

## Reflexive Account on the Concept Analysis of Patient Confidentiality

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**Abstract:** Having a personal experience as individuals is not as essential as what we infer from such experiences. It is important for our personal and professional development. The importance of experiences gathered in our daily responsibilities as nurses cannot be undermined as we develop skills and professional expertise when we reflect on our past experiences. Reflection in nursing is an active and detailed thought process which aims at careful deliberation on any belief or form of knowledge on a particular occurrence, experience or action. The ultimate goal of reflection is knowledge generation and accomplishment of desirable level of practice through a process of self-study and complete change, having learnt from lived experiences. This reflexive account reflects on the concept analysis of patient confidentiality by employing the Rolfe's framework of reflection, being a more current model on critical reflection in practice compared to others thereby giving a clearer insight and enhancing better understanding of the stages involved in undertaking a critical reflection.

### INTRODUCTION

Having a personal experience as individuals is not as essential as what we infer from such experiences. It is important for our personal and professional development (Rolfe *et al.*, 2011). Therefore, personal reflection is pertinent to our activities of daily living as it enables us to ruminate on practically everything we do; although this may go unnoticed and may be done unconsciously (Howatson-Jones, 2013). Moreover, the importance of experiences gathered in our daily responsibilities as nurses cannot be undermined as we develop skills and professional expertise when we reflect on our past experiences (Howatson-Jones, 2013).

Conversely, reflective practice and critical reflection have a complicated structure but despite this, they are employed in diverse professions, a range of disciplinary backgrounds aimed at achieving varying purposes (White *et al.*, 2006). Dewey (1933) cited in Bulman and Schutz (2008) defined reflection in nursing as an active and detailed thought process which aims at careful deliberation on any belief or form of knowledge on a particular occurrence, experience or action. Likewise, Spalding (1998) regarded it as learning from experiences while Taylor (2006) viewed it as a thoughtful deliberation on experiences to make a logical inference and necessary improvement. In our own perspective, reflection is a cognitive process of thought or cerebration over an experience in a bid to interpret and infer sensible conclusions out of the experience, and consequently learn from it by improving in future practice (Rolfe *et al.*, 2011). In the same vein, Schon, 1983 cited in Taylor (2006) stated that reflection is a means through which professionals can bridge the disparity between theoretical knowledge and actual practice. The ultimate goal of reflection is knowledge generation and accomplishment of desirable level of practice through a process of self-study and complete change, having learnt from lived experiences (Johns, 2013).

Diverse frameworks are available to carry out a reflective writing but for the purpose of this write-up, we have employed Rolfe's framework of reflection adapted from Borton's 1970 developmental model. This is to assist us in giving a detailed reflective account on the concept. Initially, we wanted to use the Gibb's model (1998) but Rolfe's model appears to be more straightforward compared to the Gibb's model of reflection (1998) which was adapted from the Kolb's learning cycle. The Gibb's model (1998) which is also a cycle consists of six (6) cycles of description, feelings, evaluation, analysis, conclusion and action plan. However, Rolfe's model (2011) works better for us because it has a simplified pathway of "what", "so what" and "now what" as proposed by Borton (1970). Likewise, Rolfe's model (2011) is a more current model on critical reflection in practice compared to others thereby giving a clearer insight and enhancing better understanding of the stages involved in undertaking a critical reflection.

In this reflexive journal, we will be reflecting on the concept of patient confidentiality. This concept is both an ethical and legal professional obligation for healthcare workers (McGowan, 2012). The reflective model by Rolfe *et al* (2011) enables us to critically reason on the concept of patient confidentiality by giving a detailed description of why we have chosen to explore the concept, making a critical analysis of what we have inferred from the situation that prompted us into reviewing this concept as well as give us the ability to synthesize ideas, make recommendations and improve on our future practice when faced with the issue of patient confidentiality.

### BODY OF DISCUSSION

Nurses are continually faced with ethical dilemmas such as patient confidentiality and this vital duty of care to patients continues to be overlooked by healthcare professionals

(Erdil and Korkmaz, 2009; Erickson and Millar, 2005). This may be ascribed to negligence of their duty of care to uphold patient's confidential information in utmost clandestineness as well as the insurgence of computerised information system which permits more personnel and those that are not directly involved in patients' care to access patients' personal health information (National Health Service, 2011). For these reasons and coupled with our experiences in clinical practice, we decided to carry out a concept analysis on patient confidentiality.

As earlier stated, we chose this concept in response to our experiences as nurses in Nigeria. Initially as nursing students in Nigeria, patient confidentiality was barely stressed while in training. We knew confidentiality to be both an ethical and legal obligation of nurses (Nursing and Midwifery Council, 2015) however; we were not aware of the scope and extent of this duty of care to patients. In the same vein, when we got into clinical practice, we could infer poor compliance of healthcare workers to upholding patient confidentiality and keeping patients' personal health information private from those that were not directly involved in the patient care. This was noted as some healthcare workers divulged personal health information of their patients loosely to colleagues that were not directly involved in their patients' care. This for instance was corroborated by Irabor (2010) who noted that in Nigerian public hospitals, female patients required the presence of hospital chaperone or female nurses when they were being clerked and treated by male doctors while some consulting rooms were left open to avoid allegations of sexual abuse thereby, compromising the patient's right to confidentiality.

However, this unethical behaviour is not limited to only Nigeria as it was observed in the UK National Health Service (NHS) as well where patient information was divulged over 800 times in a particular year (Borland, 2011). Conversely, contrary to what obtains in the developed parts of the world, there is rarely legal backing for patients' rights in Nigeria (Onyemelukwe-Onuobia, 2012). Patients are ignorant of their basic rights hence; they seldom put up legal action against the medical and nursing personnel in Nigeria. As a result, Nigerian healthcare workers have a very high chance of breaching patient's confidentiality right. The swaying effects of what we have gathered from experience made us view the concept of maintaining patient confidentiality as a critical issue that requires prompt attention particularly in developing countries like Nigeria and hence, the significance of this reflexive journal.

Furthermore, we continued with the examination of this concept as a result of our initial impression on it as a relatively easy concept (Medical Protection Society, 2014) and primarily because we thought we would be able to get most out of it, being a professional obligation with both legal and ethical implications. However, the first major challenge we encountered while carrying out the concept analysis was searching and reading through articles on patient confidentiality (Aveyard, 2014). This turned out to be time consuming, and we found it quite challenging engaging in the process. This was due to the difficulty we encountered and our inability to get much previous works on concept analysis of patient confidentiality like we expected.

Only one article exploring the concept analysis of patient confidentiality was in circulation. Hence, there is evidence of literature gap on the concept analysis of patient confidentiality. This made us view the process of doing a concept analysis as a difficult one and we almost dropped it with a view to engaging in a totally different concept. However, we continued with the chosen concept solely because we viewed it as an interesting and very crucial area to explore in order to contribute to body of knowledge (Parahoo, 2006) as well as learn more from what the concept really is. Therefore, we decided on the aims and purpose of the concept analysis to be the identification of the concept characteristics as well as ensure clarity in its everyday use in nursing profession.

In addition, selecting a suitable model for the concept analysis from the vast models available on concept analysis was rather engaging and required active time management by us (Davis *et al.*, 2011). We eventually employed the Walker and Avant (2005) model after reading through and reviewing all the models available. We understood this model to be more comprehensive, adapted model from the Wilson's classic concept analysis framework (Walker and Avant, 2005). The steps identified in the model were more logical to us, more applicable and in congruence with the concept being explored. We however modified the model to suit its adaptability to the concept we were exploring, by including only the cases that are pertinent to giving a vivid imagination of what patient confidentiality is all about.

Similarly, we have always known that confidentiality has similar connotations in virtually all professions before engaging in the concept analysis. Therefore, identifying the different uses of the concept as advised by Walker and Avant (2005) has not added much to us or created a different approach to its use. This is because confidentiality has the same undertone in virtually all professions like medicine, nursing, law and researches; and none of the literatures (including dictionaries and thesaurus) explored reported a misuse of the concept. Though in the concept clarification where different uses of the concept was explored (Walker and Avant, 2005), it was established that when compared to other professions like law and research, there are exceptional circumstances to the duty of care of confidentiality in both nursing and medical professions as embedded in each profession's code of ethics (Nursing and Midwifery Council (NMC), 2015; General Medical Council (GMC), 2009; Solicitors Regulation Authority, 2007).

Also prior to our commencement of the concept analysis, we had a faint knowledge about the duty of care of caregivers to uphold patient's information in confidence (Lockwood, 2005). We were also aware of the legal duty to disclose information of public interest to relevant authority and personnel (Dickens and Cook, 2000). However, we were not informed of the exceptional cases such as minors and cases related to crime where the caregiver is legally bound to divulge patient's information to relevant people and authorities even when informed consent is not given by the patient (Cornock, 2011; Peate and Potterton, 2009). In addition, we did not know that it is necessary to get a senior colleague involved when there is an impending breach of confidentiality (NMC, 2010). This is due to lack of a

comprehensive guidance on this duty of care to patients by the Nursing regulatory body in Nigeria (Nursing and Midwifery Council of Nigeria (NMCN), 2014). Therefore; this was not adequately stressed while we were in training and also in our nursing practice in the country.

Furthermore, determining the defining attributes of patient confidentiality (Pinch, 2000) has influenced us positively by helping us distinguish it clearly from other concepts such as privacy, trust, informed consent, autonomy etc. that are related or contrary to it. These defining attributes have assisted us to compare what a normal scenario of patient confidentiality will be and what exactly is being practised in the Nigeria health sector. There is usually the presence of information to be shared (McGowan, 2012), a professional relationship among the health personnel and the patients, range of trust of patients in their caregiver and a duty of care of the caregivers to uphold patients' personal health information in high confidentiality (Dimond, 1999; GMC, 2009). However, a sense of judgement (General Medical Council, 2014) is habitually lacking among the health personnel because issues that require great care are usually mishandled and patient's confidential information are easily breached. This may also be ascribed to ignorance of patient's medical and legal rights on the duty of confidentiality by the healthcare personnel (Adebayo, 2013; Akinseinde, 2013).

Likewise, the identification of a suitable model case that best defines what the concept really is has elaborated our awareness of this significant concept. This was also confirmed by Walker and Avant (2005) who established that the identification of additional cases apart from the model case will purport increased understanding and clearer view of the concept being explored. For instance, the borderline case identified in the concept analysis typically illustrated the dilemma a healthcare worker could be in when faced with a live scenario that necessitates critical thinking and decision making. The contrary case clearly demonstrated what the concept is not even though they have similar features but not the exact defining attributes (Wilson, 2005). Therefore, identifying a contrary case has helped us to clearly recognise what a direct opposite of patient confidentiality will be (which in this case is breach of confidentiality) thereby empowering us to avoid such in future practice. The identification of the antecedents and consequences seem logical as they go concurrently and unnoticed in practice. It is hence, educative to identify them as they have further clarified the concept and increased our knowledge by acknowledging the important steps to the occurrence of the concept as well as the positive and negative outcomes to expect after the existence of the concept.

Nevertheless, it is vital to acknowledge that the inclusion of illegitimate and invented cases for the concept analysis of patient confidentiality may not be necessary as we have identified only cases that have facilitated the clarification of the concept. Although, empirical referents are important for further research into the concept (Cutcliffe and Mckenna, 2005) we have excluded this from the concept analysis to prevent confusion with the defining attributes of the concept

(Cutcliffe and Mckenna, 2005; Walker and Avant, 2005) as they are closely related and can be mistaken for each other.

## CONCLUSION

Conclusively, the concept of patient confidentiality is unquestionably one of the underpinning concepts of the nursing profession that is centred on trust (Dimond, 1999). It should therefore be handled with great care in order to maintain the professional relationship between nurses and their patients (Peate and Potterton, 2009). The defining attributes gathered from the available literatures as well as the cases identified have enlightened us and likewise, increased our understanding of what patient confidentiality entails and what it really is in clinical practice.

## RECOMMENDATIONS

The exclusion of the empirical referents is a shortcoming of the concept analysis we conducted therefore, we recommend that further work on the concept identify the empirical referents to further clarify the concept. Reasons for poor compliance of Nigerian nurses with patient confidentiality (except those identified by Irabor (2010) are largely undocumented. Hence, we also recommend that further researches be conducted on healthcare workers' attitude to keeping patients' personal health information confidential, factors influencing poor compliance even though it is an ethical and legal duty of care and ways to help curb breach of confidentiality in nursing practice.

Similarly, emphasis on medical and nursing ethics should be reinforced in medical and nursing schools so as to enhance the potential healthcare professionals imbibe this professional responsibility even before they start practising (Iyalomhe, 2009). As patients in Nigeria become more aware of their basic and legal rights as patients (Osime, 2008), we advise nurses should also be more versed in nursing ethics to avoid litigation as a consequence of bad ethical practice.

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