

Investigation of Viewpoints of Patients on Maintaining Confidentiality regarding Disclosure of Name and Diagnosis of Disease in Jahrom Hospitals in 2018

Mansoor Darvishi Tafvizi¹, Mohamad Javad Zarei², Fatemeh Honarmand Jahromy³,
Samaneh Abiri⁴, Navid Kalani⁵, Mohammad Hossein Modabber^{1*}

¹Medical Ethics Research Center, Jahrom University of Medical Sciences, Jahrom, Iran

²Department of Emergency Medicine, Yasuj University of Medical Sciences, Yasuj, Iran

³Department of Nursing, Jahrom University of Medical Sciences, Jahrom, Iran

⁴Department of Emergency Medicine, Jahrom University of Medical Sciences, Jahrom, Iran

⁵Department of Health Services Management, Jahrom University of Medical Sciences, Jahrom, Iran

ABSTRACT

Introduction: Medical and health professionals and in general anyone with sensitive information should be very careful not to disclose it without consideration. The person who holds information will be responsible to maintain or disclose confidential information for the public interest. This is while, one of the important factors in the relationship between the patient and the medical team is to maintain patient trust in physicians and the treatment team, and thus the patient can provide his doctor and the health system with his most private information for the diagnosis and treatment of diseases.

Method: This descriptive cross-sectional study was conducted on 199 patients hospitalized in internal and surgery wards of Jahrom hospitals in 2018. Random cluster sampling was used in all wards of hospitals. The instruments of the study included a questionnaire of demographic information and a patient name disclosure inventory. Data were analysed using descriptive statistics (mean, percentage, and standard deviation) through SPSS Software version 21.

Findings: The participants of the study were 41.2% male and 58.8% female. The mean score for patients' view about maintaining confidentiality was 3.43 with a standard deviation of 1.13. The minimum and maximum score of patients' view on maintaining confidentiality was 1.29 and 5 respectively. The sensitivity of 2.5% of patients on confidentiality was very high, the sensitivity of 33% of them was high, the sensitivity of 14.5% of them was moderate, the sensitivity of 23% of them was low and the sensitivity of 27% of them was very low. The view of women and men about maintaining confidentiality is not significant ($p > 0.05$).

Conclusion: According to the results of this study, the sensitivity of 50% of patients on maintaining confidentiality was low or very low, and the sensitivity of 35.5% of them was high and very high. It seems that different cultural factors can be considered as effective factors, which require more accurate examination, in this area.

Key words: Patients, Confidentiality, Disclosure of name, Diagnosis of disease

HOW TO CITE THIS ARTICLE: Mansoor Darvishi Tafvizi, Mohamad Javad Zarei, Fatemeh Honarmand Jahromy, Samaneh Abiri, Navid Kalani, Mohammad Hossein Modabber, Investigation of viewpoints of patients on maintaining confidentiality regarding disclosure of name and diagnosis of disease in Jahrom hospitals in 2018., J Res Med Dent Sci, 2019, 7(1): 181-187

Corresponding author: Mohammad Hossein Modabber
e-mail ✉: mhm3733@yahoo.com
Received: 24/01/2019
Accepted: 22/02/2019

INTRODUCTION

Confidentiality of medical documents and medical information is a major medical issue, which provides the information security of individuals and confirms a comprehensive system of high-quality specialized medical services [1]. Regarding their mental, physical, social and spiritual characteristics, patients have rights when they

are healthy or sick and they seek to achieve them [2]. One of the important factors in the relationship between the patient and the medical team is to maintain the patient's trust in the physician and the team. Thus, the patient provides the doctor with his most personal information for the diagnosis and treatment of diseases. Hence, maintaining confidentiality and adhering to it play an important role in establishing trust in this relationship [3].

The information contained in the medical record of patients will lead to the maintenance of patient care by professionals, and includes significant legal and ethical issues such as third-party access levels, proper care,

elimination and disclosure of information [4]. The definition of levels of access to information, the formulation of approvals on how they are disclosed and what information, at what time and where and at what level of authority is to be provided, are all issues that administrators of all hospitals and health centers are challenged with in micro and macro levels [5]. If we look at the information in the medical records, we find out that in addition to diagnostic and laboratory information, family history information, genetic tests, medical records and the related therapies, history of drug use, tests related to sexually transmitted diseases and informational about personality and mental health can also be found in patients' records [6,7].

The hospital has an environment, in which patients have more limited facilities and conditions, and they experience a great deal of loss of privacy, and suffer from stress, and this violation of privacy is harmful [8]. Covering the secrets of patients is one of the main principles of medical ethics, and the protection of the patient's private information and the prevention of disclosure of personal information have been seriously taken into consideration since early times in medical oaths and also by the traditional Iranian medicine practitioners. The issue is currently important in the domain of professional ethics. The practitioners of traditional Iranian medicine emphasized the importance of keeping the patients' secrets and not disclosing it as important medical tasks [9]. Failure to respect privacy and secrecy can lead to patient dissatisfaction, treatment problems and impairment in patient recovery, as well as complaints from the medical staff [10].

In a study entitled the Comparative Study of Medical Information Disclosure Laws and Policies in the Selected Countries (the United States, Australia, England, and Malaysia), Yarmohammadian *et al.* concluded that there were limitations on the disclosure of patient information to protect their health information and to protect the rights of patients [11]. Eshkevari *et al.* stated that there are 44 cases of patient information disclosure in public hospitals, while the percentage of patient information disclosure in private hospitals was 19 [12]. Another study in 2003 showed that the quality of medical records in Iran is at a low standard level in terms of confidentiality [13].

Due to the lack of an organization responsible for the management of medical records in Iran and the development of standards for recognizing standard medical records, and the undesirability of procedures, activities in this area are diverged from its main path.

In Canada, Australia, the United States and England, measures are taken to protect information disclosure requests, prepare a profile for information disclosure, consult with a physician for disclosure of information and determine the circumstances based on which disclosure of information is possible or is being done [14]. At the present time, the presence of unprofessional and unfamiliar people with certain cases of disclosure of the name and illness of patients necessitates a careful and

accurate supervisory system more than ever before. Patient privacy is considered a part of human dignity, and ignoring it can psychologically harm them and make them more vulnerable.

Therefore, since it is essential to conduct research in this regard, this study was done to determine the status of the disclosure of name or diagnosis of disease and the viewpoints of patients in this regard in educational hospitals affiliated with Jahrom University of Medical Sciences.

MATERIALS AND METHODS

This cross-sectional descriptive study examined the patient's views on maintaining their confidentiality in terms of disclosing their name or diagnosis of illness in the hospitals of Jahrom University of Medical Sciences in 2018 after obtaining permission (IR.JUMS.REC.1397.052) from Ethics Committee of Jahrom University of Medical Sciences and introducing the researcher and his goals to the unit.

The statistical population of this study included all patients who were hospitalized in the related wards (surgery, internal, eye, orthopedic, etc.) during the data collection. After receiving the letter of introduction and presenting it to the authorities, the researcher was allowed to start his work and visited hospital wards and received a list of hospitalized patients from the head nurse of the intended wards.

Patients were enrolled in the study if they had the criteria for entry into the study; at least 16 years of age, ability to read and write, complete consciousness, at least 24 hours of hospitalization, lack of psychological problems, and (written) consent to participate in the study. The criteria to eliminate the respondents from the data collection procedure included cognitive impairments and inability to respond (due to hearing problems and speech impairment). After the participants were selected, a questionnaire was given to them and the required information was collected. The data collection instrument was prepared based on the content of previous studies due to the lack of a standard questionnaire on the confidentiality of the name and diagnosis of the disease [15-17].

The validity and reliability of the questionnaire were measured and confirmed by five members of the Medical Ethic Committee of Jahrom University of Medical Sciences. The reliability of the instrument was 0.82 and the Cronbach's alpha coefficient was 90%. The questionnaire consisted of two parts. The first part contains the personal and background information of patients and the second part includes questions about the patient's view on disclosing their disease diagnosis among doctors, nurses or other patients and relatives. This questionnaire consisted of 14 questions based on a 5-point Likert Scale including totally agree, agree, disagree, totally disagree, and neither agree nor disagree. To assess the patient's viewpoint about maintaining their confidentiality in terms of disclosing their name or diagnosis of the disease, firstly, the responses given to

the questionnaire items were encoded in the form of a five-point Likert Scale with scores ranging from 1 to 5.

Score 1 indicates the lowest amount of agreement with the item, and score 5 indicates the highest agreement with the item. The average scores given by each person to the items was considered as the score of the patient's view of maintaining confidentiality. Therefore, patients' viewpoints ranged from 1 to 5, and higher scores represent a lower patient's sensitivity to maintaining confidentiality in terms of disclosure of name or diagnosis of disease.

Score 3 was considered as the average score of patients' viewpoints towards maintaining confidentiality. As the mean score is lower than 3, it means that the patient's sensitivity to information privacy is higher and vice versa, the higher the score, the lower the patient's sensitivity to maintaining confidentiality.

Data analysis was performed using SPSS Software Version 21 through descriptive statistics (mean and percentage) and inferential statistics (independent t-test and one way ANOVA) at $p < 0.05$ significance level.

RESULTS

The participants of the study were 41.2% male and the remaining respondents were female and 78.8% of the respondents were married. Regarding education, 50% only had the ability to read and write, 24.2% had a diploma, 19.2% had a BA and 6.6% had MA and higher degrees.

The average age of the participants of the study was about 46 years with a standard deviation of approximately 18. The minimum age among patients in the study was 16 years and the maximum age was 100 years. After ranking the age of the participants, it was found out that 23.7% were 30 years old or younger, 22.7% were 31-40 years old, 14.6% were 41-50 years old, 17.2% were 51-60 years old, and 21.7% were 61 years or older. 71.3% of patients had hospitalization history. These statistics are presented in Table 1.

Table 1: Frequency and frequency percentage of respondents according to demographic indicators

Variables	Categories	Frequency	Percentage
Gender	Male	82	41.2
	Female	117	58.8
Age (years old)	30 or younger	47	23.7
	31-40	45	22.7
	41-50	29	14.6
	51-60	34	17.2
	61 or older	43	21.7
Marital status	Married	156	78.8
	Single	28	14.1
	Divorced	4	2
	Widow	10	5.1
Education	Read and write	99	50
	Diploma	48	24.2
	BA	38	19.2
	MA or higher	13	6.6
Previous hospitalization	Yes	139	71.3
	No	56	28.7

Assessing the patient's view on maintaining their confidentiality in terms of disclosure of name or disease diagnosis

Table 2 shows the descriptive statistics of patients' view on confidentiality. According to the results, the average score of patients' perceptions about confidentiality is 3.43 with a standard deviation of 1.13. Minimum and maximum scores of patient's viewpoints toward confidentiality were 1.29 and 5 respectively. In addition,

the median of this variable was 3.39, which means that half of the patients scored above 3.39 and the other half scored less than 3.39. The mode of this variable was 5, which indicates that the majority of people had no sensitivity to maintaining confidentiality.

In order for a better description, the average score of patients' perceptions about confidentiality was divided into 5 categories ranging from very low to very high levels, and the results are presented in Table 3. It can be

observed that the sensitivity of patients regarding confidentiality is as follows: 2.5% very high, 33% high, 14.5% moderate, 23% low and 27% very low. Therefore,

50% of patients have a low or very low sensitivity and 33.5% of them have a high or very high sensitivity.

Table 2: A quantitative description of patient's viewpoints towards maintaining confidentiality

Variables	Mean	Median	Mode	Standard deviation	Minimum	Maximum
Score of patients viewpoints on maintaining confidentiality	3.43	3.39	5	1.13	1.29	5

Table 3: Qualitative description of patients' view on maintaining confidentiality

Sensitivity on maintaining confidentiality	Frequency	Frequency percentage (%)
Very high	5	2.5
High	65	33
Average	29	14.5
Low	46	23
Very low	54	27
Total	199	100

Patient's views on maintaining confidentiality in terms of demographic variables

Independent t-test (for two-level demographic variables) and one-way analysis of variance (ANOVA) (for demographic variables with more than two levels) were used to compare the mean scores of patients' viewpoints towards maintaining confidentiality in terms of demographic variables. The results are presented in Table 4.

According to the results, the mean score of women's viewpoints (3.34) is slightly lower than men's score (3.58), which means that women are more sensitive to this issue. However, t-test showed that this difference was not statistically significant, meaning that women's and men's views on confidentiality were not significantly different ($p > 0.05$ and $t = 1.489$).

One-way analysis of variance showed that there is a very significant difference between different age groups in terms of viewpoints on confidentiality ($p < 0.01$ and $F = 11.495$). As noted in Table 4, patients' viewpoints on sensitivity to maintaining confidentiality increase with age. This means that as age increases, their sensitivity to maintaining confidentiality is significantly reduced.

Using one-way ANOVA, it was found that there was no significant difference between patients' viewpoints on maintaining confidentiality based on marital status ($p > 0.05$ and $F = 2.458$).

Using one-way ANOVA, it was found that there is a very significant difference between patients' viewpoints on maintaining confidentiality based on different levels of education ($P < 0.01$ and $F = 39.582$). According to Table 4, it can be observed that the higher the level of education, the lower the patients' scores are. This means that as the level of education increases, the patient's sensitivity to confidentiality is significantly increased. As you can see, those with MA and higher degrees have the highest sensitivity, and patients with reading and writing skills have the least degree of sensitivity to maintaining confidentiality.

T-test showed that the viewpoint score of patients with a history of hospitalization were significantly higher than those without a history of admission ($p < 0.01$ and $t = 3.078$). In other words, patients with hospitalization record have significantly less sensitivity to confidentiality than those who do not have a history of hospitalization.

Table 4: Comparison of the mean score of patient's viewpoints on maintaining confidentiality by demographic variables

Variables	Categories	Mean	Standard deviation	Test statistic	p-value
Gender*	Male	3.58	1.11	1.489	0.138
	Female	3.34	1.14		
Age (years old)**	30 or younger	2.9	1.04	11.495	0.000***
	31-40	3.13	1.09		
	41-50	3.35	0.98		
	51-60	3.56	1.09		
	61 or older	4.27	0.89		

Marital status**	Married	3.53	1.14	2.458	0.088
	Single	3.03	0.89		
	Divorced-Widow	3.35	1.18		
Education**	Read and write	4.11	0.92	39.582	0.000***
	Diploma	3.01	1.1		
	BA	2.65	0.59		
	MA or higher	2.2	0.52		
Previous hospitalization	Yes	3.57	1.12	3.078	0.002***
	NO	3.04	1.03		
*Independent t-test is used for comparison					
**One-way analysis of variance is used for comparison					
***Significant at 0.01 level (p<0.01)					

Description of the questionnaire

The research questionnaire consisted of 14 items, the percentages of responses given to each item is presented in Table 5. For clarity of the results, the responses were investigated in three categories. According to this table, patients often agree or totally agree with disclosure of information to the medical and hospital staff. 93% of patients agreed or totally agreed with the item

"disclosure of name and diagnosis of disease to doctors and nurses" and only 5.5% disagreed or totally disagreed. It was also found that the sensitivity of patients to the confidentiality of their information regarding non-related individuals (such as other patients or their companions) was higher. For example, 55.5% of patients disagreed or totally disagreed with the "disclosure of name and diagnosis of disease to the companions of other patients".

Table 5: Description of questionnaire items

No.	Item	Disagree or totally disagree	Neither disagree nor agree	Agree or totally agree
1	Disclosure of name and diagnosis of disease to doctors and nurses	5.5	1.5	93
2	Disclosure of name and diagnosis of disease to other patients	53	1.5	45.5
3	Disclosure of name and diagnosis of disease to the companions of other patients	55.5	1.5	43
4	Disclosure of name and diagnosis of disease to the visitors of patients	55	1.5	43.5
5	Writing patient name and diagnosis of disease above patient bed	55.2	2	42.7
6	Writing signs and symptoms such as age, weight, and blood pressure above patient bed where others can see	15.5	13	71.5
7	When doctors or nurses are describing my illness, other patients and people can hear and understand	53.5	1.5	45
8	Disclosure of identity at the entrance door of patient room	55.5	2	42.5
9	Disclosure of disease to family members	3.5	1.5	95
10	Disclosure of identity and disease to ward and hospital managers	31	4.5	64.5
11	Disclosure of identity and disease information to hospital reception and dispensing unit	35.7	7	57.3
12	Disclosure of identity and disease information to insurance organizations and personnel.	18	5	77
13	Disclosure of identity and disease information to department of medical records of the hospital	35.5	9	55.5
14	Disclosure of identity and disease information to judicial, forensic and medical organizations within the framework of the law	36	13.5	50.5

DISCUSSION

The purpose of this study was to determine the patient's viewpoint on disclosure of patient name or diagnosis of disease. The minimum and maximum score of patients' views on maintaining confidentiality were 1.29 and 5 respectively indicating that the majority of people have

no sensitivity to maintaining confidentiality. Thus, 5.5, 5.3, 55.5, and 55 percent of patients disagreed or totally disagreed with disclosure of patient name and diagnosis of disease to doctors and nurses, other patients, companions of other patients, and visitors of patients respectively. 55.2 percent of patients disagreed or totally

disagreed with writing patient name and diagnosis of disease above patient bed. In fact, the maximum and minimum disagreement of patients were respectively related to disclosure of name and diagnosis of disease to the companions of other patients (55.5%) and disclosure of disease to family members (3.5%). Generally, 35 percent of the participants had high or very high sensitivity to disclosure of name and diagnosis of disease and the other half of them had low or very low sensitivity. In a study done by Nasiri *et al.*, 26.8%, 17.1%, and 20.2% of patients disagreed or totally disagreed with disclosure of name and diagnosis of disease to visitors, other patients, and companions of other patients respectively. In addition, 22.7% of patients disagreed or totally disagreed with writing patient name and diagnosis of disease above patient bed which was not in line with the findings of the present study. This difference can be due to different locations and cultural views [15]. Mohammadi *et al.* conducted a study and concluded that confidentiality of personal information is in a bad and weak condition in 23.8% of cases and 73.3% of patients considered secrecy as important and very important. In the present study, only 35% of patients had high and very high sensitivity to confidentiality of their information. This difference could be due to different awareness levels of patients from their rights, differences in individual and cultural views and place of residence of patients [16]. In a study done by Aghakhani *et al.*, the viewpoint of patients on the consideration of their rights was reported average which was different from the findings of the present study. In addition, they found out that there is a significant relationship between education and patients' viewpoint. This finding was in line with the results of the present study in which patients with academic education had a higher level of awareness regarding their rights [17]. The results of a study by Sabzevari *et al.* regarding the investigation of attitudes of patients in internal surgery wards towards maintaining their privacy showed that the statements "I like a knock on the door when someone enters my room" and "I like to eat my food alone" received the highest (mean: 18.4%) and lowest (mean: 98.2%) agreement levels. A significant relationship was not found between the variable "attitude towards privacy" and number of previous admissions, occupation, education, number of family members, activity level, previous hospitalization, and number of hospital days ($p>0.05$). Regarding gender, a significant difference was found based on which female patients had higher scores ($p<0.05$) which was not in line with the findings of the present study. This can be due to cultural differences and even the age of female patients in the study [18]. The present study showed a significant relationship between "the viewpoint of patients on maintaining confidentiality" and education level, previous admission and age. Patients with numerous previous admissions will not have a lower sensitivity to disclosure of confidential information ($p=0.000$) while the viewpoint of patients on maintaining confidentiality did not have a significant relationship with gender ($p=0.1$). This difference can be attributed to differences in the locations of research and the awareness of patients

regarding their rights [19]. Furthermore, there was no significant difference between the viewpoints of female and male patients regarding confidentiality of their information ($p<0.1$) which is in line with the findings of Dehghani *et al.* [20] while not in line with the findings of Nasiri *et al.* [15] and Sabzevari *et al.* [18] in which female patients had more sensitivity to disclosure of patient name and diagnosis of disease. The reason behind this difference in these two studies could be due to locations of research studies. In addition, maintaining the confidentiality of patient information had a significant correlation ($p=0.000$) with their level of education and their age [1,5], i.e., higher levels of education means higher sensitivity to maintaining confidential disease information. The sensitivity of patients to confidentiality of information decreases with aging. As the elderly people want to attract more attention from their relatives, the sensitivity of the elderly to maintaining confidential information is at a lower level. However, the results of this study were not consistent with the results of Dehghani *et al.*, and Sabzevari *et al.* ($p=0.1$), [18,20]. Mohammadi *et al.* showed that the majority of patients agreed and totally agreed to their privacy and agreed with provision of their information to the medical staff with privacy considerations applied. These findings were inconsistent with the results of the present study. This difference can be attributed to the cultural differences in the research environment [21]. While the results of a study by Izadi *et al.* showed that the majority of patients had little sensitivity to the presence of medical students at the time of examination and felt comfortable with this presence. This was consistent with the results of the present study [22].

CONCLUSION

According to the results of this study, the sensitivity of 50% of patients on maintaining confidentiality was low or very low, and the sensitivity of 35.5% of them was high and very high. It seems that different cultural factors can be considered as effective factors, which require more accurate examination, in this area.

ACKNOWLEDGMENT

We would like to thank the Clinical Research Development Unit of Peymanieh Educational and Research and Therapeutic Center of Jahrom University of Medical Sciences for providing facilities to this work.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this manuscript.

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