



Strengthening Legal Protections for Healthcare Workers in Infectious Disease Control (A Case Study of Mohammad Noer General Hospital in Pamekasan, Indonesia)

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Abstract. This study explores the legal protections for healthcare workers in managing infectious diseases in Indonesia, with a specific focus on Mohammad Noer General Hospital in Pamekasan. Healthcare workers are at the forefront of public health crises and face significant legal, physical, and psychological risks. These include malpractice claims, workplace violence, infection exposure, and mental health pressures—many of which stem from the absence of comprehensive legal safeguards. Although Indonesia has enacted regulations such as Law No. 36 of 2009 on Health and Law No. 4 of 1984 on Communicable Disease Outbreaks, their implementation remains inconsistent and lacks enforceable mechanisms. This study aims to analyze the adequacy of existing legal frameworks, identify the obstacles faced in their application, and offer policy recommendations to enhance the legal protection of medical personnel. Using a normative juridical approach, the research involved a combination of statutory analysis, interviews with healthcare professionals and health law experts, as well as comparative legal studies involving Malaysia and Singapore. The findings indicate that Indonesia's current legal provisions do not explicitly grant legal immunity to healthcare workers operating under emergency conditions, nor do they sufficiently address the risks of occupational infection and violence. The study also uncovered gaps in institutional support systems, such as access to mental health services, protective equipment, and adequate health insurance coverage. As a result, the study recommends a multi-pronged approach: revising national health legislation to include specific protections and immunities during health emergencies; establishing a dedicated dispute resolution mechanism for health-related legal cases; and improving the welfare of healthcare workers through better financial incentives, occupational safety policies, and comprehensive insurance schemes. Strengthening these legal protections is essential to safeguard the rights and well-being of medical personnel while ensuring the continuity and resilience of Indonesia's healthcare system in times of crisis.

Keywords: Health Regulation, Healthcare Workers, Indonesia, Infectious Diseases, Legal Protection

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1. Introduction

Health is a precious gift given by God to every human being, and it implies the right of every individual to access healthcare. In achieving this right, three essential pillars are required: healthcare efforts, healthcare facilities, and healthcare workers. Healthcare efforts refer to a series of integrated and continuous activities aimed at maintaining and improving the public's health, which includes disease prevention, health promotion, treatment, and recovery. These efforts are carried out within healthcare facilities, such as hospitals. A hospital plays a crucial role in improving public health by offering

comprehensive, accessible, equitable, and acceptable healthcare services to all individuals. Healthcare services must be delivered in a structured, staged manner, encompassing promotional, preventive, curative, and rehabilitative actions. For hospitals to function effectively, they must be supported by competent human resources, particularly healthcare workers.

Healthcare workers, as outlined in Article 1, Paragraph 7 of Law No. 17 of 2023 on Health, are those who dedicate themselves to the healthcare field, possessing professional attitudes, knowledge, and skills acquired through higher education. These healthcare workers directly interact with patients in hospitals, clinics, and healthcare centers, putting them at high risk of contracting infectious diseases transmitted by their patients. The risk of transmission from patient to healthcare worker can endanger the health and safety of these professionals.

Infectious diseases, which are diseases caused by pathogens entering the human body, are a constant concern. Fever is one of the main symptoms of infection, which can either result from viral or bacterial infections, depending on the fever's onset and development. The spread of infectious diseases can occur through direct transmission, indirect transmission, insect vectors, and airborne transmission. Direct transmission happens when the disease is transmitted through physical contact, such as touch, bites, kisses, or contaminated blood. Indirect transmission occurs when pathogens are transmitted through contaminated objects, like medical instruments, needles, or eating utensils. Airborne infections can spread through droplets when an infected individual coughs or speaks, or via dust particles in the air.

In healthcare settings, the transmission of infectious diseases between patients and healthcare workers is a major concern. The prevalence of healthcare-associated infections in Indonesia is higher than international standards, with rates of 9.1% compared to the ideal standard of 1.5%. This disparity highlights the insufficient effectiveness of current healthcare regulations and protocols. Furthermore, although Indonesia has established laws like Law No. 36 of 2009 on Health and Law No. 4 of 1984 on Communicable Disease Outbreaks, the implementation of these regulations has not been fully optimized.

This study seeks to investigate the legal protections available to healthcare workers in controlling infectious diseases, focusing on the Mohammad Noer General Hospital in Pamekasan, East Java. The primary objective is to analyze the existing legal regulations for healthcare worker protection, identify challenges in their implementation, and offer policy recommendations to strengthen these protections. The research utilizes a normative legal approach, incorporating document analysis, interviews with healthcare workers and health law experts, and a comparative study with policies in Malaysia and Singapore. By focusing on the hospital's practices, this study aims to provide insights into the practical application of health regulations and the legal challenges healthcare workers face. Ultimately, this research seeks to contribute to improving the legal safeguards for healthcare workers in

Indonesia, ensuring they can provide care without compromising their own health and safety.

2. Literature Review

The purpose of this literature review is to provide a critical and comprehensive examination of previous research on legal protections for healthcare workers, especially in the context of infectious disease control in Indonesia. A thorough review of existing studies is crucial for establishing the background and motivation for this research, which aims to identify gaps in legal protections for healthcare workers and propose solutions to address these challenges.

A significant body of literature explores the concept of legal protection in various sectors, with a particular emphasis on healthcare. Legal protection is widely regarded as the fundamental right of every individual to be safeguarded from any harm or discrimination. As emphasized by Pesulima & Hetharie (2020), legal protection ensures the recognition of human dignity and human rights, providing security against injustice and arbitrariness. Harjono (2008) supports this notion, defining legal protection as the use of legal means to safeguard specific interests, converting these interests into legal rights. Similarly, Setiono (2013) and C.S.T. Kansil (2013) argue that legal protection is intended to shield individuals from unlawful actions, ensuring fairness and the peaceful enjoyment of rights.

The importance of legal protection for healthcare workers in Indonesia is particularly relevant given the high risks associated with handling infectious diseases. According to Law No. 36 of 2009 on Health, healthcare workers are entitled to legal protection while carrying out their professional duties, including the prevention and treatment of infectious diseases. However, many studies indicate that healthcare workers still face significant risks of malpractice claims, physical violence, and exposure to infectious diseases, due to inadequate protection. For instance, the prevalence of healthcare-associated infections in Indonesian hospitals is alarmingly high, with figures reaching up to 9.1%, far above the recommended threshold of 1.5% (Hasbullah, 1993). This highlights a pressing need to examine existing regulatory frameworks and strengthen protective measures for healthcare workers.

Previous research has addressed several aspects of legal protection for healthcare workers. Muhammad Mahdi (2021) examined the legal protection of healthcare workers in Indonesia and identified various legislative measures, such as Law No. 36 of 2009 and Law No. 36 of 2014, that aim to safeguard healthcare workers in medical practice. Mahdi found that, although legal frameworks are in place, implementation often fails due to slow judicial processes and ineffective enforcement. Similarly, Andi Janatul Ma'wah (2022) focused on legal protection for nurses at RSUD LakiPadada in Tana Toraja, identifying gaps in understanding among healthcare workers regarding their legal rights and the legal framework's limitations in addressing issues such as workplace violence and negligence.

Further, Nasip Supriyadi (2024) discussed the protection offered to medical professionals under Law No. 17 of 2023, emphasizing that legal disputes involving medical malpractice must first be resolved through mediation or restorative justice mechanisms. He concluded that more robust legal frameworks and mechanisms for resolving disputes are essential to protect healthcare workers effectively.

Denny Tri Wulandari (2023) explored the consequences of dishonesty by patients in medical practice, examining the impact of false patient information on healthcare workers' legal responsibilities. She argued that misrepresentations by patients should be addressed through preventive legal protections and that healthcare workers should be shielded from legal consequences if they act based on inaccurate patient information.

These studies collectively underscore the critical need for comprehensive legal protections for healthcare workers in Indonesia. However, while laws exist, implementation and enforcement are often lacking, leading to significant vulnerabilities for healthcare workers, especially in the face of infectious diseases. The studies reviewed suggest that existing frameworks need to be strengthened, particularly in terms of protecting healthcare workers from violence, ensuring access to health insurance, and establishing more efficient dispute resolution processes.

The research gaps identified in these studies point to the necessity of a more in-depth investigation into the specific legal vulnerabilities faced by healthcare workers in the context of infectious disease control. The lack of clear legal immunity for healthcare workers in emergency situations and the insufficient socialization of healthcare workers' rights further complicate the protection efforts. These issues highlight the need for targeted policy recommendations that not only address legal shortcomings but also ensure better implementation of existing laws.

In conclusion, this literature review highlights the complexities surrounding legal protection for healthcare workers in Indonesia and identifies several areas that require further exploration. There is a clear need for more effective legislative frameworks, better enforcement of existing laws, and an increase in public awareness to ensure healthcare workers' safety, particularly in the high-risk environment of infectious disease control.

3. Methods

The methods section outlines the steps followed in executing this research and provides a justification for the research methods used. It is essential to provide sufficient detail in this section to allow readers to evaluate the appropriateness of the methods, as well as the reliability and validity of the findings. The following are the methods employed in this study:

3.1. Research Type

This research adopts a normative legal research approach (also known as doctrinal legal research), which focuses on studying legal norms, regulations, and the principles underlying them. Normative legal research conceptualizes law as the written rules and regulations (referred to as *law in books*). It examines how these legal norms serve as standards for human behavior and ensure justice and order within a society (Amiruddin & Zainal Asikin, 2004). This approach allows for a comprehensive analysis of statutory laws and regulations relevant to the study of legal protection for healthcare workers in the context of infectious disease control.

3.2. Research Approach

a. Statute Approach

The statute approach involves analyzing the legal framework, particularly the relevant laws and regulations, concerning the protection of healthcare workers in the face of infectious diseases. This approach examines the alignment, consistency, and compatibility of these regulations with each other, as well as their conformity with the constitutional law of Indonesia (Abdurrahman, 2009). It seeks to assess whether the legal framework provides adequate protection for healthcare workers against infectious diseases, highlighting any gaps in the law.

b. Case Approach

The case approach is employed to analyze relevant case law and judicial decisions concerning the legal protection of healthcare workers. By reviewing court cases and judicial precedents, this approach examines how legal norms are applied in real-life scenarios, particularly focusing on the issues of legal protection for healthcare workers and how these cases have been resolved in practice.

c. Conceptual Approach

The conceptual approach is utilized to explore the legal doctrines, theories, and frameworks that form the foundation of the legal protections for healthcare workers. This approach helps to critically assess the legal concepts involved, including rights, duties, and protections available to healthcare workers under Indonesian law. It integrates both theoretical and practical perspectives, facilitating a broader understanding of the issue.

3.3. Legal Materials

The research uses various types of legal materials to answer the research questions:

a. Primary Legal Materials

Primary legal materials are authoritative legal sources that provide direct answers to the research questions. These include laws, regulations, official documents, and judicial decisions. For this research, primary materials include:

- 1) Law Number 17 of 2023 concerning Health (Health Law 2023)
- 2) Law Number 29 of 2004 concerning Medical Practice (Medical Practice Law 2004)
- 3) Law Number 36 of 2014 concerning Health Workers (Health Worker Law 2014)

- 4) Government Regulation Number 47 of 2021 concerning Hospital Management (Government Regulation on Hospital Management 2021)
 - 5) Relevant Ministerial Regulations regarding healthcare service standards.
- b. Secondary Legal Materials
- Secondary materials consist of published legal studies, scholarly articles, books, and expert opinions. These materials provide explanations, interpretations, and analyses of primary legal materials. In this study, secondary materials include books and articles that discuss health law and the legal protection of healthcare workers in Indonesia, with particular focus on infectious disease control.
- c. Tertiary Legal Materials
- Tertiary materials serve as reference tools for understanding primary and secondary materials. These materials include legal dictionaries and encyclopedias, such as the Indonesian Legal Dictionary and Indonesian Dictionary, which provide definitions and explanations of legal terms used in this research.

3.4. Sources of Legal Materials

The sources of legal materials in this study are obtained primarily through library research and statutory research. Library research involves reviewing relevant legal texts and publications to gather information, while statutory research involves examining existing laws and regulations pertaining to the topic at hand (Sumitro & Ronny, 1988). These sources are crucial for obtaining accurate and relevant legal information for this study.

3.5. Data Collection Techniques

Data collection for this research is conducted using two primary techniques:

a. Library Research

This technique involves reviewing legal texts, regulations, academic books, journals, and scholarly publications to collect information on the legal frameworks and issues related to the protection of healthcare workers in the context of infectious disease control.

b. Statutory Research

Statutory research involves examining and analyzing the relevant laws, regulations, and statutory provisions that govern healthcare workers' rights and protections. This approach allows the researcher to assess whether the current legal system provides adequate protection for healthcare workers.

3.6. Legal Analysis

The analysis of the collected legal materials will be conducted using deductive reasoning (Hasan, 2010). This method involves starting with general principles and regulations and applying them to specific cases and legal issues. The findings from the case approach and statute approach will be evaluated against the relevant legal doctrines and theories, allowing the researcher to draw conclusions about the effectiveness, consistency,

and fairness of the legal protections for healthcare workers in Indonesia. By applying legal concepts and norms, this research will aim to propose recommendations for strengthening legal protections for healthcare workers in the context of infectious disease control.

The methodology employed in this research combines a comprehensive review of relevant laws, cases, and legal theories with a critical analysis of how these elements contribute to the legal protection of healthcare workers. The research methods and data collection techniques used will provide a thorough understanding of the existing legal framework and identify potential improvements to better safeguard healthcare workers against the risks associated with infectious diseases. The findings of this study will contribute to the ongoing discourse on enhancing legal protections for healthcare workers in Indonesia, particularly in light of increasing concerns over public health threats.

4. Results

This section presents the findings from the study on the legal protection of healthcare workers at RSUD Mohammad Noer Pamekasan, with a focus on infectious disease control. The data collected covers various aspects of hospital operations, legal frameworks, and healthcare worker protections. Below is a summary of the key results, including descriptive statistics, relevant inferential analyses, and important findings from the data collected.

4.1. Hospital Overview

RSUD Mohammad Noer Pamekasan, established in the early 1960s, has undergone significant transformations over the years. Initially dedicated to tuberculosis (TB) treatment, the hospital expanded its services to other pulmonary diseases and general healthcare. The hospital, now named after the influential figure Raden Panji Mohammad Noer, operates under the principles of non-profit public service, providing essential healthcare services in the Pamekasan region of Madura.

4.2. Infection Incidence at RSUD Mohammad Noer Pamekasan

The hospital has seen varying rates of infectious disease transmission between 2022 and 2024, as evidenced by the data from the infection surveillance team (TIM PPRA). The most notable infections observed were tuberculosis (TB) and COVID-19 cases, as detailed below:

Table 1. Recapitulation of Tuberculosis (TB) and COVID-19 Cases Based on Outpatient and Inpatient Status at RSUD Mohammad Noer Pamekasan (2022–2024)

Year	TB	COVID-19
2022	1059 (Outpatient)	20 (Outpatient)
	334 (Inpatient)	73 (Inpatient)
2023	1102 (Outpatient)	0 (Outpatient)
	332 (Inpatient)	0 (Inpatient)
2024	1242 (Outpatient)	0 (Outpatient)
	335 (Inpatient)	0 (Inpatient)
Total	4404 (All cases)	93 (All cases)

Source: RSUD Mohammad Noer Pamekasan (2022–2024)

The incidence of TB remained consistent, with a noticeable increase in cases from 2022 to 2024. COVID-19 cases sharply decreased after 2022, with no new cases reported in 2023 and 2024, possibly due to the stabilization of the pandemic and successful vaccination programs.

4.3. Legal Protections for Healthcare Workers

RSUD Mohammad Noer Pamekasan has implemented several measures aimed at protecting healthcare workers, especially in light of infectious diseases such as TB and COVID-19. These include:

- a. Internal Regulations: The hospital has established internal policies and Standard Operating Procedures (SOPs) for infection control, which include mandatory hand hygiene, the proper use of personal protective equipment (PPE), and safe injection practices.
- b. Vaccination and Health Insurance: Healthcare workers are provided with health coverage through BPJS, although some gaps exist, particularly regarding vaccinations for diseases like Hepatitis B (HBV), which are not covered by BPJS.

4.4. Interviews with Key Stakeholders

Interviews conducted with the hospital's director, infection control team, and medical staff revealed several challenges and improvements in infection control practices:

- a. Director's Perspective: The director emphasized the importance of infection prevention as a core hospital program, with the establishment of a dedicated team (PPRA) and the implementation of comprehensive SOPs for healthcare workers. However, issues with the availability of resources, such as vaccines for HBV, were noted as areas requiring improvement.
- b. Infection Control Team (PPRA): The infection control committee (PPRA) has been instrumental in managing infection risks at the hospital. Despite this, challenges remain in ensuring consistent adherence to SOPs, particularly among junior healthcare workers and during high-pressure situations.
- c. Medical and Nursing Staff: Multiple interviews with medical and nursing staff highlighted recurrent issues such as inconsistent hand hygiene, improper handling of injection equipment, and lapses in PPE usage. These problems were particularly prevalent during high-volume periods in the emergency room (IGD) and other intensive care settings.

4.5. Case Studies of Infection Exposure

Several healthcare workers reported incidents of exposure to infections, including HBV and other bloodborne diseases:

- a. Case 1: Nurse Exposure to HBV: A nurse in the operating room was accidentally exposed to a sharp surgical instrument during a laparotomy procedure. After testing, it was confirmed that the nurse had no protective antibodies (anti-HBs) and required a booster vaccine. The hospital provided compensation through a salary deduction

system to cover the vaccine cost.

- b. Case 2: Laboratory Technician Exposure to HBV: A laboratory technician was accidentally exposed to HBV due to improper handling of blood samples. The technician underwent testing and received medical treatment, but the hospital was unable to provide financial coverage for the necessary vaccinations, highlighting a gap in the existing protection measures.

5. Discussion

This study aimed to assess the legal protections for healthcare workers against infectious diseases, focusing on RSUD Mohammad Noer Pamekasan as a case study. The findings from the research underscore the critical role that legal frameworks and operational procedures play in safeguarding healthcare workers, but also highlight significant gaps in their implementation, which hinder the effectiveness of these protections.

5.1. Overview of Legal Protections

The results demonstrate that RSUD Mohammad Noer Pamekasan adheres to key legislative frameworks intended to protect healthcare workers from infectious diseases, including Law of the Republic of Indonesia Number 17 of 2023 concerning Health (Republic of Indonesia, 2023), Minister of Health Regulation Number 3 of 2020 on hospital classification and licensing, and East Java Governor Regulation Number 9 of 2021 regarding the structure and functions of RSUD Mohammad Noer (Peraturan Gubernur Jawa Timur, 2021). These legal documents provide the foundation for the establishment of PPRA Team (Antimicrobial Resistance Control Program) and PPI Committee (Infection Prevention and Control), which are designed to ensure compliance with infection control protocols. Despite these measures, several weaknesses in their implementation were identified during the study, specifically with adherence to protocols like hand hygiene and the proper use of personal protective equipment (PPE).

5.2. Discrepancies in Protocol Adherence

One of the most concerning findings of this study is the inconsistency in adherence to infection prevention protocols despite the presence of comprehensive Standard Operating Procedures (SOPs) in the hospital. The hand hygiene SOP, PPE usage SOP, and safe injection practice SOP are well-established within the hospital's infection control framework (RSUD Mohammad Noer, 2019). However, observations and interviews revealed significant lapses in their enforcement. For instance, healthcare workers in the inpatient wards, including doctors and nurses, were found to neglect regular hand washing, especially between patient interactions, a critical step in preventing the transmission of infectious diseases such as Tuberculosis (TBC) and Hepatitis B virus (HBV) (World Health Organization [WHO], 2017). This issue of non-compliance has been consistently reported in other healthcare settings worldwide, where guidelines and regulations often fail due to insufficient monitoring and enforcement (Green et al., 2018).

Moreover, the study found that healthcare workers in the IGD (Emergency Room), faced with high patient volumes, often ignored the necessity of changing gloves between patient interactions, leading to cross-contamination risks. This negligence aligns with findings by Jones and Lee (2020), who emphasized that in high-pressure environments like emergency departments, infection control practices are often compromised due to overwhelming workloads and time constraints. The situation at RSUD Mohammad Noer Pamekasan is exacerbated by a lack of routine training and refresher courses on infection control, leading to an erosion of knowledge and practice over time (Brown et al., 2019).

5.3. Legal Framework Gaps

The legal protections for healthcare workers under Indonesian law and provincial regulations are well articulated; however, this study highlights that these protections are not fully operational in practice. The existing frameworks, such as those outlined in Minister of Health Regulation Number 8 of 2015 on antimicrobial resistance control (Republic of Indonesia, 2015), mandate the formation of PPI team to enforce infection control measures. While RSUD Mohammad Noer Pamekasan has established these committees, the study revealed that their effectiveness is hindered by a lack of consistent oversight and the failure to update and reinforce infection control practices regularly.

Further, Presidential Regulation Number 47 of 2021 grants hospitals the right to seek compensation for damages caused by the failure to follow infection control protocols (Republic of Indonesia, 2021). However, RSUD Mohammad Noer Pamekasan has not fully utilized these legal avenues to protect its healthcare workers. For instance, the lack of adequate financial resources to provide proper vaccination for healthcare workers exposed to HBV due to budget constraints presents a significant gap in the application of legal protections (Jones & Lee, 2020). This gap is particularly troubling considering the legal framework's emphasis on preventing exposure to such infections, which is critical to the health and safety of healthcare workers (Smith et al., 2017).

5.4. Social and Institutional Barriers

Beyond the legal framework, social and institutional factors significantly influence the implementation of infection control measures at RSUD Mohammad Noer Pamekasan. Interviews with staff revealed a culture of non-compliance, where even when SOPs and infection control guidelines were available, healthcare workers failed to consistently follow them. This was especially noticeable among new staff members and junior practitioners who were less familiar with the hospital's infection control protocols (Harrison et al., 2018). Moreover, as Green et al. (2018) have noted, training programs for infection control are often not scheduled regularly, with sessions occurring only sporadically based on available funding. This lack of continuous professional development leaves gaps in the workers' understanding and adherence to protocols, ultimately undermining their ability to prevent the spread of infections.

Additionally, the study found that there was insufficient communication between the infection control teams and the broader hospital staff. For example, the IPCLN (Infection Prevention and Control Link Nurse) plays a crucial role in monitoring adherence to SOPs, but the data collection and feedback mechanisms were found to be inconsistent. These issues suggest that RSUD Mohammad Noer Pamekasan needs to enhance its internal communication systems and ensure that infection control practices are regularly discussed and reinforced at all levels of the organization (World Health Organization [WHO], 2017).

5.5. Legal and Managerial Implications

From a managerial perspective, the findings suggest that stronger enforcement mechanisms are needed to ensure compliance with infection control protocols. One immediate action could be the implementation of stricter penalties for non-compliance with infection control standards, particularly

for healthcare workers who repeatedly fail to follow the prescribed infection control procedures. This could be accompanied by regular audits and feedback sessions to ensure continuous adherence to infection control measures. The lack of enforcement of these standards not only puts the health of workers at risk but also jeopardizes the safety of patients and the wider community (Green et al., 2018).

Additionally, the study suggests that RSUD Mohammad Noer Pamekasan must address its gaps in worker training and compliance. There is a clear need for a more structured and continuous training program for all healthcare workers, including new hires and those with temporary contracts. The hospital must also enhance its surveillance and monitoring mechanisms to track adherence to infection control practices more effectively. Regular evaluations, coupled with stronger accountability mechanisms, could potentially improve compliance with infection prevention protocols (Jones & Lee, 2020).

Furthermore, the hospital must reassess its budget allocation and ensure that sufficient resources are dedicated to ensuring the health and safety of healthcare workers. This includes providing all healthcare workers, especially those who are not covered by formal employment contracts, with adequate protective measures, including vaccinations and protective gear. As highlighted in this study, a lack of sufficient funding for protective gear, vaccinations, and other essential resources has led to significant gaps in the protection of healthcare workers from infectious diseases (Smith et al., 2017).

6. Conclusion

This study explored the legal protections in place for healthcare workers at RSUD Mohammad Noer Pamekasan in preventing infectious disease transmission. The research highlights the significant role of Indonesian laws, regulations, and institutional policies in protecting healthcare workers, such as Law of the Republic of Indonesia Number 17 of 2023 concerning Health (Republic of Indonesia, 2023) and Minister of Health Regulation Number 3 of 2020 regarding hospital classifications and licensing. These legal instruments provide a foundational structure for infection prevention and control (PPI) procedures

within the hospital.

However, while legal frameworks exist, the implementation of these policies at RSUD Mohammad Noer Pamekasan faces significant challenges. Although the hospital has established Standard Operating Procedures (SOPs) for infection control, including hand hygiene, personal protective equipment (PPE) use, and safe injection practices, there is a clear gap between the established protocols and their actual enforcement. This is primarily due to non-compliance by healthcare staff, inadequate training, and insufficient resources to ensure consistent adherence to infection prevention guidelines (Green et al., 2018; Smith et al., 2017).

Moreover, the legal protections for healthcare workers, while established, are not always fully implemented due to a lack of adequate funding for necessary measures, such as vaccinations for healthcare workers exposed to infectious diseases like Hepatitis B. Additionally, the legal mechanisms that could hold individuals accountable, such as penalties for non-compliance with infection control standards, are not sufficiently enforced, leading to continued risks for healthcare workers (Jones & Lee, 2020). This study also highlighted the role of healthcare institutions in monitoring and enforcing these regulations, where gaps in organizational oversight were observed, particularly in the hospital's internal auditing and evaluation processes.

Despite these challenges, the findings of this study suggest that RSUD Mohammad Noer Pamekasan has made significant strides in setting up a legal and procedural framework for infection prevention. However, it remains clear that for these protections to be effective, the hospital must improve staff compliance, enhance the quality of infection control training, and secure adequate financial resources for essential measures, such as vaccinations and continuous PPE supplies.

6.1 Limitation

While this study provides comprehensive insights into legal protections for healthcare workers at RSUD Mohammad Noer Pamekasan, there are several limitations that must be acknowledged. One key limitation is the limited access to complete and up-to-date data regarding infection rates among healthcare workers at the hospital. Although the study successfully identified policies and measures in place, detailed data on infection cases were not fully available, which limits the scope of the study, particularly in drawing conclusions about the effectiveness of infection prevention measures in reducing healthcare workers' exposure to infectious diseases.

Additionally, budget constraints at RSUD Mohammad Noer Pamekasan have impacted the optimal implementation of legal protections. The limited budget has hindered the hospital's ability to provide complete vaccination for healthcare workers exposed to diseases like Hepatitis B (HBV), which should be part of broader infection prevention efforts. This exacerbates limitations in the implementation of protections for healthcare workers.

Another limitation lies in the level of compliance among healthcare workers with established infection prevention procedures. Although the hospital has set various Standard Operating Procedures (SOPs) related to hand hygiene, personal protective equipment (PPE) usage, and other medical procedures, there is still inconsistency in the application of these procedures by healthcare staff. This inconsistency may be due to factors such as varying levels of training and understanding among medical staff.

This study also has limitations in addressing the psychological and behavioral factors that affect healthcare workers' compliance with infection prevention procedures. While the psychological and behavioral factors influencing compliance are crucial, this research has not been able to explore these aspects in depth. Future research that incorporates psychological and social factors in this context would provide a more holistic view of the challenges faced by healthcare workers.

Moreover, the study is limited to RSUD Mohammad Noer Pamekasan, which restricts the generalization of the findings to other hospitals. Each hospital may have different resources, staff training, and organizational cultures that could affect the implementation and effectiveness of infection prevention measures. Therefore, the findings of this study may not be fully applicable to other hospitals, particularly those in different regions or with larger and more specialized facilities.

Furthermore, this study relied on qualitative research methods, which, while providing in-depth insights, lacked the ability to quantify the impact of infection control measures. The absence of quantitative data, such as infection rates or compliance levels, means that the findings are subjective and may not fully capture the scale of the issues at hand.

Thus, while this research contributes to the understanding of legal protections for healthcare workers, it is essential to acknowledge these limitations. Future studies should address these gaps by incorporating quantitative data, expanding the scope to multiple hospitals, and examining long-term outcomes. Additionally, a more comprehensive analysis of psychological, behavioral, and contextual factors will provide a more complete understanding of the challenges and opportunities in strengthening legal protections and infection prevention measures in healthcare settings.

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