



Awareness and attitudes of Health Information Management professionals toward confidentiality of patients' health records in Bayelsa State, Nigeria

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ABSTRACT

Background/Objectives: This study assessed the awareness and attitudes of Health Information Management (HIM) professionals towards confidentiality of patients' health records in Bayelsa State. **Design/Methods:** A descriptive survey research design was adopted and a total enumeration procedure of 149 HIM professionals in the hospitals. Data were collected with the aid of a well-structured questionnaire and analyzed using Statistical Package for Social Science version 23. **Results** From the findings, it was observed that participants responded positively (Yes) that attitude of HIM professionals towards confidentiality enhance cordial relationship between the patients and the professionals. It was also revealed that the majority of participants were not sure if HIM professionals attitude towards confidentiality of patient records preserve individual dignity and information misuse. They rated HIM professionals' attitude towards confidentiality as moderate, where they were in agreement (Yes) that it is important to keep patient records confidential. Finally, participants were in disagreement (No) that confidentiality of patient records is the watchword of HIM professionals. It was concluded that attitude of HIM professionals towards confidentiality is moderately good. In addition, HIM professionals understood the subject of confidentiality of patients' health records. Factors such as lack of proper orientation, lack of monitoring and evaluation and lack of policy and guideline among others affect attitude of HIM professionals towards confidentiality of patients' health records. **Conclusion:** It was concluded that, though, there are some key factors that affect awareness and attitudes of HIM professionals towards confidentiality of patients' health records, their level of awareness and attitude are moderately good. Based on the findings, it was recommended that patients should be enlightened and given orientation on the importance of HIM service delivery. Others are proper orientation and continuous education of HIM professionals towards confidentiality of patient health records and need for published policy and guidelines on confidentiality of patients' health records.

Keywords: Attitude, Awareness, Health Information Management Professionals, Confidentiality, Patients' Health Records

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INTRODUCTION

A health record is the cornerstone of healthcare delivery and its function include recording the progression of a patient's medical care and to serve as a communication channel between medical professionals for present and future use. To achieve this milestone, a substantial amount of data must be disclosed and recorded and the quality of the information shared with medical professionals is dependent

on their ability to maintain confidentiality; if they are unable to do so, the patient may withhold important information, which may compromise the quality of care given¹.

Maintaining the confidence between healthcare professionals and patients depends heavily on confidentiality. Privacy of information must be maintained in order to safeguard public health since there is a broader communal public interest in secrecy protection.

Treatment may be less than ideal if this honorable duty is not upheld². Confidentiality is the ethical cornerstone of excellent treatment and the foundation of the legal elements of health records, it is also crucial for building confidence between patients and clinicians¹.

The terms privacy and confidentiality of medical data are sometimes used interchangeably, they have different meanings. By definition, privacy in healthcare refers to safeguarding a patient and their medical records from any exposure of personal health information. Confidentiality, on the other hand, refers to sharing information only with people who are suitable and authorized. Stated differently, it refers to the limited utilization of data collected from and about a patient¹.

Confidentiality benefits patients by providing a secure environment in which they are most likely to seek medical care and to give a full and frank account of their illness, when they do. It expresses respect for patients' autonomy i.e. people have a right to choose who will have access to information about them, and a rule of confidentiality for medical practitioners reassures patients that they can determine who will be privy to their secrets¹.

Patients gain from confidentiality because it creates a safe space, where they are more inclined to seek medical attention and, when they do, they disclose their ailment honestly and completely. It demonstrates respect for patients' autonomy, which states that individuals have the right to decide who may access their personal information. Additionally, a rule of secrecy for medical professionals gives patients peace of mind that they can pick who can access their private information. It promotes public trust in healthcare services in general, which is beneficial to the healthcare sector¹.

Members of the primary healthcare team have the right to examine patient medical records in general practice provided that it is for treatment, and however, it can also be accessed by other individuals, such as researchers upon an approval by the authority. Confidentiality must thus be upheld in order to safeguard

patients' health and preserve public confidence in the doctor-patient relationship. Confidentiality has been acknowledged as a worldwide concern. The integrity of patients' private life during therapy was therefore upheld by a number of globally accepted rules and norms. Enacted in 1998, the Data Protection Act was most recently amended in 2018^{2,3}. The purpose of the Data Protection Act was to safeguard personal information and establish standards for its usage³.

Practice of confidentiality of patients health records

Confidentiality is an extension of privacy and mainly refers to protection of information, especially sensitive clinical data. This is differentiated from privacy by referring to the dimension of trusted communication or agreement between providers and patients⁴. Professionals, who have access to patient records have an ethical and legal obligation to hold that information in confidence⁴. Privacy and confidentiality of health information are protected through security built into the system. Security is central to preserving data integrity⁵. The three pillars that uphold the security of protected health information as outlined by the HIPAA are access, administrative and physical safeguards⁵.

Administrative safeguards refer to a facility analyzing risk and integrating appropriate risk mitigation plans. An extension of privacy, confidentiality primarily pertains to the safeguarding of data, particularly private medical information. By mentioning the aspect of trustworthy communication or agreement between patients and providers, this is distinguished from privacy⁴. Professionals with access to patient data are required by law and ethics to maintain the confidentiality of that information^{4,5}. The system's built-in security measures preserve the privacy and confidentiality of health information.

Maintaining data integrity depends heavily on security. Access, administrative and physical safeguards are the three pillars that support the security of protected health

information as defined by HIPAA⁵. A facility that analyzes risk and incorporates suitable risk mitigation procedures is said to have administrative safeguards. Along with physical security measures like firewalls, software, system design and anti-virus software, access protections also include controls over workstation access to prevent attacks that might jeopardize stored data.

The majority of companies have rules that guarantee confidentiality agreements, signed by all staff members when entering a healthcare institution, and healthcare practitioners have an obligation to be accountable for their actions. Patient safety is the absence of harm from medical treatment as opposed to harm from a patient's sickness developing naturally⁶. The right to be left alone is what is meant by privacy, which has been emphasized as a fundamental human right of people⁷. In the context of healthcare, privacy means that patients should be able to provide their consent and control how their medical information are used⁶.

Patients' personal right to complete control over their data is known as privacy. They need to have the trust that physicians will protect information shared in confidence, and feel free to fully disclose sensitive personal information to enable their physician to most effectively provide needed services. Physicians in turn have an ethical obligation to preserve the confidentiality of information gathered in association. Patients generally have the right to control who can access and decide whether to share their personal health information or not. Not every circumstance however calls for special consent.

Physicians shall:

- (a) limit their disclosure of patients' personal health information to that which is absolutely required
- (b) if at all possible, notify the patient of the disclosure.
- (c) Without the patient's express consent, physicians may disclose personal health information to other healthcare professionals in

order to provide care or carry out healthcare operations;

(d) to the proper authorities, when disclosure is mandated by law;

(e) to other healthcare personnel, when the patient lacks the capacity to make decisions for themselves; and

(f) to other persons positioned to lessen the risk, where the physicians evaluates a reasonable likelihood that the patient will either gravely hurt himself or cause significant bodily injury to one or more recognizable people. Otherwise, before sharing any additional personal health information, physicians should have the patient's (or authorized surrogate's) approval.

Brother International, explain ways to keep patient information safe in the modern medical environment⁸:

1. Establish comprehensive policies and confidentiality agreements.
2. Offer frequent training.
3. Verify that all data is kept on safe systems.
4. No cell phones. Strictly restricting or banning cell phones from patient areas is a simple method to get rid of any potential risks to patient privacy.
5. Consider printing: It can be easy to believe that everything is under control once you have all of your technical issues and security measures in place.

The current study sought to determine level of awareness and attitudes of HIM professionals towards patients' health records confidentiality and identify the factors that their attitudes.

METHODS

Study design

A descriptive design was employed for the study.

Study Area

The study was carried out in two tertiary hospitals in Bayelsa State. These are Niger Delta University Teaching Hospital (NDUTH), Okolobiri, and Federal Medical Centre (FMC), Yenagoa.

Study population/sample size

The target population of this study comprised the 149 HIM professionals in Niger Delta University Teaching Hospital (NDUTH) Okolobiri and Federal Medical Center Yenagoa (FMC).

Instrument for data collection

The instrument for data collection employed in this study was questionnaire. It was divided into two (2) Sections (A & B) respectively. Section A contains the socio-demographic information of the participants and Section B was used to elicit various responses on the assessment of the attitude and awareness of HIM professionals towards the confidentiality of patients’ health records in the study area.

Data analysis and management

All retrieved questionnaires were checked for errors and necessary corrections were made before data analysis. The data were presented using frequency distribution tables using Statistics package for social science (SPSS) version 23.

Ethical considerations

Informed consent was obtained from all participants after a detail explanation of the purpose of the study. Consequently, all participants were assured by the researchers that every information supplied will be treated as confidential and for academic purpose thereby, seeking the willingness, sincerity and cooperation of the participants.

RESULTS

From the demographic study above, it was depicted that 78(52.3%) of the participants were females, 88(59.1%) of the total participants were married, 54 (36.2%) of the participants are between the age range of 44 years and above, 60(40.3%) of the participants were technicians, 99 (66.4%) of the participants were HIM professionals from Federal Medical Center Yenagoa, while 50(33.6%) of the participants were HIM professionals from Niger Delta University Teaching Hospital in Okolobiri.

Socio-demographic data of the participants

PARAMETERS	FREQUENCY	PERCENTAGE
Sex distribution		
Male	71	47.7
Female	78	52.3
Total	149	100
Marital Status		
Single	32	21.5
Married	88	59.1
Widowed	10	6.7
Separated	19	12.8
Total	149	100
Age distribution		
18-23	17	11.4
24-30	25	16.8
31-37	29	19.5
38-43	24	16.1
44 and above	54	36.2
Total	149	100
Hospital location		
Hospitals	Frequency	Percentage
FMC YENAGOA	99	66.4
NDUTH OKOLOBIRI	50	33.6
Total	149	100

DISCUSSION

From the study, it was revealed that 61(40.9%) of participants responded positively (Yes) that the attitude of HIM professionals towards confidentiality enhance cordial relationship. This slightly disagreed with Masresha, et al. that healthcare professionals have limited attitude towards patient confidentiality, but have relatively good knowledge⁹. It was also revealed that the majority 78(52.3%) of the participants responded positively (Yes) that HIM professionals adhere to policy and guideline of confidentiality.

Furthermore, it was revealed that the majority 66(44.6%) were not sure if HIM professionals’ attitude towards confidentiality of patients’ health records preserve individual dignity and information misuse. From the finding, it was discovered that most 73(49.0%) participants rated HIM professionals attitude towards confidentiality moderate. It was also discovered from the findings that the majority

110(73.8%) of the participants were in agreement (Yes) that it is important to keep patient records confidential. It was further discovered that the majority 52(34.9%) of the participants were in disagreement (No) that confidentiality of patient records is the watchword of HIM professionals.

It was confirmed from the finding that the majority 80(53.7%) of participants accepted positively (Yes) that HIM professionals observe confidentiality of patient records as well, that majority 73(49.0%) of them responded Yes that confidentiality is difficult to maintain. It was discovered that the majority were not sure if breach of confidentiality can lead to litigation. This was in tandem with a study that any breach of the confidentiality duty by an employee will lead to disciplinary hearings and could lead to a dismissal if the misconduct is serious enough¹⁰.

It was also confirmed that the majority 81(54.4%) were not sure if lack of proper orientation was a factor that affect the attitude and awareness of HIM professionals toward confidentiality of patient records. It was further confirmed that the majority 114(76.5%) accepted (Yes) that lack of policy and guideline are factors that affect attitude and awareness of

HIM professionals toward confidentiality of patient records. This was confirmed with a study that the general principles of what is considered confidential have been outlined in common law²¹.

CONCLUSION

Even though, awareness and attitudes of HIM professionals toward confidentiality of patients' health records is moderately good, there are some key factors that affect their awareness and attitude towards confidentiality of patients' records.

Recommendations

1. Patients should be enlightened and given orientation on the importance of HIM service delivery.
2. Proper orientation and continuous education of HIM professionals toward confidentiality of patient health records is required.
3. There should be published policy and guidelines on confidentiality of patient health records.

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DEL conceived of the study, initiated the design, participated in literature search and data collection, analysis and coordination, while AAA participated in literature search and data collection, analysis and coordination. Both authors reviewed and approved the final manuscript.

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