

Developing privacy in clinics | research study



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1. Introduction

Privacy has some deep historical roots, however because of its complexity; privacy has been difficult to define. It has often been a heated debate among sociologists, philosophers and scholars (Pritts, 2015). The term “privacy” is frequently used, yet there is no universally accepted definition for the term. Confusion persists over the value, meaning and concept of privacy. At its core, privacy is experienced on a personal level and often interpreted differently by different people (Whitman, 2004: 1153). Today, the term is used to signify different, yet overlapping concepts such as the right to disclose personal information about one’s self or to be free from intrusive searches (NRC, 2003: 18).

Our report focuses on Privacy within the Ikhwezi clinic, in the context of personal information and confidentiality. There are a variety of reasons to improving privacy within Ikhwezi, one being many theorists depict privacy as a basic human right. They see privacy as an essential component of the human well-being. Respecting privacy of an individual contributes to a human’s moral uniqueness (Pritts, 2015).

The ethical principle of nonmaleficence requires safeguarding personal privacy. Exposure of an individual’s privacy and confidentiality may not only affect their dignity, but may also cause harm (NRC, 2003: 18). An example; if confidential information is passed on or over heard by another individual stigma, discrimination and embarrassment may be the end result. Thus, without some form assurance of privacy, patients may be reluctant to provide sensitive information to their doctor. Ensuring privacy can promote more effective communication between the staff of Ikhwezi and patients,

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which is essential for quality care. However, it is important that the perceptions of privacy differ among individuals, groups and different cultures.

No matter how privacy is defined, it is an on-going battle among staff and patients in Ikhwezi Clinic. It is important that all members within our societies work together to ensure every patient are treated according to the Patients' rights charter.

1. 1 Research problem:

Ikhwezi is a clinic located on the out skirts of Nomzambo, a rural area that runs parallel to the N2 (Medpages, 2015), tries to help their local community by prevention of disease and to promote community health by offering family planning services and other basic health care. The poor living conditions in Nomzambo entails the community to live restricted lifestyles where residents are susceptible to disease and live in poor conditions. This creates a constant worry among the residents about their health status. Ikhwezi Clinic is growing and struggles with an extreme form of a lack of privacy.

1. 2 Problem statement:

Ethical health practice and privacy protections both provide valuable benefits to society. Health treatments are vital to human health and health care improvement and protecting individuals' rights is essential to the conduct of ethical practice. The primary justification for protecting personal privacy is to protect the interests of individuals (Nass, 2009: 10).

Privacy is a large issue being faced within Ikhwezi Clinic. As a group we decided to focus mainly in Ikhwezi's HIV waiting and counselling area.

- What would be an effective way to solve Ikhwezi's privacy problem?
- Where is privacy a present issue in Ikhwezi clinic?
- How would patients benefit from privacy structures being implemented?
- Who would be affected most by the lack of privacy Ikhwezi clinic?

1. 3 Background:

Informal settlements have become a common problem in developing countries around the world due to the rapid population growth, social and economic systems (Ndingaye, 2005: 1). Due to limited resources available and minimal municipal support, these settlements often face social and economic concerns that result in poor living conditions and transmission of disease, therefore health care is needed in rural communities.

Ikhwezi Clinic, located on the outskirts of Nimzambo, helps their local community and others by prevention of disease and promoting community health. Ikhwezi is growing each and every day and sees an average of 500 patients a day. It is noisy, busy which results in a lack of privacy among the patients and staff.

2. Literature review:

This literature review will provide an analysis of privacy and privacy in third world countries .

According to Gaede and Versteeg the relationship between social and health causes is poverty and food security (2011: 100). From whichever lenses or angle viewed, poverty poses, financial, emotional social and physical predicaments that puts residents in a state of jeopardy (Rose and Charlton, 2001: 383). It deprives and often pushes victims of poverty to grapple in getting even their most basic needs. Deprivation in rural areas contribute significantly to the nation's poor health status and has impacted the availability of healthcare services (Sankar, 2003: 659).

Today, accessing affordable, good quality and comprehensive health care in South Africa remains a real challenge for many (Gaede and Versteeg, 2011: 101). Since 1994, there have been significant improvements in the healthcare system, an example; free primary health care (Sankar, 2003: 659). According to section 27 of the Constitution the right to access healthcare services is guaranteed. It went as far as creating The Patients' Rights Charter in 1996 which includes confidentiality and privacy as a sub heading (Gaede and Versteeg, 2011: 101).

However, even with this law set in place many patients are still unaware or misunderstands their legal or ethical legal right to medical confidentiality (Sankar, 2003: 659),(Lammes, 2005: 903) . Despite the diminished state of medical confidentiality it still remains highly important among medical practitioners and patients. Effective treatment requires accurate information. Patients are mostly likely going to provide the information needed when they do not have to worry about any of their private information being publicly exposed (Gaede and Versteeg, 2011: 100),(Nass, 2009: 12) .

Communication between doctors and patients has attracted an increasing amount of attention within health care studies over the past few years. Notably the doctor-patient relationship is one of the most complex ones. It involves interaction between two individuals; often personal information is disclosed and requires close cooperation from both individuals. Interpersonal communication is still the primary tool which the doctor and patient exchange information (Sankar, 2003: 660).

Information exchange consists of exchanging information to establish the right diagnosis and treatment plan. However a patient is not going to freely discuss personally information if they do not feel comfortable or feel that their information will not be kept discreet (Sewell, 2013: 17).

Privacy has some deep historical roots, however because of its complexity; privacy has been difficult to define (Sankar, 2003: 660). The same as in the Xhosa society, the term "privacy" is frequently used, yet there is no universally accepted definition for the term. Confusion persists over the value, meaning and concept of privacy (Nass, 2009: 15), (Lammes, 2005: 908).

Privacy has been depicted as a basic human right by many theorists (Lammes, 2005: 904), (Gaede and Versteeg, 2011: 100). However it is felt that privacy is also a requirement when wanting to develop interpersonal relationships with others. By giving people the ability to control who knows what and who has access to their information would alter their behaviour with different people, allowing them to maintain and control various social relationships (Nass, 2009: 15).

The South African society has placed a high emphasis on an individuals' right to medical confidentiality. Medical records can include some of the most intimate details about a person's life. They often contain information about a patients mental a physical health, personal relationships and social behaviours. It is strongly advised for staff to reassure their patients that their information is kept confidential. It has been proven that when patients perceive that their health services are not confidential, they are less likely to seek care or disclose vital personal information (Lammes, 2005: 904).

Protection of personal information is key, as it is sensitive, potentially embarrassing and private. However, if personal information is breached, the individual may face potential harm. The patient could face social harm as a stigma may be created, which may result in a cause of social isolation.

These articles show that the protection of health care information is vital for ensuring that individuals' seek and obtain quality health care.

3. Methodology

This research report is shaped by themes such as privacy, privacy in Ikhwezi and privacy experienced by different cultures. However, the fundamental goal of this project was to help a local rural clinic Ikhwezi in Strand from privacy issues faced within the clinic among the staff and patients.

Objectives were established to obtain this goal:

- Gather information about privacy.
- Gather information about Ikhwezi, the patients and staff.

- To find where Ikhwezi struggles with privacy by interviewing patients and staff.
- Explore different options to alleviate privacy issues.
- Propose an idea or solution

The most important aspects of research will be to find possible solutions to alleviate the privacy issue faced by both staff and patients in Ikhwezi, with the hope by the end of the research a solution could be recommended.

3. 1 Research Type

Literature review

The literature review will take care of correcting the theoretical material available on privacy and rural clinics in third world countries around the world. It helps to widen the scope of knowledge, strengthen thoughts to be more independent on the discussion of the evaluation of the effects of privacy. Necessary background information and current situations will be looked at in order to gain more insight and knowledge.

Case Study

Case studies allow for in depth descriptions of the studies which generate a richness of perceptions while exploring, recording and reflecting data recorded. Case studies are particularly useful when one needs to understand specific people, situations, a particular problem or a unique situation in greater depth (Trochim, 2013).

Why Choosing a Qualitative Approach?

This study is done in a qualitative informative research paradigm. The reason to why the qualitative methodology was selected to gather information was because a certain issue and problem needs to be explored for this study. A complete understanding of the issue is required; therefore empowering individuals to share their stories would be the way forward (Thagaard , 2003: 12). Qualitative research allows one to place yourself among the subject matter within ' real life' situations which could also be referred to as a ' natural setting'. Qualitative helps provide insights into the setting of the problem and helps generate ideas or hypotheses for later quantitative research (Trochim, 2013). Qualitative methodology allows one to also obtain first-hand knowledge about the social world and experiences of people in Ikhwezi. It also develops the analytical and conceptual components of explanation from the data collected.

Another reason to why the quantitative method was selected as a form of gathering research was because most of the patients in Ikhwezi we not English speaking and illiterate, therefore a verbal and more personal interaction with the community would benefit this study

Participant Observation

To gather the needed research, our group made a two hour visit to Ikhwezi. We were given a guided tour and we were allowed to walk around freely. According to Thagaard (Thagaard , 2003: 15) observation is based on an attempt to understand the culture from the inside by participating with the subjects of the study. The position as an outsider can contribute to a more

distanced perspective on the other culture. This, further helped by gathering more in-depth insight towards the problems faced.

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