



Contents lists available at ScienceDirect

Journal of Pediatric Nursing

journal homepage: www.pediatricnursing.org

Letter to Editor

The challenges of maintaining patient confidentiality in pediatric settings: Letter to the editor



Dear Editor,

We are writing this letter concerning the paper “The challenges of maintaining patient confidentiality in pediatric settings” recently published (Marianne & Jensen, 2023).

One of the main problems encountered in daily clinical practice is the breach of patient confidentiality (Beltran-Aroca et al., 2016). Therefore, we congratulate the authors for the relevance of this study, addressing confidentiality, which is one of the oldest ethical principles inherent to healthcare in all age groups and stages of human development, from birth to death, and is fundamental for trust in the therapeutic relationship (Jeremić Stojković et al., 2020; Kleinman et al., 1997; Varkey, 2021).

The results of this study showed that the healthcare professionals who participated in this study identified challenges in fulfilling their duty of confidentiality and these resulted in a subcategorization in three themes. We found the subcategorization made by the authors interesting, framed with quotes from the different reports in the focus groups. Within the population that volunteered for the different focus groups, their professional experience varied between 6 months and 31 years. It could have been interesting to group together the difficulties experienced in relation to maintaining confidentiality, considering years of experience.

The two main limitations of this study, in our opinion, are the choice of participating pediatric departments and the constitution of the focus groups. The authors Marianne and Jensen (2023) decided to include healthcare professionals from just two different pediatric units in two different hospitals in Denmark with different capacities (31 and 76 beds). This difference in hospitalization capacity and number of professionals may introduce a bias, so it could have been interesting to collect data from more hospitals.

This significant difference in hospitalization capacity can influence not only the number of beds per room and the organization of the physical space, but also the number of professionals per team and their work dynamics. To mitigate these differences, it could have been interesting to collect data from more hospitals. We also believe that when constructing focus groups, greater homogeneity in the number of participants would have been beneficial. Both groups had sessions lasting around 1 h, but one group had 5 people and the other 10 people, which means that pertinent information may have been lost in the larger group due to lack of time. Furthermore, the fact that there were only 2 doctors in one of the focus groups may have biased the results, not only because there were no doctors in the other group, but mainly because the type of information and interaction between nurse-patient and doctor-patient are different and may have different

implications for maintaining confidentiality (Clark, 2002; Morse & Piland, 2009).

According to Article 1 of the Convention on Human Rights, a child is defined as every human being under the age of 18 unless, under the applicable law, they reach the age of majority earlier (UNICEF Portugal, 2019). The authors of this study explored the topic of confidentiality for the pediatric population in general. Thus, the pediatric population encompasses several phases of human development, and confidentiality challenges may arise and evolve throughout these phases. In early adolescence, for example, the relationship between health professionals and one of the parents/guardians begins to change because, until then, this relationship occupied a prominent place (Jeremić Stojković et al., 2020). At this stage, the adolescent begins to want to be involved in some of their health decisions (Garanito & Zaher-Rutherford, 2019).

There is another specification that we identified as a limitation. Although healthcare professionals work in a pediatric unit, one of the units included does not offer treatment to children aged 15 to 18 years old at the time of the study, which may influence the results. Late adolescence is a complex phase when we talk about confidentiality because it is known that sometimes they prefer that physicians continue with the treatment they prefer, regardless of parental consent, and healthcare professionals must respect the confidentiality of late adolescents' (Coninck et al., 2021; Jeremić Stojković et al., 2020).

Maintaining confidentiality is of great importance in the transmission of health information, fundamental for respecting the autonomy of human being, in addition to being a basic requirement of the principle of beneficence and to maintain the human dignity in healthcare contexts (Correia, 2020; Zamanzadeh et al., 2023). Bedside nursing handover (BNH) has been recognized as a contributor to patient-centred care, and there are currently several studies on this topic (Clari et al., 2021). In a study on the challenges of maintaining patient confidentiality in pediatric settings, it would have been pertinent to evaluate the effectiveness of BNH in this context.

One of the main reasons for confidentiality breaches is the inadequate infrastructure or poor organization (Beltran-Aroca et al., 2016). Therefore, we consider that a study similar to that carried out by Hartigan et al. (2018) in an emergency department, but in pediatric wards, would be interesting. One of the recommendations to overcome confidentiality breaches is the refurbishment of pediatric wards, with a focus on improving privacy and confidentiality (Hartigan et al., 2018). In this refurbishment, we suggest the creation of individual rooms, with walls and windows, and ensuring that the physician and nurses' areas are well-isolated, with rooms located at a safe distance to prevent patients from overhearing health professionals' conversations (Hartigan et al., 2018; Mlinek & Pierce, 1997).

Given that healthcare professionals are involved in confidentiality breaches, and some studies suggest that this is mainly due to unawareness of behaviours that may jeopardize patients' confidentiality (Beltran-Aroca et al., 2016; Mlinek & Pierce, 1997), one of our suggestions is to educate healthcare professionals to improve their knowledge and then the behaviours to protect patients' confidentiality in pediatric settings.

In our view, there is a topic that may arise when we are talking about confidentiality in pediatric settings that isn't discussed in this study. The fact that children should be actively involved in discussions and decision-making regarding their health situation, means that children may decide that they don't want their parents to know everything about their health situation (Foroozadeh et al., 2017; Noiseux et al., 2019). It is clear that the confidentiality rights of children who do not have decision-making capacity or who are considered incapable of making decisions are significantly restricted (Foroozadeh et al., 2017; Noiseux et al., 2019), but when we talk about children who have this capacity and are legally supported in a healthcare age of consent, the confidentiality in pediatric settings can turn another conceptualization (Noiseux et al., 2019). This brings to an important conclusion: the changing cultural, legal, and ethical landscape of consent and confidentiality for children makes it necessary for health care institutions to develop policies that reflect these changes (Noiseux et al., 2019).

The importance of this study is undeniable, bringing new and valuable data about the challenges healthcare professionals face regarding patient confidentiality in pediatric settings. We believe that this study can be a starting point for other studies that will contribute to filling the gap mentioned by Marianne and Jensen (2023) on this theme. It is of great importance to develop studies on how to preserve ethical values and human dignity in healthcare, which can make a difference in patient happiness and health outcomes.

CRedit authorship contribution statement

Gonçalo Guerreiro: Writing – review & editing, Writing – original draft, Data curation, Conceptualization. **Diana Pereira:** Writing – review & editing, Writing – original draft.

Declaration of competing interest

The authors declare that there is no conflict of interest.

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22 December 2023