

Original Article

Observed Privileged Communication and Ethics in Communication among Allied Health Students

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Abstract

Background: Medical confidentiality is an essential condition in the trust-based relationship between healthcare practitioners. It is, in fact, specified in several constitutions as well as the medical professional code of conduct. A breach of secretiveness or confidentiality may result in illicit repercussions and professional consequences, as well as civil lawsuits for damages and compensation by the person harmed.

Objective : The goal of this study is to determine what is the correlation of observed privileged communication and ethics on communication among allied health students in University of Makati. The study can provide information to educators, learners and researchers on the correlations of the profile demographic of the allied health students, privileged communication and ethics in communication.

Methodology: This research used a quantitative approach in order to examine and analyze measurable data using statistical approaches. Furthermore, this study utilized descriptive correlational research. The total population sampling technique is used to determine and specify the population of respondents. The research tool consisted of 20 item questions for privileged communication and another 20 items for ethical principles. The study also utilized a 4-point likert-scale questionnaire by the use of an online data gathering application for data collecting while descriptive statistics and weighted mean, The researchers utilized frequency, percentage, mean, standard deviation, chi-square, and Pearson R correlations.

Findings: The findings of the study revealed the majority of the respondents are in the age group of 22 years old, most of them are females, nursing students are the majority respondents, and Roman Catholic is the majority when it comes to religion. It was also revealed that the correlation between privileged communication and ethical principle has a strong positive relationship between privileged communication and ethical principles, as indicated by a correlation coefficient of 0.954 and a significant p-value of 0.1024. Furthermore, a correlation coefficient of 0.954 and a p-value of 0.1024 shows that the privilege communication and ethical principle have a high positive relationship thus, null hypothesis is rejected.

Conclusions : The study suggests that allied health students understand the importance of privileged communication and ethical principles in healthcare. The strong positive relationship between these variables indicates the recognition among students of the critical role these principles play in promoting ethical decision-making and protecting patients' rights to privacy and confidentiality.

Keywords: Allied Health Students, Privileged Communication, Ethics in Communication

Introduction

Burgener (2017) states that there is a continuous rise of sentinel events and adverse effects reported due to ineffective communication and should be address accordingly to improve patient safety and experience. Xue, et al. (2022) states effective communication is important for student nurses to provide safe patient care. Furthermore, the study states that there is a scarce on studies that focuses on developing scientific and comprehensive communication knowledge system for student nurses. There are many communication consensuses specialize in physician-associated communication rather than nurses interpersonal communication.

In the study of Adib-Hajbaghery M. & Faraji M., (2016) reiterated that patient confidentiality is a professional responsibility for all health-care professionals, and the study of Kucukkelepce et al. (2021) emphasize the importance of patient privacy and privacy consciousness within the healthcare programs such as the nursing program. It is a key concept in nursing ethics and healthcare and would result in patient satisfaction, an important goal in all healthcare organizations. Patients who are pleased with health-care workers are more likely to cooperate with them, give them the knowledge they need, and follow their recommendations.

Despite advancements in medical technology, many individuals are not happy with how their personal information. Confidentiality and data privacy for both healthcare organization and individuals has become a major concern (Seh, et al., 2020). One study found that technological advancements and a corresponding rise in the amount of communication channels, along with an increasing workload, have resulted in significant concerns with patient privacy and confidentiality in nursing care. Violation of patient privacy has significant and undesirable impacts. Some of the effects include increased worry and stress in patients, concealing of sections of the medical record, unwillingness to simply accept a physical examination, and violent actions (Akyuz E & Erdemir F., 2013). Healthcare data breaches can be expensive compare to average data breaches. They are

more sensitive and can lead to serious consequences (Seh, et al., 2020).

The goal of the study is to look into the observed privileged communication and ethics on communication among allied health students in University of Makati, and to determine if there is any correlation between the two variables. The study can provide information to educators, learners and researchers on the correlations of the profile demographic of the allied health students, privileged communication and ethics in communication.

Methodology

Study Design: Descriptive correlational design is utilized in research studies that intend to provide a static visual of situations as well as build the relationship between different variables. In correlational research, two variables like the height and weight of individuals are studied to establish their relationship (McBurney & White, 2009).

Site of the Study: Located in the National Capital Region, the institution is intended to be the primary tool through which university education and industry training programs will influence young people to become productive citizens and IT-enabled professionals who are cutting-edge technologies in their fields of expertise in the city. It continues to brag of its top-ranked performance in numerous board examinations, sports contests, artistic competitions, and other events, as well as its pursuit of excellence via certification and recognition.

Research Instrument: The study has three parts for the questionnaire. Part 1 consists of the questionnaire consisting of student demographic data such as Age, Gender, Discipline, and Religion. Part 2, consists of privileged communication 20 items. Part 3, consists of 20 items for ethical principles. The study utilized a researcher made tool, based on privileged communication, which included conversations and statements made between two parties during confidential interactions, and ethics in communication. The tool was validated by three experts and tested for reliability test with an acceptable result. The

study also utilized a 4-point Likert-scale questionnaire, 1-strongly disagree, 2-disagree, 3-agree, and 4-strongly agree.

Data Gathering and Analysis: The study utilized an online data gathering application for data collecting while descriptive correlational statistics was done to learn about the characteristics of the population and the relationship between variables. The researchers utilized frequency and percentage, to analyze the distribution of values within the data set and provide a pattern or trend. Mean, and standard deviation, are used to determine the objective measure of the opinion of the participants and provide a basis of comparison. The study also utilized chi-square to determine the relationship of the variables when grouped with the demographic profile of the respondents and Pearson R correlations was utilized to determine the relationship between the two variables.

Ethical Consideration: The study was submitted to the University Research Ethics Review Board and was approved to conduct the research. The researcher ensures that the study complies with the following ethical norms with respect to the participants: confidentiality, informed consent, trustworthiness and rigor of the study, validity, and voluntary participation.

Results

Table 1 shows the demographic profile of the allied health students, the total respondents in the study was three hundred fifty (350). Most of the respondents are aged 20-21 (44.86%) and 22-23 (33.42%). They are mostly female (83.14%) and enrolled in the nursing program (47.71%). The religion of the respondents varies from Roman Catholic (79.14%), Born Again Christian (6.57%), Iglesia ni Cristo (2.86%), Islam (2.86%) and other religions (8.57%).

Table 2 shows the ranking in our survey of the respondents on observed privileged communication utilized by the allied health students. The respondents produce a composite mean of 3.29 with a verbal interpretation of strongly agree. Most of the respondents agree on the following statements and few of the respondents strongly disagree on the presented

statements. The further results of our survey with a total weighted mean of 3.86, rank 1 is "Patient's records are confidential documents", rank 2 is "Health care providers should be active in educating their staff and patients regarding the confidentiality of services," with a total weighted mean of 3.74, and rank 3 is " Any communications shared between healthcare professionals and patients must be confidential" with a total weighted mean of 3.72. This is our highest ranking at the table, and the interpretation is Strongly Agree.

Table 3 shows the perceived ethics in communication of allied health students. The respondents produce a composite mean of 3.59 with a verbal interpretation of strongly agree. The indicator that ranked first is "Any false information may lead to misunderstanding and negligence." with a total weighted mean of 3.76, rank 2 is "Ensuring patient's safety and preventing any injury or damage is a major priority of providers," with a total weighted mean of 3.74, and rank 3 is "Fact-checking helps allied health students to have accurate information" with a total weighted mean of 3.69. This is our highest ranking at the table, and the interpretation is Strongly Agree.

Table 4 shows the chi-square result of the relationship between demographic profile and privileged communication of allied health students. The sig values are greater than 0.05 level of significance, thus, the null hypothesis is accepted. Table 5 shows the chi-square result of the relationship between demographic profile and ethics in communication of allied health students. Age and religion were found to have a significant relationship with ethics in communication, whereas we reject the null hypothesis. However, the gender and discipline's sig values are greater than 0.05 level of significance, thus, the null hypothesis is accepted. Table 6 shows the Pearson-r result of the Privilege Communication and Ethical Principle. A correlation coefficient of 0.95 and a p-value of 0.10 which is located in the critical region thus null hypothesis is accepted. The table shows that the Privilege Communication and Ethical Principle has a High Positive Relationship.

Table 1 : Demographic Profile of Allied Health Students

Age	Frequency	Percentage
18-19	68	19.43
20-21	157	44.86
22-23	117	33.42
24-25	4	1.14
26-27	3	0.86
28 and up	1	0.29
Gender	Frequency	Percentage
Male	59	16.85
Female	291	83.14
Discipline	Frequency	Percentage
Pharmacy	87	24.85
Nursing	167	47.71
Imaging Health	96	27.42
Religion	Frequency	Percentage
Roman Catholic	277	79.14
Born Again Christian	23	6.57
Iglesia ni Cristo	10	2.86
Islam	10	2.86
Others	30	8.57
Total	350	100

Table 2: Observed Privileged Communication utilized by the Allied Health Students (N=350)

Indicators	Mean	SD	Verbal Interpretation	Rank
For patients ages 17-years old below, manage parental or guardian access to provider notes regarding their medical record.	3.32	0.65	Strongly Agree	12
Allow parental or guardian access to the electronic health record to expire at the age state law requires confidentiality.	3.12	0.67	Agree	15
When a patient turns 18 years old, allow electronic health record systems to reset the patient as an adult. This will allow patients to create their own direct access to their record, rather than through a parent or guardian.	3.22	0.72	Agree	13
Patient's records are confidential documents.	3.86	0.45	Strongly Agree	1
Patient's information should only be accessible to his/her healthcare team (e.g., attending physician, nurse, pharmacist, etc.)	3.59	0.62	Strongly Agree	9
The privileged status of the communication ends if—or when—the communication is shared with a third party.	3.12	0.66	Agree	15
If harm—or the threat of harm—to the other party is involved, the privileged communication protection should disappear.	2.86	0.78	Agree	18
Preservation of privacy and/or maintaining confidentiality as one of the major bylaws is vital in order to protect the patient information.	3.69	0.55	Strongly Agree	4
It is a prerequisite to secure an authorization when disclosing or sharing any information pertaining to the patient concerned.	3.62	0.57	Strongly Agree	5
Health care providers should be active in educating their staff and patients regarding the confidentiality of services.	3.74	0.52	Strongly Agree	2
Privileged communication should be disclosed when legal or public issues are involved.	3.17	0.72	Agree	14
Any communications shared between healthcare professionals and patients must be confidential.	3.72	0.53	Strongly Agree	3
Patient information can be shared with the members of the healthcare team, provided that a contract/confidentiality agreement is provided and secured.	3.44	0.71	Strongly Agree	10
Confidentiality refers to protection of privileged and private information shared during a health care encounter and in medical records that the document encounters.	3.61	0.57	Strongly Agree	8

Patients should be asked for consent to disclose information to a third party before that information is provided.	3.62	0.58	Strongly Agree	5
It is okay to leak the privileged communication with someone you do not know—assuming that it will not reach the primary party.	1.49	0.87	Strongly Disagree	20
Following a certain process and determining limits to can lead to treating all patients equally	3.37	0.58	Strongly Agree	11
Communication activities aiming to promote health may have inadvertent negative outcomes.	2.59	0.82	Agree	19
Use the shared databases of medical health records when necessary.	3.102	0.64	Agree	17
Healthcare professionals should provide accurate clinical information to enable patients to freely decide on what available interventions be done for them.	3.62	0.57	Strongly Agree	5
Composite Mean	3.29	0.64	Strongly Agree	

Legend: 3.25 – 4.00 – Strongly Agree (SA) ; 2.50 – 3.24 – Agree (A); 1.75 – 2.49 – Disagree (D); 1.00 – 1.74 – Strongly Disagree (SD); SD – Standard Deviation; M – Mean; VI – Verbal Interpretation

Table 3: Perceived Ethics in Communication of Allied Health Students (N=350)

Indicators	Mean	SD	Verbal Interpretation	Rank
Confidential care for adolescents is important because it encourages access to care and increases discussions about sensitive topics and behaviors that may substantially affect their health and well-being	3.54	0.55	Strongly Agree	16
Health care providers should emphasize to the parent or guardian that confidentiality is important to foster a safe and trusting environment for adolescents to discuss their concerns and health care.	3.63	0.55	Strongly Agree	11
A disclosure of confidential health information that compromises the privacy poses a sufficient risk to the patient, healthcare team, and institution	3.45	0.64	Strongly Agree	18
Patients should be informed that there are laws protecting their confidentiality in the health care setting. However, there are some circumstances when it is necessary for the health care providers to share private information with a parent or guardian or others.	3.5	0.59	Strongly Agree	17
Fact-checking helps allied health students to have accurate information.	3.69	0.56	Strongly Agree	3

Honesty is an essential element of having a close-relation to people.	3.68	0.53	Strongly Agree	5
Providing factual information helps you to be a more trustworthy individual.	3.67	0.55	Strongly Agree	8
Any false information may lead to misunderstanding and negligence.	3.76	0.53	Strongly Agree	1
Healthcare professionals are trustworthy individuals who can access your health information.	3.42	0.62	Strongly Agree	19
A religious figure takes privileged communication as a sacred conversation.	2.94	0.74	Agree	20
It is important to respect patients' autonomy by allowing patients to understand the risks and benefits so that they can make their own decisions	3.69	0.52	Strongly Agree	3
Healthcare professionals are obligated to act in the best interest of the patient regardless of their self-interests	3.56	0.61	Strongly Agree	15
Ensuring patient's safety and preventing any injury or damage is a major priority of providers	3.74	0.78	Strongly Agree	2
It is critical to listen carefully when the other party is communicating.	3.61	0.61	Strongly Agree	13
Interrupting patients before they could express their concerns can raise a potential incomplete understanding.	3.64	0.59	Strongly Agree	10
Patients' data and conversation are protected as privileged communication.	3.58	0.57	Strongly Agree	14
Healthcare professionals should listen carefully and be attentive to the patient's emotional expression.	3.68	0.55	Strongly Agree	5
The recipient of information must be able to give respect to the information he/she received	3.67	0.54	Strongly Agree	8
Avoid creating a side conversation when talking to the patient.	3.63	0.56	Strongly Agree	11
Active listening skills and appropriate touch to communicate clearly can convey a sense of security	3.68	0.55	Strongly Agree	5
Composite Mean	3.59	0.59	Strongly Agree	

Legend: 3.25 – 4.00 – Strongly Agree (SA) ; 2.50 – 3.24 – Agree (A); 1.75 – 2.49 – Disagree (D); 1.00 – 1.74 – Strongly Disagree (SD); SD – Standard Deviation; M – Mean; VI – Verbal Interpretation

Table 4: Chi-Square of the Demographic Profile and Privileged Communication of Allied Health Students (N=350)

Privileged Communication	χ^2	p-value	Interpretation	Decision
Age	0.008	0.17	Not Significant	Accept Ho
Gender	0.12	0.26	Not Significant	Accept Ho
Discipline	0.10	0.22	Not Significant	Accept Ho
Religion	0.03	0.06	Not Significant	Accept Ho

Table 5: Chi-Square of the Demographic Profile and Ethics in Communication of Allied Health Students (N=350)

Ethics in Communication	χ^2	p-value	Interpretation	Decision
Age	0.005	0.01	Significant	Reject Ho
Gender	0.10	0.22	Not Significant	Accept Ho
Discipline	0.08	0.17	Not Significant	Accept Ho
Religion	0.02	0.04	Significant	Reject Ho

Table 6: Pearson R Correlation of Perceived Communication and Ethics in Communication of Allied Health Students (N=350)

Perceived Communication	r	p-value	Relationship	Interpretation	Decision
Ethics in Communication	0.95	0.10	High Positive	Not Significant	Accept Ho

Discussion

The majority of the study's participants were female students; this is reinforced by the study of De Las Armas (2023) on readiness on online learning and emotional intelligence of student nurses, where 82.2% of the participants are female. Females can play a functional role in migration, particularly among healthcare workers; the majority of the world's nurses are women (Brush and Sochalski, 2007). The participants' religious allegiance is predominantly Roman Catholic. In 2020, the Philippine Statistics Authority reported that 78.8% of households identified as Roman

Catholics, or around four out of every five persons. The three religious groups are Roman Catholic, Islam and Iglesia ni Cristo.

The result of the privileged communication implies that participants value secrecy. Medical professionals and watch providers must maintain their privacy in order to do their crucial duties. Confidentiality in health and social care is essential for ensuring that patients and visitors receive the best possible treatment and feel comfortable sharing information. While participants' perceived ethics place a high value on fact-checking, guaranteeing the accuracy of information, and assuring patient

safety and injury avoidance. Misinformation has been cited as a key element in a variety of contentious current events, including epidemic response, decisions, and blackballing. Patient safety is a difficult issue, and it is important to consider both moral and legal concerns (Greene et al., 2022). In the study by Lemmar et al. (2021) they stated that patients want to be treated as individuals, privacy should be protected both physical and informational, communication is critical, healthcare professional should encourage a blame free environment. Trust issues mostly arises from miscommunication and or having different values between the healthcare professional and the family of the patient.

Alkhuwaiter et al. (2016) found that other factors, such as education and training, may be more significant in development in communication practices. While age has been shown in Wang's (2020) study to influence ethical decision-making in healthcare, the study's findings suggest that age may not be a relevant component in ethical communication among allied health students. And Brady's (2017) study corroborated the study's finding that ethical decision-making entails taking into account the rights and interests of all stakeholders. If an individual's religion or socio-demographic is omitted, the application and communication of ethical principles in healthcare suffers. Detecting an outlier in the study emphasizes the need for thorough statistical analysis and interpretation in research. This derivation emphasizes the importance for researchers to thoroughly analyze and defend their analytical procedures in order to assure the correctness and validity of their results.

Privilege communication has been identified as an important ethical principle in healthcare, and ethical principles serve as the foundation for ethical decision-making in healthcare. Lemmer et al. (2021) and Al-Busaidi and McVeigh (2021) argue that preserving trust and respect for patient privacy and confidentiality is critical in healthcare. These principles drive healthcare workers' conduct towards ethical practice (Brady, 2017). Ceylan et al. (2019) mentioned that knowledge of patient confidentiality affects

the privacy practice of a healthcare professional, and a regular training session should be done. The study's findings indicate that allied health students recognize the value of privileged communication and ethical standards in healthcare. The high positive association between these factors demonstrates that students understand the importance of these concepts in encouraging ethical decision-making and respecting patients' rights to privacy and secrecy. Given the rising concern about patient privacy and confidentiality violations in healthcare, the findings of this study highlight the importance of continuing to emphasize ethical education and training for healthcare practitioners. In conclusion, the study's findings show that allied health students' understanding of the value of privileged communication and ethical principles in healthcare accurately predicts future ethical decision-making in the allied health professions. Also, underline the significance of ongoing ethical education and training for healthcare personnel in order to ensure ethical practice and prevent patient privacy violations.

Limitation: The study includes several limitations. First, the study's research location (local HEIs) and limited sample size. Second, the survey only included three undergraduate allied health programs (Nursing, Pharmacy, and Radiologic Technology).

Conclusion: The findings of the study imply that students with a strong sense of their healthcare discipline are likelier to observe privileged communication in their interactions with patients. These findings are consistent with the rising body of literature highlighting the significance of ethical behavior in healthcare, particularly in terms of respecting patient rights and privacy. Furthermore, emphasize the importance of ongoing ethical education and training for healthcare practitioners in order to encourage disciplined conduct and maintain professional standards in healthcare communication. And the value of disciplined conduct in maintaining professional standards and encouraging ethical communication in healthcare. The results of this study support the premise that ethical communication is critical to protecting patient safety and establishing

confidence in healthcare. Furthermore, the findings could assist educational leaders and their institutions to design effective strategies for fostering ethical behavior among allied health students and future healthcare practitioners.

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References

- Adib-Hajbaghery, M., & Faraji, M. (2016). Comparison of effect between group discussion and educational booklet on Iranian nursing students' attitude and practice toward patient privacy. *Journal of educational evaluation for health professions*, 13, 29. <https://doi.org/10.3352/jeehp.2016.13.29>
- Akyuz, E., Erdemir, F. (2013). Surgical patients and nurses opinions and expectations about privacy in care. *Nursing Ethics*. 2013;20(6):660-671.
- Alkhuwaiter, S. S., Aljuailan, R. I., & Banabilh, S. M. (2016). Problem-based learning: Dental student's perception of their education environments at Qassim University. *Journal of International Society of Preventive & Community Dentistry*, 6, 575-583.
- Al-Busaidi, A.S., Ganesh, A., Al-Adawi, S. et al. (2021) Development and validation of an instrument to measure physician awareness of bioethics and medical law in Oman. *BMC Med Ethics* 22, 65 (2021). <https://doi.org/10.1186/s12910-021-00619-1>
- Brady, D. L., Brown, D. J., & Liang, L. H. (2017). Moving beyond assumptions of deviance: The reconceptualization and measurement of workplace gossip. *Journal of Applied Psychology*, 102(1), 1–25.
- Brush BL, Sochalski J. (2007). International Nurse Migration: Lessons from the Philippines. *Policy, Politics, & Nursing Practice*. 2007;8(1):37-46.
- Ceylan, S., Cetinkaya, B. (2019). Attitudes towards gossip and patient privacy among paediatric nurses. *Nursing Ethics*. 27(1). <https://doi.org/10.1177/0969733019845124>
- De Las Armas, E. C. (2023, December 29). Readiness for online learning and emotional intelligence of nursing students in a local university in NCR. <http://wprim.whocc.org.cn/admin/article/articleDetail?WPRIMID=1004948&articleId=1020141&from=search>
- Greene, C. M., de Saint Laurent, C., Murphy, G., Prike, T., Hegarty, K., & Ecker, U. K. H. (2023). Best practices for ethical conduct of misinformation research: A scoping review and critical commentary. *European Psychologist*, 28(3), 139–150.
- Kucukkelepce, G., Kucukkelepce, D., Aslan, S. (2021). Investigation of the Relationship between Nursing Students Privacy Consciousness and Attitudes towards Patient Privacy. *International Journal of Caring Sciences*. September-December 2021 14(3) 1713-1723. https://internationaljournalofcaringsciences.org/docs/19_kucukkelepce_original_14_3.pdf
- Lemmers, A. L., & Van Der Voort, P. H. J. (2021, February 15). Trust in Intensive Care Patients, Family, and Healthcare Professionals: The Development of a Conceptual Framework Followed by a Case Study. *Healthcare* (Basel). <https://doi.org/10.3390/healthcare9020208>
- McBurney, D.H., White, T.L. (2009). *Research Methods 2009*. Cengage Learning.
- Philippine Statistics Authority. (2023, February 22). Religious Affiliation in the Philippines (2020 Census of Population and Housing) | Philippine Statistics Authority. [Psa.gov.ph](https://psa.gov.ph). <https://psa.gov.ph/content/religious-affiliation-philippines-2020-census-population-and-housing>
- Seh, A. H., Zarour, M., Alenezi, M., Sarkar, A. K., Agrawal, A., Kumar, R., & Khan, R. A. (2020, May 13). Healthcare Data Breaches: Insights and Implications. *Healthcare* (Basel). <https://doi.org/10.3390/healthcare8020133>
- Wang, H., Khajepour, A., Cao, D., and Liu, T. (2020). Ethical Decision Making in Autonomous Vehicles: Challenges and Research Progress. *IEEE Intelligent Transportation Systems Magazine*, 14(1), pp. 6-17, doi: 10.1109/MITS.2019.2953556
- Xue, L., Ding, L., Ning P., Li, Y., Wei, H., Meng, Q. (2022). Construction of a nurses' interpersonal communication knowledge system: A Delphi study. *Nurse Education Today*, Vol. 120. <https://doi.org/10.1016/j.nedt.2022.105630>