



Original Research

## The Relationship between Delegation of Medical Personnel Authority to Nurses and Nurse Job Satisfaction

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### ABSTRACT

**Introduction:** Nurses, in carrying out their daily duties, deal directly with medical personnel and the patients they handle. There is a demand to provide health services responsibly by applying treatment according to procedures. Collaborative relationships between doctors and nurses are often a complex problem. Nurses work on delegation of authority (delegation, mandate, and other authorities). This act of delegation of authority affects nurse job satisfaction. The purpose of this study was to determine the relationship between the delegation of authority for medical action from doctors to nurses with the job satisfaction of nurses.

**Methods:** A quantitative descriptive design with a cross-sectional approach was applied to this study. The sample size was calculated through appendicitis pre-operative cases and 60 nurses were involved. Data was collected by self-report study and analyzed using the chi-square test.

**Results:** There is a relationship between the delegation of authority and nurse job satisfaction, delegation (0.000), mandate (0.015), and other authorities (0.000). The process of delegation is more on carrying out doctor's orders or instructions written on the patient's status or medical record.

**Conclusions:** There is an appropriate delegation of authority relationship. This is proven by the process of delegating authority; Hospitals did not apply a standard report on delegation. Nurses' job satisfaction was related to service fees that were also shared with doctors. Re-socialize the delegation process, hospitals need to provide delegation standard reports. This strategy might legally support nurses for their independent, collaborative interventions, and nurse's authority as well.

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## 1. INTRODUCTION

The hospital as one of the health service facilities is part of the health resources that are very much needed to support the implementation of health efforts. The implementation of health efforts in hospitals has very complex characteristics and organization. Various types of health workers with their respective scientific devices interact with each other. Medical science and technology are developing very rapidly which must be followed by other health workers in the context of providing quality services,

making problems even more complex in hospitals (Sutarih, 2018).

The development of the world of health is increasing sharply, along with current regulatory developments that position health workers vulnerable to criminal acts in carrying out their professional duties. Hospital policy conditions trigger the need for a management system effective way to realize the highest degree of health for individuals or communities through health resources. Constitution Number 36 of 2014 concerning health, according to article 27 paragraph (1) reads that health workers are

entitled to compensation and protection law in carrying out duties according to their profession (Asmaria, 2016).

Health workers who deal directly with patients carry out their duties including the profession of doctors and nurses (Asmaria, 2016). Nurses in carrying out their daily duties deal directly with medical personnel and the patients they handle. There is a demand to provide health services responsibly by applying treatment according to procedures. Regarding the treatment carried out by nurses, this is a form of implementing nursing practice given to patients, patient families, and the community which aims to improve health and maintain health until the patient is declared cured (Amir and Purnama, 2021).

Nurses carrying out nursing practice, according to Amir & Purnama (2021), do not have the authority to take medical action on patients but only have the competence to carry out nursing care for patients. Nurses carry out medical actions because it is their duty as health workers who partner with doctors and other health workers. Nurses carry out health services in hospitals and health centers, especially in difficult areas in border areas, islands, and remote areas, mostly carrying out work that is not the main job of the profession. Health centers that do not have doctors with humanitarian considerations and for the sake of running government programs, nurses examine patients, and prescribe drugs and other invasive procedures, even though this is the doctor's authority. Community Health Centers where there are no pharmacists or nurse pharmacy staff dispensing drugs to be given to patients, as well as other service tasks including administration (Achmad, 2022).

Delegation of authority from doctors to nurses can be done by delegation or by mandate (Merdekawati, 2021). The delegation of authority is accompanied by a delegation of responsibilities while the mandate is not accompanied by a delegation of responsibilities. The delegation of duties of authority often occurs verbally by speaking directly or by telephone with the excuse that the doctor is not present. This is not a problem if it can be accounted for and no harm is incurred for the patient (Anam, 2018). Minister of Health Regulation Number 2052/Menkes/Per/X/2011 concerning License to Practice and Implementation of Medical Practice, in Article 23 Paragraph (1) states: all delegations of authority must be written if this is not done there will be legal consequences (Regulation of the Minister of Health of the Republic of Indonesia, 2011 ).

Collaborative relationships between doctors and nurses are often a complex problem. So that in practice, nurses often only carry out doctor's orders and do not have clear boundaries of authority. If in the past nurses carried out doctor's orders, now nurses are given the authority to decide in terms of health services to patients based on their nursing knowledge and work together with doctors to determine what is best for patients. So that the paradigm emerges that the nurse is an independent profession, professional

and has proportional authority. The authority of the nurse is the authority to carry out nursing care actions, while the authority to carry out medical actions is only obtained if there is a delegation of authority from the doctor (Purnawan, 2017).

Article 32 Law no. 38 (2014), regarding nursing, in carrying out tasks based on the delegation of authority, nurses are authorized (UU no. 38, 2014). Article 28 PERMENKES No. 26 of 2019, the delegation of authority can be delegated or mandated. Types of medical action in the mandated delegation of authority include actions: giving parenteral therapy, suturing wounds, and other medical actions following the competence of nurses. Types of medical action in the delegated delegation of authority: placing infusions, injecting, basic immunization, and other medical actions carried out following the competence of nurses (PERMENKES No. 26, 2019).

The mechanism for delegation of authority has been discussed in Law number 36 of 2014 article 65, Law number 38 of 2014, and Permenkes number 26 of 2019 that: a) the actions delegated include the abilities and skills possessed by the recipient of the delegation; b) the implementation of the delegated actions remains under the supervision of the delegation giver; c) the delegation giver remains responsible for the actions delegated as long as the implementation of the actions is following the delegation given, and d) the action delegated does not include decision making as the basis for implementing the action.

Doctor's duties without clear boundaries with assignments Nurses as providers of nursing care will ultimately have an impact on patient satisfaction with the services of health workers in hospitals (Asmaria, 2016). According to Intan, Andrianto, and Muthiarani (2022), it is necessary to socialize doctors and nurses regarding the rights, obligations, and authorities of each party so that there is no confusion. Health workers need to know the regulations related to the profession they are in so that there are no misunderstandings in carrying out their professional duties in the future. The results of Asmaria's research (2016), in the implementation of the delegation of authority from doctors namely agar there is a separation of medical tasks that may be carried out and those that are not maybe by the nurse, issue a standard SPO regarding delegation authority from doctors to nurses, does not have a form of delegation of authority, the collaboration of doctors, nurses and families is further enhanced, so that it is carried out dissemination of Nursing Act.

The effectiveness of the delegation of task authority is highly expected of all nurses. This affects the motivation of nurses to work, especially in completing complex and routine work. Nurse satisfaction needs to be increased to improve the quality of nursing services to patients (Wahyuningsih and Yusiana, 2016). The results of the research by Ovari, Setyowati, and Yasmi (2017), show delegation (delegation) affects nurse job satisfaction. Another study by Wahyuningsih and Yusiana, (2016) stated

that there is a relationship between nurses' perceptions of delegating tasks and the level of job satisfaction of nurses in inpatient rooms.

What happens in hospitals is that almost all medical actions are carried out by nurses, whether it is delegation by mandate or delegation by delegation, where the delegation process occurs on the patient's status (medical record). Based on the background above, the researcher conducted a study entitled the relationship between the delegation of authority from medical staff to nurses and nurse job satisfaction.

## 2. METHODS

This study uses a quantitative descriptive design, with a cross-sectional approach. The research design emphasizes the time of measurement of the independent variable data (delegation of authority which includes delegation, mandates, and other medical actions) and the dependent variable (nurse job satisfaction) measurement only once at the same time. This study analyzes the relationship between the delegation of medical action authority (delegated, mandate, and other actions) from doctors to nurses with job satisfaction.

The sample size in this study was determined using purposive sampling, which is a sampling technique with certain considerations. Inclusion criteria; have active STR and SIPP. Exclusion criteria: temporary nurses during their education period, on leave or sick, so a sample of 60 nurses was found.

Data collection was carried out using a research instrument, namely a questionnaire. Data were analyzed using the chi-square test (95% confidence level and 5% error rate). This research has been approved by the Ethical Committee College of Health Science Maluku Husada No. RK. 154/KEPK/STIK/III/2024.

## 3. RESULTS

This research was conducted at the H. Ishak Umarella Hospital in Ambon from August to September 2022, with a total sample of 60 nurses who had active STR and SIPP.

### 3.1 Characteristics of respondents

Table 1 shows that there were 22 respondents (36.6%) dominant in the age range of 36-45 years, the majority being female, 49 respondents (81.7%). Respondents with a length of service of > 5 years were 26 respondents (43.3%). The majority of the last education of Nurses, a total of 27 respondents (45.6%), with the majority employment status in civil servants amounting to 49 respondents (81.7%) and the majority with income > Rp. 2.618.000 with 49 respondents (81.7%).

3.2 Analysis of the relationship between the delegation of medical staff to nurses and nurse job satisfaction.

The results showed that most of the delegation did not comply with the number of 32 respondents

(53.3%) with the dominant respondents feeling unsatisfied with the number of 27 respondents (45.0%). Meanwhile, 28 respondents (46.7%) of the appropriate delegates were delegated, with a level of satisfaction, and 23 respondents (38.3%) were satisfied. The results of the statistical test p-value 0.000, less than 0.05, indicate that there is a relationship between the delegation of medical staff to nurses and the work position of nurses.

3.3 Analysis of the relationship between the delegation of medical staff mandates to nurses and nurse job satisfaction

Data in table 3 shows that the majority of the 46 respondents (76.7%) did not comply with the process of handing over the mandate and the majority showed dissatisfaction with 29 respondents (48.3%). Respondents who showed an appropriate delegation of mandates were 14 respondents (23.3%), and dominant at the level of satisfaction, and satisfaction were 11 respondents (18.3%). The results of the statistical test p-value of 0.015, less than 0.05, indicate that there is a relationship between the delegation of mandates from medical staff to nurses and the work position of nurses.

3.4 Analysis of the relationship between the delegation of authority from other medical staff to nurses and nurse job satisfaction.

The results of the study are in Table 4. Regarding the delegation of other authorities, the majority, or 33 respondents (55.0%) showed that the delegation was not appropriate, and the dominant delegation was also dissatisfied with several 30 respondents (50.0%). While the appropriate delegation process was 27 respondents (45.0%), with the majority showing satisfaction of 25 respondents (41.7%). The result of the statistical test p-value 0.000 is less than 0.05 indicating that there is a relationship between the delegation of other authorities from medical staff to nurses and the work of nurses.

## 4. DISCUSSION

4.1 The relationship between a delegation of medical personnel to nurses and nurse job satisfaction

The delegation of authority cannot be separated from the nurse's function. Nurses in nursing roles (*independent*) have independent responsibilities based on the authority inherent in them. This is different from when the nurse carries out a coordinating (*interdependent*) role. The *interdependent function* is carried out in terms of health services that require collaboration with other health workers. To carry out the *interdependent function*, nurses need a delegation of duties or authority from health workers and medical staff who are members of the collaboration. The therapeutic (*dependent*) role is carried out by the nurse when under certain conditions it requires several diagnostic activities and medical actions that can be

Table 1. distribution based on the characteristics of the respondents (n = 60)

Characteristics		n	%
Age	17 – 25 years	7	11.7
	26 – 35 years	13	21.7
	36 – 45 years	22	36.6
	46 – 55 years	18	30.0
Gender	Man	11	18.3
	Woman	49	81.7
Length of working	< 1 year	11	18,3
	15 years	23	38.3
	> 5 years	26	43.3
Last education	DIII	24	40.0
	S1	9	15.0
	Nurse	27	45.0
Job-status	civil servant	49	81.7
	Honors/Contract	11	18.3
Income	< Rp. 2.618.000	11	18.3
	> Rp. 2.618.000	49	81.7
Total		60	100

Table 2. The Relationship between Delegation of Medical Personnel to Nurses and Nurse Job Satisfaction at RSUD Dr. H. Ishak Umarella Year 2022

Delegate Delegation	Satisfaction				Total		p. value
	Not satisfied		Satisfied		n %		
It is not following	27	45.0	5	8.3	32	53.3	0.000
Corresponding	5	8.3	23	38.3	28	46.7	
Amount	32	53.3	28	46.7	<b>60</b>	<b>100.0</b>	

Table 3. Relationship between the Delegation of Medical Personnel Mandates to Nurses and Nurse Job Satisfaction at RSUD Dr. H. Ishak Umarella Year 2022

Delegation of Mandates	Satisfaction				Total		p. value
	Not satisfied		Satisfied		n %		
It is not by	29	48.3	17	28.3	46	76.7	0.015
Corresponding	3	5.0	11	18.3	14	23.3	
Amount	32	53.3	28	46.7	<b>60</b>	<b>100.0</b>	

Table 4. Relationship between Delegation of Other Authorities for Medical Personnel to Nurses and Nurse Job Satisfaction at RSUD Dr. H. Ishak Umarella Year 2022

Other Authority	Satisfaction				Total		p. value
	Not satisfied		Satisfied		n %		
It is not by	30	50.0	3	5.0	33	55.0	0.000
Corresponding	2	3.3	25	41.7	27	45.0	
Amount	32	53.3	28	46.7	<b>60</b>	<b>100.0</b>	

delegated to be carried out by the nurse. Delegation of tasks in the dependent role is given based on requests, messages, or instructions from other doctors or nurses as an act of delegation of tasks given (Andrianto, 2019).

Based on the results of the statistical test, it showed that the *p.value* was 0.000 <0.05, indicating that H0 was rejected and Ha was accepted, which means that there is a relationship between the delegation of medical staff to nurses and the job satisfaction of nurses at RSUD dr. H. Ishak Umarella. The results of the study showed that there was a relationship but it was not appropriate, as seen by

several questions on the questionnaire which showed that the hospital did not have an SOP for delegating clinical authority from doctors to nurses, nurses perceived the actions that were delegated such as giving basic immunizations, infusions, and injecting never accompanied by a delegation letter. Based on loose discussions with nurses in the inpatient room, the room does not have a delegation of authority format, direct action is intruded on the patient's status by the doctor who visits or guards on that day, for example placing infusions and injecting, almost all medical actions are carried out by nurses. Sometimes the nurse also writes the doctor's instructions on the

patient's status after communicating (WA or telephone) with the doctor.

The results of this study are in line with Asmaria's research (2016), on the implementation of delegation of authority from doctors namely agar there is a separation of medical tasks that may be carried out and those that are not maybe by the nurse, issue a standard SPO regarding delegation authority from doctors to nurses, does not have a form of delegation of authority, the collaboration of doctors, nurses and families is further enhanced, so that it is carried out dissemination of Nursing Act.

An inappropriate delegation process affects nurse job satisfaction. This is in line with Horhoruw's research (2017), that the average nurse said they were dissatisfied with the distribution of compensation for nursing services that had been provided because it was not balanced with what they were doing for patients. In addition, they also complain a lot about the workload they are carrying and feel that the workload is not by the incentives received, and also the division of tasks that is sometimes inappropriate/unfair by leaders which makes them feel there is a gap in doing work.

Article 32 paragraph (1) of Law Number 38 of 2014 concerning Nursing explains the delegation of authority that can be given to nurses. Implementation of tasks based on the delegation of authority can only be given in writing by medical personnel to nurses to carry out medical actions and evaluate their implementation. The delegated delegation of authority to carry out a medical action is given by medical personnel to nurses accompanied by a delegation of responsibilities. Delegative delegation of authority can only be given to professional nurses or trained vocational nurses who have the necessary competencies. Medical actions that can be delegated include injecting, infusions, and providing basic immunization according to government programs. (Nursing Act 2014).

If in Indonesia, laws, and regulations clearly and unequivocally provide limits on the authority of doctors, nurses, and other health workers, it will certainly make doctors, nurses and other health workers take their actions following their respective competencies and will have an impact on community satisfaction. to health services because they are carried out by professional staff in their fields (Purnawan, 2017).

According to researchers, nurses are a profession that is at the forefront of providing health services to the community. The Nursing Law regulates and allows nurses to take actions outside their authority, such as carrying out medical procedures and administering drugs, even though these competencies are not obtained by nurses at their level of education. The nurse's duties are to provide nursing care not to perform invasive medical procedures. If they are required to take actions outside their authority, of course, they must get rewards according to the risks that will be faced by nurses. Seeing other professions that are one

umbrella more independent, of course, nurses also want to be like other professions that have clear regulations. So that it is clear in black and white about the authority, rights, and obligations of nurses not to be a tug of war for the interests of other parties.

#### 4.2 The relationship between the delegation of medical staff mandates to nurses and nurse job satisfaction

In detail, the delegation of authority for medical action from doctors to nurses can only be done in writing under Article 32 Article 1 of Law Number. 38 of 2014 concerning Nursing. In addition, the type of action that is delegated must be clear, so that what is delegated is case-by-case, not general. On the other hand, doctors in delegating medical action authority must be adapted to the condition of the nurse, of course, it must be prioritized to be delegated to senior nurses who have a lot of experience. So that when there is a delegation of authority for medical action from doctors it can run well and unwanted things can be minimized. For the actions that have been delegated negatively and mandated. Mandatory delegation is given to nurses under supervision (Arsih & Anisah., 2015).

The results of the statistical test showed that the *p.value* was  $0.015 < 0.05$ , indicating that  $H_0$  was rejected and  $H_a$  was accepted, which means that there is a relationship between the delegation of mandate from doctors to nurses and the job satisfaction of nurses at RSUD dr. H. Ishak Umarella.

The results of this study are in line with the research of Ovarian et al (2017), showing that there is a relationship between a delegation of tasks affecting nurse job satisfaction,  $p\text{-value} = 0.002$ ,  $\alpha = 0.05$ . The meaning is that delegation of tasks can increase the job satisfaction of the implementing nurse. The results of research at RSUD dr. H. Ishak Umarella showed that there was a relationship that was found to be inappropriate, where the majority of the delegation process was inappropriate and the job satisfaction of the dominant nurses was dissatisfied. This is because in the delegation process, there is no standard SOP for delegation, and there is no delegation form.

According to Intan et al (2022), although there are regulations related to nurses performing medical procedures, the requirements regarding standard operating procedures for delegating authority from doctors to nurses are not explained further so the boundaries of the authority and responsibilities of nurses become blurred.

The duties and powers of nurses in carrying out nursing practice, according to the Regulation of the Minister of Health (2019); a) provide nursing care. b) counseling and counselors for clients. c) managing health services, d) as a nursing researcher, e) carrying out the task of delegating authority, and f) carrying out the task in certain circumstances.

Unclear delegation processes can affect nurse job satisfaction, this is based on free discussions with nurses, it was found that almost all medical actions were carried out by nurses, and nurses carried out actions based on doctor's instructions. So that in practice, nurses often only carry out doctor's orders and do not have clear boundaries of authority. Nurses carry out almost all medical actions, when distributing compensation and services, medical personnel (doctors) also get this, even more dominantly than nurses, while nurses work.

According to Horhoruw, (2017), in principle, rewards and services are rights that must be fulfilled after someone has done a job. By getting rewards and services that are under the work done and also on time, a person, in this case, a nurse, will also have higher productivity and performance. Nurses who are satisfied with the provision of compensation for services will have better performance and they will broaden their knowledge more because they are given opportunities to continue their education. at a higher level with adequate compensation for their services.

#### 4.3 The relationship between the delegation of authority from medical staff to nurses and nurse job satisfaction

The process of delegating authority from doctors to nurses, legally and morally, imposes responsibility on doctors because what is done by nurses is a doctor's instruction. In addition, nurses who receive a delegation of authority from doctors are also responsible if the actions they take are not under instructions. In this case, it should be noted that the main responsibility is still in the hands of doctors, while nurses only carry out the tasks assigned to them (Intan et al., 2022a).

The results of the study using statistical tests showed a *p.value* of  $0.000 < 0.05$ , indicating that  $H_0$  was rejected and  $H_a$  was accepted, which means that there is a relationship between the delegation of authority and other competencies from doctors to nurses with nurse job satisfaction at RSUD dr. H. Ishak Umarella.

The competence of a nurse can be obtained from education or training, while authority is obtained from the ruler or authority holder through the granting of a permit. Authority is given to those who have the ability, but having the ability does not mean having authority. Referring to the basic theory above that even though nurses can provide treatment but formally do not have the authority to do so, because in carrying out their authority a nurse is bound by professional standards, codes of ethics, standard procedures, and oaths as nurses. (Wirentanus, 2019)

The delegation of duties of authority often occurs verbally by speaking directly or via telephone because the doctor is not present and the location is different from the place where the health service is taking place. This has not been regulated in legislation, but this is not a problem if this can be

accounted for and no harm is incurred for the patient (Anam, 2018).

Work motivation and work loyalty of doctors and nurses will affect the service quality of a hospital. This relationship between doctors and nurses also has legal relations that can occur due to referrals or assignments given by doctors to nurses. In a referral relationship, nurses can take action according to their own decisions. While in the delegation relationship, nursing staff cannot take their discretion but take action according to the delegation given by the doctor. In practice, nurses can perform medical procedures under the supervision of doctors (Pramesti, 2013).

The results of Tuasikal's research (2020), nurses still find it difficult to distinguish between nurses' independent actions and medical actions. A high workload makes nurses tend to carry out routine actions that are more directed to medical actions and administrative activities. Factors of job satisfaction are interrelated with the workload of nurses. The workload can affect nurse job satisfaction. Nurses are required to provide excellent service which sometimes can result in the workload being felt to be heavy indirect nursing activities are activities that are mostly carried out in inpatient rooms and the factors that affect workload are the number of patients treated, the number of nurses on duty, and many direct and indirect nursing activities (Siahaan, 2022).

Job satisfaction is an individual thing because each individual has a different level of satisfaction according to the values that apply to him. The more aspects of work that are under individual wishes, the higher the level of satisfaction felt (Wolo et al., 2015).

Job satisfaction is the result of various *attitudes* held by nurses. These attitudes are matters related to work along with specific factors such as supervision or supervision, salary, and benefits, opportunities to get promotions and promotions, working conditions, experience on skills, work assessments, and fairness, and do not harm social relations. in a good job, fast resolution of complaints, and good treatment from management to employees. Employee job dissatisfaction will have an impact on decreasing work motivation, decreasing work loyalty (Barahama et al., 2019).

## 5. CONCLUSION

Delegation of authority consists of delegation, mandate, and other authorities. The results of the study showed that there was a relationship between a delegation of authority, mandates, and other medical personnel's authority to nurses with nurse job satisfaction. The relationship is negative, meaning that there is a relationship but more to the incompatibility of the delegation process and nurse job dissatisfaction. The process of delegation is more on carrying out doctor's orders or instructions written on the patient's status or medical record. This is proven by the process of delegating authority; Hospitals did

not apply a standard report on delegation. Nurses job satisfaction was related to service fees that also shared with doctors. Re-socialize the delegation process, hospitals need to provide delegation standard's report. This strategy might legally support nurse for their independent, collaborative interventions, and nurse's authority as well.

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