

Experience of Nurses in Carrying Out the Main Duties and Functions of Nurses at UPT Puskesmas Panamas, Kapuas Regency, in 2023 / 2024

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Abstract. This research explores the experiences of nurses in carrying out their main duties and functions at the Panamas Community Health Center. Qualitative methods with a phenomenological approach are used to gain an in-depth understanding of this phenomenon. Data was collected through in-depth interviews with 12 nurses selected by purposive sampling. Data analysis using the Colaizzi method produced five main themes: (1) Nurses' activities in health services, (2) Tasks carried out by community health center nurses, (3) The importance of good health program management, (4) Management of duties and authority in health services, and (5) Shortage of health and non-health personnel and multifunctionality in health services. Research results show that nurses often have to take over the roles of doctors, administrative staff, and pharmacists due to limited human resources even though these tasks should not be their responsibility. This causes nurses to lose focus in carrying out their main duties, nurses feel that their main role as care providers is disturbed. Nurses also run various health programs and serve as physician assistants, although these roles often exceed their duties. The importance of good health program management was emphasized, as many participants experienced difficulties in achieving targets, reporting and patient monitoring. Management of tasks and authority includes handover of tasks, delegation of daily tasks, and delegation of authority, however socialization to staff has not been comprehensive. Lack of human resources causes nurses to carry out multiple roles which hinders their professional development. This research recommends strengthening competency and further training for nurses, increasing legal awareness regarding the delegation of authority, integrating health management education in the nursing curriculum, as well as increasing the number and qualifications of human resources in community health centers.

Keywords Nurses, Main Duties and Functions, Puskesmas, Experience, Phenomenology

1. INTRODUCTION

Nurses have a vital role in healthcare, especially at Community Health Centers (Puskesmas) as the primary healthcare facilities. The main duties and functions of nurses in Indonesia are regulated in the Regulation of the Minister of Administrative and Bureaucratic Reform (PANRB) Number 35 of 2019. However, field phenomena show that many Puskesmas nurses have not been optimal in carrying out their roles according to these regulations.

A preliminary study at the Panamas Puskesmas by interviewing 3 (three) nurses revealed problems such as a lack of understanding of their duties, poor communication, a shortage of medical personnel, and overlapping work that hinders service. These findings indicate the need for a deeper exploration of nurses' experiences in carrying out their main duties and functions.

Several previous studies have highlighted similar phenomena. Wahyudi (2020) found a mismatch between the implementation of nurses' main duties and functions at the Puskesmas, which made them uncomfortable and not optimal in carrying out their roles. Nuriyanto, Rahayuwati, & Lukman (2020) revealed that nurses often take over tasks outside their authority, disrupting their focus on nursing care. Prabasari & Juwita (2021) stated that Puskesmas nurses have not been able to demonstrate professional independence and are forced to perform additional tasks outside their competence.

This problem needs to be reviewed from the perspective of relevant nursing theories. Patricia Benner's "From Novice to Expert" theory becomes a suitable conceptual foundation. This theory explains the stages of nurses' skill development through the acquisition of experience from the beginner level to the expert level. Benner emphasizes the importance of practical experience in developing expertise and fundamental knowledge in nursing practice (Sumartini & Purwanto, 2022).

Nursalam (2015) also highlights the need for a strong theoretical foundation and mastery of diverse skills so that nurses can carry out their duties effectively, independently, and responsibly. Nurses are required not only to be technically competent but also to demonstrate caring, autonomy, and independence in their work.

The application of Benner's theory in the Puskesmas context can help understand the dynamics of nurses' competency development. Novice nurses with minimal experience require close supervision and guidance, while expert nurses can handle complex situations intuitively based on deep understanding. Discrepancies between the level of competence and the workload can hinder the professional development of nurses.

In addition, the suboptimal management of Puskesmas also contributes to this problem. Lack of human resources, unclear task division, and limited delegation of authority are issues that are often encountered (Wahyudi, 2020). Better governance is needed to ensure nurses can focus on carrying out their primary roles according to their main duties and functions.

Considering the complexity of the problem and the limited evidence related to this topic, in-depth research with a qualitative approach needs to be conducted. This method allows for a holistic understanding of individuals' experiences, perceptions, and meanings attached to a phenomenon (Afiyanti & Rachmawati, 2014). The phenomenological approach is suitable for exploring the reality of Puskesmas nurses' practices.

This research specifically aims to explore the experiences of nurses in carrying out their main duties and functions at the Panamas Puskesmas. The research results are expected

to provide an evidence-based foundation for optimizing the role of Puskesmas nurses and improving the quality of primary health services. The resulting recommendations can be input for policy formulation, management improvements, and nurse competency development.

The urgency of this research lies in its potential contribution to improving the performance of health services. Competent nurses who perform their roles optimally will have a direct impact on patient satisfaction, service efficiency, and the achievement of public health indicators. Research findings can also enrich the body of nursing knowledge related to the application of Benner's theory in the context of Puskesmas in Indonesia.

The novelty of this research lies in the in-depth exploration of the reality of the implementation of the main duties and functions of Puskesmas nurses, which has not been widely carried out before. The specific characteristics of the Panamas Puskesmas as the research setting also contribute to the novelty, as each Puskesmas has unique dynamics in terms of resources, workload, and the complexity of problems.

Considering the background, problem formulation, literature review, theoretical foundation, and the proposed method, this research is expected to produce meaningful findings regarding the experiences of nurses in carrying out their main duties and functions. The practical and theoretical implications of these findings will contribute to the development of nursing science and practice, especially at the level of primary health services.

2. METHODS

This research is a qualitative study with a phenomenological approach. This design was chosen to gain an in-depth understanding of the experiences, perceptions, and meanings that nurses attach to the implementation of their main duties and functions at the Puskesmas. Phenomenology allows the exploration of participants' subjective realities through in-depth interviews and observations (Afiyanti & Rachmawati, 2014).

The participants of this study are 12 implementing nurses at the Panamas Puskesmas, selected through purposive sampling with the following inclusion criteria: 1) Have a minimum of 3 years of work experience, 2) Able to communicate well, and 3) Willing to participate in the research by signing an informed consent. The number of participants was determined based on the principle of data saturation (Afiyanti & Rachmawati, 2014).

Data was collected through semi-structured in-depth interviews and observations. Interviews were conducted face-to-face for 30-60 minutes in the general polyclinic

examination room, treatment room, or other agreed-upon locations. The interview guide was developed based on the research objectives and relevant literature. Observations were made on the implementation of nurses' duties when providing services. The entire data collection process was carried out by the principal researcher after obtaining ethical approval from the Health Research Ethics Committee of the University of Muhammadiyah Banjarmasin (No. 1234/KEPK-FKMB/EC/XII/2023).

The interview data was transcribed verbatim and analyzed using the Colaizzi's method (Morrow et al., 2015). The analysis steps include: 1) Reading the transcripts repeatedly, 2) Extracting significant statements, 3) Formulating meanings, 4) Categorizing meanings into clusters of themes, 5) Integrating the results into a comprehensive description, 6) Formulating the essence of the phenomenon, and 7) Validating the findings with the participants. Data analysis was conducted inductively, and the findings are presented in the form of narratives, tables, and diagrams.

The trustworthiness of the data is maintained through the principles of credibility, dependability, confirmability, and transferability (Afiyanti & Rachmawati, 2014). Credibility is pursued through source and method triangulation, as well as member checking. Dependability is fulfilled by an audit trail that enables the tracing of all research activities. Confirmability is ensured through researcher reflexivity and documentation of the entire analysis process. Transferability is achieved by providing a detailed description of the research context.

This research has received approval from the Health Research Ethics Committee of the University of Muhammadiyah Banjarmasin (No. 1234/KEPK-FKMB/EC/XII/2023). All participants have signed an informed consent after receiving a complete explanation of the research objectives, benefits, risks, and procedures. The confidentiality of the participants' identities is maintained by using codes. The data is stored securely and can only be accessed by the research team.

3. RESULTS

Participant Characteristics

This study involved 12 nurses working at Panamas Community Health Center as participants. Table 1 shows the frequency distribution of participant characteristics. The majority of participants were aged 30-40 years (75%) and female (66.7%). Nine participants (75%) had a Diploma III in Nursing, while three (25%) held a Bachelor of Nursing degree.

The participants' work experience ranged from 3 to 19 years, with an average of 7.25 years (SD=4.45).

Table 1. Frequency Distribution of Participant Characteristics

Karakteristik	N	%	Karakteristik	N	%
Usia (tahun)			Pendidikan		
30-40	9	75	D3 Kep.	9	75
>40	1	8,3	S1/Ners	3	25
<30	2	16,7			
Jenis Kelamin			Masa Kerja (tahun)		
Laki-laki	4	33,3	3-5	5	41,6
Perempuan	8	66,7	6-10	5	41,6
			>10	2	16,8

Analysis Themes

Thematic analysis yielded five main themes that describe nurses' experiences in carrying out their primary duties and functions at Panamas Community Health Center. These themes are: 1) Nurses' activities in health services, 2) Tasks performed by community health center nurses, 3) The importance of good health program management, 4) Management of duties and authorities in health services, and 5) Inadequate human resources at the community health center in terms of quantity, type, and qualifications. Figure 1 displays a chart of the themes and sub-themes resulting from the analysis.

Theme 1. Nurses' Activities in Health Services

Sub-theme 1.1 Replacing the role of doctors

Nine out of 12 participants revealed that they often have to substitute for the doctor's role when the doctor is absent or unavailable.

"Yes, only if there's no doctor. If the doctor is present, then no." (P1)

"Nurses are assigned to general examinations to assist the doctor." (P2)

"We do it, for example, when the doctor is not on site." (P7)

Sub-theme 1.2 Substituting administrative tasks

"There have been additional tasks, for example at the counter, ... I've helped out." (P6)

"We can help because we usually rotate duties. We can be in the ward, then at the counter, and so on..." (P10)

Sub-theme 1.3 Substituting pharmaceutical functions

"It has happened. For instance, in the pharmacy, we sometimes go to the pharmacy area where we're scheduled to assist. We give medication to patients. If there's a prescription, we retrieve the medicine and give it to the patient." (P3)

"In the pharmacy, we usually substitute if no one's there. Other than that, not really."
(P12)

Sub-theme 1.4 Serving at the auxiliary health center

"I work concurrently at the auxiliary health center." (P5)

"Yes, at the auxiliary health center. Sometimes there's a nurse, sometimes a midwife there." (P11)

Theme 2. Tasks Performed by Community Health Center Nurses

Sub-theme 2.1 Health program managers

"Currently managing the Hajj Health Program and Coordinator for Non-Communicable Disease Screening"(P1)

"As for programs, I manage the rabies program, and the chronic disease care program for PRB patients, BPJS Pcare". (P2)

Sub-theme 2.2 Core duties and functions of nurses: Nursing interventions and care

Participants stated that they carry out their core duties and functions as nurses by implementing nursing care, checking blood pressure, weight (vital signs), wound care, administering oxygen, performing minor surgeries/circumcisions, providing education, suturing wounds, conducting patient anamnesis, measuring waist circumference, applying therapeutic communication, promoting health, performing emergency care, and preparing patient reports. Here are the participant interviews:

"First, our main duty is to implement nursing care, perform interventions such as taking vital signs, wound care, administering oxygen, in accordance with nursing care aligned with our profession." "Usually minor surgeries," (P1)

"Eh.. we usually do counseling, health promotion, is that taking someone else's job?" "We have therapeutic communication, we communicate with patients, provide education, patient care, nursing care for patients."(P5)

Sub-theme 2.3 Medical staff duties

Participants said that nurses perform tasks outside their core functions, such as minor surgeries, medication administration, prescribing medications, and others. Here are the participant interviews:

"Then usually there's medication given or something to the patient, what medication."(P2)

"Performing interventions, cleaning wounds, assisting with suturing wounds"(P3)

"For example, when patients come for treatment, we serve them for their medication."
(P4)

"The core function and duty of a nurse is basically, well, treating sick people, certainly."(P9)

Sub-theme 2.4 Doctor's assistant

Participants stated that the core duty of nurses is to assist doctors. Here are the participant interviews:

"We record minor complaints, then we assist the doctor."(P7)

"Usually when we serve patients, we write nursing care plans, after the patient receives treatment, we assist the doctor in serving patients."(P12)

Theme 3. The Importance of Good Health Program Management

Sub-theme 3.1 Large program targets

Participants mentioned Large Program Targets as evident in the following interview excerpts:

"There are difficulties, especially when the target is large, it's hard to achieve the target"(P1)

"The target for Posbindu patients is around 3,500 if I'm not mistaken" (P3)

Sub-theme 3.2 Difficulty in reaching patients

Participants stated that Patients are Difficult to Meet as seen in the following interview quotes:

"... The difficulty is when we visit patients. The patient isn't there. It reduces our achievement."(P4)

"As for obstacles, it's often because these patients we're looking for, who clearly have a history, they may not be at that place, that's often the challenge"(P5)

Sub-theme 3.3 Difficulties with Patient Administration

Participants mentioned difficulties in patient administration where patients cannot be served because they don't have BPJS (national health insurance), as seen in the following interview quote:

"There are those without referrals, because the constraint is, like sometimes patients don't have BPJS, we sometimes can directly ask the patient to arrange BPJS because we coordinate with the local government to make BPJS, maybe we know families who are less fortunate." (P6)

Sub-theme 3.4 Uncertain Integrated Activity Schedule

Participants stated that the Integrated Activity Schedule is Uncertain as evident in the following interview quotes:

"The obstacle is maybe because we don't know when we'll depart for DD (In-District Service). Because of the activity schedule." (P7)

"... What's burdensome, honestly, first is the implementation time. Actually, for the UKK post, since there are only a few patients and it doesn't really need a long time for activities, but we often carry it out earlier than the usual working hours" (P10)

Sub-theme 3.5 Numerous and Urgent Reports

"...this year there are more applications, usually these reports were manual but now they have to be entered into the application and that's, uh, troublesome for me, to upload it you have to input the data first then enter it into the application while I'm working alone." (P8)

"It's just the reports, sometimes they're requested urgently. Reports are asked for such and such, the target is this much." (P12)

Sub-theme 3.6 Insufficient Budget for Program Activities

"... Besides that, we're also hindered by the lack of budget, so we're less able to monitor patients." "like... Yes, because sometimes the budget is reduced so we monitor patients less frequently." (P9)

"... It's from the budget, sis. Activities are cut, reduced. So there's only screening." (P11)

Theme 4. Management of Duties and Authorities in Health Services

Sub-theme 4.1 Handover of duties during leave

Two participants described their experiences when they had to hand over their duties to other nurses when taking leave.

"... usually it's written from the Administration Unit, a letter of duty delegation is made (for leave)" (P1)

"..., the delegation of duties maybe, for instance, if there's work, say if one person is on leave, it can be delegated to replace this one's duty" eh, it can be like that." (task handover regarding leave) (P8)

Sub-theme 4.2 Scheduled Task Delegation

Participants said that task delegation is already scheduled weekly. And this task delegation is not formally written, only in the form of a schedule approved by the head of

the community health center, and this schedule will change every week. Here are quotes from participant interviews:

".... If I'm not mistaken, there isn't any," "The schedule is arranged every week, who's on duty in the room." (P1)

"no, never" just divided by schedule."(P3)

"uh, no. There's only the schedule. We take turns once a week".(P6)

Sub-theme 4.3 Delegation of Authority outside Nurses' Main Duties

Participants said they were given task delegation outside of nurses' main duties, namely as Pcare officers, siAktip attendance admin, and as nurses in auxiliary health centers who perform all medical and nursing actions there. Here are quotes from the interviews:

"there's a decree if it's Pcare, there are several people who handle Pcare, there's a signed decree." (P2)

"Written. There is" "I work concurrently at the auxiliary health center." (P5)

"Assignment letter. For the decree as well, an appointment letter. Maybe for the decree, because the time was urgent yesterday, so it's an appointment letter."(P7)

Theme 5. Inadequate Human Resources at the Community Health Center in Number, Type, and Qualifications

Sub-theme 5.1 Lack of administrative staff

"actually, that's not a nurse's job. It's more for management or administration to do that, but because there isn't any, so nurses can do it."(P2)

"We're short-staffed, sis, so we're placed there" and we handle everything in that administrative room"(P3)

"Actually no, it's just, what is it, we're short-staffed, sis. At the health center, that's why we're rotated. There are only two at the counter, guarding the counter. Actually with one Nurse, maybe like that." (P11).

Sub-theme 5.2 Lack of doctors

"Regarding doctors, ideally each community health center should have at least 2 (two) people so that services can be optimal, so they can take turns, for example if one doctor has activities outside, the other can be on standby at the health center" (P1)

"For our auxiliary health center, we don't have a doctor." there are only nurses and midwives" (P5)

Sub-theme 5.3 Lack of pharmaceutical staff

"... helping a friend who's not there. For example, if they're in the pharmacy room, it's okay" (P8).

"In the pharmacy, usually if there's no one, we substitute. Other than that, not really." (P12).

4. DISCUSSION

4.1 Interpretation of Research Results and Theme Analysis

4.1.1. Nurses' Activities in Health Services

The first theme explains nurses' activities in health services, particularly in community health centers (puskesmas), where nurses have additional activities such as substituting for doctors, replacing administrative staff roles or duties, replacing pharmaceutical roles and duties, and even performing all medical and non-medical actions in auxiliary health centers (pustu).

4.1.1.1 Nurses Substituting Doctors' Duties

Research results show that nurses in community health centers have additional roles and duties, including substituting for doctors, administrative staff, and pharmacists, as well as performing medical and non-medical actions in auxiliary health centers. This aligns with previous studies by Wahyudi et al. (2020) and Tanati et al. (2021), which noted discrepancies in the implementation of nurses' main duties and functions.

Nurses' role in substituting for doctors occurs because there is only one doctor who also serves as the head of the health center. Patricia Benner's theory "From Novice to Expert" is highly relevant in explaining the development of nurses' competence in this situation. Nurses often take on greater responsibilities and perform tasks previously in the doctor's domain. Benner states that proficient nurses can see situations holistically and recognize the most prominent aspects.

The role of nurses continues to evolve with the emergence of Nurse Practitioners (NP) or Advanced Practice Registered Nurses (APRN), who can diagnose, provide treatment, and perform certain medical procedures. Benner's theory supports this development, but it needs to be backed by regulations that benefit nurses.

4.1.1.2 Replacing Administrative Staff Roles and Duties

The situation at Panamas Health Center, where nurses also perform administrative duties, aligns with Benner's theory on competence development from novice to expert.

4.1.1.3 Nurses Replacing Pharmaceutical Roles and Duties

This research found that nurses play a role in replacing pharmaceutical roles and functions. This occurs due to a shortage of pharmaceutical staff, where when they (pharmaceutical staff) are not available, and sometimes all activities are already scheduled weekly.

The situation in health centers where nurses replace pharmaceutical roles and duties aligns with Patricia Benner's theory on competence development from novice to expert. Benner and Wrubel (1989) conceptualized four main aspects of understanding that humans must face: situational role, bodily role, personal matters role, and temporality role.

4.1.1.4 Nurses Serving in Auxiliary Health Centers

Transformation begins from the Health Center, Posyandu as a Village Community Institution, and later must involve private health service facilities. Integration of primary services at the village/kelurahan level will involve all existing structures in the village, namely the village government and Village Community Institutions (Posyandu, PKK, and Youth Organizations).

4.1.2. Tasks Performed by Community Health Center Nurses

This research found that various tasks performed by nurses include being program holders, carrying out nurses' main duties and functions, performing medical staff duties, and also serving as doctor's assistants.

4.1.2.1 Participants as Program Holders

Programs in Community Health Centers (Puskesmas) are regulated by Indonesian legislation to ensure comprehensive and quality health services.

Benner's theory, known as "From Novice to Expert," explains how nurses develop skills and understanding of patient care over time through formal education and practical experience (Alligood, 2017).

4.1.2.2 Nurses Carrying Out Main Duties and Functions as Nurses and as Functional Nursing Staff

Nurses as program holders and functional nursing staff also serve in Individual Health Effort (UKP) activities, namely health services within the health center, carrying out health services to patients individually according to their main duties and functions as nurses. Nurses also carry out Community Health Effort (UKM) activities outside the Health Center by running program activities, conducting early detection, education, counseling, and coordination meetings across sectors.

The main duties and functions at Panamas Health Center are not yet in line with those in the Minister of Administrative and Bureaucratic Reform Regulation Number 35 of 2019 and have not been well socialized to all staff.

4.1.2.3 Nurses Performing Medical Staff Duties

Participants (nurses) in health centers carry out tasks beyond nurses' main duties and functions, namely nurses performing medical staff duties such as providing patient treatment services, prescribing medications, performing minor surgeries, and suturing wounds. This occurs because nurses are predominantly present in the treatment and general examination rooms, and when medical staff are not available, nurses take on these roles.

Benner's theory is used to analyze this situation, where nurses performing medical staff duties may be at the "Proficient" or even "Expert" stage.

4.1.2.4 Nurses Becoming Doctor's Assistants

In health services at the health center, nurses become doctor's assistants when providing services to patients, namely nurses accompanying the doctor's activities in serving patients. According to Nurulita & Sulistiadi (2023), the role of the nursing profession is evolving with the introduction of nurse practitioners who play an important role in building integration in interprofessional health teams, not just fulfilling the role of labor savers..

4.1.3. The Importance of Good Health Program Management

Research findings from theme three reveal that good health program management in Community Health Centers is crucial due to many participants reporting difficulties in achieving program targets and producing numerous reports, both manually and online, with specific deadlines. Additionally, challenges in patient data collection and monitoring were found, where patients were not at home during home visits. Furthermore, there is uncertainty in operational and program activity schedules, with integrated program activity schedules being uncertain, causing other program holders to be unaware of when integrated activities will take place. The last category is insufficient program activity budgets, limiting staff's ability to monitor patients more frequently and effectively.

4.1.4. Management of Duties and Authorities in Health Services

Research findings from theme four show that the management of duties and authorities in health services at Panamas Community Health Center includes task handovers (leave) for civil servants taking leave, transferring their duties or work to other civil servants such as PPPK or regional contract workers with similar or equivalent education. Secondly, there are unwritten daily task delegations that are scheduled weekly on a rotating basis in different rooms, where nurses also perform duties in other areas such as information desks,

registration counters, pharmacy, laboratory, and Pcare. Thirdly, there is delegation of authority outside nurses' main duties and functions, where nurses are given authority delegations such as attendance officers (siAktip now replaced with SIAPBOS application), Pcare officers who have been given official decrees to input service data and patient referrals, and delegation of nurses to auxiliary health centers (Pustu) where a nurse is assigned to assist there.

Authority delegation at Panamas Health Center is included in the health center accreditation file but has not been officially socialized to all health center staff for comprehensive understanding. Meanwhile, at the auxiliary health center, there is already a delegation letter that is handed directly to the delegation recipient, whether nurses or midwives serving at the auxiliary health center.

4.1.5. Inadequate Human Resources at the Community Health Center in Number, Type, and Qualifications

Research findings from theme five show that there is a shortage of Human Resources at the Community Health Center, which is Inadequate in Number, Type and Qualification in health services, where the first category is a shortage of administrative, registration, and information desk staff. The second category is where there is still a shortage of doctors and nurses have dual roles, and a shortage of pharmaceutical staff. Therefore, Panamas Health Center still lacks human resources, both in terms of health and non-health personnel, and there is a multifunctional role of nurses in services at Panamas health center.

Patricia Benner developed the "From Novice to Expert" theory which describes the development of nursing skills through five stages: Novice, Advanced Beginner, Competent, Proficient, and Expert. This theory emphasizes that practical experience and work environment greatly influence nurses' professional development.

4.2 Research Limitations

This research was conducted using qualitative research methods and used primary data from in-depth interviews with twelve participants and also conducted with field notes. The limitations of this study are:

4.2.1 This research was conducted at the workplace during working hours. Once, it happened that a colleague entered the room and there was a patient who suddenly disrupted the interview atmosphere because this activity could not be done at any other time except during working hours, where after work all participants had other commitments, necessitating the interview process to be conducted only at the

Community Health Center. Finally, the researcher prepared a place that was quite far from the crowd and did not interfere with the interview process.

4.2.2 Obstacles in finding sources such as files that were previously mentioned by participants were not found and needed investigation from all sides. As a result, the researcher asked for accreditation documents from the Head of Administration where Nurses' Main Duties and Functions data and delegation of authority to nurses were found in the newly created accreditation document file.

4.2.3 The researcher's method of exploring questions to participants was incomplete in some cases. However, the researcher corrected this by repeating interviews with questions that had not been answered.

4.3 Research Results Implications

The results of this study have implications for the nursing profession, participants, related institutions, knowledge development, health policy, further research, and other health professionals. There is a need for affirmation of the nurse's role, evaluation of organizational structure, strengthening of program management and human resources, development of policies that support optimal nursing practice, and cooperation among health professionals.

By understanding these implications, all parties are expected to contribute to improving the quality and effectiveness of health services in community health centers. This includes increasing the number and qualifications of human resources, adequate budget support, and clear rules on delegation of authority and interprofessional collaboration. Nurses need to be actively involved in planning and decision-making, and supported with relevant training and education. Further research is also needed to explore the effectiveness of integrating administrative tasks into nursing practice and to identify best practices in health program management in community health centers.

5. CONCLUSION

Nurses at community health centers often have to take over the roles of doctors, administrative staff, and pharmacists due to limited human resources, even though these tasks should not be their responsibility. This causes nurses to lose focus in carrying out their main duties and functions, and nurses feel that their primary role as care providers is disrupted. In addition to serving at auxiliary health centers, nurses are often fully responsible

for all health services, although efforts to integrate services through Posyandu Prima have not been well implemented.

Nurses' activities in health services at Panamas Community Health Center cover various areas, including substituting for doctors, administrative tasks, pharmaceutical functions, and assisting at auxiliary health centers. This shows a discrepancy in the implementation of nurses' daily activities with their main duties and functions as nurses. Nurses at the Community Health Center hold various health programs, carry out their main duties as nurses, and also perform additional roles as medical staff, administration, and pharmacy. They also act as doctor's assistants in patient care, although these roles often exceed the nurses' main duties and functions regulated by regulations. This situation demonstrates the importance of skill development through experience, in line with Benner's "From Novice to Expert" theory. However, these additional tasks should be protected by written delegation of authority to be legally accountable.

The importance of good health program management at the Community Health Center is evident, as many participants face difficulties in achieving targets, making reports, and overcoming obstacles in data collection and patient monitoring. In addition, there is uncertainty in program activity schedules and budget limitations that hinder the effectiveness of patient monitoring. Minister of Health Regulation No. 44 of 2016 emphasizes the importance of comprehensive management in Community Health Centers, including planning, resources, finance, and family-based health programs.

Task and authority management includes task handovers for civil servants on leave, daily task rotation, and delegation of authority to nurses and staff at auxiliary health centers, including medical actions. Although this delegation of authority has been documented in decrees and accreditation files, socialization to all staff has not been carried out comprehensively.

The shortage of human resources at Panamas Community Health Center, including administrative staff, doctors, and pharmacists, causes nurses to perform dual roles that hinder their focus on nursing care and impede their professional development according to the stages of Benner's theory. To support service quality and nurse development, an increase in the number and qualifications of human resources is greatly needed.

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