



**FACTORS OF HOSPITAL BYLAWS IMPLEMENTATION IN INDONESIA  
(SCOOPING REVIEW)**

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## ABSTRACT

*The implementation of Hospital Bylaws has different patterns and character, depending on the background and underlying factors. This study was aimed to examine the factors that influence the implementation of hospital bylaws in Indonesia. The research design used in this article was scoping studies. This research used article data obtained through a systematic search through two methods, namely systematic database search and systematic manual search. From the entire article that has been reviewed, it was found that the implementation of hospital bylaws was based on 4 factors, namely the owner, director, medical staff, and juridical. Factors that affected the implementation of hospital bylaws from the owner dimension are knowledge, awareness, and supervision about the implementation of hospital bylaws. Factors that affected the implementation of hospital bylaws from the Director Dimension were in the form of supervision and management of medical staff on the implementation of hospital bylaws. Factors that affected the implementation of hospital bylaws of the medical staff dimension was in the form of patient safety. The last factor that influences the implementation of hospital bylaws is the regulation on hospital bylaws, namely the Permenkes No: 75/MENKES/PER/IV/2011 which regulates hospital bylaws.*

Keywords: Factors, Implementation, Hospital Bylaws.

## ABSTRAK

*Implementasi Hospital Bylaws tergantung faktor-faktor yang melatarbelakanginya. Penelitian ini bertujuan untuk meneliti faktor-faktor yang mempengaruhi penerapan hospital bylaws di Indonesia. Desain penelitian yang digunakan dalam artikel ini adalah scoping studies. Bahan penelitian ini menggunakan data artikel yang didapatkan melalui pencarian secara sistematis dengan melalui dua metode, yakni systematic database search dan systematic manual search. Hasil penelitian ini menunjukkan bahwa faktor implementasi hospital bylaws didasari oleh 4 faktor yakni pemilik, direktur, staf medik, serta yuridis. Faktor yang memengaruhi implementasi hospital bylaws dari dimensi pemilik ialah berupa pengetahuan, kesadaran, dan pengawasan tentang implementasi hospital bylaws. Faktor yang memengaruhi implementasi hospital bylaws dari dimensi direktur ialah berupa pengawasan dan pengelolaan staf medik tentang implementasi hospital bylaws. Faktor yang memengaruhi implementasi hospital bylaws dari dimensi staf medik ialah berupa adanya patient safety. Faktor terakhir yang memengaruhi implementasi hospital bylaws ialah adanya peraturan mengenai hospital bylaws yakni dengan adanya Permenkes No: 75/MENKES/PER/IV/2011 yang mengatur hospital bylaws.*

Kata Kunci: Faktor-Faktor, Penerapan, Hospital Bylaws.

## INTRODUCTION

Health services carried out by the government and the community must meet quality standards, as well as become the rights of patients (customers) (Samino et al., 2022). Efforts that can be made to fulfill hospital standards and patient rights so that they do not cause legal disputes in the future are prepared by Hospital bylaws. *Hospital bylaws* are rules governing the relationship between the medical committee, hospital management, and hospital owners (Andriani, 2018). Hospital Bylaws, also known as status or internal hospital regulations, are the direction of the overall function and effective performance of the hospital by carrying out the hospital's mission, setting hospital goals, and supporting and monitoring the realization of its operations (Abor et al., 2008).

Hospital Bylaws, like any other rule, law, or regulation, will take physical form if they are carried out and implemented in the hospital. The application or implementation of a law is referred to as implementation (Ishaq, 2008). According to policy studies, implementation is a series of activities that are carried out in order to deliver policies to the community and ensure that these policies produce the expected results (Gaffar, 2009). This implementation is critical for good governance because it regulates (1) the organization of the hospital owner or representative, (2) the roles, duties, and authorities of the hospital owner or representative, and (3) the roles, duties, and authorities of the

hospital director, (4) the organisation of the medical staff, and (5) the roles, duties, and authorities of the medical staff.

In reality, the implementation of Hospital Bylaws has different patterns and characters, depending on the background and background factors. In a study in Saudi Arabia, it was explained that a non-compliance of medical staff with a rule, whether in the form of ethics and other professional issues, led to a poor reputation of the hospital (Albrithen & Yalli, 2013).

Research in Indonesia, with a legal certainty and effect approach, explains that with Hospital Bylaws hospitals have a legal foundation (Setiawan et al., 2019).

1. Law 44 Year 2009 on Hospitals;
2. Minister of Health Decree No. 772/Menkes/ SK/VII/2002 concerning Guidelines for Hospital Internal Regulations (Hospital Bylaws);
3. Minister of Health Regulation No. 755/Menkes/Per/IV/2011 on the Implementation of Medical Committees in Hospitals.

Susanti & Widjaja (2021) proposed that Hospital Bylaws become binding internal rules that are in accordance with the hospital management standards used in the National Hospital Accreditation Standards (SNARS) in a study at RS Persahabatan, Jakarta. As previously stated, this study provides no information on how internal regulations are implemented.

There are several papers on the topic of implementing internal hospital implementation. As done by (Sofyan & Turiningsih, 2015) with the subject at PKU Muhammadiyah Yogyakarta (Rahim, 2007) by linking with hospital quality medical. A literature review with the subject of hospital organisational success factors based on hospital internal regulations, done by Hidayati et al (2022). He concluded that hospital management is motivated by legal and technical factors. Although it contains several topics that are inherent aspects of implementation, the article can be considered quite limited because it only focuses on governance, not Hospital Bylaws implementation.

To fill the gap mentioned above, this thesis is a scoping review of articles published between 2002 and 2023 on the implementation of Hospital Bylaws in Indonesia. The range was chosen because the legal rules governing hospital internal regulations were established in 2002 by the Decree of the Indonesian Minister of Health Number 722/MENKES/SK/VI/2002.

## **METHOD**

### **1. Searching Technique**

The research design used in this article was scoping studies with the aim of identifying factors that influence the implementation of Hospital Bylaws in Indonesia.

Article data as material for this study was obtained through a systematic search using two methods, namely systematic database search and systematic manual search. The databases used in the search for articles were Science Direct, PubMed, Sinta, Crossref, and Garuda (Rahmadani & Chayati, 2023). The keywords used to search for evidence-based research use “or” and “and” (Fajriani & Anggraeni, 2023). There were “hospital bylaws” OR “hospital regulation” AND “implementation” AND “execution” AND “Indonesia”

### **2. Inclusion and Exclusion Criteria of articles**

Inclusion criteria are used to limit the discussion of articles so that they do not go beyond the scope of the discussion, while exclusion criteria are used to remove articles that do not meet the requirements. The inclusion and exclusion criteria used in this study are:

## 2.1. Inclusion Criteria

- Research articles related to the implementation of Hospital Bylaws in Indonesia.
- Fulltext article.
- Articles in English or Indonesian.
- Population/subjects are hospitals in Indonesia.
- Articles published in the last 20 years (2003-2023).

## 2.2. Exclusion Criteria

- Articles using the systematic review method, review.
- Article not available for full access (no fulltext available).

## 3. Methods of selecting and organizing articles

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) protocol guided the selection method in this review. The obtained articles were screened according to the principles of inclusion and exclusion. The articles were evaluated based on the review topic, objectives, and review questions (Aliun & Arofiati, 2022).

## 4. Article quality assessment method

Frequency count and content analysis were used as assessment methods in this thesis. According to Arksey & O'Malley (2005) this method was used by both and was later adopted and interpolated by the Joanna Briggs Institute, which is known as critical appraisal tools. Critical appraisal tools concentrate on two aspects: how the research on the source article was conducted and how the research and findings were presented (Glynn, 2006).

# RESULT

Preferred Reporting Systematic Reviews and Meta-analyses (PRISMA) were used to identify the articles. Article identification found 2492 articles using three databases: PubMed, Scencedirect, and Google Scholar. A selection was made from 2492 articles, and 15 were chosen for this review. The results of the synthesis of the 11 articles included in this review are presented in table 1:

## 1. Scheme or Diagram of PRISMA

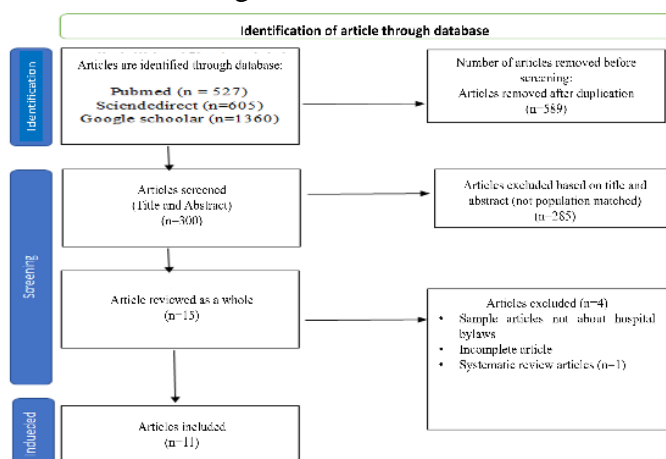


Figure 1 Diagram of Prisma

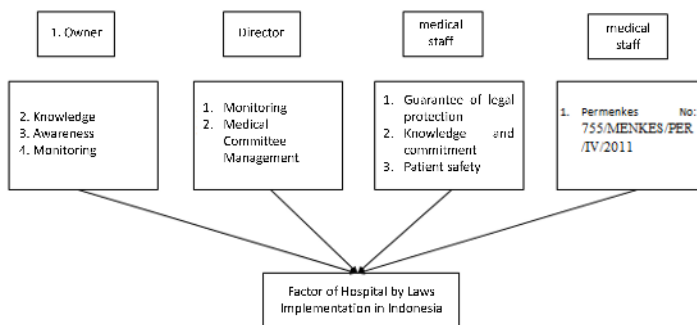
According to Figure 1, the initial database search yielded 2492 potentially relevant articles. There were 300 articles in total that were screened. Full text reading and quality assessment were performed

on a total of 15 articles. Two articles were excluded from the full text reading because they were not related to Hospital by laws, two articles were incomplete, and one article was on systematic review. 11 articles met the title, abstract, and inclusion criteria evaluation criteria.

## 2. Table of Literature Review Synthesis

Researchers chose articles from each database and extracted data from each article. The results of the articles reviewed related to the factors of hospital bylaw implementation in Indonesia totaled 11 articles.

## 3. Mind Map



**Figure 2** Mind Map

## 4. RESULT OF LITERATUR REVIEW

### a. Research Instrument

The 11 articles examined were of the legal, qualitative, and quantitative research varieties. Interviews, observations, documentation, and questionnaires designed by the author and team were used in all articles reviewed regarding hospital bylaw implementation factors. Literature studies were taken from applicable regulations and laws such as director's regulations, director's decisions, protocols, technicalities, and announcement sheets, observations were obtained from hospital observations, interviews were conducted in the form of in-depth reviews related to the implementation of the owners', directors', and medical committees' duties and authorities, and questionnaires were completed online by respondents.

### b. Characteristics

**Subjects/Respondents** According to the findings of the article review, the respondents were the hospital's owner, the health department's head of the health service sector, the RSUD's head of the medical service sector, the hospital director, the medical committee, general practitioners, specialist doctors, and other officers in the field of medical and supporting services.

### c. Factors in the implementation of hospital by laws in Indonesian hospitals

#### 1) Owner Factor

A number of questions posed to the owners of hospitals in Lampung about the ownership and application of hospital by laws yielded information in the form of the owners' lack of knowledge and understanding of hospital by laws. This is evidenced by hospitals' failure to use Hospital Bylaws in resolving conflicts or developing policies. They continue to believe that the Hospital Bylaws are only used for licensing and accreditation purposes.

## 2) Director

Research by Hartati et al., (2014) resulted in an average level of implementation of clinical governance in hospitals in Central Java of 67%, an average level of fulfilment of clinical governance structures of 75% and an average level of implementation of clinical governance processes of 58%. The level of implementation of the Medical Committee's duties is 3.3% medical audit, 3.3% credentialing, 50% continuing professional development and 70% fostering medical professionalism.

## 3) Medical Staff Factor

According to the findings of research by Sumarni, (2017), there were no respondents (0%) whose patient safety implementation was classified as very weak. According to Yunita et al (2016) , the application of patient safety by nurses in the Class III Inpatient Room of the Regional General Hospital Dr. Zainoel Abidin Banda Aceh was good, with 31 nurses (50.8%) participating. While 30 (49.2%) of other nurses were considered to be less capable of implementing patient safety.

Darlina (2016) found that the level of knowledge of nurses about patient safety was sufficient, with 29 respondents (43.3%) indicating that efforts to implement patient safety were in the poor category, with 43 respondents (64.2%), and there was a p-value of 0.001 between nurse knowledge and efforts to implement patient safety. High workload was assigned to 43 nurses (67.2%) working on the morning shift at Hasanuddin University Hospital Inpatient Installation, 49 (76.6%) on the afternoon shift, and 31 (48.4%) on the night shift. From these results it is also said that there is no relationship between workload and nurse performance in implementing patient safety at the Hasanuddin University Hospital Inpatient Installation on each work shift.

## **DISCUSSION**

### 1. Owner

The ultimate power holder in an organization is a "governing body" characteristic. The owner or representative is the ultimate power holder in the hospital. As a result, in Indonesia, the definition of "governing body" can be interpreted as the owner or representative (Setiawan et al., 2019).

Owners play a role in the implementation of Hospital Bylaws in Indonesia, as well as being the cause of factors. This is showed by the first article findings, which show that hospital owners have limited knowledge of hospital bylaws. They also believe that hospital bylaws are only concerned with licensing and accreditation requirements. This is in a line with research by Setiawan et al., (2019) which found that the most common mistake in understanding internal hospital regulations in general is viewing them as a set of SOPs, a set of board of directors' regulations for organizing hospitals, written hospital policies, and job descriptions of health workers and hospital officers.

### 2. Director

The director is involved in the formation of a medical committee at the hospital. The medical committee is a hospital tool for implementing clinical governance so that medical staff in the hospital maintain their professionalism through credentialing mechanisms, the quality of the medical profession, and the medical profession's ethics and discipline (Murniati et al., 2017). As a result, the director indirectly participates in the implementation of Hospital Bylaws through the management of the medical committee.

The director only perceives himself as an executor (Murniati et al., 2017). Whereas the directors go down to create procedures related to Hospital Bylaws, plan Hospital Bylaws implementation plans,

and take responsibility for Hospital Bylaws implementation (Purnomo, 2016). According to the findings of research by Yusuf (2017), leaders have an impact on improving safety and resolving problems in the organization as outlined in Hospital Bylaws. Leaders interpret, assume, and assess the problem, and then provide solutions in terms of knowledge, attitudes, and actions that must be taken.

The following issue is one of communication on the director's end. The communication issue at hand is the owner's lack of talks or meetings regarding Hospital Bylaws. Furthermore, the absence of supervision in accordance with hospital policy instruments is a factor from the owner that determines the implementation of Hospital Bylaws (Murniati et al., 2017).

### 3. Medical Staff

Medical staff see themselves only as implementers (Murniati et al., 2017). Whereas medical staff has views on the long-term viability of Hospital Bylaws implementation. This opinion can be used to evaluate the implementation of hospital bylaws. The medical staff, through the Chair of the Medical Committee, should provide input to the Hospital Director regarding the practice of medicine, as stated in the Hospital Bylaws." The Medical Committee advises the Director/ Deputy Director of Medical Services on clinical services, has been running and does not cause obstacles to each body, and there are no roles and functions and the same authority of the three bodies means that the regulation is effective (Purnomo, 2016).

Patient safety implementation is important because it is a way to build an overall patient safety program, because focusing more on patient safety implementation produces more safety results than focusing solely on patient safety programs (Sumarni, 2017). Building awareness of the importance of patient safety, as well as leading and supporting staff in patient safety implementation, is an important part of developing a patient safety culture.

Next is the performance that goes into the Hospital Bylaws implementation of patient safety. The performance of patient safety implementation is the result of an individual's or a person's work in implementing patient safety that has been declared by the hospital in making patient care safer, which includes risk assessment, identification, and management of things related to patient risk, reporting, and incident analysis, the ability to learn from incidents and their follow-up, and the implementation of solutions to reduce the incidence of risk and prevent injury causation. Hospital patient safety is a system where hospitals make patient care safer so that patient safety is included in the performance of nursing care.

Factors affecting the performance of nurses who implement patient safety can have an impact on their performance. According to Gibson's performance theory, there are three variables that affect performance: individual variables, psychological variables, and organizational variables. Meanwhile, Griffiths suggests that nurse workload is one of the factors that contribute to the occurrence of health problems in hospitals (Satria et al., 2013).

### 4. Legal

The implementation of Hospital Bylaws is influenced by juridical factors, namely the existence of Article 1 of Permenkes No. 75/MENKES/PER/IV/2011 concerning the Implementation of the Medical Committee in Hospitals: 75/MENKES/PER/IV/2011 concerning the Implementation of the Medical Committee in Hospitals states that: The Medical Committee is a hospital device to implement clinical governance so that medical staff in hospitals maintain their professionalism through credentialing mechanisms, maintaining the quality of the medical profession and maintaining the

ethics and discipline of the medical profession. The Medical Committee does not have legal protection for other health workers while the Hospital Bylaws protect many parties in the hospital (Murniati et al., 2017).

If there are no Hospital Bylaws in hospital accreditation, especially in the Administration and Management working group, the score will be 0 (zero) or the hospital accreditation application will fail. As a result, Hospital Bylaws are only created to meet hospital licensing requirements (Murniati et al., 2017).

Furthermore, hospitals incorporated as foundations will find it difficult to comply with PerMenKes Number 755/MENKES/PER/IV/2011, particularly in terms of institutions, because the Foundation has the authority to sign documents related to hospital operations. This has the potential to cause legal issues, particularly when it comes to authority (Murniati et al., 2017) (Murniati *et al.*, 2016: 151). The adjustment period specified in PerMenKes Number 755/MENKES/PER/IV/2011 is insufficient, particularly for hospitals located far from the center of government with limited financial resources and patient numbers (Murniati et al., 2017).

## Conclusion

**Table 1**  
**Factor of Hospital Bylaws Implementation in each article**

No	Article	Factor of Hospital Bylaws Implementation
1	(Andriani, 2018)	Owner: Absence of Knowledge and awareness
2	(Murniati et al., 2017)	Juridical: The existence of Permenkes No: 755/MENKES/PER/IV/2011
3	(Purnomo, 2016)	Owner: The existence of monitoring Director: The existence of supervision
4	(Sumarni, 2017)	Medical staff: The existence of patient safety
5	(Hartati et al., 2014)	Director: Medical Committee Management
6	(Afandi, 2023)	Medical Staff: Guaranteed legal protection in accordance with Hospital Bylaws
7	(Leana & Bachtiar, 2017)	Juridical: The existence of Permenkes No: 755/MENKES/PER/IV/2011
8	(Yunita et al., 2016)	Medical Staff: Knowledge & Commitment
9	(Yusuf, 2017)	Medical staff: The existence of patient safety
10	(Darliana, 2016)	Medical staff: The existence of patient safety
11	(Satria et al., 2013)	Medical staff: The existence of Performance

The results of all the articles reviewed show that the factor of Hospital Bylaws implementation are based on four factors, namely the owner, director, medical staff, and juridical. Knowledge, awareness, and supervision of the implementation of Hospital Bylaws are factors that influence the implementation of Hospital Bylaws from the owner perspective. One of the determinants of Hospital Bylaws implementation is the owner's knowledge of the Bylaws. According to article by Andriani, the owner does not implement Hospital Bylaws because the owner is aware that Hospital Bylaws are only a requirement for hospital accreditation. This is also in a line with the owner's awareness of Hospital Bylaws, which is a factor in Hospital Bylaw implementation. Furthermore, the owner's supervision of Hospital Bylaws implementation is a factor that influences Hospital Bylaws implementation.

Supervisory and management of medical staff regarding the implementation of Hospital Bylaws are factors that influence the implementation of Hospital Bylaws from the director's perspective. The director's supervision of Hospital Bylaws implementation is a factor that influences Hospital Bylaws implementation because, while the director is the executor of the hospital, the director must also supervise Hospital Bylaws implementation. The management of the medical committee, including communication between the director, the medical committee, and the medical staff, is another factor that influences the implementation of Hospital Bylaws.

Patient safety is a factor that influences the implementation of Hospital Bylaws from the medical staff perspective. The performance of medical staff also has an impact on patient safety. The inclusion of patient safety in hospital bylaws is an important factor, particularly for patient safety. With the presence of patient safety, the Hospital Bylaws implementation can be automatically updated.

The last factor influencing the implementation of Hospital Bylaws is the existence of regulations governing Hospital Bylaws, specifically Permenkes No. 75/MENKES/PER/IV/2011, which governs Hospital Bylaws: 75/MENKES/PER/IV/2011, which governs Hospital Bylaws.

## SUGGESTION

1. At the time of revision, *Hospital Bylaws* should be drafted collaboratively by the owner, Board of Directors, and Medical Staff, because the roles and functions of the three bodies are regulated in the *Hospital Bylaws*, and harmony between the three will bring impact and development to the hospital.
2. For hospital owners or directors to pay attention to the content of creating *Hospital Bylaws*, particularly regarding patient and medical staff safety, as well as the legal status and handling in the event of work accidents.

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