

Student nurses' views regarding disclosure of patients' confidential information

Matlakala MC, RN, MCur

Department of Health Studies, University of South Africa

Mokoena JD, RN, MACur

Department of Nursing Sciences, University of Limpopo (Medunsa)

Correspondence to: Mokgadi Matlakala, e-mail: matlamc@unisa.ac.za

Keywords: confidentiality; disclosure; patients' rights; privacy; student nurses

Abstract

Background: Nurses have a moral duty to maintain the confidentiality of patients' information. Challenges to maintaining confidentiality often arise because of competing moral claims of the patient, his/her family members and doctors.

Methods: A qualitative, descriptive and contextual study was conducted to explore and describe the views of student nurses regarding the disclosure of patients' information. Sampling to select 17 student nurses in their final year of nursing training was adopted purposefully. Data were collected by means of focus group and individual interviews, and then analysed using the Tesch descriptive analysis method.

Results: Two themes emerged from analysis of the data, reflecting the participants' views regarding the disclosure of confidential patient information. The themes were: maintaining the confidentiality of patients' information, and factors influencing the disclosure of information.

Conclusions: The findings indicate that student nurses are aware of the challenges inherent in practice, where patients' confidentiality might sometimes be compromised.

© Peer reviewed. (Submitted: 2010-11-01. Accepted: 2011-01-27.) © SAAFP

S Afr Fam Pract 2011;53(5):481-487

Introduction

Ethically based nursing practice dictates that keeping all matters relating to patients in confidence is upheld by the nurses at all times. Information obtained from an individual should not be disclosed to another without permission, out of respect, loyalty and trust. The disclosure should benefit the individual, or be made if there is a direct threat to the social good.¹ The National Health Act provides that this information must not be given to others unless the patient consents to this, or the healthcare practitioner can justify the disclosure.²

The right to privacy is also provided for in the Constitution of South Africa, Act 108 of 1996. Section 14 (d) of the Constitution states that everyone has the right to privacy, which includes the right not to have the privacy of their communications infringed.³ The Nursing Act, Act 33 of 2005, contains South African Nursing Council (SANC) Regulation 387 (R 387) of 15 February 1985, as amended, which deals with professional secrecy.⁴ R 387 outlines the rules setting out the acts or omissions in respect of which the Council may take disciplinary steps. The Minister of Health and Welfare,

on the recommendation of the SANC, has determined that the acts or omissions referred to in Section 35 of the Nursing Act, 1978 (Act 50 of 1978), as amended by Act 33 of 2005, are the acts or omissions specified in the rules set out in the Schedule thereto. R 387 states that a nurse may not divulge any information concerning a client that has become known to him/her in his/her professional capacity.⁴ Section 15(1) of R 387 deals with professional secrecy, which relates to the confidentiality of information. Subject to the provisions of sub-rule (2) on professional secrecy, a nurse may not divulge any information concerning a patient that has become known to him/her in his/her professional capacity. However, this rule is not applicable if such information is made known in the following instances:

- With the explicit consent of a patient who is of age; of the parent or guardian of a patient who is a minor; or of the surviving spouse or child who is of age, of a patient who is deceased;
- Where instructed thereto by a court of law, or where a nurse is otherwise lawfully bound thereto;
- In the exclusive interest of a patient who is not able to, or is not capable of, granting permission; or

- In professional consultation with anybody involved in the treatment of the patient or, in the exclusive interest of the patient, with somebody else.⁴

Maintaining the confidentiality of information is sometimes challenging for nurses, especially student nurses who are still in training. The challenge arises from the fact that information about patients is shared in many ways in the healthcare setting. These include record keeping of the patients' progress, reporting and sharing the doctor's orders, providing reports and/or taking over during nurses' rounds, referrals to other members of the multidisciplinary healthcare team, as well as widespread use of computers for information management and sharing of information with the patient's family or relatives. Sometimes ICD10 coding is used to identify the different diagnoses of patients in order to maintain the privacy of information. However, the diagnosis is still written in words on the patient's records, or in the admission records.

Student nurses are aware of their duty to keep information about their patients private and confidential, but the practical application poses a number of challenges. When a patient is in hospital, many people are involved in making decisions about that person's care. Doctors, nurses and other healthcare workers make choices about how to care for patients throughout the day.

When patients are in hospital, their family members are in crisis and wish to know the condition and progress of their relatives. Doctors are not always available in the wards to explain this to family members. It is the nurses' duty to attend to visitors during visiting hours in the hospital, and it is often difficult for student nurses to know what information can be divulged to the families in the absence of the doctor. The student nurses always refer such questions to the registered nurse in charge of the unit. While the nurses have a duty to keep all information about their patients confidential, they often have to involve the patient's family in the patient's health care. It may sometimes be necessary to make decisions on behalf of patients who cannot make such decisions for themselves. In this case, student nurses are faced with dual loyalty: to the patient and to the family.

They are not always certain about how much information to give families enquiring about their loved ones. Moral conflict commonly arises in HIV/AIDS cases, those involving terminal illnesses such as cancer, or when the patient wants to have an abortion. While student nurses are aware of the importance of maintaining confidentiality, they also regard family as important to the welfare of the patient. It may be perceived that sharing information with the family about the patient is not unethical. In many instances, the patient falls ill while living with his/her family, who may bring him/her

to hospital and assist in providing a history of the illness. However, once the sick party has become an established patient in the hospital, information about him/her has to be kept confidential from the family who brought the patient to hospital. For student nurses, it is difficult to determine the extent of the information to be shared.

Information is needed by the patient, the family and the multidisciplinary health team so as to understand the disease, to make choices from treatment options, and to discuss the quality of life and probability of death, permanent disability or dependency, and loss of function. The duty to be truthful to the family and the duty to protect the patient are sometimes in conflict.

The activities that may be necessary to maintain confidentiality are provided for largely by R 387 of the SANC.⁴ However, sharing information about the patient with the family or significant other is not covered in the regulation. As a result, the moral duty of maintaining confidentiality may be compromised. There is a possibility that health personnel, including student nurses, may be sued for breach of confidentiality. Therefore there is a need to determine how student nurses view the disclosure of patients' confidential information, as this moral duty underpins the ethical principles of autonomy, beneficence, non-maleficence and justice. In South Africa, there is limited literature that reports on student nurses' views regarding disclosure of patients' information.

The purpose of this study was to explore and describe the views of student nurses regarding the disclosure of confidential patient information. The aim was to assess whether student nurses would be able to identify the inherent challenges regarding maintaining the confidentiality of information, and also identify their duty towards maintaining patients' confidential information in practical nursing situations.

Methods

Study design and setting

A qualitative, explorative and descriptive design was used in this study to capture student nurses' views and perceptions regarding disclosure of confidential patient information.⁵ The qualitative approach was chosen in order to explore the depth and complexity inherent in confidentiality as a phenomenon.⁶ The study was conducted in the department of nursing sciences of a residential medical university in Gauteng.

Population and sampling method

The target population for this study comprised 33 final-year BCur nursing students registered with the specific medical

university.⁶ The student nurses were enrolled in the BCur programme and attended their theory lectures in the nursing sciences department. The course included a nursing ethics component.

This medical university is attached to a public academic hospital, where the student nurses are allocated specific clinical settings for their clinical learning practice. They also have access to other facilities that are accredited by the SANC for clinical learning practice, such as clinics, mental institutions, old-age homes, home-based care facilities and places of safety, in the Tshwane region of Gauteng.

Non-probability sampling was purposefully used to select the student nurses.⁶ The sample comprised 17 students who volunteered to participate in the study. Student nurses attending lectures in nursing ethics and who wanted to participate in the study were included. The student nurses had to be in their final year of study and to have had experience in the clinical practice facilities, interacting with patients/clients in different clinical settings. Those who were not interested in participating in the study were excluded.

Ethical considerations

Ethics clearance for the study was obtained from the Research, Ethics and Publications Committee of the University of Limpopo (Medunsa Campus). Permission to conduct the study was also requested and obtained from the head of department (HOD) of nursing sciences. Informed written consent was obtained from the participants, following a thorough explanation of the purpose of the study and presentation of the ethics clearance certificate and letter of approval from the HOD.

Participation in the study was voluntary and the participants were assured that they could withdraw from it at any time, without penalty, if they so wished.

The student nurses were allowed to ask questions. It was explained to them that there were no financial benefits to be derived from participating in the study, but that the study would be significant in reinforcing the importance of ethics and moral duty in patient care. It was also explained that the study findings would be disseminated in the form of presentations at conferences and publication in an accredited journal.

Data collection

Data were collected through focus groups and individual interviews. An audio tape was used to record the interviews. Two focus group interviews were conducted with five and six participants respectively, and six participants were included in the individual interviews. Focus group interviews were suitable for this explorative qualitative study as they are inexpensive, flexible, stimulating, cumulative and elaborative.^{7,8}

Two researchers collected the data, with one researcher serving as the interviewer while the other acted as a moderator, taking field notes and operating the audio tape recorder. To maintain confidentiality, identifiers in the form of dates and numbers were used to label the audio tapes. The transcripts from the audio tapes bore no names, but only numbers and dates. The research question was: "What are your views regarding disclosure of patients' confidential information?", followed by probing questions that sought clarification of participants' initial response.

The central question was the same as that posed in the focus group interviews for the six participants who participated in the individual interviews.⁷ Interview times ranged from 25-30 minutes. The interviews ceased when data saturation was reached, that is, when information was repeated without any new views being presented.

Data analysis

The data were analysed according to the steps outlined by Tesch.^{9,10} They were transcribed verbatim from the audio tapes. The audio tape transcripts were read and reread by the researchers to make sense of the whole. Data reduction was used in the data analysis process.⁹ The researchers identified essential features and patterns of the data, such as extracts from the interviews that represented extracts of the same nature. The data were clustered together into similar topic themes and then organised into categories. The field notes written during the data collection were used to gain the necessary background information. The content of each category was summarised in order to draw conclusions. Literature was used to support the findings.

The two researchers then coded the transcripts independently. This was followed by recoding, after which discussions were undertaken by the two researchers until consensus was reached about the themes and categories. An independent researcher, experienced in qualitative research methods, conducted an independent quality check and verified the findings.

To enhance the trustworthiness of this study, the researchers made use of Guba's model.¹¹⁻¹⁴ This model provides four criteria to ascertain rigour in qualitative studies, namely credibility, dependability, conformability and transferability.¹⁵

Results

Of the 17 participants, 11 were female and six were male, and their ages ranged from 22-32 years. All the participants were single except for one, who was married. They were in their final year of study and had already attended lectures in nursing ethics. The participants had experience of clinical settings, including different hospitals and clinics, child care

centres, old age homes and home-based care facilities for their clinical learning experiences.

The participants were from different cultural backgrounds and their home languages included Setswana, Sepedi, isiNdebele, isiZulu, Tsonga, Tshivenda and isiXhosa. Fourteen of the participants originated from rural areas, where traditional culture is still strong, especially in family relations.

Two themes emerged from analysis of the data reflecting the participants' views regarding the disclosure of patients' confidential information. The themes were: maintaining the confidentiality of patients' information and factors influencing the disclosure of information.

Maintaining the confidentiality of patients' information

The participants indicated positive views on maintaining patients' confidential information. They mentioned that they had a moral duty to do this and to not divulge such information. It was also revealed that there were disclosure benefits that need to be considered when sharing patients' information. This relates to where disclosure would facilitate proper care, treatment and support. Disclosure would also give nurses and doctors a chance to teach, provide knowledge and alleviate fears about the disease.

The participants acknowledged that all patients have the right to confidentiality and that the nurse-patient relationship is based on trust between these two parties. Three categories emerged from this theme, namely disclosure of the patients' information to colleagues, disclosure of information to the family members, and disclosure of information to the multidisciplinary team.

Disclosure of patient information to colleagues

The participants acknowledged that it was important to share information only with those nurses who were dealing with the patient. The narratives were as follows:

"Nurses working together in the same ward can talk about a patient's information in order for the care to progress. They need to give reports on what is done and what is going to be done, but should not discuss this with other nurses not working in same ward."

"I think nurses should only discuss the patient condition among themselves. No nurses from other wards need to know about the patients in the ward. It should remain in the ward, among the staff and doctors working there."

The findings indicate that the participants are of the opinion that the patients' information should be kept within the patients' circles of interactions only. It is inferred from the Hippocratic oath that "a breach of confidentiality is a

disclosure to a third party without patient consent or court order, of private information that the physician has learned within the physician-patient relationship".¹⁶ However, the findings also indicate that a moral conflict may arise during case study presentations, when the student nurse presents and shares information about his/her patient with peers and/or lecturers who do not provide direct care to such a patient, as provided for in the oath. This kind of situation falls outside of the patient's circles of interaction and creates a dilemma for the student.

Health practitioners, including nurses, are responsible for ensuring that clerks, receptionists and other staff respect the confidentiality of patients' information in the performance of their duties.²

Disclosure of information to the family members

Disclosure of a patient's confidential information to family members posed unique challenges for the participants. The participants indicated that, while it was important to disclose confidential information to family members, there was a need for confidential information to be provided by the patient to his/her family with regard to certain conditions, such as tuberculosis and HIV/AIDS. Disclosure would depend on the patient's position in the family. It was also mentioned that the advantages and disadvantages of disclosure should be discussed with the patient, as disclosing information may jeopardise his/her relationship with the family. It follows that the safety of the patient should be considered before disclosure. Some of the participants mentioned the following:

"Disclosure depends on the patient's role in the family."

"I think the family has the right to know if their lives are in danger. This should be given with the permission of the patient, after explaining the condition to him/her and the measures to be considered."

"Patient confidentiality should be disclosed to the family. It is the family's right to know if they're going to care for the patient. This is for the sake of safety, but the patient should be counselled first."

The relevant literature indicates that it is important to disclose patient information to family members and representatives only if the recipient of information is known to the patient and the healthcare team, and the patient specifically authorises those who may receive information.¹⁶ In a study conducted in India, it was found that there was a higher rate of disclosure to family members than that found in Western studies because in Indian society the family is the primary support system.¹⁷

With regard to disclosure related to safety and prevention of harm, it is stated that disclosures in the public interest include, but should not be limited to, situations in which the patient or other persons would be exposed to harm as a result of risk-related contact.²

It is further mentioned that, when a healthcare provider is satisfied that information should be released, he or she should act promptly to disclose all the relevant information. This is often essential to protect the best interests of the patient, or to safeguard the well-being of others.² However, while the nursing staff try very hard to ensure confidentiality, it is difficult to measure the amount of information that should be given to the family and relatives regarding the patient's condition and progress, because of the diverse backgrounds from which the individuals come.

Disclosure of information to the multidisciplinary team

Disclosure of the patient's confidential information to other colleagues and members of the multidisciplinary health team was also highlighted by the participants. The participants revealed that there may or may not be a violation of the patient's rights to confidentiality during the provision of nursing care. The findings indicated that positive outcomes could result from disclosure when the patients are not identified. Some of the narratives revealed the following:

"Disclosing confidential information is a violation of the patient's rights when the person to whom the disclosure is made is not a part of the team caring for the patient."

"Sharing confidential information with a colleague who is not caring for the patient would not be a violation of the patient's rights when consulting him/her for advice, providing the patient isn't named."

These findings concur with the literature, which states that the physician-patient relationship creates an obligation on the part of the physician to protect certain confidential information pertaining to the patient.¹⁶

However, in practice it happens that patients are referred to by name and/or diagnosis when discussed with colleagues for further management. This is not regarded as a violation of the right to confidentiality of information, as it is essential for the management of the patient.

With regard to maintaining patients' confidentiality, it is indicated that access to, and sharing of such information, must be limited to those personnel with the medical need to know, and to family members who are authorised by institutional policy and patient consent.¹⁸

Factors influencing disclosure of information

The findings from this theme revealed three categories that relate to the factors influencing the disclosure of information,

namely fear of discrimination and stigmatisation, teachable moments in the clinical setting, and handing over reports.

Fear of discrimination and stigmatisation

The results indicated that there are challenges relating to the disclosure of information with regard to conditions such as HIV/AIDS, terminal illnesses such as cancer, or when certain procedures such as abortion are required. Fear of rejection by family, friends and partners, and stigmatisation were mentioned as some of the factors influencing information disclosure. According to literature that takes into account gender factors, males are afraid to disclose due to fear of stigmatisation and to shield others from anxiety.¹⁹ The findings indicate that the patients should be made aware of the benefits of disclosure, especially in relation to certain conditions. Some of the narratives were as follows:

"I think the nurse has a duty to keep all information confidential to prevent stigmatisation."

"Teach the patient the importance of disclosure and about the benefits of disclosure for the family, especially with conditions like HIV infection."

According to a study that was conducted in different African countries, disclosure concerns relate to controlling information, keeping one's status secret, or worrying that others who know about the patient's disease status will stigmatise him/her.¹⁷ The study further indicates that concerns that might prevent an individual from disclosing his/her status in the workplace include fear of discrimination and harassment, and anxiety about losing health benefits. Causing disgrace to the family and self, a sense of futility, or fear of what will happen if a partner, family member or neighbour found out, were reported as some of the reasons for nondisclosure. For some individuals, informing others may be a forced choice because it is difficult to keep illness and hospitalisation secret.¹⁷

The literature notes that sharing the knowledge that a person has HIV with those closest to them is important. However, each individual must feel that he or she is in control of passing on this private information.¹⁷

The disclosure of a patient's personal information may be in the public interest if it is likely to protect individuals or society from the risk of significant harm, such as serious communicable diseases or crime, or to reduce the risk of death or harm to the patient or a third party.²

Moments that arise during teaching in clinical settings

The participants revealed that situations of uncertainty could arise in nursing practice that may compromise the ability to maintain the confidentiality of patients' information. The following was highlighted:

"Sometimes the lecturer discloses information because he/she wants to impart valuable information about a rare condition, and this occurs particularly if the condition is familial."

"During student observation, there may be no time to obtain consent from the patient in an emergency situation."

During clinical accompaniment of student nurses by the registered nurses/lecturers, moments may arise during teaching in which the patient is unable to give consent. However, it was indicated that disclosures should be kept to the necessary minimum and that healthcare practitioners should always be prepared to justify their decisions in accordance with these guidelines.²

Handing over reports

It was revealed that information disclosure usually occurred inadvertently during medical rounds, or during the handover of reports by nurses at the beginning or end of shifts. Unfortunately, information is sometimes disclosed by others without the patients' permission. According to the literature, it is not uncommon for those with access to information to disclose this information, thereby failing to respect the right to privacy and confidentiality.¹⁷ For example, a report could be given about a patient who is sharing a cubicle with other patients while they are listening. Therefore, it is not possible to maintain privacy of information in such instances, because the patients share a room. Participants commented as follows:

"Information disclosure can occur while giving reports and discussing a patient when others are within earshot."

"There is no way we can hand over a report without discussing the patient's condition."

In a study done in Malawi, it was found that most breaches of confidentiality occurred in hospitals or clinics.¹⁶ Access to and sharing of information that identifies a specific client, his/her condition and other information must be guarded with the best interests of the client in mind.¹⁸

In cases where healthcare practitioners are asked to provide information about patients, they should seek the patients' consent to disclose the information wherever possible, and decide whether or not the patients can be identified from such a disclosure.

Discussion

As student nurses are exposed to clinical and academic environments, it is believed that ethical principles are necessary to guide their professional development. The nurse-patient relationship is built on trust, so information about the patient should not be divulged to unauthorised

persons.²⁰ It emerged from the findings of this study that it is both an ethical and legal duty to maintain the confidentiality of patients' information.

The participants felt strongly about disclosure of confidential information to the patients' family members. The role of the patient within the family structure came to the fore, indicating that culture is a significant factor within families. This concurs with the findings of a study on privacy, which indicates that culture impacts on the way in which people maintain privacy.²¹ In the context of this study, confidentiality and privacy are related. African cultures emphasise communities or collectives, with the family being at the centre of such communities. Individualism is not encouraged and the family is viewed as being greater than the individual. Hence the isiZulu saying, "*Umntu gumuntu gabantu*", which means that people are only people by reason of their relationship with other people.²² Most of the student nurses indicated that they would breach confidentiality in order to accommodate the family. According to the literature, this is regarded as shared confidentiality.²²

It was revealed that divulging information to colleagues who are not part of the caring team is a gross violation of the patient's right to confidentiality. The patient's information should be disseminated on a need-to-know basis only.²³ Codes of ethics for healthcare professionals have some form of confidentiality as a requirement. It was suggested that with regard to maintaining patient confidentiality during teaching and case studies, the presentation should be conducted in a seminar room, rather than at the bedside. The name of the patient should also be withheld.

The Health Act indicates that if it has not been possible to seek the patient's consent, one may disclose personal information without consent if the benefits of the disclosure to an individual or to society outweigh both the public and patient's interest in keeping the information confidential.² The process of disclosure was indicated to be stressful, despite the benefits that can come from disclosure.

It was indicated that factors such as fear of stigmatisation, information that is to be conveyed during teaching and unexpected events contribute to the information disclosure. Information control is an important component of stigma management.²⁴ It was shown that it is sometimes not possible to retain confidentiality while teaching and when handing over reports. Although not absolute, the confidentiality of the patients' information should be respected and maintained at all times.

Conclusion

The student nurses were aware of the challenges associated with disclosure of patients' confidential information, although they held various views regarding confidentiality. In order for this moral duty to become entrenched in the practice of student nurses, there is a need for sustained guidance and support. Clearly stated, specific hospital guidelines and policies could guide nurses regarding the disclosure of patients' confidential information to the patients' family members and colleagues and the multidisciplinary health team. The factors affecting disclosure and its benefits should be considered at all times when dealing with patient information.

Healthcare practitioners hold information about patients that is private and sensitive. It is a given that this information should not be provided to others unless the patient consents to it, or the healthcare practitioner can justify the disclosure.² Guidelines on when disclosures may be justified are provided in the Health Act and in R 387 of the SANC, and following them is essential to protect the best interests of the patient, and/or to safeguard the well-being of others.^{2,4}

Recommendations

Student nurses should continue to be involved and engaged in debates regarding their viewpoints and the application of moral and ethical principles. Cultural awareness and sensitivity should be enhanced, so that student nurses can understand the impact of culture on ethical norms and standards regarding disclosure of patient information.

Further research is needed to study the long-term moral distress experienced by nurses regarding disclosure of information about patients and its impact on their practice.

Comprehensive information must be made available to patients with regard to the potential for a breach of confidentiality. Policies should also be made available to nurses relevant to the institution's information dispensing process.

Limitations of this study

The main limitation of this study was that the findings could not be generalised to include all student nurses. Although they all attended the same lectures on nursing ethics, their practical experiences in the clinical settings were not the same. Also, the perceptions and beliefs of the student nurses differed according to diverse cultural backgrounds.

The study was contextual and many variables might have influenced the student nurses' answers to the research question. These variables include the theories that they were introduced to in class, the clinical learning opportunities that they were exposed to, and their level of maturity and responsibility. Thus the findings could also not be generalised to include student nurses at other institutions.

References

1. Delaune SC, Ladner PK. *Fundamentals of nursing standards and practice*. London: Thompson Delmar Learning; 2005.
2. National Health Act, Act No. 61 of 2003. Pretoria Government Printers; 2003.
3. Geyer N. Ethics and law. *Nursing Update*. 2001;(7):48.
4. South Africa. Nursing Act No 50 of 1978, Regulation 387. Rules setting out the acts or omissions in respect of which the council may take disciplinary steps. Pretoria: South African Nursing Council; 1985.
5. Burns N, Grove SK. *The practice of nursing research: conduct, critique and utilisation*. 5th ed. Philadelphia: WB Saunders; 2005.
6. Burns N, Grove SK. *Understanding nursing research*. 3rd ed. Philadelphia: WB Saunders; 2003.
7. Streubert-Speziale HJ, Carpenter DR. *Qualitative research in nursing: advancing the humanistic imperative*. Philadelphia: JB Lippincott; 2003.
8. Stewart D, Shamdansani PN. *Focus groups. Theory and Practice*. London: Sage; 1990.
9. Tesch R. *Qualitative research: analysis, types and software tools*. Washington DC: The Falmer Press; 1990.
10. Creswell JW. *Research design: qualitative, quantitative and mixed method approaches*. 2nd ed. Thousand Oaks: Sage; 2003.
11. Lincoln YS, Guba EG. *Naturalistic enquiry*. Newbury Park: Sage; 1985.
12. Van Der Walt C, Van Rensburg G. *Fundamentals of research methodology for healthcare professionals*. 2nd ed. Cape Town: Juta; 2006.
13. Krefting L. Rigour in qualitative research. The assessment of trustworthiness. *Am J Occup Ther*. 1991;45(3):214-221.
14. Miles MB, Huberman AM. *Qualitative data analysis*. Thousand Oaks: Sage; 1994.
15. Polit DF, Beck CT. *Essentials of nursing research: methods, appraisal and utilisation*. 6th ed. Philadelphia: JB Lippincott; 2006.
16. Donnersberger DR. Improper disclosure of confidential information. In: *The Medical Malpractice Survival Handbook*. New York: Mosby; 2006.
17. Kohi TW, Uys LR, Chirwa, et al. Disclosure of HIV status: experiences and perceptions of persons living with HIV/AIDS and nurses involved in their care in Africa. *Qual Health Res*. 2008;18:311-324.
18. National Student Nurses' Association. NSNA code of ethics for nursing students: code of academic and clinical conduct and interpretive statements. *Code of Ethics: Part II*. 2009;1-13.
19. Anderson J, Doyal L. Factors influencing disclosure of HIV infections among black African HIV-positive women living in London. *International Conference: AIDS*. 2002;12:14.
20. Mulaudzi FM, Mokoena J, Troskie R. *Basic nursing ethics in practice*. Sandown: Heinemann; 2000.
21. Leino-Kilpi H, Valimaki T, Dassen M, et al. Privacy: a review of the literature. *Int J Nurs Stud*. 2001;38(1):663-671.
22. Miholland DK. Privacy and confidentiality of patient information. *J Nurs Adm*. 1994;24(2):19-24.
23. Vest JM, Vest MJ, Perry SJ, O'Brien FP. Factors influencing managerial disclosure of AIDS health information to co-workers. *J Appl Soc Psychol*. 2005;25(12):1043-1057.
24. Pera SA, Van Tonder S. *Ethics in healthcare*. Lansdowne: Juta; 2002.