

ASSESSMENT OF KNOWLEDGE AND ATTITUDE OF PATIENTS' TOWARDS PRIVACY AT TERTIARY CARE LEVEL HOSPITAL: ADDIS ABABA, ETHIOPIA.

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Assessment of knowledge and Attitude of patients' towards privacy

At tertiary care level Hospital; Addis Ababa, Ethiopia.

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DEDICATION

I would like to dedicate this work to my lovely mother w/o Tirunesh Fanta, who has been the very source of inspiration through all my life.

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ABSTRACT

Patients have a right to privacy that should not be violated without informed consent. Patient privacy and confidentiality in health care is essential, the right of privacy protects a patient from unwanted intrusions into his/her life and into information about his health, illness, and treatment.

Objective:- To assess Knowledge and Attitude of patients' towards privacy at Tikur Anbessa specialized Hospital.

Methods:- A cross sectional descriptive study was conducted at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia, from may- June 2013.

A total number of 422 adult patients were approached from adult patients who were admitted in medical, surgical and gynecological wards of Tikur Anbessa specialized Hospital.

Results:- Among the respondents 205 (48.6%) heard about privacy. Four hundred (94.8%) patients were comfortable with nurses and helpers sharing their information than their party, 290 (68.7%) and other patients in the same room, 135 (32%). 237 (56.2%) of patients did not want their medical information to be made available to other official people outside the consultation. A total of 368 (87.2%) patients need informed consent before their data was shared.

Conclusion:- The findings demonstrated that patients had little personal and information privacy within the hospital, even if the Government has advocated that patients should be more empowered and be involved in the planning of their own care. Awareness creation about privacy should be enhanced through different medias and practiced by health care providers.

Key words: Knowledge, Attitude.

1. INTRODUCTION

1.1 BACKGROUND

The concepts of privacy and confidentiality are closely related, but their meanings are distinct. Privacy is a broader term including physical privacy, informational privacy, protection of personal identity and the ability to make choices without interference. Confidentiality is a narrower term referring to informational privacy and the duty not to disclose any patient information without prior approval from the patient [1].

The right to personal privacy is an important principle within many cultures. Within the healthcare sector there is a need to constantly balance patients' requirements for personal privacy against the potential benefits that may add to society as a whole from the more widespread use of their personal information. Privacy and confidentiality are not only basic rights of the patients but also serve to further a trustful, frank and open relationship with the health worker, thus improving patient care [2]. It has also been noted that patients often over- or underestimate their ethical rights in health care system [2,3].

Every patient wants to be treated as an individual, and has the right to courtesy, respect, privacy and confidentiality and to receive full information about their condition, investigations provided and treatments offered [4].

Patients share personal information with health workers. Health care providers have a duty as a professionals to respect the patient's trust and keep this information private. This requires the health workers to respect the patient's privacy by restricting access of others to that information, furthermore, creating a trusting environment by respecting patient privacy can encourage the patient to be as honest as possible during the course of the visit [2].

Patient privacy and confidentiality in health care is essential. The right of privacy protects a patient from unwanted intrusions into his/her life and into information about his/her health, illness, and treatment. The protection of confidentiality ensures the patient that information obtained during treatment will be shared only with those who are providing health care, unless consent is given for others to receive the patient's information or an exception to the protection of confidentiality applies [5].

1.2 Rationale Of the study

To establish an effective relationship with a patient/client and health workers, the patient/client needs to be assured of privacy**.** Many people are extremely sensitive about the collection and use of information related to their health and health related treatment. Health workers providing services such as assessment, therapy or expert consultation is faced with a serious dilemma. To safeguarding the privacy of information obtained during their provision of services and allows disclosure only under very limited circumstances.

The patient/client may just not want others to know their personal health information. They have the right to limit exposure of their personal information. Other members of "the team" may not need to know intimate details and particularly not third party information, such as facts about the patients/client's relatives etc. Furthermore, information once given away cannot be reclaimed. A health system with strong privacy mechanisms will promote public confidence and trust in health care services generally. In the developing countries consultations are conducted with several medical personnel in the same room, also there may be medical students thus patient privacy unlikely to meet. In Ethiopia also, like other developing countries it is a common practice that patients are visited by many health workers (Medical doctors, nurses, health officers, medical and nurse students, etc). Therefore, it appears difficult to keep privacy, however, the extent of the problem is not known very well so far, thus this study has been conducted to explore the information gap and the outcome of this study may benefit both the patients, professionals and program managers.

2. Literature review

Knowing the difference between privacy and confidentiality can be confusing. Privacy is the right of individuals to keep information about them from being disclosed; that is, people (patients) are in control of others access to themselves or information about themselves. Patients decide who, when, and where to share their health information. On the other hand, confidentiality is how we, as a health professional treat private information once it has been disclosed to others or ourselves. This disclosure of information usually results from a relationship of trust; it assumes that health information is given with the expectation that it will

not be disclosed except in ways that have been previously agreed upon, e.g., for treatment, for payment of services, or for use in monitoring the quality of care that is being delivered [6].

The increasingly sophisticated use of information and communications technologies is constantly threatening to erode people's privacy. Within the healthcare sector there is a need to constantly balance patients' requirements for personal privacy against the potential benefits to their personal information[7].

Social networking has become one of the main sources of communicating in today's world. Whether it takes place on sites such as Face book, Linked In, Tweeter, or in the form of simply emailing or texting information about the patient's case to other interested parties and encourages the physician to take precautions with the information to ensure that only authorized access occurs. Yet the context of medical practice does constrain the physician's obligation to protect patient confidentiality [5].

In the course of caring for patients, health care providers will find themselves exchanging information about their patients with other health care workers. These discussions are often critical for patient care and are an integral part of the learning experience in a teaching hospital. As such, they are justifiable so long as precautions are taken to limit the ability of others to hear or see confidential information. Health care workers should follow prescribed procedures for computer access and security as an added measure to protect patient information.

Patients are enthusiastic to health care; however, they are also concerned about its potential to result in breached privacy and misuse of health data. As the exchange of electronic health information becomes more widespread, policy makers will need to ensure that patients have

access to concise educational materials and opportunities to engage in conversations about the risks and benefits of participation [8].

While such communication has its very positive sides including the dissemination of information quickly and almost without bounds, the ability to easily connect with friends and colleagues at any time of the day or night, and the vast, instantaneous availability of medical literature, nursing practice issues and research results, its use has major legal and ethical implications for health professionals in the employment setting in regard to patient privacy and confidentiality [5].

A study done in New Zealand indicated that many respondents would like limitations to be placed on the distribution of their personal information particularly for purposes other than clinical care. However, respondents' views vary widely and are influenced by several factors; this implies that it will be difficult to define a simple protocol for sharing information which can achieve widespread acceptance [7].

A study in the UK, show that the attitudes of the patients' towards privacy were influenced by several factors which include:-

i) The identity of the recipient, this is the most influential factor;

ii) Anonymity, patients are more willing to share anonymous data;

iii) Type of information, patients are increasingly unwilling to share their information as it takes on a more personal nature. Approximately one-third of the responses indicated that the patients would like to be consulted before their information is shared with other organizations [10].

Study done in USA showed that being allowed to talk to the physician in private, was given the highest preference and patients in long-term care had higher privacy preferences than

those in acute care[11]. A qualitative study also reported that most patients want consent before their data should be shared[8]. These studies indicate that privacy is an important factor during medical consultation, in the developed world.

The right to personal privacy is an important principle within the medical care system, however, it differs between different culture[1,3]. In some countries the culture is so open that patients privacy could easily be shared with health workers, friends, and relatives. A study done in Pakistan showed that health workers took proper informed consent from very few patients coming to the hospitals. One of reasons behind such practice is that the cultural trends in Pakistan still tend to accept the paternalistic model of medical care. This is in line with the Asian culture as a whole, where the decision-making is often left purely to the doctors or other family members [3]. In the study, it was also stated that the principle of confidentiality (informational privacy) and privacy were inadequately practiced. However, physical privacy-related practices were still somewhat better than the practices of informed consent and informational privacy.

A study done in Taiwan reported that the majority of patients would prefer to know the truth if victimized by a cancer disease, despite the supposed influence of Chinese culture. Furthermore, attitudes towards truth telling of cancer differed between relatives of patients and the patients themselves. Relatives of cancer patients were more likely to follow to the principle of beneficence, where as the patients themselves were more likely to follow to the principle of autonomy [9].

A study in Scotland reported that access to identifiable data must be only on a "need to know" basis, Patients must be told what happens to their information; they may refuse disclosure outside the immediate care team, but should understand the potential detriment to their care and that of others. The law requires that some information may be shared beyond the immediate care team; when health information is used for planning, management, surveillance, and research. These activities should use "anonymised" data, and in these circumstances consent is not required [12].

Privacy may vary with age and sex, a study from Nepal showed that females did not want other patients to know their medical information than males (57.6% versus 31.7%) [13], with regards to the age of the patients, younger patients in the age category of 16-25 did not want their party to know their medical information, in contrast, more subjects aged over 35 than those aged 16-25 did not want nurses and other helpers to know their information (34.6%, versus17.1%) for the reason they feel shay [13].

A study reported that patients' attitudes were favorable regardless of the medical students' extent of clinical experience or clinical abilities or the patients' age or length of hospital stay. Patients reported that medical students spent more time with them and answered their questions. Most patients stated that they would allow students to participate in their future hospital care [14]. In contrast a study done at Marlborough clinic, Royal free hospital in London showed that, many patients feel uncomfortable with medical student involvement in a sexual health clinic consultation; (particularly patients with no previous contact with medical students). Privacy and

standard of care were the most common concerns, which are potentially amenable to change through better explanation of the students' role in the clinic [15].

The Ethiopian Federal Ministry of Health, Hospital reform Implementation guideline states that "Every patient wants to be treated as an individual, and has the right to courtesy, respect, privacy and confidentiality and to receive full information about their condition, investigations provided and treatments offered" [4].

The Ethiopian Constitution also states that "Everyone has the right to privacy" which also applies in health management system [16]. However, information with regard to such study is not available in the country thus, addressing the issue of privacy is important to fill the information gap.

3. Objective

3.1. General Objective

To assess Knowledge and attitude of patients' towards privacy at Tikur Anbessa specialized Hospital**.**

3.2 . Specific Objective

3.2.1 To assess patients' knowledge towards privacy

3.2.2 To assess patients' attitude towards privacy

3.2.3 To assess patients' attitude on sharing of their health information to medical and nurse students

4. Methodology

4.1. Study setting and design

A cross-sectional study was conducted in Tikur Anbessa Specialized Hospital (TASH), Addis Ababa**.** Tikur Anbessa Specialized Hospital is the largest tertiary and specialized hospital which serves as a referral center for patients throughout the country**.** It is situated at the heart of the capital city on Churchill road, and it holds 123000m^2 areas of land and its building has settled on 45000m^2**.** The hospital is administered by Addis Ababa university and is the largest and oldest teaching hospitals in Ethiopia with annual acceptance of for about 300 medical students and 350 residents per year. Tikur Anbessa hospital offers diagnosis and treatment for approximately 370,000- 400,000 patients a year, the hospital has 800 beds with 130 specialists, 50 non-teaching doctors. The hospital gives services as out patient departments and in patient departments. The outpatient department includes medical services, surgical services, neurology, orthopaedic, dermatology, paediatric, gyny/obst and oncology based on quality service, and the inpatient department has different wards, medical ward, surgical ward, oby/gyny ward, oncology ward, pediatric ward, and orthopedic ward. Physiotherapy unit, pharmacy, laboratory, pathology unit are other units of the hospital**.**

4.2. Source population

Adult patients who were admitted to the Medical, Surgical, and Gyn/obst wards of Tikur Anbessa specialized hospital were source population**.**

4.2.1 Study population

Patients who were admitted to Medical, Surgical, and Gyn/obst wards of Tikur Anbessa specialized hospital during the time of data collection and met the inclusion criteria**.**

4.2.2. Inclusion criteria

- Being 18 years or older;
- Stay in the ward for two nights or more
- Patients who were volunteer to participate; and able to communicate

4.2.3. Exclusion Criteria

Patients who were unable to hear, unconscious and mentally disabled were excluded from the source population.

4.2.4. Sample size assumptions and technique

The sample size was estimated based on the assumption that 50% of patients have good knowledge and attitude towards privacy, with 5% marginal error and 95% confidence interval of certainty (alpha = 0.05). Based on this assumption, the actual sample size for the study was computed using single population proportion formula as indicated below.

$$n = \frac{(Z\alpha_{/2})^2\, p(1-p)}{d^2}$$

Where:

n = Sample size

z = critical value 1.96

p = assuming 50% of patients have good knowledge and attitude towards privacy (no previous study was available).

d = precision (marginal error) = 0.05

Thus the required sample size was =384

Considering a non-response rate of 10% , the total sample size will be 422 .

4.2.5. Sampling procedures

The total sample size (n=422) was allocated proportionally according to the total number of beds in each ward**.** The selection of the participants was among the patients who were admitted in medical, surgical and oby/gyny wards of the hospital**.** The study subjects were selected using simple random sampling method and then interview was taken from admitted patients' who fulfill the inclusion criteria**.**

4.3. Data collection method

4.3.1. Variables of the study

Response (dependent) variable

The response variable were knowledge and attitude of patients' towards privacy

Explanatory variables (independent) included

Patient demographic factors such as :-age, sex, religion, ethnicity, educational status, marital status, occupational status, socio-economic status, and non patient factors, such as health care provider, family/friends, employer and other body.

4.3.2. Data collection procedure

The data collection was carried out using structured questionnaire, administered by trained data collectors using face to face interview**.** The questionnaire was prepared first in English and translated to Amharic**.** Before undertaking the data collection, the instrument was pre-tested taking 5% eligible patients for checking consistency and feasibility of the questionnaires. Based on the pretest result, the questionnaire was modified accordingly**.** The pre-tested data was not included in the main data**.** Interviewers were three nurses with the PI supervising the day to day

data collection procedures**.** Before the data collection interviewers were trained, and practiced, so that they became familiar with the questionnaire and the data collection technique**.**

4.3.3. Data quality management

The overall activity was supervised by the principal investigator of the study; data quality was controlled by designing the proper data collection materials and through continuous supervision**.** All completed questionnaire was examined for completeness and consistency during data management, storage and analysis. The data was entered by trained data clerk and cleaned by principal investigator before analysis**.**

4 .3.4. Data processing and analysis Procedures

After data collection, the data was cleaned, entered and analyzed using Epi-Info version 6 software and exported to SPSS Version 16 (Statistical package for social science) for further analysis**.** Frequency distributions were used for describing all variables in the study**.** Association of predictor variables with the dependent variable (knowledge or Attitude of patients towards privacy) were checked using logistic regression analysis at 0.05 level of significance**.** Odds ratio with 95% confidence interval was calculated to measure the strength of association**.**

4.3.5. Operational definition

- **Knowledge –**level of understanding about privacy, and was categorized into yes and no based on the patient's previous awareness of privacy**.**
- **Attitude** – the fellings/thoughts to respond in favor or unfavour towards privacy**.**

4.4. Ethical Consideration

Approval of ethical clearance was obtained from AAU, school of public health, and permission was also obtained from Tikur Anbessa Hospital Administration**.** Informed verbal consent was obtained from each study subject**.** Confidentiality of study subjects was maintained by using codes instead of names on questionnaire and remain anonymous, and confidentiality were assured this was explained to participants beforehand**.**

4.5. Dissemination and communication of the research result

The result of this study was presented to the School of Public Health of Addis Ababa University College of Health Sciences as partial fulfillment of the requirement for the Degree of Masters of Public Health**.** Furthermore, the result of this study was shared with Tikur Anbessa Specialized Hospital responsible bodies and any interested organizations which have interest on the issues addressed by the research**.**

5. RESULTS

5.1. Participants' characteristics

A total number of 422 adult Patients were approached and 422 (100 % response rate) from adult patients who were admitted in three different wards namely medical, surgical and oby/gyny wards of Tikur Anbessa specialized Hospital were found to be valid and included in the analysis. Among the respondents, 250 (59.2%) were females and 172 (40.8%) were males the high proportion of females was due to the inclusion of oby/gyny ward**.** The age distribution shows that 39 (9.2%) respondents were in the age group of 18-24 years, 96 (22.7%) were in the age group of 25-34years, 103 (24.4%) were in the age group of 35-44 years, 109 (25.8%) were in the age group of 45-54years and 75 (17.8%) were above 55 years, the median age was 35 years. Regarding their religion, 249 (59.0%) respondents were orthodox, 92 (21.8%) were Muslim, and the rest 71(16.8%), 10(2.4%) were protestant and catholic respectively. Concerning their marital status, 242 (57.3%) were married, 98 (23.2%) were single, 26 (6.2%) were divorced and 56 (13.3%) were widowed**.** Among the respondents, 288 (68.2 %) and 134 (31.8%) were urban and rural residents respectively**.** Respondents educational status shows that**,** 133 (31.5%) were unable to read and write, 154 (36.5%) of respondents were primary, 87(20.65) were secondary, and 48(11.6%) were diploma and above**.** Regarding their occupational status, 77(18.2%) of respondents were government employed, 56(13.3%) were NGO, 65(15.4%) were daily laborer and 34(8.1%) were trader.

Table 1. Socio- demographic distribution of the study subjects at TIkur Anbessa Hospital, Addis Ababa Ethiopia, June 2013.

Variables	Frequency	percent
Gender		
Male	172	40.8
Female	250	59.2
Age Group		
18-24	39	9.2
25-34	96	22.7
35-44	103	24.4
45-54	109	25.8
>55	75	17.8
Ethnicity		
Amhara	138	32.7
Oromo	121	28.7
Tigre	36	8.5
Gurage	74	17.5
Other	53	12.6
Religion		
Orthodox	249	59.0
Muslim	92	21.8
Protestant	71	16.8
Catholic	10	2.4
Marital status		
Single	98	23.2
Married	242	57.3
Divorced	26	6.2
Widowed	56	13.3

Variable	Frequency	Percent
Educational status		
Unable to read and write	133	31.5
Primary	154	36.5
Secondary	87	20.6
Diploma and above	48	11.6
Occupational status		
House wife	125	29.6
Gov. worker	77	18.2
NGO	56	13.3
Daily laborer	65	15.4
Trader	34	8.1
Other	65	15.4
Average monthly income (ETB)		
<500	137	32.5
500-1000	208	49.3
>1000	77	18.2
Resident		
Urban	288	68.2
Rural	134	31.8

5.2. Length of hospital stay and distribution of type of visitors

Ninety eight (23.2%) of patients stay two days to one week, 220(52.1%) of patients stay two weeks, 83 (19.7%) of subjects stay three weeks, and 21 (5.0%) of respondents stay four and above weeks. Regarding the number of visitors, two hundred and eighteen (51.7%) of patients had one visitors, 130(30.8%) had two visitors, 53(12.6%) had three visitors, and 16(3.8%) of patients had four and above. In addition, relation of visitors to the patients were one hundred and eight (25.6%) were husband or wife, 106(25.1%) were daughter or son, 46 (10.9%) were mother or father, and 113(26.8%) were friends or relatives**.**

Table 2. Length of hospital stay and distribution of type of visitors at Tikur Anbessa Hospital, May-June 2013.

Variables	Frequency	Percent
Ward		
Medical	174	41.2
Surgical	172	40.8
Oby/gyny	76	18.0
Length of hospital stay		
One week or less	98	23.2
Two weeks	220	52.1
Three weeks	83	19.7
Four weeks and above	21	5.0
Number of visitors		
None	5	1.2
One	218	51.7
Two	130	30.8
Three	53	12.6
Four and above	16	3.8
Relationship of visitors		
Husband/wife	108	25.6
Daughter/son	106	25.1
Mother/father	46	10.9
Relatives/friends	113	26.8
Physician	14	3.3
Nurse	31	7.3

5.3. Respondents knowledge towards privacy at Tikur Anbessa specialized Hospital, from may-june; 2013.

Among the respondents 205 (48.6%) knew / heard about privacy, and of those who heard about Privacy, the source of information was, 152 (74.1%) mass media, 23 (11.2%) from school, 3 (1.46 %) from relatives, and 25 (12.2%) were heard from other**.**

Respondents were asked about the difference between privacy and confidentiality, only 32 (7.6%) knew the difference, and 390 (92.4%) did not know the difference, patients who had good knowledge on the importance of keeping privacy during medical consultation were 206 (48.8%), and who had poor knowledge were 216 (51.2%). Among the patients included in the study about half of them (n=217, 51.4%) believed that keeping privacy is the obligation of health worker, while the remaining 48.6% said it is not the obligation of health workers(Table 3)**.**

Table 3. Knowledge of study subjects towards privacy at Tikur Anbessa Hospital, May-June 2013.

Variable	Frequency	percent
Know or heard about privacy		
Yes	205	48.6
NO	217	51.4
Source of information (n=205)		
Mass-media	152	74.1
School	23	11.2
Relatives	3	1.5
Friends	2	1
Other	25	12.2
Know the difference between privacy and confidentiality		
Yes	32	7.6
No	390	92.4
keeping privacy is important during medical consultation		
Yes	206	48.8
No	216	51.2
keeping privacy and confidentiality is obligation of Health worker		
Yes	217	51.4
No	205	48.6

*Other:- from health education, pear teaching, and from counseling session.

5.4. Attitude of patients' towards privacy at Tikur Anbessa Hospital from may-june 2013.

Of the total subjects, 372 (88.2%) patients preferred that their relatives to be present during examination, and 105(24.5%) reported that they are comfortable if other patients are in the same room during examination. Concerning sharing their health information, study subjects reported that they are comfortable if nurses and their assistance know their case, 400(94.8%), all parties 290 (68.7%), other patients in the Same room 135 (32%)**,** and employer 237 (56.2%) respectively. However, 368(87.2%) of patients reported that consent should be asked before sharing information. Four hundred and eight (96.7%)of patients preferred to have only one doctor in the examination room. Over all 288(68.2%) of patients reported that they were satisfied with the level of privacy during their stay in the ward. Subjects were also asked if they had symptom ever not told to the doctor because they thought it would not be kept private, only 24 (5.7%) said that they had with held information (Table 4).

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Table 4:- Attitude of patients towards privacy at Tikur Anbessa Hospital Ethiopia, may- June 2013.

Variable	Agree n (%)	Disagree n (%)	Neutral n (%)
Comfortable if your relatives present during your examination	372(88.2)	31 (7.3)	19 (4.5)
Comfortable having other patients in the same room	105 (24.9)	282 (66.8)	35 (8.3)
Comfortable all your party know your case	290 (68.7)	104 (24.6)	28 (6.6)
Comfortable if nurses and helpers know your case	400 (94.8)	20 (4.7)	2 (o.5)
Comfortable if other patients in the room know your medical information	135 (32)	280 (66.4)	7 (1.7)
Comfortable if your medical information is available to your employers	237 (56.2)	164 (38.9)	21 (5.0)
Comfortable to see a doctor when you had symptom different from before	408 (96.7)	13 (3.1)	1 (0.2)
Ever not told to a doctor because you though privacy is not kept	24 (5.7)	390 (92.4)	8 (1.9)
Prefer if there is one Doctor in examination room	404 (95.7)	12 (2.8)	6(1.4)
Overall satisfaction with the level of privacy in this ward	288 (68.2)	29(6.9)	105(24.9)
Health worker use screen/curtain when doing procedure	272 (64.5)	74 (17.5)	76 (18.0)
Need consent before your data is shared	368 (87.2)	13 (3.1)	41 (9.7)

5.5. Patients attitude on sharing of their health information to medical Students at Tikur Anbessa specialized hospital,may-june,2013.

Patients' attitudes were favorable regardless of the students' extent of clinical experience or clinical abilities or the patients' age or length of hospital stay. Most patients stated that they would allow students to participate in their future hospital care,335 (79.4%) of the respondents Comfortable if students know their medical information and 74 (17.5%) didn't want to be known by students. 291 (69.0%) of the patients were satisfied with the care given by students and 101 (23.9%) of patients did not satisfied with their care . Regarding examination by students 261 (61.8%) of the respondents said they are comfortable if they are examined by students and 127(30.1%) of patients didn't want to be examined by students. subjects were asked about did they hold information if their examiner was a medical student 44 (10.4%) of respondents hold their symptom because of fear of privacy, and 283 (67.1%) of patients did not hold their symptom**.** 56 (13.3%) of respondents had perception that privacy is violated if students know their medical information, and 258 (61.1%) assume that if students know our case they can help us accordingly due to these they did not assume confidentiality is violated**.** 398 (94.3%) of patients need informed consent if their physician wants to discuss with students, 8 (1.9%) of patents did not want if consent were asked or not, and the remaining 16 (3.8%) were neutral (Table 5).

Table 5. **Attitude of patients on sharing of their health information to medical and nurse students at TIKUR ANBESSA Hospital Ethiopia, May-June2013.**

Variable	Frequency	percent
Comfortable if medical and nurse students know your medical information		
Agree	335	79.4
Disagree	74	17.5
Neutral	13	3.1
Satisfied with the care given by students		
Agree	291	69.0
Disagree	101	23.9
Neutral	30	7.1
Comfortable if you are examined by students		
Agree	261	61.8
Disagree	127	30.1
Neutral	34	8.1
Hold information if your examiner is medical students		
Agree	44	10.4
Disagree	283	67.1
Neutral	95	22.5
Confidentiality is violated if medical and nurse students know your case		
Agree	56	13.3
Disagree	258	61.1
Neutral	108	25.6
If your physician wants to discuss your case with students do you need informed consent		
Agree	398	94.3
Disagree	8	1.9
Neutral	16	3.8

Table 6:- Regression analysis of Knowledge of respondents with their socio demographic characteristics at Tikur Anbessa Hospital, May-June 2013.

Characteristics	knowledge		COR(95% CI)	AOR (95% CI)
	Yes(%)	No(%)		
Gender				
Male	105 (61.0%)	67 (39.0%)	0.425 (0.286-0.633)	0.220 (0.105-0.458)
Female	100 (40.0%)	150 (60.0%)	1.00	1.00
Age group				
18-24	12 (30.8%)	27 (69.2%)	0.934 (0.402-2.168)	0.574 (0.125-2.643)
25-34	54 (56.2%)	42 (43.8%)	0.323 (0.17-0.612)	0.276 (0.089-0.850)
35-44	61 (59.2%)	42 (40.8%)	0.286 (0.152-0.539)	0.717 (0.296-1.735)
45-54	56 (51.4%)	53 (48.6%)	0.393 (0.211-0.733)	0.545 (0.238-1.246)
>55	22 (29.3%)	53 (70.7%)	1.00	1.00
Marital status				
Single	49 (50.0%)	49 (50.0%)	0.333 (0.162-0.687)	0.413 (0.101-0.686)
Married	123 (50.8%)	119 (49.2%)	0.322 (0.167-0.621)	0.404 (0.166-0.985)
Divorced	19 (73.1%)	7 (26.9%)	0.123 (0.043-0.353)	0.890 (0.018-0.433)
Widowed	14 (25.0%)	42 (75.0%)	1.00	1.00
Educational status				
Unable to read/write	18 (13.5%)	115 (86.5%)	1.00	1.00
Primary	76 (49.4%)	78 (50.6%)	0.016 (0.089-0.289	3.522 (0.089-4.321)
Secondary	63 (72.4%)	24 (27.6%)	0.060 (0.03-0.118)	5.699 (1.034-7.118)*
Diploma	48 (100%)	-	0.000 (0.000-0.047)	3.378 (0.000-0.047)
Occupational status				
House wife	37 (29.6%)	88 (70.4%)	0.842 (0.430-1.652)	0.416 (0.141-1.223)
Gov. worker	67 (87.0%)	10 (13.0%)	0.053 (0.022-0.125)	0.166 (0.510-0.535)
NGO	50 (89.3%)	6 (10.7%)	0.043 (0.015-0.117)	0.188 (0.050-0.706)
Daily laborer	17 (26.2%)	48 (73.8)	1.00 (0.457-2.187)	5.755 (1.917-17.276)*
Trader	17 (50.0%)	17 (50%)	0.354 (0.148-0.846)	0.976 (0.604-6.465)
Other	17 (26.2%)	48 (73.8%)	1.00	1.00

Residence				
Urban	188 (65.3%)	100 (34.7%)	0.077 (0.044-0.136)	0.102 (0.050-0.207)
Rural	17 (12.7%)	117 (87.3%)	1.00	1.00
monthly income(ETB)				
<500	22 (16.1%)	115 (83.9%)	1.00	1.00
500-1000	115 (55.3%)	93 (44.7%)	0.155 (0.091-0.263)	0.204 (0.114-0.364)
>1000	68 (88.3%)	9 (11.7%)	0.025 (0.011-0.058)	0.115 (0.043-0.305)

Data in table 6 show the logistic regression analysis of variables which relate respondents knowledge; It is found that socio-demographic characteristics were not predictors of patients' knowledge in this study. patients who were secondary school, had a better knowledge with AOR of 5.699 and 95% CI of (1.034-7.118) than those in primary or Diploma. Similarly respondents who works as a daily laborers' had a better knowledge with AOR of 5.755 and 95% CI of (1.917-17.276) .

Table 7:- Regression analysis of respondents attitude towards privacy at Tikur Anbessa hospital, may-june 2013.

	Patients' Attitude			
Variable	favorable	unfavorable	COR (95% CI)	AOR (95% CI)
Gender				
Male	94 (54.7%)	78 (45.3%)	3.012 (1.969-4.608)	4.593 (2.323-9.082)*
Female	196 (78.4%)	54 (21.6%)	1.00	1.00
Age				
18-24	32 (82.1%)	7 (17.9%)	0.807 (0.301-2.164)	1.028 (0.229-4.617
25-34	58 (60.4%)	38 (39.6%)	2.416 (1.215-4.804)	4,550 (1.490-13.893)*
35-44	69 (67.0%)	34 (33.0%)	1.817 (0.913-3.617)	1.994 (0.823-4.831)
45-54	72 (66.1%)	37 (33.9%)	1.895 (0.960-3.740)	2.365 (1.040-5.376)*
>55	59 (78.7%)	16 (21.3%)	1.00	1.00
Ethnicity				
Amhara	94 (68.1%)	44 (31.9%)	0.566(0.296-1.082)	0.530 (0.238-1.178)
Oromo	97 (80.2%)	24 (19.8%)	0.299 (0.148-0.603)	0.211(0.088-0.508)
Tigre	17 (47.2%)	19 (52.8%)	1.350 (0.578-3.156)	0.747 (0.248-2.245)
Gurage	53 (71.6%)	21 (28.4%)	0.479 (0.228-1.004)	0.464 (0.195-1.101)
Other	29 (54.7%)	24 (45.3%)	1.00	1.00
Religion				
Orthodox	172 (69.1%)	77 (30.9%)	1.791 (0.372-8.630)	5.348(0.889-32.169)
Muslim	57 (62.0%)	35 (38.0%)	2.456 (0.493-12.234)	7.701 (1.287-46.063)*
Protestant	53 (74.6%)	18 (25.4%)	1.358 (0.264-6.997)	3.039 (0.459-20.001)
Catholic	8 (80%)	2 (20%)	1.00	1.00
Marital status				
Single	65 (66.3%)	33 (33.7%)	2.077 (0.951-4.536)	1.773 (0.506-6.210)
Married	160 (66.1%)	82 (33.9%)	2.097 (1.030-4.268)	2.297 (0.974-5.419)
Divorced	20 (76.9%)	6 (23.1%)	1.227 (0.398-3.782)	1.622 (0.410-6.413)
Widowed	45 (80.4%)	11 (19.6%)	1.00	1.00

Educational status				
Unable to read&write	109 (82.0%)	24 (18.0%)	1.00	1.00
Primary	113 (73.4%)	41 (26.6%)	1.648 (0.933-2.909)	0.140 (0.046-0.428)
Secondary	45 (51.7%)	42 (48.3%)	4.239 (2.303-7.802)	0.202 (0.072-0.565)
Diploma &above	23(47.9%)	25 (952.1%)	4.937 (2.407-10.125)	0.644 (0.229-1.812)
Occupational status				
House wife	100 (80%)	25 (20.0%)	0.563 (0.283-1.116)	0.559 (0.202-1.547)
Gov worker	45 (58.4%)	32 (41.6%)	1.600 (0.799-3.206)	0.743 (0.262-2.11)
NGO	29 (51.8%)	27 (48.2%)	2.095 (0.996-4.404)	0.394 (0.125-1.244)
Daily laborer	51 (78.5%)	14 (41.2%)	0.618 (0.280-1.364)	0.169 (0.057-0.502)
Trader	20 (58.8%)	14 (41.2%)	1.575 (0.665-3.731)	0.279 (0.082-0.945)
Other	45 (69.2%)	20 (30.8%)	1.00	1.00
Residence				
Urban	181 (62.8%)	107 (37.2%)	2.577 (1.570-4.233)	2.452 (1.209-4.970)*
Rural	109 (81.3%)	25 (18.7%)	1.00	1.00
Monthly income				
<500	115 (83.9%)	22 (16.1%)	1.00	1.00
500-1000	129 (62.0%)	79 (38.0%)	3.201 (1.875-5.467)	1.450 (0.763-2.755)
>1000	46 (59.7%)	31 (40.3%)	3.523 (1.849-6.711)	0.525 (0.189-1.456)

The multivariate logistic regression analysis result in table 7 shows that respondents Attitude with socio-demographic characteristics. Male patients has favorable attitude towards privacy with AOR of 4.593 and 95% CI (2.323-9.082). Similarly, patients with age group 25-34, and 45-54 had favorable attitude with AOR of 4.550, and 95% CI (1.490-13.893), and 2.365, 95% CI (1.040-5.376) respectively. Concerning religion, Muslim patients had favorable Attitude with AOR of 7.701, and 95% CI (1.287-46.063). In addition, patients who lived in urban were favorable attitude with AOR of 2.452, and 95% CI (1.209-4.970).

Discussion

This study is the first of its kind in Ethiopia to assess patients' level of knowledge and their attitude towards privacy and to examine the association between the Patients' socio-demographic characteristics with their knowledge and attitudes, at Tikur Anbessa specialized Hospital. Adult patients who were admitted in surgical, medical, and gynecological wards were interviewed.

The right of privacy protects a patient from unwanted intrusions into his/her life and into information about His/her health, illness, and treatment. The protection of privacy ensures the patient that information obtained during treatment will be shared only with those who are providing health care, unless consent is given for others to receive the patient's information or an exception to the protection of confidentiality applies.

During evaluation of knowledge part in this study, about half of the respondents (48.6%) had good knowledge of privacy. It appears that education play a key role in creating awareness. Surprisingly their awareness regarding the difference between privacy and confidentiality was poor. It's found that only 7.6% were aware of the difference. It is difficult to compare this finding with other studies since there is no information available. However, to increase the patients' awareness, it is essential to educate the population about privacy by different means, such as media, health education, schools,etc. Improving knowledge of the people can improve their attitude towards privacy, it is also necessary to educate health workers regularly in order to update their knowledge so that they can provide better health care to the patients, which is similar with study done in New zealand.

Despite the fact that, patients' privacy appeared to have been compromised by staff behavior, the majority of patients did not perceive this as a problem, that they could prioritize their needs and accepted that there was no privacy, believing that receiving medical care was more important than their privacy with in the hospital**.**

In the present study physical privacy-related practices were somewhat better than the practices of informed consent and informational privacy. This study is in line with study done in Pakistan [3]. 94.8%, 68.7%, and 32% of patients were comfortable if their case was known by nurses and helpers, to all their party, and other patients in the room respectively. These finding goes with Nepalis study which was 81%, 55%, and 53% [13]. In the contrary, adolescents participated in focus groups worried that nurses and other staff exchanged patient information on occasion unrelated to patient care and saw it as the possible means by which private information might reach parents [20]. On the other hand, being allowed to talk to the physician in private was given the highest preference 95.5%, this is similar to American study [11]**.**

The results of these study showed that more than one-third of patients didn't want their case is to be known by their employer. This finding is in agreement with previous research [7,13] in which dissemination of the information was found to be the most important factor determining the respondents' willingness to allow the distribution of their information**.**

A sizable proportion [87.2%] of the respondents indicated that they would like to be consulted before their information is shared with. This finding is consistent with other studies [8,10,13]. In the contrary two studies reported that patients signed release of information statements because they had no choice [21,22]. Always well informed consent is important. As this research found that many respondents consider themselves poorly informed about the uses made of their information. This suggests that more attention should be directed towards ensuring that patients are fully aware of current information sharing practices and future developments so that their implied consent can be seen to be informed. However, the process of consultation for access to information needs to be managed carefully so that it does not place an undue burden on health professionals.

5.7% of respondents had cases which were not told to a doctor because of fear of privacy which goes to 5% in similar study reported above [13]. Respondents who lived in urban were having favorable attitude with AOR of 2.452, and 95% CI (1.209-4.970). This implies that urban patients are having more access for media.

With regard to patients' attitudes towards medical and nurse students it was found that 79.4% of respondents were favorable attitude. This is in line with other studies [14]. These appear to be due to students spent more time with them and answered their questions compaired with other health workers. Moreover, 61.8% of the respondents were comfortable to be examined by medical students. In addition, 69.0% of the respondents were satisfied with the care given by students. This finding is in agreement with American studies [14, 19].

Strength of the study

- No similar study so far in our country, therefore this study show index in our context.
- Gives baseline information for further study
- Study was conducted at tertiary care hospital, so diversity of patients was obtained.
- High response rate**.**

Limitation

- Since study participants were admitted patients, they may fear to give exact information**.**
- Luck of literature or similar studies done in our country for comparison**.**
- Lack of qualitative data to supplement the quantitative data**.**
- Since data collectors were health workers information bias could be also possible.

Conclusion

This research demonstrated that patients had little knowledge towards personal and informational privacy within the Hospital. Patients were focused on their illness rather than their privacy. For that there was no informed consent specifically when the physician want to discuss patients case with medical student, despite patient prefer informed consent.

Patients share personal information with physicians. You have a duty as a professional to respect the patient's trust and keep this information private. This requires the professional to respect the patient's privacy by restricting access of others to that information. Furthermore, creating a trusting environment by respecting patient privacy can encourage the patient to be as honest as possible during the course of the visit. Positive patient-student interactions can have important effects on patients' expectations and their acceptance of future encounters with students. This fact is becoming increasingly important.

Recommendation.

- Professionals visiting the bedside should introduce themselves and give informed consent.
- Screen should be regularly checked to ensure their proper closure.
- Patients' autonomy must be respected as long as they have a right to privacy.
- Continuous training on patient's privacy should be given to health workers.
- Awareness creation about privacy, by media and other method must be enhanced.
- Future researches need to address health workers, medical and nurse students.

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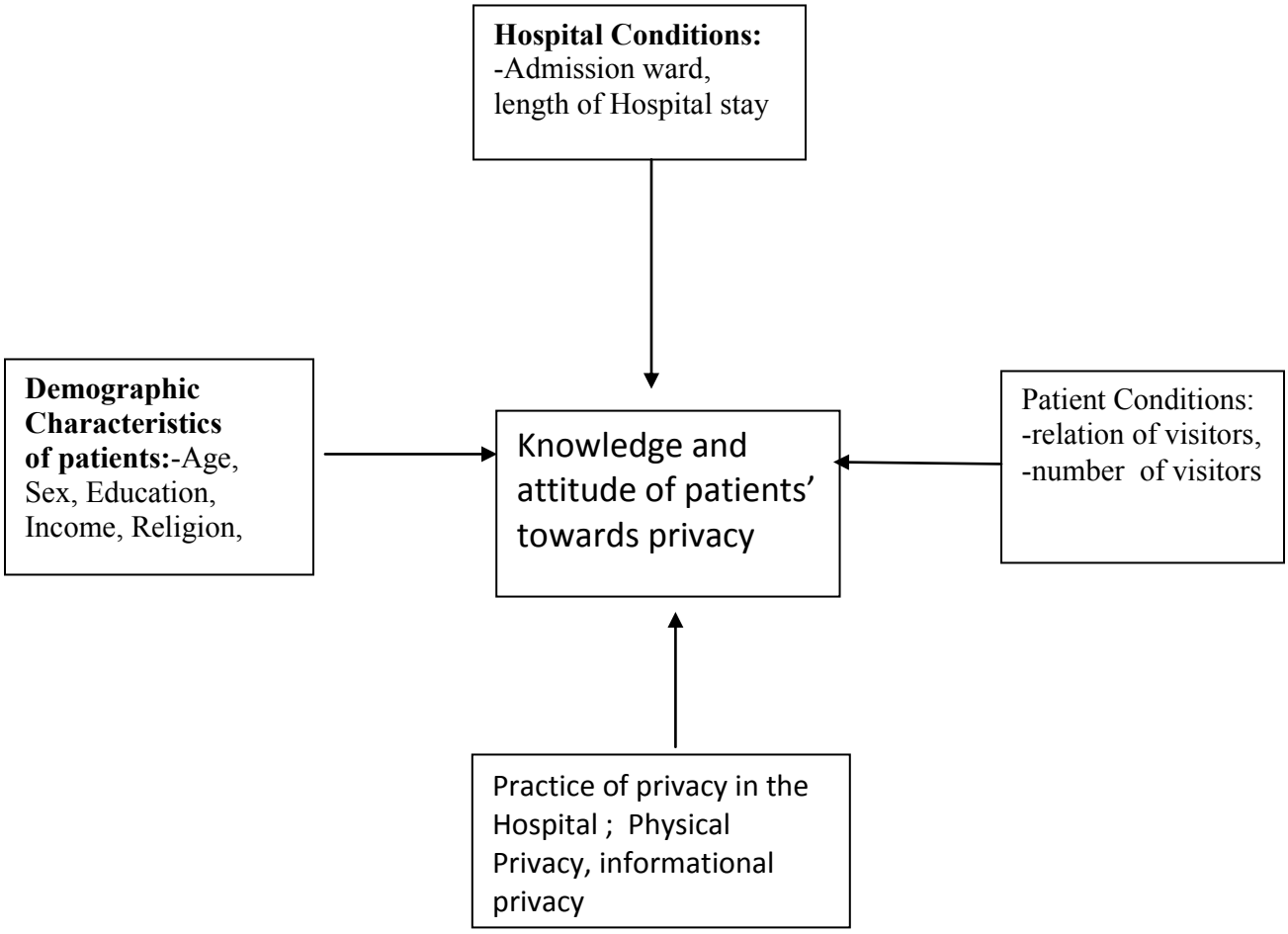
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Annex I Conceptual Frame Work For Knowledge and Attitude of patients towards privacy



ANNEX II INFORMATION SHEET

Principal Investigator: Mirtnesh Selfu

Addis Ababa University

Faculty of Medicine

Department of community health

Title: Assessment of Knowledge and Attitude of patients towards privacy at Tikur Anbessa specialized hospital.

Sponsor : Self sponsor

Introduction

Privacy is the state of being free from intrusion, and in the context of health care it concerns the responsibility of a care provider to protect a patient from any disclosure (i.e., discovery by others), even unintentional, of personal health data, by providing security to the patient and the patient's records. Confidentiality, in contrast, is the limiting of information to only those for whom it is appropriate. Therefore these information sheet briefly provides the necessary guide to be considered during the study.

The objective of this study is to Assess the Knowledge and Attitude of patients towards privacy in this Hospital, which is important to improve the Services so as to facilitate the healing process of the patients.

Risks and discomfort: There is no risk in participating in this study. However there might be some discomfort in answering questions which will take a few minute (about 20 minute).

Benefits:-There is no immediate benefit in participating in this study. However your

participation will contribute in improving the health delivery system service provided to the patients in the future.

Incentive:-There is no financial or material incentive in participating in this study.

Cost:-There is no cost to you for participating.

Confidentiality :

The information that we will collect from this research project will be kept confidential. Information about you that will be collected from the study will be stored in a file, which will not have your name on it, but a code number assigned to it. Which number belongs to which name will be kept under lock and key, and it will not be revealed to any one except the principal investigator**.**

Participant Rights

Your participation is entirely voluntary and up to you to decide. There is no penalty if you do not agree to participate. Your Hospital and health worker will continue to provide health services to you as usual. Also you have the right not to answer any questions you do not want to. You may also withdraw from the study at any time. If in the middle you decide to stop the interview and no longer participate, you can say so without worry.

If I have said things that are not clear to you, you may ask without hesitation and I will answer. During your interview you may also feel free to ask questions.

Persons to contact:

If you have any question, you can ask at any time. If you have additional questions about the study, you contact the PI

Mirtnesh Selfu cell phone 091176-29-62

E-mail mirteselfu@gmail.com

Thank you for your cooperation.

Do I have your permission to continue?

1. If yes, continue to the next page
2. If no, ask the reason and skip to the next respondent.

Annex III Verbal consent form before conducting interview

I give my consent, with a clear understanding of the objective of the study. All the necessary information has been given to me and also I understand that I have the right to withdraw from the study at any time, for any reason without penalty or harm. in case of my refusal to participate in the study or not willing to answer some questions, I understand that the health worker will continue to take care of me like any other patients.

Signature of participant _____

Name of interviewer_____ signature_____
Date of interview _____ Time started_____ Time finished_____
Supervisors name _____signature _____

Annex IV **የጥናቱ ማብራሪያ ቅፅ**

የዋና ተመራማሪ ስም፡ ምርትነሽ ሠልፉ

አዲሰ አበባ ዩኒቨርሲቲ

የጤና ሳይንስ ኮሌጅ

የሕብረተሰብ ጤና አጠባበቅ ት/ቤት

ጥናቱን የሚደግፈዉ አካል ፡ በግል

መግቢያ

የዚህ ጥናት ዓላማ በሆስፒታሉ ዉስጥ ተኝተዉ የሚታከሙ ህሙማን ስለግል ሕመም ሁኔታቸዉና ስለ ህክምናቸዉ መረጃ ሚስጥር መጠበቅ ያላቸዉ ዕዉቀት እና አመለካከት ለማወቅ የሚደረግ ጥናት ነዉ።። ከጥናቱም የሚገኘዉ መረጃ በሆስፒታሉ የሚሰጠዉን አገልግሎት ለማሻሻል የሚረዳ ነዉ።።

ሊከሰቱ የሚችሉ ስጋቶችና ምቾት መጓደሎች

በዚህ ጥናት መሳተፍዎ ምንአልባት ጊዜዎን ሊሻማብዎ ይችል ይሆናል እንጂ ምንም አይነት ሥጋት (ችግር) አያጋጥሞትም።።

ጥቅሞች

በዚህ ጥናት በመሳተፍዎ የተለየ ጥቅም አያገኙም ፡ ነገር ግን የህክምና አገልግሎት አሰጣጥ ላይ መሻሻል ሊያመጣ ይችላል።።

ማካካሻ በዚህ ጥናት በመሳተፍዎ ምንም አይነት የገንዘብም ሆነ የቁሳቁስ ማካካሻ አያገኙም

ወጪ *በዚህ ጥናት በመሳተፍዎ ምንም አይነት ወጪ አይጠየቁም*

ምስጢር ስለመጠበቅ

ከዚህ ጥናት የሚገኝ መረጃ በሙሉ ሚስጢራዊነት ይጠበቃል።። ለዚህ ጥናት የሚሰበሰበዉ እርስዎን የሚመለከት መረጃ በማህደር የሚቀመጥ ሲሆን ማህደሩም በስምዎ ሳይሆን በተለየ ኮድ የሚቀመጥ ስለሆነ ኮዱ ከዋናዉ ተመራማሪ ዉጪ ለማንም አይገለጽም፡

በጥናቱ ዉስጥ ያለመሳተፍ ወይም ራስን የማግለል መብት በጥናቱ ላለመሳተፍ ከፈለጉ በዚህ ጥናት ያለመሳተፍ ወይም ካንድ በላይ ወይም ሁሉንም ጥያቄዎች አለመመለስ ይችላሉ ።። በዚህ ጥናት ባለመሳተፍዎ ወይም በከፊልም ሆነ በሙሉ ጥያቄዎችን ባለመመለስዎ እንደታካሚነትዎ የሚያጡት አገልግሎት አይኖርም።።

የሚገናኟቸዉ ሠዎች *በጥናቱ ዙሪያ ማንኛዉም ጥያቄ ካለዎት የሚከተለዉን ሠዉ ማነጋገር ይችላሉ።።*

ምርትነሽ ሠልፉ ስልክ 0911762962

አመሰግናለዉ

በጥናቱ ለመሳተፍ ፍቃደኛ ነዎት 1. ፍቃደኛ ከሆኑ ቀጥዩ

2. ፍቃደኛ ካልሆኑ ምክኒያት ጠይቀሽ ወደሚቀጥለዉ ተጠያቂ እለፊ

Annex V የስምምነት ማረጋገጫ ቅጽ

ሕሙማን በጥናቱ ለመሳተፍ ፍቃደኛ ስለመሆናቸዉ የሚገልፁበት ፎርም

እኔ በዚህ ጥናት ተሳታፊ ለመሆን ስወስን የጥናቱን ዓላማዎች ፣ አሰራሮችና ቅድመ ሁኔታዎች በግልፅ በመረዳትና እንዲሁም እራሴን ከጥናቱ በማናቸዉም ደረጃ የማስወጣት መብቴን በማረጋገጥ ነዉ:: ይህንኑ ብወስን ተገቢ የሆኑ ህክምናዎችና እገዛዎች ሁሉ እንደማይነፈጉኝ በማመን ነዉ::

የተሳታፊ ፊርማ ----------

ቃለመጠይቁን ያደረገዉ ስም ---------- ፊርማ ----------

የተደረገበት ቀን ---------- የተጀመረበት ሠዓት ----------

ያለቀበት ሠዓት ----------

የተቆጣጣሪ ስም ---------- ፊርማ ----------

Annex VI Questionnaire for Data Collection on Knowledge and Attitude of patients towards privacy at Tikur Anbessa specialized Hospital, Addis Ababa, 2013

Identification code No_____

Name of Hospital_____ Ward_____

Class (_1,2,3)_____ Ward code No._____

SECTION 1: DEMOGRAPHIC INFORMATION

Demographic characteristics of the patients

No	Questions	Coding categories	code
101	How old are you?	1.18-24 2. 25-34 3. 35-44 4. 45-54 5. 55 and over	
102	Patients sex	1.male 2.female	
103	Ethnicity	1.Amhara 2.Aromo 3.Tigre 4.Gurage 5.other (specify	
104	What is your religion	1.orthodox 2.muslim 3.protestant 4.catholic 5.others (specify	
105	Marital status	1. single 2. married 3.divorced 4.widowed	
106	Educational status	1.Unable to read & write 2.Elementary 3.Highschool complete 4.Diploma and above	

107	Occupational status	1.House wife 2.Government employee 3.NGO “ 4.Daily laborer 5.Trader 6. Other (specify	
108	Place of living	1. Urban 2. Rural	
109	What is your average income per month?	1. <500 birr 2. 500-1000 3. >1000	
110	How many days did you stay in this Hospital?	1. 2days-1 week 2.Two weeks 3. Three weeks 4. Four weeks and above	

Section 2. Assessment of patients' knowledge towards privacy

No	Question	Coding categories	Code
201	Do you know/heard about privacy?	1 . Yes 2. No	
202	If Q. No 301 is yes from where did you heard?	1. Relatives 2. School 3. Friends 4. TV/Radio 5. Other	
203	Do you know the difference b/n privacy and confidentiality?	1. yes 2. NO	
204	Is keeping privacy an obligation of health workers during medical consultation?	1.yes 2.No	
205	Is keeping privacy important during medical consultation?	1. Yes 2. No	

Section 3 Assessment of patients' Attitude towards privacy

No	Question	Coding categories	Code
301	How many people have come today to see you?	_____.	
302	Who are they? (Relationship)	1. Husband/wife 2.Doughter /son 3. Mother/father 4.Friend /relatives 5.Doctor 6. Nurse	
303	Do you prefer them all to be with you in the consultation?	1. agree 2. disagree 3. neutral	
304	Are you comfortable with having other patients in the same room as you, consulting with other doctors?	1. agree 2. disagree 3. neutral	
305	Are you comfortable with all of your party knowing the medical information in your consultation?	1. agree 2. disagree 3. neutral	
306	Are you comfortable with having nurses and helpers knowing your medical information?	1. agree 2. disagree 3. neutral	
307	Are you comfortable with other patients in the ward knowing your medical information?	1. agree 2. disagree 3. neutral	
308	Comfortable if your medical information is available to your employer	1. agree 2. disagree 3. neutral	

309	Are there some illness/symptoms where ,if you had them, you would prefer to see the doctor by yourself?	1. agree 2. disagree 3. neutral	
310	Have you ever not told to a doctor because you though that information would not be kept private?	1. agree 2. disagree 3. neutral	
311	Would you prefer if there is one doctor in each examination room?	1. agree 2. disagree 3. neutral	
312	Are you satisfied with the level of privacy in this ward?	1. agree 2. disagree 3. neutral	
313	Are you exposed during physical examination?	1. agree 2. disagree 3. neutral	
314	Do you need consent before your data is shared?	1. agree 2. disagree 3. neutral	
315	Are health worker use screen when they are doing procedure?	1. agree 2. disagree 3. neutral	

Section 4. Assessment of patients' attitude on sharing of their health information to medical and nurse students

No	Question	Coding categories	code
401	Are you comfortable if medical students and Nurse students know your medical information?	1. agree 2. disagree 3. neutral	
402	Are you satisfied with the care given by medical student and Nurse students?	1. agree 2. disagree 3. neutral	
4o3	Are you comfortable if you are examined by medical students and nurse students?	1. agree 2. disagree 3. neutral	
4o4	Did you hold information if your examiner is medical student or nurse students?	1. agree 2. disagree 3. neutral	
405	Do you think confidentiality is violated if students know your case?	1. agree 2. disagree 3. neutral	
406	If your physician want to discuss with students do you need informed consent first?	1. agree 2. disagree 3. neutral	

Annex VII

በጥቁር አንበሳ ሆስፒታል ተኝተዉ ለሚታከሙ ህሙማን የሚደረግ መጠይቅ

ኮድ ቁጥር---------- ክፍል---------- ዋርድ----------

ክፍል አንድ ማህበራዊ እና ኢኮኖሚያዊ ሁኔታን የሚዳስስ መጠይቅ

ተቁ	ጥያቄዎች	መልስ	ኮድ
101	እድሜዎት ስንት ነው?	1. 18-24 2. 25-34 3. 35-44 4. 45-54 5. 55 እና ከዚያ በላይ	
102	ፆታዎት	1. ወንድ 2. ሴት	
103	ብሄር	1. አምሃራ 2. ኦሮሞ 3. ትግሬ 4. ጉራጌ 5. ሌላ ካለ ይግለጹ	
104	ሀይማኖቶ ምንድን ነው	1. ኦርቶዶክስ 4. ካቶሊክ 2. ሙስሊም 5. ሌላ 3. ፕሮቴስታንት	
105	የጋብቻ ሁኔታ	1 ያላገባ/ች 3 . የተፋታ/ች 2 የተጋባ/ች 4. የሞተበት/ባት	
106	የትምህርት ሁኔታ	1. ማንበብና መፃፍ የማይችል 2. 1ኛ ደረጃ 3. 2ኛ ደረጃ ያጠናቀቀ 4. ዲፕሎማና ከዛ በላይ	
107	የስራ ሁኔታ	1 የቤት እመቤት 2 የመንግስት ተቀጣሪ	

		3 የመንግስት ያልሆነ 4 የቀን ሰራተኛ 5 ነጋዴ 6 ሌላ ስራ	
108	**መኖሪያዎ የት ነዉ**	1-ከተማ 2- ገጠር	
109	አማካኝ የቤተሰብ ወራዊ የገቢ መጠን	1.<500 2 .500-1000 3. .1000 ብር	
110	በሆስፒታሉ ዉስጥ ስንት ቀን ቆይተዋል	1. ሁለት ቀን እስከ አንድ ሳምንት 2. ሁለት ሳምንት 3. ሶስት ሳምንት 4. አራት ሳምንትና ከዚያ በላይ	

ክፍል ሁለት ስለ ግላዊ ሁኔታና ስለ ህክምናዎ ሚስጥር የመጠበቅ አመለካከትዎትን የሚዳስስ

መጠይቅ

ተቁ	ጥያቄዎች	መልስ	ኮድ
201	ዛሬ ስንት ሰው ሊጠይቆት መጣ		
202	እነማን ናቸው	1 ባል/ሚስት 2 ልጅ 3 እናትና አባት 4 ጓደኞች/ዘመድ 5 ሀኪም 6 ነርስ	
ተ203	በእርሶ ምርመራ ወቅት አብሮት እንዲሆኑ ፈቃደኛ ኖት	1.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
204	በእርሶ ምርመራ ወቅት ሌላ ታካሚ በክፍሉ ውስጥ መኖሩ ምቾት ይሰጠታል	1.እስማማለሁ 2. አልስማማም	

		3. ተአቅቦ	
205	የአንተን የጤና ሁኔታ ዘመዶቾ ቢያውቁ ምቾት ይሰሞታል	1.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
206	ስለእርሶ የህክምና መረጃ ነርሶችና ረዳቶች ቢሰሙ ምቾት ይሰሞታል	1.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
207	በክፍሎቱ ውስጥ ያሉ ሌላ ታካሚዎች የእርሶን የህክምና መረጃ ቢሰሙ ምቾት ይሰጦታል	1.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
208	የመስራቤቶ ሀላፊዎች የእርሶን የህክምና መረጃ ቢሰሙ ምቾት ይሰጦታል	1. እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
209	ለየት ያለ ህመም ሲሰማዎት ሀኪም ለማነጋገር ፈልገው ያውቃሉ	1.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
210	ሚስጥሬ አይጠበቅም ብለው ለሀኪም ሳይነግሩ የቀሩት መረጃ አለ	1.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
211	በእያንዳንዱ ምርመራ ክፍል ውስጥ አንድ ሀኪም ብቻ ቢኖር ደስ ይሎታል ወይ	1.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
212	በዚህ በመኝታ ክፍል ውስጥ የሚደረገው የሚስጥር ጥበቃ ይተማመናሉ	1.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
213	በምርመራ ወቅት ላላስፈላጊ እይታ ተጋልጠዋል	1.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	

214	የእረስዎ የህመም መረጃ ከመነገሩ በፊት የእርስዎ ፍቃደኛነትዎ መጠየቅ አለበት ይላሉ	ነ.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
215	ባለሞያዉ አነዳነደ ህክምና ሲሰራ መጋረጃ ይጠቀማል	ነ.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	

ክፍል ሦስት ስለ ግላዊ ሁኔታና ስለ ህክምናዎ ሚስጥር የመጠበቅ ግንዛቤዎትን የሚዳስስ መጠይቅ

ተቁ	ጥያቄዎች	መልስ	ኮድ
30ነ	በህክምና አሰጣጥ ጊዜ ስለ ግል ሁኔታዎና ስለ ህክምናዎ ሚስትር መጠበቅ ያዉቃሉ/ሰምተዋል	ነ አዎ 2 **አልሰማሁም**	
302	የ 30ነ ጥያቄ አዎ ከሆነ ከየት ሰሙ	ነ ከዘመድ 2 ከት/ ቤት 3 ከጓደኛ 4 ከቲቪ/ሬድዮ 5. ሌላ ካለ ይግለጹ	
303	በህክምና ጊዜ ስለሚደረግ ጥንቃቄና ስለ ህመሞ መረጃ ሚስጥር መጠበቅ ልዩነት ያዉቃሉ	ነ አዎ 2 አላዉቅም	
304	በህክምና ጊዜ የሚደረግ ጥንቃቄና የህክምና መረጃ ሚስጥር መጠበቅ የጤና ባለሞያ ታላፊነት ነዉ?	ነ አዎ 2 አይደለም	
305	በህክምና ጊዜ ሚደረገዉ ጥንቃቄና የህክምና መረጃ ሚስጥር መጠበቅ ለህክምና አሰጣጡ አጋዥ ነዉ?	ነ አዎ 2 አይደለም	

ክፍል 4 ታካሚዎች የህክምና ሁኔታቸዉ ለህክምናና ነርስ ተማሪዎች ቢያዉቁት ያላቸውን አመለካከት የሚዳስስ መጠይቅ

ተቁ	ጥያቄዎች	መልስ	ኮድ
401	የህክምናና የነርስ ተማሪዎች የእርሶን መረጃ ቢያውቁ ደስተኛ ኖት	ነ.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
402	በህክምናና በነርስ ተማሪዎች የሚደረግሎት ህክምናና እንክብካቤ ያረኮታል	ነ.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
403	የህክምናና የነርስ ተማሪዎች ቢመረመሩዎት ይመቾታል	ነ.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
404	የሚመረምሮት የህክምና ተማሪ ቢሆን የማይናገሩት መረጃ ይኖራል	ነ.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
405	የህክምናና የነርስ ተማሪዎች የእርሶን የህክምና መረጃ ቢያውቁ ሚስጥር ተጣሰ ብለው ያስባሉ	ነ.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	
406	ሀኪሞት ስለእርሶ ህመም ከተማሪዎቹ ጋር እንዲወያይ በመጀመሪያ ፍቃድ እርሶን እንዲጠይቁ ይፈልጋሉ	ነ.እስማማለሁ 2. አልስማማም 3. ተአቅቦ	

Declaration

I the undersigned, Mirtnesh Selfu Menisa declare that this thesis is my original work and has never been presented in this or any other university, and that all resources and materials used in herein, have been duly acknowledged.

Name Mirtnesh Selfu

Signature _____

Place: Addis Ababa,Ethiopia

Date of submission 03 /01 /2014

APPROVAL OF ADVISOR

This thesis has been submitted for examination with my approval as university advisor.

Name: Dr. Fikre Enqusselasie (PhD. Associate Professor)

Signature _____