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Legal Protection for Health Workers under Building Facility Standards

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Abstract

Inadequate building facilities at Puskesmas, as mandated by Permenkes Number 19 of 2024, pose risks to health workers and patients, potentially leading to medical disputes and compromised service quality. This study analyzes the implementation of Puskesmas building facility standards and evaluates the legal protection framework for health workers under Law Number 17 of 2023 and Permenkes No. 19 of 2024. Normative legal research was conducted through document and literature studies, analyzing primary, secondary, and tertiary legal materials. Many Puskesmas fail to meet building standards, with issues like limited-service space, poor room layouts, and inadequate safety facilities, increasing risks for health workers. Legal protections exist but are hindered by implementation gaps, lack of legal education, and insufficient government support and help workers. Strengthening many regulatory enforcement, enhancing legal education, and improving facility compliance are critical to ensuring effective legal and many protections for health workers and quality health services.

Keywords

Building Facilities, Health Law, Health Workers, Legal Protection, Patient Safety

1. Introduction

Community Health Centers (*Pusat Kesehatan Masyarakat/Puskesmas*) play an important role in the primary health care system in Indonesia, in the Minister of Health Regulation No. 19 of 2024 concerning the Implementation of Puskesmas (Permenkes Number 19 of 2024), states that Puskesmas provide access to health services for the wider community. Health services for the community Indonesia are mandated in Article 34 paragraph (3) of the 1945 Constitution of the Republic of Indonesia, namely “The state is responsible for the provision of health care facilities and proper public service facilities.” The provision of Health services a manifestation of the precepts of a just and civilized Humanity which relates to the values of upholding the dignity of Indonesian human beings (Roshan, 2007; Rubenstein & Bittle, 2010; Abbasi et al., 2013)

Puskesmas facilities are crucial for fostering a safe and proper work environment, which in turn supports optimal health services. Law mandates that Puskesmas provide facilities that are safe, functional, and supportive for patients, their families, staff, and visitors (Wulandari, 2022; Anggraini et al, 2024). Adequate Puskesmas facilities aim to create a secure working environment and minimize risks for healthcare professionals. These professionals have a right to work in safe and protected conditions, aligned with professional standards, codes of ethics, and patient needs (Setiawan, 2021). Furthermore, healthcare workers are entitled to legal protection concerning occupational safety and security, especially given the challenges they face, such as hazardous material management, infrastructure limitations, and risk management (Pramono, 2023). Therefore, comprehensive regulations are necessary to provide adequate legal protection for healthcare workers against potential lawsuits (Nugroho, 2020; Rokom, 2023).

Law Number 17 of 2023 on Health (Law Number 17 of 2023), as an effort to provide legal protection to medical personnel and health workers as long as they carry out their duties in accordance with these provisions. The existence of this regulation is a fundamental element in ensuring the quality of health services for the community. While prior studies have explored either building facility standards or legal protections for health workers, there is a lack of research integrating these aspects to examine how non-compliant facilities impact health workers' legal vulnerabilities, such as exposure to medical disputes due to inadequate infrastructure (Kalalo & Kalalo, 2018; Safitri et al., 2024). This study aims to analyze the alignment of Puskesmas building facilities with the standards set forth in Permenkes No. 19 of 2024 in supporting the provision of safe and quality health services, as well as to examine the legal protections afforded to health workers under Law Number 17 of 2023 and Permenkes No. 19 of 2024 when they are required to operate in facilities that do not meet these standards.

The results of researchers' observations from several Puskesmas found that there was a lack of adjustment of building facilities with the rules of Permenkes 75/2014 jo. Permenkes 43 of 2019 jo. Permenkes Number 19 of 2024 such as the size of the laboratory is not appropriate so that it can lead to a greater risk of infection, there is also 1 room by 2 doctors so that there will be no patient privacy during examination or counseling and there can be patient claims or medical disputes. In addition, researchers found that the segregation of infection room flow was not carried out due to limited space. Meanwhile, one of the requirements for Puskesmas accreditation is the fulfillment of building facilities as an effort to keep work risks away from the workplace (Hafrida et al., 2021; Bakhtiari et al., 2022).

This study aims to analyze the implementation of building facilities in Puskesmas, considering that there are still various challenges in its implementation. Some aspects that need to be considered in filling this gap research include a comprehensive analysis of building facility standards and their application in

Puskesmas. In addition, the limited number of studies that discuss the form of legal protection for health workers is an issue that needs further research. Understanding the applicable legal concepts can provide deeper insights into the legal protection mechanisms that should be applied to ensure the fulfillment of health workers' rights.

2. Literature Review

2.1. Standard Facilities for Health Center Building

Puskesmas building facilities play an important role in supporting the quality of health services (Safitri et al, 2024). In the context of health services in Indonesia, Puskesmas plays an important role as a primary health facility that provides services to the community at the first level. Therefore, regulation of proper Puskesmas building standards is very important to ensure safety and comfort for health workers who work there. Puskesmas buildings must meet various technical requirements that include structural, sanitation, and comfort aspects for its users, both patients and health workers. Among all these technical standards are adequate ventilation systems, sufficient lighting, and protection and against fire risks (Sinaga & Pondang, 2024; Thahir & Tongat, 2024).

Puskesmas buildings must also meet the standards of the room area, efficient layout, and accessibility for all community groups including people with disabilities. In addition, Permenkes Number 19 of 2024 as the latest regulation reinforces the importance of integrating building facilities with digital health service systems, the availability of evacuation routes, fire protection systems, and environmentally friendly waste management. Thus, Puskesmas buildings must not only be functional but also meet the principles of safety, comfort, and sustainability according to established national standards.

2.2. Basis of Legal Protection

Legal protection ensures human rights and obligations are met for individual interests and human relations (Mertokusumo, 2019). It's divided into preventive legal protection, which stops events with legal consequences, and repressive legal protection, which addresses them after they occur (Sukendar & Aris, 2020). The state is responsible for aligning health policies and services with human rights, ensuring access to adequate healthcare, facilities, medical care, and medicines. Human rights theory in healthcare emphasizes eliminating discrimination, requiring the state to ensure fair and equal access for everyone. This is bolstered by the principle of legal certainty, demanding clear regulations and procedures for healthcare rights and obligations, including mechanisms for public protection and dispute resolution (Peter, 2008; Zainafree et al., 2016).

Table 1. Legal Arrangements

| No. | Type of Regulation | Substance |
|-----|--|---|
| 1 | Law No. 17 of 2023 on Health | General Provisions, Rights and Obligations, Central and Local Government Responsibilities, Health Implementation, Extraordinary Events and Outbreaks, Health Funding, Community Participation, Development and Supervision and Criminal Provisions. |
| 2 | Government Regulation No. 28 Year 2024 on Health | Health Efforts, Adolescent Reproductive Health, Improvement of Promotive and Preventive Services, Education and Training, Monitoring and Evaluation. |
| 3 | Minister of Health Regulation Number 19 Year 2024 Implementation of Puskesmas | Definition and Scope, Objectives of PHC, Authority of PHC, Human Resources, Licensing and Registration, PHC Requirements, Implementation of Public Health Efforts, Clinical Authority, and PHC Registration. |

Legal protection is crucial for health workers, providing them with legal certainty in their professional roles, especially when unexpected issues arise (Saks, 2021). Government regulations are essential here. Law Number 17 of 2023, Article 24, requires health services to meet service standards, professional standards, standard operating procedures, and relevant laws. Article 1 paragraph (7) of Law No. 17 of 2023 defines health workers as individuals dedicated to health with professional attitudes, knowledge, and skills from higher education; some may need authorization for specific health efforts. This includes doctors, dentists, nurses, midwives, and pharmacists, who are vital for public health (Santoso, 2021). These regulations on Table 1 show the government's commitment to supporting and protecting professionals, allowing them to perform their duties safely and securely.

3. Methods

This research employs a normative legal research method, also known as doctrinal research. This approach centers on legal analysis through literature studies, examining applicable laws and regulations. It considers both the hierarchy of laws and regulations and their harmonization relationships. The study is prescriptive, aiming to offer recommendations for identified problems. The data for this research is secondary data, referred to as "additional data." It's gathered from diverse sources, including books, existing research findings, official documents, and relevant legal literature. This research utilizes primary, secondary, and tertiary legal materials, with data collection primarily through literature studies. Consistent with juridical-normative research characteristics, the data analysis is performed qualitatively. The researcher meticulously examines all collected data to address the research problem comprehensively. The findings of this research are prescriptive-analytical, aligning with the nature of prescriptive research methodology (Soekanto, 1984).

This methodology allows for a thorough exploration of legal frameworks and their implications, leading to practical and actionable recommendations. The qualitative analysis employed in this research goes beyond surface-level observations, delving deeply into the intricate nuances of the legal landscape. This meticulous examination provides a robust foundation, offering compelling and well-supported backing for the proposed solutions. By keenly focusing on the interplay between various legal sources, from foundational laws to relevant precedents and scholarly interpretations, this research endeavors to present a truly well-rounded and legally sound perspective on the complex issues under scrutiny. Furthermore,

the inherently prescriptive nature of the study is paramount; it ensures that the research outcomes are not merely theoretical but are directly applicable to real-world challenges. This direct applicability translates into clear, actionable guidance, delineating the necessary steps for improvement and practical interventions. Ultimately, the unwavering reliance on established legal research principles throughout the entire process unequivocally guarantees both the credibility and the validity of the findings, making them a reliable resource for policymakers and practitioners alike.

4. Results

4.1. Implementation of Health Center Building Standards

Puskesmas, Puskesmas, as primary healthcare facilities, are vital for providing communities with access to quality health services. involves offering health insurance, proper facilities, supporting infrastructure, and easy access to services (Minister, 2024). Regulations and local oversight dictate the design, use, and maintenance of Puskesmas facilities. All Puskesmas, regardless of size, must comply with these regulations as part of their commitment to patients, families, staff, and visitors. The Indonesian government's Permenkes No. 19 of 2024 provides clear guidelines, aiming to improve Puskesmas building facilities and their performance in delivering quality basic services. To ensure a safe, functional, supportive environment for everyone, Puskesmas implement the Building Facilities standard, which covers several key aspects (Suhariono, 2019).

Safe and efficient management of facilities, infrastructure, equipment and the environment to ensure safety and security; Inventory of hazardous materials and management of solid and liquid hazardous waste to prevent contamination and negative impacts on the environment and human health; Disaster risk identification in healthcare facilities, including response to outbreaks, as well as effective planning for emergencies, including evaluation of the structural integrity of the patient care environment, are part of the PHC building's means of disaster management;

Ongoing risk assessment activities are conducted to improve fire protection for the property and its occupants. These efforts include periodic inspection, testing and maintenance of fire protection systems, ensuring evacuation routes are fire-safe and barrier-free, and staff education on effective patient protection and evacuation systems in disaster situations; The selection, maintenance, and use of medical equipment in healthcare facilities are carried out to reduce risks. This activity ensures that all medical equipment is in good working order and that personnel managing such equipment have appropriate qualifications and competencies; and Support systems, including building facilities, electricity, water, and other support systems, must be maintained to minimize the risk of operational failure. Effective facility and safety management ensures the proper functioning, comfort, security, safety and efficiency of the facility.

Several studies have examined the adequacy of facilities and infrastructure in various Puskesmas in Indonesia. Safitri et al. (2024) conducted a qualitative descriptive study at the Regional Technical Implementation Unit (*Unit Pelaksana Teknis Daerah/UPTD*) Muara Jawa Puskesmas, which revealed that the main factor affecting the quality of service was inadequate facilities and infrastructure. This study recommends increasing the budget for the procurement of medical devices and optimizing the use of existing resources to improve the quality of service and access to health services for the local community. Abbasi et al. (2013) evaluated the technical aspects of the polyclinic building at the Gedangan Puskesmas through qualitative research with descriptive analysis, using primary data from observations. This study found that most of the polyclinics met the required standards, including good ventilation, clean water systems, waste processing, and communication

systems. However, the fire protection system did not fully comply with the standards outlined in Permenkes No. 43 of 2019.

Similarly, Hafrida et al. (2021) used the fishbone method and action plan to analyze service constraints at the Muara Wis Health Center UPTD. This study identified four key factors (human, material, money, and method) that contributed to suboptimal services, mainly due to the lack of essential equipment such as computers. The authors emphasize the need for performance evaluation, inventory of required facilities, and submission of budget proposals to address infrastructure gaps. In DKI Jakarta, Handini et al. (2021) applied a qualitative-interpretive approach using secondary data from Facility Research to assess the compliance of sub-district Puskesmas with the Minister of Health Regulation No. 43 of 2019. The findings showed that only pharmaceutical requirements were fully met in all Puskesmas, while other aspects such as location, building, infrastructure, equipment, personnel, and clinical laboratories did not reach the 100% compliance target.

Finally, a descriptive study was conducted by Suhariono (2019) in the medical records room at the Sumber Health Center UPTD. The results of the observation showed that the room was used to manage patient medical records, but did not meet the standard requirements set by the Minister of Health Regulation No. 75/2014. Specifically, the room is only 18 m² in size below the recommended minimum size of 25 m² and does not have adequate space allocation for archive storage and data management, thus hampering optimal access and use by medical personnel.

Many Puskesmas lack optimal building facilities, evidenced by narrow service rooms, insufficient medical equipment, and non-compliance with regulations such as Permenkes 75/2014 jo. Permenkes 43 Year 2019 jo. Permenkes No. 19 of 2024. These deficiencies negatively impact service quality. Improving facilities through stricter regulations and continuous training is thus crucial. While research often focuses on infrastructure and regulatory compliance, the findings point to suboptimal working conditions for health workers due to limited resources, suggesting inadequate physical, mental, and professional protection. Current legal protection policies haven't fully provided the necessary security for health workers to perform professionally. True legal protection extends beyond written rules to include adequate facilities, a proper work environment, and protection from high work risks. Since these aspects are often unmet, the legal protection health workers is incomplete. Integrated legal policies, budget allocations, sufficient facility provision are essential for comprehensive health worker protection.

4.2 Legal Protection for Health Workers

Legal protection, defined as efforts by law enforcement to ensure mental and physical security and to safeguard human rights from harm, is a fundamental right (Satjipto Rahardjo, 2000; Ketut Lastini et al, 2020). This is reinforced by Article 28D paragraph (1) of the 1945 Constitution and Article 5 paragraph (1) of Law No. 39/1999 on Human Rights, guaranteeing equal legal recognition, protection, and treatment. For health workers, legal protection is essential to maintain service quality and prevent professional misconduct. Their crucial role in healthcare carries significant risks, making legal safeguards imperative. Law No. 17 of 2023, Article 273 paragraph (1) letter a, specifically grants health workers legal protection when their duties align with professional standards, service standards, operational procedures, professional ethics, and patient health needs.

However, negligent health workers can face legal repercussions. Article 440 paragraphs (1) and (2) of Law No. 17 of 2023 prescribes penalties: up to 3 years imprisonment or IDR 250,000,000.00 fine for negligence causing serious injury, and up to 5 years imprisonment or a IDR 500,000,000.00 fine if death results. Importantly, medical disputes are ideally resolved through non-judicial channels as per Article 310 before criminal sanctions are pursued. The central government is mandated to provide legal protection to health workers, as outlined in Government

Regulation Number 28 of 2024 (PP No. 28 of 2024), Article 723 paragraph (1) letter b, covering legal problems faced by medical personnel and health workers. Preventive measures, such as adherence to professional standards, are specified in paragraph (2) letter a. Furthermore, healthcare institutions employing these professionals are also obliged to provide protection and legal assistance, including consultations and dispute resolution support.

Permenkes Number 19 of 2024 establishes a clear operational framework for Puskesmas, emphasizing the need for appropriate facilities. Ensure health workers can adhere to professional standards and operational procedures, with a two-year adjustment period for existing facilities. The regulation aimed to guarantee health workers' rights, including legal protection, safety, and health on duty, though its successful implementation depends on each Puskesmas's readiness. While current regulations provide sufficient normative legal protection, their effectiveness hinges practical application, ongoing legal education health workers and officials, and enhanced legal assistance from professional organizations and the government. This comprehensive approach is vital to ensure health workers remain protected from sanctions when their actions are consistent with established standards and patient needs.

5. Discussion

This study identifies significant deficiencies in Puskesmas building facilities, including spatial limitations, safety hazards, and equipment shortages, which compromise healthcare quality and expose health workers to substantial legal risks. These issues, revealed through normative legal research, highlight a gap between the regulatory standards of Permenkes No. 19 of 2024 and their practical implementation, affecting both service delivery and health worker protection. For example, shared examination rooms infringe on patient privacy, a core professional standard under Law No. 17 of 2023, Article 273(1)(a), increasing the likelihood of medical disputes and potential negligence claims under Article 440(1)-(2), with penalties ranging from three years imprisonment or IDR 250,000,000 fines for serious injury to five years or IDR 500,000,000 for patient death (Hafrida et al., 2021). Similarly, inadequate fire protection and poor infection control at facilities like Puskesmas Gedangan violate Permenkes Number 19/2024, leading to occupational hazards and legal liabilities for health workers (Abbasi et al., 2023).

Equipment shortages, such as the absence of computers at Puskesmas Muara Wis, impede adherence to standard operating procedures, hindering efficient service and increasing legal vulnerabilities (Hafrida et al., 2021). While Article 310 of Law Number 17/2023 promotes non-judicial dispute resolution, persistent facility non-compliance undermines its effectiveness as health workers struggle to meet professional standards in substandard environments. Although Permenkes Number 19/2024 allows a two-year adjustment period, its success relies heavily on currently lacking rigorous enforcement and adequate resource allocation.

To address these challenges, crucial reforms include mandating annual facility audits within the two-year adjustment period to prioritize non-compliance, increasing budget allocations for infrastructure upgrades (e.g., expanding medical record rooms to 25 m² and providing essential equipment like computers at Puskesmas Muara Wis), implementing legal education programs for health workers and managers covering Law No. 17/2023 and Permenkes No. 19/2024, and strengthening legal aid systems as per Government Regulation No. 28/2024, Article 723, through dedicated units from professional organizations and local governments.

These reforms collectively aim to create a safer and more equitable work environment, aligning with Indonesia's human rights commitments under Article 28D (1) of the 1945 Constitution and global standards from World Health Organization and the Universal Declaration of Human Rights, Article 25.

Indonesia's normative framework, while robust, lags in implementation compared to countries like Malaysia (Abdullah, 2020), highlighting the urgent need for systemic reform to ensure the safety and efficacy of its primary care system. Future research could explore the empirical impacts of facility upgrades on health worker performance or compare Indonesia's approach with other developing nations to inform policy, ultimately strengthening Indonesia's commitment to equitable health services and robust legal protections for health workers.

6. Conclusion

Substandard Puskesmas facilities, encompassing spatial, safety, and equipment issues, jeopardize safe healthcare and expose health workers to significant legal risks. This non-compliance violates Permenkes No. 19 of 2024 and Indonesia's 1945 Constitution, Article 34(3). These deficiencies hinder health workers' adherence to Law No. 17 of 2023, Article 273(1)(a), increasing their vulnerability to medical disputes and negligence claims under Article 440(1)-(2), which imposes penalties up to three years imprisonment or IDR 250,000,000 fines for serious injury, and up to five years or IDR 500,000,000 for patient death. While Article 310 promotes non-judicial dispute resolution, its effectiveness is limited by facility shortcomings that impede adherence to standard operating procedures. Without improved facility standards, the legal protections in Law No. 17/2023 and Permenkes Number 19/2024 remain theoretical, leaving health workers in professional and legal uncertainty. To tackle current challenges, targeted reforms are crucial. The Ministry of Health should mandate annual facility audits within Permenkes Number 19/2024's two-year adjustment period, focusing on infection control, fire safety, and room layouts to reduce legal risks.

Increased budget allocations are essential for infrastructure upgrades, like expanding medical record rooms to 25 m² and providing computers. Legal education programs for health workers are also needed to enhance their awareness of rights and obligations under Law Number 17/2023, empowering them in dispute resolution. Finally, professional organizations should establish dedicated legal aid units, as mandated by Government Regulation Number 28/2024, to support health workers in facility-related disputes. Reforms combine facility improvements with legal protections for a safer, more equitable work environment. Future research should explore the empirical impacts of facility upgrades on performance and patient outcomes, conduct comparative studies (e.g., with Malaysia), and investigate community participation in monitoring compliance. Addressing these gaps will advance Indonesia's health law framework, aligning it with global standards and fulfilling its commitment to equitable, high-quality primary healthcare.

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Data Disclosure Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.



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