

# Patients and Healthcare Providers' Perceptions Towards Privacy Rights of Patients: An Investigation of Listed Swiss Participating Hospitals

Marvin Mondale Ama-Amadasun\*<sup>1</sup>

\*Corresponding Author: Marvin Mondale Ama-Amadasun ✉ marvin@amacar.ch

<sup>1</sup>Faculty of Business and Management, UGSM-Monarch Business School Switzerland

**Abstract**—Health is one of the most vital assets in every individual. Patients' privacy rights should be viewed as personal concerns especially on how healthcare providers perceived privacy rights of patients and other human right contexts. A successful patient-physician relationship in healthcare services comes from maintaining the rights of patients, including privacy, integrity and confidentiality of medical information. The current study examines the perceptions of healthcare providers and patients with respect to privacy rights of patients in Swiss healthcare centres. This paper uses a qualitative research method by phenomenological approach of in-depth and follow-up interviews. A specific data collection form was designed for the purpose of obtaining the relevant data. Data was generated from 44 different public and private healthcare centres with a sample size of 45 participants, namely: patients, nurses and physicians. It highlights the challenges and benefits faced with privacy rights of patients in healthcare settings. The findings showed the absence of awareness and enlightenment of patient rights, on the part of healthcare providers. The paper also reports inadequate organisational and administrative measures, inconsistent and non-uniform regulations; and as well as non-compliance with existing laws and standards. Furthermore, the paper concludes by suggesting measures for maintaining a successful patient-physician relationship in healthcare environments, while ensuring a high level of data security in computerised patient dossiers. Finally, the paper provides recommendations that a national watchdog align the different patient privacy regulations and procedures across cantonal levels within Switzerland.

**Index Terms**— Findings, Healthcare Centres, Healthcare Providers, Hospital, Medical Information, Patients, Patient Privacy Rights, Perceptions

## 1 INTRODUCTION

The World Health Organisation, WHO [1] classifies healthcare providers as physicians, nurses and dentists or other health professionals, while patients are classified as users of healthcare services, either sick or healthy. Patient privacy rights should be seen as personal concerns with emphasis on how physicians facilitate the patient's perception of physical, interactional and psychological privacy [2]. The confrontations on the non-consensual use of patient medical information are reported on a daily basis, but the challenges about maintaining a successful patient-physician relationship with regards to patient's privacy rights and its sensitive information tends only to improve slowly. The inadequate privacy emanating from inconsistent and non-uniform laws as well as non-compliance with existing laws and regulations has resulted in global financial losses, especially in healthcare sectors. A global survey conducted by [3], puts the global cost of data breach at an average of US\$154 for a stolen data and about US\$365 for healthcare data breach, Table 4. The figures represent the average organisational cost per data breach and vary by countries.

There seems to be an insignificant quality of research within healthcare sectors in the context of patient's privacy rights. This has created lack of knowledge on the issues and awareness of patient's rights, as well as insights into per-

ceptions of patients and healthcare providers. Continuing with this current situation thus provide inadequate analysis for patients and caregivers' perceptions on privacy rights of patients. Developing more informed insights and knowledge on patients and caregivers' perceptions of privacy rights could help better implement the legal, technological and compliance procedures. Although, there have been national and international laws to regulate privacy rights of patients, for instance, the European Charter for Patient Rights, the United Nations Declaration of Human Right and HIPAA, among others. But, effort to have consistent and uniform legal and standards across healthcare institutions has not yielded substantial results.

The present research suggests the need for consistent awareness and education, administrative and organisational measures, strict compliance with laws and regulation, while ensuring a successful patient-physician relationship. Furthermore, the study provides recommendations that a national watchdog be created to align the different privacy right regulations and procedures at cantonal levels. The findings of this current paper aims to help the various stakeholders get insights and provide guidelines for critical decision-making abilities. Finally it will provide scholarly insights for further and future studies.

## 2 OBJECTIVES OF THE STUDY

### 2.1 General Objective

The general objective of this study is to examine patients and healthcare providers' perceptions on the patients' privacy rights in healthcare centres from a Swiss perspective.

### 2.2 Specific Objectives

- I. To examine the perceptions of patients and healthcare providers with respect to privacy rights of patients in Swiss healthcare centres;
- II. To suggest measures for maintaining a successful patient-physician relationship in healthcare environments, while ensuring a high level of data security in computerised patient dossiers; and,
- III. To provide recommendations that a national watchdog be created to align the different patient privacy regulations and procedures across cantonal levels.

### 2.3 Significance of the Study

The intent of the present research is to make notable contributions to knowledge with regards to privacy of patient rights in healthcare centres from a Swiss perspective. The findings aim to provide valuable insights to various stakeholders of healthcare for instance, healthcare investors, healthcare vendors, policy makers, and corporate investors, among others. The findings will help the beneficiaries to make thorough reflections, investment strategies and critical decisions. The healthcare and national government policy makers would also benefit by getting insights from the study in coming up with the effective and efficient healthcare policies, guidelines that will enhance patient privacy right protection, successful patient-healthcare providers relationship, improve healthcare delivery and economic growth. Finally, this study will provide areas for further and future research that can be used to add values to the body of knowledge in the scholarly literature.

### 2.4 Scope of Study

The scope of this current study is to examine the perceptions of patients and healthcare providers with respect to patients' privacy rights within Switzerland. The study was carried out in the German parts of Switzerland and conducted using the listed Swiss participating hospitals for six consecutive years (2005-2011).

## 3 LITERATURE REVIEW

### 3.1 Patients Privacy Rights Awareness and Education

Patient's rights basically affect the freedom of patient to autonomy [4]. [5], showed in a study that only 23% of the respondents were aware of the patient's right. [6] asserts that 63% of the patients were not aware of their rights in receiving healthcare services. In corroborating with the low

rate of patients' awareness by patients as asserted above, [7] stated that about 74.8% of patients are not aware about their rights. In relation with the above, [8] stated that 23% of the patients were not aware of their rights in a study carried out in Turkey.

### 3.2 Privacy Rights in Healthcare Centres

According to [9], the European charter of patients' right, indicates that the right of privacy should be guaranteed. The right to privacy is the right of individuals to decide for themselves how much they will share their thoughts, feelings and facts about their personal lives with others [10]. [10] asserts that there are three areas of privacy according to studies conducted with patients at the hospital, namely: Privacy of life; Privacy of event, and; Privacy of personality.

According to [11], any threat to confidentiality may jeopardise the healthcare relationship. He noted that there are times when patients consent to the right of confidentiality and freely gives out information for treatment to be shared with others. On the contrary, it was stated that patients would be unwilling to give certain information to their physicians, if they do not trust that the information would remain confidential [12]. [13] supports the view above and contends that health practitioners should know that patients will willingly refuse diagnoses by withholding information about them in the course of medical treatment. [13] buttresses a situation in the study where patients indicated that they will refuse to converse with their healthcare practitioners should there be absence of privacy. The present study will help to gain more insights into physicians' care prioritisation in healthcare sittings. Moreover, it will help the research to find out why physicians and nurses tend to violate, for example, patient dignity and privacy during care. The research will believe that since there exist lack of compliance among physicians with regards to some human right contexts, patient care prioritisation, then the scope of the research is yet to be completed.

### 3.3 Rights of Patients

The observation of patient's rights is one of the effective measures of patient's satisfaction [14], [15]. It is believed that creating awareness on patient's rights in healthcare settings will specifically maintain patient dignity. According to [16] some studies revealed that there is a discrepancy between the respect for patients by physicians as declared by laws and its applicability in real life. [17] opined that physician should however give attention to their patients with regards to privacy, rights to information and confidentiality. Although, the European Charter Of Patients' Rights [9] listed (14) rights of patients, but there is no substantial report as to the evaluation of perception of respect for patients' rights.

### 3.4 Protection of Privacy Rights of Patients

The Health Insurance Portability and Accountability Act, HIPAA of 1996, was the first federal law to address privacy protection, [18]. According to [19] the major goal is the pro-

tection of privacy of individuals who seek care and healing. One of HIPAA's administrative simplification regulations includes privacy, which defines standards for appropriate and inappropriate disclosure of medical information and patient's right protection [20]. The original HIPAA rule demands that the healthcare entity have to get a written consent for the disclosure of medical information for treatment and other health related services [4]. The information of patients must be protected from unauthorised access in order to protect privacy of patients [21]. Although the need for protection of privacy with respect to patients' rights and patients' dossiers have been stressed, but there seemed different privacy discourses. [22] argues that, in healthcare reform and marketplace changes, there should be improvement in the protection of medical information. [23], pointed out that keeping patients' information private by professionals, promotes effective medical treatment by establishing trust in the patients-providers relationship. A study by [24], showed that 32% of patients indicated that their psychosocial privacy had not been respected. [25], argued that protection of privacy allow individuals to count on their private and public distinctions in communications. This study aims to provide suggestions and recommendations on patients' privacy rights protection.

### 3.5 Swiss Healthcare Systems

According to [26] all citizens or residents are mandated to have insurance coverage under the 1996 Health Insurance Law. Health is one of the most vital assets for every individual [27]. [26] stated that Switzerland's health costs ranked one of the highest in the world after U.S and Norway amounting to CHF 7,833 (US\$ 5,144) per capital in 2009. Switzerland is a federal state comprising of three institutional levels: the Confederation-Federal (central state), the cantons (26) and the municipalities (2740), [28], [29]. In Switzerland, the healthcare system is regulated by several legal frameworks [30]. Thus, there are 26 ministries of health and 26 legal frameworks that are responsible for setting the health laws. For instance, according to [31] Swiss healthcare system is both private and public with cantonal and federal responsibilities making it very diversified and complex. The present research will focus on Swiss healthcare system.

## 4 MATERIALS AND METHODS

### 4.1 Introduction

The study employs a qualitative research method by phenomenological approach using in-depth interviews and follow-up interviews administered to patients and caregivers within the listed hospitals in Switzerland. A specific data collection form was designed for the purpose of obtaining the relevant data. Data was generated from 44 different public and private healthcare centres with a sample size of 45 participants.

### 4.2 Research Instruments and Data Collection

The data was collected using a personal computer, writing materials, and; semi-structured interview questionnaires.

Twelve (12) interview-questionnaires were administered within the selected target participants. There were follow-up interviews based on acceptance of the participants, after the initial interviews. Each interview was scheduled to last between fifteen and twenty-minutes time frame.

Prior to the interview process, an introductory e-mail requesting participants' permission was sent to the prospective interviewees. Each participant was advised to select a fifteen to twenty minutes time frame as deemed convenient. A formal introductory speech or overview of the interview was discussed on the date of scheduled appointment. To effect proper interview coordination, the participants were called or e- mailed to verify the reception of their respective e-mails.

### 4.3 Target Population and Sampling Frame

The target population for this study comprised patients, nurses and physicians within the private and the public hospitals. The hospitals comprised 44 listed Swiss participating hospitals between 2005 and 2011. It employed a sample size of 45 participants (15 each of patients, nurses and physicians) randomly selected during the initial interviews and 10 participants at the follow-up interviews. Data was analysed using MaxQDA qualitative analysis software.

### 4.4 Data Distillation and Presentation

The present study categorized the responses from the respondents into two parts namely: the survey of interviews (Tables 5-8 and Figures 1-4) and the synthesized participants' profiles (Tables 1-3). Nine (9) classifications resulted from the survey during the initial interviews. This information was then coded and distributed into several tables and tally charts to illustrate the results. Tally charts represent way to identify significance of findings. It is believed that this method provides enhanced understanding of the phenomenon of study and deepens the understanding and effectiveness of the study in the context of the research domain [32]. The presentation of data is categorized as follows:

- I. Category One: Information relating to consent
- II. Category Two: Information Relating to Personal Definition of Privacy Right;
- III. Category Three: Information Relating to Knowledge of Laws by Nurses and Physicians;
- IV. Category Four: Information Relating to Discussion of Medical Information by Nurses and Physicians;
- V. Category Five: Information Relating to Privacy Rights of Patients during Admission;
- VI. Category Six: Information Relating to Denial of Medical Information;
- VII. Category Seven: Information Relating to Confidentiality of Medical Information;
- VIII. Category Eight: Information Relating to Guiding Laws as opined by Nurses and Physicians, and;
- IX. Category Nine: Information Relating to Protection of Privacy Rights of Patients.

## 5 FINDINGS AND DISCUSSIONS

The current research revealed that there is not enough confidentiality regarding medical information. On the notion of access to medical files left unattended, findings showed 33.3% physicians and 40.0% nurses left their files unattended. 20% physicians and 20% nurses believed that relatives and visitors could read files while in the room with patients. The study showed that the doctors could forward medical reports to a specialist without the consent of a patient. Patients proved from the research that they normally give consents to the caregivers during treatments. Findings showed that 86.7% of patients opt in to give consents when the need arises.

The study also unveiled the negligence of some medical staff resulting from medical confidentiality via discussions around hospital corridors. About 9 (60%) out of fifteen nurses interviewed relating to the discussion of medical information of patients while other people are in the room, confirmed that this occasionally occurs. On the other hand, 7 (46.7) out of fifteen physicians stated that they had knowledge about it. Contrasting the above, some nurses maintained that information were only relayed with consent and to relatives present.

In comparison, misuse of medical information according to [33], will normally occur where there is perceived value of personal information to third parties. It is vital that caregivers respect patient's views about treatment and rights to medical records. A study conducted by [24], buttresses the fact above that 32% of patients indicated that their psychosocial privacy had not been respected. The research findings showed that 80.0% physicians and 73.3% nurses believed that the privacy rights of patients could be protected. Furthermore, 46.7% physicians and 13.3% nurses believed that protection would be realised through effective compliance and enforcement of basic laws.

From the follow-up interview of the present research, 70% of the respondents (10 interviewees) believed that technological, legislative and regulatory measures affect the protection of privacy rights of patients. The research findings also indicated that systems' inconsistency, which present barriers to accurate and miss information exchange; non-uniformity of standards and ineffective legal frameworks hinders the effective protection of privacy rights of patients. From the follow-up interviews to enable the participant to give an in-depth understanding into the subject domain, 90% of the interviewees responded that education and enlightenment on privacy rights of patients upon admission positively affects its protection. Findings also indicated that, 15 (100%) comprising physicians and 15 (100%) of patients stated that no information about privacy rights was given to patients upon admission into the hospital. On the part of physicians as respondents, the research findings indicated that they do not normally brief patients about their rights upon admission. In contrast to giving information, many physicians opined that the station resident nor-

mally carries out admission procedures.

The research admonishes the need for organisational and administrative safeguards. When a healthcare centre has poor administrative or organisational safeguards, there is insecurity in maintaining and ensuring a high level of data security, as well as establishing a successful patient-physician relationship. Furthermore, there are data breaches and data/identity thefts and patient's dissatisfaction. A serious threat to personal health information confidentiality in healthcare centres according to [34], is the poor design and careless administration of control of accesses. The ways in which the healthcare organisations manage the affairs of the healthcare will affect the security and privacy of the medical information of patients and their rights. On the follow-up interview findings, it was evident that all participants making 100% believed that organisational and administrative measures positively impact the protection of privacy rights of patients. They believed that the measures would encourage the medical staff to obey the laws and other guiding rights of patient in the hospital. The research suggests that organisational and administrative coordination of medical information dissemination be governed by the principles of honesty, trust, transparency, confidentiality and integrity.

According to [14], the awareness of patient's rights and evaluating them enhances the satisfaction of patients. The inability of some of the respondents to provide a clear definition and the absence of knowledge of some form of human right contexts as shown in the study was inconsistent enlightenment and education on rights of patients by the healthcare practitioners. The research findings showed that certain caregivers often ignore some of the rights of patients, especially if faced with the situation of life and death, while many are not aware of certain laws. The study showed that 53.3% nurses and 66.7% are aware of the patient right protection law. On the Swiss Civil Code, the finding revealed (0.0%) for nurses and about 6.7% for physicians relating to awareness.

The research findings revealed that in a situation of severe illness of a patient that requires immediate surgical intervention, a physician might intentionally bypass some of the patient rights, especially when a patient's consent is needed. 33.3% of physicians interviewed pertaining to patients' denial of medical information acknowledged that they bypassed some patient rights and human right context during treatments. From the perceptions of nurses, it was 60% pertaining to denial. From the follow-up interviews, 90% of the respondents believed that compliance with patient's right laws and human right contexts in healthcare environment positively affect the protection of privacy rights of patients. In the initial interviews, some of the respondents gave reasons for the non-compliance as emergency situations and consents among others. Therefore, the need for compliance with patient right laws and human right contexts in healthcare environment will have positive impact on protection of privacy right of patient, while en-

uring a successful patient-physician relationship in the future.

### 5.1 Summary of Findings

- I. Misunderstood and unclear definitions of privacy concepts;
- II. Absence of education on rights of patients and human right contexts;
- III. Non-consistent and non-uniformity in existing laws and regulations;
- IV. Lack of trust and transparency, and non-compliance with medical information sharing; and,
- V. Misunderstood perceptions on the impact on protection of privacy rights of patients.

The current findings will help in:

- I. Providing understanding into the importance of education of patients and healthcare providers;
- II. Creating insights into values for protection of privacy rights of patients and other human contexts;
- III. The Improvement of organisational and administrative safeguards, through thorough reflection, critical thinking and decision-making abilities; and,
- IV. Enhancing patient-physician relationship, through compliance to achieve trust, transparency, and dignity.

## 6. CONCLUSION AND RECOMMENDATIONS

The study examines the perceptions of patients and healthcare providers with respect to patients' privacy rights within Switzerland. The following paragraphs provide conclusions for the resultant findings as well as recommendations and suggestions. It makes a notable contribution to knowledge and healthcare providers with regards to privacy right of patients. It is hoped that patient-physician relationship with regards to privacy right of patients will develop further into a unique domain of study in both academia and practical application. The knowledge gained through the present research, will be the most important contribution to the academia, the professional communities, hospital providers and other health related institutions across Switzerland and beyond.

The research suggests that education and enlightenment have positive impact on rights of patients; compliance, organisational and administrative safeguards have positive impact, and that technology, legal, and regulatory measures also have positive impact on patient privacy rights. This study also suggests that future study be carried out to cover other parts of Switzerland and that recommendations should include other healthcare and health related institutions.

Finally, the research recommends that a central watchdog be created to align the different patient privacy regula-

tions and procedures across Swiss cantons. Below is a list of recommendations:

- I. To engage in a robust and effective public campaign and education in order to create awareness about patient privacy policies and procedures;
- II. Working with designated stakeholders from the healthcare sectors in order to identify and address the various laws and regulations that forestall the measures relating to implementation of patient right laws and other human rights contexts;
- III. To control and verify checklists to ensure that patients' complaints with respect to their privacy rights and perceptions of care are complied with and adhere to at regular intervals; ensure caregiver and patient control over access and health information dissemination;
- IV. Swiss cantons to build upon and compliment organisational and administrative safeguards, including administrative requirements, to ensure strict compliance and monitoring within healthcare centres;
- V. Ensure a regulatory and legal settings that allows exchange of information amongst healthcare practitioners and stakeholders, including use and disclosure of health information;
- VI. To ensure that services in which measures for implementations are based, are transparent, reliable and free from religious, social, and political distinctions;
- VII. Prohibit and sanction healthcare establishments should there be any form of inconsistencies, non-uniformity and non-adherence to laws and regulations, and implementations of measures;
- VIII. Ensure that physicians and other caregivers are involved in the development of novel technologies, critical thinking and decision making abilities;
- IX. To help in ensuring the ease in which healthcare centres progresses in support services that enables the transition of health information and other related information from paper based to technology based systems; and,
- X. To revisit policies and procedures, reevaluate and ensure that there is a regular control and compliance relating to patients privacy regulations and procedures to maintain consistencies and uniformity within cantons.

## REFERENCES

- [1] WHO, "A declaration on the promotion of patients' right in Europe: European Consultation On The Rights Of Patients, Amsterdam 28- 30 March 1994," *WHO*, pp. 1-15, 1994.
- [2] H. et . al. Leino-Kilpi, "Privacy: A review of the literature," *Int. J. Nurs. Stud.*, vol. 38, pp. pp. 663-671, 2000.
- [3] Ponemon Institute, "2015 Cost of Data Breach Study : Global

- Analysis," *Ponemon Institution Benchmark research sponsored by Symantec*, 2015. .
- [4] L. C. Parsons, "Protecting Patient Rights: A Nursing Responsibility," *Policy, Polit. Nurs. Pract.*, vol. 3, no. 3, pp. 274-278, 2002.
- [5] G. Yakov, Y. Shilo, and T. Shor, "Nurses' perceptions of ethical issues related to patients' rights law," *Nurs Ethics*, vol. 17, no. 4, pp. 501-510, 2010.
- [6] D. Tengilimoglu, A. Kisa, and S. F. Dziegielewski, "What Patients Know About Their Rights in Turkey," *J. Health Soc. Policy*, vol. 12, no. 1, pp. 53-69, Jul. 2000.
- [7] A. M. Almoajel, "Hospitalized Patients Awareness of Their Rights in Saudi Governmental Hospital," *Middle-East J. Sci. Res.*, vol. 11, no. 3, pp. 329-335, 2012.
- [8] A. Almoajel, "Hospitalized Patients Awareness Of Their Rights," *Clute Inst. Int. Acad. Conf.*, pp. 124-127, 2013.
- [9] ECPR, "European Charter of Patients' Rights," *Eur. Chart.*, pp. 1-10, 2002.
- [10] H. Vuori, "Privacy, confidentiality and automated health information systems," *J. Med. Ethics*, vol. 3, pp. pp. 174-178, 1977.
- [11] A. Wysoker, "Confidentiality," *J. Am. Psychiatr. Nurses Assoc.*, vol. 7, no. 2, pp. 57-58, 2001.
- [12] R. S. Dick and E. B. Steen, "The Right to Privacy in Health Care Information," *Institue Med.*, pp. 23-50, 1991.
- [13] H. A. Malcolm, "Does privacy matter? Former patients discuss their perceptions of privacy in shared hospital rooms," *Nurs. Ethics*, vol. 12, no. 2, pp. 156-166, 2005.
- [14] E. M. et. al. Nejad, "Journal of Medical Ethics and History of Medicine Nurses awareness of patients rights in a teaching hospital," *J. Med. Ethics Hist. Med.*, pp. 1-6, 2011.
- [15] L. Doyal, "Human need and the right of patients to privacy," *J. Contemp. Health Law Policy*, vol. 14, pp. 1-21, 1997.
- [16] E. Aydin, "Rights of patients in developing countries: the case of Turkey," *J. Med. Ethics*, vol. 30, no. 6, pp. 555-7, Dec. 2004.
- [17] M. D. Pérez-Càceles, J. E. Pereniguez, E. Osuna, and A. Luna, "Balancing confidentiality and the information provided to families of patients in primary care," *J. Med. Ethics*, vol. 31, pp. 531-535, 2005.
- [18] L. L. Hu, S. Sparenborg, and B. Tai, "Privacy protection for patients with substance use problems," *Subst. Abuse Rehabil.*, vol. 2, p. 227.233, 2011.
- [19] P. D. Blair, "Make room for patient privacy," *Nurs. Manage.*, vol. 34, no. 6, pp. 28-9, 60, Jun. 2003.
- [20] M. D. Bergren, "HIPAA Hoopla: Privacy and Security of Identifiable Health Information," *J. Sch. Nurs.*, vol. 17, no. 6, pp. 336-341, 2001.
- [21] R. Ählfeldt-Mharie, "Information Security in Distributed Healthcare: Exploring the Needs for Achieving Patient Safety and Patient Privacy," 2008.
- [22] P. M. Schwartz, "The Protection of Privacy in Health Care Reform," *Vanderbilt Law Rev.*, vol. 48, no. 2, pp. 295-347, 1995.
- [23] T. Deshefy-Longhi, J. K. Dixon, D. Oslen, and M. Grey, "Privacy and Confidentiality Issues in Primary Care: Views of Advanced Practice Nurses and Their Patients," *Nurs. Ethics*, vol. 11, no. 4, pp. 378-393, 2004.
- [24] N. D. Nayeri and M. Aghajani, "Patients' privacy and satisfaction in the emergency department: a descriptive analytical study," *Nurs. Ethics*, vol. Vol. 17, no. 2, pp. pp. 167-77, 2010.
- [25] K. Baghai, "Privacy as a Human Right: A Sociological Theory," *Sociology*, vol. 46, no. 5, pp. 951-965, 2012.
- [26] D. Squires, S. Thomson, R. Osborn, and S. J. Reed, "International Profiles of Healthcare Systems, 2011," *Commonw. Fund*, no. November, pp. 1-120, 2011.
- [27] Swiss Confederation, "Swiss Health Survey 2012," *FSO*, no. 2012, pp. 1-32, 2013.
- [28] I. Bolgiani, L. Crivelli, and G. Domenighetti, "The role of health insurance in regulating the Swiss health care system," *Rev. Fr. Aff. Soc.*, vol. 6, no. 6, pp. 227-249, 2006.
- [29] P. Berchtold and I. Peytreman-bridevaux, "Integrated care organizations in Switzerland," *Int. J. Integr. Care*, vol. 11, pp. 1-8, 2011.
- [30] C. Lovis, A. Schmid, and S. Wyss, "Coordinating E-Health In Switzerland," *Ehealth Suisse*, pp. 46-47, 2008.
- [31] A. Frei and E. Hunsche, "The Swiss Health Care System," *Eur. J. Heal. Econ.*, vol. 2, no. 2, pp. 76-78, 2001.
- [32] B. Sommer and R. Sommer, *A Practical Guide to Behavioural Research: Tools and Techniques*, Third. New York: Oxford University Press, 1991.
- [33] P. A. H. Williams, "The Underestimation of Threats to Patient Data in Clinical Practice," pp. 1-6, 2005.
- [34] R. Anderson, "Clinical system security- interim guidelines," *BMJ*, vol. 312, pp. pp. 109-111, 1996.

## APPENDIX

*Table 1: Synthesised Physician Profiles*

Gender	Number Of Participants	Age Range	Organisation (Pub./Pri.)	University Education
Male	10	1 (18- 33) 5 (34- 49) 3 (50 and Above) 1 (No Age Declared)	15	10
Female	5	4 (18- 33) 1 (34- 49) 0 (50 and Above)		4
	Nationality	Nationality Not Stated	Other Qualification	Qualification Not Stated
Male	2 CH 1 CH/CAN 1 USA/CH 2 DE; 1 USA	3	0	0
Female	4 CH	1	0	1
Legend				
PPRP-D#: Protection of Privacy Right of Patients-Physician Number Pri: Private; Pub: Public; DE: Germany			IT: Italy; CH: Swiss USA: United States Of America; CAN: Canada	
<i>Source: Marvin Ama-Amadasun, 2015</i>				

*Table 2: Synthesised Nurse Profiles*

Gender	Number Of Participants	Age Range	Organisation (Pub./Pri.)	University Education
Male	1	1 (18- 33) 0 (34- 49) 0 (50 and Above)	15	1
Female	14	2 (18- 33) 8 (34- 49) 4 (50 and Above)		3
	Nationality	Nationality Not Stated	Other Qualification	Qualification Not Stated
Male	1 POR	0	0	0
Female	6CH; 1 IT/CH 1 TUR	6	11	0
Legend				
PPRP-N#: Protection of Privacy Right of Patients-Nurse Number Pri: Private; Pub: Public; IT: Italy			CH: Swiss; AFR: African POR: Portugal; TUR: Turkey	
<i>Source: Marvin Ama-Amadasun, 2015</i>				

*Table 3: Synthesised Patient Profiles*

Gender	Number Of Participants	Age Range	Organisation (Pub. / Pri.)	University Education
Male	11	2 (18- 33) 5 (34- 49) 4 (50 and Above)	15	5
Female	4	3 (18- 33) 1 (34- 49) 0 (50 and Above)		2
	Nationality	Nationality Not Stated	Other Qualification	Qualification Not Stated
Male	6 CH; 1 IT; 1 AFR	3	4	2
Female	2 CH	2	2	0
Legend				
PPRP-P#: Protection of Privacy Right of Patients-Patient Number; Pri: Private; Pub: Public			IT: Italy; CH: Swiss; AFR: African	
<i>Source: Marvin Ama- Amadasun 2015.</i>				

Countries	2013 Cost [US\$ (Millions)]	2014 Cost [US\$ (Millions)]	2015 Cost [US\$ (Millions)]	Number of Breaches [Average records lost or stolen in 2015]
USA	5.40	5.85	6.53	28,070
Switzerland	Not participated	Not participated	Not participated	Not participated
France	3.97	4.19	4.34	20,650
Germany	5.09	4.74	4.89	24,103
United Kingdom	3.40	3.68	3.37	21,695
Canada	-	-	4.40	20,456
Italy	2.40	2.69	2.75	18,983
Japan	2.19	2.36	2.68	19,214
Brazil	1.18	1.61	1.77	22,902
India	1.00	1.37	1.46	28,798
Arabian Clusters	-	3.12	3.80	29,199
Australia	2.52	2.59	2.61	19,788
<i>Source: Adapted from Ponemon Institute, 2015</i>				

*Table 5: Tally On Information Upon Admission*



PPRP-P#	No information on right	Confidentiality	Information about right	Age determination	Information on operation	Not sure of significance of information	Due to critical illness
1	✓						✓
2						✓	
3			✓				
4	✓						
5	✓				✓		
6	✓			✓			
7	✓						
8	✓	✓					
9	✓						
10					✓		
11	✓						
12	✓						
13	✓						
14	✓						
15	✓						
<b>Total #</b>	<b>12</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>
<b>Percentage (%)</b>	<b>80</b>	<b>6.7</b>	<b>6.7</b>	<b>6.7</b>	<b>13.3</b>	<b>6.7</b>	<b>6.7</b>

*Source: Marvin Ama-Amadasun, 2015*

*Table 6: Tally On Information On Consents*

PPRP-P#	Will opt in for it	No other option	One has a say	No knowledge/ no comment	For treatment
1	✓				
2	✓				
3	✓				
4	✓	✓			
5				✓	
6	✓				
7	✓				
8	✓				
9			✓		
10	✓				
11	✓				
12	✓				
13	✓				
14	✓				✓
15	✓				
<b>Total #</b>	<b>13</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>Percentage (%)</b>	<b>86.7</b>	<b>6.7</b>	<b>6.7</b>	<b>6.7</b>	<b>6.7</b>

*Source: Marvin Ama-Amadasun, 2015*

Table 7: Tally On Privacy Right Definition

PPRP-N# PPRP-D#	Right to Life	Confidentiality/confidential information	Need for consent	Privacy safeguard/ Privacy protection	Control of personal information	Safe medical records	Human right
1	N; D	D		N; D	D		
2		N		D	N		N; D
3		N	N	N	N	N	
4	N	D	D	D	D	D	
5		N; D		N	N; D		N; D
6		N; D	N		N; D		
7		N; D		N; D	D		
8		N; D		N	N; D	D	N
9		N; D			N; D	D	
10	N	N; D		N; D	D	N	N
11	D	N; D		N; D	N; D		
12	D	N; D		N; D			
13	N; D	N; D		N; D	N; D		
14	N; D	N; D	D		N; D		
15		D	D	N; D	N; D		
<b>Total PPRP-#</b>	10	25	5	19	22	5	6
<b>Percentage (%)</b>	N=33.3 D=33.3	N=80.0 D=86.7	N=13.3 D=20.0	N=66.7 D=60.0	N=66.7 D=80.0	N=13.3 D=20.0	N=26.7 D=13.3

Source: Marvin Ama-Amadasun, 2015

Table 8: Tally On Protection Of Privacy Rights

PPRP-N# PPRP-D#	Can be protected	Confidentiality/Vigilance	Binding agreement	Privacy/data safeguard	Information on rights	No protection/leaky spot/ no comment	Human right/ Dignity	Educational Policies/Legal rules/ punishment	Basic laws/ enforcement/ compliance	Protection not absolute/Loopholes/ No guarantee
1	N; D	N		N			D		N; D	
2	N; D	D								D
3						N; D				
4	N					D	N			D
5	D							N	D	
6	D			D		N				
7										N; D
8	N; D	D			N					
9	N; D				D			D	D	
10	N; D								D	
11	N; D								D	N
12	N; D									D
13	N; D									
14	N; D								D	
15	N; D								N; D	
<b>Total</b>	23	3	0	2	2	4	2	2	9	6
<b>Percentage (%)</b>	N=73.3 D=80.0	N=6.7 D=13.3	N=0.0 D=0.0	N=6.7 D=6.7	N=6.7 D=6.7	N=13.3 D=13.3	N=6.7 D=6.7	N=6.7 D=6.7	N=13.3 D=46.7	N=13.3 D=26.7

Source: Marvin Ama-Amadasun, 2015

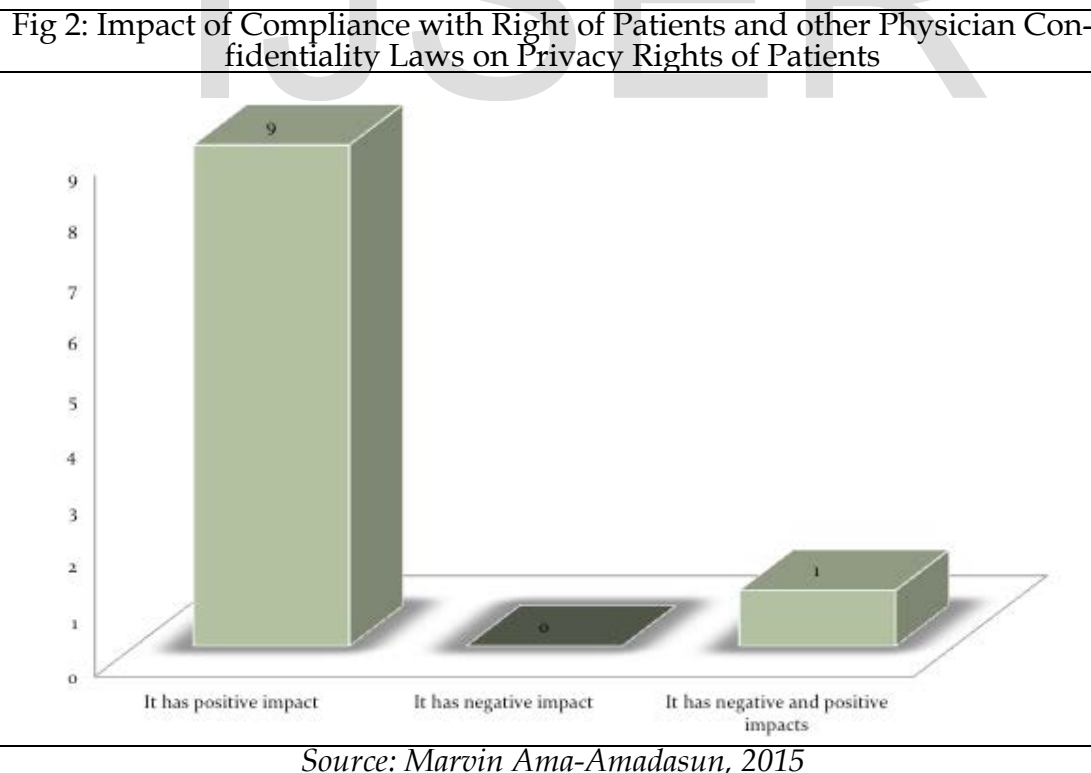
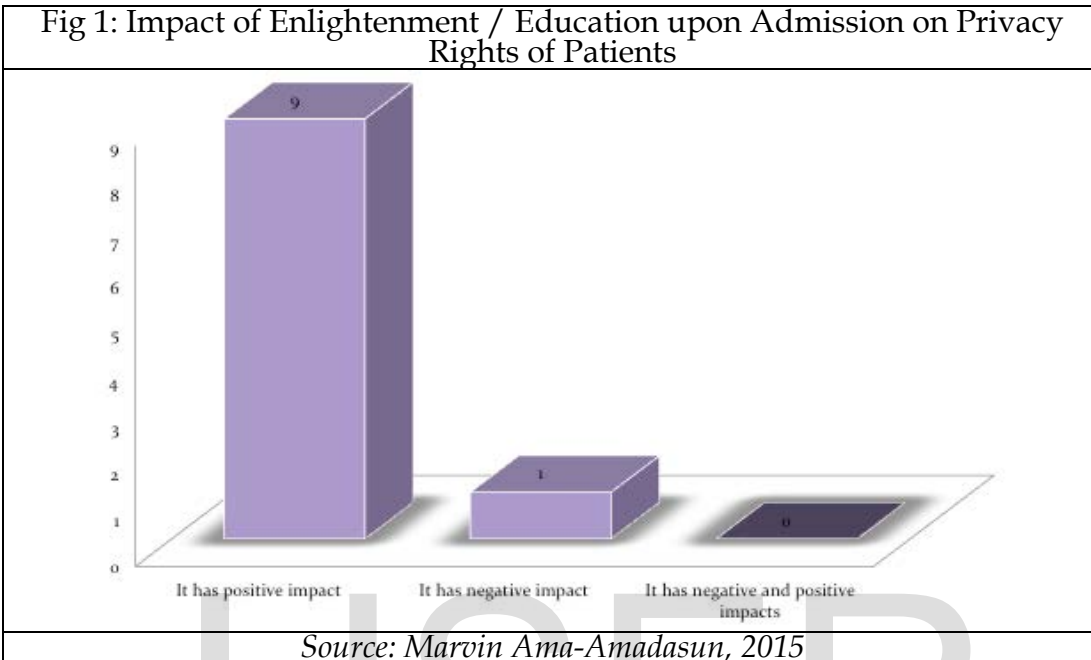


Fig 3: Impact of Technological, Legislative and Regulatory Measures on Protection of Privacy Rights of Patients

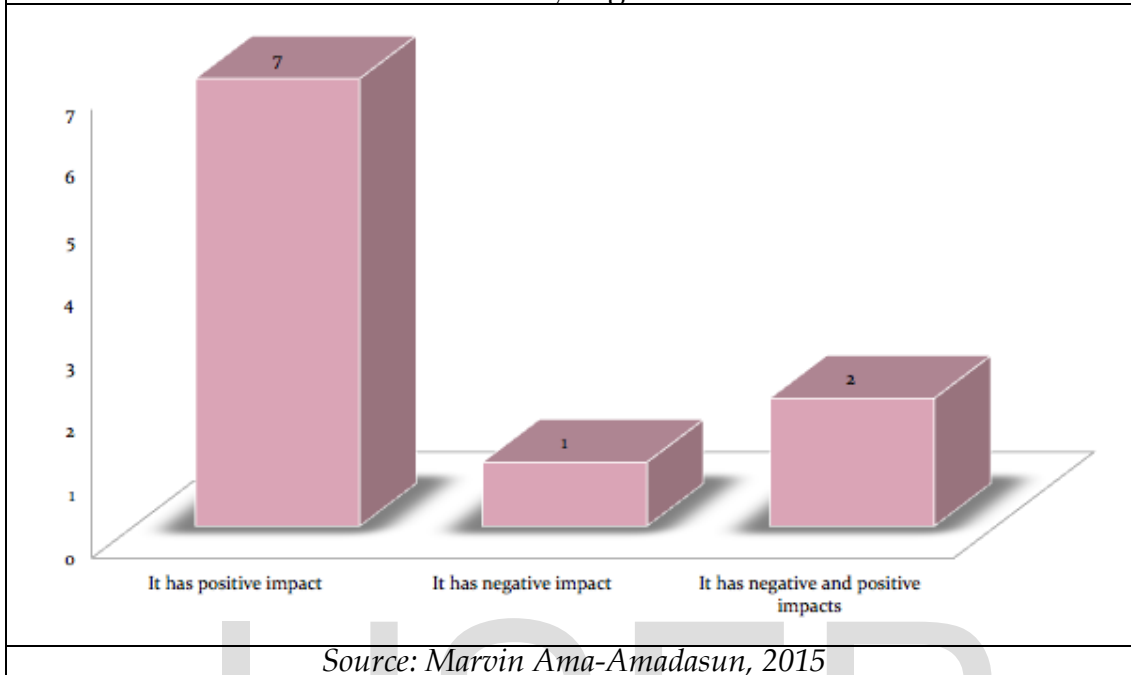
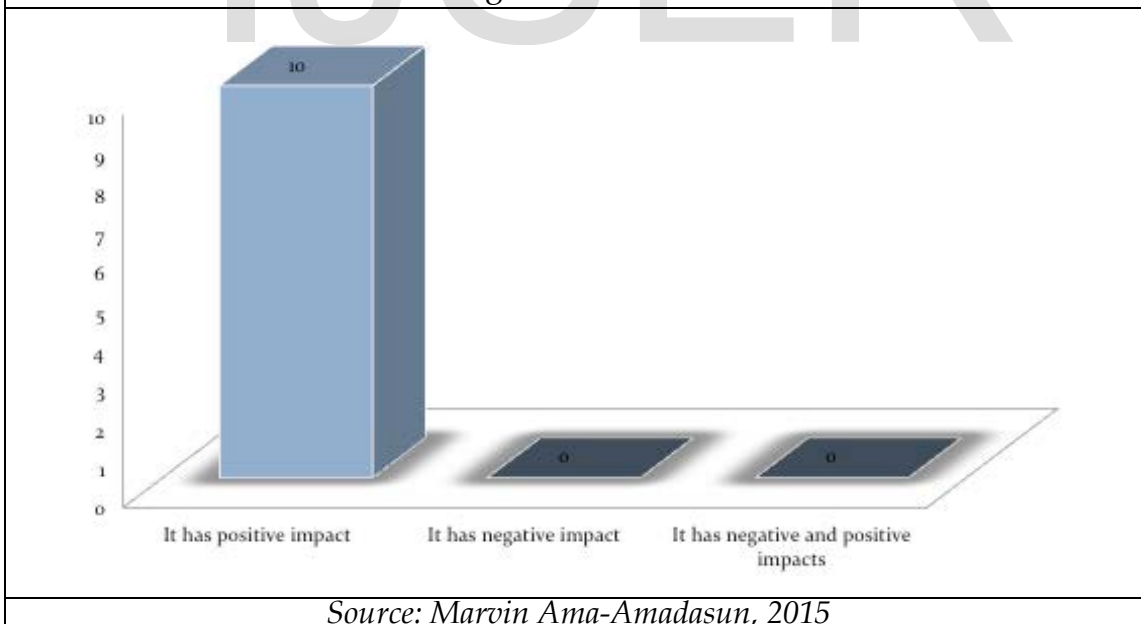


Fig 4: Impact of Organisational and Administrative Measures on Privacy Rights of Patients



# IJSER