



## **Implementation of Nurses' Rights in Medical Services at The Dr. Dradjat Prawiranegara Regional General Hospital Based on Law No. 38 of 2014 on Nursing**

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### **Abstract**

*Dr. Dradjat Prawiranegara Regional General Hospital, as a public healthcare institution, is obligated to deliver high-quality and professional medical services. Law Number 38 of 2014 on Nursing provides nurses with legal rights and protection in performing their duties. However, in practice, these rights have not been optimally implemented, necessitating an evaluation of their enforcement. This study addresses how nurses' rights are implemented in medical services at Dr. Dradjat Prawiranegara Hospital based on Law Number 38 of 2014, as well as the obstacles and efforts associated with their realization. The research applies the theories of Legal Protection and Legal Certainty. It employs an empirical juridical method with a descriptive qualitative analytical approach. Data sources include primary and secondary data, consisting of primary, secondary, and tertiary legal materials, collected through literature review and field research. The findings indicate that the implementation of nurses' rights includes legal protection, safe working conditions, and opportunities for professional development. Nonetheless, challenges persist, such as limited resources, high workloads, and insufficient awareness among stakeholders regarding the importance of fulfilling nurses' rights. Efforts to address these issues involve strengthening internal hospital policies, continuous professional guidance, and consistent legal assistance for nurses.*

**Keywords:** *Legal Certainty, Legal Protection, Nurses' Rights, Professional Development, Public Hospital.*



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## **INTRODUCTION**

The global evolution of healthcare governance increasingly situates nursing professionals at the intersection of clinical practice, legal accountability, and institutional ethics, where the recognition and enforcement of nurses' rights have become critical indicators of systemic quality and justice in healthcare delivery. Within this broader trajectory, legal frameworks in various jurisdictions have progressively expanded to ensure that healthcare workers are not merely instruments of service provision but rights-bearing professionals entitled to protection, dignity, and procedural certainty. In the Indonesian context, the constitutional affirmation of the rule of law under Article 1(3) of the 1945 Constitution reflects a normative commitment to legal supremacy, wherein all state actions, including healthcare administration, must be grounded in binding legal norms (Asshiddiqie, 2019).

This legal paradigm, rooted in the *rechtsstaat* tradition, integrates principles of justice, utility, and legal certainty derived from Pancasila as the foundational source of law, thereby positioning healthcare governance as a domain where normative ideals and operational realities must continuously converge (Aminuddin, 2015). Scholarly discourse has consistently emphasized that the realization of equitable healthcare systems depends not only on patient-centered outcomes but also on the institutional protection afforded to healthcare providers, particularly nurses who operate as frontline actors in clinical settings. Empirical studies highlight that legal protection mechanisms, when effectively implemented, contribute to improved professional performance, reduced litigation risks, and enhanced patient safety outcomes (Naingolan et al., 2024).

At the same time, research on administrative law underscores that the exercise of professional authority in healthcare is inseparable from clearly defined legal mandates and institutional accountability structures (Hadjon, 2000). Investigations into informed consent practices further reveal

that legal clarity in medical decision-making processes plays a decisive role in mitigating disputes between healthcare providers and patients (Busro, 2018). Despite these advancements, existing studies often treat legal protection as a formalistic construct, overlooking its practical implications within complex hospital environments where hierarchical authority and procedural ambiguities frequently intersect. A critical examination of the literature reveals persistent inconsistencies between normative legal frameworks and their empirical implementation, particularly in the context of nursing practice. While statutory instruments such as Law No. 38 of 2014 on Nursing explicitly articulate the rights and obligations of nurses, including legal protection, remuneration, and professional autonomy, their operationalization within healthcare institutions remains uneven (Riasari, 2021).

Studies have identified that the delegation of medical authority from physicians to nurses often lacks adequate documentation and procedural transparency, thereby exposing nurses to legal vulnerabilities despite adherence to professional standards (Putera & Suardita, 2025). Furthermore, the implementation of nursing practice standards, as regulated by national policies, has been shown to vary significantly across institutions, reflecting disparities in managerial capacity and institutional commitment (Sijabat, 2025). These findings suggest a structural gap between legal intent and institutional practice, raising fundamental questions regarding the effectiveness of existing regulatory mechanisms. The urgency of addressing these gaps becomes particularly evident when considering the broader implications for healthcare quality, workforce sustainability, and legal accountability. Nurses frequently operate under conditions characterized by high workloads, limited resources, and complex patient interactions, all of which amplify the risks associated with legal disputes and professional liability. The absence of robust legal protection not only undermines the confidence and motivation of nursing personnel but also compromises the integrity of healthcare delivery systems. From a legal-philosophical perspective, the failure to ensure consistent protection for nurses reflects a deviation from the principles of justice and legal certainty that underpin the Indonesian legal system (Haniifaa & Arifin, 2025).

In this regard, strengthening the implementation of nurses' rights is not merely an institutional concern but a systemic imperative that directly influences the realization of constitutional guarantees related to health and human dignity. Positioned within this contested landscape, the present study engages with the intersection of legal theory, healthcare governance, and empirical institutional practice by focusing on the implementation of nurses' rights in a specific hospital setting. The Dr. Dradjat Prawiranegara Regional General Hospital, as a major referral institution, provides a critical case through which the dynamics of legal protection, professional practice, and organizational policy can be examined in depth. By situating the analysis within the framework of Law No. 38 of 2014 on Nursing, this study seeks to bridge the gap between doctrinal legal provisions and their practical realization, while also interrogating the role of institutional mechanisms such as nursing committees and internal guidelines in shaping the lived experiences of nurses. In doing so, the research contributes to ongoing debates on administrative law, professional accountability, and healthcare ethics, offering a nuanced understanding of how legal norms are translated into practice within complex organizational environments.

This study aims to systematically analyze the implementation of nurses' rights in medical services at the Dr. Dradjat Prawiranegara Regional General Hospital based on Law No. 38 of 2014 on Nursing, while also identifying the structural and operational barriers that hinder their realization and evaluating the strategies employed to address these challenges. The research is expected to contribute theoretically by refining the conceptual relationship between legal protection and professional practice in healthcare, and methodologically by employing an empirical juridical approach that integrates normative analysis with field-based evidence, thereby offering a comprehensive framework for assessing the effectiveness of legal norms in institutional contexts.

## **RESEARCH METHODS**

This study employs an empirical juridical research design, which integrates normative legal analysis with field-based observations to examine how legal provisions are implemented in practice. The research focuses on the application of Law No. 38 of 2014 on Nursing in the context of medical services at Dr. Dradjat Prawiranegara Regional General Hospital. As a field-oriented inquiry, data collection is conducted through in-depth interviews with nurses and hospital leadership to capture firsthand insights into the realization of nurses' rights, institutional practices, and existing challenges.

This approach enables the researcher to move beyond doctrinal interpretation and assess the effectiveness of legal norms within real institutional settings. Furthermore, the study adopts a descriptive qualitative analytical approach, emphasizing systematic exploration, data interpretation, and contextual understanding of observed phenomena in order to identify patterns, discrepancies, and practical implications of legal enforcement in healthcare services (Sijabat, 2025).

The data utilized in this research consist of both primary and secondary sources. Primary data are obtained directly from field interviews, while secondary data include legal materials categorized into primary, secondary, and tertiary sources, such as statutory regulations, academic literature, and supporting references. Data collection techniques involve both field research, through structured and semi-structured interviews, and library research, through comprehensive literature review. The data analysis process is conducted qualitatively using an inductive approach, where conclusions are drawn based on systematically organized empirical findings aligned with relevant legal theories. The research is conducted at Dr. Dradjat Prawiranegara Regional General Hospital in Serang, Banten, selected due to its relevance to the research focus on the implementation of nurses' rights within a public healthcare institution. This methodological framework ensures that the findings are both analytically rigorous and contextually grounded in real-world legal practice (Semiawan, C. R., 2010).

## **RESULTS AND DISCUSSION**

### **Implementation of Nurses' Rights in Medical Services at Dr. Dradjat Prawiranegara Regional General Hospital Based on Law No. 38 of 2014 on Nursing**

The implementation of nurses' rights within medical services must be situated within the constitutional framework established by the 1945 Constitution, particularly Article 28D paragraph (1), which guarantees legal certainty and equal protection before the law. This constitutional mandate is operationalized through Law No. 38 of 2014 on Nursing, especially Article 36, which codifies nurses' rights in a comprehensive manner. From a normative standpoint, these rights constitute legally binding obligations upon healthcare institutions, including regional public hospitals. Empirical findings at Dr. Dradjat Prawiranegara Hospital demonstrate partial compliance with these statutory provisions, particularly in relation to procedural standardization. Nevertheless, a persistent gap between normative expectations and empirical realities indicates structural weaknesses in institutional legal implementation (Hidayat, 2025).

The right to legal protection as stipulated in Article 36 letter (a) of Law No. 38 of 2014 must be interpreted through a systematic and teleological approach. This provision aligns with Law No. 44 of 2009 on Hospitals, particularly Article 29 paragraph (1), which imposes obligations upon hospitals to ensure legal protection for health workers. Empirical data derived from interviews reveal that nurses frequently encounter patient complaints without formal legal assistance mechanisms. This condition reflects an incomplete realization of legal protection, particularly in its repressive dimension. According to administrative law doctrine, legal protection requires both preventive and corrective institutional guarantees (Indroharto, 2002). The absence of structured legal assistance mechanisms reflects a deviation from principles of administrative accountability and good governance. As emphasized by Ridwan HR (2016), administrative institutions must ensure legal certainty through clear procedural frameworks. Nurses' vulnerability during dispute situations indicates that institutional safeguards remain underdeveloped. This is further reinforced by empirical findings showing inconsistent application of complaint-handling procedures.

The legal protection envisaged by statutory provisions remains largely formalistic rather than substantive. The implementation of nurses' rights must also be assessed through a socio-legal perspective that integrates normative frameworks with empirical realities. Findings indicate that although standard operating procedures exist, their application is not consistently accompanied by institutional legal support. This inconsistency undermines the principle of legal certainty as conceptualized in legal theory (Reumi, 2025). Legal norms require not only formal enactment but also effective enforcement mechanisms. Without such mechanisms, rights remain declaratory rather than operative. In relation to the right to obtain accurate information under Article 36 letter (b), its implementation is highly contingent upon patient cooperation.

Empirical evidence indicates recurring instances of incomplete or misleading patient information. This creates legal and professional risks for nurses, particularly in clinical decision-making processes. The absence of institutional verification mechanisms exacerbates this issue. Consequently, the

realization of this right remains dependent on external variables beyond institutional control (Triana et al., 2023). The following table illustrates the normative-empirical discrepancy in the implementation of nurses' rights:

**Table 1. Normative and Empirical Analysis of the Implementation of Nurses' Rights Based on Law No. 38 of 2014 on Nursing at Dr. Dradjat Prawiranegara Regional General Hospital**

No.	Legal Provision	Scope of Rights	Normative Standard	Empirical Findings	Identified Gap
1	Article 36(a) Law No. 38/2014	Legal Protection	Nurses are entitled to full legal protection in practice	Absence of structured legal assistance mechanisms	Weak institutional legal safeguards
2	Article 36(b) Law No. 38/2014	Right to Information	Nurses have the right to obtain accurate patient information	Patients often provide incomplete or unclear information	Dependence on external cooperation
3	Article 36(c) Law No. 38/2014	Remuneration	Fair and proportional compensation based on workload	Incentive distribution is perceived as inequitable	Lack of transparent compensation system
4	Article 36(d) Law No. 38/2014	Professional Autonomy	Right to refuse actions contrary to professional standards	Autonomy limited by hierarchical decision-making structures	Tension between authority and autonomy
5	Article 36(e) Law No. 38/2014	Facilities and Infrastructure	Provision of adequate and safe working facilities	Facilities limited during peak service demand	Inconsistent resource availability
6	Implicit Regulatory Framework	Professional Development	Equal access to training and competency development	Unequal access to training opportunities	Structural and policy limitations

The table demonstrates that the normative framework is comprehensive, yet implementation remains fragmented and inconsistent. The right to remuneration under Article 36 letter (c) must be interpreted in conjunction with principles of proportionality and fairness. Empirical findings indicate dissatisfaction among nurses regarding incentive distribution systems. This reflects deficiencies in performance-based remuneration mechanisms. According to administrative law theory, compensation systems must be transparent and accountable (Hidayat, 2025). Without such attributes, legal certainty in economic rights becomes compromised. From a doctrinal perspective, remuneration constitutes not merely an economic entitlement but also a legal right grounded in professional recognition. The disparity between workload and compensation undermines professional dignity.

This issue is further compounded by the absence of measurable performance indicators. Consequently, remuneration policies fail to meet the standards of legal certainty and fairness. The right to refuse actions contrary to professional standards under Article 36 letter (d) reflects the autonomy of the nursing profession. Empirical findings indicate that nurses rely on standard operating procedures when exercising this right. However, institutional culture does not always support autonomous decision-

making. This creates a tension between hierarchical authority and professional independence. Such tension requires resolution through institutional reform and policy clarification.

The implementation of this right must also be aligned with Minister of Health Regulation No. 49 of 2013 concerning Nursing Committees. This regulation establishes institutional mechanisms for professional oversight and ethical enforcement. However, empirical findings suggest that these committees are not fully optimized. As a result, professional autonomy remains constrained by organizational dynamics. This condition undermines the normative intent of the regulation. The right to adequate facilities under Article 36 letter (e) is closely linked to occupational safety and health standards. Law No. 17 of 2023 on Health further reinforces this obligation by mandating safe working environments. Empirical findings indicate that facilities are generally available but become limited during periods of high patient volume. This fluctuation undermines the consistency of legal guarantees. Consequently, the principle of legal certainty is weakened in practice. From a theoretical perspective, the provision of facilities constitutes a preventive form of legal protection (Haryadi et al., 2025).

Inadequate facilities increase the risk of professional liability and occupational hazards. Therefore, institutional responsibility extends beyond mere provision to ensuring sustainability. This requires effective resource management and contingency planning. Without such measures, legal compliance remains conditional rather than absolute. The right to professional development is implicitly embedded within the broader framework of nursing regulation. Empirical findings indicate that training opportunities exist but are limited in accessibility. This creates disparities among nurses in terms of competence development. According to Putra (2021), professional competence directly influences service quality and patient outcomes. Therefore, unequal access to training undermines both professional standards and legal obligations.

The limitation of training access reflects structural constraints within institutional policy frameworks. Budgetary limitations and scheduling conflicts are primary contributing factors. From a legal perspective, these constraints do not negate the obligation to ensure equitable access. Administrative discretion must be exercised within the boundaries of legal norms. Failure to do so constitutes a deviation from the principle of equality before the law. The implementation of nurses' rights must ultimately be evaluated through an integrated normative-empirical framework. While statutory provisions provide a comprehensive legal basis, their effectiveness depends on institutional capacity and commitment. Empirical findings at Dr. Dradjat Prawiranegara Hospital reveal significant gaps in implementation. These gaps highlight the need for systemic reform and policy enhancement. Strengthening institutional mechanisms is essential to ensure that legal rights are not merely symbolic but effectively realized in practice.

### **Obstacles in the Implementation of Nurses' Rights in Medical Services**

The implementation of nurses' rights in medical services at Dr. Dradjat Prawiranegara Regional General Hospital is confronted with a range of structural, cultural, and institutional obstacles. One of the most prominent challenges is the limitation of human and material resources. Empirical findings indicate that the ratio between nurses and patients is not proportional, particularly during peak service hours. This imbalance leads to excessive workloads, which in turn affects the ability of nurses to fully exercise their legal rights. From a legal perspective, such conditions contradict the principle of proportionality in labor distribution and undermine the effectiveness of statutory protections provided under Law No. 38 of 2014 on Nursing (Hidayat, 2025).

In addition to resource limitations, high workload intensity significantly impacts the quality of healthcare services and the fulfillment of nurses' rights. Nurses are frequently required to perform multiple tasks simultaneously, often beyond their primary responsibilities. This situation creates a risk of professional burnout and increases the likelihood of procedural errors. From the standpoint of legal protection theory, excessive workload may be categorized as a form of indirect rights violation, as it restricts the practical ability of nurses to perform their duties in accordance with professional standards (Indroharto, 2002). Another critical obstacle is the lack of awareness among stakeholders regarding the importance of fulfilling nurses' rights. Empirical data reveal that some hospital administrators and patients do not fully understand the legal position of nurses as protected professionals under statutory law. This lack of awareness contributes to the marginalization of nurses' rights in decision-making processes. According to administrative law principles, legal norms must be supported by institutional awareness to ensure effective implementation (Ridwan HR, 2016).

Without such awareness, legal provisions risk becoming merely symbolic. Furthermore, institutional policy frameworks often lack specificity and consistency in regulating the implementation of nurses' rights. Although general policies exist, they are not always accompanied by clear technical guidelines. This ambiguity creates uncertainty in the application of legal norms, particularly in situations involving disputes or ethical dilemmas. Legal certainty theory emphasizes that laws must be clear, predictable, and consistently applied in order to be effective (Reumi, 2025). The absence of detailed implementing regulations thus constitutes a significant barrier. Cultural factors within the organizational environment also play a crucial role in shaping the implementation of nurses' rights. Hierarchical structures within hospitals sometimes limit the autonomy of nurses, particularly in clinical decision-making.

This dynamic creates a dependency on higher authority, which may conflict with the professional independence guaranteed by law. Such conditions illustrate a tension between formal legal norms and informal institutional practices. Addressing this issue requires not only regulatory reform but also organizational cultural transformation. Additionally, limited access to continuous professional development programs presents another significant obstacle. Although training opportunities are available, they are not evenly distributed among nursing staff. Factors such as scheduling constraints, budget limitations, and administrative priorities contribute to this disparity. From a legal standpoint, unequal access to professional development violates the principle of equality and may affect the overall competence of healthcare providers. This ultimately has implications for service quality and patient safety (Putra, 2021).

The lack of structured legal assistance mechanisms further exacerbates the challenges faced by nurses. In cases of medical disputes or patient complaints, nurses often rely on informal support systems rather than formal legal channels. This condition reflects institutional inadequacy in providing comprehensive legal protection. According to legal protection theory, institutions must establish both preventive and repressive mechanisms to safeguard professional rights. The absence of such mechanisms weakens the enforceability of legal norms. In conclusion, the obstacles identified in this study demonstrate that the implementation of nurses' rights is influenced by a complex interplay of legal, institutional, and socio-cultural factors. Addressing these challenges requires a multidimensional approach that integrates policy reform, institutional strengthening, and awareness-building initiatives. Without such efforts, the realization of nurses' rights will remain incomplete, despite the existence of a robust legal framework.

### **Efforts to Strengthen the Implementation of Nurses' Rights in Medical Services**

Efforts to strengthen the implementation of nurses' rights at Dr. Dradjat Prawiranegara Regional General Hospital must begin with the reinforcement of internal institutional policies. Empirical findings indicate that existing policies require further refinement to ensure alignment with statutory provisions, particularly Law No. 38 of 2014 on Nursing. Institutional regulations must be translated into clear, operational guidelines that are accessible and enforceable. From the perspective of legal certainty theory, the clarity and consistency of rules are essential to guarantee their effective implementation (Reumi, 2025). Therefore, policy reform must prioritize specificity, coherence, and enforceability. Another critical effort involves enhancing legal awareness among all stakeholders, including hospital management, nurses, and patients. Legal norms cannot function effectively without adequate understanding and recognition from those subject to them. Empirical data suggest that limited awareness remains a primary barrier to the realization of nurses' rights. Educational programs, workshops, and continuous legal socialization initiatives are necessary to bridge this gap. According to administrative law principles, awareness is a fundamental prerequisite for compliance and accountability (Ridwan HR, 2016).

The provision of structured and consistent legal assistance mechanisms is also essential. Hospitals must establish formal legal support systems to assist nurses in handling disputes, complaints, and potential legal risks. This includes the formation of dedicated legal units or collaboration with legal professionals. From the standpoint of legal protection theory, such mechanisms represent a form of repressive protection, ensuring that rights are defended when violations occur (Indroharto, 2002). Without institutionalized legal assistance, nurses remain vulnerable in the face of legal challenges. In addition, improving working conditions through better resource allocation is a crucial step. This includes increasing the number of nursing staff, optimizing workload distribution, and ensuring the

availability of adequate facilities. Empirical findings demonstrate that resource limitations significantly hinder the fulfillment of nurses' rights. From a legal perspective, the provision of proper working conditions constitutes a preventive form of protection. Adequate facilities and balanced workloads reduce the risk of errors and enhance professional performance (Haryadi et al., 2025).

Efforts to enhance professional competence through continuous education and training must also be prioritized. Hospitals should implement equitable and systematic training programs that are accessible to all nursing staff. This includes both technical skills development and legal literacy training. According to Putra (2021), professional competence is directly linked to service quality and patient safety. Therefore, strengthening competence is not only a professional necessity but also a legal obligation. Furthermore, strengthening the role of institutional bodies such as the Nursing Committee is essential in ensuring professional oversight and ethical compliance. The Nursing Committee, as regulated under Minister of Health Regulation No. 49 of 2013, serves as a mechanism for maintaining professional standards and resolving ethical issues. However, empirical findings indicate that its role has not been fully optimized. Enhancing its authority and operational capacity is necessary to support the effective implementation of nurses' rights.

The integration of monitoring and evaluation systems also plays a vital role in strengthening implementation efforts. Regular assessments of policy effectiveness, compliance levels, and institutional performance are required to identify gaps and areas for improvement. From a governance perspective, monitoring mechanisms ensure accountability and transparency in policy implementation. This aligns with the principles of good governance, which emphasize efficiency, effectiveness, and responsiveness. In conclusion, strengthening the implementation of nurses' rights requires a comprehensive and integrated approach that combines legal, institutional, and professional strategies. Policy reform, legal awareness, resource optimization, professional development, and institutional strengthening must be pursued simultaneously. Only through such coordinated efforts can the legal rights of nurses be effectively realized in practice, ensuring both professional protection and the delivery of high-quality healthcare services.

## CONCLUSION

The implementation of nurses' rights at Dr. Dradjat Prawiranegara Regional General Hospital, as mandated by Law No. 38 of 2014 on Nursing, demonstrates a partial alignment between normative legal frameworks and empirical realities. While certain rights, such as access to standard procedures and basic professional protections, have been formally recognized, their practical realization remains inconsistent and fragmented. Significant challenges persist, including limited institutional resources, excessive workloads, inadequate legal support mechanisms, and insufficient stakeholder awareness. These constraints collectively hinder the effective enforcement of legal protections and undermine the principle of legal certainty. Therefore, a comprehensive and integrated approach is required, encompassing policy refinement, institutional strengthening, enhanced legal awareness, and equitable access to professional development. Only through such systemic improvements can nurses' rights be fully realized in practice, thereby ensuring both the protection of healthcare professionals and the delivery of high-quality medical services.

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