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Legal Protection and Accountability of Nurses Performing Delegated Medical Actions in Remote Government Health Services

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Abstract

In remote Indonesian islands with scarce doctors, nurses often perform physician-level medical procedures to maintain urgent patient care. These necessary actions expose them to legal risks if viewed as exceeding their authority. This study examines legal protection and accountability for nurses undertaking such tasks under government duties at a regional general hospital in a remote island setting. The research maps existing legal safeguards for nurses and the forms of responsibility they hold under Indonesian law. A qualitative study combined normative legal analysis with empirical field data from all thirty-six nurses, using questionnaires, interviews, observations, and document review. Descriptive analysis contrasted legal standards with actual practice. Nurses show reasonable awareness of basic legal foundations and hospital tools like standard operating procedures and delegated authority. However, delegation is frequently undocumented, competency checks are irregular, and understanding of dispute safeguards is limited. Accountability is well-defined across administrative, civil, and criminal levels, yet practical administrative support remains inconsistent. Stronger regional policies, regular legal training, mandatory written delegations, and accessible legal assistance are urgently needed to reduce vulnerability, build confidence, and ensure safer, more equitable healthcare in isolated areas.

Keywords

Delegation of Authority, Legal Protection, Legal Responsibility, Medical Actions, Nurses, Task Shifting.

1. Introduction

Health services are part of the state's responsibility to guarantee the fulfillment of the basic rights of every citizen. This is emphasized in Article 28H paragraph (1) of the 1945 Constitution, which states that all citizens have the right to health services (Richard et al., 2025). Health workers, including nurses, have a vital role in realizing this goal. In areas with limited access to medical facilities, especially in remote or island regions, regional hospitals are at the forefront of providing direct health services to the community. Hospitals not only function as treatment facilities but also as the main referral centers for people who live far from health service centers in urban areas. They often step in to handle urgent needs when doctors are scarce, ensuring that care reaches everyone in time.

The term "nurse" comes from the English word "nurse," which is derived from the Latin word "nutrix," meaning to care for or nurture. Nurses are people who care for and nurture others who are experiencing health problems, playing a role in caring for, assisting, and protecting them. Professional nurses are responsible and provide nursing services (Salsabilla et al., 2024). Nurses are one of the healthcare professions that provide direct healthcare services to individuals, families, and communities. Nursing services are an important aspect of building health, as nurses play a role not only in providing physical care but also emotional support, health education, and advocacy for patients to achieve optimal health (Bakhtiar et al., 2022). Their work goes beyond basic tasks, often including quick decisions in tough spots to keep patients safe.

In practice, nurses not only perform nursing care duties but also engage in various forms of additional healthcare services as needed in the field. Under certain conditions, nurses even perform medical procedures that are generally the authority of doctors, with the aim of ensuring the smooth running of health services and meeting patient needs quickly and evenly. This involvement can include initial treatment in emergency situations, accompanying patients during medical procedures, health education, coordination of services between units, and assisting in the implementation of certain medical procedures that require an immediate response (Huda & Huda, 2021). These extra roles help fill gaps in care, but they come with risks if not handled right.

This situation generally arises due to limited medical personnel, limited resources, or the need to provide immediate services for the safety of patients. The implementation of medical procedures by nurses can be carried out through a mechanism of delegation of authority or special assignment from authorized medical personnel (Chandra, 2022). The legal basis for this implementation is regulated in Law Number 38 of 2014 concerning Nursing, which provides clear limitations on the clinical authority of nurses in carrying out their duties, including in certain conditions that require rapid intervention (Republic of Indonesia, 2014; Riasari, 2021). Limited numbers of medical personnel, remote locations, and transportation challenges often require nurses to take on a broader role in health services. Such conditions give rise to potential legal issues, especially when nurses perform actions outside the authority stipulated in laws and regulations. Article 193 of Law Number 17 of 2023 concerning health states that hospitals bear legal responsibility for losses incurred due to negligence on the part of medical personnel or health workers working therein (Republic of Indonesia, 2023). It shows how laws aim to balance protection for everyone involved in health care.

According to Tallupadang et al. (2016), previous studies generally only discussed the normative aspects of authority delegation without highlighting the actual conditions in remote island areas with limited health resources. According to Yani et al. (2020), in this context, nurses not only face regulatory limitations, but are also required to make quick decisions in emergency situations that could have legal

consequences. According to Riasari (2021), the research gap lies in the lack of empirical studies that explore factual dynamics in remote islands, where task shifting is a daily reality rather than just a rule violation. The uniqueness of this study lies in its focus on the Tarempa Regional General Hospital in the Anambas Islands, which describes the practice of task shifting as a reality of the health system in island regions, rather than simply a violation of the rules. This study does not stop at normative analysis, but strengthens its analysis with an empirical approach that reveals the factual dynamics in the field, while also presenting an ethical perspective on the professional dilemma nurses face between legal compliance and responsibility. It aims to bridge this gap by combining legal norms with real-world observations.

Based on initial observations in the field on August 2, 2025, at Tarempa Regional General Hospital, the author found that in nursing practice, nurses often perform actions beyond their authority. This condition is generally caused by the limited number of doctors available at the hospital. In addition, there are other factors such as the high number of patients, limited treatment time, and direct requests from patients and families to immediately obtain medical treatment. This situation encourages nurses to take steps that are deemed necessary to maintain the smooth running of health services, even to the extent of carrying out tasks that should be the authority of doctors. These actions are generally carried out on the basis of humanitarian responsibility, namely providing emergency assistance and ensuring equitable health services. This raises concerns about how well nurses are protected under the law.

The purpose of this study is to determine the provisions of legal protection for nurses and the forms of legal liability for nurses who perform medical actions in carrying out government duties in accordance with applicable laws and regulations. This research is very important because it is expected to provide a comprehensive overview of legal protection and liability for nurses in performing medical procedures by linking legislation in the field, particularly in performing medical procedures in remote areas, and formulating policy recommendations to strengthen legal protection for health workers. Based on the description of the problem above, there is still uncertainty in the understanding and application of regulations regarding protection and legal responsibility for nurses who perform medical procedures in government duties, which has the potential to cause legal problems for both nurses and health care facilities. This focus will help improve practices in similar places.

2. Methods

This study uses a qualitative method with a normative juridical and empirical juridical approach. The normative juridical approach is applied to examine laws and regulations related to legal protection and accountability for nurses when performing medical actions. Meanwhile, the empirical juridical approach is used to gather factual data from the field through direct observation and interaction with nurses to understand how these medical actions are actually carried out in daily practice. By combining both approaches, the research aims to connect legal norms with real conditions at the hospital, providing a more complete picture of the issues faced by nurses in remote areas.

The population of this study consists of all nurses working at Tarempa Regional General Hospital, totaling 36 people. The sampling technique used is total sampling, which means all members of the population are included as research samples. Therefore, the sample size equals the population size, involving all 36 nurses in the study. This approach ensures that the findings reflect the entire group of nurses at the hospital without leaving out any perspectives. Data were collected through several techniques to obtain comprehensive information. Questionnaires were distributed to measure the nurses' level of understanding regarding legal protection

and accountability, especially in relation to delegation of authority. In-depth interviews were conducted directly with respondents to explore more detailed information and uncover the root causes of the problems. Direct observations were carried out to capture the real conditions and practices in the field. In addition, literature studies were performed by reviewing relevant documents, laws, regulations, and previous research to support the analysis.

The research procedure began with identifying the focus of the problem and setting clear research objectives. Data collection was then divided into two main stages: first, a literature study to gather various legal sources and related materials, and second, a field study that included distributing questionnaires, conducting observations, interviews, and collecting documents at Tarempa Regional General Hospital. After all data were collected, verification was done to check consistency, followed by analysis to compare field practices with applicable legal provisions. The entire process took place from August to October 2025 at Tarempa Regional General Hospital in the Anambas Islands Regency, Riau Islands Province. This location was chosen because of its remote island characteristics and the researcher's familiarity with the setting, which helped ensure accurate data collection while saving time and resources.

Data analysis was performed using a descriptive-qualitative method. Normative data from laws and regulations were analyzed based on legal theory, principles, and existing statutes. Empirical data from observations, interviews, and questionnaires were grouped and coded according to the main topics of legal protection and legal responsibility. A legal interpretive approach was applied by comparing information from different sources and methods, using deductive logic to connect theory with practice and inductive logic to identify patterns from field facts. The results were presented in a descriptive-analytical manner to clearly explain the aspects of legal protection and accountability for nurses. Legal protection in this study refers to efforts by authorities to ensure nurses can carry out their rights and duties safely and orderly, while legal accountability means the obligation to accept consequences, whether administrative, civil, or criminal, for actions taken in accordance with laws and regulations. Nurses are defined as health workers authorized and responsible for providing nursing services in health facilities, and medical actions refer to procedures that are primarily the domain of medical personnel but may be delegated under certain conditions.

3. Results and Discussion

3.1. Legal Protection for Nurses in Performing Delegated Medical Actions

Law serves as a set of rules that regulate relationships between individuals and between individuals and the state, with the purpose of creating order, justice, and protection in social life (Mustafa et al., 2024). In the context of healthcare practice, particularly nursing, law provides the foundation for offering protection and establishing accountability for medical actions performed by nurses (Sudiyanto, 2019). Legal protection in this field is essential because nurses often face situations where they must act quickly to ensure patient safety, especially in remote areas where doctor shortages are common. This protection gives nurses a sense of security so they can focus on their duties without constant fear of legal consequences.

Legal protection can generally be understood as a guarantee from the legal system that allows individuals to carry out their activities without unnecessary harm. According to Irfan and Andriyani (2025), legal protection includes any form of assurance that enables people to work with confidence and without fear of unjust legal harm. In nursing, this protection is seen as legal certainty and a shield against risks of lawsuits that may arise from nursing or medical actions (Haryadi et al., 2025). Nurses need this protection because their roles extend beyond routine care to include

delegated medical procedures, which carry potential for errors or disputes if not managed properly. Both preventive and repressive forms work together to support nurses in remote settings like Tarempa Regional General Hospital, where immediate actions are often necessary due to limited resources.

Preventive legal protection aims to avoid disputes before they occur through clear regulations on registration, practice licenses, and nursing standards. This form includes the requirement for nurses to have proper credentials, follow Standard Operating Procedures (SOPs), receive ongoing training, and work under documented delegation of authority from doctors (Mahaputri et al., 2019; Irfan & Andriyani, 2025). Repressive protection, on the other hand, comes into play after a problem arises, offering mechanisms such as legal assistance, advocacy, mediation, or court processes when nurses face allegations related to their actions (Safitri et al., 2025). These two types complement each other, creating a balanced system that encourages safe and professional practice. In practice at Tarempa Hospital, preventive measures appear more visible through existing regulations and hospital policies, but repressive support remains limited and not fully institutionalized, leaving some gaps in overall protection.

The study findings at Tarempa Regional General Hospital indicate that nurses generally understand the basic legal foundations protecting their practice. Most nurses recognize that nursing actions have a clear legal basis, that hospitals must provide SOPs as protective tools, and that regulations govern their daily work. They also feel that the hospital offers some level of protection during routine duties and in potential medical disputes. Furthermore, many nurses demonstrate awareness of their ethical obligations under the nursing code of ethics, which serves as an additional layer of professional guidance and self-protection in daily practice (Anwar, 2021). However, awareness of broader aspects, such as full administrative, civil, and criminal safeguards, is still limited among many nurses. This gap in understanding, particularly regarding repressive protection when facing actual legal challenges, creates vulnerability because nurses may not know how to seek help or defend themselves effectively if disputes occur. Such limitations highlight the need for stronger dissemination of information and institutional support to make protection more meaningful in daily practice.

Normatively, legal protection for nurses rests on a solid foundation in Indonesian laws. Law Number 36 of 2014 concerning Health Workers guarantees rights to protection for health professionals, including nurses, as long as they follow professional and service standards. Law Number 38 of 2014 concerning Nursing clearly outlines nurses' clinical authority, including delegation mechanisms and emergency provisions that prioritize patient safety. Law Number 44 of 2009 concerning Hospitals requires facilities to establish SOPs, provide supervision, continuing education, and ensure worker safety and legal support. Minister of Health Regulation Number 26 of 2019 further reinforces that nursing practice must align with registration, competence, and granted authority. These regulations collectively create a framework that divides protection into preventive steps through guidelines and training, and repressive steps through assistance and dispute resolution. Recent studies have further affirmed that this normative framework, particularly when linked to the broader provisions of Law Number 17 of 2023 on Health, provides essential legal safeguards for nurses performing delegated health services in various hospital settings (Putri & Mannas, 2025).

This normative strength, however, faces challenges in implementation, especially in remote island hospitals like Tarempa. While preventive understanding among nurses is reasonably good, issues such as inconsistent documentation of delegated authority and limited access to legal training weaken the system. Nurses in such areas often handle broader responsibilities without the same level of support available in urban settings, increasing their exposure to risks. Previous research

supports this observation, showing that clear hospital policies, SOPs, and ongoing training build confidence and reduce conflicts (Yanto et al., 2023; Hasibuan & Sidi, 2023). Yet, in many regions, nurses still perform actions without proper written delegation, which undermines their legal position during disputes (Yani et al., 2020). These patterns appear in the current study as well, where preventive knowledge exists but practical mechanisms for full protection remain incomplete.

From a theoretical perspective, normative legal theory views law as rules that guide behavior to achieve order and certainty, ensuring nursing actions stay within authorized boundaries (Fibrini, 2024). Protective law theory adds that law should safeguard professionals from unfair harm while they perform duties according to standards. Legal certainty theory stresses the need for clear, predictable rules so nurses feel secure in their roles. Together, these theories explain why protection must go beyond written laws to include effective application through training, documentation, and support systems. In remote contexts, where task shifting is routine, these theories highlight the importance of adapting protections to local realities rather than relying solely on general regulations.

Critically, while legal protection is adequate on paper, its implementation falls short in several ways. Weak documentation of delegation means that protection often remains theoretical without strong evidence in disputes. Limited understanding of repressive mechanisms leaves nurses unprepared for real legal challenges. These shortcomings, combined with the remote setting's unique demands, make nurses more vulnerable despite good intentions in their work. To address this, efforts should focus on better regulation dissemination, improved legal literacy through regular sessions, mandatory written delegation records, and active hospital or government legal assistance. Studies emphasizing legal protection under Law Number 38 of 2014 have similarly recommended enhanced training and institutional mechanisms to bridge these normative-practical gaps in hospital settings (Triana et al., 2023). Such steps would transform protection from text-based to truly felt by nurses, reducing fear and supporting professional practice. Legal protection draws from a comprehensive normative base but requires stronger field application, especially in repressive aspects and documentation. Findings from Tarempa Hospital show reasonable preventive awareness among nurses, yet gaps in deeper understanding and practical tools persist. Bridging these gaps through targeted training and policy enforcement is essential to ensure nurses in remote areas receive the full protection they need while carrying out government health duties.

3.2. Legal Accountability of Nurses for Delegated Medical Actions

Legal responsibility refers to the obligation a person bears for the consequences of their actions, whether those consequences involve administrative sanctions, civil compensation, or criminal penalties (Wijaya et al., 2025). This concept underscores that no human action is free from legal outcomes, and anyone who violates established norms must accept the resulting accountability (Berlianti & Purwanto, 2023). In the nursing profession, legal responsibility serves as a mechanism to maintain order, justice, and patient safety within healthcare delivery. It ensures that nurses act in accordance with professional standards, service protocols, and applicable regulations, especially when their roles extend into areas typically reserved for physicians.

In the context of healthcare, legal responsibility for nurses means facing defined consequences if a violation occurs during the performance of medical actions (Santoso et al., 2022). This responsibility can manifest in three primary dimensions: administrative, civil, and criminal. Administrative liability arises from breaches of professional ethics, internal hospital rules, or service standards, often resulting in measures such as warnings, additional training, license suspension, or even dismissal. Civil liability emerges when a nurse's negligence causes harm to a patient,

leading to claims for compensation, with the hospital frequently sharing responsibility under vicarious liability principles. Criminal liability applies in cases of serious misconduct, such as gross negligence that results in death or permanent disability, though good-faith actions in genuine emergencies are generally shielded by law (Herniati & Ingratubun, 2021). These layers of accountability exist to protect patients while simultaneously guiding nurses toward careful, regulated practice.

The findings from Tarempa Regional General Hospital reveal that nurses possess a reasonably solid grasp of their clinical authority and professional boundaries. Many nurses recognize the scope of their independent and collaborative roles, as well as the necessity of working under delegated authority from physicians in specific situations. They also acknowledge the importance of collaborative care, particularly during emergencies, and understand that their services should align with their level of competence. However, formal administrative aspects that underpin legal accountability show noticeable weaknesses. Documentation of written delegation from doctors is inconsistent, standard operating procedures related to delegation are not always well understood or applied uniformly, and participation in formal competency assessments remains limited among the nursing staff. These gaps in administrative formality reduce the strength of legal safeguards when accountability is questioned. Similar patterns have been observed in civil law analyses, where inadequate administrative documentation and procedural compliance significantly weaken nurses' legal position in accountability claims toward patients (Purwanto & Wijayanti, 2024).

From a regulatory standpoint, nurses' legal responsibility is comprehensively addressed in Indonesian legislation. Law Number 38 of 2014 concerning Nursing requires nurses to practice strictly within their competencies, adhere to professional standards, service standards, and the code of ethics. Nurses' authority is categorized into independent, collaborative, and delegated forms, with responsibility varying accordingly: full individual responsibility in independent actions, shared responsibility in collaborative ones, and supported responsibility backed by documented delegation in delegated cases (Pramudito & Widjaja, 2022). Minister of Health Regulation Number 26 of 2019 emphasizes that nursing practice is only valid when aligned with registration, competence, and written delegation for certain procedures. Additional support comes from Minister of Health Regulation Number 2052 of 2011 concerning Medical Practice, which permits delegation only with clear, written, and accountable instructions.

Law Number 44 of 2009 concerning Hospitals obliges facilities to develop SOPs, supervise health workers, and provide legal assistance when needed. Minister of Health Regulation Number 49 of 2013 on Hospital Nursing Committees highlights the role of credentialing and privileging in assessing competence and distributing clinical authority appropriately. Together, these provisions create a multi-layered accountability system that includes ethical obligations through the Indonesian Nurses' Code of Ethics, administrative oversight by hospitals and professional bodies, disciplinary processes via the Indonesian Nursing Disciplinary Honorary Council, civil liability for patient harm, and criminal liability for grave negligence. This framework aims to ensure that accountability is proportionate, evidence-based, and protective of both patients and practitioners.

The current study findings align with several earlier studies that highlight similar patterns. Consistent application of clinical authority under proper supervision has been shown to lower the risk of disputes (Pratiwi et al., 2020). Knowledge of authority boundaries correlates positively with service quality and professional confidence (Hastuti et al., 2023). Written documentation of delegation significantly enhances legal certainty and reduces the chance of unwarranted criminalization (Hasmita et al., 2025). Nevertheless, challenges persist in many settings, including incomplete understanding of SOPs, irregular credentialing

processes, and insufficient management support for formal competency evaluation (Usman et al., 2020; Asqar et al., 2024). At Tarempa Hospital, these issues manifest as uneven documentation and low engagement with formal assessment mechanisms, despite generally good awareness of core professional duties.

Liability theory posits that every professional action carries inherent legal consequences, and adherence to standards prevents escalation into formal sanctions (Nugroho et al., 2025). Legal certainty theory complements this view by insisting on clear, stable, and predictable rules that allow professionals to understand their obligations and limits with confidence. When these principles are applied effectively, accountability functions not merely as punishment but as a tool for clarity, fairness, and professional security. In remote island contexts like Anambas, where nurses routinely perform delegated tasks to maintain service continuity, the theory underscores the necessity of robust documentation and supervision to match the expanded scope of practice.

Critically, while the normative regulation of nurses' legal responsibility is thorough and well-structured, implementation continues to face practical obstacles. High awareness of clinical authority coexists with deficiencies in the administrative evidence required to substantiate that authority during disputes. Without consistent written delegation, clear SOP application, and regular competency validation, nurses remain exposed to greater legal risk even when acting in good faith. These implementation shortcomings are particularly pronounced in resource-limited remote hospitals, where the pressure to provide immediate care often outpaces formal procedural support. Analyses of legal protection for health workers highlight that such gaps in administrative enforcement and resource constraints frequently undermine the effectiveness of normative frameworks in frontline practice (Tutik et al., 2025).

To strengthen accountability, hospitals and local authorities should prioritize mandatory written delegation records, regular competency credentialing, integrated and accessible SOPs, and consistent oversight from nursing committees. Enhancing legal literacy through ongoing education would also equip nurses to better understand both their responsibilities and the protections available to them. By addressing these practical gaps, the system can achieve a more balanced application of accountability that supports safe patient care without unduly burdening frontline nurses in isolated regions. Nurses' legal responsibility is normatively well-regulated across administrative, civil, criminal, and ethical dimensions, yet field application at Tarempa Regional General Hospital reveals persistent weaknesses in documentation, formal assessment, and procedural consistency. Closing these gaps through strengthened administrative practices and continuous capacity building is crucial to ensure that accountability remains fair, evidence-based, and conducive to effective healthcare delivery in remote government duty settings.

4. Conclusion

In terms of legal protection for nurses at Tarempa Regional General Hospital, there is a strong normative foundation provided by various national regulations, including laws on health workers, nursing practice, and hospital management, as well as related ministerial guidelines that emphasize standard operating procedures and delegation mechanisms. These rules establish clear preventive protections through registration, training, SOPs, and documented authority, while also outlining repressive safeguards such as legal assistance and dispute resolution pathways. However, implementation remains predominantly focused on preventive aspects, with weaker application of repressive elements like institutionalized legal support, professional advocacy, and protection against risks in everyday practice. On the matter of legal accountability, nurses' responsibilities are well-regulated across administrative, civil, criminal, and ethical dimensions, yet mechanisms for delegation

of authority, credentialing, competency validation, and consistent documentation of medical actions are not yet applied uniformly. This situation indicates that although the legal framework is adequate in theory, its practical execution still requires significant strengthening in procedures, guidance, and institutional commitment to reduce vulnerabilities for nursing staff working in remote island settings.

This study carries several implications for improving healthcare delivery in remote areas, particularly by highlighting the need for more adaptive regional policies that bridge the gap between national regulations and local realities where task shifting is a daily necessity. The findings also point to the importance of building stronger legal literacy and administrative support systems to ensure nurses feel protected while remaining fully accountable. One key limitation of the research is its focus on a single hospital in a specific remote island context, which may limit the generalizability of the results to other regions with different resource levels or healthcare structures. Future studies could expand this work by conducting comparative research across multiple remote and urban hospitals, incorporating longitudinal observations to track changes over time, or exploring the perspectives of hospital management, doctors, and patients to gain a more rounded understanding of legal protection and accountability dynamics in nursing practice. Such efforts would help develop more comprehensive and context-sensitive recommendations for policymakers and health institutions nationwide.

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Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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