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Model PIKAT: A Normative Remuneration Framework for Nurses Performing Delegated Medical Procedures in Private Hospitals

Abram Sahing
Universitas Duta Bangsa Surakarta

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Abstract

The delegation of medical procedures from physicians to nurses is a common practice in hospital healthcare services. However, Indonesian health regulations do not explicitly govern nurses' entitlement to remuneration for delegated medical procedures, creating a legal vacuum and potential legal uncertainty. This study aims to examine the legal framework governing nurses' remuneration rights in delegated medical procedures in private hospitals and to develop a normative remuneration calculation model. This research employs a normative legal approach using statutory, conceptual, comparative, and case analyses. Primary, secondary, and tertiary legal materials were analyzed qualitatively based on Gustav Radbruch's theory of legal certainty, justice, and expediency. The findings reveal that existing health legislation does not provide a standardized legal mechanism for determining remuneration for nurses performing delegated medical procedures, leaving remuneration systems largely dependent on internal hospital policies. As its primary contribution, this study proposes the PIKAT Model (Competency-Based Remuneration Calculation for Medical Procedures), which incorporates weighted parameters including legal authority, professional competence, procedural complexity, clinical risk, professional responsibility, service contribution, quality of care, performance, institutional factors, and professional ethics. The model provides a normative framework that promotes legal certainty, distributive justice, and practical utility, while offering a policy reference for remuneration systems in private hospitals and future healthcare regulatory reforms.

Corresponding Author:
Abram Sahing
Universitas Duta Bangsa Surakarta, Indonesia
Email Coresspondent: abramsahing11@gmail.com

1. INTRODUCTION

The delegation of medical procedures from physicians to nurses has become an essential mechanism in the delivery of healthcare services, particularly in hospitals where multidisciplinary collaboration is required to ensure effective, efficient, and continuous patient care (World Health Organization, 2023; International Council of Nurses, 2021). In modern healthcare systems, increasing patient volumes, shortages of physicians in certain specialties, and the growing complexity of medical services have encouraged the implementation of delegated medical authority as a practical solution to maintain healthcare quality. Delegation enables physicians to authorize nurses to perform specific medical procedures according to predetermined professional competencies, clinical protocols, and applicable legal provisions. Consequently, delegated medical procedures should not be

interpreted as a complete transfer of professional responsibility but rather as a collaborative legal relationship in which physicians remain responsible for granting authority while nurses assume responsibility for carrying out delegated procedures within the limits of their professional competence and established standards of practice. This collaborative relationship creates reciprocal legal rights and obligations among physicians, nurses, and healthcare institutions while simultaneously strengthening the accountability of healthcare professionals in providing patient-centered care.

Indonesia has recently experienced a substantial transformation in its healthcare regulatory framework following the enactment of Law Number 17 of 2023 concerning Health, which consolidates numerous previous sectoral health regulations into a more integrated legal framework (Indonesia, 2023). The law is further supported by Government Regulation Number 28 of 2024, which provides detailed provisions regarding healthcare services, professional authority, interprofessional collaboration, and healthcare management (Indonesia, 2024). Together with subsequent ministerial regulations governing healthcare human resources and professional discipline, these legal instruments seek to improve legal certainty, patient safety, professional accountability, and healthcare quality (Indonesia, 2026; Hertanto, 2025). Although these reforms have significantly clarified the legal authority and responsibilities of healthcare professionals, they primarily regulate the legal aspects of delegated medical practice while providing only limited attention to the economic consequences arising from the implementation of delegated medical authority. As a result, important issues concerning nurses' entitlement to remuneration for performing delegated medical procedures remain largely unresolved within Indonesia's positive legal system.

In everyday clinical practice, nurses in private hospitals routinely perform delegated medical procedures, including intravenous therapy, medication administration, urinary catheterization, wound management, suture removal, specimen collection, and other medical interventions authorized by physicians (Nursalam, 2020). These delegated procedures require not only technical competence but also professional judgment, ethical responsibility, and compliance with established clinical standards. More importantly, nurses who perform delegated procedures bear substantial professional risks because they may become legally accountable when medical errors, adverse events, or malpractice allegations arise. Administrative sanctions, civil liability, professional disciplinary actions, and even criminal responsibility may be imposed on nurses when delegated medical procedures are performed negligently or beyond their authorized competence. Therefore, delegated medical authority substantially increases nurses' professional responsibilities while simultaneously exposing them to greater legal risks throughout the healthcare delivery process (Yani et al., 2020; Suryanti et al., 2021).

Despite the increasing legal responsibilities assumed by nurses, Indonesian healthcare legislation has not established a comprehensive legal mechanism governing remuneration for delegated medical procedures. Existing laws recognize the professional authority of healthcare workers and regulate interprofessional collaboration; however, they do not explicitly determine how economic benefits generated from delegated medical services should be distributed among healthcare professionals. Consequently, remuneration systems in private hospitals continue to depend almost entirely on institutional policies established by hospital management. Each hospital determines its own remuneration formula, distribution percentages, performance indicators, and compensation mechanisms without nationally standardized legal guidelines. This institutional discretion has resulted in significant variations in remuneration practices across private hospitals, even when nurses perform comparable delegated medical procedures involving similar workloads, professional competencies, responsibilities, and clinical risks. Such disparities raise important questions concerning legal certainty, distributive justice, and equal protection of

healthcare workers under Indonesian health law (OECD, 2023; National Health Service, 2024; Rawls, 2020).

From the perspective of health law, the absence of explicit legal provisions regarding remuneration creates a normative inconsistency between delegated authority and delegated responsibility. Every delegation of medical authority necessarily transfers not only professional duties but also legal accountability to the receiving healthcare professional. Therefore, when nurses assume additional responsibilities through delegated medical procedures, they should also receive proportional recognition of their professional contribution, including appropriate economic compensation. Nevertheless, the current legal framework places considerable emphasis on professional obligations while leaving the fulfillment of nurses' economic rights largely dependent upon contractual arrangements and internal hospital policies. This situation creates a legal vacuum (*rechtsvacuum*) because Indonesian positive law provides no standardized normative model for determining remuneration based on delegated medical authority. As a consequence, nurses with equivalent competencies and responsibilities may receive substantially different remuneration depending solely on the policies adopted by individual hospitals rather than objective legal standards (Mertokusumo, 2022; Rahardjo, 2021).

The issue becomes even more significant in private hospitals, where remuneration policies are frequently influenced by financial efficiency, organizational productivity, and institutional management strategies. Hospital revenue generated through healthcare services is generally divided into medical fees and service incentives according to internal managerial decisions. Although delegated medical procedures directly contribute to hospital service quality and patient outcomes, nurses' contributions are often insufficiently recognized within existing remuneration structures. In many cases, compensation remains predominantly oriented toward physicians as holders of original professional authority, while nurses performing delegated medical procedures receive limited or inconsistent financial recognition. Such imbalance not only affects nurses' professional motivation and job satisfaction but may also weaken interprofessional collaboration and ultimately influence healthcare quality and patient safety.

Previous studies have extensively discussed the legal aspects of delegated medical authority, particularly concerning professional liability, legal protection, and the scope of nurses' authority (Amar et al., 2026). Yani et al. (2020) examined legal protection for nurses receiving delegated authority, while Huda and Huda (2021) analyzed legal aspects of delegated wound-suturing procedures performed in emergency departments. Suryanti et al. (2021) emphasized the administrative, civil, and criminal liabilities arising from delegated medical procedures. Following the implementation of the new Health Law, Rohima et al. (2024), Santika et al. (2024), Hertanto (2025), and Sijabat et al. (2025) further explored delegation mechanisms, legal authority, electronic medical instructions, and professional accountability under Indonesia's evolving healthcare regulatory framework. Collectively, these studies provide important insights into legal responsibility and professional protection; however, they consistently overlook the relationship between delegated professional responsibility and nurses' economic rights. None of these studies develops a legal framework capable of standardizing remuneration for delegated medical procedures or proposes objective parameters for determining equitable compensation (Hertanto, 2025).

Accordingly, this study identifies a significant research gap concerning the absence of a normative remuneration framework that integrates legal certainty, distributive justice, and practical utility in determining nurses' compensation for delegated medical procedures. This research argues that remuneration should not merely be regarded as an employment or managerial issue but should instead be recognized as a legal consequence arising from delegated professional authority. Drawing upon Gustav Radbruch's theory of legal certainty,

justice, and expediency, this study proposes that the fulfillment of nurses' economic rights constitutes an essential component of legal protection within modern healthcare systems (Rahardjo, 2021; Rawls, 2020; Amar et al., 2026).

The principal scientific contribution of this study is the development of the PIKAT Model (Competency-Based Remuneration Calculation for Medical Procedures), a normative remuneration framework specifically designed for delegated medical procedures performed by nurses in private hospitals. Unlike previous studies that focus primarily on legal responsibility and professional protection, the PIKAT Model introduces measurable parameters encompassing legal authority, professional competence, procedural complexity, clinical risk, professional responsibility, service contribution, quality of care, individual performance, institutional considerations, and professional ethics through a weighted assessment mechanism. By integrating these dimensions, the proposed model offers a more transparent, objective, and legally justifiable approach to remuneration while strengthening legal certainty and distributive justice in healthcare employment relationships (International Council of Nurses, 2021; Rawls, 2020).

Therefore, this study aims to analyze the existing legal framework governing nurses' remuneration rights in delegated medical procedures and to formulate the PIKAT Model as a normative reference for remuneration policies in private hospitals. The proposed framework is expected to contribute both theoretically to the development of health law scholarship and practically to future healthcare regulatory reforms by providing policymakers, hospital administrators, and professional organizations with a legally grounded remuneration model that balances professional responsibility with equitable economic recognition.

2. METHOD

This study employed a normative legal research design to examine the legal framework governing nurses' remuneration rights in performing delegated medical procedures and to formulate a normative remuneration framework for private hospitals. Normative legal research was selected because the principal objective of this study was not to measure empirical behavior or statistical relationships but to evaluate the adequacy, consistency, and coherence of existing legal norms regulating delegated medical authority and the economic rights arising from such delegation. The study was directed toward identifying normative deficiencies within the Indonesian healthcare legal system, particularly regarding remuneration for nurses who perform delegated medical procedures, and subsequently developing a legal framework capable of addressing the identified regulatory gap. The research therefore focused on legal norms (*das sollen*) rather than empirical realities (*das sein*), emphasizing legal interpretation, legal reasoning, and normative reconstruction (Soekanto & Mamudji, 2018).

The study adopted four complementary legal approaches to ensure comprehensive legal analysis. First, the statutory approach was applied to examine constitutional provisions and legislation governing healthcare services, nursing practice, delegated medical authority, hospital management, and remuneration systems (National Health Service, 2024). This approach enabled systematic analysis of the consistency and hierarchy of legal norms regulating professional authority and economic rights within Indonesian health law. Second, the conceptual approach was employed to analyze legal doctrines concerning delegated authority, professional responsibility, remuneration, legal protection, distributive justice, and healthcare governance (Rawls, 2020). Third, the comparative approach was utilized to compare relevant legal concepts, remuneration principles, and healthcare governance models developed in previous scholarly literature and international legal discussions. Finally, the case approach was implemented to evaluate practical legal issues arising from

delegated medical procedures in private hospitals and to examine how existing legal norms have been interpreted within healthcare practice. These complementary approaches allowed the research to construct a comprehensive legal analysis while simultaneously providing the theoretical basis for developing a new normative remuneration framework (De Cruz, 2020).

The analytical framework of this research was primarily grounded in Gustav Radbruch's legal theory, particularly the three fundamental legal values of legal certainty (Rechtssicherheit), justice (Gerechtigkeit), and expediency (Zweckmäßigkeit). Legal certainty was employed to evaluate whether Indonesian healthcare regulations provide clear legal protection concerning nurses' entitlement to remuneration. Justice served as the philosophical basis for assessing proportional distribution of economic rights according to professional responsibilities and delegated authority. Expediency was applied to determine whether the proposed remuneration framework could contribute to improving healthcare governance, professional collaboration, and hospital management. These three legal values were integrated throughout the analytical process and became the normative foundation for constructing the proposed PIKAT Model.

Table 1. Research Design

Research Component	Description
Research design	Normative legal research
Research focus	Legal framework governing nurses' remuneration rights in delegated medical procedures
Research approaches	Statutory, conceptual, comparative, and case approaches
Unit of analysis	Statutory regulations, legal doctrines, legal principles, judicial concepts, and scholarly literature
Analytical theory	Gustav Radbruch's Theory of Law (legal certainty, justice, and expediency)
Expected output	Development of the PIKAT Model as a normative remuneration framework

The study utilized three categories of legal materials, namely primary, secondary, and tertiary legal materials. Primary legal materials consisted of binding legal sources, including the 1945 Constitution of the Republic of Indonesia, Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024 concerning the Implementation of the Health Law, Minister of Health Regulation Number 6 of 2026 concerning Hospitals, and other statutory regulations governing nursing practice, delegated medical authority, employment relations, and healthcare remuneration. These legal instruments constituted the principal basis for evaluating the adequacy of Indonesia's current legal framework (Indonesia, 2023; 2024; 2026).

Secondary legal materials comprised peer-reviewed journal articles, textbooks, legal commentaries, dissertations, scientific proceedings, and previous studies concerning health law, nursing law, hospital governance, legal responsibility, remuneration systems, and healthcare policy. Recent scholarly publications were prioritized to ensure that the legal analysis reflected contemporary developments in healthcare regulation following the enactment of Law Number 17 of 2023. Meanwhile, tertiary legal materials included legal dictionaries, encyclopedias, official government documents, and other reference materials that facilitated legal interpretation and conceptual clarification (National Health Service, 2024).

Legal materials were collected through an extensive library research process. The collection procedure consisted of identifying relevant legal sources, classifying legal materials according to their legal authority and analytical relevance, critically reviewing scholarly publications, and systematically organizing legal documents according to each research objective. This procedure ensured that every legal argument presented in the study was supported by authoritative legal sources and contemporary scientific literature.

Table 2. Legal Materials and Data Collection

Legal Material	Source	Purpose
Primary legal materials	Constitution, Acts, Government Regulations, Ministerial Regulations	To identify binding legal norms governing delegated medical procedures and remuneration
Secondary legal materials	Scientific journals, books, dissertations, conference proceedings	To examine legal doctrines, previous findings, and theoretical developments
Tertiary legal materials	Legal dictionaries, encyclopedias, official reports	To support legal interpretation and conceptual clarification
Collection technique	Library research and document analysis	To systematically identify and classify relevant legal materials

The collected legal materials were analyzed using qualitative legal analysis through several sequential stages. Initially, all legal materials were inventoried, classified, and organized according to the research objectives. Subsequently, statutory provisions, legal principles, and legal doctrines were interpreted systematically using grammatical, systematic, and teleological methods of legal interpretation to determine the relationship among legal norms governing delegated medical authority and nurses' remuneration rights. During this stage, particular attention was given to identifying legal inconsistencies, regulatory overlap, normative ambiguity, and legal vacuum (*rechtsvacuum*) within Indonesian healthcare legislation (Mertokusumo, 2022).

Following legal interpretation, the study conducted a process of normative synthesis by integrating statutory analysis, legal doctrines, philosophical theories, and previous research findings. This synthesis enabled the formulation of comprehensive legal arguments regarding the relationship between delegated authority, professional responsibility, and remuneration rights. Unlike previous studies that primarily discussed legal responsibility and professional protection, this research extended the analysis toward the normative consequences of delegated authority from an economic rights perspective.

The final analytical stage focused on developing the PIKAT Model (Competency-Based Remuneration Calculation for Medical Procedures). Model development was conducted through normative construction rather than statistical modelling. The model was formulated by integrating legal principles with healthcare management concepts to establish objective remuneration parameters applicable to delegated medical procedures. Ten assessment parameters were incorporated into the model, namely legal authority, professional competence, procedural complexity, clinical risk, professional responsibility, service contribution, quality of care, individual performance, institutional factors, and professional ethics. Each parameter was designed to represent one dimension of professional contribution in delegated medical practice and subsequently arranged within a weighted normative assessment framework (International Council of Nurses, 2021).

Finally, the proposed PIKAT Model was evaluated conceptually using Gustav Radbruch's legal values. The evaluation examined whether the proposed framework fulfilled the principles of legal certainty by providing objective remuneration criteria, distributive justice by aligning compensation with professional responsibilities and risks, and expediency by offering practical guidance for hospital remuneration policies. Through this analytical process, the study produced a normative remuneration framework that is theoretically grounded, legally justified, and practically applicable as a policy reference for private hospitals and future healthcare regulatory reforms in Indonesia (Rawls, 2020).

3. RESULTS AND DISCUSSION (12 PT)

3.1 Legal Framework of Nurses' Remuneration Rights in Delegated Medical Procedures

The analysis of Indonesian healthcare legislation demonstrates that delegated medical procedures performed by nurses have obtained increasingly stronger legal recognition following the enactment of Law Number 17 of 2023 concerning Health and Government Regulation Number 28 of 2024. These regulations establish a comprehensive legal framework governing healthcare professionals, interprofessional collaboration, delegated authority, professional accountability, and patient safety. The current legal framework recognizes that physicians may delegate specific medical procedures to nurses provided that such delegation complies with professional competence, clinical standards, standard operating procedures, and applicable legal provisions. Consequently, delegated medical authority has become an accepted component of healthcare governance in Indonesian hospitals (Nursalam, 2020; Hertanto, 2025).

Despite this legal recognition, the analysis further reveals that existing legislation primarily regulates professional authority and legal responsibility rather than economic rights arising from delegated medical procedures. The Constitution guarantees equality before the law and protection of citizens' constitutional rights, while the Health Law emphasizes professional competence, legal protection, and healthcare quality. Likewise, Government Regulation Number 28 of 2024 provides detailed provisions concerning delegated authority, healthcare management, and interprofessional collaboration. However, none of these legal instruments explicitly regulates the legal entitlement of nurses to remuneration for delegated medical procedures or establishes objective criteria for calculating remuneration based on delegated professional authority. This finding indicates that Indonesian healthcare legislation has successfully regulated professional obligations but has not yet adequately regulated corresponding economic rights (Nursalam, 2020).

This normative imbalance has important legal consequences. Every delegated medical procedure simultaneously transfers professional duties, legal accountability, and clinical responsibility to nurses. Nevertheless, the legal consequences concerning remuneration remain undefined. Consequently, remuneration systems continue to rely almost exclusively upon hospital-specific policies, resulting in substantial variation among private hospitals. Such institutional discretion creates unequal treatment for nurses performing equivalent delegated medical procedures despite comparable professional competence, workload, and legal exposure (Nursalam, 2020; National Health Service, 2024).

Table 3. Synthesis of Indonesian Regulations Governing Delegated Medical Procedures

Regulation	Main Provision	Regulation of Delegated Authority	Regulation of Nurses' Remuneration
1945 Constitution	Constitutional protection of citizens' rights	Indirect	Not regulated
Law No. 17 of 2023 on Health	Healthcare professions and legal authority	Regulated	Not explicitly regulated
Government Regulation No. 28 of 2024	Healthcare implementation	Regulated	Not regulated
Minister of Health Regulation No. 6 of 2026	Hospital governance	Indirectly regulated	Internal hospital policy
Nursing practice regulations	Professional competence	Regulated	Not regulated

The synthesis demonstrates that the Indonesian legal framework consistently regulates delegation mechanisms but does not establish legal norms concerning remuneration. Therefore, delegated authority has legal legitimacy, whereas delegated remuneration lacks legal certainty.

3.2 Legal Vacuum and Regulatory Disharmony

A significant scientific finding of this study is the identification of a normative legal vacuum (rechtsvacuum) concerning remuneration for nurses performing delegated medical procedures. Contrary to common assumptions, the legal vacuum does not relate to the legality of delegation itself. Instead, it concerns the absence of legal norms regulating the economic consequences arising from delegated professional authority.

Normative analysis reveals that current legislation creates an imbalance between professional obligations and professional rights. Nurses who perform delegated medical procedures may incur administrative sanctions, civil liability, disciplinary responsibility, and criminal accountability if negligence occurs during delegated practice. Nevertheless, no corresponding legal mechanism guarantees proportional remuneration based on the additional responsibilities assumed through delegation. Consequently, hospitals independently formulate remuneration systems according to organizational priorities, financial capability, and internal governance without nationally standardized legal guidance (National Health Service, 2024).

This situation also reflects regulatory disharmony among Indonesian healthcare regulations. Existing legislation promotes professional collaboration, patient safety, and healthcare quality while simultaneously overlooking the economic dimensions of delegated professional authority. Such inconsistency reduces legal certainty because identical delegated procedures may generate different remuneration outcomes depending solely upon institutional policy rather than objective legal standards.

These findings support Gustav Radbruch's proposition that legal certainty requires legal norms to regulate both obligations and corresponding rights consistently. Where legal obligations are explicitly regulated but legal rights remain uncertain, normative imbalance

inevitably arises. Therefore, the present remuneration system cannot yet be considered fully consistent with the principles of legal certainty and distributive justice (Rawls, 2020).

Furthermore, comparison with previous studies demonstrates that most earlier research concentrated on professional liability, legal protection, and delegated authority. Although these studies successfully clarified legal responsibilities, none proposed a normative remuneration framework capable of integrating legal authority, professional competence, and economic rights into a unified legal model. This gap represents the principal scientific contribution addressed by the present study (Nursalam, 2020).

3.3 Development of the PIKAT Model as a Normative Remuneration Framework

The principal scientific contribution of this study is the development of the PIKAT Model (Competency-Based Remuneration Calculation for Medical Procedures), a normative framework designed to determine remuneration for nurses performing delegated medical procedures in private hospitals. Unlike existing remuneration systems that primarily rely on institutional policies or managerial discretion, the proposed model establishes objective legal parameters that connect delegated professional authority with proportional economic rights. The model was formulated through normative synthesis by integrating statutory analysis, legal principles, healthcare governance concepts, remuneration theory, and Gustav Radbruch's legal philosophy. Consequently, remuneration is conceptualized not merely as an employment benefit but as a legal consequence arising from delegated professional authority (National Health Service, 2024).

The development of the PIKAT Model was motivated by the absence of legal standards governing remuneration for delegated medical procedures. Existing remuneration mechanisms in private hospitals generally emphasize institutional financial capability, organizational productivity, and managerial performance indicators. Although these considerations are important from an administrative perspective, they do not adequately reflect the legal responsibilities assumed by nurses performing delegated medical procedures. Consequently, nurses undertaking comparable delegated responsibilities may receive substantially different remuneration depending solely on institutional policy rather than objective legal criteria.

To overcome this normative deficiency, the proposed model introduces measurable legal and professional parameters that collectively represent the actual contribution of nurses within delegated medical practice. Rather than determining remuneration solely according to workload or hospital revenue, the PIKAT Model integrates legal authority, professional competence, procedural complexity, clinical risk, professional accountability, and institutional performance into a comprehensive weighted assessment system (Nursalam, 2020; Hertanto, 2025).

Table 4. Fundamental Principles of the PIKAT Model

Principle	Description
Legal Certainty	Remuneration must be supported by explicit legal authority and objective assessment criteria.
Distributive Justice	Economic rights should correspond proportionally to delegated authority, responsibility, and professional contribution.
Expediency	The remuneration framework should improve collaboration, healthcare quality, and institutional governance.
Accountability	Assessment must be transparent, measurable, and capable of legal verification.

Professionalism	Remuneration should reflect competence, ethics, and professional responsibility rather than organizational hierarchy alone.

The model proposes that remuneration should be determined through a multidimensional evaluation rather than a single financial indicator. Each delegated medical procedure generates different legal consequences depending upon the complexity of the procedure, professional competence required, clinical risks involved, and institutional responsibilities. Therefore, remuneration should represent the cumulative contribution of these legal and professional dimensions (Nursalam, 2020).

The PIKAT Model consists of ten normative assessment parameters, each representing one essential aspect of delegated professional authority. These parameters were selected through legal synthesis of Indonesian healthcare regulations, nursing professional standards, legal doctrines, and previous scholarly studies concerning delegated authority and healthcare remuneration. Together, the parameters establish an integrated assessment mechanism capable of providing greater transparency and legal consistency than current institutional remuneration systems (National Health Service, 2024).

Table 5. Normative Parameters of the PIKAT Model

Parameter	Legal Consideration	Purpose
Legal authority	Compliance with statutory delegation requirements	Ensures legality of delegated procedures
Professional competence	Certification, education, clinical competence	Measures capability of the nurse
Procedural complexity	Degree of procedural difficulty	Reflects technical demands
Clinical risk	Potential patient safety risks	Measures professional exposure
Professional responsibility	Administrative, civil, ethical, and criminal accountability	Represents legal burden
Service contribution	Contribution to healthcare delivery	Reflects actual participation
Quality of care	Compliance with clinical standards	Encourages patient safety
Individual performance	Achievement of institutional performance indicators	Supports productivity
Institutional factors	Hospital policies and organizational capability	Maintains institutional sustainability
Professional ethics	Compliance with nursing ethical standards	Ensures ethical accountability

The integration of these ten parameters represents the primary novelty of the present study. Previous remuneration systems generally evaluate only workload or organizational productivity. By contrast, the PIKAT Model recognizes that delegated medical procedures simultaneously involve legal authority, professional competence, clinical responsibility, and ethical accountability. Therefore, remuneration becomes a legal instrument for recognizing professional contribution rather than merely a financial incentive.

Each parameter is evaluated through a weighted scoring mechanism to ensure proportional assessment. Parameters directly associated with legal authority, professional

competence, clinical risk, and professional responsibility receive relatively higher weighting because these dimensions represent the principal legal consequences arising from delegated medical authority. Conversely, institutional and performance-related indicators function as complementary factors that adjust remuneration according to organizational objectives while preserving fairness among healthcare professionals (Nursalam, 2020).

Table 6. Proposed Weighting Structure of the PIKAT Model

Parameter	Relative Importance
Legal authority	15%
Professional competence	15%
Procedural complexity	10%
Clinical risk	15%
Professional responsibility	15%
Service contribution	10%
Quality of care	10%
Individual performance	5%
Institutional factors	3%
Professional ethics	2%
Total	**100%**

The weighting system is intentionally designed to prioritize legal responsibility over organizational considerations. Such an approach reflects the normative assumption that remuneration should primarily compensate professional responsibility rather than institutional hierarchy. Consequently, nurses performing high-risk delegated procedures under legally valid delegation receive remuneration proportional to their professional obligations regardless of organizational position.

Following parameter assessment, remuneration is determined through an aggregated weighted score representing the nurse's overall professional contribution. Instead of prescribing a fixed monetary value, the PIKAT Model establishes a normative calculation framework that can be adapted to individual hospital remuneration systems. This flexibility enables hospitals to maintain financial autonomy while applying standardized legal principles for remuneration determination.

Conceptually, the calculation framework may be expressed as follows:

$$PIKAT = \sum(Parameter_i \times Weight_i)$$

where each parameter score represents compliance with predetermined legal and professional indicators, while each weight reflects the relative legal importance of that parameter. The final PIKAT score is subsequently converted into remuneration percentages according to institutional remuneration policies.

Table 7. Interpretation of PIKAT Assessment Results

Total Score	Interpretation	Policy Recommendation
85–100	Excellent	Maximum remuneration proportion
70–84	Good	Standard remuneration
55–69	Moderate	Partial remuneration
40–54	Fair	Limited remuneration
<40	Insufficient	Remedial competency evaluation

The proposed interpretation framework demonstrates that remuneration is no longer determined arbitrarily but through transparent legal assessment supported by measurable professional indicators. Consequently, remuneration decisions become more accountable and easier to justify from both managerial and legal perspectives.

Compared with existing remuneration systems, the PIKAT Model provides several important advantages. First, it establishes objective legal criteria applicable across private hospitals, thereby reducing disparities caused by institutional discretion. Second, it integrates legal principles with healthcare management, ensuring that remuneration reflects both professional responsibility and organizational sustainability. Third, it strengthens legal certainty by linking remuneration directly to delegated authority rather than informal institutional arrangements. Finally, the model supports distributive justice by recognizing that additional legal responsibilities should be accompanied by proportional economic rights (National Health Service, 2024; Rawls, 2020).

Overall, the PIKAT Model transforms remuneration from a purely managerial instrument into a normative legal framework capable of balancing legal certainty, justice, and expediency. Through this approach, remuneration becomes an integral component of legal protection for nurses performing delegated medical procedures while simultaneously providing hospitals with a transparent and adaptable framework for remuneration governance. This finding constitutes the principal scientific novelty of the present study and differentiates it from previous studies that focused predominantly on legal responsibility without proposing an operational remuneration framework.

3.4 Conceptual Evaluation of the PIKAT Model Based on Gustav Radbruch's Theory

The conceptual validity of the PIKAT Model was evaluated using Gustav Radbruch's Theory of Law, which identifies legal certainty (Rechtssicherheit), justice (Gerechtigkeit), and expediency (Zweckmäßigkeit) as the three fundamental values that should coexist within every legal system. These principles provide an appropriate analytical framework because the principal problem identified in this study is not merely the absence of remuneration policies but the absence of legal norms capable of balancing professional obligations with corresponding economic rights. Therefore, the effectiveness of the proposed remuneration framework should be assessed according to its ability to realize these three legal values simultaneously.

From the perspective of legal certainty, the findings demonstrate that Indonesian healthcare legislation provides explicit legal recognition of delegated medical authority while remaining silent regarding remuneration arising from delegated medical procedures. This imbalance creates uncertainty because nurses are legally responsible for delegated procedures but possess no clearly protected legal entitlement to proportional remuneration. Consequently, remuneration practices are determined through institutional discretion, producing inconsistent outcomes among hospitals despite similar delegated responsibilities.

The PIKAT Model addresses this deficiency by introducing measurable legal parameters that connect delegated authority directly with remuneration entitlement. Unlike current remuneration systems, which frequently depend upon organizational policy alone, the proposed model establishes objective assessment indicators applicable across healthcare institutions. Consequently, remuneration decisions become legally verifiable, transparent, and consistent with statutory requirements governing delegated medical practice.

Table 8. Evaluation of the PIKAT Model Based on Gustav Radbruch's Theory

Legal Value	Existing Remuneration System	PIKAT Model

Legal certainty	Institutional discretion; no standardized legal criteria	Objective legal parameters and transparent assessment
Justice	Unequal remuneration despite comparable responsibilities	Proportional remuneration according to delegated authority and professional contribution
Expediency	Administrative orientation	Improvement of governance, collaboration, and healthcare quality

The evaluation further demonstrates that the PIKAT Model strengthens distributive justice by aligning remuneration with delegated professional responsibility. According to Radbruch, justice requires equal treatment of equal situations while recognizing relevant differences among legal subjects. Nurses performing delegated medical procedures assume varying levels of competence, procedural complexity, clinical risk, and professional accountability. Therefore, equal remuneration for unequal professional contributions would itself constitute an injustice (Hertanto, 2025).

The proposed model resolves this issue by integrating differentiated assessment parameters into remuneration determination. High-risk delegated procedures requiring advanced professional competence receive proportionally higher assessment scores than routine delegated procedures involving lower legal and clinical responsibility. Consequently, remuneration reflects actual professional contribution rather than organizational hierarchy or informal institutional arrangements. This approach also corresponds with distributive justice theory advanced by Aristotle and further developed by John Rawls, both of whom emphasize proportional allocation of benefits according to contribution and responsibility (Nursalam, 2020; Rawls, 2020).

The principle of expediency represents the third dimension of conceptual evaluation. Healthcare remuneration should not only satisfy legal doctrine but should also generate practical benefits for healthcare organizations, professionals, and patients. Existing remuneration systems frequently emphasize financial efficiency while overlooking professional motivation and legal protection. Such an approach may inadvertently reduce organizational commitment, weaken interdisciplinary collaboration, and increase professional dissatisfaction (National Health Service, 2024).

The PIKAT Model offers broader institutional benefits by encouraging transparent governance and evidence-based remuneration decisions. Because remuneration is linked directly to competence, professional responsibility, and quality of care, healthcare professionals possess stronger incentives to improve clinical performance while hospitals benefit from enhanced accountability and standardized remuneration governance. Furthermore, objective remuneration standards reduce potential disputes concerning compensation distribution and strengthen trust between physicians, nurses, and hospital management.

Another important finding concerns the relationship between legal responsibility and economic rights. Existing Indonesian healthcare legislation places substantial emphasis on nurses' professional accountability during delegated medical procedures. Administrative liability, civil responsibility, disciplinary sanctions, and criminal consequences are all clearly regulated. However, the legal consequences concerning economic rights remain largely undefined. The present study argues that this imbalance contradicts the principle that every delegated legal obligation should be accompanied by corresponding legal rights (Hertanto, 2025).

The PIKAT Model therefore repositions remuneration as an integral component of legal protection rather than merely an employment benefit. Under this perspective,

remuneration functions as legal recognition of delegated authority and professional accountability. Such reconceptualization significantly expands previous legal discussions, which have predominantly concentrated upon liability and legal protection without considering remuneration as an essential element of healthcare justice (Amar et al., 2026).

Table 9. Comparison between Previous Studies and the Present Study

Author(s)	Research Focus	Main Findings	Research Gap
Yani et al. (2020)	Legal protection for nurses	Delegated authority requires legal protection	No remuneration framework
Huda & Huda (2021)	Delegated medical procedures	Legal responsibility of nurses	Economic rights not discussed
Suryanti et al. (2021)	Professional liability	Administrative and civil liability	No remuneration model
Rohima et al. (2024)	Delegated authority under Health Law	Professional authority strengthened	No legal calculation model
Present study	Nurses' remuneration rights	Development of the **PIKAT Model**	Introduces a normative remuneration framework

The comparative analysis confirms that previous studies consistently focused on legal authority, delegated responsibility, and professional protection. None proposed measurable legal criteria for determining remuneration or developed an operational framework linking delegated authority with economic rights. Consequently, the PIKAT Model represents a substantive theoretical advancement within Indonesian health law by integrating legal doctrine, healthcare governance, and remuneration policy into a single normative framework.

Beyond its theoretical contribution, the proposed model also possesses important practical implications. Hospitals may adopt the PIKAT assessment framework while retaining flexibility regarding institutional remuneration percentages. Government agencies may utilize the model as a conceptual reference for future healthcare regulations concerning remuneration standards. Professional nursing organizations may employ the model to advocate more equitable remuneration policies, while legal practitioners may use its assessment parameters to evaluate remuneration disputes involving delegated medical procedures.

Overall, the conceptual evaluation demonstrates that the PIKAT Model fulfills the three legal values proposed by Gustav Radbruch. The model strengthens legal certainty by establishing objective remuneration criteria, promotes justice by aligning economic rights with delegated professional responsibility, and enhances expediency by improving healthcare governance and interprofessional collaboration. Accordingly, the model provides both a theoretical contribution to health law scholarship and a practical foundation for future regulatory reform concerning nurses' remuneration rights in Indonesia.

4. CONCLUSION

This study concludes that the current Indonesian legal framework governing delegated medical procedures has successfully established legal certainty regarding the authority and professional responsibilities of physicians and nurses but has not explicitly

regulated nurses' entitlement to remuneration arising from delegated medical procedures. Although Law Number 17 of 2023 concerning Health, Government Regulation Number 28 of 2024, and related healthcare regulations provide comprehensive provisions concerning delegated authority, professional competence, and legal accountability, they do not establish standardized legal criteria for determining remuneration. Consequently, remuneration systems remain dependent on internal hospital policies, creating disparities in compensation among nurses performing comparable delegated medical procedures. This regulatory condition reflects a normative legal vacuum that weakens legal certainty and distributive justice concerning nurses' economic rights.

The principal scientific contribution of this study is the development of the PIKAT Model (Competency-Based Remuneration Calculation for Medical Procedures) as a normative remuneration framework specifically designed for delegated medical procedures performed by nurses in private hospitals. The model integrates ten measurable assessment parameters, namely legal authority, professional competence, procedural complexity, clinical risk, professional responsibility, service contribution, quality of care, individual performance, institutional factors, and professional ethics through a weighted assessment mechanism. Unlike existing remuneration systems that primarily emphasize institutional discretion, the proposed model establishes objective legal criteria linking delegated professional authority with proportional economic rights, thereby providing a transparent and legally justifiable basis for remuneration determination.

Conceptual evaluation based on Gustav Radbruch's Theory of Law demonstrates that the PIKAT Model fulfills the principles of legal certainty, justice, and expediency. The model enhances legal certainty by providing standardized remuneration parameters, promotes distributive justice by aligning economic rights with delegated professional responsibility and clinical risk, and improves expediency by supporting transparent healthcare governance, strengthening interprofessional collaboration, and encouraging quality improvement within private hospitals. Accordingly, remuneration is repositioned not merely as an administrative or managerial instrument but as an integral component of legal protection for nurses performing delegated medical procedures.

The findings have important implications for policymakers, hospital administrators, and professional organizations. The PIKAT Model may serve as a conceptual reference for future healthcare regulations concerning nurses' remuneration rights, support private hospitals in developing objective remuneration policies, and contribute to strengthening legal protection within Indonesia's healthcare system. Future studies are encouraged to extend the present research through empirical validation of the PIKAT Model across different hospital settings and by examining its practical effectiveness in improving remuneration equity, professional motivation, and healthcare service quality.

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