Legal Protection for Nurses in Providing Health Services at Sub-Community Health Centers in Natuna Regency *(A Case Study in Sub-Community Centers in Natuna Regency, Riau)*

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Abstract

Nurses serve as the frontline of the primary healthcare system, particularly in remote and underdeveloped areas. The purpose of this study is to explore and understand the distribution of clinical authority granted to nurses in the practice of healthcare services at Sub-Community Health Centers, as well as to analyze the forms of legal protection provided to nurses delivering healthcare services in Sub-Community Health Centers in Natuna Regency, Riau. This study employs a qualitative approach with socio research design. Data were collected through questionnaires and in-depth interviews with 14 nurses working at auxiliary health centers, the Chair of the Natuna Branch of the Indonesian National Nurses Association (DPD PPNI), the Head of the Natuna District Health Office, and three heads of Community Health Centers or physicians authorized to delegate clinical authority. The findings indicate that there is a practice of delegating authority to nurses, both verbally and in writing, with limited supervision from physicians. However, not all nurses fully understand the boundaries of nursing practice authority, and the delegation is not consistently supported by formal documentation, regular training, or adequate standard operating procedures (SOPs). Legal protection for nurses remains suboptimal, particularly in aspects such as documentation of delegation, implementation of active supervision, availability of professional liability insurance, and the role of professional organizations in providing legal assistance.

Keywords: Sub- **Community Health Centers; Healthcare Services; Legal Protection, Nurses**

Abstrak

Perawat berperan sebagai garda terdepan dalam sistem pelayanan kesehatan primer, terutama di daerah terpencil dan kurang berkembang. Tujuan studi ini adalah untuk mengeksplorasi dan memahami distribusi wewenang klinis yang diberikan kepada perawat dalam praktik pelayanan kesehatan di Pusat Kesehatan Masyarakat (Puskesmas) Tingkat Desa, serta menganalisis bentuk perlindungan hukum yang diberikan kepada perawat yang memberikan pelayanan kesehatan di Puskesmas Tingkat Desa di Kabupaten Natuna, Riau. Studi ini menggunakan pendekatan kualitatif dengan desain penelitian sosial. Data dikumpulkan melalui kuesioner dan wawancara mendalam dengan 14 perawat yang bekerja di pusat kesehatan bawahan, Ketua Cabang Natuna Asosiasi Perawat Nasional Indonesia (DPD PPNI), Kepala Dinas Kesehatan Kabupaten Natuna, dan tiga kepala Pusat Kesehatan Masyarakat atau dokter yang berwenang mendelegasikan wewenang klinis. Hasil penelitian menunjukkan bahwa terdapat praktik pendelegasian wewenang kepada perawat, baik secara lisan maupun tertulis, dengan pengawasan yang terbatas dari dokter. Namun, tidak semua

perawat sepenuhnya memahami batas-batas wewenang praktik keperawatan, dan pendelegasian tersebut tidak didukung secara konsisten oleh dokumen formal, pelatihan rutin, atau prosedur operasional standar (SOP) yang memadai. Perlindungan hukum bagi perawat masih belum optimal, terutama dalam hal-hal seperti dokumentasi delegasi tugas, penerapan pengawasan aktif, ketersediaan asuransi tanggung jawab profesional, dan peran organisasi profesi dalam memberikan bantuan hukum.

Kata kunci: Pusat Kesehatan Masyarakat; Layanan Kesehatan; Perlindungan Hukum, Perawat

INTRODUCTION

Law Number 17 of 2023 on Health stipulates that health efforts encompass all forms of activities and/or a series of activities conducted in an integrated and continuous manner to maintain and improve public health status. These efforts include promotive, preventive, curative, rehabilitative, and/or palliative actions, carried out by the Central Government, Regional Governments, and/or the community.[1]

The regulation concerning healthcare personnel is set forth in Law Number 36 of 2014 on Health Workers, which was later revised by Law Number 17 of 2023 on Health. Health personnels are defined as individuals who dedicate themselves to the field of health and possess

professional attitudes, knowledge, and skills through higher education, with certain types requiring authorization to perform healthcare services.[2]

Health services provided by Community Health Centers (*Puskesmas*, CHCs, hereinafter referred to as CHCs, are efforts delivered by CHCs to the public, encompassing planning, implementation, evaluation, recording, and reporting within an integrated system. Based on the principle of accessibility to healthcare services as outlined in Article 1, point (d) of Minister of Health Regulation Number 42 of 2019, CHCs shall provide health services that are accessible and affordable to all members of the community in its working area without discrimination based on social status, economic standing, religion, culture, or beliefs. To support and facilitate the operational implementation of public health services, CHCs are supported by simpler units such as Mobile CHCs and Sub-CHCs (*Puskesmas Pembantu*, hereinafter referred to as

the public, encompassing planning, implementation, evaluation, recording, and reporting

Sub-CHCs) constitute a core component of the CHCs service network[4]. They are established in every village and subdistrict and function as integral parts of the main CHCs. Their primary task is to implement selected programs of the Puskesmas based on available personnel competencies and resources. In certain districts, particularly among impoverished populations, access to health services is limited. Despite significant geographic and transportation barriers, the utilization of Sub-CHCs remains low, even though they may be the only reachable healthcare facilities for the local population.[5]

A pressing issue currently observed is the inconsistency in the delegation of authority among health professionals, including doctors, midwives, and nurses. In remote areas, nurses at Sub-CHCs are often tasked with responsibilities that legally fall under the domain of doctors, such as diagnosing illnesses, prescribing medication, administering treatments within and outside of the health center premises, conducting antenatal examinations, and assisting childbirth.

According to Article 16 of the Nursing Law, nurses are mandated to provide nursing care, act as educators and counselors for clients, manage nursing services, conduct nursing research, carry out delegated tasks, and/or perform duties under certain limitations. Legally, nurses are not authorized to conduct medical procedures unless they have received a written delegation of authority from a physician, permitting them to perform specific tasks that fall under the physician's legal jurisdiction, in accordance with prevailing regulations. From the perspective of dependent function, nurses are only allowed to assist physicians in providing medical services, such as administering medication or specialized procedures—like intravenous insertion, medication administration, or injections—upon written request from a doctor.[6]

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[1] *Undang-undang Kesehatan RI nomor 17 Tahun 2023 tentang Kesehatan,* p. [2] *Ibid,* p 4

[3] Djaelani, *Pelimpahan Kewenangan Dalam Praktik kedokteran Kepada Perawat, Bidan Secara Tertulis Dapat Mengeliminasi Tanggung Jawab Pidana & Perdata*, (Jakarta, 2008) Jurnal Hukum Kesehatan, Ed.pertama. p.9

[4] *Ibid*,p. 6
[5] *Ibid*,p. 12
[6] Permenkes Nomor 26 Tahun 2019 *Tentang Peraturan Pelaksana Undang-Undang Nomor 34 Tahun 2015 Tentang Keperawatan*. p 14

This delegation of authority from physicians to nurses is primarily driven by the shortage of medical personnel in healthcare delivery, especially concerning medical procedures. In many healthcare facilities—including CHCs, mobile CHCs, and Sub-CHCs—physicians are not always available to provide services, which leads nurses to perform medical tasks beyond their legal authority. This situation has led to various legal issues where nurses have had to deal with law enforcement. Therefore, there is an urgent need to reaffirm the boundaries of professional authority and to provide legal protection for nurses in the execution of their duties. One such case involved a nurse working at the Kuala Samoja Sub-CHC in Kutai Kartanegara Regency, who was sentenced to three months in prison. Ironically, the punishment was imposed because the nurse, Misran, administered a Type-G antibiotic in an emergency attempt to save a patient's life. Misran was found guilty of violating Law Number 36 of 2009 on Health.

Based on the aforementioned background, the problems addressed in this study are: (1) How is the clinical authority distributed to nurses providing healthcare services at Sub-CHCs? (2) What forms of legal protection are available for nurses delivering healthcare services at Sub-CHCs? The objectives of this study are:
(1) To identify and understand the distribution of clinical authority granted to nurses providing healthcare services at Sub-CHCs, and (2) To examine and analyze the legal protection afforded to nurses performing healthcare services at Sub-CHCs.

RESEARCH METHOD

This research employs empirical legal research (non-doctrinal legal research) using a socio-legal approach**,** which examines legal principles and statutory regulations in conjunction with sociological perspectives. Socio-legal research is a form of legal study that uses secondary data as the initial reference point, which is then supplemented by primary or field data. It aims to assess the effectiveness of legal regulations and explore correlations among various phenomena or variables. Data collection techniques include document studies**,** observations**,** and interviews**.** This type of legal research is beneficial for understanding how the law is actually implemented in practice, including the process of law enforcement**,** and for revealing underlying issues in the application and enforcement of laws[7].

This study was conducted at Sub-CHCs across Natuna Regency, involving a total of 14 facilities**.** The research was carried out from January to March 2025**.** The sources of data in this study are generally classified into primary data**,** obtained directly from the field, and secondary data**,** gathered from literature and documentary sources[8]. Primary data in this empirical legal research was collected through a combination of structured and unstructured questionnaires and in-depth interviews**,** as well as direct observations**.** The questionnaires were distributed using Google Forms to nurses working at the Sub-CHCs throughout Natuna Regency. Interview data were obtained from doctors and heads of CHCs, the Head of the Natuna District Health Office, and the Chairperson of the Natuna Branch of the Indonesian National Nurses Association (DPD PPNI). Secondary data provided supporting explanations of primary legal materials and consisted of relevant books**,** legal journals**,** theses and dissertations in the field of law, and published works by legal practitioners and academics related to the topic of this research[9].

Data processing was conducted through several stages, including data verification**,** data marking**,** classification**,** and systematization**.** In the classification stage, data and legal materials

[7] Lexy J Moleong, 2021, ***Metodologi Penelitian Kualitatif,*** PT. Remaja Rosdakarya. Bandung. p.55

[8] Soejono Soekanto dan Sri Mamoedji, 1984, ***Penelitian Hukum Normatif Suatu Tujuan Singkat***,PT. Raja Grafindo Persada, Jakarta, p. 12.

[9] Muhaimi, 2020, ***Metode Penelitian Hukum***,Mataram.2020. p. 45

were grouped into categories based on similar legal phenomena or events[10]. Systematization involved organizing data from general concepts to specific issues relevant to the research topic. Data analysis was carried out by reviewing the processed data using established legal theories and scholarly literature as a framework. Quantitative data were presented in numerical form to facilitate interpretation, while qualitative data were described in coherent, well-structured sentences to ensure clarity and ease of understanding for interpretation purposes[11].

RESULTS AND DISCUSSION

Distribution of Clinical Authority Granted to Nurses

The distribution of clinical authority granted to nurses in providing health services to patients at Sub-CHCs, particularly in Natuna Regency, is a significant aspect to explore. In this context, it is crucial to analyze how Indonesia's positive legal system regulates the limits of nursing authority and how these regulations are implemented in remote areas with limited medical personnel.

Delegation of authority from physicians to nurses is a common practice at primary healthcare facilities, especially at Sub-CHCs in Natuna Regency. Field realities show that this delegation mechanism arises to address the shortage of medical personnel, particularly in situations where physicians are absent or not permanently stationed at these facilities. Despite the unavailability of doctors, healthcare services should continue. Thus, delegating authority to nurses is an adaptive measure necessary to ensure uninterrupted healthcare delivery to the community.

Based on a study involving 14 nurse respondents working at Sub-CHCs in Natuna Regency, 8 nurses (57%) admitted to performing healthcare services beyond their professional competencies. In contrast, 6 nurses (43%) reported not engaging in such practices[12]. Regarding the legitimacy of these actions, 9 respondents (64%) stated they had received a written delegation of authority from a physician or a head of CHC, while 5 respondents (36%) did not receive any written delegation[13].

Normatively, nursing practice is strictly regulated under Law Number 17 of 2023 on Health, which revises Law No. 36 of 2009. Article 237 stipulates that health personnel, including nurses, may only perform services in accordance with their competence and authority as defined through education, training, and legal regulations. Article 239 further clarifies that[14] "health workers may receive written delegation of medical authority from medical personnel under urgent conditions or facility limitations, while still adhering to professional standards and ensuring patient safety." According to these provisions, nurses performing medical actions beyond their authority without written delegation from a physician or a head of CHC—as occurred with 5 out of the 14 respondents—may constitute a legal violation. This situation not only breaches the Health Law but also raises the potential for criminal liability under Articles 359 and 360 of the Indonesian Penal Code, which address negligence resulting in injury or death[15]. From a civil law perspective, unauthorized medical actions may be considered unlawful acts under Article 1365 of the Civil Code[16], which states that "any act that violates the law and causes harm to another obligates the perpetrator to compensate for the damage."

In the context of nursing practice, Ministry of Health Regulation Number 26 of 2019 grants nurses legal protection, provided their duties are carried out in accordance with

[10] Lexy J, Moleong, ***Metodologi Penelitian Kuanlitatif,*** Edisi Revisi, Rosda Karya, Bandung, 2021, p. 97
[11] Abd Hadi, Asrori, and Rusman, ***Buku Penelitian Kualitatif Studi Fenomen*****,** 2019.p.47
[12] Data Primer, Natuna, dated on January, 13, 2025
[13] Ibid
[14] JDIH, Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, (Jakarta, 2023), p. 114
[15] Ibid, p, 115

[16] Kitab **Undang-Undang Hukum Perdata**, Sinar Grafika, (Jakarta, 2023).p.114

professional standards, service standards, operational procedures, and relevant legal provisions. Nurses also have the right to receive clear and truthful information from patients or their families, perform duties within their competence, receive compensation for services rendered, and refuse client requests that conflict with the code of ethics.

Article 16 of this regulation states that "in conducting nursing practice, nurses shall perform tasks based on delegated authority." There are two forms of delegation from medical personnel to nurses: (1) mandated delegation**,** where the physician supervises the nurse's medical action, and (2) delegative delegation**,** where the physician transfers both authority and responsibility for the medical action. Delegative authority may only be granted to professional or trained vocational nurses.

Legal issues arise when delegation is not documented or formalized administratively. Field data revealed that 5 out of 14 nurses never received written delegation. In this regard, the testimony of Dr. S deserves scrutiny: although he supports delegation in principle, has the written mechanism been implemented consistently? If not, this creates a legal gap that places nurses in a vulnerable position, particularly in the event of medical incidents or legal disputes[17]. In line with the theory of legal liability, performing delegated tasks without proper documentation or supervision may create a discrepancy between the action taken and the legal responsibility that follows[18]. From a criminal law perspective, a nurse who carries out a medical procedure without written delegation may be considered to have exceeded their authority and face criminal charges under Articles 359 and 360 of the Penal Code[19].

Legal Protection for Nurses Providing Healthcare Services at Sub- Community Health Centers

In the national healthcare system, nurses hold a strategic position as front-line service providers, particularly in underserved and remote regions such as Natuna Regency. Due to geographic constraints and uneven distribution of healthcare resources, nurses often face situations where they must perform healthcare services that are legally within the scope of physicians[20]. Therefore, legal protection for nurses in the context of service provision at Sub-CHCs should be comprehensively analyzed within Indonesia's positive legal framework.

Legal protection for nurses refers to the state’s guarantee, through regulatory frameworks and technical health policies, that nurses can perform their professional duties safely, free from legal prosecution, and with legal certainty for medical actions performed within authorized limits. This protection encompasses both preventive and repressive aspects[21]. Preventive protection includes clear regulations on competence boundaries, procedures for medical authority delegation, and mandatory compliance with operational standards. Repressive protection involves legal assistance for nurses facing legal claims for actions performed within the scope of applicable laws.

Normatively, the legal protection of nurses providing healthcare services at Sub-CHCs is governed by Ministry of Health Regulation Number 26 of 2019. Article 30(1) explicitly allows nurses, under certain conditions, to provide limited medical services based on delegation from medical personnel. This is reinforced by Law Number 17 of 2023 on Health, specifically Article 239, which provides a legal basis for medical personnel to delegate medical

[17] Soerjono, Soekanto, *Pengantar Hukum Kesehatan*, (Bandung: CV. Remadja Karya, 1987), p 97

[18] Salim HS dan Erlies Septiana Nurbani, *Penerapan Teori Hukum Pada Penelitian Disertasi dan Tesis*, Buku Kedua, Rajawali Pres, Jakarta, 2009, p. 7.

[19] Op,Cit, p. 114

[20] Badan Statistik Kabupaten Natuna. *Natuna dalam angka*, (Natuna, 2024). p. 5

[21] Hadi Purnawan, *Diskresi Pelimpahan Wewenang Tindakan Medik dari Dokter Kepada Perawat di Kotawaringin Timur*, (Kalimantan Tengah, 2017) Publikasi Ilmiah, p.19.

services to other health workers (including nurses) with written documentation and continued oversight and responsibility by the delegating medical personnel.
The legal protection of nurses at Sub-CHCs can be viewed from the aspects of Input**,** Process**,** and Output**:**

Input Aspect: Nurse Placement at Sub-Community Health Centers
The placement of nurses at Sub-CHCs is a structural policy of the local Health Office to fulfill basic health service needs in remote, underdeveloped, and island areas. Legally, this policy is the implementation of Articles 60 and 240 of Law Number 17 of 2023 on Health, which mandate the government to ensure the availability of health personnel in all areas, including those that are less favored.

However, in practice, this placement is often not accompanied by the presence of medical personnel (physicians), who are supposed to assist in medical services at primary healthcare facilities. Consequently, nurses frequently work independently to provide healthcare services, including performing actions that should legally be undertaken by doctors. This imbalance presents legal risks, as nurses become vulnerable without formal legal support, such as written delegation from physicians or heads of CHCs [22]. The primary issue in the input aspect is the suboptimal management of human resources and the lack of administrative documentation regarding placement and delegation.
To provide legal protection to nurses, the input aspect must begin with:

a. Orientation / Training

Work orientation is a critical initial phase in preparing health workers, especially nurses, before their placement at units such as Sub-CHCs. Orientation introduces the working environment, organizational structure, and referral systems and ensures that nurses understand their responsibilities, authority limits, and work procedures in accordance with the applicable standard operating procedures (SOP)[23].

A study of 14 nurse respondents stationed at Sub-CHCs in Natuna Regency found that 11 respondents (78.6%) had received orientation from the CHCs before field deployment, while 3 respondents (21.4%) had not. This indicates that although most nurses underwent orientation, a minority did not, potentially increasing vulnerability in both service delivery and legal compliance.

From a health law perspective, medical and health personnel performing services must possess the requisite competence and clear procedural understanding. Law Number 17 of 2023 on Health requires health workers to operate within their competencies and follow professional and service standards. Therefore, pre-placement orientation serves as a preventive mechanism to ensure compliance with service standards and prevent legal violations due to procedural errors or services performed beyond authority[24].

Public service administration theory emphasizes the importance of "job readiness," in which orientation plays a strategic role. According to Robbins & Coulter[25], orientation improves efficiency, reduces errors, and fosters uniform understanding of workplace rules and responsibilities. Inadequate orientation can result in unprepared staff facing operational challenges, particularly in resource-limited areas such as Sub-CHCs[26].

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[22] *Ibid*, p 19

[23] *Op,Cit* Hadi Purnawan, 2017. p.27

[24] Sri Praptianingsih., ***Kedudukan Hukum Perawat Dalam Upaya Pelayanan Kesehatan di Rumah Sakit***, PT Raja Grafindo Persada, (Jakarta, 2006) p. 19

[25] Robbins, Stephen P, dan Coulter, Mary. ***Management:1***4 th Edistion, London, Perason Eduacation Limited, (London, 2018). p.28

[26] Munawarah, ***Kualitas Pelayanan Kesehatan Puskesmas Pembantu di Desa Pulau Teupah Kecamatan Teupah Barat Kabupaten Simeuleu***. p 62

Furthermore, from a legal protection perspective, nurses without adequate orientation are at greater risk in legal disputes related to healthcare services. Lack of knowledge about local policies, referral systems, and applicable SOPs may lead to procedural violations, which in turn can have civil, administrative, or criminal consequences as outlined in Articles 440 and 441 of the Health Law Number 17 of 2023.

Orientation for nurses prior to placement at Sub-CHCs is thus essential to ensure readiness, competence, and understanding of healthcare duties in challenging service areas. Therefore, work orientation is not merely an administrative formality but a critical legal protection mechanism and a quality assurance measure. The CHCs and local Health Office must ensure systematic and comprehensive orientation to build a competent and legally protected healthcare workforce. Despite existing orientation policies from the Health Office, inconsistencies in field implementation remain a critical issue affecting service effectiveness and legal safeguards for nurses, especially when operating independently without direct supervision[27].

Normatively, orientation policies are rooted in the principles of health law outlined in Articles 240(1) and (2) of Law Number 17 of 2023 on Health, which state that all health personnel must receive adequate education, training, and guidance before engaging in healthcare practice. From an administrative law perspective, the Health Office's mandate for CHCs to manage health personnel placement constitutes a legally valid delegation of functional authority, provided it remains within regulatory frameworks and is subject to regular oversight.

b. Placement Based on Competence and Training

Based on research data obtained from 14 nurses working at various Sub-CHCs in Natuna Regency, it was found that only 3 individuals (21.4%) had ever received training or workshops to improve their skills in health services, while 11 individuals (78.6%) had never undergone such training[28]. This finding indicates a significant gap between competency requirements and adequate human resource development in the health sector.

The absence of training not only affects the quality of healthcare services but also increases legal risks faced by nurses, particularly when they perform medical actions beyond the scope of their professional authority. Under Indonesia's positive health law, the performance of nursing duties must adhere to competence standards and authority limits as regulated by statutory law. Law Number 17 of 2023 on Health, especially Articles 240 (2) and (3), mandates the state to ensure the development of competencies for medical and health personnel, including through continuous training and education. This mandate is reinforced by Law Number 38 of 2014 on Nursing, which stipulates that every nurse has the right to receive professional development and training to enhance their knowledge and professional skills.

The placement of nurses in first-level health service facilities, such as Sub-CHCs, should ideally be based on the principles of competence and adequate training[29]. Competence includes not only technical nursing skills but also knowledge of service standards, clinical risk management, and a clear understanding of professional authority delegated through official mechanisms. An interview with the Head of Ranai Health Center[30] revealed that although there were efforts to provide training and guidance to nurses receiving delegated duties from doctors, the implementation of such

[27] Hardiyansyah. *Kualitas Pelayanan Publik, Konsep, Dimensi, Indikator dan Implementasinya*. (Yogyakarta, 2011) : Gava Media.

[28] Primary Data, Natuna January 16, 2025

[29] *Op.Cit* Hadi Purnawan, 2017, p.28

[30] Primary Data, Ranai dated on Januari 16, 2025

training programs has not been consistent or optimal. Scheduled weekend training sessions intended as technical development initiatives often failed to be conducted on a sustainable basis, leading to a disconnect between policy and field implementation.

This phenomenon highlights the challenges in implementing Continuing Professional Development (CPD) policies for nurses, especially in underserved regions like Natuna Regency. From a health law perspective, ensuring professional competence through systematic and ongoing training is a legal obligation for healthcare institutions. Law Number 17 of 2023 on Health, particularly Article 240, mandates continuous training for health personnel as a means to maintain and improve the quality of healthcare services. Furthermore, Minister of Health Regulation Number 49 of 2013 on the Quality and Patient Safety Committee emphasizes the importance of routine training as a strategy to improve patient safety and prevent malpractice.

From a legal standpoint, an untrained or unqualified nurse may encounter serious legal consequences. If injury or harm occurs as a result of a medical action conducted without appropriate competence, the nurse may be subject to criminal liability under Articles 359 and 360 of the Indonesian Criminal Code, which deal with negligence causing injury or death. Additionally, there is the potential for civil lawsuits under Article 1365 of the Indonesian Civil Code, which states that "any unlawful act that causes harm obliges the perpetrator to compensate for the loss." Therefore, it can be concluded that training and workshops are essential instruments not only for ensuring nurses' technical capabilities but also as a form of preventive legal protection against potential medical disputes. The state, through the local Health Office and first-level healthcare institutions, must ensure that every nurse assigned to a Sub-CHC is adequately trained and holds formal documentation of delegated authority from the respective physician. This approach will optimize legal protection for nurses while also improving the quality of healthcare services in remote areas[31]

c. Formal Assignment Letters from Local Health Authorities

The assignment of nurses to Sub-CHCs as extensions of first- level healthcare services must be conducted based on clear and written legal grounds. In this regard, the existence of a **formal assignment letter** issued by local health authorities— either from the Regional Health Office or the Head of the Community Health Center—serves as administrative recognition of the status, functions, and responsibilities of nurses assigned to these areas. Such a letter not only serves as an administrative document but also functions as legal legitimacy that protects healthcare workers in carrying out their nursing practice, particularly in contexts where services are provided independently without the continuous presence of a physician[32].

According to the findings of this study, all nurses working at Sub-CHCs across Natuna Regency confirmed that they had received formal assignment letters, either in the form of a formal appointment decree (*SK*) issued by the Regional Civil Service Agency (BKD) and the Health Office or a memorandum (*Nota Dinas*) issued by the Head of the Community Health Center as an official representative of the government[33]. Within the framework of Indonesia's positive law, the principle of clear authorization in healthcare practice is emphasized in Law Number 17 of 2023 on Health, particularly Article 245(1), which stipulates that healthcare personnel must carry out their duties in accordance with the authority, competence, and assignments granted by authorized institutions.

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[31] Hamdan. 2016. *Kualitas Pelayanan Kesehatan di Puskesmas Pembantu (PUSTU) Desa Lebang Kecamatan Cendana Kabupaten Enrekang.* (Skripsi) Universitas Muhammadiyah Makassar.p.53

[32] Rosdiana. 2017. *Kualitas Pelayanan Kesehatan di Pusat Kesehatan Masyarakat (PUSKESMAS) Kota Serang*. (Skripsi) Universitas Sultan Ageng Tirtayasa.

[33] Primary Data, Natuna dated on January 16, 2025

This principle is further reinforced in the Minister of Health Regulation Number 26 of 2020 on Healthcare Services in Remote, Border, and Island Regions (DTPK), which requires that healthcare personnel assigned to DTPK areas must possess valid and verifiable assignment decrees. This ensures that the execution of their duties can be held accountable both legally and professionally. The absence of a formal assignment letter may expose nurses to legal vulnerability, especially if legal issues arise from healthcare services provided either within or beyond their authority. Without valid legal documentation, the nursing services performed may be considered unauthorized practice, potentially leading to criminal or civil liability if patient harm occurs[34]. Moreover, the assignment letter plays a crucial role in institutional responsibility, as it forms the administrative basis for proving that a nurse's actions were carried out within the scope of institutional duties.

d. Written Delegation of Authority in Accordance with Minister of Health Regulation No. 26 of 2019 and Law No. 38 of 2014 on Nursing

In the context of healthcare services at the primary level, particularly in remote areas such as Sub-CHCs), the reality indicates that a shortage of medical personnel—especially physicians—often compels nurses to assume greater roles in direct healthcare delivery to the community. This phenomenon is supported by the findings of this study, in which 8 out of 14 nurse respondents reported having performed healthcare services beyond their professional competencies, while only 9 stated[35] they had ever received a written delegation of authority from a physician or the head of the health center where they were assigned. These data reflect a discrepancy between field practice and the normative provisions set forth in the national healthcare legal framework.

Minister of Health Regulation No. 26 of 2019 concerning the Implementation of Certain Healthcare Services Based on Delegated Authority clearly stipulates that healthcare personnel may perform certain medical services upon written delegation of authority from medical personnel. This delegation must be formalized in writing and must originate from medical personnel who possess the appropriate authority, competencies, and professional ethical obligations[36]. Articles 4 and 5 of the regulation mandate that such delegation not be merely oral or a matter of routine practice, but instead be documented formally. The documentation must detail the types of services delegated, the timeframe for execution, and the supervisory responsibilities of the delegating party—in this case, the physician.

Meanwhile, Law No. 38 of 2014 on Nursing, particularly Articles 29 and 30, reinforces that nurses may only carry out their practice within the scope of their authority and competencies. In cases where actions extend beyond this authority, such actions may only be performed under a valid delegation from authorized medical personnel and must remain under supervision and the responsibility of the delegating party. Thus, written delegation is not merely an administrative requirement but also constitutes a legal protection mechanism for nurses, serving as a foundation for accountability should any legal consequences arise from their actions[37].

Process Aspect: Healthcare Service Implementation and Legal Risks

[34] Op.Cit, Budiarto. 2015.p. 65

[35] Primary Data Primer, Natuna dated on January 16, 2025

[36] Wahyu Sasongko, *Ketentuan-Ketentuan Pokok Hukum Perlindungan Konsumen,* Universitas Lampung, (Bandar Lampung ,2007). p. 96

[37] Munir Fuady,*Perbuatan Melawan Hukum Pendekatan Kontemporer*, (Bandung, 2010) Citra Adiyta Bakti,p. 3

In practice, nurses at Sub-CHCs are often required to go beyond basic nursing duties and perform limited medical interventions outside their normative scope of authority. Based on interview data, 8 of the 14 nurse respondents admitted to engaging in such practices, with 5 of them doing so without a formal delegation letter[38]. These findings highlight practices operating within a legal grey area, which, from the perspective of positive law, may give rise to criminal, civil, or ethical liability in the event of errors or adverse medical outcomes[39].

According to Article 30(1) of Law No. 38 of 2014, nurses are permitted to give limited medical services under circumstances where medical personnel are unavailable, provided there is a written delegation from a physician and the nurse remains under supervision. In the absence of such delegation, any medical action performed by a nurse could be considered beyond their competency. If such actions result in injury or death, the nurse may face criminal charges under Articles 359 and 360 of the Indonesian Criminal Code, which address negligence causing bodily harm or death.

From the perspective of the rights and obligations of physicians, doctors are legally obligated to deliver healthcare services professionally (Law No. 17 of 2023 on Health, Article 245), including providing supervision and guidance to nurses who receive delegated tasks. Physicians retain the right to regulate and monitor the execution of delegated medical interventions within the healthcare team[40]. However, once authority is delegated, physicians remain fully responsible for the outcomes of such delegated actions, provided the nurse operates within the authorized framework and instructions. Conversely, the nurse receiving the delegation is obligated to act within their competence, follow standard operating procedures (SOPs), and consult or report back to the physician regarding delegated actions. This is in line with Article 30 of Law No. 38 of 2014, which states that nurses must refuse any task delegation that exceeds their competency or lacks legal grounds. Nevertheless, nurses are entitled to receive proper instruction, training, and legal and professional protection, provided they act within the boundaries of legitimate delegation[41].

The importance of consultation between nurses and physicians, as identified in the interview results, reflects the collaborative principle of primary healthcare systems. In geographically and resource-limited settings such as Natuna Regency, the functionality of the delegation system is critical to ensuring service continuity without compromising legal compliance or patient safety. Therefore, a synergistic professional relationship and an active supervision mechanism are essential to prevent delegated authority from becoming a legal vulnerability. Moreover, even actions performed within a nurse's legal authority can lead to legal consequences if carried out without adherence to SOPs or lacking adequate documentation (e.g., medical records or action logs). Hence, legal protection during the implementation process depends heavily on:

a. Active Supervision from Physicians

The study found that 12 out of 14 nurses assigned to Sub-CHCs had received supervision from either the head of the health center or a physician regarding the healthcare services they provided[42]. This suggests that a supervisory mechanism from medical personnel to nurses at primary healthcare facilities is in place, though not yet uniformly implemented. Supervision is an integral component of clinical management systems aimed at ensuring service quality and maintaining healthcare actions within legal and ethical

[38] Primary Data, Natuna, dated on January 16, 2025

[39] Pudjosewojo, Kusumadi, *Pedoman Pelajaran Tata Hukum Indonesia*, (Jakarta,2004) Sinar Grafika, hlm. 13.

[40] Ta'adi, Hukum Kesehatan: *Sanksi dan Motivasi bagi Perawat,* (Jakarta: Buku Kedokteran EGC, 2011), p. 25

[41] Ibid,p 87

[42] Primary Data, Natuna, dated on January 16, 2025

frameworks[43]. Minister of Health Regulation No. 26 of 2019 explicitly requires supervision from the delegating medical personnel (in this case, physicians) as part of the delegation mechanism for certain healthcare services. Such supervision must be structured and can be implemented through direct visits or routine monitoring of field healthcare activities.

In the context of Natuna Regency, which consists of dispersed islands, resource limitations and geographical distance between healthcare facilities present challenges for continuous supervision[44]. Nevertheless, the fact that 12 out of 14 nurses reported having received supervision reflects a commitment from health centers to maintain technical guidance for nurses at Sub-CHCs facilities, albeit not yet ideal in terms of frequency or systematic implementation. To enhance the effectiveness of delegation and ensure legal protection for nursing personnel, supervision must become a routine, well-documented activity, complemented by constructive feedback. In the long term, this will strengthen the primary healthcare system and elevate the overall professionalism of healthcare workers[45].

b. Documentation of Medical Procedures

The findings of this study indicate that among 14 nurse respondents, 5 reported having complete documentation, 8 stated that documentation was available but incomplete, and 1 admitted to not having any medical procedure documentation[46]. This suggests that the documentation aspect of nursing services in Sub-CHCs continues to face serious challenges—ranging from administrative awareness and medical record management training to the supervision of Standard Operating Procedure (SOP) implementation[47].

In clinical practice, medical documentation constitutes legally recognized written evidence of every action done by healthcare professionals on patients. According to Ministry of Health Regulation No. 269/Menkes/Per/III/2008 on Medical Records, healthcare workers are required to create and maintain medical records that are complete, accurate, and timely as part of their professional responsibilities. Proper medical documentation is not only necessary for medical purposes but also functions as critical legal evidence in the event of disputes or allegations of malpractice[48].

Legally, incomplete or missing documentation may result in serious consequences. Law No. 36 of 2014 concerning Health Workers, specifically Article 27, mandates that healthcare personnels should perform their duties in accordance with professional standards, service standards, and standard operating procedures. Incomplete documentation may be deemed administrative negligence, potentially weakening the legal standing of nurses in litigation, since medical records are the primary evidence in proving that medical procedures were conducted[49].

c. Complete Medical Records

Medical records are a critical component of healthcare services, serving not only as a source of patient medical information but also as legal evidence for healthcare providers, including nurses. In the context of this study, the finding that all 14 (100%) nurses working at Sub-CHCsin Natuna Regency have maintained complete medical records

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[43] *Op,Cit*. Philipus.M. Hardjo, 1988,p.17

[44] Primary Data, Natuna, dated on January 16, 2025

[45] *Op.Citp.* 67

[46] Primary Data, Natuna, dated on January 16, 2025

[47] Sri Praptianingsih.,2006, *Kedudukan Hukum Perawat Dalam Upaya Pelayanan Kesehatan di Rumah Sakit*, PT Raja Grafindo Persada, Jakarta, p. 19.

[48] *Ibid*, p. 36

[49] Cecep Triwibowo, *Etika dan Hukum Kesehatan*, Nuha Medika, (Yogyakarta, 2014).p. 11.

represents a highly significant achievement[50]. It reflects a strong awareness of legal responsibilities and professional standards in nursing practice at the primary healthcare level.

According to Ministry of Health Regulation Number 24 of 2022 concerning Medical Records, every healthcare professional is obliged to document and complete medical records in a comprehensive, accurate, and timely manner as part of their professional responsibility. Medical records serve not only as a means of communication between healthcare providers but also as a source of clinical data for managerial purposes and as legal evidence in the event of disputes or lawsuits. When nurses document all nursing actions comprehensively and systematically, such records can serve as a legal defense basis should there be allegations of legal or ethical violations in the future[51].

d. Implementation of SOPs and Service Protocols

The implementation of Standard Operating Procedures (SOPs) in nursing practice is a fundamental aspect of ensuring the quality of healthcare services and providing legal protection for nursing personnel. Based on research findings involving 14 nurses working at Sub-CHCsin Natuna Regency, 11 respondents (78.6%) reported having and applying SOPs in accordance with service protocols, while 3 respondents (21.4%) stated that they neither possessed SOPs nor implemented services according to such standards[52].

Compliance with SOPs is a mandatory obligation for all healthcare workers, as stipulated in Article 29 paragraph (1)(a) of Law Number 38 of 2014 on Nursing, which states that nurses must deliver nursing care in accordance with professional standards, service standards, and standard operating procedures. In terms of legal protection, the implementation of SOPs functions as a preventive instrument, serving as a normative guideline and operational framework for nursing interventions. By performing actions in line with SOPs, nurses are better positioned to defend themselves against complaints, legal disputes, or allegations of malpractice[53].

The fact that some nurses (21.4%) have not implemented SOPs indicates legal vulnerabilities in their service delivery practices, especially when actions performed could pose risks to patient safety. This creates a legal gap that may weaken the nurse's position if legal issues arise, considering that Article 359 of the Indonesian Penal Code (KUHP) stipulates: “Anyone whose negligence causes another person to suffer serious injury or death may be subject to criminal penalties.” Without SOPs as a basis and proof that procedures were carried out correctly, legal defense becomes difficult[54].

Furthermore, according to Nursalam[55] in his book *Nursing Management: Application in Professional Practice*, SOPs act as tools for quality control and risk management in nursing services. Without SOPs, the direction and structure of healthcare services become unclear, and clinical decisions become vulnerable to subjectivity. This is supported by research from Sari & Widodo published in the *Indonesian Journal of Nursing Science*[56], which found that the existence of and adherence to SOPs are significantly correlated with improved service quality and protection against potential legal claims.

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[50] Primary Data, Natuna, dated on January 16, 2025

[51] Calundu, Rasidin. *Manajemen Kesehatan*. (Makasar, 2018). hlm 29

[52] Data Primer, Natuna, Tanggal 16 Januari 2025

[53] Fatimah, Siti dan Fitri Indrawati. (2019). *Faktor Pemanfaatan Pelayanan Kesehatan di Puskesmas*. Januari 14, 2021. Jurnal Higeia.p.24

[54] *Ibid,*p. 31

[55] *Op.Cit.* Nursalam (2020) p54

[56] Sari & Widodo. (2020). *Pemanfaatan Pelayanan Kesehatan pada Peserta Jaminan Kesehatan Masyarakat.* Jurnal J Agromed Unila.pp 5

In the context of Sub-CHCs, which are often located in remote areas with limited direct supervision, adherence to SOPs becomes even more critical to ensure that services are delivered professionally despite resource limitations. Therefore, the findings of this study indicate the need for systemic evaluation and managerial intervention from central health centers and the Health Office to ensure that all nurses at Sub-CHCs are provided with appropriate SOPs for their duties and are trained to implement them consistently.

e. Nurses' Basic Legal Knowledge of Their Practice Limits

Basic legal knowledge regarding professional practice boundaries is a crucial component in ensuring safe nursing practices and serves as a foundation for legal protection for nurses. Findings from this study involving 14 nurses serving in Sub-CHCs in Natuna Regency indicate that only 5 (35.7%) were able to accurately explain the limits of nursing practice, 5 (35.7%) gave partially correct explanations, and 4 (28.6%) demonstrated incorrect understanding that fell outside the legal scope of nursing practice[57]. When asked about the services they provided at the Sub-CHCs, 9 respondents described activities consistent with the scope of nursing care as regulated, while 5 mentioned clinical actions that encroach upon medical examinations and treatments—domains legally reserved for physicians.

Normatively, the boundaries of nursing practice are explicitly regulated under Law Number 38 of 2014 on Nursing, particularly Article 30, which states: "Nurses, in providing nursing services, must act in accordance with their competencies." These competencies include providing nursing care, counseling, and basic nursing interventions, depending on the nurse's educational level and training. Medical procedures such as making diagnoses and prescribing medication independently fall within the domain of physicians, unless delegated through a clear, written authority under physician supervision[58].

Furthermore, Ministry of Health Regulation No. 26 of 2019 concerning the Implementation of Nursing Practice emphasizes that nurses may only engage in nursing practices based on the authority granted through assignment letters and/or delegation from medical personnel. Without adequate understanding of this legal framework, nurses are at high risk of overstepping their authority (overlapping practice), which may legally be categorized as professional negligence or malpractice—as regulated under Articles 359 and 360 of the Penal Code, which impose criminal sanctions for negligence resulting in serious injury or death[59].

Output Aspect: Legal Protection Mechanisms for Nurses

The expected output of the legal protection system for nurses working in Sub-CHCs is the establishment of legal certainty, professional recognition, and protection from legal liability—provided that the actions are conducted professionally and within the legally permissible scope. Legal protection at the output level can be implemented through several mechanisms, including[60]:

a. Formal Documentation of Delegated Authority from Physicians or the Head of the Community Health Centers, Serving as Legal Legitimacy for Nurses' Actions

This documentation must clearly outline the scope, duration, and type of medical procedures authorized. In the context of primary healthcare services provided by facilities such as Sub-CHCs, the presence of formal documentation delegating authority from a physician or the head of the HCs to nurses is a crucial component that supports

[57] Primary Data, Natuna, dated on January 16, 2025

[58] *Op. Cit,* Sri Praptianingsih.,2006. p.24

[59] Redaksi Sinar Grafika. (2023). *KUHAP 2023: Kitab Undang-Undang Hukum Acara Pidana*. Jakarta:p.25

[60] *Op,Cit*., Imelda Pujiharti.(2022).p. 34

not only administrative procedures but also encompasses legal and professional aspects. This document functions as a legal basis for health services performed by nurses beyond independent nursing practice—particularly in situations where a physician is not physically present on site[61].

Normatively, the delegation of authority to nurses is regulated by Law Number 38 of 2014 on Nursing**,** specifically Article 29, which states that nursing practices may be conducted independently, collaboratively, or through delegation. In the context of delegated practice, nurses are granted authority by medical personnel to carry out specific actions according to their competencies and based on written authorization. This provision is reinforced by Regulation of the Minister of Health of the Republic of Indonesia Number 26 of 2019 on the Implementation of Nursing Practice**,** particularly Article 12, which stipulates that delegated authority must be outlined in an official document, such as an assignment letter or a power of attorney, with a clear description of the type of procedure, the timeframe, and the scope of the authority being transferred.

From the perspective of legal protection, the documentation of delegated authority serves as a preventive legal instrument that ensures legal clarity regarding the nurse's actions. This is especially important given that nurses, as frontline technical providers within the healthcare delivery system, often occupy a vulnerable position due to their limited decision-making authority in medical matters[62].

In a statement from the Chairman of the Indonesian National Nurses Association (PPNI), the principle of prudence was also emphasized as a form of self-protection and professional responsibility. This is consistent with the prudence principle in healthcare practice, which is a core component of professional standards and nursing ethics[63]. The PPNI Chairman also underscored the importance of consultation and referral when faced with situations that may entail legal liability. This aligns with the referral system principle in primary healthcare services, as stipulated in Regulation of the Minister of Health Number 19 of 2024 on Community Health Center**,** which requires that any case exceeding the competencies of personnel at a primary healthcare facility must be immediately referred to a higher-level service.

From the standpoint of legal protection, the preventive measures highlighted by the PPNI Chairman—such as reporting to a physician or referring a patient to a higher-level facility—constitute effective legal risk management strategies. Nurses working in Sub-CHCs have to be capable of recognizing the boundaries of their competencies and should avoid performing high-risk medical procedures without supervision or written delegation of authority[64]**.**

CLOSING

The distribution of clinical authority for nurses providing healthcare services at Sub-Community Health Centers is a critical aspect in ensuring the quality of care and patient safety. Clinical authority granted to nurses generally encompasses basic medical procedures that are explicitly regulated by legislation and are limited by the nurse's professional competence and qualifications. However, in field practice, there is often an expansion of nursing roles beyond formal authority due to the limited availability of healthcare personnel, particularly in remote or underserved areas. Under such conditions, nurses at Sub-CHCs frequently assume broader responsibilities, including initial diagnosis,

[61] Op,Cit., Imelda Pujiharti.(2022). p. 41

[62] Op.Cit., Lis Diyana Sari,(2021). p..56

[63] Perlindungan Hukum terhadap Perawat pada Rumah Sakit Berdasarkan Undang-Undang Nomor 38 Tahun 2014 tentang Keperawatan", Jurnal Pada Hukum Lex Generalis. p. 23

[64] Op. Cit. Hadi Purnawan, 2017, p. 76

administration of therapy, and clinical decision-making—areas that typically fall within the scope of medical professionals.

Delegation of authority from physicians to nurses, necessitated by the shortage of medical staff, is legally permissible under Minister of Health Regulation No. 26 of 2019 and Law No. 38 of 2014 on Nursing**,** provided that such delegation is executed in writing, is limited in scope, and is based on appropriate competencies and adequate supervision.

Legal protection for nurses in these regions still requires significant reinforcement, both normatively and practically. Nurses in Sub-CHCs settings are often confronted with limited medical personnel and infrastructure, compelling them to undertake medical actions that exceed their formal clinical authority. This situation not only presents ethical and professional dilemmas but also places nurses in a legally vulnerable position, especially when unintended adverse medical outcomes occur. Adequate legal protection for nurses working in Pustu demands the establishment of legal certainty through regulations that are both applicable and contextually responsive to the realities of remote areas. Clinical authority regulations must be designed adaptively, accompanied by the development of relevant Standard Operating Procedures (SOPs)**,** as well as transparent systems for reporting and documentation. In addition, nurses' legal literacy must be systematically enhanced to ensure they fully understand their professional rights and responsibilities.

Moreover, the role of external factors such as support from local Health Offices and the Regional Board of the Indonesian National Nurses Association (DPD PPNI) is crucial in strengthening legal protection. The Health Office holds the authority to provide guidance, supervision, and facilitation of primary healthcare services, including supervisory and advocacy roles for nurses in the field. Meanwhile, the DPD PPNI is responsible for offering professional defense, legal education, and both moral and administrative support to its members facing legal issues. A synergistic collaboration among nurses, healthcare institutions, and professional organizations forms the foundation for establishing a legal protection system that is just, balanced, and prioritizes both patient safety and nursing professionalism.

There is an urgent need for a more systematic and legally grounded arrangement of clinical authority delegation from physicians to nurses at Sub-CHCs. The delegation of medical authority performed by nurses, especially under conditions of limited medical personnel, represents a realistic adaptation to the demands of community healthcare. Nevertheless, this practice carries substantial legal risk if undertaken without a clear legal basis and adequate oversight.

Therefore, it is imperative for the Health Office and Puskesmas management to formulate SOPs that explicitly define the scope of medical actioCHCs that may be delegated, the emergency conditions that justify such delegation, and the delineation of responsibilities among the involved parties. Additionally, nurses who receive delegated authority must be provided with regular technical training to ensure that they understand the boundaries of their professional practice and are able to perform their duties in accordance with their recognized competencies.

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