

Impact of the Data Privacy Act to Nursing Clinical Experience

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Abstract – *This study aims to determine the impact of Data Privacy Act to Clinical Experience. Specifically, it will identify the level of awareness on the Data Privacy Act; determine the Impact of this Act in RLE in terms of patient care, client information and students' performance and finally develop measures that will enhance their clinical experience with respect to the Data Privacy Act. The researchers utilized descriptive method of research and involved 4th year and 3rd year nursing students as well as clinical instructors from Lyceum of the Philippines University Batangas who all agreed to answer the researchers' questionnaires. Opinions were gathered about any changes noted in clinical duty experience due to the implementation of the Data Privacy Act from both the perspective of students and instructors. Purposive sampling was used in the study, wherein participants who fit the criteria were chosen as the subjects. Data gathered were tallied, tabulated and then encoded. Results revealed that compliance to the Data Privacy Act has affected patient care due to lessened disclosure of pertinent data to maintain confidentiality and patient anonymity, thus, affecting a student nurse's overall clinical performance and experience. Lastly, proposed measures were given to address their concerns.*

Keywords – *Clinical experience, confidentiality, data privacy act, student performance*

INTRODUCTION

Nursing schools in the Philippines use numerous methods when it comes to utilizing experience and learning gathered from the clinical area in the classroom setting. Most nursing schools use methods such as case presentations, writing clinical portfolios, and even journals. A key source of information used in all these requirements is the patient's chart or records. Though this may be the case, health information or patient data is given utmost attention in terms of maintaining its confidentiality for it contains sensitive information such as patients' personal information and past and present health conditions. Not only is confidentiality of information recently given attention in healthcare settings, but also in others like business and government sectors. Thus, the Data Privacy Act was implemented.

Clinical learning takes place through supervision of experienced practitioners who foster the students' critical thinking, skills, and analysis safely. Rotations take place in different health facilities from government or private hospitals to community clinics. This variation in setting prepares student nurses for proper interaction and interventions for different patients.

The Philippine government passed the Data Privacy Act also known as the Republic Act No. 10173 in 2012. The regulation aims to ensure free flow of information all while protecting the people's fundamental right of privacy. The Right to Privacy, as defined in a study by Yu and Kim [1], is expected freedom from unauthorized entry or intrusion, observation done by others, avoidance of identification or surveillance, limitation in disclosure to other parties, and the right of people to determine the extent of how their information is to be shared with others. Protection of privacy is also fundamental in research ethics.

In a study conducted by Erickson and Millar [2], they stated that privacy and confidentiality are basic rights of every client as part of Patient's Bill of Rights. Protecting those rights is important. Each one's personal health data is a legal and ethical responsibility that should be given respect nurses that makes it challenging in doing it. Health care providers understands and respects the significance of patient confidentiality, however with the recent technology it becomes difficult to maintain it because of its accessibility.

The Data Privacy Act penalizes acts that put the personal data of different individuals at risk or jeopardy such as unauthorized entry and processing, improper

disposal of sensitive personal information, intentional breach, or harmful disclosures. Health information is regarded by many as one of the most confidential types of personal information. The Data Privacy Act applies to the dealing out of all kinds of data if it is done by a Philippine citizen, in Philippine residence, or any group or individual with links to the Philippines. Further, under the Data Privacy Act, personal information is defined as any information that enables the person holding it to identify directly and reasonably an individual [3].

In relation to this it is undeniably that clinical exposure of students is vital in the development of the skills in actual hospital setting, but due to limited accesses of information its hiders' students learning. The post-clinical exposure academic disclosures require use of patient information especially in synthesis of a handled patient's clinical portfolio. Clinical portfolios consist of the patient's profile which contains demographic data, the diagnosis, and subjective and objective data. It also contains, bedside care procedures done, the nurse-patient interaction or interview, a clinical appraisal containing a general survey and the patient's past, family, and personal health history, physical assessment, laboratory, and diagnostic exam findings, medications given, nurses' notes, an endorsement form, an on-going appraisal, and the pathophysiology of the patient's condition.

The government has taken the implementation of the Data Privacy Act as measure of safety and security of people's identities along with the noted increase of utilization of electronic health records (EHR) in hospitals. As the use of this technology continues to rise, information is then laid out for risk of security breaches caused by information being split or fragmented due to electronic data transfer done during cases such as visits to different hospitals or doctors' offices. The use of this new technology may also come out as overly complex, time-consuming, and error prone to, in the case of a hospital, doctors, pharmacists, the finance department, patients, and researchers. To the collaborative workforce as well, as having sufficient data for model and decision making and the objective to preserve patient data privacy may cause conflict [4].

The existing Code of Ethics for Nurses is clear in intent and meaning as it relates to the nurse's role in endorsing and advocating for patient's rights related to privacy and confidentiality. It was stipulated in the rights of the patient that all health care professionals should be reminded that keeping of patient information

private and secure is very important. This will also stand as barriers in maintaining privacy and strategies for endorsing privacy and confidentiality. The accelerating risk of cyber-attack and a fast-tightening regulatory environment are turning data protection and compliance strategies into business-critical decisions [2].

This study is anchored on Moor [5] Theory of Privacy, it states that the concept of privacy is a legal and moral notion despite of its uncertain legal and philosophical foundations. One definition of privacy in the theory is not simply an absence of information in others' minds, but rather our own control over information about us. The study also recognizes that changes in technology, politics, and economy bring out recognition of new human rights as well as new understanding of these rights. Violation of privacy is seen here as a kind of harm that should be addressed by laws but could not be addressed by the existing laws which focused mostly on material damages. This theory has a connection to the study because after obtaining a thorough understanding of the facts concerning protection of privacy, the researchers were able to identify key components to compliance to privacy protection as well as formulate measures to improve academic disclosure sessions despite limitations to certain information.

The researchers chose this study to determine the extent of the effects of the Data Privacy Act in the clinical experiences of the nursing students and on their performance in various nursing activities both in healthcare settings and classrooms, hence being with the patient entails lot of needed information to help in formulating the best care that students can provide. The researchers also saw this study as an opportunity to determine just how important access to patient data is to the overall clinical experience and as well as formulate measures to improve the clinical experience in respect to the effects the Data Privacy Act has had on the said data access. Furthermore, the researchers wanted to determine how far the coverage of data privacy act is in the related learning experiences of the nursing students.

OBJECTIVES OF THE STUDY

This study aims to determine the impact of Data Privacy Act to Clinical Experience. Specifically, identify the level of awareness on the Data Privacy Act; determine the Impact of this Act in RLE in terms of patient's care, client's information and students performance and finally develop measures that will

enhance their clinical experience with respect to the Data Privacy Act.

MATERIALS AND METHODS

Research Design

The research design utilized by the researchers is the descriptive design. Descriptive research, as defined by Miksa and Elpus [6], depicts the respondents accurately for it is all about describing the ones who took part in the study. This design was significant to the study because it determined how a change to patient data access will affect student nurses’ clinical duty performance and experience. Using this research design, the researchers identified the different uses of patient data to the student nurses’ RLE course and clinical duty, as well as the level of compliance of health institutions to the Data Privacy Act.

Participants of the Study

This study involved 4th year and 3rd year nursing students as well as clinical instructors from LPU Batangas. These participants were chosen to gather opinions about any changes noted in their clinical duty experiences due to the implementation of the Data Privacy Act from both the perspective of students and instructors. Purposive sampling was used wherein participants who fit the criteria were chosen as the subjects.

Research Instruments

The researchers utilized self-made surveys which were the product of their formulated review of

related literature. This instrument then went under validation of the faculty expert prior to revisions incorporating different recommendations and suggestions.

Data Gathering Procedure

Prior to the formulation of researcher title, the researchers collected and reviewed different related literature from journal, dissertations, books, thesis to help in the formulation of the research study. A review of related sources and information regarding the Data Privacy Act and its effects to the Related Learning Experience was reconsidered. The researchers then submitted the research subjects to the adviser and then was approved by the Dean of the College of Nursing, once approved, the researchers started to work on the study, through the guidance of their thesis adviser. Data gathering was done by having the respondents answer the questionnaires, later collected for collation and analysis.

Ethical Considerations

For the data collected in the study, quality and integrity shall be ensured by keeping data confidentiality an utmost priority. Before starting the study, informed consent shall be given to the respondents. We will ensure that participation in the study by the respondents will be voluntary and that no harm will be done during data gathering. The research will be shown as independent and impartial by not showing bias during data gathering and analysis.

RESULTS AND DISCUSSION

Table 1 Awareness on the Data Privacy Act to Clinical Experiences

Indicators	WM	VI	R
1. The Data Privacy Act protects the fundamental human right of privacy and confidentiality.	3.71	Highly Aware	1
2. The Data Privacy Act is close to individual person information.	3.33	Highly Aware	4
3. The Data Privacy Act does not restrict access to patient info but only limits information provided.	3.38	Highly Aware	3
4. The Data Privacy Act seeks the patient’s consent to access data.	3.46	Highly Aware	2
5. The personal information collector is the person who conducts the collection, holding, and processing of personal patient information.	3.14	Aware	5
6. Unauthorized disclosure of sensitive personal information is penalized by imprisonment for 1 to 3 years.	2.89	Aware	6
7. A fine of P500,000 to P2,000,000 will be imposed to when personal information is disclosed without the patient’s consent.	2.68	Aware	8
8. Improper disposal of patient data is penalized by imprisonment for 6 months to 2 years.	2.86	Aware	7
Composite Mean	3.18	Aware	

Legend: 3.25 – 4.00 = Highly Aware; 2.50 – 3.24 = Aware; 1.75 – 2.49 = Moderately Aware; 1.00 – 1.74 = Not Aware

Results in table 1 revealed that in terms of awareness regarding the Data Privacy Act, it was found out that respondents are aware of the said law as evidenced by a composite mean of 3.18 which is verbally interpreted as Aware. The Data Privacy Act is known among health professionals and other agencies like universities with nursing programs because it is already an approved law that was deemed to protect any individual from data breaches and unauthorized intrusion of privacy. However, most of the respondents are not given proper orientation with regards to the full context of the amended law.

According to Doce and Ching, [7], truly DPA needs a clear understanding how it is utilized in every sector whether on public or private agencies. The implementation of the Data Privacy Act of 2012 by the National Privacy Commission (NPC) has made data privacy a topmost worry in the Philippines. Deficiency of knowledge concerning understanding, budgetary issues and time constraints were three factors identified as challenges in the said act. The provided inputs about efforts to comply with RA 10173 contribute to the literature. To lessen the weight of compliance to the Data Privacy Act, the NPC suggested providing responsibility to SUCs. To conquer the challenges that come with compliance, increased understanding and appreciation of the law will be needed.

Based on the results it can be gleaned on the table that the highest indicators are, as follows; the Data Privacy Act protects the fundamental human right of privacy and confidentiality, second, the Data Privacy Act seeks the patient's consent to access data, and lastly, Data Privacy Act does not restrict access to patient info but only limits information provided; all with mean of 3.71, 3.46, and 3.38 respectively which are all verbally interpreted as highly aware.

The students were oriented regarding the Data Privacy Act especially during their scheduled clinical rotations concerning their completion of related learning experience requirements as it was given emphasis during orientation prior to clinical exposure. Aside from this, management and staff were also lenient yet cautious of how students gathered information from both patients and their charts. Furthermore, a basic concept taught in lectures, specifically in ethics, is that information from anyone in these healthcare settings must be treated with utmost confidentiality as privacy is considered a human fundamental right. Although, it was stated in the Data

Privacy Act that access to a patient's chart is not fully restricted but is only limited to basic information the chart contains. Additionally, it is known among the student nurses that prior to forms of data collecting such as the nurse-patient interview, they must first ask for permission to conduct the said interview and ensure that all information to be provided by the patient will be treated with strict confidentiality and will only be used for completion of post-clinical exposure requirements. This is the reason why among the given indicators, this obtained the highest result.

In relation to this, Erickson, and Millar [2], posted that in the Patient's Bill of Rights, basic rights of every client include both confidentiality and privacy. Both ethical and legal obligations in all of health care include safeguarding the said rights with respect the client's personal health information. Professionals along with those who participated in the care of the clients including the students makes the said task challenging. Health care providers understand and respect the significance of patient confidentiality despite recent technology making it difficult to maintain because of how accessible it is. Also, McGowan [8] indicated that nurses are expected to be fully aware of the importance of maintaining the confidentiality of this information along with the extent of how they are allowed to disclose this information.

Furthermore, results indicated that the lowest-ranked indicators are verbally interpreted as Aware. The said indicators are unauthorized exposure of sensitive individual facts will be punished by 1 to 3 years detention in jail, improper disposal of patient data is also punished by 6 months to 2 years detention in jail, lastly will pay about P500,000 to P2,000,000 that will be imposed to when personal information is disclosed without the patient's consent with weighted means of 2.89, 2.86, and 2.68 respectively.

Reminders from clinical instructors, administration, staff nurses, and hospital protocol orient students about the limitations set in gathering information from the clients and their relatives but when it comes to the full content of the Data Privacy Act, aside from impending fines and imprisonment brought by any violation to the said act, they are not fully aware. Respondents are aware that, in terms of disposal of patient data, the said data must be disposed accordingly to protect the client's privacy and ensure confidentiality for protection of the client's identity.

Table 2 Impact of Data Privacy to Clinical Experiences in Terms of Patient Care

Patient Care	WM	VI	R
1. Scarcity of information obtained when planning the appropriate care to the client	2.94	Great Extent	1
2. Supervision from staff nurses and clinical instructors has become focused more on professional projection and compliance to privacy policies rather than maximizing of teaching-learning opportunities.	2.75	Great Extent	5
3. Anonymization of patient's data and other relevant information decreases the chance of providing suitable care	2.87	Great Extent	2
4. Discussion of patient health status is lessened due to strict compliance to DPA	2.84	Great Extent	4
5. Missed significant care due to fear of divulging sensitive information.	2.87	Great Extent	2
Composite Mean	2.85	Great Extent	

Legend: 3.25 – 4.00 = Very Great Extent; 2.50 – 3.24 = Great Extent; 1.75 – 2.49 = Moderately Extent; 1.00 – 1.74 = Least Extent

Table 2 pertains to the impact of data privacy on Clinical Experiences in terms of patient care. It was found out that respondents rated the impact on patient care as great extent with a composite mean of 2.85.

Although students respected the privacy of the client it did cause a significant impact to patient care because student fully understood their responsibility in protecting the patient's right of privacy and confidentiality, they are also well versed with the application of patient Bill of Rights in all aspect of patient care.

As revealed by the results, the weighted means of the indicators combined add up to a composite mean of 2.85 which is interpreted as Great Extent. The reason for this being, aside from the evident technological advances in healthcare facilities, these advances have also made record keeping especially for admission procedures much more reliable and efficient. Both government and private healthcare institutions have their own hospital information systems especially for admission, making these systems accessible regardless of a hospital's institutional ranking.

Results revealed that the highest-ranked indicator is that there is scarcity of information obtained when planning the appropriate care to the client with a weighted mean of 2.94 with a verbal interpretation of great extent. Vulnerability is brought to patients since they share private information to health care facilities as part seeking medical attention. Efficient care and strengthened rapport come from helping patients feel comfortable enough to share data. As stated by the Institute of Medicine, in their study titled "Beyond the HIPAA Privacy Rule: Enhancing Privacy, Improving Health through Research", a patient's rights, individuality, respect, and dignity are preserved by protecting their information.

The following highest indicators, as revealed by the results, are supervision from staff nurses and clinical instructors has become focused more on

professional projection and compliance to privacy policies rather than maximizing of teaching-learning opportunities, anonymization of patient's data and other relevant information decreases the chance of providing suitable care and missed significant care due to fear of divulging sensitive information. Though it consists of more than word-of-mouth sharing of information, patients expect that their data is free of breaches in secured computer systems. The American Health Information Management Association states that health care workers must take additional measures to ensure privacy as distribution of information via electronic systems become more common.

The second to the lowest ranked indicator is that discussion of patient health status is lessened due to strict compliance to DPA. Sharing private information in health care facilities also make patients vulnerable aside from the fact that they are seeking medical attention. Efficient care and strengthened rapport come from helping patients feel comfortable enough to share data. As stated by the Institute of Medicine, in their study titled "Beyond the HIPAA Privacy Rule: Enhancing Privacy, Improving Health through Research", a patient's rights, individuality, respect, and dignity are preserved by protecting their information.

Table 3 pertains to the impact of data privacy to Clinical Experiences in terms of Clients information. As revealed by the results, the weighted means of the indicators combined add up to a composite mean of 2.98 which is verbally interpreted as Great Extent. The reason for this being, aside from the evident technological advances in healthcare facilities, these advances have also made record keeping especially for admission procedures much more reliable and efficient. Both government and private healthcare institutions have their own hospital information systems especially for admission, making these systems accessible regardless of a hospital's institutional ranking.

Table 3 Impact of Data Privacy to Clinical Experiences in terms of Clients information

Clients information	WM	VI	R
1. Health care providers experience difficulty in providing confidential health information especially when requested by patients or their relatives	3.03	Great Extent	2
2. Staff nurses have become strict in disclosing data regarding other information about patients aside from their diagnosis / procedures performed	3.13	Great Extent	1
3. Access to patient chart for data information has been restricted by DPA.	2.89	Great Extent	5
4. Opportunity to know more about the patient condition has been lessened.	2.97	Great Extent	3
5. Obtaining information to complete the requirements like the clinical portfolio has become difficult.	2.90	Great Extent	4
Composite Mean	2.98	Great Extent	

Legend: 3.25 – 4.00 = Very Great Extent; 2.50 – 3.24 = Great Extent; 1.75 – 2.49 = Moderately Extent; 1.00 – 1.74 = Least Extent

Laboratory and diagnostic results are both key elements to a patient's diagnosis and are important details necessary for planning of care. Free flow of information within members of the healthcare team has been easier for hospitals with information systems and this information include the patient's tests.

With a mean of 3.13, interpreted as great extent, the highest ranked indicator is that staff nurses have become strict in disclosing data regarding other information about patients aside from their diagnosis / procedures performed. This is now often observed in the clinical area during duty hours. As stated in Section 54 of R.A. 10173, knowingly or negligently disposing, discarding, or abandoning personal information of an individual in publicly accessible areas will bring penalties of imprisonment from six months to two years and fines not less than one hundred thousand pesos yet not more than five hundred thousand pesos. Strict compliance must be observed to avoid fines.

Second to the highest indicator, as revealed by the results, is that health care providers have trouble in providing confidential health information especially when requested by patients or their relatives. A weighted mean of 3.03 is verbally interpreted as great extent. Not only does seeking medical attention make patients vulnerable,

as well as sharing private information with health facilities. Efficient care and strengthened rapport come from helping patients feel comfortable enough to share data. Along with easier free flow of information in hospital information systems comes a higher prioritization for confidentiality and healthcare institutions comply to this prioritization by limiting access to health information to patients and nurses only. Authorization is then required for anyone else. Following the second highest ranked indicator, the indicator ranked third is that opportunity to know more about the patient condition has been lessened.

With a weighted mean of 2.97, it is verbally interpreted as moderate extent. Vulnerability is brought to patients since they share private information to health care facilities as part seeking medical attention. Efficient care and strengthened rapport come from helping patients feel comfortable enough to share data.

The indicator lowest ranked is that access to patient chart for data information has been restricted by DPA. With a mean of 2.39, it is verbally interpreted as moderate extent. In the cases of doctors, not only is it a matter of preference, but there are doctors that would prefer handwritten orders over ones made online. Not only would this be easier for them, but necessary changes to corrections would then be easier, too.

Table 4 Impact of Data Privacy to Clinical Experiences in Terms of Students' Performance

Student's Performance	WM	VI	R
1. Group academic disclosures done after clinical rotations have shown a noticeable decrease in content due to limited information from the patient chart	2.94	Great Extent	1
2. Learning opportunities have decreased in the clinical setting due to limited chance of reviewing the clients chart.	2.79	Great Extent	4
3. Opportunities to perform basic nursing skills have decreased.	2.84	Great Extent	3
4. Experiencing difficulty in reviewing the patients record because staff do not allow students to hold the chart for a longer period of time	2.86	Great Extent	2
5. Reduces clinical experience in reviewing clients' relevant diagnostics and other laboratory exams.	2.73	Great Extent	5
Composite Mean	2.86	Great Extent	

Legend: 3.25 – 4.00 = Very Great Extent; 2.50 – 3.24 = Great Extent; 1.75 – 2.49 = Moderately Extent; 1.00 – 1.74 = Least Extent

Table 4 pertains to the impact of data privacy on Clinical Experiences in terms of students' performance, with a composite mean result of 2.86 and verbally interpreted as of with great extent. Results revealed that based on the respondents' responses, that DPA had a great impact in the student performance in relations to their clinical experiences. The information that was provided before becomes limited as of today; the information is mainly taken from the primary source. Limited time in accessing the chart of the patient is one of the reasons why the student cannot get vital information from the client's chart, such as diagnostics and other laboratory results.

In relation to this it is undeniably that clinical exposure of students is vital in the development of the skills in actual hospital setting, but due to limited accesses of information it hinders students learning. The post-clinical exposure academic disclosures require use of patient information especially in synthesis of a handled patient's clinical portfolio

Group academic disclosures done after clinical rotations have shown a noticeable decrease in content due to limited information from the patient chart, got the highest weighted mean of 2.94 which is verbally interpreted as great extent in addition to other indicators, such as experiencing difficulty in reviewing the patients record because staff do not allow students to hold the chart for a longer period of time, that ranks second, while on the third rank, Opportunities to perform basic nursing skills have decreased, fourth is the students learning opportunities have decreased in the clinical setting due to limited chance of reviewing the clients chart, and lastly DPA Reduces clinical experience in reviewing clients' relevant diagnostics and other laboratory exams with a mean of 2.86, 2.84, 2.79 and 2.73 respectively, interpreted as great extent. Clinical experiences of the students are vital in the development of knowledge, skills, and attitude, this is the actual application of all the learning's that took place while they are in the classroom.

Clinical learning experience is an indispensable component in the life of a nursing student before they will be granted a designation of being a nurse. However, challenging clinical learning environments cause a rise in questions concerning the nature of a CCLE, how it impacts learning and the students' responses. The study was conducted to determine how other factors like DPA can affect the performance of the nursing students in the clinical area. It was found out that these related factors stipulated in CCLE decreased students' knowledge chances also stuck on to them as persons. [9].

However, to support the acts of professional in protecting the client's privacy it is all embodied in the current Code of Ethics for Nurses is clear in intent and meaning as it relates to the nurse's role in promoting and advocating for patient's rights related to privacy and confidentiality. It was stipulated in the rights of the patient that all health care professionals should be reminded of the significance of keeping patient data private and secure. As stipulated in the study conducted by Ghanavati, et al. [10] reveals that hospitals are trying their best to continuously enhance the quality of care they provided to their clientele by requiring an access to health data. In an article by Encarnacion [3], it is stated that data privacy must not be placed in the back of civic consciousness and that individuals must be informed on matters of their personal data from collection to disposal. In addition, maintaining confidentiality of patients and safeguarding patients' right to privacy was viewed as essential to nursing practice in the study of Poorchangizi [11].

The proposed measures as seen in table 5 will help to determine the extent of utilization of Data Privacy Act that will protect both the clients and the students in securing information without harming the privacy of the clients and not restricting in acquiring knowledge, skills, and attitude in nursing clinical experience. The field of information security and privacy is continually growing and evolving to meet the needs of both individuals and organizations [13].

Table 5. Proposed Measures of DPA Utilization to Enhance Nursing Clinical Experience

Key Areas	Strategies/Activities	Person Responsible	Outcomes
D- Dissemination of DPA information	DPA should be included during clinical orientation to determine its extent of usage The college of nursing should conduct orientation about DPA Advisers should reinforced the DPA during advisory meeting The research output/results should be communicated to nursing students	➤ Training Coordinator ➤ Department Chair ➤ Researchers ➤ Clinical Instructors	comprehensible information about DPA was obtained

P- Privacy and confidentiality of data	All information about the patient should not reflect on patients' biographic profile Use shredder to dispose all data's taken from the patient Consent must be secured prior to clients interview and history taking Use code in all patients data	➤ Clinical Instructors ➤ Nursing Students ➤ Staff Nurses	Patient and students are protected Information from the patient must remain confidential All profiles pertaining to patients will be disposed properly
A- Anonymity of patients data	Information from the patient should confine only between students nurse and patient, thru code	➤ Clinical Instructors ➤ Nursing Students	Patient information should not directly connect to patient identity

CONCLUSION AND RECOMMENDATION

Nursing students are aware of the Data Privacy Act, it is communicated to them during discussion in the clinical areas and in the lectures, it is also evident in other pertinent document, however they are not fully aware about its penalties stipulated in the Implementing Rules and Regulations. Noticeable changes in clinical experience are lessened access to patients' chart, thus lessening the chances of obtaining relevant information regarding patients' cases. Discussions have also become limited due to limitations in disclosing patient data. Proposed measures for improvement of clinical experience mainly focus on proper data disposal as well as an organized branch of people to disclose patient data to.

Hospital staff must intensify the information regarding the coverage or extent of usage of the data privacy act in getting information from the client without sacrificing the clinical experiences of the students. In clinical setting the students may create a patient code to ensure that patient's privacy and anonymity is maintained. Proposed measures can be utilized to protect and maintain client's privacy and to ensure that students clinical experiences will not be limited thus lessen the learning acquired.

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