

INSTITUTIONAL ACCOUNTABILITY IN VIOLENCE AGAINST HEALTHCARE WORKERS: A LEGAL ANALYSIS

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Abstract

This study aims to analyze institutional accountability in handling violence against health workers through a study of the legal framework, the implementation of protection in health facilities, and the gap between norms and practices. The research approach uses normative legal methods with analysis of relevant laws and regulations, legal doctrines, and literature, and supported by evaluation of institutional practices based on secondary data. The results showed that forms of violence against health workers include verbal, physical, threat, and aggressive actions triggered by various factors, while the implementation of protection through security SOPs, internal supervision, and reporting systems has not been uniform between institutions. The evaluation revealed that there was a discrepancy between normative provisions and the reality of the field, especially in the aspects of reporting, incident handling, and coordination with law enforcement officials. The conclusion of the study emphasized that institutional accountability plays an important role in ensuring the protection of health workers, but its effectiveness is greatly influenced by the consistency of policy implementation, the readiness of security facilities, and management's commitment in carrying out the legal mandate as a whole.

Keywords: *institutional accountability, violence against health workers, legal protection.*

INTRODUCTION

Violence against health workers continues to emerge as a serious problem that threatens the stability of medical services in various health facilities. This phenomenon includes verbal violence, intimidation, and physical attacks that occur on doctors, nurses, and medical support personnel while carrying out their duties (Ridwa et al., 2023). This is supported by the research of Fadila et al. (2025), that 0.8% of nurses experienced verbal violence in 12 months, with most incidents (95.8%) unreported. The increasing intensity of cases shows that there are gaps in structural protection for health workers, both in terms of regulation and in terms of the implementation of security systems within institutions (Restiyowati et al., 2023). This situation causes discomfort at work, reduces service quality, and has the potential to trigger burnout, high stress levels, and decreased motivation of health workers to provide optimal services.

Public attention to the issue of violence in health services has also increased as each incident exposes the weakness of institutional accountability mechanisms. Hospitals as service providers have a central role in ensuring the safety of all health workers through risk management, surveillance, and rapid response to threats (Budiani et al., 2025). The institution's

responsibility is not only on the provision of service facilities, but also includes legal obligations to create a safe working environment. When violent incidents occur, institutional failures in prevention and handling often raise questions about the extent to which accountability is carried out normatively or operationally (Putri et al., 2025).

The legal umbrella that regulates the protection of health workers has been outlined in various regulations such as the Health Law, the Hospital Law, and criminal provisions related to acts of violence (Permatasari & Alkays, 2023). The normative framework provides legitimacy for health workers to obtain legal protection while carrying out their professional duties. The implementation of the legal framework requires health institutions to develop operational standards, mitigate risks, provide a transparent incident reporting system, and cooperate with law enforcement officials in the event of violence (Aji et al., 2025). The readiness of institutions in carrying out regulatory mandates is the main measure of accountability that can be traced through responses to incidents and internal policies implemented.

The level of public trust in health services is greatly influenced by the ability of institutions to provide protection for medical personnel (Koswara, 2018). When violence is not taken seriously, the quality of service can be compromised, creating operational instability and potentially lowering patient safety standards. This condition emphasizes the urgency to examine institutional accountability in depth, considering that the protection of health workers is directly related to the sustainability of services. Legal analysis is needed to see the conformity of practices that run with regulatory provisions, identify gaps in implementation, and strengthen oversight mechanisms.

The scope of research on this issue focuses on the accountability of health institutions in preventing and dealing with violence that befalls health workers. The legal research provides a basis for assessing the effectiveness of policies, tracing the accountability structure, and evaluating the institution's compliance with applicable legal standards. The existence of studies like this helps map the need for additional regulations, improve internal mechanisms, and strengthen coordination across agencies.

LITERATURE REVIEW

Institutional Accountability

Institutional accountability encompasses an organization's obligation to ensure that all functions, processes, and policies are carried out in accordance with legal norms, ethical codes, and operational standards. This concept requires a clear accountability structure, spanning from leadership to operational units, so that every institutional action can be traced and justified systematically. Policy transparency is a crucial element, ensuring that rules, procedures, and decisions are accessible, understandable, and open to oversight by both internal and external stakeholders. Upholding accountability means that an institution does not operate solely based on written regulations, but must also ensure that these principles are effectively implemented in managerial and operational practices (Suryaningsih et al., 2024).

Institutional accountability also demands mechanisms for performance evaluation, clear reporting systems, and the enforcement of internal discipline to prevent violations.

Regular evaluations help identify weaknesses in the system, including potential risks to the safety of health workers. Institutions with strong accountability can respond promptly to incidents, consistently enforce corrective actions, and implement continuous improvements. In the context of health worker protection, institutional accountability is a critical foundation for preventing violence, as only through transparent reporting systems, decisive case handling, and structured safety management can institutions ensure that healthcare professionals work in an environment that is safe, protected, and compliant with applicable legal standards.

Violence against Health Workers

Violence against health workers encompasses a wide range of aggressive behaviors, including threats, intimidation, verbal abuse, destruction of medical facilities, and physical attacks targeting medical personnel during service delivery (Prastika, 2020). This phenomenon is often driven by psychological factors of patients and their families, shortcomings in healthcare service systems, and situational stress or tension within medical environments. Such violent incidents not only endanger the safety of health workers but also disrupt their ability to provide effective care, leading to trauma, reduced work performance, lower quality of services, and increased psychological stress.

Research indicates that these incidents are closely linked to weak institutional security measures and the absence or unclear implementation of protective regulations. Healthcare facilities that lack comprehensive safety protocols, proper reporting systems, and preventive measures are more vulnerable to repeated occurrences of violence. The literature emphasizes that effective prevention and management of violence require strong institutional frameworks, clear legal protection, and proactive strategies to safeguard healthcare workers while maintaining the quality and continuity of patient care (Pratama & Setiawan, 2025).

Legal Framework for the Protection of Health Workers

The protection of health workers is established through a variety of legal instruments, including the Health Law, the Hospital Law, and relevant criminal provisions, which together provide a structured legal basis for addressing incidents of violence. These regulations affirm the right of health workers to operate in a safe environment, outline the responsibilities of healthcare institutions to ensure workplace safety, and set mechanisms for law enforcement against individuals who commit acts of violence. The legal framework also defines the duties of institutions to develop internal policies, preventive measures, and protocols for incident reporting and management.

Legal scholarship emphasizes that the mere existence of laws is insufficient to guarantee protection if not complemented by effective implementation, routine monitoring, and consistent enforcement of sanctions. Institutions must translate normative provisions into practical policies and actions, including training staff on safety procedures, establishing clear reporting channels, and cooperating with law enforcement when necessary. The effectiveness of the legal framework in protecting health workers is therefore directly dependent on the commitment of healthcare institutions to operationalize the law in daily practice, ensuring that safety measures are not only formal but also actively upheld (Irianto & Imanda, 2020).

Health Facility Risk Management and Security

Risk management plays a critical role in preventing violence within health facilities by identifying potential threats, conducting thorough risk assessments, and implementing targeted

mitigation measures (Budiani et al., 2025). Effective risk management requires a proactive approach in which health institutions anticipate possible sources of conflict or aggression and establish procedures to minimize their impact. This includes designing comprehensive safety protocols, ensuring adequate staffing for security, and preparing response plans that can be activated quickly during incidents.

Safety management practices in health facilities typically involve the deployment of trained security personnel, installation of monitoring and surveillance systems, development of standard operating procedures (SOPs) for incident handling, and the provision of training for health workers to recognize and respond to high-risk situations. Evidence from previous studies indicates that institutions with structured risk mitigation systems are more capable of reducing the frequency of violent incidents while enhancing institutional accountability in responding to such events. Strong risk management not only protects the safety of health workers but also contributes to maintaining the quality of patient care and overall operational stability within healthcare settings. (Kusyairi & Nusantara, 2025).

The Role of Health Institutions in Violence Prevention

Health institutions hold a central role in preventing violence against health workers by developing comprehensive internal protection policies and ensuring compliance with existing legal standards. These responsibilities involve creating an organizational culture that prioritizes the safety and well-being of medical personnel, embedding safety practices into daily operations, and promoting awareness among staff about potential risks and preventive measures. Institutional commitment to safety reflects both ethical and legal obligations, serving as the foundation for reducing exposure to violence and fostering a secure working environment (Jacobus et al., 2022). Institutions are also required to establish effective coordination with law enforcement agencies to ensure timely intervention when incidents occur, as well as to strengthen internal incident reporting systems that allow for prompt documentation, assessment, and response. Safeguarding the confidentiality and impartiality of victims is an essential component of these systems, enabling health workers to report incidents without fear of retaliation or stigma. By fulfilling these responsibilities, health institutions enhance their accountability, minimize risks of repeated violence, and support a work environment in which healthcare professionals can perform their duties safely and effectively.

RESEARCH METHOD

The research method used is normative legal research with a descriptive-analytical research type. The normative approach is a legal research method that focuses on the analysis of applicable legal norms, rules, and principles (Nurhayati et al., 2021). This approach is used to examine the concepts, principles, and legal provisions that govern institutional accountability and the protection of health workers from violence. The study was conducted through a review of laws and regulations, legal doctrines, court decisions, and relevant academic literature to understand how the law regulates the obligations of health institutions in preventing and dealing with violence that befalls medical personnel. This research focuses on the structure of norms that govern the protection of health workers to describe the applicable legal arrangements and analyze their effectiveness in the practice of health institutions. The

focus of the research is directed at the relationship between institutional accountability and the legal principles that govern the safety of health workers, so that the results of the study provide an explanation of the consistency of regulations, the scope of accountability, and the institution's obligation to provide protection.

The data collection technique is carried out through literature studies which include searching the Health Law, Hospital Law, criminal provisions related to violence, scientific articles, health law books, and other official documents. Data analysis is carried out qualitatively through the process of interpretation of norms, systematization of legal provisions, and juridical reasoning to assess the suitability between legal rules and institutional obligations. The analysis process also includes an evaluation of the lack of law enforcement in the field to produce a complete picture of the accountability of health institutions in dealing with violence against health workers.

RESULT AND DISCUSSION

Legal Framework for the Protection and Responsibility of Health Institutions

The legal basis regarding the protection of health workers forms a normative structure that establishes the rights, obligations, and limits of the accountability of health institutions in the face of violence. The Health Law affirms that health workers have the right to obtain legal protection during the performance of their professional duties, which include physical, psychological, and occupational safety protection. The provision shows that the state provides normative legitimacy for health workers to work in a safe environment, as well as mandates health institutions to ensure that these rights are accessible in real terms. This regulation also places health workers as parties that must be supported by the institutional system to prevent potential threats arising from patients, patients' families, and other external parties.

The hospital regulations serve as a primary instrument for operationalizing institutional responsibility, ensuring supervision and accountability for healthcare services (Prayoga et al., 2023). The institution's obligations are not only limited to the provision of physical facilities, but also include managerial aspects such as internal policies, the establishment of safety units, and supervision of patient and medical personnel interactions. These provisions form accountability standards that require hospital management to play an active role in preventing violence and ensuring the continuity of security in accordance with applicable legal norms.

The status of criminal law also strengthens the framework for the protection of health workers through the regulation of sanctions against perpetrators of violence. Provisions regarding persecution, threats, or acts that obstruct the work of health workers provide a repressive mechanism to ensure that acts of violence are processed through legal channels. These criminal norms provide direct protection for health workers as well as the basis for institutions to take legal steps when incidents occur. Health institutions have a legal obligation to report incidents of violence, assist victims, and cooperate with law enforcement officials so that the enforcement process runs according to the provisions.

The legal framework formed from these various regulations binds health institutions in a standard of accountability that can be measured through the conformity of internal policies with legal norms. Institutional responsibility is measured by their ability to provide a safe work environment, create functional SOPs, build accessible reporting systems, and ensure that health workers are under structural protection when faced with risky situations (Faras et al., 2024). An evaluation of the legal arrangement shows that institutional responsibility is not only administrative, but also includes moral and professional elements as part of the governance of

health services. The legal framework is the main basis for the analysis of the extent to which health institutions are able to consistently fulfill the mandate of protecting health workers.

Forms of Violence and Evaluation of Protection Implementation in Health Facilities

Violence against health workers appears in various forms ranging from verbal violence such as swearing, insults, and intimidation, to physical violence that includes beatings, assaults, or attempted destruction of facilities that threaten the safety of medical personnel (Heryyanoor et al., 2025). This phenomenon also includes aggressive actions such as threats using dangerous objects, harassment, and coercion that hinder health workers from carrying out their professional duties. Factors that trigger violence are often related to the emotional state of the patient's family, dissatisfaction with services, poor perception of communication, and emergency conditions that create high tension (Sumarni & Haiti, 2025). This situation puts health workers in a vulnerable position so that they require strong and structured institutional protection.

Protection policies implemented by health institutions are usually formulated through an integrated security system, starting from the presence of security officers, CCTV monitoring, to the preparation of SOPs for handling incidents. These operational procedures include threat identification steps, rapid reporting mechanisms, temporary protection for health workers, and coordination procedures with external security forces when the escalation of violence cannot be controlled. The implementation of these policies shows variations from one institution to another, depending on management capacity, availability of resources, and the seriousness of the institution in ensuring the safety of health workers. The implementation of SOPs is often the main determinant in the success of incident control, so the effectiveness of policies depends heavily on the understanding and compliance of all health facility personnel.

Evaluation of the implementation of protection policies shows that some institutions have demonstrated readiness through strengthening security facilities and training for health workers on how to deal with risky situations. This effort reflects the institution's awareness of the legal norms that govern the protection of health workers. However, its implementation still leaves weaknesses, especially in the aspect of incident reporting that has not run optimally, limited security personnel, and lack of education to patients' families regarding the limits of interaction with health workers. Discrepancies between normative standards and field practices are identified in hospitals that do not have adequate security systems in place, so violence is often not handled properly or is only resolved internally without formal documentation.

The implementation of SOPs for handling violence often depends on the capacity of management to supervise each stage. Some hospitals have demonstrated effectiveness through rapid response to incidents, provision of safe spaces for healthcare workers, and systematic documentation. Meanwhile, other facilities still face obstacles due to unsocialized procedures, unpreparedness of security officers in dealing with escalations, or lack of institutional commitment to formally follow up on cases. This difference makes it clear that the implementation of protection in the field has not fully met legal standards, especially related to institutional accountability which requires preventive and responsive actions on an ongoing basis. The evaluation shows that the effectiveness of internal policies still depends on the consistency of implementation, the adequacy of the security budget, and the organizational culture that supports the safety of health workers.

Institutional Accountability Analysis and the Gap between Norms and Practices

Institutional accountability in terms of violence against health workers is reflected in the obligation of health service institutions to provide mechanisms for preventing and handling incidents systematically (Nurdiansyah et al., 2025). This responsibility includes the preparation of protection policies, the provision of security facilities, training for health workers, and the enforcement of SOPs when violence occurs. Legal norms have established that healthcare institutions are obliged to ensure that medical personnel work in a safe environment. The

provision also emphasizes the need for a documented reporting system, an internal investigation process, and administrative measures against parties who do not carry out their protection duties. Institutional accountability is the main indicator that determines the extent to which health worker protection can be implemented comprehensively in accordance with the mandate of laws and regulations (Sholikin & Herawati, 2020).

Evaluation of field practice shows that there are variations in implementation that show an imbalance between normative standards and institutional readiness. Some health facilities already have a structured reporting system, but the practice still finds obstacles such as reluctance to report for fear of pressure from the patient's family, lack of victim assistance, or lack of firmness in management in following up on cases (Habibah & Dhamanti, 2025). The reporting system often stops at the internal level without escalation to law enforcement officials, even though the legal provisions stipulate that acts of violence against health workers must be processed criminally. This situation shows that the accountability aspect has not been running optimally because the institution has not been able to guarantee that all incidents are reported, analyzed, and handled in stages according to the provisions.

Coordination between health institutions and law enforcement officials also affects the quality of accountability. Some cases show delays or lack of communication between hospitals and the police when violence occurs that requires legal action. This obstacle is often caused by unclear SOPs, lack of understanding of officers regarding criminal reporting procedures, or institutional fear of reputational repercussions. This creates a gap between legal provisions that require effective coordination and limited field practice. The lack of strong coordination ultimately weakens the protection of health workers because perpetrators of violence do not receive sanctions according to regulations.

Analysis of the gap in norms and practices shows that there is a direct influence on the quality of health worker protection. Health workers who do not receive institutional support will feel vulnerable, less safe, and experience psychological distress that affects motivation and performance. The absence of firm handling also has an impact on the increased potential for repeated violence because there is no deterrent effect on the perpetrator. The quality of health services is also disrupted when health workers work in an unsafe environment. This situation creates a cycle that harms institutions, health workers, and patients at the same time, so the implementation of consistent institutional accountability is a prerequisite for strengthening the protection of health workers and maintaining the reliability of health services.

CONCLUSION

The study's conclusions show that institutional accountability plays a central role in creating effective protection for health workers from various forms of violence. The legal framework has provided a clear mandate regarding institutional obligations to prevent and deal with incidents, but implementation on the ground still faces obstacles in the form of weak reporting systems, unpreparedness of SOPs, limited security facilities, and lack of coordination with law enforcement officials. This condition creates a gap between legal norms and real practices, thereby reducing the effectiveness of protection and having an impact on the sense of security, quality of work, and quality of health services. Strengthening accountability through the implementation of consistent internal policies, transparent case documentation, and cross-agency coordination is an urgent need to ensure that health workers can work in a safe and fair environment in accordance with applicable legal standards.

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