Legal Responsibility and Regulatory Framework for the Prevention and Management of Violence Against Healthcare Workers

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Violence against healthcare workers in healthcare facilities is a serious issue that affects both the safety of healthcare personnel and the quality of healthcare services. Such violence may take the form of verbal, psychological, or physical abuse triggered by dissatisfaction with healthcare services, limited facilities, heavy workloads, and ineffective communication. Although the legal protection of healthcare workers has been regulated under various laws and regulations, its implementation in practice remains suboptimal. This study aims to analyse the forms of violence experienced by healthcare workers, the legal responsibilities related to their protection, and the barriers to the implementation of legal protection within healthcare facilities. This study employed a normative-empirical legal research method using statutory, conceptual, and sociological approaches. The research was conducted at Sumbawa Public Health Center, West Nusa Tenggara Province, Indonesia, with healthcare workers serving as the research subjects. Data were collected through interviews, observations, and document studies and were analysed qualitatively. The findings indicate that verbal violence and psychological pressure were the most dominant forms of violence experienced by healthcare workers. The implementation of legal protection for healthcare workers has not been optimal due to the absence of specific standard operating procedures (SOPs) for handling violence, weak security systems, low reporting rates, and a culture of informal conflict resolution. Legal protection remains largely normative and tends to be more repressive than preventive. Therefore, stronger and more operational regulations, the establishment of national SOPs, improved security systems in healthcare facilities, and the implementation of a zero-tolerance policy toward violence in healthcare settings are urgently needed.

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1. Introduction

Violence in healthcare services is a serious phenomenon that not only affects healthcare workers but also impacts the quality of healthcare services provided to the community. Violence may take the form of physical, verbal, or psychological abuse perpetrated by patients, patients' families, or other individuals within healthcare settings. Various factors contribute to such violence, including dissatisfaction with healthcare services, excessive workloads among healthcare workers, limited facilities and infrastructure, ineffective communication, and the emotional conditions of patients and their families during emergency situations. The impact of violence on healthcare workers is substantial, ranging from psychological trauma, decreased work motivation, and burnout to the deterioration of the quality of healthcare services delivered to patients (Baba, Bondi, Manda, Indrawan, & Sitorus, 2025). These conditions indicate that violence against healthcare workers is not merely an individual issue but also a systemic problem that may disrupt the sustainability of healthcare services as a whole.

The World Health Organization (WHO) categorizes workplace violence into two forms: physical violence and psychological violence (WHO, 2022). Physical violence refers to acts that directly cause physical injury, such as hitting, slapping, kicking, pushing, stabbing, and other aggressive actions. Meanwhile, psychological violence includes threats, intimidation, verbal harassment, bullying, and other actions that negatively affect an individual's emotional well-being (Damopoli et al., 2021). In the context of healthcare services, both forms of violence frequently occur due to the high intensity of interaction between healthcare workers and patients or patients' families in emotionally stressful situations.

Workplace violence has become one of the major challenges within healthcare systems worldwide (Edayani, 2025). Healthcare workers face a high risk of experiencing violence because they are at the forefront of providing patient care. Healthcare professionals such as physicians, nurses, midwives, and other healthcare personnel are vulnerable to anger, intimidation, and aggressive actions from patients and their families, particularly when healthcare outcomes do not meet expectations. Among healthcare professionals, nurses are often considered the most vulnerable group due to their more intensive interactions with patients during the healthcare process (Somani et al., 2021). Nevertheless, violence in healthcare services fundamentally constitutes a threat to all healthcare workers and is not limited to a particular profession.Violence against healthcare workers refers to acts of abuse, threats, or assaults occurring in work-related circumstances, including during travel to and from the workplace, which may endanger the safety, health, and well-being of healthcare workers (Kafle et al., 2022).

Violence against healthcare workers continues to increase both globally and nationally. The WHO reported that approximately 8% to 38% of healthcare workers worldwide have experienced physical violence in the workplace, while verbal violence occurs at even higher rates. The Indonesian Medical Association reported a 30% increase in cases of violence against medical personnel in 2022. In addition, a survey cited in 2025 indicated that approximately 78% of healthcare workers had experienced verbal abuse, intimidation, or threats. The Indonesian National Nurses Association (PPNI) also documented numerous cases of serious physical violence against healthcare workers, ranging from assault to stabbing incidents. These data indicate that violence against healthcare workers is not an incidental occurrence but rather a recurring issue with serious implications for healthcare systems.

In addition to the high incidence of violence, another significant issue is the low rate of reporting violence cases involving healthcare workers. Most incidents remain unreported because healthcare workers often perceive violence as part of occupational risk. Research shows that approximately 57% of healthcare workers who experienced violence chose not to respond or pretended that nothing had happened (Bernardes et al., 2021). This condition results in many cases of violence being poorly documented, suggesting that the actual prevalence of violence may be significantly higher than officially recorded data indicate. The low reporting rate also demonstrates that mechanisms for protection and victim handling have not functioned optimally.

Various regulations governing the protection of healthcare workers have been established through Law Number 36 of 2014 concerning Healthcare Workers, the Health Law, the Indonesian Criminal Code (KUHP), and other legal provisions related to the protection of healthcare professions. Article 1 paragraph 1 of Law Number 36 of 2014 defines healthcare workers as individuals who dedicate themselves to the health sector and possess knowledge and/or skills acquired through healthcare education, which for certain professions require authority to carry out healthcare efforts. This regulation demonstrates that the state has normatively provided a legal foundation for the protection of healthcare workers in performing their professional duties (Njoto, 2023).

However, the continued occurrence of violence cases indicates that existing regulations have not been fully effective in providing adequate protection for healthcare workers. Legal protection remains largely

normative and has not been optimally implemented in practice. Weak law enforcement, inadequate security systems in healthcare facilities, limited public awareness regarding rights and obligations in healthcare services, and the absence of effective prevention and reporting mechanisms are factors contributing to the vulnerability of healthcare workers to violence. Furthermore, power relations between healthcare workers, patients, and patients' families within healthcare settings frequently generate emotional pressures that may trigger conflict and aggressive behavior (Yasin, 2026).

Previous studies have consistently emphasized the importance of legal protection for healthcare workers; however, most have primarily focused either on normative analyses of the existing legal framework or on empirical investigations of the prevalence, determinants, and consequences of workplace violence. Njoto (2023) examined the legal basis for the protection of healthcare workers under Indonesian legislation, while Bernardes et al. (2021) highlighted the persistent problem of underreporting incidents of workplace violence. Similarly, Somani et al. (2021) and Kafle et al. (2022) primarily explored the psychological, professional, and organizational impacts of violence against healthcare workers. Although these studies have made valuable contributions to understanding both the regulatory framework and the characteristics of workplace violence, they have not comprehensively evaluated the effectiveness of implementing legal protection mechanisms in healthcare practice through an integrated normative-empirical perspective. This research gap is particularly evident in primary healthcare facilities, where healthcare workers frequently operate under inadequate security systems, limited resources, and intensive interactions with patients and their families, yet remain underrepresented in existing research. Consequently, empirical evidence regarding the effectiveness of implementing legal protection regulations for healthcare workers in primary healthcare settings remains limited, highlighting the need for a more comprehensive normative-empirical evaluation.

These conditions indicate a gap between legal norms and their practical implementation. Existing regulations have not fully addressed the need for both preventive and repressive protection for healthcare workers. In fact, legal protection for healthcare workers constitutes an essential component in ensuring the sustainability of safe, professional, and high-quality healthcare services. When healthcare workers perform their duties under threats and feelings of insecurity, the quality of healthcare services provided to the public is also likely to decline.

Accordingly, this study contributes to the existing literature by integrating a normative-empirical approach to evaluate not only the adequacy of the legal framework governing healthcare worker protection but also its practical implementation within primary healthcare facilities. By combining legal analysis with empirical findings from healthcare practice, this study provides a more comprehensive evaluation of the effectiveness of legal protection mechanisms than previous studies that predominantly adopted a single methodological perspective. The findings are expected to contribute to the development of evidence-based legal and policy recommendations aimed at strengthening preventive and responsive protection mechanisms for healthcare workers in Indonesia.

Based on these conditions, research concerning legal responsibility and regulations related to the prevention and handling of violence against healthcare workers is both important and relevant. This study is expected to analyze the legal construction of healthcare worker protection, identify weaknesses in the implementation of existing regulations, and formulate strategies to strengthen policies and legal protection mechanisms more effectively. Therefore, the protection of healthcare workers should not remain merely normative in nature but must also be effectively realized in healthcare practice.

2. Methods

This study employed a normative-empirical legal research design by integrating the statutory, conceptual, and sociological approaches. Normative-empirical legal research examines the implementation of legal norms established in legislation within actual legal events occurring in society. The study was conducted at the Sumbawa Public Health Center, West Nusa Tenggara Province, Indonesia. The informants were selected using a purposive sampling technique, which enables the researcher to recruit individuals with relevant knowledge, experience, and direct involvement in the issues under investigation. The study involved seven informants, comprising six healthcare workers as the primary informants and one Head of the Sumbawa Public Health Center as the key informant. The healthcare workers represented various health professions directly involved in the provision of healthcare services at the Public Health Center.

The inclusion criteria for the healthcare workers were as follows: (1) actively employed at the Sumbawa Public Health Center; (2) directly involved in delivering healthcare services to patients; (3) having experienced or witnessed verbal abuse, psychological intimidation, threats, or other forms of workplace violence; and (4) willing to participate voluntarily in the study. The Head of the Public Health Center was selected as the key informant because of his authority and responsibility in formulating institutional policies, managing occupational safety and security systems, and overseeing the implementation of legal protection for healthcare workers within the healthcare facility.

Normative data were collected through a library research of primary, secondary, and tertiary legal materials. Primary legal materials included Law Number 17 of 2023 concerning Health, Law Number 36 of 2014 concerning Healthcare Workers, the Indonesian Criminal Code (KUHP), and other relevant laws and regulations concerning the legal protection of healthcare workers. Secondary legal materials consisted of books, peer-reviewed journal articles, legal doctrines, and previous studies related to legal protection and workplace violence against healthcare workers.

Empirical data were collected through semi-structured interviews, non-participant observations, and document analysis. The interviews were conducted to explore the informants' experiences regarding workplace violence, existing legal protection mechanisms, institutional responses to incidents of violence, and barriers to the implementation of legal protection. Non-participant observations were undertaken to identify the existing security systems, reporting mechanisms, institutional policies, and the availability of Standard Operating Procedures (SOPs) for the prevention and management of workplace violence. Document analysis was conducted to complement the findings obtained from interviews and observations.

To ensure the credibility and trustworthiness of the findings, the study employed source triangulation and method triangulation. Source triangulation was conducted by comparing information obtained from healthcare workers, the Head of the Public Health Center, and relevant institutional documents. Method triangulation was achieved by comparing data obtained through interviews, observations, document analysis, and the applicable legal framework. In addition, member checking was conducted by returning the interview summaries to several informants to verify that the researchers' interpretations accurately reflected their experiences and perspectives.

The data were analysed using qualitative data analysis, which involved data reduction, data display, and conclusion drawing. Subsequently, the empirical findings were integrated with normative legal analysis to examine the consistency between statutory provisions and their implementation in practice (*law in books* and *law in action*). This integrated analysis was used to identify weaknesses in the implementation of legal protection for healthcare workers and to formulate policy recommendations aimed at strengthening the preventive legal protection system within Indonesia's healthcare system.

3. Result And Discussion

Forms of Violence Against Healthcare Workers in Healthcare Facilities

Violence against healthcare workers in healthcare facilities is an issue that is not only related to interpersonal relationships within healthcare services but also reflects the weakness of legal protection for the healthcare profession. Such violence occurs in various forms, ranging from verbal violence, including yelling, insults, threats, intimidation, and accusations of malpractice, to physical violence such as pushing, hitting, slapping, and other aggressive acts. In healthcare practice, violence generally occurs in stressful service situations, such as delays in treatment, deteriorating patient conditions, limited facilities, and dissatisfaction among patients' families regarding healthcare outcomes (Laksono, 2024).

Based on interview findings conducted at the Sumbawa Public Health Center, the most dominant forms of violence experienced by healthcare workers were verbal violence and psychological pressure. Interviews with healthcare personnel indicated that healthcare workers often chose to restrain themselves and avoid conflict in order to prevent service situations from escalating further. In certain circumstances, healthcare workers also experienced psychological distress due to concerns that conflicts could develop into unilateral reports on social media, potentially damaging both professional reputations and the reputation of healthcare facilities.

These conditions are inconsistent with Law Number 17 of 2023 concerning Health, which guarantees legal protection for medical personnel and healthcare workers in carrying out their professional practice. In addition, Law Number 36 of 2014 concerning Healthcare Workers emphasizes that healthcare workers are entitled to legal protection as long as they perform their duties in accordance with professional and service standards. Thus, juridically, the state has recognized the protection of the dignity, safety, and security of healthcare workers as part of their professional rights (Laksono, 2024).

However, the findings of this study indicate that these regulations have not been fully effective in providing practical protection at the primary healthcare level. Existing legal norms remain general in nature and have not been accompanied by operational technical regulations concerning violence prevention mechanisms, healthcare facility security standards, reporting procedures, or psychological protection for victims of violence. Consequently, the implementation of legal protection largely depends on the internal policies of each healthcare facility.

Based on observational findings, there were no specific standard operating procedures (SOPs) concerning the prevention and handling of violence against healthcare workers, rapid response mechanisms, or adequate security systems. These conditions demonstrate that legal protection for healthcare workers remains more normative than implementative. Although the state has established protective regulations, it has not fully ensured the readiness of implementing structures at the healthcare facility level.

From the perspective of Lawrence Friedman's legal effectiveness theory, the weak protection of healthcare workers at the public health center indicates that the three elements of the legal system—legal substance, legal structure, and legal culture—have not functioned optimally. In terms of legal substance, regulations concerning the protection of healthcare workers are already available but remain insufficiently operational. From the aspect of legal structure, healthcare facilities have not yet established adequate protection and violence-handling mechanisms. Meanwhile, from the perspective of legal culture, there remains a societal perception that anger or verbal abuse directed toward healthcare workers is acceptable when healthcare services are perceived as unsatisfactory (Wijaya, 2022).

These conditions illustrate a gap between *law in books* and *law in action*. Normatively, healthcare workers' rights to protection have been guaranteed; however, empirically, such protection has not been effectively

implemented in daily healthcare practice. Existing regulations also tend to be repressive in nature, as they focus more on sanctions after violence has occurred rather than on establishing preventive systems capable of preventing violence from occurring in the first place. In the perspective of modern legal protection, both the state and healthcare facilities should not only provide sanction mechanisms but also develop preventive systems through public education, strengthening service communication, conflict mitigation, and improving healthcare facility security (Tarro, 2026).

Legal Responsibility in the Protection of Healthcare Workers

Legal protection for healthcare workers constitutes part of the State's responsibility to ensure occupational safety, legal certainty, security, and professional dignity in the delivery of healthcare services. The protection of healthcare workers has been regulated under Law Number 17 of 2023 concerning Health, Law Number 36 of 2014 concerning Healthcare Workers, as well as several provisions contained in the Indonesian Criminal Code (KUHP). These regulations affirm that healthcare workers are entitled to legal protection as long as they perform their professional duties in accordance with professional standards, service standards, and the professional code of ethics, including protection from threats, intimidation, and acts of violence that interfere with the performance of their professional responsibilities. Accordingly, legal responsibility is not limited to the criminal liability of perpetrators of violence but also encompasses the administrative, preventive, and institutional responsibilities of the State and healthcare facilities in establishing a safe working environment for healthcare workers (Dara, 2024).

From a legal perspective, the implementation of these statutory provisions requires the active participation of multiple stakeholders. The central government is responsible for formulating national policies and regulatory frameworks, while local governments are responsible for supervising their implementation within healthcare facilities. Healthcare facilities, including public health centers (*puskesmas*), should function not only as institutions providing healthcare services but also as institutions responsible for establishing security systems, violence prevention strategies, incident reporting mechanisms, conflict management procedures, legal assistance, and psychological support for healthcare workers who become victims of workplace violence. In addition, professional organizations bear the responsibility of providing advocacy, professional protection, legal assistance, and institutional support for healthcare workers in carrying out healthcare practices and responding to incidents of workplace violence (Weppy, 2021).

Nevertheless, the findings of this study indicate that the implementation of these legal responsibilities has not yet been optimal, particularly at the primary healthcare level. Based on interviews conducted at the Sumbawa Public Health Center, institutional responses to workplace violence remained predominantly informal. Cases involving verbal abuse, intimidation, and psychological pressure against healthcare workers were generally resolved through persuasive communication and internal mediation in order to preserve harmonious relationships between healthcare providers and the surrounding community. Although such approaches may reduce immediate social conflict, they frequently fail to provide adequate legal protection for healthcare workers and do not create a deterrent effect against future acts of violence.

The empirical findings further revealed that healthcare workers tended not to report incidents of violence through formal legal mechanisms. Several participants explained that reporting violence could potentially prolong disputes, damage relationships with patients and their families, and create additional administrative burdens without guaranteeing meaningful legal protection. Consequently, many incidents remained undocumented and were excluded from institutional evaluation. These conditions demonstrate that the protection provided remains largely moral and situational rather than constituting a structured, sustainable, and legally enforceable protection system capable of encouraging healthcare workers to exercise their legal rights.

Observational findings also revealed that the Sumbawa Public Health Center had not established specific Standard Operating Procedures (SOPs) concerning the prevention and management of violence against healthcare workers. Furthermore, no integrated reporting mechanism, rapid response protocol, legal assistance procedure, or structured psychological recovery service was available for victims of workplace violence. As a result, institutional responses depended largely upon managerial discretion rather than standardized legal procedures. This institutional limitation contributes to inconsistent implementation of legal protection across healthcare facilities and weakens the practical effectiveness of existing legislation. Consequently, when violence occurs, resolution efforts are more frequently directed toward familial or informal approaches rather than strict legal enforcement.

These findings demonstrate that the implementation of Law Number 17 of 2023 concerning Health and Law Number 36 of 2014 concerning Healthcare Workers remains suboptimal, particularly at the primary healthcare level. Although both laws explicitly recognize healthcare workers' entitlement to legal protection, neither provides sufficiently detailed operational guidance regarding institutional responsibilities, violence prevention strategies, reporting mechanisms, victim assistance procedures, or the obligation of healthcare facilities to establish comprehensive protection systems. Consequently, the implementation of legal protection varies considerably among healthcare facilities depending upon institutional capacity, organizational commitment, and local managerial policies. This indicates that the existing legal framework still possesses a normative character and has not yet been translated into effective operational mechanisms capable of ensuring uniform implementation throughout Indonesia's healthcare system.

This condition reflects the continuing gap between normative legal guarantees and empirical implementation. According to Lawrence Friedman's theory of legal effectiveness, the weak implementation of healthcare worker protection is influenced by deficiencies in the three interrelated components of the legal system: legal substance, legal structure, and legal culture. From the perspective of legal substance, the provisions governing healthcare worker protection under Law Number 17 of 2023 continue to exhibit normative weaknesses because they do not specifically regulate operational standards for healthcare worker protection, mechanisms for reporting workplace violence, institutional responsibilities of healthcare facilities, or mandatory legal and psychological assistance for victims. Consequently, the implementation of protection measures across healthcare facilities becomes inconsistent and highly dependent upon the institutional capacity of individual healthcare providers (Kesuma, 2024).

From the perspective of legal structure, healthcare facilities have not yet been supported by integrated protection systems, adequately trained personnel, standardized incident management procedures, or sufficient security infrastructure to prevent and respond effectively to workplace violence. Meanwhile, from the perspective of legal culture, there remains a tendency to resolve conflicts informally while perceiving verbal abuse, intimidation, or anger directed toward healthcare workers as an unavoidable consequence of healthcare service delivery rather than as a violation of healthcare workers' legal rights. These conditions indicate that the State has not yet been fully present in providing effective legal protection for healthcare workers at the primary healthcare level. The absence of operational national standards has resulted in healthcare worker protection being implemented only partially and without uniform handling mechanisms across healthcare facilities (Kesuma, 2024).

Furthermore, current regulations concerning healthcare worker protection continue to adopt a predominantly repressive orientation because they emphasize law enforcement after violence has occurred rather than developing comprehensive preventive systems capable of minimizing workplace violence before incidents arise. According to Philipus M. Hadjon, legal protection fundamentally consists of both preventive and repressive protection. In the context of healthcare worker protection, preventive approaches should be realized through strengthening healthcare facility security, developing conflict mitigation systems, providing

legal education to the public, establishing effective and safe complaint mechanisms for healthcare workers, and implementing institutional policies that prevent violence from occurring. Meanwhile, repressive protection is manifested through law enforcement and the imposition of sanctions against perpetrators of violence (Topo, 2023). However, the findings of this study indicate that protection for healthcare workers at the public health center level remains predominantly repressive and is not yet balanced by adequate preventive systems. As a result, legal protection tends to function only after violence has occurred rather than preventing violence from arising in the first place.

These empirical findings indicate that legal responsibility should no longer be interpreted solely as an obligation to prosecute perpetrators after violence has occurred. Rather, legal responsibility should encompass the development of comprehensive preventive protection systems capable of minimizing workplace violence before incidents arise. Accordingly, healthcare worker protection should integrate preventive and repressive legal approaches in a balanced manner to ensure both legal certainty and occupational safety.

Based on the findings of this study, preventive legal protection should be institutionalized through the development of a National Standard Operating Procedure (National SOP) applicable to all healthcare facilities in Indonesia. Such SOPs should establish standardized procedures for violence risk assessment, conflict prevention, communication management, emergency response, documentation of incidents, reporting mechanisms, victim protection, legal assistance, psychological counselling, and coordination with law enforcement agencies. The establishment of nationally standardized procedures would provide greater legal certainty while reducing disparities in healthcare worker protection among healthcare facilities across different regions.

In addition, the findings demonstrate the urgent need for an integrated national reporting mechanism for violence against healthcare workers. Existing reporting practices remain fragmented because many incidents continue to be resolved informally and therefore are excluded from official documentation. The development of a centralized digital reporting system managed collaboratively by healthcare facilities, local health offices, professional organizations, and the Ministry of Health would enable systematic documentation of workplace violence, facilitate monitoring and evaluation of institutional performance, and generate evidence-based data for future policymaking. Such a reporting mechanism would strengthen institutional accountability, encourage healthcare workers to report incidents without fear of retaliation, and support more effective implementation of legal protection policies throughout Indonesia's healthcare system.

The policy implications of these findings extend beyond legal reform. Strengthening legal protection for healthcare workers requires institutional reform through improved governance, stronger managerial accountability, enhanced workplace security, and continuous capacity building for healthcare personnel. Training in therapeutic communication, conflict de-escalation, mediation, legal literacy, and violence prevention should become integral components of professional development programmes. Simultaneously, public education concerning patients' rights and responsibilities should be strengthened to foster mutual respect between healthcare providers and healthcare service users. These policy measures are expected to reinforce the practical implementation of Law Number 17 of 2023 concerning Health and Law Number 36 of 2014 concerning Healthcare Workers by transforming normative legal guarantees into measurable institutional practices.

Therefore, the protection of healthcare workers should not be viewed merely as an internal issue of healthcare facilities but rather as part of the State's legal responsibility to guarantee the protection of the healthcare profession. The weak implementation of legal protection demonstrates that existing regulations have not yet possessed sufficient coercive and operational power in healthcare practice. Accordingly,

stronger and more operational regulations, the establishment of national SOPs for handling violence against healthcare workers, integrated national reporting mechanisms, enhanced institutional capacity within healthcare facilities, and more consistent law enforcement are necessary to ensure that healthcare worker protection does not remain merely normative but is effectively implemented within Indonesia's healthcare system. Through these measures, legal protection for healthcare workers can evolve into a comprehensive, preventive, and sustainable protection system capable of ensuring safer working environments while simultaneously improving the overall quality of healthcare services in Indonesia (Lalu, 2026)..

Barriers to Implementation and Their Implications for the Protection of Healthcare Workers

The barriers to the implementation of healthcare worker protection are not solely caused by regulatory limitations but are also influenced by structural factors, institutional capacity, legal culture, governance, and weak law enforcement mechanisms within the healthcare system. The implementation of legal protection for healthcare workers is therefore influenced not only by the existence of statutory regulations but also by the effectiveness of policy implementation within healthcare facilities. In healthcare practice, violence against healthcare workers is still frequently perceived as a normal consequence of healthcare service dynamics and an unavoidable occupational risk rather than as a serious legal violation of healthcare workers' rights. Consequently, incidents of workplace violence are often resolved through informal, persuasive, and familial approaches instead of structured legal interventions. This condition weakens the practical realization of legal protection, reduces the effectiveness of existing legislation in preventing repeated acts of violence, and causes legal protection for healthcare workers to lack effective coercive power in healthcare practice (Martiyaningsih, 2025).

Based on empirical findings at the Sumbawa Public Health Center, several barriers contribute to the suboptimal implementation of legal protection for healthcare workers. These include the absence of specific Standard Operating Procedures (SOPs) governing violence prevention and management, inadequate security systems within healthcare facilities, limited public legal awareness, insufficient institutional support, the minimal reporting of workplace violence, the limited number of healthcare workers, and heavy workloads that increase the potential for conflicts between healthcare workers and patients or their families. Interviews with healthcare workers revealed that most respondents preferred resolving conflicts through persuasive communication or mediation because they feared that formal reporting would escalate disputes, disrupt relationships with patients and the surrounding community, and potentially interfere with healthcare service delivery. These findings indicate that social and organizational considerations frequently outweigh the utilization of formal legal protection mechanisms.

The study further found that healthcare workers frequently perceived formal reporting mechanisms as ineffective because reported cases rarely resulted in meaningful institutional follow-up, legal certainty, or adequate legal protection. This perception has gradually created a culture of underreporting in which incidents of verbal abuse, intimidation, and psychological violence are considered routine aspects of professional practice. As a consequence, many cases remain undocumented, preventing healthcare institutions and policymakers from accurately identifying the magnitude, characteristics, and recurrence of workplace violence experienced by healthcare workers. The absence of comprehensive documentation also limits institutional learning and evidence-based policy development for violence prevention.

Observational findings further indicated that violence-handling mechanisms at the public health center level remained highly situational and were not supported by an integrated protection system. When service-related conflicts occurred, their resolution largely depended on the policies of healthcare facility leaders through internal mediation and community-based approaches. Although these strategies may preserve social harmony, they do not necessarily guarantee legal certainty, accountability, or protection for healthcare workers who become victims of violence. Furthermore, documentation, investigation, evaluation, and legal

or psychological assistance mechanisms have not yet been systematically implemented. Consequently, the implementation of legal protection for healthcare workers has not yet been carried out systematically and remains highly dependent on managerial discretion rather than standardized institutional procedures.

Law Number 17 of 2023 concerning Health and Law Number 36 of 2014 concerning Healthcare Workers have formally recognized the right of healthcare workers to obtain legal protection in carrying out their professional practice. However, the findings of this study indicate that these regulations still contain normative weaknesses because they do not specifically regulate operational standards for healthcare worker protection, violence reporting mechanisms, institutional responsibilities, comprehensive victim recovery systems, monitoring and evaluation mechanisms, or the forms of accountability of healthcare facilities. These provisions remain general in nature (open norms), resulting in inconsistent implementation of healthcare worker protection that largely depends on the capacity and discretion of individual healthcare institutions (Martiyaningsih, 2025). Consequently, significant disparities exist in the level of protection provided across different healthcare facilities.

From the perspective of Lawrence Friedman's theory of legal effectiveness, these findings demonstrate weaknesses within all three components of the legal system. From the perspective of legal substance, regulations concerning healthcare worker protection have not yet provided implementative technical arrangements or comprehensive implementing regulations that clearly define institutional obligations and operational standards. From the aspect of legal structure, healthcare facilities and local governments are not yet supported by adequate protection systems, supervisory mechanisms, reporting systems, trained personnel, violence-handling procedures, or effective institutional coordination. Meanwhile, from the perspective of legal culture, there remains a tendency to normalize verbal violence, intimidation, and psychological abuse against healthcare workers as part of the occupational risks inherent in healthcare services, thereby discouraging healthcare workers from exercising their legal rights and reporting incidents of violence (Lalu, 2026).

The interaction between legal substance, legal structure, and legal culture substantially reduces the effectiveness of implementing healthcare worker protection policies. These conditions indicate that the state and local governments have not been fully present in establishing an effective healthcare worker protection system, particularly at the primary healthcare level. Weak supervision, the absence of national standards for handling violence against healthcare workers, limited institutional guidance, and insufficient governance mechanisms have caused legal protection to operate only partially and without uniform implementation. Consequently, the existence of statutory provisions alone cannot guarantee effective legal protection unless supported by institutional readiness, organizational commitment, adequate governance, and coordinated implementation mechanisms. As a result, healthcare worker protection depends more on the internal policies of individual healthcare facilities than on an integrated national legal protection system (Syafruddin, 2024).

One of the most significant findings of this study concerns the absence of an integrated reporting mechanism for workplace violence against healthcare workers. Low reporting rates not only reduce opportunities for legal intervention but also limit the availability of reliable national data regarding workplace violence within Indonesia's healthcare system. Without systematic documentation and standardized reporting procedures, policymakers face considerable difficulties in identifying patterns of violence, evaluating institutional performance, allocating resources, monitoring implementation, and designing evidence-based prevention strategies. Therefore, strengthening reporting mechanisms represents an essential prerequisite for improving legal protection and enhancing the effectiveness of healthcare governance.

Based on these findings, this study proposes the establishment of a national integrated reporting system for workplace violence against healthcare workers. The reporting mechanism should connect healthcare facilities, district health offices, provincial health authorities, professional organizations, and the Ministry of Health through a centralized digital platform. Such a system should ensure confidentiality, protect whistleblowers, provide rapid institutional responses, facilitate inter-institutional coordination, and establish standardized documentation procedures. Beyond functioning as a legal reporting mechanism, the system would also generate comprehensive national data to support policy formulation, institutional monitoring, periodic evaluation, and continuous improvement of violence prevention programs throughout Indonesia's healthcare system.

Furthermore, current regulations concerning healthcare worker protection still tend to adopt a predominantly repressive orientation because they focus more on law enforcement after violence has occurred than on developing comprehensive preventive legal protection systems. Preventive protection should be realized through the establishment of National Standard Operating Procedures (SOPs) governing violence prevention and management, standardized conflict resolution procedures, communication and de-escalation training, risk assessment protocols, emergency response mechanisms, strengthened healthcare facility security systems, public legal education, safe complaint mechanisms, and regular institutional evaluations. However, the findings of this study indicate that these preventive protection systems have not yet functioned optimally at the public health center level. Consequently, legal protection for healthcare workers tends to operate only after violence has occurred rather than preventing violence from emerging in the first place (Amiruddin Islami MQ. Baba, 2025).

The implementation of preventive legal protection should also become an integral component of patient safety governance and healthcare quality improvement programs. Safe working environments contribute directly to healthcare workers' psychological well-being, professional performance, clinical decision-making, and confidence in delivering healthcare services. Conversely, persistent exposure to workplace violence may result in psychological pressure, occupational stress, burnout, excessive caution, defensive healthcare practices, reduced therapeutic communication, decreased work motivation, and declining quality of patient care. In the long term, these conditions weaken the therapeutic relationship between healthcare workers and patients and reduce the effectiveness and sustainability of healthcare services. Therefore, protecting healthcare workers should not be viewed merely as an employment issue but as an essential strategy for strengthening patient safety and improving the overall performance of Indonesia's healthcare system.

The policy implications of this study are therefore substantial. First, the Government should formulate implementing regulations under Law Number 17 of 2023 concerning Health that specifically govern violence prevention and management in healthcare facilities. Second, all healthcare facilities should be required to adopt standardized National SOPs concerning workplace violence, including rapid response mechanisms, incident reporting procedures, legal assistance, psychological support, documentation systems, monitoring, and post-incident evaluation. Third, healthcare institutions should strengthen workplace security systems while integrating violence prevention into patient safety governance and healthcare quality improvement frameworks. Fourth, continuous education programs should be developed for healthcare workers, patients, and the general public to promote mutual respect, legal awareness, effective communication, and a zero-tolerance policy toward violence within healthcare settings.

The findings indicate that strengthening legal protection for healthcare workers requires systemic reform extending beyond legislative amendment. Effective implementation depends upon harmonization between legal substance, institutional capacity, governance structures, legal culture, and organizational commitment. Through integrated reporting mechanisms, standardized National SOPs, preventive legal protection

systems, strengthened institutional accountability, and effective supervision by central and local governments, Indonesia's healthcare system can move toward a more effective model of legal protection that safeguards healthcare workers while simultaneously improving the quality, safety, and sustainability of healthcare services. This finding also demonstrates that the effectiveness of Law Number 17 of 2023 concerning Health and Law Number 36 of 2014 concerning Healthcare Workers depends not merely on their normative provisions but on the extent to which these legal norms are translated into operational policies and consistently implemented across healthcare institutions. Such reforms would strengthen the practical contribution of healthcare legislation by ensuring that legal protection functions not only as a reactive legal remedy but also as a comprehensive preventive framework for safeguarding healthcare workers and enhancing healthcare system resilience.

4. Conclusion

Violence against healthcare workers is a real and recurring issue within healthcare facilities and manifests in various forms. Although the legal foundations for the protection of healthcare workers are available and relatively comprehensive, their implementation continues to face significant gaps. Regulations concerning prevention and handling mechanisms have been directed toward the protection of healthcare workers; however, barriers in practice have resulted in such protection not yet being implemented optimally. Therefore, strengthening policies, enhancing cross-sectoral coordination, and reinforcing institutional commitment are necessary to ensure that legal protection for healthcare workers does not remain merely normative in nature, but is effectively implemented in practice.

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