


## Nursing Care in Health Care Facilities According to Law No. 17 Of 2023

**Jahidin Kuswanto, Gunawan Widjaja**

Universitas 17 Agustus 1945 Jakarta, Indonesia

Email: jahidinmst@gmail.com<sup>1</sup>, widjaja\_gunawan@yahoo.com<sup>2</sup>

KEYWORDS	ABSTRACT
Nursin care; Nursing staff; Health Care Facilities.	Health as one aspect of human rights is recognized and protected by the State through the provisions of Article 28 H paragraph (1) of the 1945 Constitution, which emphasizes that every individual has the right to adequate health services. Nursing personnel have a very important role in creating quality health services, both in primary health facilities and in implementing individual and community health efforts, which are forms of health services closest to the community as the first point of contact in Health Services. In addition, nurses also play a role in nursing care in advanced health care facilities with a bio-psycho-social-cultural-spiritual approach. This study aims to explain Nursing Care in Health Care Facilities According to Law No. 17 of 2023. This study is basic research with an analytical descriptive approach. The results show no difference in the implementation of nursing care carried out in Primary Health Facilities (FKTP) and Advanced Health Facilities (FKTL).
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## INTRODUCTION

According to the World Health Organization (WHO, 2020), there is a global shortage of 5.9 million nurses, with significant disparities in nurse distribution between high-income and low-middle-income countries. This shortage directly impacts healthcare quality and patient outcomes, particularly in achieving sustainable development goals related to maternal and child mortality reduction (Burki, 2020; Hasan & Firdaus, 2022; ICN, 2021; Maughan & Baltag, 2024; Panhwar et al., 2022). In Indonesia, the nurse-to-population ratio remains below WHO recommendations, with approximately 2.8 nurses per 1,000 population compared to the recommended minimum of 3.0 (Ministry of Health, 2022). This gap underscores the critical importance of optimizing nursing care implementation through comprehensive legal frameworks that ensure quality, accessibility, and standardization of nursing services across all healthcare facility levels.

Health, as one aspect of fundamental human rights, is constitutionally recognized and protected by the Indonesian State through Article 28 H paragraph (1) of the 1945 Constitution, which explicitly guarantees that every individual possesses the right to adequate health services. This constitutional mandate generates legal obligations requiring the State to fulfill health rights by formulating comprehensive regulations and legal policies governing the entire continuum of healthcare planning, implementation, and supervision processes. The quality and

implementation of nursing care—defined as the systematic delivery of nursing services encompassing assessment, diagnosis, planning, intervention, and evaluation to promote, maintain, and restore patient health—constitutes a critical dependent variable determining healthcare service effectiveness and patient outcome achievement (Hidayat et al., 2023; Jachan et al., 2021; Ryu & Kim, 2018; Shin & Park, 2018).

Article 34 paragraph (3) of the 1945 Constitution states, "The state is responsible for providing adequate health care facilities and public service facilities." The Constitution clearly emphasizes that providing adequate facilities is crucial to achieving optimal health care for patients. In 2023, the Indonesian government passed Law Number 17 of 2023 concerning Health as the legal basis for the provision of health care services, which also serves as a legal guideline for the provision of health care services in this country. This law covers various matters, including patient rights and obligations, health care standards, and the role of society in achieving an ideal level of health.

One of the legal concepts regulated in the 2023 Health Law is the regulation regarding health service facilities (Article 1 paragraph (8) of the 2023 Health Law). In this article, it is explained that health service facilities are locations used to provide health services to individuals and the community with a promotive, preventive, curative, rehabilitative, and/or palliative approach implemented by the Central Government, Regional Governments, and/or the community.

A health worker is any person dedicated to the health sector and possessing specific attitudes, knowledge, and/or skills from a higher level of education, which for certain employee groups requires the authority to lead health efforts, as regulated in Article 1 point 7 of Law No. 17 of 2023 concerning Health. One profession in the health worker category is a nurse. Nurses are individuals who have completed higher nursing education, either domestically or internationally, recognized by the government in accordance with applicable laws and regulations. They possess the knowledge and skills necessary to care for and support people who require medical attention. Nurses are one of the professions that provide health services in various health facilities and have a very important role in achieving overall health success. Nursing services are a form of professional service that is an integral part of the health care system, based on nursing science and skills, and aimed at individuals, families, groups, or communities, whether in a healthy or sick condition (Arofiati & Apriliyanti, 2021; Kim & Seo, 2021; Lee & Seo, 2022; Yusefi et al., 2022; Zhao et al., 2023).

Nurses play a crucial role in improving the quality of nursing care in various healthcare facilities, both in providing services to individuals and within the community. They can work in various types of healthcare facilities, including community health centers (Puskesmas), which serve as first-level healthcare providers (FKTP) (Algunmeeyn et al., 2020; Bawontuo et al., 2021; Ngonde et al., 2023). Puskesmas are responsible for organizing and coordinating promotive, preventive, curative, rehabilitative, and palliative healthcare services, with an emphasis on the promotive and preventive aspects within their respective areas. Furthermore, nurses are also part of the hospital system, which is a healthcare facility that provides comprehensive healthcare services through a promotive, preventive, curative, rehabilitative, and/or palliative approach, including inpatient, outpatient, and emergency care (FKTL).

Several previous studies have examined nursing practice regulations and healthcare policy implementation in various contexts, revealing important insights relevant to understanding Law No. 17 of 2023's implications. Rachmawati and Hamzah (2024) analyzed nursing malpractice under Law Number 38 of 2014, identifying legal gaps in protecting both patients and nurses, particularly regarding scope of practice boundaries and accountability mechanisms. Their findings emphasized the necessity for clear regulatory frameworks defining nursing authority and responsibility—a concern directly addressed by the new Health Law's comprehensive approach to healthcare professional regulation. Similarly, Manala (2016) investigated nurses' consultation and collaboration authority with physicians, documenting implementation challenges including unclear hierarchical relationships, limited interprofessional communication protocols, and insufficient institutional support for collaborative practice models. These findings underscore the importance of examining how Law No. 17 of 2023 addresses interprofessional practice coordination.

International comparative research provides additional context for evaluating Indonesia's nursing regulatory framework. Studies examining nursing regulation in Thailand (Nanyonga et al., 2021) and the Philippines (Labrague & De Los Santos, 2020) demonstrated that comprehensive health laws integrating nursing scope of practice, educational standards, and facility-level implementation guidelines significantly improved nursing care quality and patient safety outcomes compared to fragmented regulatory approaches. These international experiences suggest that Indonesia's integrated approach in Law No. 17 of 2023—consolidating previously dispersed nursing regulations under a unified health law—may offer advantages for implementation consistency and regulatory clarity. However, research gaps persist: existing studies predominantly focus on individual aspects of nursing regulation (malpractice, scope of practice, professional boundaries) without comprehensively analyzing how omnibus health legislation affects nursing care implementation across differentiated healthcare facility types (FKTP versus FKTL). Furthermore, most prior research examined Law No. 38 of 2014, which has now been superseded, creating an analytical void regarding the new legal framework's practical implications.

The urgency of this research stems from three critical factors necessitating immediate scholarly attention: First, Law No. 17 of 2023 represents newly enacted legislation (effective 2023) that fundamentally restructures Indonesia's health legal architecture, including nursing practice regulation, yet its practical implications for daily nursing care delivery remain unexamined. As healthcare facilities and nursing professionals navigate this regulatory transition, urgent analysis is essential to inform implementation strategies, identify potential implementation barriers, and guide development of derivative regulations (ministerial decrees, technical guidelines) currently being formulated. The narrow window for influencing implementing regulation design makes timely research intervention critical. Second, the law's integration of previously separate nursing regulations under a unified health framework creates potential coordination challenges and interpretive uncertainties that require immediate clarification to prevent implementation confusion affecting patient care quality. Third, Indonesia's ongoing healthcare system transformation toward Universal Health Coverage (JKN expansion) demands clear understanding of how nursing care—the largest component of healthcare service delivery—will be structured and regulated under the new legal regime.

The novelty of this research manifests in three substantive dimensions distinguishing it from existing scholarship: First, this constitutes one of the first systematic legal analyses specifically examining Law No. 17 of 2023's implications for nursing care implementation, addressing a critical knowledge gap given the law's recent enactment and absence of prior scholarly assessment. Second, the research employs a comparative facility-level analysis examining nursing care regulation differentiation between Primary Health Care Facilities (FKTP) and Advanced Health Care Facilities (FKTL)—an analytical approach absent in previous studies that typically treated nursing practice regulation generically without facility-type disaggregation. This granular analysis reveals how institutional context shapes nursing scope of practice and care delivery models. Third, methodologically, this study applies normative legal analysis integrating statutory interpretation with regulatory implementation assessment, generating insights valuable for both legal scholarship and healthcare policy development. By bridging legal analysis with healthcare practice implications, this research offers unique contributions to health law literature.

Some challenges that may arise in the implementation of Law No. 17 of 2023 include limited infrastructure, a lack of understanding of the law's provisions, and the equitable expansion of health services across all regions in Indonesia. This study addresses these implementation concerns by providing systematic legal analysis clarifying nursing care provisions, comparing facility-level requirements, and identifying potential regulatory gaps requiring policy attention. The research objectives are to: (1) comprehensively analyze nursing care regulation under Law No. 17 of 2023, (2) comparatively examine nursing care implementation requirements between FKTP and FKTL, and (3) assess regulatory consistency and clarity to inform implementing regulation development. These analytical objectives align with contemporary health law scholarship emphasizing evidence-based policy development and regulatory impact assessment.

## METHOD

This study used normative legal research because it aimed to examine legal norms and analyze secondary data from library materials. The research employed a descriptive analytical approach, providing a systematic overview and in-depth analysis of the regulation of nursing care services in health care facilities as set forth in the 2023 Health Law.

The secondary data consisted of publicly available sources, with the 2023 Health Law serving as the primary legal reference. Additional primary, secondary, and tertiary legal sources were used to support the analysis and enhance validity. The research was conducted qualitatively, as the legal norms discussed were contained in legislation.

The analysis technique was qualitative, describing applicable legal norms and comparing them to actual legal conditions on the ground. The study applied the theory of legal certainty and the principle of publicity to evaluate the extent to which nursing care regulation aligns with Law No. 17 of 2023.

Although this research was new and primarily descriptive, its publication aimed to attract the attention of the Indonesian public as well as health law observers and scholars, highlighting the concept of patient nursing care explicitly and implicitly regulated by the 2023 Health Law.

## RESULTS AND DISCUSSIONS

### Definition

The provisions of Article 1 point 2 of the 2023 Health Law provide a formulation or definition of Health Efforts as:

*"Health Efforts are all forms of activities and/or a series of activities carried out in an integrated and continuous manner to maintain and improve the health of the community in the form of promotive, preventive, curative, rehabilitative, and/or palliative care by the Central Government, Regional Government, and/or the community."*

The definition above is almost similar to the definition of the provisions of Article 1 point 3 of the 2023 Health Law which provides the formulation or definition of Health Services as:

*"All forms of activities and/or a series of service activities provided directly to individuals or communities to maintain and improve the health of the community in the form of promotive, preventive, curative, rehabilitative and/or palliative services."*

In Article 1 point 8 of the 2023 Health Law, the definition of Health Service Facilities reads:

*"Health Service Facilities are places and/or tools used to provide health services to individuals or the community with a promotive, preventive, curative, rehabilitative, and/or palliative approach carried out by the Central Government, Regional Government, and/or the community."*

Meanwhile, Article 1 point 5 of the 2023 Health Law defines Human Resources for Health as follows:

*"Health Human Resources are people who work actively in the health sector, whether they have formal health education or not, who for certain types require authority to carry out health efforts."*

Based on the explanation in the 2023 Health Law above, there is a fundamental difference between health efforts and services. Health efforts encompass all activities carried out by the central government, regional governments, or the community as a whole. Meanwhile, services are all forms of activities provided directly to individuals or the community. On the other hand, health service facilities are the places and equipment used to provide health services to individuals or the community using promotive, preventive, curative, rehabilitative, and palliative approaches carried out by the central government, regional governments, and the community.

Meanwhile, the definition of Health Human Resources is someone who works actively in the Health sector, whether they have formal Health education or not, which for certain types requires authority in carrying out Health Efforts. Therefore, it is very clear that the difference in meaning between Health Efforts, Health Service Facilities and Health Human Resources. To carry out health efforts, the central government, regional governments, and/or the community require health service facilities that are used to provide health services to individuals and the community, and require health resources included in the implementation of health together with health management Article 20 of the 2023 Health Law includes:

- a. Health Service Facilities;
- b. Health Human Resources;
- c. Health Supplies;
- d. Health Information System;
- e. Health Technology;
- f. Health funding; and
- g. other necessary resources.

Health Service Standards are used to implement health efforts (Article 24 paragraph (1) of the 2023 Health Law). Health efforts are organized in the form of services, namely primary and secondary health services (Article 26 of the 2023 Health Law). Primary and secondary health services are organized by policies established by the Central Government by considering input from regional governments and/or the community (Article 27 of the 2023 Health Law). Therefore, the central government and regional governments are responsible for providing access to primary and secondary health services throughout Indonesia (Article 28 paragraph (1) of the 2023 Health Law).

### **Types of Health Service Facilities (Fasyankes)**

Types of Health Service Facilities that Provide Health Services:

1. Community health centers, primary clinics, and independent practices of medical personnel or health workers are examples of first-level health service facilities that provide primary health services (Article 167 paragraphs (1) and (2) of the 2023 Health Law). These are referred to as:

*"Article 1 point 9 of the 2023 Health Law, Community Health Centers, hereinafter referred to as Puskesmas, are first-level health service facilities that organize and coordinate promotive, preventive, curative, rehabilitative, and palliative health services, prioritizing promotive and preventive services in their working areas."*

Integrated primary health services for every phase of life and include promotive, preventive, curative, rehabilitative, and/or palliative services (Article 31 paragraph (3) and (4) of the 2023 Health Law). Public Health Efforts and Individual Health Efforts are the first contact of Health Services with the community (Article 31 paragraph (1) and (2) of the 2023 Health Law).

2. Advanced health service facilities that include specialist and/or subspecialist services (Article 168 paragraph (1) of the 2023 Health Law).

*"Article 1 point 10 of the 2023 Health Law states that a Hospital is a Health Service Facility that provides comprehensive individual Health Services through promotive, preventive, curative, rehabilitative, and/or palliative Health Services by providing inpatient, outpatient, and Emergency services."*

However, in accordance with Article 37 paragraph (1) of the 2023 Health Law, advanced health facilities are a type of specialist and/or subspecialist service that prioritizes curative, rehabilitative and palliative services, without neglecting promotive and preventive aspects.

## Health Efforts

In implementing Health Efforts, the Central Government, Regional Governments and/or the Community require Health Resources which together with health management are part of Health Provision (Article 17 paragraph (1) of the 2023 Health Law). Health Provision itself is aimed at (Article 3 of the 2023 Health Law):

1. Improving healthy living behavior;
2. Improving access and quality of health services and health resources;
3. Improve effective and efficient human resource management;
4. Meeting the community's need for health services;
5. Improving health resilience in the face of outbreaks or epidemics;
6. Ensure the availability of sustainable and equitable health funding and is managed in a transparent, effective and efficient manner;
7. Realizing the development and utilization of sustainable health technology; and
8. Providing protection and legal certainty for patients, health human resources, and the community.

## Health Human Resources

Health Human Resources are individuals who actively work in the health sector, whether they have formal health education or not, who for certain types require authority to carry out health efforts. Article 197 Health Human Resources consist of:

- a. Medical personnel;
- b. Health workers; and
- c. health support or auxiliary personnel

*"Article 1 point 6 Medical Personnel are any person who dedicates themselves to the health sector and has a professional attitude, knowledge and skills through professional medical or dental education which requires the authority to carry out health efforts."*

In Article 1 point 7 of the 2023 Health Law, the definition of Health Workers is;

*"Health workers are all people who dedicate themselves to the health sector and have a professional attitude, knowledge and skills through higher education which for certain types requires the authority to carry out health efforts."*

Meanwhile, in (Article 199 paragraph (1) of the 2023 Health Law) Health workers are grouped into:

- a. Clinical Psychology Staff;
- b. Nursing Staff;
- c. Midwifery personnel;
- d. Pharmaceutical Personnel;
- e. Community Health Workers;
- f. Environmental Health Workers;
- g. Nutrition Power;
- h. Physical Therapy Personnel;
- i. Medical Technician Staff;
- j. Biomedical Engineering Staff;

- k. Traditional Health Workers; And
- l. Other Health Workers Assigned by the Minister.

### **Nursing Staff**

One profession that plays a role as a human resource in the health sector in health care facilities is Nursing, as regulated in Article 199 point (b). Nursing is an individual who has completed higher education in nursing, either domestically or abroad, which has been recognized by the government in accordance with the provisions of applicable laws and regulations. Nurses have the knowledge and skills necessary to provide nursing care to individuals in need. They can work in various health facilities, both at the primary health care level and in advanced health care facilities.

Nursing staff have a very important role in creating quality health services, both in primary health facilities and in implementing individual and community health efforts, which is the form of health service closest to the community as the first contact in Health Services (Article 31 paragraph (1) and (2) of the 2023 Health Law). In addition, nurses also contribute to providing nursing care in advanced health care facilities with a bio-psycho-social-cultural-spiritual approach. This service is unique and is carried out continuously for 24 hours. Advanced health services include specialist and/or subspecialist services that emphasize curative, rehabilitative, and palliative aspects, without neglecting promotive and preventive efforts (Article 37 paragraph (1) of the 2023 Health Law).

Provisions regarding the duties of nurses and aspects related to nursing care and other matters are further regulated in the Minister of Health Regulation Number 26 of 2019 concerning the Implementation of Law Number 38 of 2014 concerning Nursing. Minister of Health Regulation Number 26 of 2019 is an implementing regulation of Law Number 38 of 2014. Although Law Number 38 of 2014 concerning Nursing has been revoked by Law Number 17 of 2023 concerning Health, the Minister of Health Regulation remains in effect. The legal basis for the enactment of Minister of Health Regulation Number 26 of 2019 refers to the provisions of Article 453 of Law Number 17 of 2023 concerning Health, which states that all implementing provisions of Law Number 38 of 2014, including Minister of Health Regulation Number 26 of 2019, are declared to remain in effect as long as they do not conflict with Law Number 17 of 2023 concerning Health. Thus, Minister of Health Regulation Number 26 of 2019 remains in effect based on Article 453 of Law Number 17 of 2023 concerning Health.

### **Discussion**

Based on the findings contained in the articles of the 2023 Health Law, it can be concluded that nursing services provided to the public aim to provide health services, both directly to individuals and groups, to maintain and improve public health. These services are provided in primary health care facilities, such as community health centers (Puskesmas), primary clinics, or independent health care practices, including nursing practices. One of the duties and responsibilities of nurses is to provide nursing care.

Article 1 paragraph (4) of the Minister of Health Regulation Number 26 of 2019 outlines the definition of nursing, reflecting the responsibilities and roles of nurses as health workers. It explains that "Nursing is the process of providing care to individuals, families, groups, or communities, whether sick or healthy." The definition of nursing above reflects the

responsibilities and roles carried out by nurses as health workers, particularly in the context of nursing care.

The obligations of nurses in providing nursing care in health facilities, both primary and advanced services, to individuals and/or public health services are further emphasized in Article 16 of the Minister of Health Regulation Number 26 of 2019 which regulates the duties and authorities of nurses;

*"In carrying out Nursing Practice, Nurses serve as (a) providers of Nursing Care, (b) educators and counselors for Clients, (c) managers of Nursing Services, (d) nursing researchers, (e) implementers of tasks based on delegation of authority and/or implementers of tasks in certain limited circumstances."*

Nursing care provided by nurses in first-level health facilities prioritizes public health efforts. This is stated in Article 21 of the Minister of Health Regulation Number 26 of 2019, which regulates the authority of nurses in providing nursing care, namely (a) conducting public health assessments at the family and group levels (b) identifying problems in public health nursing (c) assisting in the discovery of disease cases (d) planning nursing actions in the field of public health (e) implementing public health nursing actions (f) conducting case referrals (g) evaluating the results of public health nursing actions (h) empowering the community (i) carrying out advocacy in public health care (j) establishing partnerships in public health efforts (k) conducting health education and counseling (l) managing cases (m) and carrying out complementary and alternative management.

Nursing care provided by nurses in advanced facilities is more focused on individuals, as regulated in Article 17 of the Minister of Health Regulation Number 26 of 2019. This care includes (a) comprehensive nursing assessment (b) determination of nursing diagnosis (c) planning of nursing actions (d) implementation of nursing actions (e) evaluation of the results of nursing actions (f) referral (g) handling in emergency situations according to competence (h) nursing consultation and collaboration with doctors (i) health education and counseling and (j) management of drug administration to clients according to prescriptions from medical personnel, including over-the-counter drugs and limited over-the-counter drugs.

The differential focus of nursing care between FKTP and FKTL, as articulated in Minister of Health Regulation No. 26 of 2019, generates several critical implications for nursing professional development, healthcare system organization, and legal protection frameworks that warrant systematic analysis:

First, regarding nursing education and training implications: The community-oriented focus of FKTP nursing care (Articles 21) requiring competencies in public health assessment, community empowerment, and health advocacy necessitates distinct educational preparation compared to the individual clinical focus of FKTL nursing (Article 17) emphasizing comprehensive clinical assessment, nursing diagnosis formulation, and medical collaboration. This differentiation suggests that Indonesia's nursing education system must develop dual-track or competency-based curricula ensuring graduates possess both community health and clinical care competencies—a pedagogical challenge requiring curriculum reform and faculty development. International comparisons reveal that countries with successful primary healthcare systems (Thailand, Philippines) integrate community health nursing as core curriculum content with equivalent emphasis to clinical nursing, whereas Indonesia's nursing

education historically prioritized hospital-based clinical training (Kunaviktikul et al., 2020). Law No. 17 of 2023's implicit recognition of this dual competency requirement through its facility-level differentiation creates opportunities for educational reform aligning nursing preparation with healthcare system needs.

Second, concerning professional standards and competency assessment: The distinct scope of practice between FKTP and FKTL nurses raises questions regarding competency certification and professional mobility. Should nurses demonstrate separate competencies for community versus clinical practice, or should basic nursing education provide foundational competencies for both contexts with specialty certification for advanced practice? Law No. 17 of 2023 does not explicitly address this competency stratification, delegating such technical matters to implementing regulations. However, the law's acknowledgment of facility-level practice differentiation implicitly supports tiered competency frameworks—an approach consistent with international nursing regulation trends toward differentiated practice models recognizing novice-to-expert progression (Benner, 2001). The regulatory challenge lies in operationalizing these competency distinctions while maintaining professional unity and facilitating career mobility across healthcare settings.

Third, regarding legal protection for nurses: Law No. 17 of 2023 provides enhanced legal clarity compared to its predecessor (Law No. 38 of 2014) by integrating nursing practice within comprehensive health service frameworks rather than treating nursing as an isolated profession. This integration offers potential advantages: Article 3(8) explicitly mandates "providing protection and legal certainty for patients, health human resources, and the community," establishing constitutional-level protection for nursing professionals alongside patients. Furthermore, Articles 31 and 37's clear delineation of primary versus advanced health services provides institutional context for nursing practice, potentially reducing ambiguity regarding scope of practice boundaries that historically generated malpractice concerns (Rachmawati & Hamzah, 2024). However, this integration also creates potential vulnerabilities: by subsuming nursing under general health worker categories rather than maintaining separate nursing legislation, Law No. 17 of 2023 may dilute profession-specific protections and advocacy mechanisms. Comparative analysis with countries maintaining separate nursing acts (Philippines Nursing Act, Thailand Nursing Act) versus integrated health legislation (Singapore Healthcare Services Act) reveals trade-offs: separate legislation provides stronger professional identity and advocacy platforms but risks regulatory fragmentation, while integrated frameworks offer coordination benefits but may marginalize profession-specific concerns in policy development processes.

Fourth, concerning healthcare system implications: The law's differential facility-level emphasis (FKTP prioritizing promotive-preventive, FKTL emphasizing curative-rehabilitative) reflects Indonesia's strategic commitment to primary healthcare strengthening as foundational to Universal Health Coverage achievement. However, this creates potential workforce development challenges: if nursing care in FKTP is perceived as less prestigious or professionally rewarding than FKTL clinical nursing, recruitment and retention in primary care settings may suffer—a pattern documented internationally where nurses preferentially seek hospital positions despite system-level primary care needs (Labrague & De Los Santos, 2020). Law No. 17 of 2023 does not address potential status differentials or provide incentive

mechanisms ensuring adequate primary care nursing workforce, suggesting need for complementary policies addressing workforce distribution.

Fifth, international comparative assessment reveals both strengths and limitations of Indonesia's regulatory approach: Strengths include the law's comprehensive scope integrating health facilities, workforce, and service standards within unified framework—an approach aligned with WHO recommendations for integrated health system governance. The explicit recognition of primary healthcare's promotive-preventive priority (Article 31) positions Indonesia favorably compared to systems with persistent curative-care bias. However, limitations include insufficient attention to interprofessional collaboration mechanisms essential for team-based primary care delivery, limited specification of quality assurance and patient safety standards applicable to nursing practice, and absence of explicit provisions for continuing professional development requirements ensuring nurses maintain competency amid evolving healthcare landscapes. Countries with mature nursing regulatory frameworks (Australia, Canada, United Kingdom) incorporate these elements as statutory requirements, suggesting areas for Indonesia's regulatory development.

## CONCLUSION

The analysis revealed no significant difference in the implementation of nursing care between primary health care facilities (FKTP) and secondary health care facilities (FKTL), as both follow assessments grounded in a bio-psycho-socio-cultural-spiritual approach. The main distinction is the assessment focus: FKTP targets community or group health, while FKTL concentrates on individual patient care. Despite this difference, nursing services in both facility types adhere to standardized service protocols and operational procedures. Future research could explore how these assessment focuses impact patient outcomes and the effectiveness of nursing care across different healthcare facility levels.

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