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Impact of home care regulations on the independent role of nurses in society

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ABSTRACT

Introduction: Home care is a form of health care that is increasingly needed as the need for long-term care increases, and it is a community-based approach to service. In this context, nurses are important as the main implementers of services in direct contact with patients. However, regulations that regulate home care practices often affect nurses' movement space and professional autonomy in providing optimal services. This study aims to analyze the impact of home care regulations on the independent role of nurses in society.

Research Methodology: The method used is qualitative, using literature studies and semi-structured interviews with active nurses in home care practice.

Results: Results show that restrictive and unclear regulations limit independent clinical decision-making, create legal uncertainty, and reduce public trust in the professional capacity of nurses. Conversely, supportive regulations can strengthen nurses' independent roles, improve service efficiency, and encourage collaboration between health teams.

Conclusion: A balanced policy is needed between legal oversight and empowerment of nurses so that their role in the public health system can be optimized.

Keywords: Health Regulation; Home Care; Independent Role; Nurse.

INTRODUCTION

Demographic changes, increasing life expectancy, and epidemiological transitions characterized by the dominance of chronic and degenerative diseases have influenced healthcare policies in various countries, including Indonesia (Syaharuddin et al., 2024). In facing these challenges, health systems must be more responsive, adaptive, and affordable, especially in providing long-term services that do not always rely on institutional facilities such as hospitals. Home care is an effective alternative (Setyawati et al., 2024). Home care allows patients, especially the elderly, post-hospitalized patients, and people with chronic illnesses, to get medical services in a more comfortable and personalized home environment. These services positively impact the psychological well-being of patients and support the cost-efficiency of health services in general (Suprapto, 2024). As health professionals, nurses play a central role in the home care system. Nurses are responsible for monitoring patients' conditions, providing nursing care, health education to families, and coordinating with other medical personnel (Saizen et al., 2024). This role demands high clinical ability, precision in decision-making, and good interpersonal communication competencies. Conceptually, the role of nurses in home care places them as independent practitioners who can work autonomously within certain limits. However, this independent role is not always fully realized due to the regulatory limitations governing nursing practice, especially in community-based services (Cano-Valls et al., 2025).

Regulations ensure patient safety, service quality standards, and legal protection for health workers and service recipients (Jutkowitz et al., 2023). However, regulations that are too rigid or not in accordance with the dynamics of practice in the field can be an obstacle to professionalism. In the home care context, regulations that limit nurses' authority to make decisions independently or that require direct supervision by a physician for specific actions can hinder service responsiveness (Suprapto & Kamaruddin, 2025). In addition, the lack of clarity regarding the limits of nurses' legal responsibilities in services outside formal institutions also raises fear and doubt in carrying out their roles to the fullest. As a result, nurses become more defensive in practice, choose not to act in emergencies, and ultimately reduce the quality and continuity of service to patients (Mancin et al., 2025).

This problem impacts the technical aspects of the service and creates ethical and psychological dilemmas for nurses (Suprapto et al., 2024). Nurses, supposed to be key actors in public health empowerment, are confined to the limits of administrative roles. This condition creates a gap between nurses' professional competence and the space of movement provided by the system (Hickling et al., 2025). This becomes even more relevant when associated with the increasing demand for home care services, both from the government, which encourages the decentralization of health services, and from the public, who want a more humanistic, effective, and efficient approach (Waterschoot et al., 2024). Therefore, a deeper understanding is needed of how applicable regulations affect the independent role of nurses in home care services and what their implications are for the health system as a whole (García-Carpintero Blas et al., 2024).

A number of previous studies have highlighted the importance of policy reform in supporting the role of health workers (Nightingale et al., 2023). However, studies that specifically address the impact of regulations on home care practices and nurses' autonomy are still limited, especially in Indonesia. This research will fill this gap by exploring nurses' experience in home care practice, their perception of applicable policies, and their challenges in independently carrying out professional roles. With this approach, it is hoped that this research will not only make an academic contribution to the field of community nursing and health policy but also become the basis for more inclusive policy recommendations in favor of the empowerment of the

nursing profession (Speck et al., 2024). This study aims to identify and analyze the impact of home care regulations on the independent role of nurses in society, both in terms of the positives and the obstacles faced. In particular, this study wanted to determine the extent to which regulations support or hinder the professional practice of nurses, how nurses respond to existing policies, and how these regulations affect nurses' relationships with patients, families, and other health workers in the home-based service system. The findings of this study are expected to serve as a basis for the formulation of more proportionate regulations that are not only oriented towards supervision and control but also the recognition, trust, and empowerment of nurses as a key pillar of health services at the community level.

RESEARCH METHODOLOGY

This study uses a descriptive qualitative approach to explore in depth how home care regulations affect the independent role of nurses in society. This approach was chosen because it is appropriate to explore the experiences, perceptions, and subjective meanings of individuals directly involved in home care practices. Through this approach, researchers can gain a contextual and comprehensive understanding of the studied issues, including the social and policy dynamics that influence community nursing practices. Location and Research Participants. This research was carried out in two regions with different characteristics, urban areas (big cities) and rural areas (rural areas), to illustrate the variation in implementing home care regulations. Participant selection was done using a purposive sampling technique, which deliberately selected subjects based on specific criteria relevant to the research objectives. The criteria for participant inclusion are Nurses with at least 1 year of experience in home care practice. Work in formal institutions (hospitals/clinics) or independently (freelance). Willing to take an in-depth interview and share their experience honestly. A total of 12 nurses were selected as informants, consisting of 7 nurses in urban areas and 5 nurses in rural areas. This proportion is intended to capture the dynamics of regulatory implementation in different contexts, including access to resources, medical assistance, and service organizational structures.

Data Collection Techniques. Primary data is obtained through semi-structured interviews, allowing researchers to explore topics flexibly while focusing on key research questions. The interview guide is prepared based on a framework that includes nurses' understanding of applicable home care regulations. Experience in carrying out independent roles in daily practice. Obstacles that arise due to regulatory limitations. Response and adaptation strategies to existing policies. The impact of regulation on relationships with patients and other medical personnel. Each interview lasts 45–60 minutes and is recorded with the consent of the participants. In addition, secondary data is collected through document studies, including government regulations, regulations of the Ministry of Health, nursing practice guidelines, and other relevant professional documents.

Data Analysis Techniques. The analysis process is carried out using a thematic analysis approach. The steps include: Transcription: All interview results are transcribed verbatim to maintain accuracy. Initial Coding: The researcher identifies the units of meaning and provides the code for each important segment. Categorization: The initial codes are grouped into categories that represent major topics. Theme Withdrawal: From the categories that have been formed, key themes that reflect the impact of regulation on the role of nurses are drawn. Interpretation: Themes are linked to theories and results of previous research to gain a deeper understanding. To increase the validity of the data, the researcher triangulated the sources by comparing the interview results with the analyzed regulatory documents. In addition, member checking was carried out with

several participants to ensure that the researcher's interpretation was in accordance with their experience.

Research Ethics. This research prioritizes ethical principles, such as informed consent, which states that all participants are given an explanation of the research objectives and process before expressing their willingness to participate voluntarily. Confidentiality: The participant's identity will only be used for academic purposes. Right to Refuse or Withdraw: Participants are given the freedom not to answer certain questions or to withdraw from the study at any time.

RESULT

This research revealed four central themes based on a thematic analysis of data collected through semi-structured interviews with 12 actively practicing home care nurses across urban and rural areas, supported by a review of relevant regulatory documents. The identified themes illustrate how home care regulations impact the autonomous role of nurses in society. These themes are (1) limitations in clinical decision-making, (2) ambiguity regarding legal authority, (3) public perception of nursing professionalism, and (4) opportunities for empowerment under supportive regulations.

Limitations in Clinical Decision-Making

Most participants expressed that current regulations restrict their ability to make independent clinical decisions, especially in urgent or routine care situations. Specific procedures such as injections, intravenous therapy, or advanced wound care require physician authorization, even though nurses possess the clinical competence to perform them independently. One nurse from an urban area stated:

> *"I am fully capable and trained to perform these actions, but due to the rules, I have to consult a doctor first. This delays care, even when patients need immediate attention."*

This indicates that regulatory barriers can hinder the responsiveness and efficiency of home care services, particularly in settings where physician supervision is not readily available.

Ambiguity Regarding Legal Authority

Another recurring issue was the lack of clarity surrounding the legal boundaries of nursing practice in home care. Several participants reported confusion about licensing requirements and the legal implications of delivering home-based care independently. The absence of clear operational guidelines or legal frameworks places nurses in vulnerable positions, often leading them to self-limit their scope of practice.

> *"If something goes wrong, who is legally responsible? There's no clear government SOP for independent home care nurses," explained one rural informant.*

This legal uncertainty causes psychological distress and encourages defensive practice, even in situations where the nurse is fully capable of providing appropriate care.

Public Perception of Nursing Professionalism

The restrictions on nurses by regulatory frameworks also affect how the public perceives their professional competence. Some nurses reported that patients and families question their abilities when they are required to defer to physicians for relatively basic medical decisions.

> *"Sometimes patients ask, 'If you have to ask the doctor for everything, why call a nurse?' It makes us seem incompetent, but it's not about ability, it's about the rules," said one participant.*

Such perceptions weaken the professional image of nurses and can undermine the therapeutic relationship between nurses and patients, despite nurses often providing more direct and prolonged care.

Opportunities for Empowerment Under Supportive Regulations

Despite the challenges, a few nurses working in institutions or regions with clearer and more supportive regulations reported more positive experiences. They mentioned that standardized operating procedures (SOPs), formal task orders, and integrated coordination with physicians made them feel confident and legally protected. As one nurse from a private home care agency stated:

> *"We have complete SOPs, official task letters, and procedural guidelines. That gives me confidence to make decisions according to my competencies without hesitation."*

These examples demonstrate that nurses' autonomy can be strengthened when regulations are structured, competency-based, and designed to balance oversight with professional trust.

Table 1. Summary of Findings

Theme	Impact
Limitations in Clinical Decision-Making	Delayed responses, reduced service efficiency
Ambiguity in Legal Authority	Defensive practice, hesitation in clinical action
Negative Public Perception	Reduced trust in nurses' professional capabilities
Supportive Regulatory Environments	Improved confidence, legal protection, enhanced care quality

DISCUSSION

The findings of this study highlight a critical tension between regulatory oversight and nurses' professional autonomy in the context of home care. While the role of regulation is undeniably essential in safeguarding patient safety, ensuring service standards, and protecting legal responsibilities, it is also evident that poorly structured or overly restrictive regulations can have unintended negative consequences on frontline healthcare delivery, particularly in community-based nursing practice.

The first theme, limitations in clinical decision-making, demonstrates how current regulatory frameworks often fail to accommodate the realities of home-based healthcare. In situations where rapid response is vital, requiring nurses to obtain prior physician authorization delays care and can compromise patient outcomes. This is especially concerning given that many home care situations involve managing chronic conditions, post-acute recovery, or geriatric needs, where nurses often possess the knowledge and experience to act autonomously. One of the most prominent themes from this study is the limitation of clinical decision-making authority experienced by nurses working in home care settings (He et al., 2024). While nurses are trained to assess, plan, implement, and evaluate care independently, regulatory constraints often limit their ability to perform these functions autonomously, especially when clinical decisions involve medical procedures or treatments typically associated with physician oversight (Vluggen et al., 2024).

Nurses frequently serve as the primary or sole healthcare providers in home care environments during patient visits (Lee & Choi, 2025). They are expected to assess the patient's condition, respond to changes, and take appropriate clinical actions, often in real-time and under variable circumstances. However, many regulations require nurses to seek approval from or collaborate directly with a physician for routine clinical tasks such as administering certain medications, initiating intravenous therapy, or performing wound debridement (Groeneveld et al., 2025). As reported by participants in this study, such rules create operational delays and ethical tension, particularly in situations where immediate action is needed. For instance, if a patient experiences acute symptoms or complications, the nurse may be forced to wait for physician instruction, potentially compromising the timeliness and continuity of care. This scenario is

especially problematic in rural or remote areas where access to physicians may be delayed or unavailable (Arnold et al., 2024).

The second major issue is that ambiguity in legal boundaries creates uncertainty, leading many nurses to adopt overly cautious or defensive practices. The absence of clear legal and institutional protection results in a lack of personal and professional confidence, affecting the quality of care provided (Al Khatib & Ndiaye, 2025). This is further exacerbated in rural or underserved areas, where access to medical support and infrastructure is limited, and nurses are often the patients' sole point of contact. Moreover, public perception is shaped by these systemic limitations (Özaras ÖZ & Onarici, 2025). The study found that nurses' inability to act independently due to regulation-related constraints leads to the misinterpretation of their competence. This diminishes trust in the nursing profession and weakens the potential of nurses to be seen as key healthcare providers capable of managing primary-level care within the home setting (Bradwell et al., 2025).

Nonetheless, the findings also reveal a more optimistic narrative in contexts where regulation is supportive, structured, and competency-driven. When nurses are backed by well-defined SOPs, formal delegation mechanisms, and legal clarity, their ability to deliver high-quality, independent care increases substantially (Alkubati et al., 2025). These environments promote interprofessional collaboration, reduce bureaucratic bottlenecks, and foster public trust. These results suggest the need for a paradigm shift in how home care regulations are conceptualized and implemented (Gürçay & Polat, 2024). Instead of serving as control mechanisms, regulations must also function as enablers of professional growth and autonomy, particularly for nurses at the forefront of patient care in community settings (LEE et al., 2025).

Home care regulations significantly influence the level of independence of nurses in providing health services in the community. Regulations that are too restrictive and legally unclear cause nurses to experience obstacles in clinical decision-making, be more defensive in practice, and feel less professionally valued. This condition not only affects the effectiveness of services to patients but also forms a negative public perception of the competence and role of nurses. Nonetheless, it was found that nurses can work more confidently, responsively, and collaboratively when regulations are designed and competency-based, and they allow space for professional autonomy. In this context, the role of nurses is not only as technical implementers but also as decision-makers who actively contribute to the community-based healthcare system.

CONCLUSION

This study concludes that home care regulations, as they are currently applied in many contexts, often restrict rather than support the independent role of nurses in society. While intended to ensure accountability and standardization, these regulatory barriers can hinder clinical decision-making, foster legal ambiguity, and negatively affect nurse confidence and public perception. However, when regulatory frameworks are designed with a balance of oversight and empowerment, they can enhance the role of nurses as autonomous providers of essential community health services. Clarity in legal authority, flexibility in clinical protocols, and recognition of nursing competencies are critical factors in optimizing home care delivery. Therefore, policymakers and healthcare administrators must collaborate with nursing organizations to reform home care regulations. Emphasis should be placed on building a system that protects patients while empowering nurses to utilize their full scope of practice, ultimately leading to more responsive, efficient, and person-centered healthcare at home.

Conflict of Interest

The authors declare that they have no competing interests.

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