



Responsibilities and Roles of Nurses About Patient Health Confidentiality at Home Sick

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Abstract

Every National Development Efforts must based with outlook health in meaning development national must notice health society and is not quite enough answer party Good government or public. Violation law in implementation service health if happen can requested accountability law or in other words done enforcement law. All identified information regarding health status patient, condition medical, diagnosis, prognosis, and action medical and all other information of that nature personal, must guarded confidentiality by someone nurses, even after death. Research result show that form Legal Responsibilities of Nurses Must Save Patient Health Secrets, consisting of on not quite enough answer related administration with permission as nurse, bear it answer related civil law with default nor deed oppose law, as well not quite enough answer related crimes with violation fulfilling prohibitions element follow criminal. Factors that become obstacles and solutions not quite enough answer law nurse to confidential health patient, starting from action breach of contract committed by the nurse. That matter happen Because nurse negligent or not on purpose leak confidential health patient as well as nurse consider condition health patient is matter normal and not confidential. Consequence law for negligent nurse to must save confidential health patient will law oriented administrative, civil and criminal.

Keywords : Responsibilities, Roles, Nurses, Confidentiality, Patient Health, Home Sick

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1. Introduction

The provision of health services is carried out fairly and equitably, this is in accordance with the main objectives of the government in the 1945 Constitution, namely creating a just and prosperous welfare by carrying out sustainable development, including development in the health sector. Health development aims to increase awareness, willingness and ability to live a healthy life for everyone in order to realize the highest degree of public health. Access to health services should not differentiate between people based on their socio-economic level. The poor should have the same opportunities as the well-off in accessing quality health services.

Indonesian people in general are not accustomed to being actively informed in the use of medical services. Patients partly leave it entirely to the doctor or nurse regarding the medical services they will receive. Many patients who use medical services do not know that they have rights and obligations.

Patients are people who need help from health workers because of their illness, while health workers are people who are asked for help because of their professional abilities who are considered capable of treating diseases. The relationship between health workers and patients occurs when health workers, in this case doctors or nurses, are willing to accept clients as patients. Thus the doctor or nurse is in the strongest position and is expected to be wise and not take advantage of the patient's weaknesses. So that doctors or nurses have a moral obligation to respect the rights of their patients as human beings.

According to Article 45 of Law Number 29 of 2004 concerning Medical Practice, the engagement that occurs between health workers and patients is a form of consent from patients before health workers perform medical actions on patients. Such medical actions that contain high risks must be given with written consent signed by those entitled to give consent. The existence of an engagement, it is hoped that the patient or the patient's family can better understand the risks that will occur.

Health as a human right must be realized in the form of providing various health efforts to the entire community through the implementation of quality health development





and affordable by the community. Health development is aimed at increasing awareness, willingness and ability to live healthy for everyone in order to realize optimal health status as one of the elements of welfare as referred to in the preamble of the 1945 Constitution.

Health workers are everyone who devotes themselves in the field of health and has knowledge and / or skills through education in the field of health and for certain types requires authority to carry out health efforts. Based on this definition, health workers are authorized to organize health services according to their field of expertise, but in its implementation, every health worker is required to have a license from the government, so that the community as a service user will get safe, guaranteed services and the community and health workers themselves are also protected from the law.

Nursing is one of the health professions that provides direct health services to individuals, families and communities. As one of the professionals, nursing runs and carries out nursing practice activities using science and nursing theory that can be accounted for, where the characteristic as a profession is to have a body of knowledge that can be tested and its knowledge can be implemented to the community directly. Health and nursing services in question are a form of implementation of nursing practice aimed at patients / clients both to individuals, families and communities with the aim of efforts to improve health and welfare in order to maintain and maintain health and cure from illness, in other words nursing practice efforts in the form of promotive, preventive, curative and rehabilitation.

In carrying out nursing practice, nurses directly relate and interact with recipients of services, and at the time of this interaction there are often some things that are not desirable either intentionally or unintentionally, these conditions often cause conflict both in the perpetrators and recipients of nursing practice. Therefore, the nursing profession must have professional standards and other rules based on the science it has, in order to provide protection to the community. With the standards of practice of the nursing profession, it can be seen whether a nurse commits malpractice, negligence or other forms of violation of nursing practice.





The occurrence of a nurse's negligence in maintaining the confidentiality of the patient's health condition is also actually included in the violation of the law. This should also be a concern of a nurse in carrying out nursing implementation.

2. Research methods

The type of research used is data collection technique using a cross sectional approach. This research was conducted at the hospital. The data collection instrument in this study was a questionnaire that had been tested for validity and reliability. The questionnaire was distributed to respondents who were taken by Accidental Sampling. To cross check data from respondents, researchers conducted in-depth interviews and Focus Group Discussions, besides that researchers also made observations. The data that has been collected is then processed and analyzed.

In relation to the function of nurses, nurses have the ability to be responsible for carrying out independent functions in nursing care, while in the collaboration function, the responsibility lies with the head of the health team and in the dependent function, the responsibility lies with the doctor who is authorized to carry out certain medical actions to patients.

3. Results and Discussion

a. Results

In relation to the function of nurses, nurses have the ability to be responsible for carrying out independent functions in nursing care, while in the collaboration function the responsibility lies with the head of the health team and in the dependent function the responsibility lies with the doctor who is authorized to carry out certain medical actions to patients.

Table 1
 Administrative Nurse And doubt violation

Information	Amount
Know Process administrative Nurse	3 (75%)





Not Knowing the Administrative Process Nurse 1 (25%)

Total 4 (100%)

Based on Table 1, it can be seen that three (75%) of the informants already know the administrative process as a health worker, in this case a nurse. The three informants explained in detail the legal administrative process as a nurse. Then from one (25%) informant did not know the administrative process of a nurse.

From the results of this study, it can be concluded that the administrative process as a nurse is known and understood by most informants. This means that the actual administrative legal rules, especially in the nursing profession, are already largely understood by the nurse health workers themselves or from related parties.

Table.2

Knowledge of the contents of Law Number 38 of 2014 Article 38 Concerning Nursing paragraph (e) and Concerning Fill REGULATION OF THE MINISTER OF HEALTH No.269/MENKES/PER/III/2008 Article 10

Knowledge	Know	No know
Constitution No 38 Year 2014 Psl 38 paragraph (e)	0 (0%)	4 (100%)
REGULATION OF THE MINISTER OF HEALTH No. 269 / MINISTER OF HEALTH/ PER/III/2008 Psl 10	0 (0%)	4 (100%)

Based on Table 2, it can be seen that none of the four informants interviewed knew about the contents of Law Number 38 of 2014 Article 38 concerning Nursing paragraph (e) and the contents of PERMENKES No.269/MENKES/PER/III/2008 Article 10 concerning Medical Records. Interview Results:

After being explained about the content and meaning of Law Number 38 of 2014 Article 38 concerning Nursing paragraph (e) and the contents of PERMENKES No.269 MENKES/PER/III/2008 Article 10 concerning Medical Records, in general all informants stated that, without having to recognize the contents and meaning of the laws





and Permenkes that had been mentioned, all informants realized that the contents of the laws and Permenkes had indeed been implemented, although from the contents of the laws and Permenkes in their daily lives there might be unintentional violations by health workers in general and by nurses in particular.

Three informants revealed that they knew about the Nursing law and regulations on medical records, but in detail did not know the contents of the law and Permenkes, although in fact the informant was aware that he had implemented the contents of the legislation even though there were or might sometimes violate these rules without realizing it.

One informant expressed the same thing, that in fact the informant believes there are laws and regulations governing how a health worker carries out his duties and responsibilities in accordance with applicable regulations, although the informant did not know exactly which laws and regulations governed this matter.

From the results of this study it can be concluded, that although health workers in general and nurses in particular do not recognize the contents of Law No. 38 of 2014 Article 38 concerning Nursing paragraph (e) and the contents of PERMENKES No.269 / MENKES / PER / III / 2008 Article 10 concerning Medical Records, but they have legal responsibility in terms of civil law aspects, because they want to carry out the contents and orders of the law and Permenkes.

Table 3

Knowledge About Sanction Administrative, Sanction Civil and Criminal Sanctions for mandatory violations save secret patient

Knowledge				Know	No know
Administrative Sanctions Mandatory Violation	Save	Health	Secrets	4 (100%)	0 (0%)
Civil Sanctions Mandatory Violation	Save	Health	Secrets	2 (50%)	2 (50%)





Criminal Sanctions Mandatory Violation Save Confidential Patient	2 (50%)
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Based on Table 3, it can be seen that of the four informants interviewed, all of them know about what administrative sanctions are for nursing staff, in terms of violations of mandatory patient health secrets.

Then related to civil sanctions for violations of mandatory patient health secrets, two informants stated that they did not know and 2 informants stated that they knew about how civil sanctions for violations of mandatory patient health secrets.

On criminal sanctions, two informants stated that they did not know and 2 informants stated that they knew about how criminal sanctions for violations of the obligation to keep patient health secrets. Interview Results: After being explained about administrative sanctions, civil sanctions and criminal sanctions for violations of the obligation to keep patient health secrets, without having to know the details of the sanctions, all informants realized that what was done in the context of the therapeutic process was in accordance with the rules of these sanctions, although some of these sanctions in their daily lives might be unintentionally violated by health workers in general and by nurses in particular.

From the results of this study it can be concluded, that although health workers in general and nurses in particular do not recognize the contents of Law Number 38 of 2014 Article 38 concerning Nursing paragraph (e) and the contents of PERMENKES Number 269 / MENKES / PER / III / 2008 Article 10 concerning Medical Records, but they have legal responsibility in terms of civil law aspects, because they want to carry out the contents and orders of the law and Permenkes.

Table 4

Reasons for Violations of the Obligation to Keep Patient Health Confidentiality

Reason Happen Violation

Informant





Nurse accidentally talk about secrets patient's health to nurse or power medical other Which No as stakeholders patient	3 (75%)
Nurse No know matter whatever is possible a the nurse reveals the secret health patient	2 (50%)
Nurse consider condition patient health is the thing Which normal	2 (50%)

Based on Table 4, it can be seen that the reason for the violation of the Obligation to Keep Patient Health Confidentiality is generally because the Nurse does not intentionally discuss patient health secrets with other nurses or medical personnel who are not patient stakeholders. Interview results: Three informants revealed that when talking about patient health secrets to other nurses it was considered that it was not a violation.

One informant revealed that talking about patient health secrets to other nurses or medical personnel who are not patient stakeholders is something that has violated the nursing code of ethics.

Nurses do not know what things allow a nurse to disclose a patient's health secrets. Interview results: Two informants revealed that the things that allowed a nurse to open a patient's health secrets were when getting permission from the patient, for the benefit of the patient's recovery, to be revealed in a legal case and for educational purposes.

Two informants revealed that they did not know in detail about what things allowed a nurse to disclose a patient's health secrets The nurse considers the patient's health condition as a matter of course. Interview results: Two informants revealed that the patient's health is a common thing. Two informants revealed that the patient's health is something that really must be kept confidential, and of course it is the responsibility of nurses and other medical personnel who at that time know the patient's health condition.

Thus it can be concluded, that in general the reasons for violations of the





obligation to keep patient health secrets: First, Nurses do not intentionally discuss patient health secrets to other nurses or medical personnel who are not patient stakeholders, Second, Nurses do not know what things allow a nurse to disclose patient health secrets and third Nurses consider the patient's health condition as a matter of course.

4. Conclusion

Based on the results of the study, it can be concluded that the legal responsibility of nurses towards patient health secrets consists of administrative responsibilities related to licenses as nurses, civil responsibilities related to defaults and unlawful acts, and criminal responsibilities related to violations of prohibitions that meet the elements of a criminal offense. Factors that become obstacles and solutions to the legal responsibility of nurses towards the obligation to keep patient health secrets, generally boil down to acts of default committed by nurses. This can occur because nurses are negligent because they have accidentally leaked the patient's health secrets and nurses consider that the patient's health condition is normal and not a secret.

The legal consequences for nurses who neglect the obligation to keep patient health secrets will be oriented towards administrative law, civil law and criminal law. This depends on how the secret of the patient's health condition is known by other people who are not stakeholders, including from the patient's family where the patient's health condition is the patient's absolute right unless the patient gives permission to be notified to the patient's family.

5. Compliance with ethical standards

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Disclosure of conflict of interest





This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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