

Legal Protection for Anesthesiologists Regarding Permits and Practice Implementation at Pusri Hospital Palembang According to Permenkes No. 18 of 2016

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Abstract

Anesthesiologists play a vital role in ensuring patient safety during surgical and other invasive medical procedures. Their professional responsibilities require not only high clinical competence but also substantial legal certainty, particularly regarding licensing and the practice of medicine. This study examines the legal protection afforded to anesthesiologists regarding permits and the execution of professional practice at PUSRI Hospital Palembang, as regulated by the Indonesian Minister of Health Regulation (Peraturan Menteri Kesehatan/Permenkes) No. 18 of 2016. This research employs a normative juridical method with a statutory and conceptual approach, focusing on an analysis of Permenkes No. 18 of 2016 and its relevance to anesthesiology practice within hospital settings. Primary legal materials include statutory regulations governing medical practice, while secondary materials include legal literature, scientific journals, and expert opinions on health law and medical professional liability. The study is further supported by empirical data from interviews with hospital management and anesthesiology practitioners, enriching the legal analysis with practical perspectives. The findings indicate that Permenkes No. 18 of 2016 provides a legal framework to ensure legal protection for anesthesiologists by establishing precise requirements for practice permits, delineating professional authority, and defining hospitals' institutional responsibilities. However, in practice, challenges remain in implementing these regulations, particularly in administrative compliance, interprofessional coordination, and risk management within hospital operations. These gaps may potentially expose anesthesiologists to legal vulnerability, especially in the event of medical disputes or allegations of malpractice. This study concludes that adequate legal protection for anesthesiologists requires not only comprehensive regulatory provisions but also consistent implementation, institutional support, and continuous legal awareness among medical professionals. Strengthening hospital governance, ensuring compliance with licensing

requirements, and fostering a culture of legal and ethical accountability are essential to safeguarding anesthesiologists while simultaneously enhancing patient safety and quality of healthcare services.

Keywords: *Legal Protection; Anesthesiologist; Practice Permit; Hospital Governance; Health Law*

Introduction

Health is an essential element in human life¹. The fulfillment of health is one of the needs that must be met by humans and is the right of everyone². The fulfillment of health is achieved through health services, as provided for in Article 28H and Article 34, paragraph (3), of the 1945 Constitution. Health is the right of citizens and the responsibility of the state to provide health services³. Health care service is the right of everyone guaranteed in the 1945 Constitution to make efforts to improve the health status of individuals and groups (society) as a whole⁴. Healthcare services constitute one of the aspects of national development that are developed through health efforts⁵. Health efforts can be carried out in health facilities⁶. One type of health facility is the Hospital, which provides comprehensive individual health services, including preventive, promotive, curative, and rehabilitative efforts⁷.

One of the health service efforts in hospitals is anesthesia services, which provide medical care for anesthesia procedures that require quick, precise, and accurate actions during rescue⁸. Anesthesiology and intensive care services in hospitals are among the rapidly developing areas of health care, driven by advances in anesthesia science and technology⁹. Anesthesia services in hospitals include, among others, operating room and non-operating room anesthesia, perioperative medical services, management of acute and chronic pain, cardiopulmonary and brain resuscitation, emergency services, and intensive care¹⁰.

The Hospital will be able to operate well in handling anesthesia if supported by competent human resources in their field, where human resources are inseparable from health workers, namely, anesthesia technicians¹¹. Anesthesia technicians are professionals who, in carrying out their professional practice, have responsibilities and liabilities; thus, they are also bound by legal rules that regulate the practice of health workers¹². Hospital anesthesia procedures are very complex because they involve multiple healthcare personnel, including those who provide anesthesia services¹³. Anesthesia is a high-risk medical intervention that requires expertise, skill, and special vigilance to facilitate surgical procedures and ensure the patient's safety, security, and comfort; therefore, a competent anesthesia provider is required¹⁴. Anesthesia providers must also enhance their abilities across their various roles, accurately, carefully, and quickly understand the characteristics of anesthesia care, and know how to behave and communicate well, even in emergencies¹⁵. The broader the scope of responsibilities the anesthesia provider carries in delivering anesthesia services, the more roles they must perform and the heavier the workload they experience, including their legal duties under health law¹⁶.

Practice permits are an essential aspect of the legal protection of anesthesia assistants¹⁷. This permit not only ensures legal compliance but also confirms that anesthesia assistants have met the established educational and competency requirements¹⁸. With clear permits, anesthesia assistants can operate without the worry of legal claims arising from non-standard practices. On the other hand, hospital practices must also consider patient safety¹⁹. Pusri Palembang Hospital, as a healthcare institution, must ensure that all anesthesia assistants working there hold valid practice permits and have undergone adequate training²⁰. This is important to avoid risks that could endanger patients and maintain the Hospital's reputation²¹.

Minister of Health Regulation No. 18 of 2016 also provides guidelines on the responsibilities of anesthesia assistants in the practice of anesthesia²². These responsibilities include the obligation to keep abreast of developments in anesthesia science and technology, as well as to practice in accordance with established standards²³. Thus, legal protection is not only reactive but also proactive in improving service

quality. In addition, challenges in implementing these regulations must be addressed²⁴. Many anesthesia assistants may not fully understand the contents of these regulations, so there is still potential for violations²⁵. Therefore, socialization and education on these regulations must be ongoing to ensure that all parties understand their rights and obligations²⁶. In an academic context, research on the legal protection of anesthesia technicians at Pusri Palembang Hospital is also essential. This research can provide a clearer picture of the implementation of regulations, the challenges faced, and the solutions that can be taken to enhance legal protection for anesthesia technicians²⁷. This aligns with efforts to create a better and safer healthcare system for all parties.

Thus, legal protection for anesthesia technicians through the regulation of permits and the conduct of practices at Pusri Palembang Hospital is a crucial step in ensuring the quality of healthcare services²⁸. Consistent enforcement of rules and adequate education will be key to achieving these goals and creating a safe, professional practice environment for healthcare workers²⁹.

Methods

This research uses a normative juridical method with a statutory and conceptual approach. This approach aims to analyze the legal provisions governing the legal protection of anesthesiologists, including licensing and practice implementation, particularly as outlined in the Minister of Health Regulation of the Republic of Indonesia Number 18 of 2016²⁰. The sources of legal materials in this research consist of primary legal materials, namely legislation related to medical practice and anesthesia services, including Law Number 29 of 2004 on Medical Practice, Law Number 36 of 2009 on Health, and Minister of Health Regulation Number 18 of 2016⁵. Secondary legal materials include textbooks, scientific journals, prior research, and the opinions of experts in the field of health law relevant to the object of study.

Collection of legal materials is carried out through library research, systematically examining and studying various laws and regulations, as well as literature on legal protection for medical personnel. Data analysis is conducted qualitatively, using legal interpretation techniques to understand the substance of norms and assess their suitability with the practice of licensing and authority of anesthesiologists in hospitals. The results of the analysis are presented in a descriptive-analytical manner to provide a comprehensive picture of the legal protection for anesthesiologists and to identify normative challenges in implementing Minister of Health Regulation Number 18 of 2016 in the hospital environment.

Results and Discussions

Legal Protection for Anesthesiologists Regarding Licensing and Practice Operations at Pusri Palembang Hospital in Accordance with Ministry of Health Regulation No. 18 of 2016

The era of globalization influences the development of science and technology in all fields of life, advancing rapidly and swiftly, thereby causing comprehensive diversification, including in the field of health services. Health services embody the highest level of health for the community, carried out through integrated, comprehensive health efforts encompassing individual and public health. This is enshrined in Law Number 36 of 2009 on health, and the achievement of hospital health efforts involves providing comprehensive personal health services, as mandated in Law Number 44 of 2009 on Hospitals. Improvement in the quality of health services in hospitals that emphasize efforts to enhance healing and comprehensive, integrated health recovery, including efforts to improve the quality of Health Personnel as stipulated in Law Number 36 of 2014 concerning Health Personnel.

One type of health service at health facilities is operative procedures. Operative procedures are highly complex because they require the involvement of various types of health personnel, including health personnel who provide Anesthesia Services. Anesthesia Services are among the most vital in operative procedures. Anesthesia Services are medical procedures that must be performed by health personnel who possess the expertise and authority in the field of Anesthesia Services, namely specialist anesthesiologists, who, in their implementation, may be assisted by other health personnel, namely Anesthesia Assistants. Anesthesia Assistants have the primary duties in Anesthesia Assistant Care Services, covering pre-anesthesia, intra-anesthesia, and post-anesthesia. Anesthesia Assistants in carrying out Anesthesia Assistant Care Services have capabilities covering pre-anesthesia, intra-anesthesia, and post-anesthesia in accordance with applicable laws and regulations. Along with the development of medical and health science and technology, especially in Anesthesia Assistant Care, and the demands for quality services, guidelines or references are needed to define the competencies of Anesthesia Assistants that meet those needs. Subsequently, the Anesthesia Assistant Competency Standards are compiled.

The Anesthesia Assistant profession was initially named the Alumni Association of the Anesthesia Academy (IKLUM AKNES) in 1980, where its members consisted of graduates of the Anesthesia Assistant School, which at that time was established by the Ministry of Health to meet the need for human resources in providing health services in the field of anesthesia assistance. The Alumni Association of the Anesthesia Academy (IKLUM AKNES) changed its name to the Indonesian Anesthesia Nurses Association (IPAI). Current technological advancements require health service providers to deliver quality services. Anesthesia Assistants are a type of health personnel who have the authority to provide anesthesia services within their field of expertise. To protect the public as recipients of health services, every health professional must hold a permit in accordance with applicable laws and regulations. The revocation of Minister of Health Regulation Number 31 of 2013, which concerned the Implementation of Anesthesia Nursing Work, has rendered anesthesia nursing services unsustainable, thereby impacting hospital healthcare services. Therefore, legal protection for those anesthesia nurses is needed. Legal protection is essential in anesthesia services, given the risks of anesthesia procedures, the need to work in a closed room, and the need to care for unconscious patients. Legal protection is the government's or authorities' effort to protect legal subjects through a range of regulations, in the form of legal instruments, both preventive and repressive. In other words, legal protection is a benefit from the function of law itself, namely the process whereby law can provide certainty, justice, order, usefulness, and peace. Legal protection for nurses focuses on actions taken by nurses towards their clients. Nurses are expected to be responsible for every action they perform, especially during their duties as part of the anesthesia team in hospitals, as outlined in their placement letter.

Legal Protection for Anesthesia Technicians in Licensing and Practice Implementation at Pusri Palembang Hospital, based on Minister of Health Regulation No. 18 of 2016, the role of anesthesia technicians has become an essential part in providing anesthesia services in hospitals. In practice, anesthesia technicians assist specialist anesthesiologists in various procedures related to pre-anesthesia, intra-anesthesia, and post-anesthesia. Nevertheless, the position of anesthesia technician cannot be viewed merely as support staff, because the tasks they perform affect patient safety and require strict competency standards. Therefore, legal protection for anesthesia technicians is essential, especially regarding practice licensing and the practice itself.

In line with the principles of health worker protection in Article 57, letter a, and Article 58 of Law No. 36 of 2014, which state that health workers are entitled to legal protection while carrying out their duties in accordance with professional standards and SOPs. This protection not only safeguards health workers but also ensures patient safety, maintains the quality of hospital services, and creates legal certainty in the practice of pharmaceutical and medical personnel in the scope of anesthesiology. Legal Protection for Anesthesia Assistants in Licensing and Practice Operations at Pusri Palembang Hospital Based on Minister of Health Regulation No. 18 of 2016. Legal protection for health workers, including

anesthesia assistants, is a fundamental aspect in providing safe, professional, and standards-compliant health services. The presence of anesthesia assistants plays an essential role in the anesthesiology process, particularly in pre-anesthesia services, basic anesthesia procedures, and monitoring patient conditions during and after medical procedures. To ensure the safe execution of these duties and avoid legal risks, clear regulations are needed on practice licensing, scope of authority, and protection for anesthesia assistants. Minister of Health Regulation No. 18 of 2016 on Licensing and Practice Operations for Anesthesia Assistants serves as the primary legal basis that provides such a protection framework.

From a juridical perspective, the application of regulations at Pusri Palembang Hospital can be assessed as consistent with the principles of health administrative law. First, the principle of legal certainty is fulfilled through the issuance of SIPPA and the implementation of practices in accordance with official regulations. Second, the principle of professionalism is evident through the mechanism of granting clinical authority and supervision. Third, the principle of accountability is embodied through documentation, practice evaluation, and medical incident reporting. Fourth, the principle of patient safety is upheld through SOPs and incident-reporting systems. This consistency reflects that legal protection is not only provided when disputes occur, but also through comprehensive preventive efforts. Repressive legal protection is provided after an incident or dispute occurs. In this context, protection includes legal assistance from the hospital party if the anesthesia assistant becomes involved in legal issues arising from medical actions. Strengthening the documentation of actions, including anesthesia procedure medical records, anesthesia doctor supervision, as well as intra-operative and post-operative monitoring notes. Pusri Hospital has established a legal unit to assist, but there is no specific protection mechanism for anesthesia assistants, who are non-medical personnel.

Thus, the legal protection for anesthesiology assistants at Pusri Palembang Hospital can be assessed as being in accordance with the Ministry of Health Regulation No. 18 of 2016. The Hospital not only fulfills administrative obligations through licensing but also protects through supervision, SOPs, regulation of clinical authority, and incident-handling mechanisms. All of these aspects form a comprehensive legal protection system for anesthesiology assistants while carrying out their professional duties.

Factors That Become Obstacles for Anesthesia Assistants in Implementing Practice Licenses in Accordance with Ministry of Health Regulation No. 18 of 2016

To realize the nation's ideals as outlined in the preamble of the 1945 Constitution, all components of the country must participate in implementing it. One crucial effort to realize welfare and a just, prosperous society is to advance continuous health development. Anesthesia Assistants, as an essential part of the health workforce, are fully committed to supporting and actively participating in advancing health development and organizing health efforts, which are united under the Indonesian Anesthesia Assistants Association (IPAI). The Organizational Advisor of the Indonesian Anesthesia Assistants Association is the Indonesian Society of Anesthesiologists and Intensive Therapy Specialists. The issuance of practice licenses for anesthesia assistants is a fundamental aspect in ensuring the quality of anesthesiology services and patient safety in health service facilities. Minister of Health Regulation No. 18 of 2016 provides a clear legal basis for the licensing process, practice procedures, and the limitations on the authority of anesthesia assistants.

The anesthesia unit at RS Pusri plays an essential role in supporting both elective and emergency surgical procedures. The presence of anesthesia technicians is vital as they assist anesthesiologists in preparing equipment, monitoring patients, performing post-anesthesia monitoring, and ensuring the safety of anesthesia procedures. However, during implementation, various obstacles continue to arise, leading to suboptimal performance of the practice permit process. These obstacles are not only administrative but also structural, professional, and institutional. Minister of Health Regulation No. 18 of 2016, Articles 6–

12, indeed already comprehensively regulates the requirements for submitting SIPPA. However, at the regional level, the verification process often experiences delays due to limited health department human resources, manual systems, or a lack of digitalization of services. Juridically, these obstacles indicate inefficiency in the implementation of norms, not a deficiency in norms (non regulato sed male regulato). In other words, the regulation already exists, but its implementation is not yet optimal.

Law enforcement factor, namely, the parties that form and implement the law. In this issue, the minister, provincial regional government, and district/city regional government provide guidance and supervision. In hospitals, especially regional hospitals, the hospital director is an extension of the district/city regional government. It should provide guidance and supervision over permits and the implementation of anesthesia technician practice. Most hospitals are known not to be aware of the intent of those regulations, so the managerial parties under them do not take this issue seriously. Not to mention internal problems related to staffing and compensation that lead to job transfers or the neglect of recruiting new, competent personnel. In field practice, with the protection of the responsible anesthesiology doctor in perioperative services, administrative issues are not considered essential problems as long as the services continue to run.

Legally, this provision is based on Article 12 of the Ministry of Health Regulation No. 18/2016. However, when the professional organization is unresponsive or unable to perform its functions optimally, anesthesia assistants are in a difficult position, as they cannot proceed with the licensing process without a recommendation from the organization. This obstacle shows structural dependence on the professional organization. In addition, not all hospitals clearly understand the boundaries of authority and roles of anesthesia assistants as regulated in the Ministry of Health Regulation No. 18/2016. For example:

1. Some hospitals only allow anesthesia assistants to assist in minor procedures
2. Some assign workloads without supervision from specialist anesthesiologists
3. Some do not yet have SOPs based on regulations

This lack of knowledge contradicts Articles 16 and 20 of the Ministry of Health Regulation, which mandate supervision by specialist anesthesiologists and require hospitals to develop anesthesia service SOPs. These obstacles are more institutional in nature and have a direct impact on legal aspects because, without SOPs and supervision, anesthesia assistants can be in a legally vulnerable position.

Supervision by specialist anesthesiologists is a normative requirement. However, not all hospitals, especially regional or small private hospitals, have an adequate number of specialist anesthesiologists. This is actually regulated by the Minister of Health Regulation, which requires anesthesia assistants to work under supervision. The shortage of specialist personnel impacts legal obstacles because supervision is part of the legal protection for anesthesia assistants. Without supervision, anesthesia assistants are not allowed to perform specific procedures, and the Hospital cannot legally grant clinical authority. Procedural and structural barriers directly reduce the quality of anesthesia services. If the SOP is outdated or not disseminated, anesthesia assistants may rely solely on experience rather than on the Ministry of Health's standard guidelines. This places the full burden of clinical judgment on the anesthesia assistants, thereby increasing the risk of errors. Without competency updates, anesthesia assistants may lose the ability to keep up with advances in technology, pharmacology, and procedures. The decline in service quality ultimately affects patient safety, a primary indicator of healthcare workers' legal liability. Hospitals may face legal sanctions for failing to implement regulations in accordance with the Hospital Law and the Ministry of Health Regulation No. 18 of 2016; they may be subject to administrative, civil, and criminal sanctions. Therefore, compliance with Ministry of Health Regulation No. 18 of 2016 is not merely administrative; it is also an essential instrument for protecting anesthesia assistants and hospitals from legal risks.

Conclusions

Based on the research results, it can be concluded that the legal protection for Anesthesia Assistants (TPA) at Pusri Palembang Hospital fundamentally has a strong normative basis as regulated in the Minister of Health Regulation No. 18 of 2016. These regulations provide guarantees regarding STR and SIP requirements, scope of authority, supervision mechanisms by specialist anesthesiologists, and standard operating procedures in anesthesia services. However, in practice, the implementation of this legal protection has not been running optimally. Administrative obstacles such as delays in SIP issuance, lack of socialization of regulations, non-uniform anesthesia SOPs, and limited legal assistance and continuing education indicate a gap between norms and field implementation. This condition creates potential legal risks for TPA, especially the possibility of criminalization or legal claims if medical incidents occur that are not fully supported by supervision systems and documentation in accordance with the provisions. Thus, legal protection for TPA at Pusri Palembang Hospital is regulatorily adequate, but empirically still requires strengthening through hospital management commitment, improved licensing governance, the implementation of standardized SOPs, and sufficient legal support. Harmonization among law, professional standards, and service practices is key to creating a safe, professional work environment for TPA that is protected from legal risks.

References

1. Series L. No man's land: Troubling the borders of mental health and capacity law. *Int J Law Psychiatry*. 2025;98. doi:10.1016/j.ijlp.2024.102039
2. Stavert J, McKay C. Unified mental health and capacity law: Creating parity and non-discrimination? *Int J Law Psychiatry*. 2025;101. doi:10.1016/j.ijlp.2025.102108
3. Darma IMW. The Development of Health Criminal Law in The Perspective of Dignified Justice: What and How? *J IUS Kaji Huk dan Keadilan*. 2024;12(1). doi:10.29303/ius.v12i1.1486
4. Ardiansah, Asnawi E, Pardede R. Government Responsibilities in the Health Services of the Indonesian People Post the Implementation of the New Health Law. *J Ecohumanism*. 2025;4(1). doi:10.62754/joe.v4i1.6016
5. Oktaviana R S, Handayani PW, Hidayanto AN, Siswanto BB. Healthcare data governance assessment based on hospital management perspectives. *Int J Inf Manag Data Insights*. 2025;5(1). doi:10.1016/j.jjime.2025.100342
6. Kessler DP, Wygal W. Non-Profit Hospital Governance, Conduct, and CEO Pay. *Inquiry*. 2025;62. doi:10.1177/00469580251366975
7. Akemoto K, Kamata K, Kaiho Y, et al. Effectiveness of a preoperative explanatory video system on patient acceptance and anesthesiologists' workload: a questionnaire survey. *JA Clin Reports*. 2025;11(1). doi:10.1186/s40981-025-00805-9
8. Sato M, Ida M, Nakatani S, Kawaguchi M. A cross-sectional survey of prehabilitation among surgeons and anesthesiologists. *JA Clin Reports*. 2024;10(1). doi:10.1186/s40981-024-00749-6
9. Zhao Y, Chen NP, Su X, Ma JH, Wang DX. Overtime work of anesthesiologists is associated with increased delirium in older patients admitted to intensive care unit after noncardiac surgery: a secondary analysis. *BMC Anesthesiol*. 2024;24(1). doi:10.1186/s12871-024-02825-x
10. Zahran A, Besharieh F, Hamdan Y, Alsadder T, Jaber M, Shawahna R. Knowledge and perceptions of the roles of anesthesiologists as providers of healthcare services: toward better-educated patients. *BMC Health Serv Res*. 2024;24(1). doi:10.1186/s12913-024-12048-y
11. Cai J, Huang S, Jiang Y, et al. Knowledge, attitude and practice toward to artificial intelligent patient-controlled analgesia among anesthesiologists: a cross-sectional study in east China's Jiangsu Province. *BMC Anesthesiol*. 2024;24(1). doi:10.1186/s12871-024-02724-1
12. Forman L, Karim SA, Kolawole O. Global Health "With Justice": The Challenges and Opportunities for Human Rights in Global Health Law. *J Law, Med Ethics*. 2025;53. doi:10.1017/jme.2025.1

13. Gostin LO, Bosha SL, Meier BM. Teaching Global Health Law: Preparing the Next Generation for Future Challenges. *J Law, Med Ethics*. 2024;52(1). doi:10.1017/jme.2024.63
14. Yusoff AFJ. Reassessment of Islamic Legal Bases for Matrimonial Property in Malaysia. *El-Usrah*. 2024;7(2). doi:10.22373/ujhk.v7i2.26374
15. M Gulfie Agung Majid, Ade Mahmud. Tinjauan Yuridis terhadap Klinik Kecantikan Tanpa Izin Praktik Dihubungkan dengan Undang-Undang Nomor 29 Tahun 2004 Tentang Praktik Kedokteran Juncto Undang-Undang Nomor 8 Tahun 1999 Tentang Perlindungan Konsumen. *Bandung Conf Ser Law Stud*. 2024;4(1). doi:10.29313/bcsls.v4i1.9828
16. Asyah N. Pelindungan Hukum bagi Bidan Memberikan Pelayanan Obat kepada pasien dalam Praktik Kebidanan di Daerah Terpencil. *J Huk dan Etika Kesehat*. Published online 2024. doi:10.30649/jhek.v3i2.122
17. Enserink M, Klaaskate V, Oudes D, Stremke S. From promise to practice. A landscape perspective on discrepancies between permit documentation and built solar power plants. *Landsc Res*. 2025;50(6). doi:10.1080/01426397.2025.2475170
18. Fouad AM, Fahim AE, Bedewy AA, Al-Touny A, Al-Touny SA. Work-related musculoskeletal complaints and ergonomic risk factors among Egyptian anesthesiologists: a cross-sectional study. *BMC Public Health*. 2024;24(1). doi:10.1186/s12889-024-17757-x
19. Dandy Saputro, Rosita Candrakirana. Legal Protection for Consumers of Health Services by Dentists in Indonesia. *Int J Law, Crime Justice*. 2025;2(1). doi:10.62951/ijlcj.v2i1.384
20. Amiati M, Halim H, Hassim JZ. Navigating Ambiguity: Critiques of Indonesia's Health Law and its Impact on Legal Redress for Medical Malpractice Victims. *Hasanuddin Law Rev*. 2024;10(1). doi:10.20956/HALREV.V10I1.5346
21. Ilmayanti NA, Darmawansyah, Balqis, Razak A, Saleh LM. THE IMPLEMENTATION OF GOOD HOSPITAL GOVERNANCE ON THE PROFESSIONAL PERFORMANCE OF NURSES. *Asia Pacific J Heal Manag*. 2025;20(1). doi:10.24083/apjhm.v20i1.4013
22. Bella Ivanna Hutajulu A, Budi Utami S. Inovasi Pelayanan Surat Izin Praktik (SIP) bagi Tenaga Kesehatan di Dinas Penanaman Modal dan Pelayanan Terpadu Satu Pintu (DPMPTSP) Kota Cirebon. *J Manaj dan Ilmu Adm Publik*. 2025;7(1). doi:10.24036/jmiap.v7i1.1191
23. Dos Santos GAC, Pinheiro PG, Pinheiro CG, Pregun ML, Alves RC, Rached CDA. NEONPASS ROOM: A DIGITAL INTERACTION TOOL BETWEEN PATIENT, CARE AND HOSPITAL GOVERNANCE AREAS. *Texto e Context Enferm*. 2024;33. doi:10.1590/1980-265X-TCE-2023-0351en
24. Martini D, Noordegraaf M, Schoonhoven L, Spits J, Van Bokhorst P, Lalleman P. Reworking Nursing Expertise: Directors of Nursing's Tactics to (Re)Connect Knowledge and Power in Hospital Governance. *Nurs Inq*. 2025;32(1). doi:10.1111/nin.12696
25. Jalilvand MA, Raeisi AR, Shaarbafchizadeh N. Hospital governance accountability structure: a scoping review. *BMC Health Serv Res*. 2024;24(1). doi:10.1186/s12913-023-10135-0
26. Strzelczyk A, Maschio M, Pensel MC, et al. Perampanel for Treatment of People with a Range of Epilepsy Aetiologies in Clinical Practice: Evidence from the PERMIT Extension Study. *Neurol Ther*. 2024;13(3). doi:10.1007/s40120-024-00618-5
27. Donald Willem Srianito Aronggear, Abdullah Sulaiman. The Urgency of Legal Certainty for Traditional Healthcare Who Do Not Have a Practice License. *Athena J Soc Cult Soc*. 2025;3(1). doi:10.58905/athena.v3i1.389
28. Gani NA, Harun SH. Communication and Strategic Leadership: Its Role In Strengthening Hospital Governance. *Tech Soc Sci J*. 2024;53. doi:10.47577/tssj.v53i1.10483
29. Afonso AM, Cadwell JB, Staffa SJ, Sinskey JL, Vinson AE. U.S. Attending Anesthesiologist Burnout in the Postpandemic Era. *Anesthesiology*. 2024;140(1). doi:10.1097/ALN.0000000000004784



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