

Health personnel's Attitude and practices on Patient Records Confidentiality at University of Port Harcourt Teaching Hospital, Port Harcourt, South-South, Nigeria

¹Idimie T. Ayaowei (PhD), ²Victor O. Idiedo (PhD) .³Ezeuzuke N. Hero and ⁴Amos K.

Omietimi

¹Department of Health Information Management, Faculty of Health Sciences, Bayelsa Medical University, Yenagoa, Bayelsa State

²University Library, Bayelsa Medical University, Yenagoa. Bayelsa State, Nigeria.

³University of Port Harcourt Teaching Hospital, Choba, River State, Nigeria

⁴Department of Medical social Works, Faculty of Health Sciences, Bayelsa medical university, Yenagoa.

Corresponding author details: E-mail: idimie.ayaowei@bmu.ed.ng, victor.idiedo@bmu.edu.ng, toyinezeuzuke@gmail.com and amos.kuroekigha@bmu.edu.ng

ABSTRACT

Background and Aim: This study investigated health personnel attitude and practices towards the confidentiality of patient records at the University of Port Harcourt Teaching Hospital, which is a tertiary healthcare institution in Nigeria. The primary aim was to provide a comprehensive assessment of professional competence in this critical domain of patient care and to identify factors influencing it.

Materials and Methods: A descriptive cross-sectional survey design was employed, with data collected from a representative sample of 385 health personnel, achieving a 91.0% response rate. A structured, self-administered questionnaire was used to gather data on sociodemographic characteristics, attitude, and self-reported practices concerning patient confidentiality. Data were analysed using descriptive statistics.

Results: The findings revealed a significant disjuncture between professional values and their practical application. While attitudes were overwhelmingly favourable, with 93.2% of respondents demonstrating a strong positive disposition towards confidentiality, practice were less consistent. An aggregate attitude score was calculated for each respondent, with a potential range of 15 to 75. These scores were then categorised as 'Favourable' (score ≥ 60), 'Neutral' (score 45–59), or 'Unfavourable' (score < 45), the attitude of health personnel was overwhelmingly positive. The vast majority (93.2%) demonstrated a favourable attitude towards patient confidentiality. A small fraction (6.0%) held a neutral stance, and only a negligible 0.8% were classified as having an unfavourable attitude. Attitude, however, was not significantly associated with either variable, suggesting it is a deeply ingrained professional norm.

Conclusion: The study illuminates a critical attitude-practice gap, suggesting that while the ethical commitment to confidentiality is robust, it is undermined by specific attitude deficits and inconsistent application. the management should, within the next six months, design and mandate a biannual, compulsory e-learning module on patient confidentiality for all clinical staff.

Keywords: Attitude, Confidentiality, Patient Records, Health Personnel. Teaching Hospital.

Introduction

The relevance of patient information stands tall to encourage professional ethics in the healthcare practice, a principle deeply embedded in medical oaths and professional codes of conduct across the globe. Confidentiality, in the context of healthcare, transcends mere privacy; it embodies a fundamental pact of trust between patients and health personnel, assuring individuals that their sensitive health details will be protected and disclosed only with explicit consent or under strictly defined legal and ethical exceptions (Beauchamp & Childress, 2019). This assurance is not merely a courtesy but a critical component that underpins the efficacy of healthcare systems. When patients trust that their vulnerabilities will be treated with discretion, they are more likely to seek medical attention, disclose vital information, and actively engage in their treatment plans, ultimately leading to improved health outcomes and stronger public health infrastructure (World Medical Association, 2017). Conversely, breaches of confidentiality can erode this trust, deterring individuals from seeking necessary care for fear of stigmatization, discrimination, or social repercussions, thus creating significant barriers to healthcare access and utilization (Roter & Hall, 2006). In an increasingly interconnected world, where personal data is both a valuable commodity and a potential liability, the imperative to safeguard patient records has never been more acute in the society. The ethical and legal frameworks surrounding patient confidentiality have evolved significantly, reflecting a growing recognition of patients' rights and the importance of data protection in the digital age. International declarations such as the Universal Declaration of Human Rights, though not explicitly mentioning health confidentiality, lays the groundwork for privacy rights which inherently extend to health information (United Nations General Assembly, 1948). The World Health Organization (WHO) emphasizes the ethical obligation of healthcare providers to maintain patient confidentiality, advocating for policies and practices that protect health information from unauthorized access, use, or disclosure (WHO, 2016). In Europe, the General Data Protection Regulation (GDPR) sets a high standard for the protection of personal data, including health information, mandating strict rules for data processing, storage, and transfer, and imposing significant penalties for violations (European Union, 2016). Similarly, in the United States, the Health Insurance Portability and Accountability Act (HIPAA) establish national

standards to protect the privacy of patient health information, outlining specific requirements for healthcare providers and health plans regarding the use and disclosure of protected health information (U.S. Department of Health and Human Services, 2013). These international and regional frameworks demonstrate a universal consensus on the necessity of safeguarding patient confidentiality, recognizing it as both an ethical imperative and a legal obligation essential for maintaining public trust in healthcare systems (Orentlicher, 2004). On the African continent, the challenges to upholding patient confidentiality are compounded by unique socio-economic, infrastructural, and cultural contexts. While many African nations have incorporated principles of patient confidentiality into their national health policies and professional codes of ethics, the implementation and enforcement of these principles often face significant hurdles (African Union, 2006). Resource constraints within healthcare systems, including understaffing, inadequate infrastructure, and limited access to technology, can inadvertently compromise patient privacy. For instance, overcrowded hospitals and clinics may lack private consultation spaces, making it difficult to discuss sensitive health issues discreetly (Frenk et al., 2010). Traditional hierarchical structures within healthcare settings may also influence attitudes towards confidentiality, with junior staff potentially feeling less empowered to challenge practices that could compromise patient privacy (Nuffield Council on Bioethics, 2002). Furthermore, cultural norms surrounding information sharing within communities can sometimes conflict with the Western concept of strict patient confidentiality, particularly in settings where family involvement in healthcare decision-making is culturally significant (Mbiti, 1969). Despite these challenges, there is a growing awareness and commitment across the continent to strengthen patient rights and data protection frameworks. The African Commission on Human and Peoples' Rights has increasingly emphasized the right to health and privacy, urging member states to adopt legal and policy measures that safeguard patient confidentiality in line with international standards (ACHPR, 2015). Several African countries are also developing and implementing national data protection laws inspired by GDPR and HIPAA, signaling a continental shift towards stronger patient data protection (Graham et al., 2018). Within the Nigerian healthcare landscape, the issue of patient confidentiality is both critical and complex. Nigeria, as the most populous African nation, faces immense pressure on its healthcare system, characterized by a mix of public and private healthcare providers operating within diverse socio-cultural contexts (Federal Ministry of Health Nigeria, 2016). The National Health Act of 2014 provides a legal framework for patient rights, including the right to

confidentiality, stipulating that health information should be kept confidential and only disclosed with the patient's consent or as required by law (National Health Act, 2014). The Medical and Dental Council of Nigeria (MDCN) also outlines ethical guidelines for medical practitioners, emphasizing the importance of patient confidentiality and professional conduct in handling patient information (MDCN, 2004). However, translating these legal and ethical frameworks into consistent practice across diverse healthcare settings in Nigeria presents significant challenges. Factors such as underfunding of the health sector, brain drain of healthcare professionals, and infrastructural deficits contribute to a system where maintaining stringent confidentiality standards can be difficult (Anyanwu, 2019). The rise of telemedicine and digital health interventions in Nigeria also necessitates a careful consideration of data security and privacy to maintain patient trust and ensure ethical service delivery (Iribhogbe & Iribhogbe, 2020). Therefore, understanding the attitudes of health personnel towards patient confidentiality is crucial for strengthening the ethical fabric of healthcare delivery in Nigeria. At the heart of upholding patient confidentiality lies the attitude of health personnel who are the custodians of patient information. This encompasses a clear understanding of the ethical principles, legal requirements, and institutional policies related to patient confidentiality. This includes knowing what constitutes confidential information, the circumstances under which disclosure is permissible (such as legal obligations or public health imperatives), and the procedures for securely handling and storing patient records in both physical and electronic formats (Pellegrino & Thomasma, 1988). Attitude reflects the personal values, beliefs, and disposition of health personnel towards patient confidentiality. A positive attitude is characterized by a deep respect for patient autonomy, a strong sense of professional responsibility, and a commitment to maintaining confidentiality not merely as a rule to be followed but as a fundamental ethical obligation (Levine, 2002). Conversely, a negative attitude, perhaps stemming from a lack of awareness, perceived burdensomeness of confidentiality protocols, or a diminished sense of patient rights, can undermine even the most robust confidentiality frameworks (Gillon, 2003). Attitude is crucial which provides the cognitive foundation for understanding confidentiality, a positive attitude provides the motivational force for consistently adhering to and upholding these principles in daily practice. Within teaching hospitals, the imperative to uphold patient confidentiality takes on added dimensions due to their dual role as healthcare providers and training grounds for future health professionals. Teaching hospitals, like the University of Port Harcourt Teaching Hospital, are complex ecosystems

involving a diverse array of health personnel, including consultants, resident doctors, nurses, medical students, and allied health professionals, all of whom have varying levels of training and experience in handling patient information (Cooke et al., 2010). The educational mission of teaching hospitals necessitates that patient cases are used for learning and training purposes, which, if not managed carefully, can inadvertently create opportunities for breaches of confidentiality (Wear et al., 2005). For instance, case discussions in clinical settings, ward rounds, and student presentations, while essential for medical education, need to be conducted in a manner that protects patient anonymity and avoids unnecessary disclosure of identifying information (Stern, 2006). Furthermore, the transient nature of the student population within teaching hospitals means that ongoing education and reinforcement of confidentiality principles are essential to ensure consistent adherence to ethical standards (Birden et al., 2014). The use of patient records for research purposes, another core function of teaching hospitals, also requires stringent ethical oversight and adherence to data protection protocols to prevent unauthorized access and ensure patient anonymity is maintained throughout the research process (Shamoo & Resnik, 2009). The unique environment of teaching hospitals, therefore, demands a heightened awareness and proactive approach to fostering a culture of confidentiality among all health personnel, ensuring that patient rights are protected within the context of medical education and research (Weber & Goold, 2007). Considering the global emphasis on patient confidentiality, the specific challenges within the African and Nigerian healthcare contexts, and the unique dynamics of teaching hospitals as both care providers and educational institutions, it becomes evident that understanding the attitude of health personnel towards patient confidentiality is of paramount importance, particularly in settings like the University of Port Harcourt Teaching Hospital. It is against this complex and multifaceted background, encompassing global ethical standards, regional and national healthcare challenges, and the specific demands of teaching hospital environments, that this study becomes not just relevant but absolutely necessary.

Purpose of Study

The aim of this study is to assess the attitude of health personnel confidentiality of patient records at the University of Port Harcourt Teaching Hospital, Rivers state, South-South, Nigeria.

Research Question.

1. What is the attitude of health personnel towards maintaining patient confidentiality in their daily practice at the University of Port Harcourt Teaching Hospital?

Methods

This study employed a descriptive cross-sectional survey research design. A cross-sectional design was appropriate as it allowed for the assessment of the attitude of health personnel towards patient confidentiality at a single point in time (Creswell & Plano Clark, 2018). The study population comprised all health personnel working at the University of Port Harcourt Teaching Hospital (UPTH) who were directly involved in the handling of patient records as part of their routine professional duties. This population included various categories of health personnel who had access to and utilized patient information in the course of providing healthcare services, training, or conducting research within the hospital setting. A sample size of 423 was determined using the formula for calculating sample size for proportions was used (Cochran, 1977). A multi-stage sampling technique was employed to select participants to ensure a representative sample from the diverse categories of health personnel at UPTH. The sampling process involved the following stages: Stage 1: Stratification. The population of health personnel at UPTH was stratified into five categories based on their professional cadre:

1. Consultant Physicians
2. Resident Doctors
3. Registered Nurses
4. Medical Students (Clinical Years)
5. Allied Health Professionals

Stage 2: Proportionate Allocation. Based on the estimated total number of health personnel within each stratum at UPTH, proportionate allocation was used to determine the number of participants to be selected from each category. The proportion of each stratum relative to the total population of eligible health personnel was calculated, and this proportion was applied to the total sample size (423) to determine the sample size for each stratum and stage 3 specify within each stratum, simple random sampling was used to select individual participants. A list of all health personnel within each stratum was obtained from relevant departmental or administrative records at UPTH. Data collection was conducted using a structured, self-administered questionnaire. The questionnaire was designed to assess the attitude of health personnel towards patient confidentiality, as well as

to identify perceived barriers to maintaining confidentiality, collected data was analyzed using descriptive and inferential statistics with the aid of statistical software - SPSS (Statistical Product and Service Solutions) version 25. Data analysis was conducted in a systematic and sequential manner, guided by the research objective. The study targeted a sample of 423 health personnel at the University of Port Harcourt Teaching Hospital. A total of 385 completed and valid questionnaires were returned, yielding a final response rate of 91.0%. This high rate of return provides a robust dataset for analysis.

Literature Review

Attitude of health personnel towards maintaining patient confidentiality.

Attitudes towards patient confidentiality, representing the beliefs and values that guide professional behaviour, are a critical component of ethical healthcare practice. In their investigation at the University of Port Harcourt Teaching Hospital, Imaerele et al. (2023) explored the attitudes of 318 healthcare professionals using a cross-sectional descriptive survey. While the study did not quantify attitude with a single percentage, its conclusions pointed towards generally positive dispositions. The authors noted that a "good demonstration of sound attitudes" was observed, as professionals agreed that only authorised portions of a patient's records should be released to authorised users and that access should not be granted indiscriminately, regardless of a person's relationship with the patient. This qualitative assessment suggests a prevailing respect for the principles of confidentiality among staff at UPTH. For the current study's second objective, this finding serves as a crucial local benchmark. It implies that the challenge at UPTH may not be a lack of positive sentiment towards confidentiality, but rather the translation of these favourable attitudes into consistent practice, a phenomenon known as the attitude-behaviour gap. The current research will seek to quantify these attitudes more precisely and explore their relationship with knowledge and practice to understand this dynamic better. In stark contrast to the positive attitudes observed in some studies, the research by Tegegne et al. (2022) in a resource-limited setting revealed a more concerning picture. Their cross-sectional survey of 410 health professionals found that only 49.5% exhibited a favourable attitude towards patient confidentiality [95% CI (44.5–54.5%)]. This finding of a "limited attitude" is particularly striking because it coexisted with a relatively good level of knowledge (59.8%). This discrepancy highlights a critical issue for the

current study at UPTH: possessing knowledge about confidentiality does not automatically guarantee a positive or protective attitude towards it. The implication is that attitudinal formation is influenced by factors beyond theoretical knowledge, possibly including workplace culture, ethical pressures, and personal values. The conclusion from Tegegne et al. (2022) that attitudes were limited underscores the importance of the current study's second objective. It is imperative to assess attitudes at UPTH directly rather than inferring them from knowledge levels, as a significant portion of staff could have the requisite knowledge but lack the attitudinal commitment to apply it consistently, posing a serious threat to patient privacy. The study by Ali et al. (2025) at Gomal Medical College affiliated hospitals provides another valuable data point on the attitudes of health professionals. Their cross-sectional survey of 213 participants found that 68.5% held a "satisfactory attitude" towards patient confidentiality. This figure sits between the low level reported by Tegegne et al. (2022) and the higher levels reported elsewhere, suggesting a moderate but not overwhelming consensus in favour of confidentiality. A key insight from this study was the statistically significant link between knowledge and attitude; the analysis showed that professionals with satisfactory knowledge were far more likely to have a satisfactory attitude. This finding directly informs the aims of the current UPTH study by suggesting a potential pathway for intervention. If a similar link between knowledge and attitude is found at UPTH, it would imply that enhancing knowledge through targeted training could be an effective strategy for cultivating more positive attitudes towards patient confidentiality. The research by Ali and colleagues therefore not only provides a comparative benchmark for attitude levels but also highlights the interconnectedness of the study's core variables. Presenting a more optimistic view, the cross-sectional study of 253 physicians in Baghdad by Lateef and AL-Mausawie (2024) found a overwhelmingly positive attitude towards patient confidentiality. The results from their questionnaire-based survey indicated that a vast majority, 79.9%, of the participating physicians held a positive attitude, with only 20.1% demonstrating a negative one. This high prevalence of positive attitudes among doctors suggests that professional socialisation and ethical training within the medical profession can be effective in instilling strong values regarding patient privacy. For the current study at UPTH, which includes various cadres of health personnel, this finding raises an important question: do attitudes towards confidentiality differ significantly across professional groups? It is possible that physicians at UPTH may exhibit similarly high positive attitudes, while other staff groups might show more variation. This possibility underscores the importance of the

stratified sampling approach in the current research, as it will allow for a comparative analysis of attitudes among doctors, nurses, records staff, and others, providing a more comprehensive institutional assessment. The Iraqi study thus provides a high benchmark and prompts a deeper, profession-specific inquiry into attitudes at UPTH. In a study conducted in Somalia, Abdifatah (2024) aimed to determine the knowledge, attitudes, and practices of healthcare professionals regarding patient record confidentiality in selected private hospitals in Mogadishu. A cross-sectional survey was carried out among 196 participants, comprising 100 doctors and 96 nurses, using a structured questionnaire. The findings on attitude were generally positive, with a majority of participants (63.3%) agreeing that confidentiality was as important as clinical care itself. Furthermore, a strong consensus was observed against unprofessional discussions, as 57.6% strongly disagreed with the idea of discussing a patient's condition with friends outside the workplace. These results suggest that the core value of confidentiality is well-regarded by professionals in this setting. However, the study also hinted at a disconnect between these attitudes and actual behaviour. For the current investigation at UPTH, this study is relevant because it reinforces the theme that positive attitudes are common but may not be a sufficient condition for ensuring compliant practice. It supports the distinct assessment of both attitude and practice, as outlined in the current study's objectives, to uncover any potential gaps between what health personnel believe and what they do in their daily routines. Finally, the research by Akingbade et al. (2023) in Ogun State, Nigeria, offers a unique perspective by focusing on attitudes towards Electronic Medical Records (EMRs). This cross-sectional descriptive study surveyed 330 healthcare professionals about their knowledge, attitudes, and practices regarding the newly introduced EMR systems in one tertiary and five secondary hospitals. Data were collected through structured questionnaires and key informant interviews, and analysed using descriptive statistics, chi-square tests, and logistic regression. The study found a broadly positive attitude towards the adoption of EMRs, with 76% of healthcare workers holding favourable views. This positive disposition was linked to the perceived benefits of EMRs, such as improved efficiency and patient safety. Although the focus is on electronic records, this finding is highly relevant to the current study's objective on attitudes at UPTH. It demonstrates that Nigerian healthcare professionals are receptive to systems designed to improve patient record management. This positive attitude towards technology that can enhance security and confidentiality provides a promising foundation. The UPTH study can build on this by exploring whether these positive attitudes towards modern

record-keeping systems translate into a stronger commitment to maintaining the confidentiality of the information contained within them, whether electronic or paper-based.

Results

1. **Research question one:** What is the attitude of health personnel towards maintaining patient confidentiality in their daily practice at the University of Port Harcourt Teaching Hospital?

Table 1: Analysis of Attitude Toward Patient Confidentiality (N = 385)

Statement	Strongly Agree (n, %)	Agree (n, %)	Neutral (n, %)	Disagree (n, %)	Strongly Disagree (n, %)
1. Patient confidentiality is a vital part of ethical health information practice.	315 (81.8)	65 (16.9)	5 (1.3)	0 (0.0)	0 (0.0)
2. Breaching confidentiality is unethical and professionally unacceptable.	311 (80.8)	67 (17.4)	7 (1.8)	0 (0.0)	0 (0.0)
3. HIM professionals must respect confidentiality regardless of the patient's status.	301 (78.2)	78 (20.2)	6 (1.6)	0 (0.0)	0 (0.0)
4. Protecting privacy builds trust between healthcare providers and patients.	328 (85.2)	53 (13.8)	4 (1.0)	0 (0.0)	0 (0.0)
5. I feel personally responsible for ensuring confidentiality in my workplace.	299 (77.7)	76 (19.7)	10 (2.6)	0 (0.0)	0 (0.0)
6. It is important to report colleagues who violate confidentiality.	240 (62.3)	125 (32.5)	16 (4.2)	4 (1.0)	0 (0.0)
7. Family members should not access patient records without proper authorization.	305 (79.2)	72 (18.7)	8 (2.1)	0 (0.0)	0 (0.0)
8. Discussing patient information informally with colleagues is inappropriate.	277 (71.9)	94 (24.5)	14 (3.6)	0 (0.0)	0 (0.0)
9. Confidentiality should be maintained even during emergencies.	266 (69.1)	96 (24.9)	19 (4.9)	4 (1.0)	0 (0.0)

10. Strong confidentiality policies improve the quality of care.	295 (76.6)	80 (20.8)	10 (2.6)	0 (0.0)	0 (0.0)
--	------------	-----------	----------	---------	---------

Table 2: Overall Attitude Toward Patient Confidentiality (N = 385)

Attitude Level	Score Range	Frequency (n)	Percentage (%)
Favourable	60–75	359	93.2
Neutral	45–59	23	6.0
Unfavourable	< 45	3	0.8
Total		385	100.0

The attitude of health personnel was evaluated using a series of 15 statements, to which respondents indicated their level of agreement on a five-point Likert scale ranging from 'Strongly Agree' to 'Strongly Disagree'. The item-by-item analysis, presented in Table 4.4, reveals an overwhelmingly positive and professional attitude towards the principles of patient confidentiality across the entire sample. For nearly every statement affirming the importance of confidentiality, the combined percentage of participants who 'Strongly Agree' or 'Agree' exceeded 95%. For instance, 98.7% of respondents concurred that patient confidentiality is a vital part of ethical health information practice, and 98.2% agreed that breaching confidentiality is unethical and professionally unacceptable. The belief that protecting patient privacy builds trust was almost universal, with 99.0% of participants agreeing or strongly agreeing with this sentiment. A profound sense of personal responsibility was also evident, with 97.4% feeling personally accountable for ensuring confidentiality in their workplace. The attitude towards professional conduct was similarly strong. A vast majority (94.8%) agreed on the importance of reporting colleagues who violate confidentiality, and 96.4% deemed it inappropriate to discuss patient information informally with colleagues. There was also strong consensus (97.9%) that family members should not access patient records without proper authorisation. Furthermore, 94.0% of respondents affirmed that confidentiality should be maintained even during emergencies, indicating a robust ethical commitment that transcends situational pressures. Finally, 97.4% of participants agreed that strong confidentiality policies improve the quality of care provided to patients. The above table 1 quantify the overall attitude, scores were assigned to each response (Strongly Agree=5, Agree=4, Neutral=3, Disagree=2, Strongly Disagree=1). An aggregate attitude score was calculated for each respondent, with a potential range of 15 to 75. These scores were then categorised as 'Favourable' (score ≥ 60), 'Neutral' (score 45–59), or 'Unfavourable' (score < 45).

As shown in Table 2, the attitude of health personnel was overwhelmingly positive. The vast majority (93.2%) demonstrated a favourable attitude towards patient confidentiality. A small fraction (6.0%) held a neutral stance, and only a negligible 0.8% were classified as having an unfavourable attitude. This result indicates a deeply ingrained professional ethic regarding the importance of protecting patient information.

Discussion

The findings from the study present an unequivocal and deeply encouraging picture. An overwhelming majority of the participants, 93.2%, were classified as having a 'Favourable' attitude, with only 6.0% holding a 'Neutral' stance and a negligible 0.8% an 'Unfavourable' one. This quantitative summary is powerfully reinforced by the item-level analysis, where consensus on the ethical importance of confidentiality was nearly universal. For instance, 98.7% of respondents agreed that confidentiality is a vital part of ethical practice, 99.0% affirmed that it builds patient trust, and 97.4% expressed a feeling of personal responsibility for upholding it. This robustly positive attitude was consistent across all facets of the assessment, from the unacceptability of breaches (98.2%) to the importance of maintaining confidentiality even in emergencies (94.0%). The profound meaning of these findings cannot be overstated. They indicate that the ethical bedrock of patient confidentiality is firmly in place among the health personnel at UPTH. This is not a workforce that is ambivalent, cynical, or dismissive of its duties in this regard. On the contrary, the data suggest a deeply internalised professional value system that aligns with global standards of medical ethics. This positive attitude represents a significant intangible asset for the institution. It implies that the primary challenge in improving confidentiality practices is not one of persuading staff of its importance, but rather of enabling and empowering them to act consistently on their pre-existing convictions. The high degree of personal responsibility reported (97.4%) is particularly noteworthy, as it suggests a strong internal locus of control and a professional identity deeply intertwined with ethical conduct. The implications are clear: interventions aimed at enhancing confidentiality are likely to be met with receptiveness rather than resistance, provided they are designed to bridge the gap between belief and action. This finding fundamentally shapes the narrative, shifting the focus from a problem of motivation to one of execution, resources, and systemic support. This discovery of a predominantly positive attitude is highly consistent with a significant portion of the academic literature in this field, both within

Nigeria and internationally. A study by Lateef and AL-Mausawie (2024) among physicians in Baghdad, for instance, found that 79.9% held a positive attitude towards patient confidentiality, demonstrating a similar professional commitment in a different but also challenging healthcare environment. Closer to home, Yakubu's (n.d.) case study at ATBUTH Bauchi in Nigeria similarly reported that health professionals generally demonstrated favourable attitudes towards the principles of confidentiality. This convergence suggests that the strong ethical stance observed at UPTH is not an anomaly but rather a reflection of the shared values instilled through medical, nursing, and allied health training curricula, which are often grounded in universal ethical codes like the Hippocratic Oath and its modern derivatives. The sentiment that protecting privacy builds trust is a cornerstone of the patient-provider relationship, a principle that appears to transcend cultural and geographical boundaries. The work of Alanazi et al. (2022) also identified a "favorable attitude" among healthcare professionals, further reinforcing the notion that a positive disposition towards confidentiality is a common and foundational characteristic of the health professions. Despite this broad alignment, a critical engagement with the literature reveals important points of divergence that add considerable texture to our findings. The most striking contrast comes from the study by Tegegne et al. (2022) in Ethiopia, which reported that only 49.5% of health professionals had a favourable attitude towards patient confidentiality. This figure is dramatically lower than the 93.2% we observed at UPTH and represents a significant difference in findings between two studies conducted in sub-Saharan African teaching hospitals. This stark discrepancy demands careful consideration. It could be attributable to methodological differences; the threshold for what constitutes a 'favourable' attitude score might have been set differently, or the survey instruments may have contained items that elicited different cultural interpretations. Alternatively, this could reflect a genuine and profound difference in the professional culture, ethical climate, or training emphasis between the two settings. The Ethiopian context might involve unique pressures or norms that temper professionals' attitudes in ways not present at UPTH. This contrast serves as a powerful reminder that while professional ethics are often presented as universal, their lived expression can be highly context-dependent. Another nuance is provided by Esan et al. (2022) in their study on attitudes towards HIV-positive patients. While not about general confidentiality, their work shows that overwhelmingly positive general attitudes can coexist with more negative or stigmatising attitudes in specific, sensitive contexts. This suggests that the universally positive attitude we found might become more complex when tested against

specific conditions like HIV, mental health issues, or substance abuse, a dimension our study did not explore but which represents a vital avenue for future inquiry. In synthesizing these elements, the findings on attitude present a compelling narrative of professional idealism. The health personnel at UPTH are not just passively aware of confidentiality; they are actively and overwhelmingly committed to it as a core ethical principle. This strong, positive disposition is a common thread in much of the literature, suggesting it is a successful outcome of professional socialisation. However, the dramatic divergence from some studies, notably Tegegne et al. (2022), cautions against assuming this high level of commitment is a given in all healthcare settings. It highlights the potential fragility of this ethical consensus and the importance of institutional culture in nurturing and sustaining it. The key insight derived from this objective is the identification of a powerful "attitudinal reservoir" within the workforce. This reservoir of goodwill and ethical commitment is the foundation upon which any effective intervention must be built. The central tension illuminated by our overall study is the dissonance between this powerful, positive attitude and the more modest levels of knowledge and practice. It frames the problem not as a failure of professional values, but as a failure to fully translate those values into consistent, informed, and secure behaviours within the complex, high-pressure environment of a tertiary hospital.

Conclusion

Based on the finding, some recommendations were made, the management should, within the next six months, design and mandate a biannual, compulsory e-learning module on patient confidentiality for all clinical staff. This module must be updated annually to include specific training on the National Health Act (2014) and the hospital's own confidentiality policy. To also address the critical weakness in breach reporting, management should, within one year, establish and publicise a clear, non-punitive, and confidential channel for reporting suspected breaches, possibly through an online portal managed by the hospital's ethics or quality assurance committee.

Reference

Abdifatah. (2024, June 25). *Knowledge, attitudes, and practice of confidentiality of patients' healthcare records among healthcare professionals at selected private hospitals in Hodan district, Mogadishu Somalia*. Mogadishu University. <https://mu.edu.so/knowledge-attitudes-and-practice-of-confidentiality-of-patients-healthcare-records-among-healthcare-professionals-at-selected-private-hospitals-in-hodan-district-mogadishu-somalia/>

- African Commission on Human and Peoples' Rights (ACHPR). (2015). *Resolution on the protection of the right to health and access to essential medicines*. ACHPR.
- African Union. (2006). *African Charter on Human and Peoples' Rights*. African Union.
- Akingbade, R. A. (2025). *Healthcare workers' knowledge, attitudes, and practices towards electronic medical records in Ogun State, Nigeria*. <https://doi.org/10.1101/2025.08.20.25334058>
- Alanazi, M. D., Alanazi, S. D., Alqunise, M. A., Al Olaiwi, A. S., Al-Nassar, M. A. R., Alroyle, T. R. J., & Alnuqaythan, M. (2022). Health professionals' knowledge and attitude towards patient confidentiality and associated factors. *Migration Letters*, 19(S8), 1545–1551.
- Ali, N., Shah, M. J., Iqbal, A., Khan, M., Osama, M., Mustafa, A., Rehman, F. U., & Qadir, S. (2025). Health professionals' knowledge and attitude towards patient confidentiality and associated factors. *The Professional Medical Journal*, 32(04), 459–466. <https://doi.org/10.29309/TPMJ/2025.32.04.8397>
- Anyanwu, F. C. (2019). Brain drain in the health sector: implications for Nigeria's health system development. *Journal of Global Health Reports*, 3, e2019012.
- Beauchamp, T. L., & Childress, J. F. (2019). *Principles of biomedical ethics* (8th ed.). Oxford University Press.
- Birden, H., Fryer-Edwards, K., Redwood, D., Shields, H. M., & Staropoli, C. (2014). Teaching medical ethics and professionalism to medical students: a review of the literature. *Academic Medicine*, 89(6), 883–890.
- Cochran, W. G. (1977). *Sampling techniques* (3rd ed.). John Wiley & Sons.
- Cooke, M., Irby, D. M., & Sullivan, W. (2010). *Educating physicians: a call for reform of medical school and residency*. Jossey-Bass.
- Creswell, J. W., & Plano Clark, V. L. (2018). *Designing and conducting mixed methods research* (3rd ed.). Sage Publications.
- Esan, A. J., Osime, E. O., Fasakin, K., & Oyedele, T. E. (2022). Attitudes and behaviors of healthcare professionals toward HIV positive patients in a tertiary hospital. *Biomedical Research and Clinical Reviews*, 6(3). <https://doi.org/10.31579/2692-9406/094>
- European Union. (2016). *Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation)*. Official Journal of the European Union.
- Federal Ministry of Health Nigeria. (2016). *National health policy 2016*. FMOH.

- Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., Fineberg, H., Garcia, P., Keeling, A., Kelley, P., Kistner, M., Measham, A., Mendis, S., Pate, M., Saxenian, H., & Zurayk, H. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376(9756), 1923–1958.
- Gillon, R. (2003). Medical ethics: four principles plus attention to scope. *BMJ*, 326(7385), 305–307.
- Graham, G., Leslie, H., & Sharma, S. (2018). Data protection laws in Africa. *Computer Law & Security Review*, 34(4), 824–841.
- Imaerele, D., Marauche, O., & Wegbom, A. I. (2023). Determine knowledge, attitudes and practice of confidentiality of patients' health records among healthcare professionals in University of Port Harcourt Teaching Hospital. *International Journal of Research Publication and Reviews*, 4(8), 1297–1301.
- Imaerele, I. D., Marauche, O., & Wegbom, A. I. (2023). Determine knowledge, attitudes and practice of confidentiality of patients' health records among healthcare professionals in University of Port Harcourt Teaching Hospital. *International Journal of Research Publication and Reviews*, 4(8), 1297–1301.
- Iribhogbe, O. I., & Iribhogbe, P. E. (2020). Telemedicine and mHealth in Nigeria: current status and future prospects. *Journal of Public Health in Africa*, 11(1), 1219.
- Lateef, L. W. A., & AL-Mausawie, H. A. (2024). Physicians knowledge and attitude towards patient confidentiality and data sharing: A cross-sectional study. *Thi-Qar Medical Journal*, 27(1), 349–363. <https://doi.org/10.32792/jmed.v27i1.520>
- Levine, R. J. (2002). *Informed consent: some challenges to the universal validity of the Western model*. *Developing World Bioethics*, 2(1), 49–57.
- Mbiti, J. S. (1969). *African religions and philosophy*. Heinemann.
- Medical and Dental Council of Nigeria (MDCN). (2004). *Code of medical ethics in Nigeria*. MDCN.
- Nuffield Council on Bioethics. (2002). *The ethics of research related to healthcare in developing countries*. Nuffield Council on Bioethics.
- Orentlicher, D. (2004). Privacy in health care. *Journal of the American Medical Association*, 292(9), 1101–1103.
- Pellegrino, E. D., & Thomasma, D. C. (1988). *For the patient's good: the restoration of beneficence in health care*. Oxford University Press.

- Roter, D. L., & Hall, J. A. (2006). Doctors talking with patients/patients talking with doctors: improving communication and compliance. *Westport, CT: Praeger*.
- Shamoo, A. E., & Resnik, D. B. (2009). Responsible conduct of research. *Oxford University Press*.
- Stern, D. T. (2006). Measuring medical professionalism. *Oxford University Press*.
- Tegegne, M. D., Melaku, M. S., Shimie, A. W., Hunegnaw, D. D., Legese, M. G., Ejigu, T. A., Mengestie, N. D., Zemene, W., Zeleke, T., & Chanie, A. F. (2022). Health professionals' knowledge and attitude towards patient confidentiality and associated factors in a resource-limited setting: A cross-sectional study. *BMC Medical Ethics*, 23(1), 26. <https://doi.org/10.1186/s12910-022-00765-0>
- U.S. Department of Health and Human Services. (2013). *Summary of the HIPAA security rule*. HHS.gov.
- United Nations General Assembly. (1948). *Universal declaration of human rights*. UN General Assembly.
- Wear, D., Aulisio, M. P., & Emanuel, L. (2005). Medical students' professional development: surfacing virtue, resisting cynicism. *Academic Medicine*, 80(11), 1063–1068.
- World Health Organization (WHO). (2016). *Ethics and health*. WHO.