

## Women's Health Care and Issues

## Women's Attitudes, Concerns, and Experiences About Confidentiality In Maternity Health Care Settings in Al Ahsa, Saudi Arabia

Ola Mousa<sup>1,2\*</sup>, Salha Faye Alasiri<sup>3,4</sup>, Sarah Yahya Al Sabati<sup>5</sup>, Marysheela David<sup>2</sup>, Maria Blesilda B. Llaguno<sup>2</sup>, Aml Sayed Ali Abdelrahem<sup>1,2</sup>, Norah Alomar<sup>2</sup> and Alaa Jafar AlQattan<sup>6</sup>

<sup>1</sup>Faculty of Nursing, Minia University, Egypt.

<sup>2</sup>Department of Nursing, College of Applied Medical Sciences, King Faisal University, Saudi Arabia.

<sup>3</sup>Lecturer in Health informatics, King Faisal University, Saudi Arabia.

<sup>4</sup>PhD Candidate at Kings College London, School of Life Course and Population Sciences.

<sup>5</sup>Maternity and Children Hospital in Al Ahsaa, Ministry of Health, Saudi Arabia.

<sup>6</sup>King Faisal General Hospital, Saudi Arabia.

### \*Correspondence:

Ola Mousa, Faculty of Nursing, Minia University, Egypt.

Received: 25 May 2022; Accepted: 01 Jul 2022; Published: 06 Jul 2022

**Citation:** Mousa O, Alasiri SF, Yahya Al Sabati S, et al. Women's Attitudes, Concerns, and Experiences About Confidentiality In Maternity Health Care Settings in Al Ahsa, Saudi Arabia. *Womens Health Care Issues*. 2022; 1(2): 1-8.

### ABSTRACT

**Background:** Global health agendas emphasize improving newborn and maternal health and ensuring maternal confidentiality. Confidentiality is particularly important for sexual and reproductive health (SRH) services. The patient's concern about keeping confidentiality has a drastic impact on their trust.

**Aim:** This study examines women's knowledge of, and attitudes toward, confidentiality in maternity health care settings. The study also determined women's concerns about keeping medical information confidential.

**Patients and Methods:** analytical, cross-sectional study. The study was done at the maternal inpatient and outpatient departments in 3 public and 3 private hospitals in Al Ahsa, Saudi Arabia. The enrolled 383 participants from various disciplines were randomly selected. Data collection was conducted from June 1 to November 10, 2021, utilizing the Confidentiality Self-Report Instrument.

**Results:** Seventy-six percent (76%) of the participants had a good understanding and knowledge of confidentiality. In terms of patient experiences with confidentiality and disclosure, (63.7 %) of participants rated it as well. Confidentiality concerns significantly affected the decision to seek care in (78.1%) of the participants. Participants' attitudes were positive about regulations relating to patient confidentiality, with (92.4%) of the participants believing it is very important. There was a significant correlation between experiences with disclosure and the effect of confidentiality concerns on seeking care.

**Conclusion:** Most of the patients in the maternity wards had concerns that prevented them from providing all of the required information. 2) The majority of participants believed that regulations regarding patient confidentiality were extremely important. 3) Disclosure experiences and confidentiality concerns were significantly correlated when it came to seeking treatment.

---

## Keywords

Confidentiality of information, Maternal setting, Patients' rights, Patients' concern.

## Introduction

Global health agendas emphasize improving newborn and maternal health and ensuring maternal confidentiality [1]. Patients' rights are recognized in the Universal Declaration of Human Rights as an integral part of human rights. Patients' rights aim to support and strengthen patients as the priority [2].

The most fundamental rights of a patient include respecting human decency, receiving high-quality healthcare services, the right to information, recognizing their consent to medical intervention, maintaining their privacy, and sustaining their treatment and care [3]. An integrated approach to health and human rights lies at the heart of ensuring the dignity and well-being of individuals around the world [4]. The Ministry of Health published a patient's bill of rights in Saudi Arabia in 2001, and it is available at most Saudi health care institutions [5].

Intervention and context should be understood as a unity, not as a duality, especially in ethical considerations [6]. There is an association between confidentiality practices and receipt or neglect of recommended health services. Confidentiality is particularly important for sexual and reproductive health (SRH) services, given the possible sensitivity and stigma sometimes associated with reproductive matters [7]. The patient's concern about keeping confidentiality has a drastic impact on their trust [8].

Respect for patients' privacy and dignity and the maintenance of confidentiality are long-established principles of medical and nursing practices [9-11]. Professional persons in health care delivery fields have legal and ethical responsibilities to safeguard the confidentiality of information regarding the clients in their care [12]. Medical professionals are obligated to protect the confidentiality of their patients in a professional way [13,14]. The improper disclosure of such highly sensitive information could harm patients' reputations or result in lost opportunities, financial commitments, and even personal humiliation [15].

Protecting information gathered in association with the care of the patient and respecting patient privacy in other forms is also fundamental, as an expression of respect for patient autonomy and a prerequisite for trust [16]. Because issues related to sexuality and sexual practices concern people's private lives and may be considered sensitive in many contexts, the guarantees of privacy, confidentiality, and informed decision-making, are particularly important. Where these guarantees are lacking, people may simply not use the services they need, with negative consequences for their health [17].

Confidentiality in the medical profession especially in maternal care settings is one of the most important concerns of medical ethics discipline, which has been the focus of attention for many years. This study examines women's knowledge of, and attitudes

toward, confidentiality in maternal health care settings. The study also determined women's concern about keeping medical information confidential.

## Materials and Methods

### Study Design

This analytical, cross-sectional study was conducted to examine women's knowledge of, and attitudes toward, confidentiality in maternal health care settings. The study also determined women's concerns about keeping medical information confidential.

### Study Area/Setting

The study was done at the maternal inpatient and outpatient departments in 3 public and 3 private hospitals in Al Ahsa, Saudi Arabia. In order to get a representative sample from the 8 governmental and 10 private hospitals in Al Ahsa, they were classified by different regions and both private and public hospitals and were chosen as it has maternity department.

### Study population and Sample size

The sample consisted of patients who were hospitalized or admitted once or more in the intended hospitals for more than 2 days "in the last year" or during the survey. Participants were over the age of 18 and agreed to participate in the study after receiving informed consent. For the sample size calculation, the researchers assumed that the total population of 100,000 women had a 50% power, and with a margin of error of 5% and desired confidence level of 95%, we determined that 383 participants were needed for this study. However, to overcome missing and poor responses, the number of invitees was increased by 20%. Open-source epidemiologic statistics from the public health website [www.OpenEpi.com](http://www.OpenEpi.com) were used to calculate the sample size. The enrolled participants from various disciplines were randomly picked by computerized generated randomization allocation, with the assistance of software.

Data collection was conducted from June 1 to November 10, 2021, utilizing the *Confidentiality Self-Report Instrument*, a self-administered, structured questionnaire, with Arabic and English translations [18]. The validity and reliability of the questionnaire had already been estimated.

The first section included questions to determine sociodemographic data, such as age, educational status, and hospital type. The second section is the Confidentiality Self-Report Instrument. This 24-item questionnaire contains four dimensions, as follows: **First part:** patient's knowledge about confidentiality (9 items). According to the mean score, the knowledge score was regrouped into two (2) categories as follows: 1) good knowledge, and 2) bad knowledge. Therefore, a score of seven (7) and above was rated as good knowledge, while six (6) and below falls under poor knowledge. The score depends on giving one point for correct answer and zero points for unsure or incorrect. **Second part:** experiences with confidentiality and disclosure of personal information (4 items). The score builds upon giving one point for disagree answer, two points for unsure, and three points for agreeing. Therefore, the

experiences with confidentiality scores were adjusted into three (3) categories as follows: **4 or below consider bad, from 5 – 8 average, >9 good.** **Third part:** concerns about care-seeking behavior related to patient confidentiality (3 items). **Fourth part: attitudes** toward regulations pertaining to patient confidentiality (8 items). The scoring system for the attitude towards regulations pertaining to patient confidentiality will be computed for respondents by determining the total number of acquired positive attitudes. The maximum achievable score was twenty (24) which means that a higher score indicates an extra positive attitude. Respondents who have a score of eight (8) were graded as having a negative attitude, while a score between 9-17 was graded as a neutral attitude, and a score of 17 and above was graded as having a positive attitude towards regulations pertaining to patient confidentiality. The fourth part used a three-point Likert scale (with 3–agree, 2– unsure, and 1–do not agree). Responses on a Likert scale were analyzed as ordinal variables.

### Ethics

This study was reviewed and approved by the Institutional Review Board (IRB) of the KFHH No. 17-39-2021 on March 24, 2021. An informed participation consent letter outlining the objectives and purposes of the project was given in conjunction with a self-administered questionnaire. Each subject is given the choice of participating or not. A confidentiality agreement and a policy of anonymity ensured that participants' privacy and confidentiality

**Table 2:** Patients' Knowledge of Confidentiality.

Knowledge	Correct		Incorrect				Mean ± SD
	Agree		Unsure		Disagree		
	No.	%	No.	%	No.	%	
1. Confidentiality is one of the patient's rights.	329	85.9	31	8.1	23	6.0	0.86 ± 0.3
2. Confidentiality means that healthcare providers are trusted to protect relevant information shared in confidence.	369	96.3	11	2.9	3	0.8	0.96 ± 0.2
3. Confidentiality means personal health information is protected	353	92.2	17	4.4	13	3.4	0.92 ± 0.3
4. Healthcare providers should disclose any relevant, personal health information to anyone without the informed consent of the patient*	27	7.0	59	15.5	297	77.5	0.82 ± 0.4
5. Healthcare providers are patients' representatives and are expected not to release any relevant, personal health information about a patient to a third party without the patient's informed consent.	340	88.8	26	6.8	17	4.4	0.89 ± 0.3
6. Confidentiality should be always maintained between healthcare providers and patients without exception	283	73.9	66	17.2	34	8.9	0.74 ± 0.4
7. Healthcare providers should always ask permission from and/ or inform the patient before he or she breaks confidentiality.	339	88.5	32	8.4	12	3.1	0.89 ± 0.3
8. Patient confidentiality should be broken if a client discloses information that places the patient at risk for injury, harm, or illness.	272	71.0	89	23.2	22	5.8	0.71 ± 0.5
9. Confidentiality should be maintained whenever possible except for situations when there is a risk of harm to others.	318	83.0	47	12.3	18	4.7	0.83 ± 0.4

**Table 3:** Experiences of Patients with Confidentiality and Disclosure of Personal Information.

Experiences with Disclosure and Confidentiality	Agree No. (%)	Unsure No. (%)	Disagree No. (%)	Mean ± SD
1. I heard conversations among healthcare providers giving personal information about other patients who are under their care.*	76 (19.8%)	133 (34.7%)	174 (45.4%)	2.3 ± .2
2. I saw or heard something that bothered me about the confidentiality of patient information while I was in healthcare settings. *	71 (18.5%)	96 (25.1%)	216 (56.4%)	2.4 ± .3
3. The healthcare provider has previously discussed with me the details and issues of confidentiality.	80 (20.9%)	86 (22.5%)	217 (56.7%)	2.6 ± .1
4. The healthcare provider has previously given my medical information to another person without my permission. *	21 (5.5%)	98 (25.6%)	264 (68.9%)	2.6 ± .1

were protected.

### Statistical Analyses

SPSS version 20 (Statistical package for social sciences) was used for statistical analysis. Based on the participant response rate, a frequency analysis was conducted. P value, or the probability of error, was selected at 0.05 (P < 0.05) for p-value test.

### Results

**Table 1:** Demographic Data of the Participants.

Items	No.	%
<b>Age/ years</b>		
18- < 28	229	59.8
28- < 38	56	14.6
38- < 48	55	14.4
48- < 58	43	11.2
<b>Type of hospital</b>		
Government	268	70.0
Private	115	30.0
<b>Educational level</b>		
Primary	45	11.7
Secondary	110	28.7
University	228	59.6

Table 1 illustrates that this study included 383 women who attended the outpatient clinics. Study participants were mostly in the 18-28 age group 229(59.8%), followed by those in the 28-38 age group

56(14.6%). Seventy percent 268 (70%) of those studied received care in government-run hospitals. Over half of the women 228 (59.6%) were university educated, and over a quarter 110 (28.7%) were secondary educated.

Table 2 shows the frequency of correct answers to each question in the ‘knowledge’ part. Three hundred twenty-nine patients (85.9%) provided a correct definition of confidentiality as part of a patient's rights, and 369 patients (96.3%) were aware that confidentiality means trusting in health care providers to protect relevant information shared. In addition, 353 patients (92.2 %) had good awareness that confidentiality means personal health information is protected.

Table 3 illustrates the frequency distribution of patients' experiences with personal information confidentiality and disclosure. 76 patients (19.8%) reported hearing conversations among healthcare providers relating to other patients' personal information. Additionally, 71 patients (18.5%) had a negative experience because of seeing or hearing something that bothered them about the confidentiality of patient information. 80 patients (20.9%) had a positive experience because the healthcare provider had previously discussed the details and issues of confidentiality with them. The final factor involving 21 patients (5.5%) was that their medical information had been shared without their consent with another person.

Table 4 shows the frequency of concerns about care-seeking behavior related to patient confidentiality. Forty-eight patients (12.5%) did not seek care due to confidentiality concerns. 52 patients (13.6%) did not provide complete information due to concerns about confidentiality. During their visit to the health care

setting, 51 patients (14.9%) were upset or disturbed by something related to confidentiality.

Table 5 shows attitudes toward patient confidentiality regulations. Three hundred and two patients 302 (78.9%) reported feeling bad because their health information was shared with professionals who were not involved in their care. Many participants 201(52.5%) disagreed with healthcare providers giving family members personal medical information without their consent. More than two-thirds, 258 (67.4%) of participants granted that they were not allowed to obtain medical information about relatives without the patient's permission. In our study, 215 (56.1%) of participants thought it was appropriate for a healthcare provider to be penalized for disclosing a patient's medical information to the patient's family members without the patient's permission. (89.6%) of participants indicated, they were interested in knowing the exceptions to or situations related to the disclosure of information. Most of the participants 286 (74.7%) disagreed that confidentiality does not adversely affect the patient, so healthcare providers are not allowed to discuss patient information with others. Most participants 205 (53.5%) agreed that no personal health information should be disclosed without the consent of the patient. 296 (77.3%) of respondents agreed that they expect any information disclosed by a patient to a healthcare professional to remain confidential.

Table 6 illustrates scores for each item and their distributions. Seventy six percent 291 (76%) of the participants had a good understanding and knowledge of confidentiality. In terms of patient experiences with confidentiality and disclosure, 244 (63.7 %) of participants rated it as good. Confidentiality concerns significantly affected the decision to seek care in 299 (78.1%) of participants. Participants' attitudes were positive about regulations relating

**Table 4:** Concerns regarding Patient Confidentiality in Care-Seeking Behavior.

Effect of Confidentiality concern on Seeking Care	Agree No. (%)	Unsure No. (%)	Disagree No. (%)	Mean ± SD
1. Did you ever don't seek care because of your confidentiality concern?	48 (12.5%)	58 (15.1%)	277 (72.3%)	2.6 ± .6
2. Did you ever don't give complete information because of your confidentiality concern?	52 (13.6%)	56 (14.6%)	275 (71.8%)	2.6 ± .7
3. Did you ever saw or heard anything related to confidentiality that upset or disturbed you during your visit to the health care settings?	57 (14.9%)	51 (13.3%)	275 (71.8%)	2.5 ± .7

**Table 5:** Attitudes toward Regulations Pertaining to Patient Confidentiality.

Participants' Attitudes towards	Agree No. (%)	Unsure No. (%)	Disagree No. (%)	Mean ± SD
1. I feel bad whenever a healthcare provider discusses my personal health information with other professionals who are not involved in my care (such as a consultant or laboratory technician).	302 (78.9%)	53 (13.8%)	28 (7.3%)	2.7 ± 0.2
2. It is okay with me if healthcare providers provide my personal medical information to my family members without my permission. *	110 (28.7%)	72 (18.8%)	201 (52.5%)	2.2 ± 0.5
3. I feel comfortable whenever people obtain medical information about their relatives without that person's permission. *	52 (13.6%)	73 (19.1%)	258 (67.4%)	2.5 ± 0.2
4. I feel it is proper that a healthcare provider be penalized if he/ she discloses a patient's medical information to the other members of the patient's family without prior permission.	215 (56.1%)	120 (31.3%)	48 (12.5%)	2.4 ± 0.3
5. I want to be aware of the exceptions or situations pertaining to regulations about the disclosure of information.	343 (89.6%)	35 (9.1%)	5 (1.3%)	2.9 ± 0.1
6. I feel confidentiality does not affect the patient in any way, so it is not a big deal if healthcare providers discuss patient information to others.*	39 (10.2%)	58 (15.1%)	286 (74.7%)	2.6 ± 0.3
7. I expect that healthcare providers will never divulge any personal health information without permission from the concerned individual.	205 (53.5%)	154 (40.2%)	24 (6.3%)	2.5 ± 0.4
8. I expect that any information discussed by a patient to a healthcare practitioner must remain confidential.	296 (77.3%)	85 (22.2%)	2 (0.5)	2.8 ± 0.2

**Table 6:** Mean Score and the Distribution of the Four Items.

	No.	%
<b>Patients' Knowledge of Confidentiality</b>		
Poor	92	24.0
Good	291	76.0
<b>Patient's Experiences with Confidentiality and Disclosure of Personal Information</b>		
Bad	2	0.5
Neutral	137	35.8
Good	244	63.7
<b>Effect of Confidentiality concern on Seeking Care</b>		
Low	22	5.7
Average	62	16.2
High	299	78.1
<b>Attitudes Toward Regulations Pertaining to Patient Confidentiality</b>		
Negative	0	0.0
Neutral	29	7.6
Positive	354	92.4

**Table 7:** Correlation between Participant Age and Confidentiality Items.

Items	No.	Age								Test of significance	
		18- 27		28 - 37		38 - 47		48 - 58		X <sup>2</sup>	P-Value
		No.	%	No.	%	No.	%	No.	%		
<b>Patient's Experiences with Confidentiality and Disclosure of Personal Information</b>											
Low	2	0	.0	2	100	0	.0	0	.0	24.350	0.0001**
Average	137	79	57.7	30	21.9	13	9.5	15	10.9		
High	244	150	61.5	24	9.8	42	17.2	28	11.5		
<b>Effect of confidentiality concerns on seeking care among the studied sample</b>											
Low	22	10	45.5	6	27.3	2	9.1	4	18.2	8.846	0.182
Average	62	40	64.5	7	11.3	12	19.4	3	4.8		
High	299	179	59.9	43	14.4	41	13.7	36	12.0		
<b>Patients Knowledge on Confidentiality</b>											
Poor	92	59	64.1	11	12.0	13	14.1	9	9.8	1.199	0.753
Good	291	170	58.4	45	15.5	42	14.4	34	11.7		
<b>Participants' Attitudes Toward Regulations Pertaining to Patient Confidentiality</b>											
Negative	0	0	.0	0	.0	0	.0	0	.0	0.931	0.818
Neutral	29	16	55.2	6	20.7	4	13.8	3	10.3		
Positive	354	213	60.2	50	14.1	51	14.4	40	11.3		

**Table 8:** Correlation between Confidentiality Items among Participants.

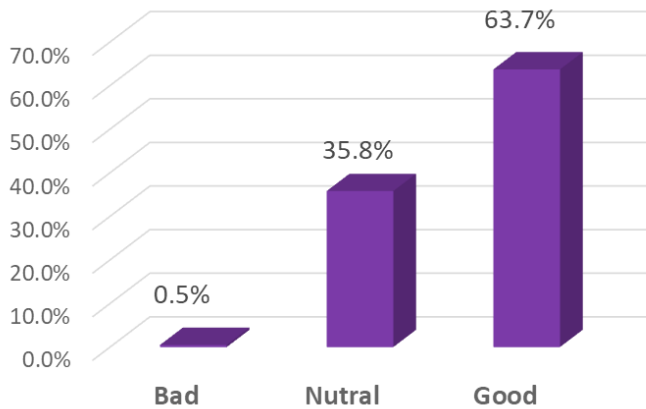
		Patient's Experiences with Confidentiality and Disclosure of Personal Information	Concerns about Care-Seeking Behavior related to Patient Confidentiality	Patients' Knowledge on Confidentiality	Attitudes Toward Regulations Pertaining to Patient Confidentiality
<b>Patient's Experiences with Confidentiality and Disclosure of Personal Information</b>	r	1			
	P – value				
<b>Concerns about Care-Seeking Behavior related to Patient Confidentiality</b>	r	.346	1		
	P – value	.0001**			
<b>Patients' Knowledge on Confidentiality</b>	r	.110	.383	1	
	P – value	.032*	.046		
<b>Attitudes Toward Regulations Pertaining to Patient Confidentiality</b>	r	.094	.070	.368	1
	P – value	.067	.174	.0001**	

\*\* . Correlation is significant at the 0.01 level (2-tailed).

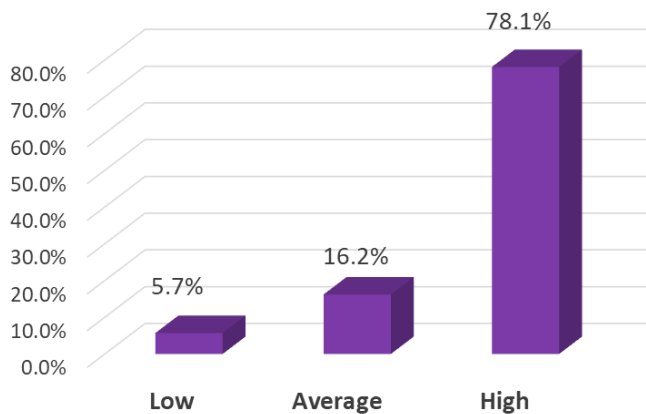
\*. Correlation is significant at the 0.05 level (2-tailed).

to patient confidentiality, with 354 (92.4%) of the participants, believing it is very important.

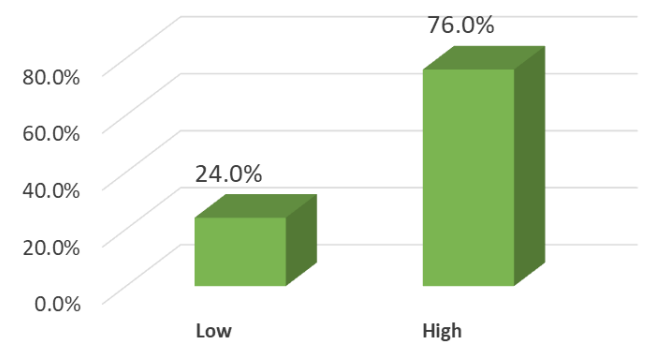
**Figure 1:** Experiences with Disclosure and Confidentiality among the Studied Sample.



**Figure 2:** Effect of Confidentiality Concerns on Seeking Care among the Studied Sample.



**Figure 3:** Total knowledge level on Confidentiality.



**Figure 4:** Participants' Attitudes toward Regulations Pertaining to Patient Confidentiality.

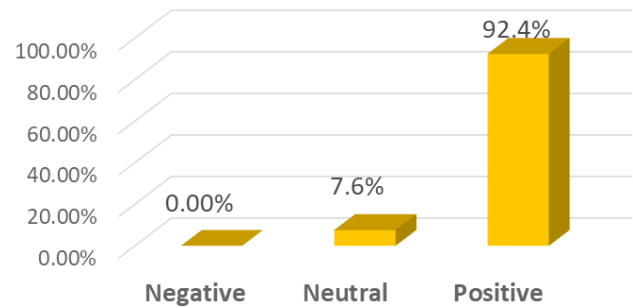


Table 7 shows the correlation between age and confidentiality issues. Participants' ages and their experiences were significantly correlated. In the other hand, there were no significant associations between age of participants and attitudes, knowledge, or concerns on care seeking.

According to table 8, there was a significant correlation between experiences with disclosure and the effect of confidentiality concerns on seeking care. It means, the worse the experience, the greater the patient's need to conceal information. The patient's knowledge about confidentiality was also significantly correlated with experience with disclosure. In other words, experience affected patient knowledge. In addition, knowledge of confidentiality was significantly correlated with patient attitude. The study indicates that gaining knowledge about patient confidentiality influenced attitudes toward regulations pertaining to patient confidentiality.

### Discussion

In the practice of health care, patients' rights should not be ignored, especially in the area of confidentiality and privacy. In this study, it was found that patients in maternity care settings have differing experiences of how healthcare providers disclose their medical information. In addition to the possibility that confidential information may be threatened, it becomes more challenging to ensure that the patient will not hide information in order to maintain confidentiality.

According to the current study, the majority of patients are aware of their rights. Despite this finding, there were still 24% of patients who were unaware of their confidentiality rights. In our study, close to 60% of the participants had a university education, which affects their level of awareness. The higher educational level may be because in Saudi Arabia, foreigners often need a university degree or a high educational level to get a job.

According to this study, 24% of patients had inadequate knowledge of confidentiality. This finding is in line with another study conducted in Saudi Arabia, which found that 25.2% of participants were unaware of their rights [5]. Furthermore, some reported Iranian and Turkish studies indicated that patients' rights

are not well known in Iran [19,20]. By contrast, a study that was conducted in Malaysia found that 90.8% of patients understood their rights. It is possible that these different findings are due to increased use of information technology and education in addition to the differing cultures. It is obvious that educational level influences a patient's ability to read, comprehend, and apply the information provided to them.

Most respondents in Riyadh's study said that the privacy and confidentiality of patients are well respected in hospitals [21]. In Pakistan and Canada, studies have come up with different results [22,23]. By spending more time with the patient and discussing with them the patient's concerns, this issue might be resolved.

It is a global priority to reduce avoidable harm in maternity services [24]. Findings from our study indicate that disclosure experiences are associated with a tendency to have many concerns in seeking care. Seventy-eight percent of participants said that confidentiality concerns affected their decision to seek treatment.

There were several factors affecting seeking care in this study, and several associations played a part in it. Regulations regarding patient confidentiality, most participants (92.4%) felt it was very important. The ages of participants and their experiences were significantly correlated. However, there was no significant link between the age of participants and attitudes, knowledge, or concerns related to care seeking. In addition, there was a significant correlation between disclosure experiences and confidentiality concerns when it came to seeking treatment. Disclosure experience was also significantly correlated with the patient's knowledge about confidentiality. The results confirm the importance of maintaining patient confidentiality and paying attention to ethical issues when dealing with them

## Conclusions

It can be concluded from the results of the present study that 1) Most of the patients in the maternity wards had concerns that prevented them from providing all of the required information. 2) The majority of participants believed that regulations regarding patient confidentiality were extremely important. 3) Disclosure experiences and confidentiality concerns were significantly correlated when it came to seeking treatment. 4) The patient's knowledge of confidentiality was also significantly correlated with their disclosure experience.

In the majority of cases, women have concerns they wish to keep confidential, and many refuse to seek health services due to these concerns. For maternal health care to be effective, it is essential to address confidentiality issues.

## Acknowledgment

The authors thank all of the participants in the study.

## References

1. World Health Organization. The Partnership for Maternal Newborn & Child Health 2016 Annual Report Coming of Age

in a Time of Transition. WHO Geneva. 2017.

2. Abuhammad S, Alzoubi KH, Al-Azzam SI, et al. Knowledge and Practice of Patients' Data Sharing and Confidentiality among Nurses in Jordan. *J Multidiscip Healthc.* 2020; 13: 935-942.
3. Bani Issa W, Al Akour I, Ibrahim A, et al. Privacy confidentiality security and patient safety concerns about electronic health records. *Int Nurs Rev.* 2020; 67: 218-230.
4. Narasimhan M, Loutfy M, Khosla R, et al. Sexual and reproductive health and human rights of women living with HIV. *Journal of the International AIDS Society.* 2015; 18: 20834.
5. Almoajel A. Hospitalized Patients Awareness of Their Rights in Saudi Governmental Hospital. *Middle-East Journal of Scientific Research.* 2012; 11: 329-335.
6. Liberati EG, Tarrant C, Willars J, et al. How to be a very safe maternity unit an ethnographic study. *Soc Sci Med.* 2019; 223: 64-72.
7. Pampati S, Liddon N, Dittus PJ, et al. Confidentiality Matters but How Do We Improve Implementation in Adolescent Sexual and Reproductive Health Care. *The Journal of adolescent health official publication of the Society for Adolescent Medicine.* 2019; 65: 315-322.
8. Flynn HA, Marcus SM, Kerber K, et al. Patients concerns about and perceptions of electronic psychiatric records. *Psychiatr Serv.* 2003; 54: 1539-1541.
9. Rylance G. Privacy dignity and confidentiality interview study with structured questionnaire. *BMJ.* 1999; 318: 301.
10. Noroozi M, Zahedi L, Bathaei FS, et al. Challenges of confidentiality in clinical settings compilation of an ethical guideline. *Iran J Public Health.* 2018; 47: 875-883.
11. Molina-Mula J, Gallo-Estrada J. Impact of Nurse-Patient Relationship on Quality of Care and Patient Autonomy in Decision-Making. *International journal of environmental research and public health.* 2020; 17: 835.
12. <https://www.asha.org/practice/ethics/confidentiality/#sec 1.1>
13. Beltran-Aroca CM, Girela-Lopez E, Collazo-Chao E, et al. Confidentiality breaches in clinical practice what happens in hospitals. *BMC medical ethics.* 2016; 17: 52.
14. [https://www.gmcuk.org/static/documents/content/Confidentiality\\_good\\_practice\\_in\\_handling\\_patient\\_information\\_-\\_English\\_0417.pdf](https://www.gmcuk.org/static/documents/content/Confidentiality_good_practice_in_handling_patient_information_-_English_0417.pdf)
15. Shapiro R, Kushner TK. Breaking the code is a promise always a promise. *Ward Ethics Dilemmas for Medical Students and Doctors in Training.* Cambridge Cambridge University Press. 2001; 50-52.
16. <https://www.ama-assn.org/delivering-care/ethics/code-medical-ethics-privacy-confidentiality-medical-records>
17. World Health Organization. Sexual health human rights and the law. 2015.
18. Mousa O, Llaguno MBB, Belal S, et al. Perceived Knowledge Experiences Concerns and Attitudes to Regulations about

- 
- Patient Confidentiality in a Maternity Setting Development and Validation of a Confidentiality Self-Report Instrument. *Nur Primary Care*. 2021; 5: 1-7.
19. Joolae S, Tschudin V, Nikbakht-Nasrabadi A, et al. Factors affecting patients' rights practice: the lived experiences of Iranian nurses and physicians. *International Council of Nurses*. 2008; 55-61.
  20. Zu'lfikar F, Ulusoy MF. Are patients aware of their rights. A Turkish study. *Nursing Ethics*. 2001; 8: 487-498.
  21. Halawany H, AlTowiher O, AlManea J, et al. Awareness availability and perception of implementation of patients' rights in Riyadh Saudi Arabia. *The Saudi Journal for Dental Research*. 2016; 7: 132-137.
  22. Humayun A, Fatima N, Naqqash S, et al. Patients' perception and actual practice of informed consent, privacy and confidentiality in general medical outpatient departments of two tertiary care hospitals of Lahore *BMC Med Ethics*. 2008; 9: 14.
  23. Shrier IS, Green J, Solin E, et al. Knowledge of and attitude toward patient confidentiality within three family medicine teaching units *Acad Med*. 1998; 73: 710-712.
  24. Liberati EG, Tarrant C, Willars J. The SCALING Authorship Group. Seven features of safety in maternity units a framework based on multisite ethnography and stakeholder consultation. *BMJ Quality & Safety*. 2021; 30: 444-456.