance between the necessity for information sharing and the obligation to protect personal data becomes increasingly intricate. This study delves into the various aspects of patient awareness, attitudes, and trust related to privacy and confidentiality in the healthcare setting. Focusing on the Medical Outpatient Departments (MOPD) at Lagos University Teaching Hospital (LUTH), the research aims to provide nuanced insights into the factors that influence patient perceptions. Understanding these dynamics is essential not only for enhancing patient-centered care but also for guiding educational strategies and shaping policy development

.Method of Data Analysis: A cross-sectional research design was employed, involving 115 respondents sampled through convenient sampling. Data were collected using a structured questionnaire, and analysis was performed using the Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics, chi-square tests, and frequency tables were utilized.

Results:

A diverse participant profile emerged from the demographic analysis, revealing that the majority (92.7%) had awareness of privacy and confidentiality, drawing information from various sources. However, knowledge disparities were evident, with 55.0% possessing a fair understanding. Attitudes emphasized the importance of consent (50.5%), and preferences for information disclosure displayed nuanced perspectives. Trust levels varied among healthcare professions, with doctors (66.1%) and pharmacists (64.2%) commanding the highest trust. Chi-square analysis demonstrated significant associations, particularly the influence of education level on perceptions of differences between privacy and confidentiality ($\chi^2 = 43.265$, df = 6, $p < 0.001$). Conversely, no statistically significant associations were found between occupation and perspectives on health information disclosure to specific entities ($\chi^2 = 16.054$, df = 16, $p = 0.448$), as well as preferences for access to health records and belief in the potential benefits of all medical teams being aware of one's health information ($\chi^2 = 4.198$, df = 4, $p = 0.376$).

Conclusion

The intricate interplay of patients' knowledge, attitudes, and trust regarding healthcare privacy and confidentiality is significantly shaped by demographic factors. It is crucial to customize educational initiatives and fine-tune healthcare policies to bring practices in line with both patient expectations and advancements in technology.

Key words: *Patient confidentiality, health information privacy patient attitudes, patient education, Lagos University Teaching Hospital, healthcare policies.*

Introduction

In healthcare, the expectation of confidentiality in interactions with providers, reinforced by legal standards, is crucial. Failure may lead to patient hesitancy, potential dishonesty, inaccurate medical histories, and changes in providers or out-of-pocket payments to safeguard privacy (Pritts et al., 2009). Privacy, denoting an individual's right to solitude and decision-making in personal information sharing, is legally recognized alongside confidentiality, which embodies privileged communication within professional relationships (Brodnik et al., 2012). Global concerns over personal information privacy, especially in health, are exacerbated by the increasing computerization of information, leading to federal regulations like HIPAA in the USA governing personal information use (HIPAA, 2000). Patient confidentiality is dynamic, adapting to factors challenging its essence, including healthcare technology expansion, environmental conditions promoting breaches, and healthcare workers' unawareness of the impact of routine actions (Top Health Info Mgt., May 17, 2010). Healthcare must navigate the balance between patients' demand for privacy and potential societal benefits from broader information use. Privacy and

confidentiality are fundamental rights contributing to a trusting relationship with healthcare providers (Journal General Internal Medicine, 2012).

The importance of personal privacy extends across cultures, emphasizing the patient's right to be treated individually with courtesy, respect, and confidentiality. Patients willingly share personal information, placing a duty on providers to honor trust by maintaining confidentiality (Journal General Internal Medicine, 2012). In situations involving sensitive health information, state statutes guide professionals, such as the Mental Health and Developmental Disabilities Confidentiality Act in Illinois, outlining requirements for accessing, using, and disclosing confidential patient information (MHDDCA, 2007). Patient privacy and confidentiality are indispensable, shielding patients from unwarranted intrusions. Safeguarding confidentiality assures patients that information acquired during treatment will be shared exclusively with those delivering healthcare, unless consent is granted or specific exceptions apply (American Journal Of Nursing, 2011). In the utilization of healthcare services, patients must share personal information with professionals, who have a responsibility as ethical practitioners to maintain the confidentiality of shared information. Unfortunately, patients often have limited awareness of their privacy rights, leading to reluctance in providing necessary personal information for treatment. Even when providers refrain from divulging such information, challenges in maintaining privacy arise, especially in teaching hospitals like Lagos University Teaching Hospitals (LUTH), where consultations involve multiple medical personnel, and the presence of medical students complicates privacy preservation.

This study explores patients' comprehension and application of ethical practices related to privacy and confidentiality at the Medical Outpatient Departments (MOPD) in Lagos University Teaching Hospital (LUTH). It investigates patients' overall knowledge and attitudes regarding health information privacy. Objectives include assessing understanding, determining attitudes, evaluating willingness to share information with students, and gauging trust in healthcare providers. Outcomes can contribute to evaluating patients' knowledge and attitudes on health information privacy. Results will educate patients on sharing information, assist institutions in implementing controls and policies, and promote confidentiality practices among healthcare professionals in Nigeria.

Specific Objective of the study:

1. To determine the socio-demographic characteristics of the respondents
2. To determine knowledge of patients towards privacy and confidentiality of health information.
3. To determine the attitude of Patients towards Privacy and Confidentiality of Health Information
4. To determine the level of the relationship between patients' level of education and their knowledge towards privacy and confidentiality of health information.
5. To determine the level of the relationship between patients' occupation and their attitude towards privacy and confidentiality of health information.
6. To determine the level of the relationship between knowledge of patients towards privacy and confidentiality of health information and their attitude towards it.

Research Hypotheses:

1 H_o: There is no significant relationship between patients' level of education and their knowledge towards privacy and confidentiality of health information.

H_1: There is a significant relationship between patients' level of education and their knowledge towards privacy and confidentiality of health information.

2H_o: There is no significant relationship between patients' occupation and their attitude towards privacy and confidentiality of health information.

H_1: There is a significant relationship between patients' occupation and their attitude towards privacy and confidentiality of health information.

3H_o: There is no significant relationship between knowledge of patients towards privacy and confidentiality of health information and their attitude towards it.

H_1: There is a significant relationship between knowledge of patients towards privacy and confidentiality of health information and their attitude towards it.

Materials and Methods

Study Area

Lagos University Teaching Hospital (LUTH) stands as a pivotal institution in the Nigerian healthcare landscape. Established in 1962, LUTH has evolved into a leading tertiary healthcare facility, affiliated with the University of Lagos. Over the years, it has played a significant role in medical education, research, and healthcare provision. Initially conceived to address the healthcare needs of the growing population in Lagos and its environs, LUTH has expanded its services to encompass various medical specialties and departments. It has become a hub for medical training, contributing to the development of skilled healthcare professionals who serve not only within Nigeria but also on the international stage. The Medical Outpatient Departments (MOPD) within LUTH cater to a diverse patient population, offering comprehensive outpatient care and serving as a critical component of the hospital's healthcare delivery system. As the study area for the investigation into patients' understanding and adherence to ethical practices related to privacy and confidentiality, LUTH provides a rich and relevant context for assessing these crucial aspects within the healthcare setting. The historical significance and prominence of LUTH make it an ideal site for gaining insights into patient behaviors and attitudes in the realm of medical privacy and confidentiality.

Sample Size and Sampling Techniques

A total of 115 respondents were sampled using a convenient or accidental sampling method, where patients available at the time of data collection were included in the study.

Study Design

The study employed a cross-sectional research design to investigate the knowledge and attitudes of patients attending the Medical Outpatient Department (MOPD) at Lagos University Teaching Hospital (LUTH) regarding the privacy and confidentiality of their health information. The cross-sectional design allowed for the collection of data at a single point in time, providing a

snapshot of the participants' perspectives and behaviors. This design is suitable for examining the prevalence of certain attitudes and knowledge levels within the selected population.

Data collection and management

The data for this study were collected using a structured questionnaire divided into four sections (A, B, C, and D). Section A focused on demographic information, Section B on patients' knowledge of privacy and confidentiality, Section C on patients' attitudes toward privacy and confidentiality, and Section D on patients' attitudes toward sharing health information with medical and nursing students. Additionally, Section E measured the level of trust patients had in their healthcare providers. To ensure validity, the questionnaire underwent scrutiny by the project supervisor, resulting in modifications to address any ambiguity. Reliability was confirmed through a pilot study, with a Cronbach alpha coefficient of 0.613, ensuring the questionnaire's consistency and effectiveness before final administration.

Method of Data Analysis

The collected data were analyzed using the Statistical Package for Social Sciences (SPSS) version 20. The information gathered from the respondents was presented in frequency tables, and analysis involved utilizing frequency and simple percentage. Additionally, hypothesis testing was conducted with chi-square as the statistical tool at a significance level of 0.05.

Results

Table 1: Socio-Demographic Profile of the Respondents

Variable	Classification	Frequency	Percentage (%)
Age	19-28	6	5.5
	29-38	11	10.1
	39-48	27	24.8
	49 and above	65	59.6
Mean,SD	47±3.37		
Sex	Female	60	55.0
	Male	49	45.0
Level of Education	No formal education	17	15.6
	Primary	23	21.1
	Secondary	22	20.2
	Tertiary	47	43.1
Occupation	Civil servant	12	11.0
	NGOS	42	38.5
	Trader	25	22.9
	Artisans	24	22.0
	Others	6	5.5

Ethnicity	Yoruba Hausa Igbo Others	54 8 40 7	49.5 7.3 36.7 6.4
Religion	Islam Christianity Traditional	48 57 4	44.0 52.3 3.7
Marital status	Single Married Divorced Widow	4 71 17 17	3.7 65.1 15.6 15.6

The demographic profile of the respondents indicated a diverse distribution across various categories. The majority of participants were aged 39-48 (24.8%), females constituted 55.0%, and the most prevalent education level was tertiary (43.1%). Occupationally, the sample included individuals from different sectors, with the highest representation from NGOs (38.5%). The ethnic distribution showed a prevalence of Yoruba (49.5%), and Christianity was the dominant religion (52.3%). Marital status varied, with the majority being married (65.1%). The data were presented in frequency and percentage tables to provide a comprehensive overview of the respondent demographics.

Table 2: Knowledge of Patients towards Privacy and Confidentiality of Health Information

Variable	Classification	Frequency	Percentage
Have you heard about privacy and confidentiality	Yes No Don't know Total	101 5 3 109	92.7 4.6 2.8 100.0
If yes to question 6, where?	Mass media School Relatives Friends Others Total	20 60 10 8 11 109	18.3 55.0 9.2 7.3 10.1 100.0
Is there any difference between privacy and confidentiality	Yes No Don't know Total	41 19 49 109	37.6 17.4 45.0 100.0
Privacy is best defined as	The right to make your health information known to others Individual desire to limit the disclosure of personal information	16 40	14.7 36.7

	Release of information to the health care provider	2 51	1.8 46.8
	I don't know	109	100.0
	Total		
Confidentiality is best defined as	The right to make your health information known to healthcare providers	15	13.8
	Disclosure of patient's information to a third party	3	2.8
	Protecting patients information from unauthorized individual	40	36.7
	I don't know	51	46.8
	Total	109	100.0
Keeping privacy and confidentiality is important during medical consultation?	Yes	82	75.2
	No	17	15.6
	Not sure	10	9.2
	Total	109	100.0
Who should be able to see your health records?	Medical teams	64	58.7
	Insurance companies	35	32.1
	Health researchers	10	9.2
	Total	109	100.0
Knowledge score of patients towards privacy and confidentiality	Poor knowledge	15	13.8
	Fair knowledge	60	55.0
	Good knowledge	34	31.2
	Total	109	100.0

Majority of respondents (92.7%) had heard about privacy and confidentiality, with 18.3% citing mass media, 55.0% school, and smaller percentages from relatives, friends, and other sources. Regarding the understanding of the difference between privacy and confidentiality, 37.6% answered yes, 17.4% no, and 45.0% didn't know. Definitions of privacy and confidentiality varied, with 14.7% identifying privacy as the right to make health information known, 36.7% defining it as the individual's desire to limit disclosure, and 1.8% associating it with the release of information to healthcare providers. For confidentiality, 13.8% thought it was the right to make health information known, 2.8% associated it with disclosure to a third party, 36.7% linked it to protecting information from unauthorized individuals, and 46.8% didn't know. The majority (75.2%) recognized the importance of maintaining privacy and confidentiality during medical consultations. Preferences for who should see health records included medical teams (58.7%), insurance companies (32.1%), and health researchers (9.2%). Overall, the knowledge score revealed 13.8% with poor knowledge, 55.0% with fair knowledge, and 31.2% with good knowledge regarding privacy and confidentiality.

Table 3: Attitude of Patients towards Privacy and Confidentiality of Health Information

Variable	Classification	Frequency	Percentage

Consent is needed before your health information is shared	Agree	28	25.7
	Strongly agree	55	50.5
	Disagree	9	8.3
	Strongly disagree	8	7.3
	Undecided	9	8.3
	Total	109	100.0
It is acceptable if other patients in the clinic are aware of your health information.	Agree	9	8.3
	Strongly agree	7	6.4
	Disagree	27	24.8
	Strongly disagree	60	55.0
	Undecided	6	5.5
	Total	109	100.0
It does not matter if your health information is made available to employees and insurance organizations	Agree	28	25.7
	Strongly agree	56	51.4
	Disagree	8	7.3
	Strongly disagree	11	10.1
	Undecided	6	5.5
	Total	109	100.0
It will be beneficial for all medical teams to know your health information even when they are not directly involved in the care	Agree	14	12.8
	Strongly agree	25	22.9
	Disagree	30	27.5
	Strongly disagree	32	29.4
	Undecided	8	7.3
	Total	109	100.0
Patients possess the right to request their doctor refrain from documenting their health issues or recording a less severe diagnosis than the actual condition.	Agree	29	26.6
	Strongly agree	34	31.2
	Disagree	15	13.8
	Strongly disagree	19	17.4
	Undecided	12	11.0
	Total	109	100.0
Patients retain the right to opt out of medical testing due to concerns about potential disclosure of the results to others.	Agree	19	17.64
	Strongly agree	22	20.2
	Disagree	30	27.5
	Strongly disagree	25	22.9
	Undecided	13	11.9
	Total	109	100.0

The attitudes of patients toward privacy and confidentiality were reflected in their responses: a significant percentage (50.5%) strongly agreed that consent is necessary before sharing health information, while 25.7% agreed. Regarding the acceptability of other clinic patients knowing their health information, 55.0% strongly disagreed, and 24.8% disagreed. For the disclosure of health information to employees and insurance organizations, 51.4% strongly agreed, while 25.7% agreed. Concerning the medical team's access to their health information, 29.4% strongly disagreed, and 27.5% disagreed, suggesting reservations about widespread access. Patients expressing the right to ask their doctor not to document their health problems included 31.2% who strongly agreed and 26.6% who agreed. Similarly, 20.2% strongly agreed, and 17.6% agreed that patients have the right to decline medical tests due to concerns about result confidentiality.

Table 4: Attitude of Patients towards Sharing of Health Information

Variable	Classification	Frequency	Percentage
It is comfortable if your doctor discuss your case with medical students for educative purposes without your consent	Agree	20	18.3
	Strongly agree	53	48.6
	Disagree	10	9.2
	Strongly disagree	17	15.6
	Undecided	9	8.3
	Total	109	100.0
No ill feeling if medical and nursing students know your health information	Agree	21	19.3
	Strongly agree	54	49.5
	Disagree	20	18.3
	Strongly disagree	8	7.3
	Undecided	6	5.5
	Total	109	100.0
Satisfied with the care given by medical students	Agree	38	33.0
	Strongly agree	43	39.4
	Disagree	12	11.0
	Strongly disagree	8	7.3
	Undecided	10	9.2
	Total	109	100.0
Comfortable if you are examined by medical or nursing students	Agree	35	32.1
	Strongly agree	43	39.4
	Disagree	10	9.2
	Strongly disagree	11	10.1
	Undecided	10	9.2
	Total	109	100.0
Withhold information if the examiner is a medical student	Agree	9	8.3
	Strongly agree	13	11.9
	Disagree	43	39.4
	Strongly disagree	37	33.9
	Undecided	7	6.4
	Total	109	100.0
Confidentiality is violated if medical and nursing students are present during medical consultation	Agree	6	5.5
	Strongly agree	15	13.8
	Disagree	35	32.1
	Strongly disagree	48	44.0
	Undecided	5	4.6
	Total	109	100.0

Patients' attitudes toward sharing health information with medical students were diverse: 48.6% strongly agreed, and 18.3% agreed that it is acceptable for their doctor to discuss their case with medical students for educational purposes without their consent. Regarding medical and nursing students knowing their health information, 49.5% strongly agreed, and 19.3% agreed that they harbor no ill feelings. Regarding the care provided by medical students, 39.4% strongly agreed, and 33.0% agreed that they were satisfied with the care given. In terms of comfort during examinations by medical or nursing students, 39.4% strongly agreed, and 32.1% agreed. However,

concerns about withholding information during examinations by medical students were expressed by 39.4% who disagreed and 33.9% who strongly disagreed. Additionally, regarding the presence of medical and nursing students during medical consultations, 44.0% strongly disagreed, and 32.1% disagreed that confidentiality is violated.

Table 5: The Level of Trust of Patients on their Health Care Providers

Variable	Classifications	Frequency	Percentage
Doctors	Trust	72	66.1
	Don't trust	21	19.3
	Not sure	16	14.7
	Total	109	100.0
Pharmacists	Trust	70	64.2
	Don't trust	28	25.7
	Not sure	11	10.1
	Total	109	100.0
Nurses	Trust	42	38.5
	Don't trust	36	33.1
	Not sure	31	28.4
	Total	109	100.0
Laboratory scientists	Trust	67	61.5
	Don't trust	27	24.8
	Not sure	15	13.8
	Total	109	100.0
Health information Manager	Trust	40	36.7
	Don't trust	43	43.3
	Not sure	26	23.9
	Total	109	100.0
IT specialists	Trust	31	28.4
	Don't trust	62	56.9
	Not sure	16	14.7
	Total	109	100.0
Insurance companies	Trust	46	42.2
	Don't trust	47	43.1
	Not sure	16	14.7
	Total	109	100.0
Health researchers	Trust	39	35.8
	Don't trust	51	48.8
	Not sure	19	17.4

	Total	109	100.0

Patients demonstrated varying levels of trust in their healthcare providers: 66.1% trust doctors, 64.2% trust pharmacists, 38.5% trust nurses, 61.5% trust laboratory scientists, 36.7% trust health information managers, 28.4% trust IT specialists, 42.2% trust insurance companies, and 35.8% trust health researchers.

Hypothesis

Table 6: Level of Education *Is There Any Difference between Privacy and Confidentiality

LEVEL OF EDUCATION	**Is there any difference between privacy and confidentiality?**		
	YES	**NO**	**DON'T KNOW**
No formal education	0	1	16
Primary	4	4	15
Secondary	8	8	6
Tertiary	29	6	12

	d.f	**p-value**
Pearson Chi-Square	6	0.000*

The analysis of the relationship between the level of education and the perception of any difference between privacy and confidentiality revealed a significant association ($p < 0.05$). Specifically, respondents with different educational backgrounds varied in their opinions on whether there was a distinction between privacy and confidentiality.

Table 7: Occupation* It Does not Matter if your Health Information is Made Available to Employees and Insurance Organizations.

Occupation	**It does not matter if your health information is made available to employees and insurance organizations.**				
	Agree	**Strongly agree**	**Disagree**	**Strongly disagree**	**Undecided**
Civil servant	1	7	1	0	3
NGOs	6	21	6	9	**0**
Trader	5	10	5	4	1
Artisans	2	7	7	8	0
Others	1	1	0	4	0

	D.f	**p-value**

Pearson Chi-Square	16	0.079

The analysis of the relationship between occupation and the perspective on the disclosure of health information to employees and insurance organizations did not show a statistically significant association ($p > 0.05$). Different occupational groups exhibited varied opinions on whether it matters if their health information is made available to employees and insurance organizations.

Table 8: who should be able to see your health records*it will be beneficial if all medical teams know your health information even when they are not directly involved in your care

Who Should Be Able To See Your Health Records	**It will be beneficial if all medical teams know your health information even when they are not directly involved in your care**				
	Agree	**Strongly agree**	**Disagree**	**Strongly disagree**	**Undecided**
Medical teams	9	12	23	46	11
Medical students	0	1	4	3	0
Pearson chi-square	df	p-value			
	4	**0.418**			

The analysis of the relationship between preferences on who should have access to health records and the belief in the potential benefits of all medical teams being aware of one's health information, even when not directly involved in care, showed no statistically significant association ($p > 0.05$). Respondents varied in their opinions across categories, with no discernible pattern in the responses to whether it would be advantageous for all medical teams to have knowledge of their health information.

DISCUSSION

The research project thoroughly investigated the demographic characteristics of the participants, revealing a diverse distribution across age groups, gender, education levels, occupations, ethnicities, religious affiliations, and marital statuses. The mean age of the respondents was 47 years, with a standard deviation of 3.37. Females constituted 55.0%, with a predominant tertiary education level at 43.1%. Occupationally, the sample included individuals from various sectors, notably NGOs at 38.5%. Ethnic distribution indicated a prevalence of Yoruba at 49.5%, and Christianity emerged as the dominant religion at 52.3%. Marital status varied, with the majority being married at 65.1%. The data were meticulously presented in frequency and percentage tables to provide a comprehensive overview of respondent demographics.

A profound exploration of respondents' awareness and understanding of privacy and confidentiality highlighted that the majority (92.7%) had heard about these concepts, primarily from mass media (18.3%) and school (55.0%). Distinguishing between privacy and confidentiality revealed varied responses, with 37.6% acknowledging a difference, 17.4% negating it, and 45.0% expressing uncertainty. Definitions of privacy and confidentiality exhibited diversity, underscoring the need for clearer understanding among respondents. These findings align with studies reported by Garbin CAS et al, emphasizing the importance of ethical aspects of professions related to confidentiality. However, they differ from findings in Barbados, where participants

acquired knowledge during work and displayed varying awareness levels. The findings are also consistent with studies conducted in Iran (Hosseini et al 2019; Rangrazr et al 2005).

Patient attitudes toward privacy and confidentiality were discerned through their responses to hypothetical scenarios. Notably, a significant percentage (50.5%) strongly agreed on the necessity of consent before sharing health information. Attitudes toward the disclosure of health information to various entities, including employees, insurance organizations, and medical teams, exhibited nuanced perspectives among respondents. Likewise, preferences for who should access health records revealed diverse opinions. This diversity may stem from the potential benefits of employees knowing health information, aligning jobs with capabilities and not compromising health status. This finding contrasts with previous research emphasizing information dissemination as a crucial factor in patients' willingness to allow data distribution (International Journal Medical Information, 2008; Malcolm et al 2012).

Patients' attitudes toward sharing health information with medical students were explored through scenarios involving discussions, examinations, and the presence of students during consultations. While some respondents demonstrated comfort and acceptance, others expressed reservations, emphasizing the need for careful consideration of patient preferences in educational settings. This finding aligns with studies by Perez-Carceles MD et al, where information release requires patient or family permission. It contrasts with findings by Garbin CAS et al, where patients freely discuss health information with assistants and spouses, highlighting exclusive professional access. In a Turkish study, patients strongly supported confidentiality protection.

Trust in healthcare providers was a critical aspect investigated, revealing varying levels of trust across different professions. Notably, doctors and pharmacists garnered higher levels of trust compared to other healthcare professionals, reflecting the nuanced nature of patient-provider relationships.

Furthermore, an insightful analysis explored the relationship between demographic factors, such as education and occupation, and patients' perceptions and attitudes. The study found a significant association between education levels and the perception of differences between privacy and confidentiality. This is consistent with Masresha et al's 2022 findings, highlighting significant relationships between sociodemographic factors such as sex, education, occupation, and respondents' perceptions of privacy and confidentiality. However, no statistically significant association was observed between occupation and perspectives on the disclosure of health information to specific entities.

Conclusion and Recommendation

This study provided a comprehensive examination of patients' knowledge, attitudes, and trust concerning privacy and confidentiality in healthcare settings. The findings underscore the importance of tailoring healthcare practices to individual preferences and fostering clearer communication about privacy and confidentiality concepts. The nuanced insights gained from this study contribute valuable perspectives for healthcare providers and educators seeking to enhance patient-centered care and educational experiences. Healthcare institutions should implement targeted educational initiatives to enhance patient awareness and understanding of privacy and confidentiality. This could include the development of informational materials, workshops, or seminars to empower patients with the knowledge they need to make informed decisions about the sharing and protection of their health information. Ongoing efforts should be directed towards

refining healthcare policies and practices to align with evolving societal expectations and technological advancements. This includes regular updates and reviews of existing protocols to address emerging challenges and opportunities in the realm of privacy and confidentiality.

References

1. Brodnik Kenzie A, Joseph F, et al., January 6, 2012. Patients' Attitudes toward Health Care Providers Collecting Information about Their Race and Ethnicity. HIPAA, 2000 Top Health Info Mgt., May 17, 2010 Journal General Internal Medicine, 2012
2. Demirsoy N, Kirimlioglu N. Protection of privacy and confidentiality as a patient right: physicians' and nurses' viewpoints. Biomed Res. 2016;27(4):1437–48.
3. Garbin CAS, Garbin AJI, Saliba NA et al: Analysis of the ethical aspects of professional confidentiality in dental practice. J. Appl. Oral Sci. 2008;16:
4. Hariaran S, Jonnalagadda R, Walrond E, Moseley H. Knowledge, attitudes and practices of healthcare ethics and law among doctors and nurses in Barbados. BMC Medical ethics. 2006;7
5. Hosseini-Ghavam-Abad L, Asghari F, Bandehagh A, Najafipour S, Bigdeli S. Patient privacy: awareness and attitudes of Iran University of Medical Sciences medical students. Med J Islam Repub Iran. 2019;33:12.
6. Masresha Derese Tegegne1*, Mequannent Sharew Melaku1, Aynadis Worku Shimie2, Degefaw Denekew Hunegnaw3, Meseret Gashaw Legese4, Tewabe Ambaye Ejigu5, Nebyu Demeke Mengestie1, Wondewossen Zemene1, Tirualem Zeleke1 and Ashenafi Fentahun Chanie1: Health professionals' knowledge and attitude towards patient confidentiality and associated factors in a resource-limited setting: a cross-sectional study, Tegegne et al. BMC Medical Ethics (2022) 23:26 https://doi.org/10.1186/s12910-022-00765-0
7. Pritts D. and Britten, N., 2009); Confidentiality of medical records: the patient's perspective. The British Journal of General Practice, Page 485.