

MANAGEMENT SUPPORT AND HOSPITAL BYLAWS IMPLEMENTATION IN DELEGATING CLINICAL AUTHORITY TO RESIDENT DOCTORS IN TEACHING HOSPITALS

Fitri Kartika¹, Purwadhi², Mira Veranita³

fitrikartika_dr@yahoo.com¹, purwadhi@ars.ac.id², mira.veranita@ars.ac.id³

ARS University Bandung

ABSTRACT

Objectives This study aims to analyze the role of management support in the implementation of Hospital Bylaws governing the delegation of clinical authority from supervising doctors to resident doctors in teaching hospitals. The study specifically examines how managerial commitment influences the effectiveness, accountability, and legal clarity of delegation practices. *Methods* This research employs a qualitative design using a normative juridical approach supported by empirical data. Data were collected through in-depth interviews with key stakeholders, including supervising physicians, resident doctors, hospital directors, medical committee members, and legal and risk management units. Document analysis of Hospital Bylaws and relevant national health regulations was also conducted. Data were analyzed thematically to identify patterns related to governance, supervision, and delegation practices. *Results* The findings indicate that although Hospital Bylaws are formally available, their implementation has not been fully integrated into clinical supervision systems and organizational culture. Delegation of clinical authority frequently occurs informally without adequate written documentation, leading to ambiguity in legal responsibility between supervising doctors and resident doctors. Insufficient management support in supervision, monitoring, and evaluation further weakens the effectiveness of Hospital Bylaws implementation. *Conclusion* Strong management support is essential to ensure effective implementation of Hospital Bylaws in teaching hospitals. Integrating structured supervision, formal documentation, and continuous quality improvement frameworks such as PDCA and Total Quality Management can enhance accountability, reduce medicolegal risk, and improve patient safety in delegation practices.

Kata Kunci: Management Support, Delegation of Authority, Resident Doctors, Teaching Hospitals.

INTRODUCTION

Modern healthcare delivery systems demand not only clinical excellence but also strong legal certainty, professionalism, and sound governance in every aspect of service provision(Hartati et al., 2014; Nugroho & Kusumaningrum, 2024). Teaching hospitals, which simultaneously function as healthcare providers and clinical education institutions, operate within a uniquely complex environment that requires careful regulation of authority, responsibility, and accountability (Kitta et al., 2022). One of the most critical governance issues in teaching hospitals is the delegation of clinical authority from supervising doctors to resident doctors (Arviana et al., 2025; Hartati et al., 2014).

In teaching hospitals, delegation of authority is an inevitable component of specialist medical education (Udeshika & Ellepol, 2020). Resident doctors are expected to actively participate in patient care under supervision as part of competency-based training (Riisgaard & Nexøe, 2017). However, improper or undocumented delegation practices may expose hospitals and medical personnel to ethical dilemmas, patient safety risks, and legal disputes(Souissi et al., 2020). This challenge becomes more pronounced when delegation occurs informally without clear institutional guidelines and written accountability mechanisms (Yuarsa, 2020).

The urgency of this issue is illustrated by a medicolegal case that occurred at a satellite teaching hospital in Purworejo Regency, Indonesia, which serves as the empirical locus of this study. In this case, a patient with gastrointestinal obstruction underwent surgery performed by a resident doctor following verbal approval from a supervising doctor via

telephone communication. The patient's condition deteriorated postoperatively, resulting in death within forty-eight hours. Subsequently, the patient's family demanded legal accountability from both the hospital and the medical personnel involved. The supervising doctor denied responsibility on the grounds that no written authorization or signature was provided in the medical record, leading to legal accountability being directed toward the resident doctor. This case was reported to the Indonesian Medical Discipline Honor Council (MKDKI) before eventually being resolved through mediation.

This incident reflects a broader systemic problem in teaching hospitals, namely the absence of standardized, enforceable, and well-documented procedures governing the delegation of clinical authority (Danasti & Aini, 2024). It highlights a critical gap between normative regulations and actual clinical practice, particularly in relation to legal responsibility and patient safety (Intan et al., 2022).

Hospital Bylaws are designed to function as internal governance instruments that regulate organizational structure, clinical authority, supervision mechanisms, and professional accountability within hospitals (Pranoto & Prayitno, 2022). In the context of teaching hospitals, Hospital Bylaws play a pivotal role in balancing service delivery and educational objectives (Fennell & Alexander, 1989). Despite their formal existence, many hospitals fail to integrate Hospital Bylaws into daily clinical supervision and decision-making processes (Murniati et al., 2017). As a result, delegation of authority often relies on informal practices that lack legal clarity and institutional control (Maier et al., 2018).

Previous studies have consistently emphasized that weak implementation of Hospital Bylaws increases the risk of medical errors and legal disputes (Mahmud et al., 2023). Research has shown that hospitals with well-structured and effectively implemented Hospital Bylaws tend to demonstrate better supervision systems, higher patient safety standards, and stronger legal protection for medical personnel (Aktariyani et al., 2020). Conversely, inadequate managerial commitment and limited monitoring mechanisms undermine the effectiveness of internal regulations, reducing them to mere administrative documents rather than operational governance tools (WHO, 2008).

The challenge of delegation is further exacerbated by structural constraints in Indonesia's healthcare system, particularly shortages of medical personnel. Indonesia's doctor-to-population ratio remains significantly below regional standards, placing additional pressure on teaching hospitals to rely heavily on resident doctors in service delivery (Anisafitri, 2019; Gumelar & Ravena, 2022). Under such conditions, informal delegation becomes increasingly common, heightening the risk of ethical and legal complications if not properly regulated through institutional governance frameworks (Andik Indriono & Christina Nur Widayanti, 2024).

From a regulatory perspective, the Indonesian legal framework mandates hospitals to establish and implement internal regulations, including Hospital Bylaws, as stipulated in Law Number 17 of 2023 on Health and its implementing regulation, Government Regulation Number 28 of 2024. These regulations emphasize accountability, patient safety, and integrated clinical education within teaching hospitals. However, the effectiveness of these legal instruments largely depends on the extent of management support in translating regulatory norms into operational practice.

Management support plays a decisive role in ensuring that Hospital Bylaws are not only formally adopted but also actively enforced (Bode & Maerker, 2014). Managerial commitment influences supervision quality, documentation practices, audit mechanisms, and organizational culture. Without strong management support, Hospital Bylaws risk remaining symbolic, failing to provide legal certainty or protect both patients and medical personnel (Pranoto & Prayitno, 2022).

Given these challenges, this study seeks to analyze the role of management support in the implementation of Hospital Bylaws governing the delegation of clinical authority from supervising doctors to resident doctors in teaching hospitals. By focusing on a teaching hospital in Purworejo, this research aims to explore how internal governance, managerial commitment, and regulatory compliance interact to shape delegation practices, legal accountability, and patient safety. The findings are expected to contribute to hospital governance literature and provide practical recommendations for strengthening internal regulations in teaching hospitals.

METHODS

Study Design

This study employed a qualitative research design with a normative juridical approach supported by empirical data. The qualitative approach was selected to explore in depth the implementation of Hospital Bylaws and the role of management support in the delegation of clinical authority from supervising doctors to resident doctors within a teaching hospital context. The normative juridical perspective was used to analyze the alignment between internal hospital regulations, national health laws, and actual clinical practices (Murniati et al., 2017; Soekanto, 2006).

This design allowed the study to capture both the regulatory framework governing delegation of authority and the lived experiences of key actors involved in supervision and clinical decision-making (Soekanto, 2006).

Research Setting

The study was conducted at a teaching hospital in Purworejo Regency, Indonesia (hereafter referred to as Hospital X). Hospital X functions as a satellite teaching hospital within a clinical education network and plays a dual role in providing healthcare services and facilitating specialist medical training. This setting was selected due to its relevance in illustrating the practical challenges of authority delegation in teaching hospitals.

Participants

Participants were selected using purposive sampling to ensure relevance to the research objectives. Informants consisted of key stakeholders directly involved in the delegation of clinical authority and hospital governance, including supervising doctors responsible for clinical oversight, resident doctors receiving delegated authority, hospital directors with managerial and policy-making responsibilities, members of the medical committee, legal and risk management personnel.

This sampling strategy enabled the study to capture diverse perspectives on policy implementation, supervision practices, and legal accountability.

Data Collection

Data were collected through two primary methods (Baine & Kasangaki, 2014; Laurens et al., 2016):

1. In-depth interviews

Semi-structured interviews were conducted to explore participants' experiences, perceptions, and interpretations of Hospital Bylaws implementation and management support. Interviews focused on delegation practices, supervision mechanisms, documentation procedures, and perceived legal responsibilities (Karimi-Shahanjirini et al., 2019).

2. Document analysis

Relevant documents were reviewed, including Hospital Bylaws, internal standard operating procedures, supervision guidelines, and national health regulations related to delegation of authority. Document analysis was used to assess consistency between normative provisions and clinical practice (Levi & Zehavi, 2017).

The combination of interviews and document analysis facilitated data triangulation and strengthened the credibility of the findings.

Data Analysis

Data analysis was conducted using thematic analysis. Interview transcripts and documents were coded and categorized to identify recurring patterns and themes related to management support, implementation of Hospital Bylaws, delegation practices, and legal accountability. The analysis followed an iterative process, allowing themes to emerge inductively while remaining informed by the theoretical framework derived from hospital management and health law literature (Coser, 2017)(Levi & Zehavi, 2017).

Trustworthiness

To ensure the trustworthiness of the study, several strategies were applied, including data triangulation across sources, prolonged engagement with the research setting, and careful documentation of the analytical process. These measures enhanced the credibility, dependability, and confirmability of the findings.

Ethical Considerations

Ethical principles were observed throughout the study. Participation was voluntary, and informed consent was obtained from all informants. Confidentiality and anonymity were maintained by using non-identifiable labels for participants and the research site. The study focused on institutional governance and professional practices without disclosing personal or sensitive patient information.

RESULT AND DISCUSSION

Implementation of Hospital Bylaws in Clinical Authority Delegation

The findings indicate that Hospital Bylaws at Hospital X are formally established and recognized as part of the hospital's internal governance framework. However, their implementation in regulating the delegation of clinical authority from supervising doctors to resident doctors remains inconsistent. In daily clinical practice, delegation often occurs informally through verbal communication or implicit approval, particularly in urgent or high-workload situations.

This gap between formal regulation and operational practice reflects a common phenomenon in teaching hospitals, where clinical demands and human resource constraints frequently override procedural compliance(Chibanda et al., 2011; Jacobs, 2018). Although Hospital Bylaws outline supervisory roles and authority structures, these provisions have not been fully translated into standardized delegation procedures supported by written documentation (Danasti & Aini, 2024; Pranoto & Prayitno, 2022). As a result, Hospital Bylaws tend to function symbolically rather than operationally.

From a governance perspective, this finding confirms that the mere existence of internal regulations is insufficient to ensure compliance (Kitta et al., 2022; Rusydi et al., 2019). Hospital Bylaws require continuous reinforcement through managerial supervision, integration into standard operating procedures, and routine monitoring to become effective instruments of clinical governance (Hartati et al., 2014).

Legal Accountability in Delegation Practices

A central finding of this study concerns ambiguity in legal responsibility arising from undocumented delegation practices. Resident doctors frequently perform clinical actions based on supervisory instructions that are not formally recorded in medical records or delegation forms (Sandhu et al., 2017). When adverse events occur, this lack of documentation creates uncertainty regarding responsibility between supervisors, resident doctors, and the hospital(Peresu et al., 2020).

Informants reported that, in practice, legal accountability tends to shift toward resident doctors, despite the normative principle that responsibility remains with the supervising

doctor under a mandate-based delegation model. This situation places resident doctors in a vulnerable position and undermines the legal protection that Hospital Bylaws are intended to provide (Wallenburg et al., 2013).

These findings align with the legal framework established under Law Number 17 of 2023 and Government Regulation Number 28 of 2024, which emphasize that delegation of authority must be clearly defined and documented. The persistence of informal delegation practices indicates a disconnect between regulatory intent and institutional implementation, reinforcing the need for stronger internal governance mechanisms (Lägervik et al., 2022; Van Der Wal et al., 2016).

Role of Management Support in Hospital Bylaws Implementation

Management support emerged as a decisive factor influencing the effectiveness of Hospital Bylaws implementation (Ceretta et al., 2023; Pfannstiel & Rasche, 2018). The study found that hospital management plays a limited role in monitoring delegation practices, evaluating compliance, and enforcing documentation standards. Supervision of delegation processes is largely left to individual departments or supervising doctors without systematic oversight from hospital leadership.

In the absence of structured management involvement, Hospital Bylaws lack operational force (Kebede et al., 2009; Rejeki, 2021). Informants highlighted the absence of routine audits, formal evaluation of supervision practices, and integrated reporting systems as key weaknesses. This finding underscores that Hospital Bylaws cannot function effectively without active managerial engagement that ensures consistency across departments (Dent & Burtney, 1996).

From a management theory perspective, this result supports the application of PDCA and Total Quality Management frameworks (Deming, 2005). Delegation of clinical authority should be planned through clear procedures (Plan), implemented under supervision (Do), monitored through audits and reviews (Check), and continuously improved based on evaluation outcomes (Act) (Attih & Mfon, 2023; Primaditya et al., 2024). Without management-driven control mechanisms, this cycle remains incomplete.

Implications for Patient Safety and Clinical Education

The study further reveals that informal delegation practices not only affect legal accountability but also have implications for patient safety and the quality of clinical education (Engle et al., 2021). Inconsistent supervision and unclear authority boundaries may compromise decision-making processes, particularly in complex or high-risk cases. Moreover, resident doctors may experience uncertainty regarding the limits of their authority, which can affect clinical confidence and learning outcomes (Arnold, 2021).

Effective implementation of Hospital Bylaws, supported by management commitment, can create a structured learning environment in which resident doctors perform clinical tasks within clearly defined boundaries (Maulana, 2021). Such an environment enhances patient safety while simultaneously supporting competency-based education.

Integrating Governance, Law, and Management

Overall, the findings demonstrate that the effectiveness of Hospital Bylaws in regulating delegation practices depends on their integration into hospital management systems (Sturmberg & Gainsford, 2024). Legal norms and internal regulations must be operationalized through managerial actions, including policy dissemination, training, supervision, and enforcement (Atiq, 2023).

This study confirms that governance failures in teaching hospitals are less about regulatory absence and more about implementation deficits. Strengthening management support transforms Hospital Bylaws from static documents into dynamic governance instruments that balance service delivery, education, and legal accountability.

Synthesis of Findings

Taken together, the results highlight three interrelated issues:

1. Hospital Bylaws exist but are not fully operationalized.
2. Informal delegation practices create legal and professional vulnerability.
3. Weak management support undermines governance effectiveness.

Addressing these issues requires a systematic approach that integrates hospital management principles with legal compliance and clinical supervision. Such integration is essential to ensure accountable, safe, and educationally sound delegation practices in teaching hospitals.

CONCLUSION

This study demonstrates that management support plays a pivotal role in determining the effectiveness of Hospital Bylaws implementation in the delegation of clinical authority from supervising doctors to resident doctors in teaching hospitals. Although Hospital Bylaws are formally established at Hospital X, their practical application remains limited due to weak managerial oversight, inconsistent supervision, and inadequate documentation mechanisms.

The findings reveal that delegation of clinical authority frequently occurs through informal practices that are not supported by written authorization or standardized procedures. This condition creates ambiguity in legal accountability, often placing resident doctors in a vulnerable position despite the normative principle that responsibility remains with supervising doctors under mandate-based delegation. Such practices undermine the protective function of Hospital Bylaws and expose hospitals to increased medicolegal risk.

Furthermore, the study confirms that the primary challenge does not lie in the absence of regulations but in the lack of integration between internal policies, management systems, and daily clinical practice. Without active management involvement—through supervision, monitoring, evaluation, and enforcement—Hospital Bylaws tend to function merely as administrative documents rather than effective governance instruments.

Overall, the study concludes that strengthening management support is essential to transform Hospital Bylaws into operational tools that ensure legal clarity, patient safety, and quality clinical education in teaching hospitals.

Theoretical Implications

From a theoretical perspective, this study contributes to the literature on hospital governance by integrating management theory, internal regulatory frameworks, and health law within the context of teaching hospitals. The findings reinforce the relevance of classical and modern management theories—particularly PDCA and Total Quality Management—in explaining how internal regulations are implemented in complex healthcare organizations.

This study also enriches the legal discourse on delegation of clinical authority by highlighting the practical consequences of undocumented mandate-based delegation. It emphasizes that legal accountability in healthcare cannot be understood solely through statutory norms but must be analyzed in conjunction with internal governance structures and managerial behavior.

Practical Implications

The findings offer several practical implications for teaching hospitals:

1. Strengthening Management Oversight
Hospital leadership should actively monitor delegation practices through structured supervision systems, routine audits, and clear reporting mechanisms.
2. Standardizing Delegation Procedures
Delegation of clinical authority should be formalized through written documentation aligned with Hospital Bylaws, including clear delineation of authority and responsibility.

3. Integrating Quality Management Frameworks
The application of PDCA and TQM principles can support continuous improvement in supervision, documentation, and compliance with internal regulations.

4. Enhancing Legal and Ethical Awareness
Regular training for supervisors and resident doctors on legal accountability, Hospital Bylaws, and ethical practice is essential to reduce medicolegal risk.

5. Supporting Patient Safety and Clinical Education
Clear and accountable delegation practices contribute to safer patient care and create a structured learning environment for resident doctors.

Policy Implications

At the policy level, the study underscores the need for teaching hospitals to periodically review and update their Hospital Bylaws in line with evolving national regulations and clinical education requirements. Policymakers and hospital accrediting bodies may consider emphasizing management enforcement and documentation systems as key indicators in evaluating internal governance quality.

Limitations and Future Research

This study is limited to a single teaching hospital, which may affect the generalizability of the findings. Future research could adopt a multi-site approach or employ mixed methods to further examine the relationship between management support, internal governance, and delegation practices across different hospital settings.

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