

Doctor's Responsibility for Delegation of Authority to Nurses that Cause Unexpected Events

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ABSTRACT

Health, recognized as an essential entitlement for every individual according to the 1945 Constitution of the Republic of Indonesia, holds substantial implications for community well-being. Article 28 H paragraph (1) upholds the entitlement of all individuals to health services, with the state being accountable for ensuring the availability of sufficient public service facilities. Nevertheless, the scarcity of physicians and healthcare professionals in Indonesia poses challenges to health services, particularly evident in the low ratio of doctors per 1000 population. Collaboration between doctors and nurses is imperative, with the delegation of authority serving as a form of joint action. However, understanding the legal aspects of authority delegation often proves to be an intricate matter in this professional relationship. This study aims to explore the practice of handing over physicians to nurses at Rajagaluh Health Center and the factors that influence its implementation. With a legal approach and positivism paradigm, this study uses qualitative descriptive methods with primary data from the Rajagaluh Health Center and secondary sources from books, journals, websites, and related research. The research instrument focused on medical record analysis to collect data related to the practice of delegation of authority, influence factors, and responsibilities of doctors for unexpected events. The study aims to contribute theoretically to the advancement of science, particularly in the realm of health law. Simultaneously, it endeavors to enhance practical comprehension regarding the delegation of authority between doctors and nurses, along with offering a comprehensive perspective on patient safety within the context of health practices at the Rajagaluh Health Center.

INTRODUCTION

Ensuring the well-being of society, nation, and state is a crucial requirement, as emphasized in Article 28 H paragraph (1) of the 1945 Constitution of the Republic of Indonesia. This article asserts the right of every individual to access healthcare services. Additionally, Article 34, paragraph (3), underscores the state's responsibility in providing adequate public service facilities.

Health services have the main objective to improve health and prevent disease with the main target being the community. According to Article 17, paragraph (1) of Law No. 17 of 2023 concerning health, it is stated that health implementation consists of health efforts, health resources, and health management. Then, article 197 of Law No. 17 of 2023 concerning health resources consists of medical personnel, health workers, and health support or support personnel. The success of health efforts depends largely on the availability of health resources in the form of medical personnel and the availability of adequate health facilities. In the implementation of health services, medical personnel, especially doctors and nurses, have the closest relationship with patients in handling diseases (Muttaqien & Mahesa Paranadipa, 2018; Natan et al., 2015).

Therefore, cooperation between the two is needed in the form of collaborative action. Collaborative action here is certainly related to the delegation of authority for some medical actions to nurses (Temkin-Greener et al., 2022; van Beinum et al., 2022). The two have similarities, as seen in medical ethics and nursing ethics, which are based on the similarity of two verbs in English: "to cure" and "to care." This is in line with the main task of doctors, which is to heal, while nurses complement the doctor's activities by treating. There is no doubt that these two professions complement each other significantly. Historically, nurse status was an extension of the physician's hand in medical practice, the nurse performing actions based on the doctor's instructions. In practice, it is the nurse who is on standby in her daily duties to control the patient so that it is possible to be in an emergency (Rokhim, 2013; Sorra & Nieva, 2004; Yin et al., 2021).

However, based on data reported by the databox, in 2020, the ratio of the number of doctors per 1000 patients was 0.4. The data implies that Indonesia has only 4 doctors catering to a population of 10,000, signifying a significantly lower ratio compared to Singapore, where there are 2 doctors per 1,000 residents. In addition to the shortage of doctors, Indonesia faces a deficit in other healthcare professionals. When it comes to the availability of nurses and midwives, Indonesia holds the least favorable position among other countries (Liu et al., 2023; Power et al., 2022). The ratio of nurses per 1,000 population is 2.1, indicating that two healthcare professionals serve every 1,000 people in Indonesia. On this basis, it can be understood that the availability and equity of doctors in Indonesia are still lacking, especially with Indonesia's vast geographical conditions and the large population in Indonesia requiring adequate health resources.

To overcome these problems, of course, many things need to be considered ranging from policies at the central and regional levels to other technical matters. Article 23 paragraph (1) of Permenkes Number 2052 / Menkes / Per/X / 2011 concerning Permission to Practice and Implementation of Medical Practice explains that doctors or dentists can delegate a medical or dental action to nurses, midwives, or certain other health workers in writing in carrying out medical or dental actions. Furthermore, in Article 16 of the Minister of Health Regulation Number 26 of 2019 concerning the Implementation Regulations of Law Number 38 of 2014, it is stated that in carrying out nursing practice, nurses serve as executors based on delegation of authority. However, it is undeniable that collaborative relationships between doctors and nurses often occur in complex problems (Prang, 2013; Šimek, 2016).

In addition, awareness of doctors and other health workers about the legal aspects of delegation of authority is still lacking. More specifically, medical personnel (83.3%) and nurses (88.9%) do not know the referral of the complainant and what things must be met in the delegation of authority. In fact, regarding the delegation of medical measures, it has been regulated in article 290 of Law No. 17 of 2023 concerning health, which in that article is explained in paragraph (1) that medical personnel and health workers can receive a delegation of authority to perform health services, then in paragraph (2) it is stated that.

Delegation of authority consists of mandated delegation and delegation by delegation. In paragraph (3), it is stated that the delegation of authority, as referred to in paragraph (1), is carried out from medical personnel to health workers, between medical personnel, and between health workers. The importance of delegation of authority that is clear and in accordance with competence, one of which is to ensure patient safety (García-Padilla et al., 2023; Wihastuti et al., 2019). Based on Article 1, paragraph 1 of the Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2017 concerning patient safety (Alipour et al., 2023; Nüssler, 2023; Temkin-Greener et al., 2022)

The Patient Safety System encompasses various elements aimed at enhancing the safety of patient care. These components include risk assessment, the identification and management of risks in patients, incident reporting and analysis, the capacity to learn from incidents and implement follow-up measures, as well as the execution of solutions to minimize risks and prevent injuries resulting from errors or the failure to take necessary actions (Alshyyab et al., 2023; Hoehn-Velasco et al., 2023; Lim et

al., 2023). Its objective is to elevate the quality of services provided by healthcare facilities by implementing risk management across all facets of the services, as outlined in Article 2 of the Republic of Indonesia Minister of Health Regulation No. 11 of 2017. In addition, patient safety is also in addition to making the delegation of authority carried out properly, also to avoid patient safety incidents. This patient safety incident is listed in article 14 PMK No. 11 of 2017, which explains that patient safety incidents consist of Potential Injury Conditions (KPC), Near Injury Events, Uninjured Events (KTC), and Unexpected Events (KTD).

According to the Agency of Healthcare Research and Quality, in assessing patient safety culture, there are several dimensional aspects that need to be considered, namely supervisor/manager expectations and actions in promoting patient safety, learning improvement, teamwork within the unit, open communication, feedback on errors, non-blame response, adequate staff, overall perception, hospital management support, inter-team cooperation units, handover and transfer of patients and frequency of incident reporting (Bakken et al., 2023; Pramudito & Widjaja, 2022).

Furthermore, one example of the importance of delegation of authority that is clear and in accordance with competence to avoid unexpected events is in the following cases:

A patient, Mr. X, aged 45 years, came to the ER Pukesmas R with complaints of an ulcer on the big toe of his right foot for 3 days. After a vital sign examination by nurse D, then the nurse made an incision on the boil to remove pus. Actions are carried out to remove pus and clean according to the soup. Then, antibiotics and anti-pain drugs. The patient was told to go home and recommended for control after three days. By the time of the control, after three days, the nurse checked for ulcers that had swollen and that the wounds appeared to be widespread. The patient does not feel pain and feels astonished after the pus is removed. The wound does not improve but instead swells and expands. The nurse consults with the Puskesmas doctor. The doctor then examines and suggests checking blood sugar at any time. The results of blood sugar checks when blood sugar levels are obtained are 350 mg/dl. These results indicate that the patient is suffering from Diabetes Mellitus. Because the widespread wound is accompanied by high blood sugar levels, after wound treatment, doctors recommend being referred to the hospital because of fears of wider injuries. Paisen felt aggrieved by the nurse's failure to check blood sugar levels before the incision. The patient did not accept and scolded the emergency room nurse. After being given understanding, finally, the patient follows the doctor's advice.

From the example case above, it can be understood that the importance of delegation is especially in accordance with its competence to avoid incidents related to patient safety as described above. This is important because authority often goes hand in hand with competence. This implies that the limit of authority is a person's competence, especially in the health professions. In carrying out medical actions, IMI must not exceed its competence and must take actions in accordance with its competence as stipulated in article 23 number (3) letter a of the Regulation of the Minister of Health of the Republic of Indonesia Number 2052 / MENKES / PER / X / 2011 which explains that the devolved actions are included in the abilities and skills that the recipient of the delegation has possessed. However, often there is still a delegation of authority that is not in accordance with applicable regulations, so there must be a responsibility from the doctor as the authorizer (Davies, 2020; Rosemann & Zhang, 2022).

Based on this background, the author is interested in conducting thesis research entitled "Doctor's Responsibility for Delegation of Authority to Nurses Who Cause Unexpected Events"

METHODS

The research method used in this study is a descriptive method with a qualitative type. This method aims to describe an event as it is, uncover cause and effect, and uncover the meaning behind certain events, events, and symptoms. Conceptually, this study adopts the paradigm of positivism in the context of the responsibility of doctors for delegation of authority to nurses, recognized as a basic assumption that guides the way scientists perceive the symptoms they examine. The approach used in

this study is the legal approach (Statute approach), and the type of research applied is normative juridical, which systematically examines legal norms in laws and regulations.

The chosen research instrument is a medical record, which helps to collect data related to the actions of doctors and determine their responsibilities. Data sources consist of primary data obtained directly from the Rajagaluh Health Center and secondary data derived from books, journals, websites, and related research. In addition, tertiary data sources such as dictionaries, including the Big Indonesian Dictionary (KBBI) and legal dictionaries, are also used.

Data collection techniques involve the study of literature and literature by examining, analyzing, and interpreting various sources, including books, research, journals, and the internet, that are relevant to this research. This research carries a qualitative approach that analyzes events in depth, emphasizes the meaning behind the data, and uncovers the causes of an event with comprehensive, systematic, and meaningful words, sentences, and narratives.

RESULTS

The practice of transferring the authority of doctors to nurses at Puskesmas

In practicing medicine, doctors often must be able to collaborate with other health workers, especially nurses. In practice, nurses perform Actions based on the doctor's instructions. With too many patients to handle, doctors are not fully able to perform medical action, especially in health facilities with a lack of doctors. If at any time the doctor must leave a health facility, all actions must be carried out by nurses. In this condition, delegation of authority from doctors to nurses is needed to perform medical actions.

Currently, in a new paradigm, the provision of health or medical service care according to the role of nurses is more equal in cooperation with doctors. From the analysis that the relationship between health worker partners can be done by upholding the principles that can support the provisions of communication in the team, namely:

1. Conflict with individuals to the team so that communication when making relationships is better and everyone with the team avoids disputes.
2. Explain their views to act in accordance with their competence.

In service in various health facilities, the main activities of puskesmas, clinics, and hospitals include the role of doctors and nurses as medical personnel who are most closely related to patients in handling diseases. Therefore, the delegation of authority that causes changes in the responsibility of doctors to the responsibility of nurses when carrying out their duties is very important to do and in accordance with applicable regulations. In the juridical analysis carried out in this study, the responsibility of doctors is not only from the medical aspect but there is a responsibility on the legal aspect as well. This is because, by law, every action involving more than one legal subject will give birth to rights and obligations for each party, where if one party violates the contents of the agreement, the party who feels aggrieved can sue or ask for compensation against the party considered harmful. In the findings at the Rajagaluh Health Center, based on applicable provisions related to the delegation of authority from doctors to nurses, legal problems can occur that result in the existence of a responsible party. Because in theory giving delegation/delegation of authority to nurses must meet the following requirements:

1. Decision making by doctors cannot be delegated, such as the act of determining medical diagnosis, administering/determining therapy, and determining indications.
2. Delegation of medical action can be done if the doctor feels confident that the nurse given the delegation is able to carry out the task properly.
3. Delegation must be done in writing, including clear instructions on its implementation, how to take action in case of complications, and so on to the patient.

4. The doctor must carry out medical guidance and supervision on its implementation. Such surveillance depends on the actions taken.
5. The nurse who receives the delegation has the right to refuse if they feel unable to perform the medical action.

However, today, the progress of science and technology in the health sector has grown rapidly. It is supported by increasingly sophisticated health facilities, making this delegation of authority sometimes done not in accordance with provisions such as in certain conditions, doctors give electronic messages to act to patients or delegate authority to nurses. In fact, these developments require the implementation of professional health services supported by the expertise or competence of more qualified health workers. Then, it must be done in accordance with service standards, which are guidelines that doctors or dentists must follow in practicing medicine. Furthermore, the delegation of authority must also be in accordance with professional standards, which are the minimum limits of ability (knowledge, skill, and professional attitude) that a doctor or dentist must master to be able to carry out professional activities in the community independently made by professional organizations.

Delegation of Medical Action Authority of Doctors to Nurses in Writing The delegation of authority for doctor actions to nurses is a regulation made by the government to overcome the problem of shortage of doctors/medical personnel in the community, as contained in article 290 of Law Number 17 of 2023 which in paragraph of the article is stated as follows:

1. Medical Personnel and Health Workers can receive delegation of authority to perform Health Services.
2. The delegation of authority, as referred to in paragraph (1), consists of mandate delegation and delegation delegation.
3. The delegation of authority, as referred to in paragraph (1), is carried out from Medical Personnel to Health Personnel, between Medical Personnel, and between Health Workers.
4. Government Regulations regulate further provisions regarding the delegation of authority.

In addition, the legal umbrella that can be used as a reference in the delegation of authority includes Article 23 of the Minister of Health Number 2052 / Menkes / Per/X / 2011 concerning Licenses to Practice and Implementation of Medical Practice, which explains as follows:

1. Doctors or dentists can delegate a medical or dental action to nurses, midwives or certain other health workers in writing in carrying out medical or dental actions.
2. Medical or dental actions, as referred to in paragraph (1), can only be carried out in circumstances where there is a need for services that exceed the availability of doctors or dentists in the service facility.
3. The delegation of actions, as referred to in the paragraph, is carried out with the following conditions:
 - a. The devolved action is included in the abilities and skills that the recipient of the delegation has possessed.
 - b. The implementation of the devolved act remains under the supervision of the assignor.
 - c. The assignor remains responsible for the devolved action as long as the execution of the act is in accordance with the given assignment.
 - d. The devolved action does not include taking clinical decisions as the basis for the implementation of the action.
 - e. Devolved actions are not continuous.

The above provisions provide opportunities for nurses to perform medical actions if they meet the provisions of laws and regulations. Then in Article 28 paragraph (1) of the Regulation of the Minister of Health of the Republic of Indonesia Number 26 of 2019, the delegation of authority to perform medical actions from doctors, as referred to in Article 27-point a, can be in the form of delegation of delegated authority or mandate that must be done in writing. Thus, the regulation also confirms that medical actions carried out by health workers remain in corridors. The limitation states that medical or medical actions can be carried out by nurses with the doctor's mandate first.

Considering the picture above, the researcher argues that the model of the written authority delegation letter made by the Puskesmas is a mandated delegation of authority. From the results of research at the Rajagaluh Community Health Center regarding the delegation of authority for medical procedures to nurses, as in the example below: Although a doctor can delegate his authority to a nurse, the grant must meet certain conditions. The conditions that must be met are:

1. The establishment of the diagnosis, or the administration or determination of therapy and the determination of medical indications, must be decided by the doctor.
2. Delegation of medical procedures is only allowed if the doctor is very sure that the nurse receiving the delegation is able to carry out it properly.
3. That delegation should be done in writing, including clear instructions on its implementation, how to act if complications arise, and so on.
4. There must be medical guidance or supervision in its implementation. That supervision depends on the action taken. Whether the doctor should be in that place, whether he can be called and in a short time be there.
5. The person given the delegation has the right to refuse if he feels that he does not meet the standard of competence to perform the medical procedure.

Furthermore, as a whole, the SOP for the implementation of the delegation of authority at the Rajagaluh Health Center can be understood that in the procedure, it is explained that in its points that the inter-professional health team that will be given this delegation of authority is collected and explained the things that can be done and what cannot be done in accordance with their authority. Then, proceed with other procedures, in which, in the end, a certificate of delegation of authority is made in accordance with the name that has been set. However, in fact, it is found that often, the delegation of medical authority to nurses is mostly done unwritten; the way it is done is through the doctor's oral instructions to the nurse. The form of delegation of authority given is carried out whether the doctor is in place or not in place. It is certainly not in accordance with or contrary to the Minister of Health Regulation number 2052 of 2011, article 23 (1) states that "Doctors or dentists can delegate a medical or dental action to nurses, midwives or certain other health workers in writing in carrying out medical or dental actions."

By carrying out medical actions by other health workers without delegation of authority, it means that the nurse, in carrying out her work, can be said to have violated formal legal provisions that have legal effects that can cause high risks to those who need health services, because the things done by someone who does the practice do not have the authority and competence to act.

The use of authority must be accompanied by legal liability. The delegation of authority carried out by doctors to nurses at Puskesmas certainly has legal consequences, especially if the authority carried out has an impact or there are allegations of errors in the implementation of these duties, both in terms of criminal law, civil law, and administrative sanctions. However, in its implementation, doctors who commit negligence or mistakes are more often held accountable by administrative law because the process and proof are faster, either because of violations of professional discipline or violations of ethics. The thing that is accounted for in professional discipline is if there is a complaint from the patient / aggrieved party, and MKDKI will handle it for complaints of ethical violations based on the rules in Law Number 29 of 2004. The legal consequences of the implementation of medical actions cause responsibility so that if its implementation ignores or violates the stipulated legal provisions, the subject of the law will be subject to legal sanctions.

Then in its completion, clarity is needed about the content of the authority that nurses are allowed to do. If, in practice, there is an error and the nurse cannot show evidence of delegation of authority from the doctor, then the error in providing services is the responsibility of the nurse. Meanwhile, if there is a letter of assignment for delegation of authority and if something goes wrong, then the one who gives the delegation must be responsible. For this reason, granting medical action

authority must have clarity about the types of medical action authority given to nurses so that they have legal certainty and can be accounted for.

The delegation of medical authority to nurses requires a firm and written explanation of what authority is allowed to be exercised by nurses in providing services, this is intended to provide certainty and legal protection to both parties in carrying out their duties. Clear and written delegation boundaries to nurses make nurses act according to established corridors. They can be accounted for so that in carrying out their duties, nurses feel comfortable, and there is no fear of taking medical action.

In this case, according to the researcher, the delegation of duties that are not clear administratively has weaknesses and risks. The absence of detailed authority in the delegation letter provides opportunities for nurses to take actions that are beyond limits, and if there is an error in medical services, it will make it difficult for doctors or mandates to hold it accountable. Nurses can argue that what has been carried out is based on the delegation letter they receive.

According to researchers, the implementation of the doctor's authority carried out by the nurse orally has been erroneous because it causes the exercise of authority to exceed the limit and is contrary to legal provisions as mentioned in the Minister of Health Regulation Number 2052 of 2011, article 23 (1) reads: Doctors or dentists can delegate a medical or dental action to nurses, midwives or certain other health workers in writing in carrying out medical or dental measures.

In the Minister of Health 2052, it is stated that the delegation of authority must be in writing. Still, it is not explained whether at any time of action, a letter of delegation of authority is made or whether it is only made once in the form of a letter of delegation of authority. The difference between delegation and mandate lies in, among others, the mechanism of delegation, responsibility, and responsibility and the possibility of reusing the authority of the authority.

In theory, there are two types of mandates, namely imperative mandates and free mandates. The imperative mandate is that the representative becomes a representative because he obtains strict instructions that have been determined in detail by the mandas, while the free mandate is that the mandataris can act at any time and do not depend on the instructions given by the mandans. So, the mandataris can act freely because he has gained the trust of the mandans. For Mandans, what needs to be done is to formulate legal norms as a guide for mandataries.

Then, based on research that has been done, the delegation of authority for medical actions to nurses can be carried out in 2 ways. Namely, the implementation of authority begins with instructions/requests from doctors and the implementation of free delegation of authority. In the exercise of authority that begins with a request or instruction, the doctor first diagnoses, and then Actions are carried out by nurses, for example, invasive actions on abscesses and IVFD installation in typhoid patients. As for the implementation of the delegation of authority without starting with instructions, nurses can carry out medical actions freely when there are patients who need medical services, but the implementation without such instruction has previously gained the trust of doctors and based on a letter of delegation of authority for medical actions, for example, ear piercing, TT injection.

Factors affecting the implementation of the delegation of medical authority to nurses

Effectiveness is the achievement of targets that must be achieved in a study of phenomena or events that must be achieved through predetermined benchmarks. The effectiveness of the law is the basis for studies to determine whether a law has been implemented or has not been implemented in achieving the objectives of the law itself into criteria used as a measurement tool in the form of applicable rules and laws to assess a process of achievement has reached the target or has not reached the target.

In essence, the essence of law enforcement resides in the process of aligning values outlined in firm regulations with behavioral attitudes, serving as a culmination of value elaboration to establish, uphold, and preserve social harmony. These regulations subsequently function as indicators or standards for behavior or attitudes deemed suitable or appropriate. When applied within society, the execution of delegating medical authority to nurses is influenced by various factors:

1. Legal Substance

The cause of ineffective law implementation is influenced by several factors, including the rule of law itself, such as the desynchronization of regulations with one another, vagueness in the content material, or confusion in implementing the regulation because there is no implementing technical regulation. The basic substance of legality is authority. Authority is a definition derived from the law of governmental organization, which can be explained as the whole rule relating to the acquisition and use of governmental authority by subjects of public law in relation to public law.

Nurses are health workers who have the authority to carry out health services in the field of nursing. The legal basis for the authority of nurses in carrying out nursing activities can be seen in Law no. 17 of 2023 and Permenkes No. 26 of 2019. While the provisions regarding the delegation of authority for medical actions to nurses are contained in Permenkes No. 2052 of 2011, article 23 reads:

- a. Doctors or dentists can delegate a medical or dental action to nurses, midwives or certain other health workers in writing in carrying out medical or dental actions.
- b. Medical or dental actions, as referred to in paragraph (1), can only be carried out in circumstances where there is a need for services that exceed the availability of doctors or dentists in the service facility.
- c. The delegation of actions, as referred to in the paragraph, is carried out with the following conditions:
 - 1) The devolved action is included in the abilities and skills that the recipient of the delegation has possessed.
 - 2) The implementation of the devolved act remains under the supervision of the assignor.
 - 3) The assignor remains responsible for the devolved action as long as the execution of the act is in accordance with the given assignment.
 - 4) The devolved action does not include taking clinical decisions as the basis for the implementation of the action; and
 - 5) Devolved actions are not continuous.

The provisions regarding the article above are intended to overcome the problem of the need for medical personnel who are still lacking, this is based on the consideration of the scope of work of doctors who are so large that other health workers are needed to cooperate with doctors in carrying out medical services to the community. In the implementation of medical practice that has been delegated by nurses, as stated in article 23 of the Minister of Health Number 2052 of 2011, clarity of rules is needed considering the risks and responsibilities in its implementation. In connection with that, several things need to be clarified and regulated, namely:

1. The procedure for the implementation of the delegation of medical action authority to nurses is unclear, whether the delegation is given at any time to perform medical actions or whether it is given once as a medical action authorization letter given by doctors to nurses.
2. In the implementation of the delegation of medical action authority to nurses, there are no technical instructions, procedures, or formats for delegation of authority that make references to health workers in puskesmas.
3. The conditions regarding the delegation of medical authority to nurses are also not contained and explained. Such as the requirements for education level, length of time worked, and training and education certificates, thus allowing doctors to delegate only based on the element of subjectivity.
4. Article 23 (3) states that the devolved act is included in the abilities and skills already possessed by the assignee. The question is to determine abilities and skills so that it is said who the competent is. The laws and regulations of authority between nurses and doctors are different; nurse competence is to carry out nursing care, the implementation of promotive, preventive, community recovery and empowerment efforts, and the implementation of complementary

nursing actions. At the same time, the competence of doctors is to practice medicine. Different professions and competencies should give birth to different authorities. According to researchers, the professions of doctors and nurses are very different; the knowledge and skills they master are not the same, so the delegation of authority to nurses is not ideal and contradictory. In addition, the permission obtained by a doctor to practice medicine goes through a very long, gradual, and rigorous process involving various institutions such as medical councils, professional organizations, and competency institutions that are formed specifically to test the quality standards and competence of doctors when carrying out duties in the community.

5. The implementation of the delegation of authority in the form of a mandate contained in article 23 of the Minister of Health Regulation number 2052 of 2011 concerning the license and implementation of medical practice is not a relationship between superiors and subordinates in the form of instructions or orders to perform work. The relationship between doctors and nurses is an equal relationship or partner between professions.

2. Health Workforce Resources

The availability of health workers in quantity and quality will support the implementation of government programs and the realization of health development goals. Laws and regulations are a supporting tool for the implementation of a government program, which is a basic provision that is legal in the administration of government. Understanding the community as the scope of applicable regulations is very important to assess the implementation of law and regulation. The regulations have norms that must be obeyed in the form of things that are prohibited and allowed. In the context of the delegation of medical authority to nurses, nurses and doctors must know their authority, rights, obligations, and legal consequences that will arise in carrying out medical actions delegated to them.

Knowledge of the content and material content of legal provisions will predispose everyone to behave and behave in accordance with existing rules. The implementation of regulations will be optimally related to public awareness and legal observance. Legal awareness and legal observance determine whether the implementation of laws and regulations in society is effective. Legal knowledge can be determined by fulfilling the elements of law, namely:

- a. Legal knowledge, meaning that a person knows certain behaviors are governed by law that involve behaviors that are prohibited by law or permissible.
- b. Knowledge of the content of the law or understanding of the law, meaning that citizens of the community have knowledge and understanding of certain rules, especially about their content.
- c. Legal attitude, meaning that a person tends to make certain judgments about the law.
- d. Legal behavior is where a person behaves in accordance with applicable law.

3. Socialization

Optimal socialization to all targets of the rule of law is very important to encourage changes in community behavior. We must not believe the legal fiction that determines that all residents in the territory of a country are considered to know all the rules of law that apply in their country. It is impossible for residents or citizens in general, to be able to know the existence of a rule of law and its substance if the rule of law is not socialized optimally.

The understanding of legal material contained in laws and regulations seems linear with the conduct of socialization activities for health workers. From the findings at the Rajagaluh Health Center, it is understood that legal knowledge related to medical practices and health services is still felt to be very lacking; this is due to the low role of the health Office, which is responsible as an agency that conducts guidance and supervision. Then, he has never participated in the socialization of laws and regulations, especially those related to the delegation of medical authority to nurses.

The description above shows that there is a very large correlation between coaching and dissemination of legal materials to increase awareness and legal compliance of health workers; low legal knowledge of health workers will affect the implementation of the delegation of authority for medical actions in Puskesmas. However, knowledge is not necessarily in line with changes in one's

behavior towards law obedience, obedience, or good behavior if a person has internalized legal values and considers that the function and role of the law are very beneficial for his social interests.

A person obeys or does not obey a rule of law, depending on his interests. Suppose the obedience of most citizens to a general rule is only because of compliance interests or for fear of sanctions. In that case, the degree of obedience is very low because it requires continuous supervision. Unlike if obedience is based on internalization interests, namely obedience because the rule of law really matches the intrinsic value it adheres to, then the degree of obedience is the highest.

4. Supervision

As expected, the supervisory function is very important to assess or evaluate the optimal implementation of a regulation or law in the community. Suppose the implementation of the delegation of authority requires a strict and periodic supervision system. In that case, this supervision aims to ensure that existing legal provisions or rules run as they should, with supervision, can prevent things that have a negative impact on the community or health workers in carrying out services.

Medical actions delegated to nurses are intended to fulfill the right of casein to receive optimal health services, considering that the resources of medical personnel have not been able to cover the needs of patients. Therefore, one of the indicators of the implementation of delegation of authority in accordance with legal corridors can be seen with the intensity of supervision. The city health office responsible for the function of guidance and supervision should supervise intensively and periodically. This is important to prevent the practice of health workers who are not in accordance with the provisions of the law. That way, it will affect the non-implementation of applicable legal provisions. The lack of supervision is closely related to the level of legal knowledge about the material or content of laws and regulations related to the delegation of medical measures, so awareness and legal compliance become weak.

CONCLUSION

The delegation of medical action authority from doctors to nurses at Puskesmas has experienced obstacles in its implementation. The responsibility of doctors for the delegation has not been carried out in accordance with the Regulation of the Minister of Health Number 2052 of 2011, influenced by several factors such as unclear understanding of regulations governing the delegation of authority, low legal awareness of health workers, especially doctors and nurses, and less optimal legal socialization and supervision. In Puskesmas Rajagaluh, although the delegation of authority has been carried out in writing, there are shortcomings, such as delegation that is not recognized in writing, inappropriate skills of the delegate, and the implementation of actions without the supervision of the delegate. This condition has the potential to cause unexpected events, indicating that the implementation of medical actions by nurses is mostly not in accordance with Minister of Health Regulation number 2052 of 2011 concerning the licensing and implementation of Medical Practice and the implementation of Medical Practice.

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