

ETHICAL ACCOUNTABILITY OF HEALTHCARE NURSES IN DELIVERING INDEPENDENT AND PROFESSIONAL PATIENT CARE

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ABSTRAK

Perkembangan praktik mandiri perawat di Indonesia menunjukkan meningkatnya kebutuhan masyarakat terhadap akses pelayanan kesehatan, khususnya di daerah yang mengalami keterbatasan tenaga medis. Namun dalam praktiknya, perawat terkadang melakukan tindakan diagnostik dan terapeutik yang melampaui kewenangan yang diatur dalam peraturan perundang-undangan, sehingga menimbulkan persoalan etika dan hukum terkait pertanggungjawaban profesi. Penelitian ini bertujuan untuk menganalisis akuntabilitas etis perawat dalam memberikan pelayanan kesehatan yang mandiri dan profesional kepada pasien serta mengkaji bentuk perlindungan hukum bagi perawat dalam menjalankan praktik tersebut. Penelitian ini menggunakan pendekatan yuridis normatif dengan desain penelitian kualitatif. Data diperoleh melalui analisis terhadap peraturan perundang-undangan, dokumen hukum, standar profesi, serta literatur ilmiah yang berkaitan dengan praktik keperawatan dan hukum kesehatan di Indonesia. Penelitian dilakukan dengan menelaah kerangka regulasi dan kondisi empiris praktik keperawatan, khususnya di wilayah yang mengalami keterbatasan tenaga kesehatan. Analisis data dilakukan secara deskriptif kualitatif untuk menafsirkan hubungan antara ketentuan hukum, etika profesi, dan implementasi praktik keperawatan. Hasil penelitian menunjukkan bahwa akuntabilitas perawat dalam praktik mandiri mencakup dimensi etika, administratif, perdata, dan pidana. Kepatuhan terhadap standar profesi, standar pelayanan, prosedur operasional standar, dan kode etik keperawatan menjadi tolok ukur utama dalam menentukan tanggung jawab profesional. Perlindungan hukum bagi perawat diberikan melalui instrumen regulasi seperti Undang-Undang Nomor 38 Tahun 2014 tentang Keperawatan dan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan, yang menjamin perlindungan hukum selama perawat menjalankan tugas sesuai kewenangannya.

Kata kunci: akuntabilitas perawat, praktik mandiri perawat, etika profesi, perlindungan hukum, pelayanan kesehatan

ABSTRACT

The development of independent nursing practice in Indonesia reflects the increasing demand for accessible healthcare services, particularly in areas experiencing shortages of medical personnel. However, in practice, nurses sometimes perform diagnostic and therapeutic actions that exceed their statutory authority, creating ethical and legal challenges related to professional accountability. This study aims to analyze the ethical accountability of healthcare nurses in delivering independent and professional patient care, as well as to examine the forms of legal protection available for nurses in performing such services. This research employed a normative juridical approach with a qualitative design. Data were obtained through the analysis of legislation, legal documents, professional standards, and relevant scholarly literature related to nursing practice and healthcare law in Indonesia. The study was conducted by examining regulatory frameworks and empirical conditions of nursing practice, particularly in regions experiencing limited healthcare resources. Data were analyzed through descriptive qualitative analysis to interpret the relationship between legal provisions, professional ethics, and nursing practice implementation. The findings indicate that nurse accountability in independent practice encompasses ethical, administrative, civil, and criminal dimensions. Compliance with professional standards, service standards, standard operating procedures, and the nursing code of ethics constitutes the primary benchmark in determining professional responsibility. Legal protection for nurses is provided through regulatory instruments such as Law Number 38 of 2014 concerning Nursing and Law Number 17 of 2023 concerning Health, which guarantee legal protection as long as

nurses perform their duties within their professional authority. Strengthening documentation, supervision, and legal awareness is essential to ensure safe and accountable healthcare services.

Keywords: nurse accountability, independent nursing practice, professional ethics, legal protection, healthcare services

INTRODUCTION

Indonesia, as a state governed by the rule of law, continuously seeks to provide protection to its citizens across various domains, including health. Health is a constitutionally recognized human right under the 1945 Constitution of the Republic of Indonesia and constitutes a fundamental element of human rights protection. Article 28H of the 1945 Constitution affirms that every person has the right to live in physical and spiritual well-being, to reside in a place of domicile, to enjoy a good and healthy environment, and to obtain health services (Japar et al., 2024). Health is a condition that reflects an individual's overall well-being, encompassing physical, mental, and social dimensions. This condition is not merely defined as the absence of disease but also represents an individual's capacity to perform daily activities productively. This definition is articulated in Law of the Republic of Indonesia Number 17 of 2023 on Health, Article 1 paragraph (1), which states that health is a state of physical, mental, and social well-being that enables individuals to lead productive lives (Republik Indonesia, 2023).

The government bears an obligation to organize health efforts, which is operationalized through the provision of health service facilities aimed at improving public health status. Health service facilities encompassing both places and equipment are required to deliver health services using promotive, preventive, curative, rehabilitative, and palliative approaches to individuals and communities. Independent nursing practice constitutes one form of health service facility within the community and is increasingly necessary. Alongside social development, the health sector has experienced growing demand for health services, both in volume and quality. Nurses play a role in improving public health status, as referenced in Law No. 38 of 2014 on Nursing. This role is particularly evident in patient care provided before and after diagnosis, therapy, and other medical interventions in hospitals and primary healthcare centers (*Puskesmas*). Accordingly, whereas nursing education previously relied on secondary-level nursing schools comparable to senior high school, rising community health needs have driven the development of Diploma, Bachelor's (S1), Master's (S2), and even Doctoral (S3) nursing programs (Japar et al., 2024).

Advancement in educational levels is expected to enhance the expertise and skills of the nursing workforce. With such educational attainment, the nursing profession is positioned to gain recognition comparable to the medical profession, with each profession exercising its respective scope of authority in health service delivery. As an integral component of health services, nursing has substantial leverage in advancing health sector development. The quality of nursing services is determined by the quality of nursing care providers, namely the nursing workforce (Japar et al., 2024). As a key component of health service provision, nurses hold a critical role because their work directly relates to the delivery of health services to the community. In hospital and *Puskesmas* settings, physicians cannot function effectively without support from nurses. Conversely, nurses, without physicians' instructions, are generally not authorized to act independently. Health services in hospitals and *Puskesmas* place physicians and nurses as the personnel most closely engaged with patients. The relationship formed with

patients may be understood as a care-and-healing engagement or therapeutic transaction, which generates rights and obligations among physicians, nurses, and patients (Komalawati, 2017).

A nurse is an individual who has graduated from higher nursing education, either domestically or abroad, and whose qualification is recognized by the Government in accordance with applicable laws and regulations (Law No. 38 of 2014, Article 1 paragraph (2)). Nursing, meanwhile, refers to activities of providing care to individuals, families, groups, or communities, whether in conditions of illness or health. Nurses' duties are also regulated under the Ministry of Health Regulation (Permenkes) No. 26 of 2019 on Nursing, which generally include: developing nursing care plans, conducting nursing assessments, determining nursing diagnoses, documenting nursing interventions, monitoring patients' vital signs, performing emergency measures, evaluating nursing interventions, providing health education to patients and their families, conducting community education, and engaging in nursing consultation and collaboration with medical personnel. As one of the health professions, nurses perform their duties as providers of nursing care as regulated under Law No. 38 of 2014, Article 30(1) (Mendri & Prayoga, 2023), Nursing practice includes conducting holistic nursing assessments, establishing nursing diagnoses, planning nursing interventions, implementing nursing interventions, and evaluating the outcomes of these interventions. In addition, nurses are responsible for making referrals when necessary, providing emergency care in accordance with their professional competence, and offering nursing consultations while collaborating with physicians. Nurses also play an important role in delivering health education and counseling to clients. Furthermore, they are responsible for managing medication administration for clients in accordance with prescriptions from medical personnel, as well as administering over-the-counter and limited over-the-counter medications.

However, realities in various regions of Indonesia particularly in Lebak Regency, Banten indicate that independent nursing practice (*praktik mandiri perawat*) may involve nurses performing medical procedures and other therapeutic actions beyond their statutory authority, without delegated authority from a physician. This situation was conveyed, for example, by Ns. Angga Pramulya Nugraha, S.Kep., a nurse operating an independent practice in the Rangkasbitung area. Such practices are often driven by the limited availability of medical personnel, especially physicians, in the field—most notably in underdeveloped and remote areas, including locations where no physician is available. This condition generates ethical problems for nurses, particularly those in independent practice, because activities may be carried out beyond the scope of nursing authority, affecting both nursing services and broader health service practices when nurses undertake specific medical tasks (Nisya & Hartanti, 2015). Independent nursing services aim to support individuals and communities in achieving self-reliance, while encouraging improved and optimal health status. Nevertheless, implementation is bound by professional ethics. Article 37 of Law No. 38 of 2014 on Nursing requires nurses to provide nursing services in accordance with the nursing code of ethics, standards of nursing services, professional standards, standard operating procedures, and applicable laws and regulations. The nursing code of ethics constitutes normative rules governing nurses' behavior and actions in providing health services. Core ethical principles in nursing that must be upheld include (Mendri & Prayoga, 2023), ethical principles in healthcare include respect for patients' rights and autonomy, avoiding harm to patients (non-maleficence), and acting in the patient's best interests (beneficence). Healthcare professionals are also expected to uphold fairness toward patients (justice), maintain honesty in communication with patients and their families (veracity), and keep promises or commitments made to patients (fidelity). In addition, medical interventions must be carried out based on informed consent, ensuring that patients receive adequate information and voluntarily agree to the proposed procedures.

Nursing and ethics are inseparable dimensions of nursing professionalism, particularly in delivering services to patients as members of society and citizens. The Indonesian National

Nurses Association (PPNI), established as a professional organization under Law No. 38 of 2014, is responsible for maintaining and improving members' professionalism so that the profession remains accountable and can sustain high performance standards, thereby improving the quality of nursing services in particular and health services in general especially in responding to global challenges in liberalized health service markets in Indonesia (Poernomo, 2017). Lebak Regency continues to face serious challenges related to the shortage of healthcare personnel, particularly general practitioners. With a population of approximately 1,449,203 residents, the region currently has only around 110 doctors serving across 43 community health centers (*puskesmas*). This condition has resulted in uneven distribution of healthcare services, especially in remote and rural areas (Nurandi, 2025).

Each primary healthcare center (*Puskesmas*) in Lebak typically has around 10–15 nurses, while only 1–3 physicians are available per *Puskesmas*. Under BPJS regulations, physician needs are often referenced as one physician per 5,000 participants. To meet community needs for accessible health services, efforts are required to increase the number of health facilities alongside more equitable distribution of medical and health personnel. One potentially feasible strategy is to expand independent nursing practices, given that nursing personnel are relatively numerous and already more widely distributed, enabling communities to access needed services. Independent nursing practice refers to nursing practice conducted by nurses individually or in groups outside formal health service facilities. It aims to assist patients in becoming self-reliant in meeting basic needs and performing self-care. Nurses who conduct independent practice are legally required to hold a permit, as stipulated in Article 19 of Law No. 38 of 2014, which mandates that nurses practicing nursing must have authorization. Such authorization is provided in the form of a Nursing Practice License (*Surat Izin Praktik Perawat*, SIPP). The SIPP is written evidence conferring authority to conduct independent nursing practice, issued by the district/city government based on a recommendation from the competent health authority in the jurisdiction where the nurse practices. In practice, however, independent nursing services may sometimes deviate from scope-of-practice boundaries, for instance when nurses provide therapeutic treatments that are typically within physicians' domain (Mendri & Prayoga, 2023).

The authority and duties of nurses in providing healthcare services constitute a professional responsibility regulated by legal and ethical frameworks. In Indonesia, nursing practice has a clear legal foundation as stipulated in Law Number 38 of 2014 on Nursing, which states that “*Keperawatan adalah kegiatan pemberian asuhan kepada individu, keluarga, kelompok, atau masyarakat, baik dalam keadaan sakit maupun sehat,*” and that nursing services are “*suatu bentuk pelayanan profesional yang merupakan bagian integral dari pelayanan kesehatan yang didasarkan pada ilmu dan kiat keperawatan.*” (Pemerintah Republik Indonesia, 2014). Nursing practice demonstrates that nurses do not merely perform technical medical functions but also hold professional responsibility in delivering comprehensive nursing care. In practice, however, nursing activities are regulated by various legal provisions that serve as normative foundations and operational guidelines to ensure professional, accountable, and patient-oriented care. According to Law Number 38 of 2014 on Nursing, nursing practice must be carried out based on the principles of “*perikemanusiaan, nilai ilmiah, etika dan profesionalitas, manfaat, keadilan, perlindungan, serta kesehatan dan keselamatan klien.*” These principles emphasize that the authority of nurses in healthcare delivery is not solely related to clinical competence but also requires adherence to legal norms, professional standards, and nursing ethical codes to ensure protection for both patients and nursing professionals (Pemerintah Republik Indonesia, 2014).

Healthcare professionals, including nurses, have a duty of care toward patients once they assume responsibility for patient care. This duty requires practitioners to provide treatment with reasonable skill and caution while protecting patients from foreseeable risks of harm.

Failure to meet the expected standard of care may constitute negligence if it results in patient injury or loss. Importantly, the standard of care is determined not by an individual practitioner's level of experience but by the professional standards expected of a reasonably competent healthcare professional performing the same task (Royal College of Nursing, 2026). Complications following intramuscular injection procedures can lead to disputes between patients and healthcare providers when the resulting effects are perceived as errors in treatment. Several studies indicate that intramuscular injections may cause complications such as pain, redness, swelling, and even the formation of abscesses at the injection site, particularly when the injection technique is incorrect or aseptic procedures are not performed optimally (Malik et al., 2021). Such conditions may trigger allegations of malpractice or demands for accountability against healthcare professionals, especially when patients or their families do not understand that certain complications constitute inherent medical risks. From a legal perspective, healthcare professionals possess a duty of care, which refers to the legal obligation to provide services with reasonable skill and prudence in order to protect patients from foreseeable harm. Failure to meet this standard may be considered professional negligence if it results in harm to the patient (Royal College of Nursing, 2026).

Therefore, independent nursing practice warrants further scholarly examination, as reflected in the proposed research title: "Ethical Accountability of Health Nurses in Providing Independent and Professional Health Services for Patients." Based on the background and the legal-ethical issues surrounding independent nursing practice, this study aims to analyze the ethical and legal accountability of nurses in delivering independent and professional healthcare services to patients. Specifically, the research seeks to examine the scope of nurses' professional responsibilities, identify the forms of accountability that arise in independent nursing practice, and analyze the legal protection mechanisms available for nurses when performing healthcare services in accordance with professional standards, service standards, standard operating procedures, and applicable laws and regulations.

METHOD

This study employed a normative juridical research method with a qualitative approach. The research focused on analyzing legal norms, professional standards, and ethical principles governing nursing practice in Indonesia. The research design used was descriptive analytical, aimed at examining the legal framework and ethical accountability of nurses in implementing independent and professional healthcare services. The research location focused on the healthcare context in Indonesia, with particular attention to the implementation of independent nursing practice in regions experiencing limitations in medical personnel, including areas such as Lebak Regency, Banten.

The research period was conducted during the 2025–2026 academic research cycle. The research instruments consisted of document analysis guidelines used to review relevant legal materials, including primary legal materials such as legislation, secondary legal materials such as scientific journals, books, and legal commentaries, as well as tertiary materials such as legal dictionaries and policy documents related to healthcare services. Data analysis was conducted using qualitative descriptive analysis. The analysis involved examining legal provisions, interpreting regulatory frameworks, and identifying the relationship between ethical principles, professional standards, and the implementation of independent nursing practice. This research also considered ethical review principles by ensuring that the study relied solely on publicly available legal and academic sources, without involving human subjects directly. Therefore,

the research maintained academic integrity, confidentiality of institutional references, and compliance with ethical standards in scientific research.

RESULT AND DISCUSSION

RESULTS

Nurse Accountability in the Implementation of Independent and Professional Health Services

Nurses hold a strategic position in Indonesia's healthcare system as professional health workers who are recognized both juridically and ethically (Sibuea et al., 2023). This recognition is emphasized in Law Number 38 of 2014 concerning Nursing and Law Number 17 of 2023 concerning Health, which place nurses as an independent profession with authority, competence, and responsibility in providing healthcare services to individuals, families, and communities. The paradigm shift from nurses as physician assistants to an independent profession reflects a significant development in the national healthcare system in terms of regulation, professional ethics, and social acceptance.

Healthcare workers who provide direct services to individuals, families, and communities include nurses. In delivering healthcare and nursing services, nurses are only permitted to provide nursing care both within healthcare institutions and in independent practice activities. However, in practice, many nurses still perform diagnostic or therapeutic actions that are actually within the medical authority of physicians. This condition indicates problems in independent nursing practice related to the legal accountability of nurses. Nursing services themselves are based on the concept of holistic care that encompasses physiological, psychological, sociocultural, and spiritual dimensions as an integrated whole. Research on the legal responsibility of independent nursing practice in providing holistic care indicates that economic factors, community behavior, and public trust in free medical treatment programs often lead nurses to perform medical actions in independent practice. If nurses violate legal provisions by performing actions beyond their authority, they may be held legally accountable for such actions. Therefore, nurses need to improve their professional competence and comply with the provisions stipulated in the Nursing Law, while local governments and professional organizations must conduct supervision and guidance of independent nursing practices (Utomo et al., 2021).

In carrying out their duties and responsibilities, nurses must also pay attention to patient safety aspects and conduct their practice in accordance with nursing service standards, professional standards, standard operating procedures, and applicable laws and regulations. Nursing services that do not comply with procedures may create risks for patients, which may result in legal accountability for nurses. Studies on independent nursing practice show that actions that can be performed and legally justified by nurses include observation, education, therapeutic actions, and collaboration. In addition, nursing practices that lack medical records and standard operating procedures may lead to strict liability, with the most severe sanction being revocation of practice licenses. From the perspective of sociological jurisprudence, healthcare services through home visits often occur due to community needs for assistance and the existence of living law in society that still trusts health workers such as paramedics to provide treatment. Therefore, nursing actions must continue to be carried out professionally

and in accordance with the law to ensure that healthcare services run effectively while still providing legal protection for both patients and healthcare workers (Santoso et al., 2022).

To support quality nursing services in accordance with professional ethical codes and nursing practice standards, legal protection is required through preventive approaches, one of which is strengthening legal understanding in independent nursing practice related to the rights and obligations of healthcare workers. Legal protection for nurses and patients in independent nursing practice has essentially been regulated through various legal provisions, although it is not always explicitly emphasized in a single regulation, but can be identified through the regulation of the rights and obligations of both parties (Irfan & Andriyani, 2025). The authority of nurses as healthcare professionals represents the right and autonomy to conduct nursing practice based on their level of education, competence, and professional position. The duties and authority of nurses are regulated in several laws and regulations, including Law Number 38 of 2014 concerning Nursing, Law Number 36 of 2009 concerning Health, and Law Number 36 of 2014 concerning Health Workers. In practice, the legal responsibility of nurses may include ethical violations, civil liability, criminal liability, or administrative liability depending on the scope of authority held and the violations committed. If nurses violate delegated authority in healthcare practice, the responsibility may be shared with the physician who provided the delegation and the hospital that assigned the task (Anwar & Anzward, 2021).

The existence of nurses is not limited to hospitals, community health centers, and clinics, but also extends to community nursing services, home care, and independent practice. The role of nurses includes providing nursing care, health education, research, and advocacy for patients and communities. The high intensity of nurse–patient interaction places nurses at the forefront of healthcare services, making service quality highly dependent on nurses' professionalism and accountability. From the perspective of professional ethics, nurses are bound by the Nursing Code of Ethics, which places human values, dignity, and professionalism as the fundamental basis of practice. Nurses' responsibilities include responsibility to patients, the profession, society, and colleagues (Lintang, 2021). Ethical principles such as beneficence, non-maleficence, justice, respect for patient autonomy, and confidentiality of medical information serve as fundamental guidelines in every nursing action. These principles require nurses to provide humane, non-discriminatory services that prioritize patient safety (Santoso et al., 2026).

In addition to ethics, nursing practice is also limited and protected by legal principles. The principle of legality requires nurses to act in accordance with the authority regulated by law and to possess a valid practice license. The principle of accountability emphasizes that every nursing action must be legally accountable, so negligence may result in administrative, civil, or criminal sanctions. The principles of justice and autonomy require nurses to provide fair services and respect patient decisions based on clear and honest information (Indriani et al., 2025). Legally, the functions of nurses can be classified into independent, collaborative, dependent, and advocacy functions. Independent functions include assessment, nursing diagnosis, and nursing interventions. Collaborative functions involve working with other healthcare professionals within healthcare teams. Dependent functions relate to implementing medical instructions according to authority, while advocacy functions position nurses as

protectors of patients' rights. These four functions demonstrate that nurses are not merely technical executors but professional actors with ethical and legal responsibilities.

In practice, tensions often arise between ethical demands and legal principles. For example, the obligation to maintain patient confidentiality may conflict with legal obligations to disclose medical information in certain circumstances, such as cases involving dangerous infectious diseases. Real cases, such as the administration of empty vaccines or breaches of patients' medical data, demonstrate that violations of ethical and legal standards in nursing practice can have serious consequences for patients, institutions, and the image of the profession. These cases highlight the importance of caution, competence, and adherence to professional standards. The gap between regulation and implementation remains a major issue. Although legislation has granted relatively broad authority to nurses, in practice there are still limitations in delegation SOPs, inadequate facilities and infrastructure, limited human resources, and low legal literacy. These conditions make nurses vulnerable to legal disputes, especially when documentation of nursing care is not carried out properly. Documentation becomes an important instrument not only as evidence of professional accountability but also as a tool for legal protection.

Nurses' workload also significantly affects service quality. An unfavorable nurse-to-patient ratio, demanding work schedules, and less supportive work environments increase the risk of fatigue and service errors (Yanwarin, 2024). Excessive workload reduces the quality of care, patient satisfaction, and nurses' well-being. Therefore, improving health human resource management must become a policy priority in order to ensure service quality and patient safety. Healthcare services provided by nurses are carried out through a systematic nursing process consisting of assessment, diagnosis, planning, implementation, and evaluation. This process includes clinical aspects, therapeutic communication, education, and advocacy. Normatively, nursing services are regulated by the Health Law and the Nursing Law, which emphasize independent, collaborative, and delegative authority in healthcare services. In the context of independent practice, nurses play an important role in expanding access to primary healthcare services, particularly in areas with limited medical personnel (Putri & Mannas, 2025).

Healthcare services provided by nurses can be categorized into independent services and professional services. Independent services emphasize nurses' autonomy in providing care according to their competence, while professional services emphasize collaboration within healthcare teams. Both forms of services must be harmonized through standard operating procedures and adequate documentation to ensure legal accountability. Documentation is a fundamental pillar of the legality of nursing services. Incomplete documentation often becomes the basis of legal claims, even when clinical actions have complied with standards. Therefore, documentation standardization, periodic audits, and the implementation of secure and integrated electronic medical records are necessary. Digital transformation also offers opportunities to improve efficiency and access to services but requires attention to data privacy and security. Nurse accountability in healthcare services includes both ethical and legal responsibilities. Accountability is manifested through compliance with the code of ethics, implementation of SOPs, complete documentation, and reporting of patient safety incidents. Delegation of authority must be carried out in writing and in accordance with competence in

order to avoid legal vulnerability. Independent nursing practice requires high legal awareness to ensure that nurses do not exceed the authority granted by law.

Normatively, nurse accountability in healthcare services has a strong legal basis in Law Number 38 of 2014 concerning Nursing. Article 29 of the law emphasizes that nurses in carrying out nursing practice must comply with professional standards, service standards, standard operating procedures, and the nursing code of ethics (Sumantri et al., 2025). This provision places compliance with standards as the main parameter in determining whether an error or negligence has occurred in nursing practice. Article 36 of Law Number 38 of 2014 regulates that nurses are responsible for every nursing practice they perform in accordance with their authority and competence (Riasari, 2021). This provision emphasizes the principle of personal liability, where nurses cannot avoid legal responsibility for their professional actions. However, such responsibility must be assessed proportionally by considering the scope of authority and the working conditions surrounding nursing practice.

From the perspective of health law, Law Number 17 of 2023 concerning Health also provides a relevant framework for accountability. This law emphasizes that every healthcare worker, including nurses, must provide healthcare services that are safe, of high quality, and oriented toward patient safety. This provision connects nurses' responsibilities with the obligation of the state and healthcare facilities to provide a service system that supports the achievement of these safety and quality standards. The delegation of authority also has a legal basis in provisions governing the working relationship among healthcare professionals. Delegation is only valid if conducted in writing, based on competence, and accompanied by adequate supervision. In the context of administrative law, delegation of authority that does not meet these requirements may create defects of authority, which may result in nurses bearing personal legal risks if service incidents occur (Sylvana et al., 2021). Therefore, clarity regarding the legal basis of delegation is a crucial factor in ensuring legal protection for nurses.

In addition, provisions regarding documentation and medical records also have significant legal implications. Health regulations place medical records as legal documents that possess evidentiary value. Negligence in documentation may be considered a violation of legal obligations, even when the substantive nursing actions have complied with standards. The analysis shows that nurse accountability cannot be placed solely on individuals but must also be understood as the responsibility of healthcare institutions and the state. Structural support is required in the form of clear SOPs, continuous training, legal protection, professional insurance, and the active role of professional organizations in advocacy. Furthermore, the implementation of patient safety culture and a just culture is essential to balance individual accountability and systemic improvement.

Legal Protection for Nurses in Implementing Independent and Professional Healthcare Services

Legal protection for nurses is a fundamental issue in the national healthcare system, considering that nurses play a strategic role as healthcare workers who interact directly, intensively, and continuously with patients. In a rule-of-law state, every professional action carried out by nurses must obtain legal certainty so that healthcare services can be implemented optimally, safely, and fairly. This principle aligns with Article 1 paragraph (3) of the 1945

Constitution of the Republic of Indonesia, which affirms that Indonesia is a state governed by law; therefore, all public services, including healthcare services, must be based on legal principles (Samosir et al., 2025). Healthcare services constitute one of the primary duties of nurses as a form of professional service that forms an integral part of the healthcare system. These services are based on nursing science and practice directed toward individuals, families, groups, and communities in both healthy and ill conditions. In carrying out these duties, nurses face various risks that may hinder or even threaten their safety and profession, making legal protection essential in the implementation of nursing practice. Such legal protection is regulated in Article 36 letter (a) of the Nursing Law, which states that nurses have the right to obtain legal protection as long as they carry out their duties in accordance with service standards, professional standards, standard operating procedures, and applicable laws and regulations (Hasibuan & Sidi, 2023).

Furthermore, legal protection is also related to accountability for actions that occur during healthcare services. In hospital practice, nurses may face various legal problems, including acts of violence committed against nurses while performing their duties. Legal provisions concerning such acts are regulated in Article 351 of the Indonesian Criminal Code (KUHP), which stipulates that perpetrators of assault may be punished with imprisonment of up to two years and eight months or a fine; if the assault results in serious injury, the maximum penalty is five years, and if it results in death, the maximum penalty is seven years. This provision indicates that the state provides legal protection for healthcare workers, including nurses, in carrying out healthcare services in healthcare facilities (Hasibuan & Sidi, 2023). On the other hand, legal protection for nurses is also closely related to their professional obligations in providing services to patients. In nursing practice, cases of negligence that harm clients are still found, often due to nurses' limited understanding of patients' rights, such as the right to obtain information, the right to receive services according to nursing practice standards, the code of ethics, standard operating procedures, and professional standards. Research shows that negligence may occur due to the failure to implement SOPs, lack of discipline in carrying out nursing care, and insufficient attention to the confidentiality of patient data. These conditions may result in legal consequences for nurses if professional responsibilities toward patients' rights are not fulfilled, highlighting the need to enhance legal understanding and professionalism in nursing practice (Primadira, 2020).

Healthcare services as part of human rights are also affirmed in Article 28H paragraph (1) of the 1945 Constitution, which states that every person has the right to obtain healthcare services (Karwur, 2024). In fulfilling this right, the state has an obligation not only to protect patients as service recipients but also healthcare workers as service providers, including nurses. Legal protection for nurses becomes crucial because in practice nurses often occupy vulnerable positions, both in facing legal claims due to alleged negligence, conflicts with patients and their families, and the risk of criminalization for professional actions performed under certain conditions. Conceptually, legal protection can be interpreted as the state's effort to provide protection for legal subjects so that their rights and obligations are safeguarded from arbitrary actions. In the context of the nursing profession, legal protection is not only repressive after disputes occur but also preventive through the regulation of norms, professional standards, and supervisory mechanisms. Thus, legal protection for nurses must be understood as a

comprehensive and continuous system rather than merely a defense mechanism when nurses face legal problems.

The normative basis for legal protection of nurses is specifically regulated in Law Number 38 of 2014 concerning Nursing. This law serves as a *lex specialis* that regulates the position, authority, rights, obligations, and legal responsibilities of nurses within the healthcare system. Article 2 of the Nursing Law states that nursing practice is carried out based on the principles of humanity, scientific values, ethics and professionalism, benefits, justice, protection, and patient safety. The inclusion of the protection principle in this provision demonstrates that lawmakers explicitly place legal protection as one of the fundamental principles in nursing practice. Article 3 of Law Number 38 of 2014 states that the regulation of nursing aims to provide legal protection and certainty for nurses, recipients of nursing services, and society. Preventive legal protection for nurses is realized through the regulation of authority and the boundaries of nursing practice. Article 29 of Law Number 38 of 2014 stipulates that nurses in carrying out nursing practice have authority according to the competence, education, and training they have completed (Okarisandi et al., 2025). This provision forms the legal basis for nurses to act independently in providing nursing care as long as the actions remain within the scope of authority determined by laws and professional standards.

Article 18 of Law Number 38 of 2014 requires nurses who perform nursing practice to possess a Registration Certificate (*Surat Tanda Registrasi* – STR). The STR serves as written evidence that nurses have met competency standards and are legally recognized to perform nursing practice. Furthermore, Article 19 requires nurses to possess a Nursing Practice License (*Surat Izin Praktik Perawat* – SIPP) as a form of administrative legality in conducting nursing practice in healthcare facilities or independent practice. The possession of STR and SIPP functions as preventive legal protection instruments because they provide legal legitimacy for every nursing action carried out. From the perspective of administrative law, STR and SIPP are not merely administrative requirements but also have significant juridical implications. Nursing actions performed without STR and SIPP may be categorized as illegal practice and may result in administrative, civil, or even criminal sanctions (Khairul et al., 2024). Therefore, compliance with licensing provisions is an absolute requirement for nurses to obtain legal protection in conducting independent and professional healthcare services.

Legal protection for nurses is also closely related to the implementation of professional standards and the nursing code of ethics. Article 24 of Law Number 38 of 2014 emphasizes that nurses must comply with professional standards, service standards, and standard operating procedures. These standards serve as technical and professional guidelines in implementing nursing care and as benchmarks for determining whether an error or negligence has occurred in nursing practice. By adhering to professional standards, nurses obtain legal protection because their actions can be scientifically and professionally justified. In healthcare practice, delegation of authority is one of the aspects that frequently raises legal issues for nurses. Article 32 paragraph (7) of Law Number 38 of 2014 regulates that nurses may perform medical actions based on delegative or mandate authority from medical personnel, provided that such actions align with their competence and applicable legal provisions. This regulation provides a legal

basis for nurses to perform certain actions outside their independent authority, as long as the delegation of authority is clear and properly documented.

However, in practice, delegation of authority is often not accompanied by adequate documentation, placing nurses in vulnerable positions when legal disputes arise. Therefore, the existence of standard operating procedures and documentation of delegation of authority becomes an essential component of preventive legal protection for nurses. Without SOPs and evidence of delegation, nurses may face legal liability even when the actions performed were intended to save patients. Legal protection for nurses is further strengthened through provisions regarding authority in certain conditions. Article 33 paragraph (4) of Law Number 38 of 2014 states that under specific limitations, nurses are authorized to provide treatment for common diseases, conduct referrals, and provide pharmaceutical services (Ikhsan & Wahab, 2021). This provision grants legal discretion to nurses who work in remote areas or regions with limited medical personnel. In addition to Law Number 38 of 2014, legal protection for nurses is reinforced by Law Number 17 of 2023 concerning Health. This law integrates various regulations concerning healthcare workers and healthcare services within a national legal framework. Article 273 of Law Number 17 of 2023 affirms that healthcare workers have the right to obtain legal protection as long as they perform their duties in accordance with professional standards, service standards, and applicable laws and regulations. This provision reinforces the principle of non-criminalization of healthcare workers, including nurses, as long as they act in accordance with legal provisions.

In the context of repressive legal protection, nurses facing legal problems have the right to obtain legal assistance and representation. Article 36 of Law Number 38 of 2014 states that nurses have the right to obtain legal protection in carrying out nursing practice in accordance with applicable laws and regulations. Such protection may include legal assistance, advocacy by professional organizations such as the Indonesian National Nurses Association (*Persatuan Perawat Nasional Indonesia* – PPNI), and dispute resolution through ethical and administrative mechanisms. The ethical and administrative approach in resolving nursing disputes aligns with the principle of *ultimum remedium* in criminal law, which positions criminal sanctions as a last resort (Ginting, 2024).

DISCUSSION

Analysis of Nurse Accountability in the Implementation of Independent and Professional Health Services

Nurse accountability in the implementation of independent and professional health services is essentially a logical consequence of the recognition of nurses as professional health workers who possess their own authority within the healthcare system. The provisions of Law Number 38 of 2014 concerning Nursing and Law Number 17 of 2023 concerning Health demonstrate that nurses are no longer positioned merely as executors of medical personnel's instructions, but rather as a profession with competence, autonomy, and legal responsibility for the nursing actions they perform. Accordingly, nurse accountability should be understood not only as a form of legal burden, but also as a manifestation of the professional status of nurses in delivering nursing care independently, collaboratively, and delegatively.

Normatively, nurse accountability is grounded in compliance with professional standards, service standards, standard operating procedures, and the nursing code of ethics. Compliance with these four instruments serves as the primary benchmark in determining whether a nurse's actions may be regarded as lawful, professional, and accountable. In this context, nurse accountability is not only oriented toward the final outcome of care, but also toward the process of service delivery itself. This means that even when the purpose of care is to help patients, nurses' actions must still be carried out within the limits of authority established by law. When nurses perform actions beyond their competence or authority, legal accountability may arise in the form of administrative, civil, or even criminal sanctions.

The findings indicate that independent nursing practice in the field still faces problems in the form of nurses' actions that exceed the limits of their authority, particularly in diagnostic and therapeutic measures that should fall under the authority of physicians. This condition demonstrates a tension between the real needs of society and the normative framework of the profession. From a sociological perspective, this situation often occurs because of the limited availability of medical personnel, the public's need for rapid access to services, economic factors, and public trust in nurses as more accessible providers. However, from a legal standpoint, such social conditions do not automatically eliminate nurses' responsibility. It is precisely here that the analysis becomes important: nurse accountability must be placed proportionally. On the one hand, nurses are obliged to act professionally and not exceed their authority; on the other hand, the state and healthcare institutions must also be responsible for providing a system that enables nurses to work in accordance with the law.

From the perspective of professional ethics, nurse accountability is closely related to the principles of beneficence, non-maleficence, justice, respect for patient autonomy, and confidentiality. These principles affirm that nursing actions are not sufficient merely because they are technically correct, but must also be morally justifiable. Therefore, nurse accountability is not only a matter of whether an action violates the law, but also whether it reflects respect for the dignity of the patient. In healthcare practice, issues such as medical data breaches, actions taken without adequate consent, or inhumane treatment constitute forms of violation that demonstrate the close relationship between ethical and legal dimensions. Thus, any analysis of nurse accountability must integrate both juridical and ethical approaches simultaneously.

Furthermore, nurse accountability is also greatly influenced by the quality of nursing care documentation. Documentation is not merely an administrative obligation, but legal evidence of the professional actions that have been carried out. Incomplete documentation may create evidentiary difficulties in the event of a dispute and may even place nurses in a vulnerable position, even when the substantive action taken has complied with standards. This shows that accountability in the nursing profession cannot be realized solely through good service, but also through orderly, systematic, and verifiable recordkeeping. Therefore, documentation must be regarded as an integral part of nurses' professional accountability.

In addition to normative and ethical factors, the research findings also reveal that workload, an unfavorable nurse-to-patient ratio, limited facilities, and weak SOPs for delegation of authority affect the implementation of nurses' responsibilities. This finding is

important because it shows that errors or negligence in nursing practice do not always stem solely from an individual's lack of professionalism, but are often the product of weaknesses in the healthcare service system. In this context, modern theories of accountability in healthcare emphasize that responsibility must be distinguished between individual error and system failure. If the entire burden of responsibility is imposed on nurses without considering organizational and structural factors, such an approach becomes unfair and may in fact weaken the culture of patient safety.

Based on this analysis, it can be understood that nurse accountability in independent and professional healthcare services is multidimensional, encompassing ethical, administrative, civil, and criminal dimensions. Such accountability arises from the recognition of nursing as an independent profession, but its implementation must be supported by a clear institutional system. Therefore, nurse accountability should ideally not be narrowly interpreted as a punishment mechanism when an error occurs, but rather as a system of professional accountability that connects competence, legal compliance, documentation, ethics, and institutional support. Accordingly, strengthening nurse accountability requires the enhancement of legal competence, continuous supervision, documentation audits, clarity in the delegation of authority, and the implementation of patient safety culture and just culture so that individual accountability remains balanced with system improvement.

Analysis of Legal Protection for Nurses in Carrying Out Independent and Professional Health Services

Legal protection for nurses is an inseparable element of the implementation of independent and professional healthcare services. In the context of a rule-of-law state, every profession performing a public function, including nursing, must be guaranteed legal certainty so that it may work safely, responsibly, and free from arbitrary treatment. Legal protection for nurses becomes increasingly important because nurses work in close proximity to patients, maintain a high intensity of interaction, and often operate in situations requiring rapid decision-making. This position makes nurses vulnerable to allegations of negligence, violence from patients or their families, ethical conflicts, and even criminalization for professional actions that are in fact performed in the interests of care delivery.

Conceptually, legal protection for nurses has two principal dimensions, namely preventive protection and repressive protection. Preventive protection is realized through the establishment of legal norms, the regulation of authority, professional standards, registration and licensing requirements, and service SOPs. This form of protection aims to prevent legal disputes from arising at the outset by providing clear boundaries regarding what nurses may and may not do. Meanwhile, repressive protection comes into play once disputes or legal problems have arisen, for example through legal assistance mechanisms, defense by professional organizations, ethical resolution, administrative settlement, or judicial proceedings. Both forms of protection must function together so that nurses are not only protected after problems emerge, but are also equipped with instruments to prevent legal issues from arising in the first place.

Within the normative framework, legal protection for nurses already has a sufficiently strong basis, particularly in Law Number 38 of 2014 concerning Nursing and Law Number 17

of 2023 concerning Health. Both regulations affirm that nurses are entitled to legal protection as long as they perform their duties in accordance with professional standards, service standards, standard operating procedures, and prevailing laws and regulations. This formulation indicates that legal protection for nurses is not absolute, but conditional. In other words, the law guarantees protection for nurses insofar as they act within the corridor of professionalism and legality. Accordingly, legal protection must be understood as operating alongside legal obligations, not independently of them.

Possession of a Registration Certificate (*Surat Tanda Registrasi / STR*) and a Nursing Practice License (*Surat Izin Praktik Perawat / SIPP*) also carries a broader meaning than merely serving as an administrative requirement. These two instruments constitute the state's legitimacy of a nurse's professional capacity. From the perspective of administrative law, STR and SIPP form the basis for the validity of nursing actions performed by nurses. Therefore, legal protection for nurses in fact begins with compliance with these formal legal aspects. A nurse who does not possess lawful practice credentials loses the foundation of legal protection, because the actions performed may be regarded as unauthorized practice. This demonstrates that legal protection is not only a matter of defense when disputes arise, but is also built upon professional administrative discipline.

Another highly important aspect is legal protection in the delegation of authority. The research findings show that one of the most vulnerable points in nursing practice lies in the implementation of medical actions by nurses based on delegation or mandate from medical personnel. Legally, delegation of authority is valid only when it is clear, in writing, in accordance with competence, and accompanied by adequate supervision. In practice, delegation is often found to be given orally, undocumented, or unsupported by clear SOPs. This situation creates vulnerability for nurses because when an incident occurs, the burden of accountability often shifts to the person who directly carried out the action, namely the nurse. This illustrates that legal protection for nurses is highly dependent on the clarity of clinical governance in healthcare facilities. In other words, legal protection is not solely the responsibility of individual nurses, but also the responsibility of healthcare institutions.

In situations of particular limitation, especially in remote areas or regions with a shortage of medical personnel, the law provides a certain degree of latitude for nurses to perform broader actions. This provision shows that the law is not rigid, but also takes into account the realities of healthcare delivery in the field. However, such discretion must still be interpreted strictly and cautiously so that it is not understood as a justification for expanding authority without limits. This analysis is important because one of the main problems in independent nursing practice is the tendency to use community needs as a reason to exceed professional authority. In fact, legal protection will be stronger when nurses' actions are carried out within a lawful, proportional, documented framework of discretion, and are based on objective conditions that are genuinely urgent or limited.

Legal protection for nurses must also be considered in relation to the right to safety at work. Nurses are not only at risk of facing disputes arising from alleged malpractice or negligence, but may also become victims of physical, verbal, and psychological violence in the course of their duties. In such circumstances, legal protection must include guarantees of

workplace safety, incident reporting mechanisms for violence, institutional assistance, and law enforcement against perpetrators. This is important to emphasize that nurses are not merely subjects who may be held accountable, but also legal subjects whose rights must be protected. If such protection is weak, the quality of healthcare services will also be disrupted because nurses work in conditions of fear and uncertainty.

Furthermore, repressive legal protection should prioritize ethical and administrative approaches before resorting to criminal law instruments. In the context of healthcare services, not every professional error should be resolved through criminal proceedings. Many matters are more appropriately assessed as violations of professional discipline, administrative violations, or system failures that should be addressed through ethical mechanisms, supervision, mediation, or improvements in governance. This approach is consistent with the principle of *ultimum remedium*, namely that criminal law should be used as a last resort. Such an approach is important in preventing the criminalization of healthcare workers, which may negatively affect nurses' professional courage in taking measures to save patients.

Based on the foregoing analysis, it may be affirmed that legal protection for nurses in carrying out independent and professional healthcare services must be understood as a comprehensive system. Such protection is not sufficiently ensured merely by the existence of legislation, but requires concrete implementation through clear SOPs, lawful practice credentials, orderly documentation, valid delegation of authority, assistance from professional organizations, and a commitment by healthcare institutions to build a safe working environment. In this way, effective legal protection will produce two simultaneous benefits: providing a sense of security for nurses in the exercise of their profession and ensuring that patients receive safe, high-quality, and accountable care.

CONCLUSION

Based on the results and discussion, it can be concluded that nurse accountability in the implementation of independent and professional healthcare services is multidimensional, encompassing ethical, administrative, civil, and criminal aspects. As professional healthcare workers, nurses possess authority to provide nursing care independently, collaboratively, and through delegated medical actions within the limits determined by law and professional competence. Compliance with professional standards, service standards, standard operating procedures, and the nursing code of ethics constitutes the primary parameter in determining the legality and professionalism of nursing actions. The study also shows that independent nursing practice often faces challenges related to the shortage of medical personnel, community demand for accessible healthcare services, and the limited clarity of delegation mechanisms. These conditions may encourage nurses to perform actions beyond their formal authority, which may expose them to potential legal risks. Therefore, strengthening professional competence, documentation practices, and legal awareness among nurses is essential.

Legal protection for nurses has been normatively guaranteed through Law Number 38 of 2014 concerning Nursing and Law Number 17 of 2023 concerning Health. However, effective legal protection requires not only regulatory provisions but also institutional support through clear standard operating procedures, proper documentation systems, professional supervision, and advocacy by professional organizations. Strengthening these aspects will

ensure that independent nursing practice can contribute to expanding access to healthcare services while maintaining patient safety and professional accountability.

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