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Legal Protection for Healthcare Workers Against Violence and Intimidation: The Responsibilities of Healthcare Facilities

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Abstract

Violence, intimidation, and legal risks in healthcare delivery raise concerns regarding the scope of legal protection afforded to medical personnel and healthcare workers, as well as the responsibility of healthcare facilities to ensure workplace safety without disregarding patients' rights. This study aims to analyze the legal framework governing the protection of healthcare workers and to formulate parameters for institutional responsibility in preventing violence, managing incidents, and providing legal assistance. This research employs a normative legal method using statutory and conceptual approaches through qualitative analysis of primary and secondary legal materials. The analysis focuses on Article 273 of Law Number 17 of 2023 concerning Health and Articles 723, 728, and 731 of Government Regulation Number 28 of 2024. The findings indicate that protection against violence and intimidation constitutes a distinct legal right that must be distinguished from legal protection in professional disputes. Patient complaints submitted through lawful procedures cannot be equated with intimidation, while allegations of professional misconduct do not justify acts of violence against healthcare workers. This study formulates five normative parameters of healthcare facility responsibility, encompassing risk prevention, incident reporting and follow-up, legal assistance, incident management and recovery, and continuity of healthcare services. Effective legal protection, from a normative perspective, requires the integration of healthcare workers' rights with institutional obligations and respect for patients' rights. This framework provides a conceptual foundation for strengthening the governance of healthcare worker protection, although the effectiveness of its implementation requires further empirical examination.

Keywords: *Healthcare Workers, Healthcare Facilities, Institutional Responsibility, Legal Protection, Workplace Violence.*

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1. Introduction

Violence against medical personnel and healthcare workers has become a serious concern in the delivery of healthcare services, particularly when workplaces that are supposed to provide protection instead expose them to physical threats, intimidation, and psychological pressure. A meta-analysis of 253 studies involving 331,544 respondents found that 61.9% of healthcare workers had experienced workplace violence, with the prevalence of physical violence reaching 24.4% within the preceding year (Liu et al., 2019). The magnitude of this problem is further substantiated by a review of various systematic reviews, which demonstrates that violence in healthcare settings is a cross-national phenomenon characterized by diverse patterns and risk factors (Rossi et al., 2023). The vulnerability of nursing professionals in Southeast Asia and the Western Pacific has also been highlighted in a systematic review (Varghese et al., 2022), while Elbahi et al. (2026) identified emotional distress, unmet service expectations, delays in healthcare delivery, and weaknesses in communication and institutional prevention systems as factors associated with violence against physicians. These findings indicate that violence against healthcare workers cannot be reduced to a matter of individual behavior, as its occurrence and management are also closely related to the organizational conditions of healthcare delivery.

Threats against healthcare workers have implications that extend beyond individual safety, given that healthcare relationships are built upon communication, trust, and decision-making in situations that are often characterized by considerable uncertainty. Through a study involving 320 nurses in Saudi Arabia, Alshehry (2022) demonstrated that conflicts between nurses and patients or their families constitute a relevant issue affecting perceptions of patient safety competence. Conflicts also occur within the internal healthcare environment, as evidenced by Ćeha et al. (2023), who identified communication problems as one of the significant causes of conflict among healthcare professionals. Spijkers et al. (2022), in their study of end-of-life decision-making in intensive care units, demonstrated that prognostic uncertainty, families' emotional distress, and communication difficulties necessitate conflict management strategies tailored to the clinical context. However, conflict does not necessarily constitute violence. This distinction is legally significant because healthcare workers require protection against threats and coercion, while patients must retain their rights to receive information, express objections, and submit complaints through legitimate procedures, as emphasized in discussions concerning equitable healthcare services (Riyanto et al., 2023).

Legal guarantees for the protection of medical personnel and healthcare workers are established under Article 273 of Law Number 17 of 2023 concerning Health, which provides for the right to legal protection insofar as professional duties are performed in accordance with applicable standards, the right to occupational safety and security, and protection against treatment that undermines human dignity. Government Regulation Number 28 of 2024 further elaborates these obligations through Article 723, concerning protection and legal assistance; Article 728, concerning occupational safety and security;

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and Article 731, concerning protection against violence, harassment, and bullying that may originate from patients, family members, colleagues, or management personnel. These provisions position healthcare facilities not merely as locations where violence may occur, but also as institutions obligated to provide protection, security measures, and accessible mechanisms for addressing such incidents. The legal issue concerns the scope and implementation of these responsibilities, particularly when workplace safety protection intersects with legal assistance in professional disputes or decisions to discontinue healthcare services due to threats of violence. The right to discontinue healthcare services, as stipulated in Article 731 paragraph (4), is also subject to limitations when such services are necessary to save lives or prevent disability in emergency situations and disasters. Accordingly, the protection of healthcare workers must be interpreted in conjunction with the obligation to safeguard patient safety.

Previous studies have examined the legal protection of healthcare workers through various approaches. Rifai et al. (2022) investigated protection against violence perpetrated by patients and their families during the COVID-19 pandemic, while Riyanto and Fuad (2023) examined the relationship between legal protection in medical practice and working conditions that support professional comfort and service quality. The perspectives of legal certainty and enhanced professional literacy were further developed by Yati and Suryati (2026), who positioned legal education as a strategy for preventing legal risks in medical practice. A broader scope of protection was proposed by Riyanto et al. (2026) through a sustainable protection model for medical personnel in conflict-affected areas, encompassing prevention, operational security, recovery, and accountability. Clinical literature, including the studies by Alshehry (2022), Ćeha et al. (2023), and Spijkers et al. (2022), complements these discussions by providing insights into the dynamics of conflict and communication, although interpersonal conflict, workplace violence, and professional legal disputes possess distinct characteristics and consequences.

The development of these studies indicates that the protection of healthcare workers has been examined from various dimensions, including violence, working environments, legal literacy, clinical communication, and safety in conflict-affected areas. However, a research gap remains concerning the construction of healthcare facilities' obligations in addressing violence and intimidation within routine healthcare delivery, particularly when workplace safety protection, legal assistance, and the obligation to maintain patient safety intersect. The sustainable protection model developed by Riyanto et al. (2026) has made an important contribution, but it is based on the specific characteristics of threats and healthcare governance in conflict-affected areas. Meanwhile, the studies by Rifai et al. (2022), Riyanto and Fuad (2023), and Yati and Suryati (2026) emphasize different aspects of violence, professional working conditions, and legal education, respectively. Collectively, these studies have not specifically addressed how Articles 723, 728, and 731 of Government Regulation Number 28 of 2024 can be interpreted as an integrated framework of institutional obligations that distinguishes the management of violence from the resolution of complaints or allegations of professional misconduct. This distinction is necessary to ensure that the protection of healthcare workers does not

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evolve into immunity from legal accountability, while also preventing complaint mechanisms from being misused as instruments of intimidation or coercion.

This study offers a conceptual contribution by developing a framework for the legal protection of medical personnel and healthcare workers that positions healthcare facilities as institutions bearing specific obligations to prevent, address, and provide recovery measures following incidents of violence. Unlike previous studies that primarily focus on clinical conflict, legal education, or the security of medical personnel in conflict-affected areas, this research focuses on the normative relationship between the right to occupational safety, the obligation to provide legal assistance, complaint mechanisms, and the limitations on discontinuing healthcare services within the context of routine healthcare delivery. This framework is developed through three interrelated layers of protection: risk prevention and workplace security; institutional responses to violence or intimidation; and legal assistance that continues to respect patients' rights and the principles of professional accountability. This formulation does not seek to equate all forms of conflict with violence or all legal claims with the criminalization of healthcare professionals. Rather, the study's contribution lies in clarifying the boundaries between the protection that must be afforded to healthcare workers and the accountability that must remain enforceable when allegations of misconduct arise in healthcare delivery.

Against this background, this study aims to analyze the forms and limits of legal protection afforded to medical personnel and healthcare workers against violence, intimidation, and legal risks associated with the performance of their professional duties, while also formulating the responsibilities of healthcare facilities in ensuring such protection. Specifically, this study addresses two research questions: (1) How is the legal protection of medical personnel and healthcare workers constructed under Indonesian laws and regulations? and (2) What are the obligations of healthcare facilities in preventing and addressing violence, providing legal assistance, and safeguarding continuity of healthcare services and patients' rights? This study employs a normative legal research method through statutory and conceptual approaches, examining primary and secondary legal materials, including findings from previous empirical studies as supporting evidence for the legal arguments. The analysis is expected to clarify the boundaries of institutional obligations and establish measurable and proportionate normative parameters for legal protection that can be used to assess the responsibilities of healthcare facilities.

2. Research Method

This study employs a normative legal research method (doctrinal legal research) using statutory and conceptual approaches. This method is applied to analyze the legal framework governing the protection of medical personnel and healthcare workers against violence, intimidation, and legal risks arising in the delivery of healthcare services. Doctrinal legal research emphasizes the identification, interpretation, and systematization of legal norms to explain the relationship between legal rights, obligations, and accountability (Hutchinson & Duncan, 2012). The statutory approach is

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employed to examine the legal provisions governing the protection of healthcare workers, while the conceptual approach focuses on the principles of legal protection, legal certainty, institutional responsibility, and the balance between healthcare workers' rights and patients' rights.

The primary legal materials consist of Law Number 17 of 2023 concerning Health, particularly Article 273, and Government Regulation Number 28 of 2024, particularly Articles 723, 728, and 731, which regulate legal protection, occupational safety, and protection against violence, harassment, and bullying. Secondary legal materials include legal textbooks, scholarly journal articles, and previous studies concerning violence against healthcare workers, conflicts in healthcare delivery, medical disputes, and the responsibilities of healthcare facilities. Legal materials were collected through official regulatory documents and relevant scholarly publications, taking into account the authority of the sources, substantive relevance, reference verifiability, and the currency of the applicable legal framework. Empirical literature was used to provide context for the legal issues under examination rather than as a substitute for field data.

The analysis was conducted qualitatively through the inventory, classification, interpretation, and synthesis of legal materials. Statutory provisions were examined using grammatical and systematic interpretation to identify the scope of legal protection, the limits of institutional obligations, and the relationship between legal norms protecting healthcare workers and the obligations to provide services to patients. Conceptual analysis was employed to distinguish acts of violence or intimidation from complaints and legal claims submitted through legitimate procedures. The results of the interpretation were subsequently synthesized to formulate normative parameters for the responsibilities of healthcare facilities, encompassing risk prevention, occupational safety and security, reporting mechanisms, legal assistance, the handling of violence, and continuity of healthcare services. Conclusions were drawn through legal reasoning that considers consistency among legal provisions, the principle of proportionality, and legal certainty.

3. Result and Discussion

3.1 The Framework and Limits of Legal Protection for Healthcare Workers Against Violence, Intimidation, and Legal Risks

The legal protection of medical personnel and healthcare workers cannot be understood merely as a guarantee of legal defense when claims arise concerning professional conduct. Its scope is considerably broader. Article 273 of Law Number 17 of 2023 concerning Health recognizes the right to legal protection, provided that professional practice is carried out in accordance with applicable standards (Wulan et al., 2025), while also guaranteeing occupational safety and security and protection against treatment that undermines human dignity (Lestaria & Jamaludin, 2026). These provisions place healthcare workers in two interrelated legal positions: as professionals who are required to be accountable for their clinical actions and as individuals entitled to

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protection in the performance of their work (Afsari et al., 2026). The issue becomes more complex when threats arise within healthcare relationships characterized by clinical uncertainty, disparities in knowledge, and emotional pressure (Elbahi et al., 2026). At this point, legal protection must be capable of distinguishing professional risks inherent in healthcare practice from acts of violence that cannot be justified under any circumstances (Afsari et al., 2026; Chan, 2026).

This distinction has fundamental legal implications. The right to legal protection when practicing in accordance with applicable standards, as stipulated in Article 273 paragraph (1) letter (a) of the Health Law, must not be interpreted to mean that the personal safety of healthcare workers deserves protection only when all their professional actions have been established as legally and professionally appropriate (Afsari et al., 2026). Allegations of negligence still require examination; however, such examination does not justify threats, physical assaults, harassment, or coercion against the individuals concerned (Wulan et al., 2025; Mondal & Desai, 2026). Protection against violence is grounded in respect for personal safety and human dignity (Mondal & Desai, 2026), whereas professional accountability concerns compliance with standards of practice and the establishment of relevant elements of misconduct (Chan, 2026). These two mechanisms can operate simultaneously without negating one another (Yati & Suryati, 2026; Jauhari & Tanjung, 2026). Such a legal framework is essential to ensure that the protection of healthcare workers does not evolve into professional immunity from accountability (Chakraborty et al., 2022), while simultaneously preventing complaint procedures from being used to justify intimidating conduct (Lestaria & Jamaludin, 2026).

Violence against healthcare workers is a global phenomenon with a high prevalence that varies across countries (Rossi et al., 2023; Kuhlmann et al., 2022; Caruso et al., 2022). Its causes are multifactorial, including unmet patient expectations, poor communication, prolonged waiting times, and organizational factors (O'Brien et al., 2024; Priyadarshi et al., 2025). Communication failures represent one of the most modifiable contributing factors (Elbahi et al., 2026; Chakraborty et al., 2022). The consequences extend beyond direct physical injuries and include anxiety, burnout, defensive medical practice, and declining patient safety (Hegde, 2024). Low reporting rates further exacerbate the problem: only 14.3% of physicians pursued legal remedies (Khedr et al., 2024), while many incidents remained unreported (Hegde, 2024). Therefore, a zero-tolerance approach and reporting systems that protect individuals who report incidents are essential.

The legal framework for protection is further reinforced by Article 731 paragraph (1) of Government Regulation Number 28 of 2024, which provides for the protection of medical personnel and healthcare workers against violence, harassment, and bullying, whether perpetrated by patients and their families or by colleagues, management personnel, or the leadership of healthcare facilities. This provision demonstrates that sources of threats do not necessarily originate outside the organization. Hierarchical workplace relationships, unequal distributions of authority, and unhealthy communication patterns may also create healthcare environments that are vulnerable to

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intimidation. Ćeha et al. (2023) identified communication as one of the factors associated with conflicts among healthcare workers, while Elbahi et al. (2026) highlighted the relationship between violence against physicians, communication failures, psychological pressure, and organizational conditions within healthcare services. Neither study characterizes all forms of conflict as violence; rather, both provide a basis for understanding why the protection of healthcare workers requires attention to interpersonal relationships and institutional governance. Accordingly, legal protection is inadequate if it addresses only threats originating from patients without considering the possibility of violence arising from hierarchical power relationships within the workplace.

Legal risks within healthcare relationships also require careful consideration when distinguishing clinical conflicts from unlawful conduct. Disagreements concerning medical interventions, objections to clinical decisions, or requests for explanations from patients' families are forms of interaction that may occur without involving violence or intimidation. Spijkers et al. (2022) demonstrated that conflicts between physicians and the families of critically ill patients may be associated with prognostic uncertainty, differing perspectives on end-of-life decisions, and the emotional pressure accompanying communication processes. Alshehry (2022) also identified a negative association between conflicts involving nurses and patients or their families and perceptions of patient safety competence within the studied population. These findings demonstrate the importance of communication in preventing conflict escalation. Nevertheless, determining whether intimidation has occurred requires an assessment of the specific conduct, the circumstances of the incident, the nature of the threat, and the applicable legal provisions that may have been violated. Discomfort arising from the submission of a complaint cannot automatically be equated with violence.

A similar issue arises when healthcare workers face claims or complaints concerning alleged professional negligence. Patients' rights to express objections and seek accountability must remain respected as part of their legal protection. Article 310 of the Health Law stipulates that disputes arising from alleged errors committed by medical personnel or healthcare workers in the performance of their professional duties that result in harm to patients must first be resolved through alternative dispute resolution outside the courts. This provision establishes a framework for dispute resolution that must be distinguished from coercive conduct, threats to personal safety, or pressure that violates the law. Riyanto and Fuad (2023) situate the legal protection of medical practice within the context of working conditions that support healthcare delivery, while Yati and Suryati (2026) emphasize the importance of legal education for medical personnel. These perspectives demonstrate that legal certainty is not achieved by eliminating the possibility of examining alleged professional misconduct, but rather through objective and proportionate dispute resolution mechanisms that protect all parties concerned.

The limits of legal protection become more apparent when healthcare workers face situations that threaten their safety and require them to decide whether to discontinue healthcare services. Article 273 paragraph (2) of the Health Law recognizes this right when healthcare workers are subjected to treatment that undermines human dignity,

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including violence, harassment, and bullying. Article 731 paragraph (4) of Government Regulation Number 28 of 2024 imposes limitations on the exercise of this right when the required healthcare services involve life-saving measures or the prevention of disability in emergency situations and/or disasters. This regulatory framework demonstrates that the right to occupational safety and the obligation to save patients' lives are not treated as mutually exclusive interests. Their balance must be achieved through institutional mechanisms that enable healthcare workers to receive security assistance, additional personnel support, or safe transfers of patient care without disregarding urgent clinical needs. Placing the entire burden of such decisions on healthcare workers who are themselves facing threats would disregard the role of healthcare facilities as institutional providers of healthcare services.

The interpretation of these provisions demonstrates that the legal protection of healthcare workers encompasses preventive, corrective, and professional dimensions, which must be distinguished according to their respective objects and legal bases. Preventive protection is directed toward risk control and the provision of a safe working environment, whereas corrective protection concerns the management of violence, the provision of legal assistance, and recovery following incidents. Professional protection ensures that the performance of clinical duties is assessed based on competence, professional authority, professional standards, and applicable legal procedures. The synthesis presented by Rossi et al. (2023) concerning workplace violence and the study by Elbahi et al. (2026) concerning violence against physicians demonstrate that such threats are associated with various individual, interpersonal, and organizational factors. The diversity of these factors supports the need for a protection framework that extends beyond addressing perpetrators of violence to include institutional conditions that may enable threats to arise or recur. Meaningful legal protection requires clarity regarding which parties are obligated to act, what measures must be made available, and how their implementation can be held accountable.

3.2 Responsibilities of Healthcare Facilities in Preventing Violence, Managing Incidents, and Providing Legal Assistance

The recognition of healthcare workers' rights under statutory regulations does not provide adequate protection unless accompanied by clearly established obligations on the part of institutions responsible for delivering healthcare services. Article 723 of Government Regulation Number 28 of 2024 provides an important legal basis for constructing such responsibilities by regulating legal protection, including the prevention of professional misconduct and assistance for medical personnel and healthcare workers facing legal issues. This provision demonstrates that protection is necessary not only after disputes have arisen but also through the establishment of clear practice standards, alignment between professional competence and authority, fulfillment of registration and licensing requirements, and support for the performance of professional duties. Article 723 paragraph (4) specifically requires the institutions where healthcare workers are employed to provide legal protection and assistance in the

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form of legal consultation and/or assistance in dispute resolution. This obligation transforms the position of healthcare facilities from merely serving as locations where therapeutic relationships take place into institutions that also bear responsibility for providing protection mechanisms for healthcare workers. Nevertheless, the scope of such assistance and its implementation must be determined according to the nature of the legal issue and the applicable provisions, rather than being interpreted as an obligation to defend every professional action without examination.

This institutional dimension becomes more apparent through Article 728 of Government Regulation Number 28 of 2024, which requires the implementation of occupational safety, health, and security systems for medical personnel and healthcare workers. These obligations encompass hazard control, prevention of occupational accidents, management of work-related health problems, and the safeguarding of healthcare environments. Violence must be recognized as one of the risks requiring attention within such systems. Rossi et al. (2023) demonstrate that workplace violence has diverse characteristics and contributing factors, while Elbahi et al. (2026) emphasize its association with communication, organizational conditions, and weaknesses in prevention systems. The legal implication lies in the need to translate occupational safety obligations into assessable institutional measures, such as identifying high-risk service areas, establishing response procedures for threats, providing conflict management training, and coordinating with security personnel. These measures constitute operational forms that can be derived from the obligation to manage occupational safety, although not all their specific details are explicitly stipulated in the government regulation.

The existence of reporting mechanisms constitutes an important indicator of an institution's commitment to fulfilling its protective obligations. Article 731 paragraph (3) of Government Regulation Number 28 of 2024 establishes the responsibility of the government and the leadership of healthcare facilities, within their respective authorities, to create a conducive working environment, conduct communication and educational activities, provide reporting or complaint channels, and follow up on reports in accordance with applicable legal provisions. The adequacy of reporting channels cannot be assessed merely by their administrative existence. Healthcare workers must be able to report threats without facing further pressure, particularly when the reported individuals occupy higher positions within the organizational hierarchy. This issue is relevant because the protection afforded under Article 731 also extends to acts committed by management personnel or the leadership of healthcare facilities. The need for investigations that are independent of the reported parties, traceable documentation, confidentiality of information, and protection against retaliation constitutes an analytical consequence of the obligation to establish effective protection mechanisms. Without such safeguards, reporting mechanisms risk becoming merely symbolic procedures that fail to provide meaningful protection.

Addressing violence in healthcare settings requires institutional responses capable of distinguishing between immediate safety needs, victim recovery, and legal accountability processes (Riyandini & Ropii, 2025). Different forms of conduct, including

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physical violence, verbal threats, harassment, and bullying, involve varying evidentiary requirements and legal implications, thereby necessitating standardized and integrated management procedures (Sarı et al., 2023; Nelson et al., 2024; Milašiūnaitė & Atkočaitytė, 2026). Institutional responses must begin with ensuring the physical safety of threatened individuals through emergency safety protocols, systematic incident documentation, assessment of the need for ongoing medical or psychological assistance, and classification of appropriate legal avenues in proportion to the offense committed (Madan et al., 2024; Abreu et al., 2026; Da Silva, 2026). Internal investigation mechanisms cannot override or replace formal judicial proceedings when the conduct constitutes an independent criminal offense (Chan, 2026). Conversely, the existence of legal proceedings does not release healthcare facilities from their obligation to evaluate the structural factors and workplace governance conditions that may have contributed to the incident (Abreu et al., 2026; Madan et al., 2024).

Recent empirical studies confirm that medical personnel are frequently vulnerable to violence due to communication failures and dissatisfaction with healthcare services in high-risk units (Sarı et al., 2023; Ayvat & Ayvat, 2026). A sustainable protection model requires the availability of secure reporting systems and institutional protection mechanisms that can adapt to escalating threats in high-risk facilities (Riyandini & Ropii, 2025; Milašiūnaitė & Atkočaitytė, 2026). Effective protection mechanisms must comprehensively consider both external threats and internal institutional dynamics to prevent healthcare workers from experiencing secondary victimization (Madan et al., 2024; Milašiūnaitė & Atkočaitytė, 2026).

Legal assistance constitutes a dimension of professional protection that requires clear boundaries of authority and transparency regarding conflicting interests (Wulan et al., 2025). The obligation of healthcare facilities to facilitate legal consultation and assistance in dispute resolution, as stipulated under the national healthcare regulatory framework, is not equivalent to providing unconditional justification for all actions undertaken by medical personnel (Sadnyini et al., 2024). Medical personnel facing allegations of negligence remain entitled to procedural clarity, access to legal consultation, and the right to present an adequate defense within the boundaries of applicable professional standards (Madan et al., 2024). On the other hand, patients' rights to obtain medical audits and impartial dispute resolution must also be guaranteed in a balanced manner (Widyanti et al., 2026).

Challenges to institutional integrity arise when allegations of negligence are directly related to institutional operational policies, the absence of adequate facilities and infrastructure, or negligent supervision by healthcare facilities, potentially creating conflicts between corporate interests and those of healthcare workers (Wulan et al., 2025; Madan et al., 2024; Widyanti et al., 2026). This reality underscores the urgency of specific regulations governing the scope of legal advocacy, the limits of intervention by internal legal counsel, and the mitigation of conflicts of interest (Azmi et al., 2026). Legal assistance must function to strengthen procedural justice and the objectivity of evidentiary processes, rather than serving as an instrument to silence complaints or

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merely protect the institution's reputation (Rodliyah & Sariroh, 2026; Wahyudi et al., 2026).

Continuity of healthcare services occupies an equally important position within the framework of healthcare facility responsibilities. Violence against healthcare workers may create situations in which both staff safety and patients' clinical needs require immediate protection. Article 731 paragraph (4) of Government Regulation Number 28 of 2024 establishes limitations on the discontinuation of healthcare services when the required intervention is necessary to save lives or prevent disability in emergency situations and/or disasters. This limitation should not be interpreted as requiring healthcare workers to confront threats on their own. Rather, institutions must provide escalation procedures, security personnel assistance, coordination with the individuals responsible for healthcare delivery, and arrangements for replacement personnel whenever clinically feasible. The transfer of patient care must be carried out safely to avoid creating additional risks for patients. The institutional obligation lies in the ability to establish conditions under which the protection of healthcare workers' safety can be implemented alongside the fulfillment of healthcare service obligations.

The distinction between intimidation and legitimate complaints constitutes one of the most decisive issues in implementing institutional responsibilities. Patients' objections concerning delays in healthcare services, unclear information, or alleged medical interventions that do not comply with applicable standards are matters that may be raised through complaint mechanisms. The exercise of this right cannot be classified as intimidation merely because it causes discomfort to healthcare workers or the management of healthcare facilities. A different assessment is required when objections are accompanied by violence, threats to personal safety, insults that satisfy the elements of a legal violation, or coercion to undertake actions contrary to professional standards. Spijkers et al. (2022) demonstrate that clinical conflicts require communication approaches that take into account the substance of disagreements and the emotional circumstances of patients' families, while Alshehry (2022) highlights the relevance of healthcare service conflicts to perceptions of patient safety competence. These findings reinforce the argument that complaint resolution and violence management require clearly distinguishable mechanisms. The protection of healthcare workers and patients' access to justice must be implemented through mutually respectful procedures rather than through restrictions on either party's rights.

The synthesis of Article 273 of the Health Law and Articles 723, 728, and 731 of Government Regulation Number 28 of 2024 produces five normative parameters that can be used to assess the responsibilities of healthcare facilities. The first parameter concerns prevention through the identification of violence-related risks, workplace security measures, and the strengthening of communication in healthcare delivery. The second parameter concerns the availability of secure reporting mechanisms, objective investigations, and traceable follow-up procedures. The third parameter encompasses proportionate legal assistance and representation, while the fourth concerns the management of the consequences of violence and the restoration of healthcare workers' safety. The fifth parameter positions continuity of healthcare services and respect for

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patients' rights as limitations that must be taken into account when implementing protective measures. These five parameters constitute the result of a systematization of legal obligations and relevant governance principles, rather than the introduction of new obligations beyond those established under statutory regulations.

The position of this study lies in its assertion that the protection of healthcare workers and the responsibilities of healthcare facilities constitute a mutually interrelated legal relationship, rather than two separate issues that can be analyzed independently. The rights to safety, legal assistance, and professional protection require the availability of organizational mechanisms that can be implemented both when risks emerge and after incidents occur. Conversely, institutional obligations cannot be fulfilled merely by providing policy documents without clearly defining authority, reporting procedures, investigation mechanisms, and the boundaries of responsibility. This framework distinguishes legal protection from professional immunity while simultaneously rejecting the notion that the exercise of the right to submit complaints can justify intimidation against healthcare workers. The conceptual contribution of this study lies in integrating the obligations of prevention, incident management, legal assistance, recovery, and continuity of healthcare services into a framework of institutional responsibility that can be systematically analyzed. Given the normative legal research approach adopted in this study, this framework represents the result of legal interpretation and synthesis that still requires empirical examination to assess its implementation across different healthcare facilities.

4. Conclusion

The legal protection of medical personnel and healthcare workers against violence, intimidation, and legal risks in healthcare delivery is grounded in interrelated normative provisions that nevertheless differ in their respective objects and scope of protection. Article 273 of Law Number 17 of 2023 concerning Health, together with Articles 723, 728, and 731 of Government Regulation Number 28 of 2024, provides a legal foundation for professional protection, occupational safety and security, and the management of violence, harassment, and bullying. The findings demonstrate that protection against violence cannot be conditional upon prior proof that healthcare workers have complied with all professional standards, whereas legal protection in healthcare disputes must continue to take into account professional authority, standards of practice, and applicable accountability procedures. Patient complaints submitted through legitimate mechanisms cannot be equated with intimidation. Conversely, allegations of professional misconduct do not justify acts of violence against healthcare workers. This distinction provides the basis for proportionate protection without creating professional immunity or undermining patients' access to justice.

The responsibilities of healthcare facilities are not limited to providing assistance after incidents of violence or disputes have occurred but also encompass the obligation to establish protection systems that can be implemented from the preventive stage. These obligations include controlling the risks of violence, providing a safe working

environment, establishing objective reporting and investigation mechanisms, facilitating legal consultation and assistance, and addressing the consequences of violence against healthcare workers. Continuity of healthcare services constitutes an important limitation in implementing these protective measures, particularly when the discontinuation of services conflicts with the need to save lives or prevent disability in emergency situations and disasters. The principal contribution of this study lies in formulating five normative parameters of institutional responsibility, namely prevention; reporting and follow-up; legal assistance; incident management and recovery; and continuity of healthcare services. These five parameters clarify the relationship between healthcare workers' rights and the obligations of healthcare facilities, while providing an analytical framework for assessing the conformity of institutional policies with the principles of legal protection, legal certainty, and respect for patients' rights.

The implications of this study point to the need to strengthen the governance of healthcare worker protection through institutional policies that establish clear allocations of authority, incident management procedures, and evaluation mechanisms. Healthcare facilities must ensure that the protection of healthcare workers is not merely stipulated in administrative documents but is translated into accountable prevention and response systems. This study is limited to normative legal analysis and therefore does not assess the level of compliance with or the effectiveness of implementing these provisions in specific healthcare facilities. Further empirical research is necessary to examine the implementation of protection obligations, institutional barriers, and the extent to which violence management mechanisms align with the needs of healthcare workers and the rights of patients.

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