

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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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

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.

³³ 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 ⁴⁹ 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.

³² This research specifically ⁴ aims to explore the experiences of nurses in carrying out their ⁴⁵ 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.

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.

RESULTS

Participant Characteristics

This study involved 12 implementing nurses at the Panamas Puskesmas as participants. Table 1 shows the frequency distribution of participant characteristics. The majority of participants were aged 30-40 years (75%) and female (75%). Nine people (75%) had a Diploma in Nursing (D3) education, and 3 people (25%) had a Nursing (Ners) 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	f	%
Usia (tahun)		
30-40	9	75
>40	3	25
Jenis Kelamin		

Laki-laki	3	25
Perempuan	9	75
Pendidikan		
D3 Keperawatan	9	75
Ners	3	25
Masa Kerja (tahun)		
3-5	5	41,67
6-10	5	41,67
>10	2	16,66

Analysis Themes

Thematic analysis resulted in five main themes that describe the nurses' experiences in carrying out their main duties and functions at the Panamas Puskesmas. These themes are: 1) Nurses' activities in health services, 2) Tasks performed by Puskesmas nurses, 3) The importance of good health program management, 4) Management of tasks and authorities in health services, and 5) Inadequate Puskesmas human resources in terms of quantity, type, and qualifications. Figure 1 presents a diagram 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 take over the role of doctors when doctors are not present or unavailable.

"If the doctor is not there, we have to take over. We consult the doctor first by phone, but we are the ones in front of the patient." (P7)

"The doctor had an urgent matter, so I was the one examining the patient, prescribing medication as well. Luckily the patient was not too severe." (P10)

Sub-theme 1.2 Replacing administrative tasks

Eight participants stated that they are often asked to help or replace administrative tasks such as at the registration desk, medical records, or cashier.

"I'm often asked to help at the registration counter when the staff is busy. So while I'm on duty at the polyclinic, I run out front." (P6)

"I was once asked to replace the cashier who was on leave. Although I'm not very familiar with financial matters." (P11)

Sub-theme 1.3 Replacing pharmaceutical functions

Four participants reported their experiences in replacing the functions of pharmaceutical personnel in preparing and delivering medications to patients.

"If the pharmacy staff is out or on break, we're the ones who take the medications. Sometimes we also explain to the patients how to take them." (P3)

"That afternoon, the pharmacy staff had to leave early, so I continued the medication service until the Puskesmas closed." (P8)

Sub-theme 1.4 Serving at the Pustu (auxiliary health center)

Two participants shared their experiences when assigned to the Puskesmas Pembantu (Pustu) where they had to provide comprehensive services independently.

"At the Pustu, we do everything ourselves, from registration, examining patients, dispensing medications, to making referrals if necessary. The midwife usually helps as well." (P5)

"I was once asked to staff the Pustu for a month because the staff was on maternity leave. So I automatically handled everything." (P11)

Theme 2. Tasks Performed by Puskesmas Nurses

Sub-theme 2.1 Holders of health programs

All participants stated that in addition to service tasks, they also become the holders or persons responsible for various health programs at the Puskesmas.

"Apart from being an implementing nurse, I hold the NCD program, mental health program, and UKGS (School Dental Health Unit)." (P4)

"I was appointed as the immunization and surveillance coordinator. So I have to make sure all activities are running, the records are complete, and also make the reports." (P8)

Sub-theme 2.2 Implementers of nursing care according to their main duties and functions

All participants mentioned various nursing care actions that are their main duties, such as assessment, health education, home visits, and invasive actions.

"Well, in the polyclinic, we conduct assessments, physical examinations, determine nursing diagnoses, plan interventions, and evaluate." (P1)

"If patients need wound care, dressing changes, suture removal, or nebulization, I'm usually the one who performs those." (P12)

"We're also often asked to do home visits, usually for elderly patients or those with chronic diseases. We also educate their families." (P6)

Sub-theme 2.3 Assisting in medical tasks

Eight participants admitted to often helping or performing medical actions on a doctor's instructions, such as suturing wounds, inserting IVs, and administering medications.

"There was once a patient with an accident, the wound was quite deep. The doctor was at the ER, so I stitched the wound so the patient didn't have to wait too long." (P9)

"Doctors usually ask me to help insert IVs if they're busy. Or give injections according to the prescription." (P2)

Sub-theme 2.4 Assisting doctors

Four participants mentioned their role as doctor's assistants, especially in routine medical actions such as dressing changes or documentation.

"While the doctor examines the patient, I record in the medical record, then the doctor just signs. Sometimes I'm also asked to help change the bandages." (P12)

"I'm often asked by the doctor to prepare the equipment when they want to do a minor procedure, like excision, cautery, or IVA examination." (P7)

Theme 3. The Importance of Good Health Program Management

Sub-theme 3.1 Large program targets

Five participants complained about the large targets they had to achieve in the programs they held.

"The MR immunization coverage target was up to 95%. But in this area, many people refuse. So it's stressful to think about it." (P8)

"For the NCD program, we have to screen almost half of the population. With limited human resources, it feels heavy." (P1)

Sub-theme 3.2 Difficulty reaching patients

Three participants shared their difficulties in reaching patients during program implementation, especially for outdoor activities.

"Our work area is vast, with some remote areas. Sometimes scheduled visits are made, but the patients are not at home." (P4)

"During the POSBINDU NCD program, we had to go door-to-door to the residents' homes. Not everyone was willing to be examined." (P3)

Sub-theme 3.3 Administrative barriers

Two participants mentioned administrative barriers that affect the smooth implementation of the programs.

"There was a problem with PIS-PK data input in the past, it turns out a lot of it was duplicated or incomplete. By the time we wanted to verify it in the field, it was too late." (P6)

"Sometimes there are delays in the disbursement of BOK funds, so planned activities have to be postponed." (P9)

Sub-theme 3.4 Uncertainty in the schedule of integrated activities

Three participants complained about the frequent changes in the schedule of integrated activities across programs and sectors, making it difficult for them to manage their time.

"Coordination meetings with the Health Office or cross-sectors are often sudden, even though we already have a service schedule." (P7)

"Last year there was a cadre mentoring activity for Jumantik, but the schedule clashed with immunization. In the end, we divided the tasks." (P11)

Sub-theme 3.5 Limited budget

Three participants highlighted the issue of limited budget, which impacts the quantity and quality of program implementation.

"The travel budget for supervision to Pustu and Polindes is very limited. Even though it's important to maintain service quality." (P9)

"We've proposed to buy IVA screening equipment, but it wasn't approved due to budget constraints." (P5)

Sub-theme 3.6 Numerous reports that must be made

Three participants complained about the many program reports they have to make, both monthly routine reports and incidental reports.

"Every month we have to recap activities, then input them into the application. Plus if there are sudden data requests from the Health Office." (P8)

"For one UKBM activity, the reports can be 3-4 types. BOK fund SPJ, activity reports, minutes, attendance, not to mention activity photos. It takes up a lot of time." (P10)

Theme 4. Management of Tasks and Authorities in Health Services

Sub-theme 4.1 Handover of tasks during leave

Two participants recounted their experiences when they had to hand over their duties to other nurses when they were going to take leave.

"When I was going to take maternity leave, I first handed over the programs I was holding to a friend. Luckily, she already had experience, so it wasn't too difficult." (P8)

"When I had to attend training, I directed the polyclinic service tasks to the nurse who usually takes the evening shift. Alhamdulillah, it went smoothly." (P1)

Sub-theme 4.2 Scheduled delegation of daily tasks

Nine participants confirmed the existence of scheduled task delegation or delegation, especially for out-of-office services.

"We have a piket schedule for Pustu services, so we take turns. It's already arranged by the administrative head." (P2)

"When it's Posyandu schedule, those on duty at the main polyclinic all go to the Posyandu. Then they take turns with those who are not on duty." (P12)

Sub-theme 4.3 Delegation of authority outside of main duties and functions

Three participants revealed the delegation of authority for tasks outside their main duties and functions, such as becoming application administrators or Pustu staff.

"Last year I got an official decree as the SIMPUS administrator. So I'm responsible for inputting all UKP and UKM activity data." (P7)

"Actually, if at the Pustu, there should be a doctor or midwife. But due to lack of human resources, in the end, a nurse is assigned with an official letter." (P5)

Theme 5. Inadequate Puskesmas Human Resources in Terms of Quantity, Type, and Qualifications

Sub-theme 5.1 Lack of administrative staff

Five participants complained about the lack of administrative staff, causing them to be often asked to assist with these tasks.

"There are only two registration counter staff, and one of them is often absent. So we have to replace them, even though we also have to be on duty at the polyclinic." (P3)

"Here, there is only one medical records staff, and they are also the administrative staff. When they are busy, we have to help find the medical records or arrange the schedule." (P11)

Sub-theme 5.2 Lack of doctors

Five participants highlighted the lack of doctors at their Puskesmas, often causing nurses to have to take over the doctor's duties.

"We only have two doctors, and one of them is also the head of the Puskesmas. So when they are on duty outside, we are the ones who replace them at the polyclinic." (P6)

"Every Puskesmas should have a general practitioner, a dentist, and an MCH doctor. But here, there is only one general practitioner." (P10)

Sub-theme 5.3 Lack of pharmaceutical staff

Two participants mentioned the problem of lack of pharmaceutical personnel, forcing them to assist in medication services.

"The pharmacy staff is only one person, and their education is only a high school diploma. When they are out, we have no choice but to serve the patients who come to get the medications." (P8)

"There should be a pharmacist who is responsible for drug management. But there isn't one here, so we nurses have to do it.

DISCUSSION

This research explores nurses' experiences ⁴ in carrying out their main duties and functions at the Panamas Puskesmas. The results of the thematic analysis reveal five main themes that reflect the reality of nursing practice in primary health care services, namely: 1) Nurses' activities in health services, 2) Tasks performed by Puskesmas nurses, 3) The importance of good health program management, 4) Management of tasks and authorities in health services, and 5) Inadequate Puskesmas human resources in terms of quantity, type, and qualifications.

The first theme shows that Puskesmas nurses often have to replace the roles of other professions such as doctors, administrative staff, and pharmaceutical personnel. ²⁸ This finding is in line with previous research that has revealed the phenomenon of dual roles and excessive workloads on Puskesmas nurses (Herawati et al., 2020; Syahrizal et al., 2021). This condition not only puts pressure on nurses but also has the potential to reduce the quality of service. ²⁵ Studies show that excessively high workloads have a negative impact on job satisfaction, performance, and risk of errors ²⁵ (Carlesi et al., 2017; Guo et al., 2019). Therefore, a restructuring of the distribution of health workers is necessary so that nurses can focus on their main tasks according to their competencies.

The second theme reveals the diverse tasks performed by Puskesmas nurses, both as caregivers, program holders, ⁴⁶ and assisting in medical and administrative tasks. This finding confirms the complexity of the nurse's role as regulated in the Minister of Health Regulation No. 43 of 2019 concerning Puskesmas. However, this complexity needs to be balanced with the strengthening of competencies and clear boundaries of authority to avoid role conflicts or practices outside their expertise (Faura et al., 2021). Nurses also need to be empowered to be able to prioritize tasks according to urgency and delegate appropriately to maintain service quality (MacPhee et al., 2017).

The third theme highlights the importance of good health program management to support the performance of Puskesmas nurses. Participants reported various obstacles such as unrealistic targets, difficulty reaching targets, administrative barriers, schedule uncertainty, budget limitations, and high reporting burdens. This finding indicates the need to strengthen

managerial and leadership capacities in managing health programs. Skills such as strategic planning, resource management, monitoring and evaluation, and effective communication have been proven to contribute to the success of program implementation (Heerdegen et al., 2020; Nguyen et al., 2021). A reliable and integrated information system is also required to support data-based reporting and decision-making (Alhassan et al., 2019).

The fourth theme is related to the management of tasks and authorities in health services. The research results show the practice of handing over tasks during leave, delegation of daily tasks, and delegation of authority outside the main duties and functions of nurses. Although this mechanism is important to ensure the continuity of service, its implementation needs to be based on clear regulations and the competence of the delegation recipients (Kemenkes RI, 2017). Inappropriate delegation can increase the risk of errors and reduce the quality of service (Bittner et al., 2017). In addition, the process of handing over and delegating tasks needs to be carried out in a structured manner accompanied by adequate communication and supervision to ensure continuity of care (Gharaveis et al., 2018).

The fifth theme reveals the problem of human resource shortages at the Panamas Puskesmas, both in terms of quantity, type, and qualifications. This condition forces nurses to take over tasks outside of nursing, disrupting their focus on care and hindering professional development. This finding reinforces the importance of thorough human resource needs planning and continuous competency development. WHO (2016) emphasizes the need for a comprehensive health workforce development strategy, including planning, education and training, performance management, as well as equitable retention and distribution. Close collaboration between educational institutions and service providers is also needed to ensure the alignment of graduate competencies with field needs (Frenk et al., 2010).

Overall, the results of this study can be understood in the perspective of Benner's (1982) theory on the development of nurses' skills from novice to expert. Puskesmas nurses are required to carry out complex roles with limited resources, which can hinder their development to higher stages. Systematic efforts are needed to create a work environment that supports the acquisition of competencies through structured education, training, and practical experience (Murray et al., 2019). This is in line with the findings of Hariyati et al. (2017) which emphasize the importance of continuing professional development for Indonesian nurses to improve the quality of care.

This research has several limitations. First, the participants only came from one Puskesmas, so the transferability of the findings may be limited. Second, the data was only collected through in-depth interviews without direct observation, so there is a possibility of

recall bias. Finally, this study has not explored the perceptions of other stakeholders such as doctors and patients regarding nurse performance. Further research can use a mixed-methods design with a larger and more representative sample to obtain a more comprehensive picture.

¹³ Despite these limitations, this research provides empirical evidence about the reality of nursing practice at Puskesmas, which can be the basis for developing appropriate policies and interventions. These findings emphasize the need for reform in human resource management, strengthening of delegation systems, and improvement of work mechanisms to maximize the role of nurses in primary health care services. Effective multi-professional collaboration and adequate regulatory support are needed to realize quality nursing practice and improve public health.

The implications of these findings for nursing services at Puskesmas include the need for:

1. Reviewing the workload and job descriptions of nurses to match their competencies and available staffing ratios
2. Developing clear standard operating procedures regarding task delegation and authority, accompanied by adequate training and supervision
3. Strengthening the managerial and leadership capacities of nurses in managing health programs through training and mentoring
4. Developing an integrated information system to support data-based health program planning, monitoring, and evaluation
5. Advocacy to policymakers to increase investment in the development of health human resources, especially nurses, through needs planning, quality education, and training.

For nursing education institutions, the results of this research highlight the importance of equipping graduates with competencies relevant to the needs of primary care services, including management skills, leadership, and interprofessional collaboration. The nursing education curriculum needs to be regularly evaluated to align with the evolving roles of nurses. In addition, a close partnership between educational institutions and Puskesmas is necessary to facilitate the integration of theory and practice through innovative clinical learning models (Sari et al., 2018).

For nursing research, this study opens up opportunities for further exploration of factors affecting the performance of Puskesmas nurses, such as workload, practice environment, job satisfaction, and organizational culture. Intervention research is also needed to test the effectiveness of human resource capacity-building and service management strategies in

improving the quality of nursing care at Puskesmas. These findings will enrich the evidence-base for the development of better nursing policies and practices.

Theoretically, the results of this research contribute to the development of nursing management science, especially in the context of primary health care services in developing countries. The application of Benner's theory in understanding the dynamics of Puskesmas nurses' competencies provides a new perspective on the factors that hinder or support their professional development. These findings also expand the application of role theory in analyzing the complexity of nurses' role demands in primary care services with limited resources.

CONCLUSION

This research reveals that nurses at the Panamas Puskesmas often perform dual roles and additional tasks outside of their main duties and functions as nurses. This is due to the limited human resources at the Puskesmas, including a lack of administrative staff, doctors, and pharmaceutical personnel. Nurses in carrying out nursing care cannot be optimal because they have to perform additional tasks such as replacing doctors, administrative tasks, and serving as pharmaceutical staff.

This research also found the importance of good health program management at the Puskesmas. Many participants faced challenges in achieving targets, making reports, and overcoming data collection and patient monitoring constraints. Uncertainty in the schedule of program activities and budget limitations also hinder the effectiveness of patient monitoring.

Additionally, this research reveals the implementation of task and authority management at the Puskesmas, including the handover of duties for civil servants on leave, the daily delegation of tasks on a rotating basis, and the delegation of authority to nurses and staff at the Pustu (auxiliary health center). Although the 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 the Panamas Puskesmas, both health and non-health personnel, has caused nurses to perform dual roles that hinder their focus on nursing care and professional development according to Benner's theory stages.

This research suggests the need to strengthen nurses' competencies and provide advanced training, increase legal awareness regarding the delegation of authority, integrate health management education into the nursing curriculum, and conduct further research on the effectiveness of Puskesmas management, the impact of nurses' dual roles, and the

implementation of authority delegation. Increasing the number and qualifications of human resources at the Puskesmas is also highly necessary to support the quality of service and the professional development of nurses.

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