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Effectiveness of The Implementation of The K3 Program as A Form of Legal Protection for Nursing Personnel at The Tanjung Enim Community Health Center

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Abstract:

Nurses working in primary healthcare facilities face a high risk of occupational accidents and occupational diseases. These risks not only impact the nurses' physical and mental health but can also affect their professional responsibilities and legal standing. In this context, occupational health and safety (OHS) programs play a strategic role, not merely as a technical effort to control workplace hazards but also as an instrument of legal protection for nursing staff in carrying out their duties. This study aims to assess the effectiveness of the OHS program implementation as a form of legal protection for nurses at the Tanjung Enim Community Health Center, referring to Minister of Health Regulation Number 52 of 2018. The method used is a normative-empirical legal approach, which combines analysis of statutory provisions with empirical findings in the field. Empirical data were obtained through documentation studies and in-depth interviews with three nurses and the Head of the Community Health Center. The research analysis is based on the theory of legal effectiveness and legal protection theory to assess the conformity between norms and practices. The research results indicate that preventive legal protection measures are available, including the provision of personal protective equipment (PPE), the implementation of standard operating procedures (SOPs), the implementation of occupational health and safety (K3) training, and regular health checks. However, their implementation has not been consistent and optimal. Meanwhile, repressive legal protection measures have been regulated, but the reporting and documentation mechanisms for work-related incidents still lack clear and systematic standards. Therefore, the implementation of the K3 program at the Tanjung Enim Community Health Center is considered ineffective in ensuring legal certainty and providing a sense of security for nurses in carrying out their profession.

Keywords: legal protection; nurses; community health centers; legal effectiveness.

INTRODUCTION

Nurses are among the healthcare workers at the forefront of healthcare services and are highly vulnerable to various occupational health and safety (OHS) threats. In carrying out their professional duties in healthcare facilities, including Community Health Centers (Puskesmas), nurses face a variety of potential

hazards daily, ranging from biological exposures such as viruses and bacteria, exposure to medical chemicals, physical risks from equipment and the work environment, ergonomic problems due to suboptimal working positions, to psychosocial stress resulting from workload and interactions with patients and their families (WHO, 2022). The complexity of these risks makes nursing one of the healthcare workers most vulnerable to occupational diseases and accidents. As first-level healthcare facilities, Community Health Centers (Puskesmas) play a strategic role in the national health system. Puskesmas provide not only curative services but also promotive and preventive services across a broad work area. The high intensity of services, limited resources, and the dynamics of community needs mean that nurses at Puskesmas often have to work in rapidly changing and stressful situations. They deal directly with patients in a variety of situations, including emergencies, infectious diseases, and cases requiring immediate response. This situation significantly increases the potential occupational risks faced by nurses (Kementerian Kesehatan Republik Indonesia, 2021). Given these service characteristics, OHS issues for nurses in community health centers (Puskesmas) are highly relevant and urgently require further in-depth study.

From a health law perspective, protection of the health and safety of healthcare workers has a strong normative foundation. Law Number 17 of 2023 concerning Health stipulates that every healthcare facility is obligated to provide a safe, healthy, and appropriate work environment for healthcare workers. This provision positions healthcare worker protection not merely as an internal institutional policy but as a legal obligation that must be fulfilled by healthcare providers. Furthermore, Law Number 1 of 1970 concerning Occupational Safety provides a general basis for employers' obligations to ensure the safety of all workers in carrying out their activities. This provision is reinforced by Minister of Health Regulation Number 52 of 2018 concerning Occupational Safety and Health in Healthcare Facilities, which specifically regulates the implementation of OHS standards in healthcare facilities (Rahmawati, 2023).

The existence of these various regulations demonstrates that the state has normatively recognized the right of healthcare workers to receive protection at work. In this context, OHS standards cannot be understood merely as an administrative obligation or bureaucratic formality. Furthermore, OHS standards are part of fulfilling the constitutional right of healthcare workers to work in safe, healthy, and dignified conditions. This protection is also related to the principles of justice and legal certainty, because without guaranteed job security, nurses potentially face risks disproportionate to their professional responsibilities. However, various studies indicate a significant gap between the existing regulatory framework and its implementation in the field, particularly in primary healthcare. Several studies indicate that nurses' compliance with the use of personal protective equipment (PPE), occupational risk reporting procedures, and documentation of OHS incidents remains suboptimal (Supinganto et al., 2020). These problems are not always caused by individual indiscipline, but are often related to structural factors, such as limited availability of facilities, high workloads, organizational culture, and lack of supervision and evaluation (Rayga & Siregar, 2025).

In addition to technical and managerial factors, low levels of compliance with OHS standards are also related to legal aspects. Not all healthcare workers have an adequate understanding of the legal dimensions of OHS, including their rights and obligations, as well as the legal implications in the event of a workplace accident. This lack of legal literacy has the potential to create uncertainty, both for nurses and healthcare facilities. In certain situations, nurses can be vulnerable in the event of a workplace incident, especially if legal protection mechanisms are not effective. This situation reflects both implementational and legal gaps in the implementation of OHS protection. Most previous studies tend to focus on managerial aspects of OHS, such as the effectiveness of training programs, the availability of personal protective equipment (PPE), or the level of compliance of individual healthcare workers with standard operating procedures. Meanwhile, studies specifically linking OHS legal protection to the legal responsibilities of healthcare facilities and the reality of nursing practice in community health centers (Puskesmas) are still relatively limited. However, from a health law perspective, it is crucial to examine the extent to which existing legal norms truly provide effective and enforceable protection in the event of violations or workplace incidents.

Without the support of a clear and implementable legal framework, OHS policies risk losing their binding power. Standards written only in regulations or SOPs will have no substantive meaning without a clear mechanism for monitoring, evaluation, and legal accountability. In this context, nurses, as legal subjects, require certainty regarding who is responsible in the event of occupational risks, how claims or compensation procedures will be implemented, and the extent to which healthcare facilities can be held accountable for negligence in meeting OHS standards. A preliminary study conducted at the Tanjung Enim Community Health Center (Puskesmas) showed that preventive measures had been implemented, such as providing personal

protective equipment (PPE) and disseminating standard operating procedures (SOPs) related to OHS. However, nurses' compliance with these standards was still suboptimal. This finding suggests that the existence of regulations and SOPs alone does not automatically guarantee effective occupational health and safety protection. Other factors influence implementation in the field, including work culture, internal oversight, management commitment, and healthcare workers' understanding of the law. This situation indicates the need for a more comprehensive evaluation of the implementation of OHS legal protection at the Puskesmas. Evaluations need to examine not only administrative aspects but also how healthcare facilities enforce their legal responsibilities when occupational risks actually occur. Are there transparent incident management mechanisms in place? Are nurses' rights to protection and compensation effectively guaranteed? These questions are crucial to ensuring that legal norms are not merely textual but truly operational.

Based on the gap between norms and practices, the novelty of this research lies in the use of a normative-empirical approach to examine the legal protection of occupational health and safety for nurses. This approach allows for analysis that focuses not only on the regulatory text but also on the reality of its implementation at the community health center level. Thus, this research seeks to bridge the normative and factual dimensions, thus producing a more comprehensive picture of the effectiveness of legal protection for occupational health and safety. This research specifically examines the relationship between applicable occupational health and safety standards, the level of nurses' compliance with these standards, and the legal responsibilities of healthcare facilities. By examining the interrelationships between these three aspects, this research offers a more contextual and applicable perspective than previous research, which tends to be partial and focused on only one aspect. This comprehensive analysis is expected to contribute to strengthening the legal protection framework for nursing personnel in primary healthcare.

This study is not intended to test a specific quantitative hypothesis, but rather is designed as an analytical and exploratory study. The goal is to deeply understand the effectiveness of occupational health and safety legal protection for nurses at the Tanjung Enim Community Health Center. The main focus of the study is directed at analyzing the conformity between applicable legal norms and field practices, as well as their implications for legal certainty and nurses' sense of security in carrying out their professional duties. Thus, this study positions nurses not only as policy objects, but as legal subjects who have the right to obtain real and effective protection. In line with this description, this study aims to comprehensively analyze the forms of legal protection for occupational health and safety for nurses at the Tanjung Enim Community Health Center, while also examining the legal responsibilities of health care facilities if occupational risks occur. The results of this study are expected to provide academic contributions to the development of health law studies, particularly regarding the protection of health workers in primary care. Furthermore, this study is also expected to serve as a basis for the formulation of more responsive and implementable policy recommendations to strengthen the implementation of occupational health and safety standards and ensure legal protection for nursing personnel at the Community Health Center level.

Occupational Safety and Health (OHS) is an integral part of the health worker protection system, including nursing staff working in primary health care facilities such as Community Health Centers (Puskesmas). Globally, healthcare workers are among the groups at high risk of biological exposure, sharp injuries, musculoskeletal disorders, and psychosocial stress. The World Health Organization (WHO) emphasizes that protecting healthcare workers is a crucial prerequisite for ensuring service quality and the sustainability of the health system. The study emphasized that weak OHS protection can directly impact patient safety and the overall quality of healthcare services. In the context of primary healthcare, Community Health Centers (Puskesmas) are characterized by high workloads with limited resources. Nursing staff frequently come into direct contact with patients with infectious diseases, invasive procedures, and emergency situations. Research shows that exposure to biological risks from needlestick injuries and contact with bodily fluids remains a dominant threat to nurses (Tang et al., 2020). These risks are exacerbated by non-compliance with the use of personal protective equipment (PPE) and a weak work incident reporting system.

Conceptually, the effectiveness of OHS program implementation can be analyzed through three main dimensions: compliance with standards, availability of infrastructure, and management commitment. A study by Aluko et al. (2016) in the context of primary healthcare facilities showed that health workers' compliance with OHS protocols is strongly influenced by internal oversight and the organization's safety culture (Boynuegri et al., 2016). A strong safety culture has been shown to increase compliance with procedures and reduce the number of workplace accidents. From a legal perspective, OHS protection is not merely a technical policy, but rather part of the normative rights of workers. Research on occupational health law states that OHS

regulations have both preventive and repressive functions, namely preventing workplace accidents and providing accountability mechanisms in the event of violations (Zahn, 2015). Thus, the effectiveness of an OHS program can also be measured by the extent to which these regulations are able to provide legal certainty and real protection for health workers.

In the Indonesian context, several studies have shown that there is still a gap between OHS regulations and implementation in primary healthcare facilities. A study by Suryani et al. found that even though OHS policies are in place, their implementation is often inconsistent due to limited resources and poor oversight. This suggests that OHS effectiveness depends not only on the existence of regulations but also on the institution's commitment to implementing them sustainably. The effectiveness of OHS programs is also closely related to the level of knowledge and attitudes of nursing staff. Research by Zhang et al. showed that regular OHS training improves compliance with PPE use and incident reporting (Salimnia et al., 2021). These findings reinforce the importance of an educational approach as a crucial component of a preventative legal protection system. Without adequate understanding, nursing staff may potentially neglect procedures designed to protect them.

In addition to preventive aspects, the effectiveness of OHS must also be seen from the response mechanism when a workplace accident occurs. A study by Walters & Wadsworth (2020) emphasized that an effective OHS system requires transparent incident reporting and guaranteed compensation for affected workers. In the context of legal protection, this mechanism is crucial to ensure that nursing staff do not bear the burden of risk individually without institutional support. Management leadership also plays a significant role in the effectiveness of an OHS program. Research by Gül & Ak (2021) showed that healthcare facility leaders' commitment to occupational safety is positively correlated with healthcare workers' compliance with OHS standards (Rispler & Luria, 2021). This demonstrates that legal protection is not merely normative but requires concrete implementation through internal policies and active oversight.

The literature also indicates that a normative-empirical approach is necessary in assessing the effectiveness of OHS. This approach allows analysis not only of written regulations but also of the realities of work practices and culture. A study by Quinlan et al. (2017) emphasized the importance of integrating law, risk management, and organizational behavior in creating an effective OHS system (Choi, 2017). Therefore, evaluating the effectiveness of OHS in community health centers (Puskesmas) must simultaneously consider structural, cultural, and legal factors. In the context of nursing personnel, legal protection through OHS programs has direct implications for well-being and work motivation. Research by De Simone et al. (2018) showed that a safe work environment increases job satisfaction and reduces burnout levels in nurses (Pickler & Kearney, 2018). This means that OHS effectiveness impacts not only physical safety but also mental health and the sustainability of the nursing profession. The integration of OHS with the quality management system of healthcare facilities is also a crucial factor. A study by Oliveira et al. (2019) stated that implementing a safety management system integrated with accreditation standards improves compliance with safety procedures (Breloff et al., 2019). This is relevant for Community Health Centers (Puskesmas) that are required to meet national accreditation standards, so the OHS program should be part of the service quality strategy. Overall, the literature shows that the effectiveness of the OHS program implementation as a form of legal protection for nursing staff is influenced by several main factors, namely: (1) consistent implementation of regulations; (2) availability of facilities and PPE; (3) organizational safety culture; (4) training and legal literacy of health workers; (5) management commitment; and (6) reporting mechanisms and legal accountability. Without the integration of these six aspects, the OHS program has the potential to become an administrative formality that does not provide substantive protection.

Referring to these various studies, it can be concluded that the effectiveness of the OHS program at the Tanjung Enim Community Health Center requires a comprehensive and contextual analysis. The study should not simply evaluate the availability of SOPs or PPE, but should also assess the extent to which the program actually provides real legal protection for nursing staff. Normative-empirical evaluation is crucial to assess the alignment between the legal framework, policy implementation, and nurses' actual experiences in the field. Existing literature provides a theoretical basis that legal protection through the OHS program will only be effective if there is synergy between regulation, management, and organizational behavior. Therefore, research on the effectiveness of the OHS program implementation at the Tanjung Enim Community Health Center has both academic and practical relevance in strengthening the nursing workforce protection system at the primary healthcare level.

METHOD

This research is a normative-empirical legal study with a qualitative approach. The normative approach is used to examine the provisions of laws and legal doctrines governing occupational health and safety (OHS) and legal protection for healthcare workers. The empirical approach is used to analyze the reality of the implementation of OHS legal protection through the experiences, perceptions, and practices of nurses and managers of the Tanjung Enim Community Health Center. This normative-empirical approach is used to bridge the gap between ideal legal norms and actual conditions in the field, and to assess the effectiveness of the OHS program implementation as a form of legal protection for nursing personnel (Mamudji & Soekanto, 2019).

The data used in this study are sourced from normative and empirical data. Normative data includes primary legal materials in the form of Law Number 17 of 2023 concerning Health, Law Number 1 of 1970 concerning Occupational Safety, Regulation of the Minister of Health Number 52 of 2018 concerning Occupational Safety and Health in Health Service Facilities, as well as policy documents and internal guidelines of the Community Health Center relating to the implementation of OHS. In addition, this study also uses secondary legal materials derived from textbooks, scientific articles, and academic journals that discuss the legal protection and occupational safety of health workers. Empirical data is obtained through direct information gathering from research informants to obtain an overview of the understanding, experience, and practice of OHS legal protection at the Tanjung Enim Community Health Center.

The research subjects were determined using purposive sampling, which involves deliberately selecting informants based on specific criteria relevant to the research objectives. These criteria include direct involvement in healthcare services, work experience, and their role in implementing OHS policies at the Community Health Center (Puskesmas). This technique is commonly used in qualitative research because it allows researchers to obtain in-depth and substantive data (Moleong, 2002). The research subjects consisted of three nurses working at the Tanjung Enim Community Health Center and one Head of the Community Health Center, who has managerial authority and institutional responsibility for OHS implementation and legal protection for healthcare workers. This number of informants was deemed adequate because this research emphasized data quality and depth, rather than statistical representation.

Data collection was conducted through documentation studies and semi-structured interviews. Documentation studies were used to explore and review applicable laws and regulations, health policies, and OHS guidelines as the normative basis for the research. Semi-structured interviews were conducted using open-ended research questions, allowing researchers to obtain focused information while providing space for informants to share their experiences and perspectives more broadly. This technique was chosen because it is effective in exploring aspects of informants' understanding, attitudes, and practices in the context of legal protection and OHS (Sugiyono, 2019).

Data analysis was conducted qualitatively using a deductive mindset, namely examining general legal provisions and then linking them to concrete conditions found in the field. Normative and empirical data were analyzed comparatively to identify the level of conformity between the K3 legal regulations and their implementation at the Tanjung Enim Community Health Center. Through this analysis process, researchers revealed gaps, supporting factors, and obstacles in the implementation of K3 legal protection for nurses, which were then used to assess the effectiveness of this legal protection in health care practices. This research was conducted with due regard to the principles of research ethics. Each informant was given an explanation of the purpose, benefits, and procedures of the study, and was asked to provide voluntary informed consent before the interview was conducted. The confidentiality of the identity and information provided by the informants was fully maintained to protect their rights and privacy.

RESULTS AND DISCUSSION

The analysis in this section uses the theory of legal effectiveness to assess the extent to which legal norms regarding occupational health and safety (OHS) are actually implemented in practice at the Tanjung Enim Community Health Center. This theory helps measure the conformity between applicable normative provisions and implementation in the field, including factors that influence the success or obstacles to the implementation of the OHS program. This allows us to determine whether existing regulations truly function as intended, namely to ensure the safety and health of workers, particularly nurses. Furthermore, the theory of legal protection is used to analyze the forms of protection received by nursing staff, both preventive and

repressive. Preventive protection relates to efforts to prevent risks through policies, operational standards, and the provision of adequate facilities and infrastructure (Li et al., 2020). Meanwhile, repressive protection concerns the resolution mechanism in the event of rights violations or work incidents that harm nurses. Through this approach, the study assesses the extent to which the OHS program is not only implemented administratively but also provides real, effective legal protection and guarantees legal certainty for nurses in carrying out their professional responsibilities.

Characteristics of Research Informants

The informants in this study consisted of three nurses and one Head of the Tanjung Enim Community Health Center, who were purposively selected based on the relevance of their roles, work experience, and direct involvement in the implementation of occupational health and safety (OHS) programs within the Community Health Center. The selection of these informants was intended to obtain a comprehensive picture, both from the perspective of nursing service providers and from a managerial and institutional perspective. The three nurses had worked between 5–10 years and were actively involved in daily nursing services, including outpatient care, basic nursing actions, and the implementation of procedures that pose risks to occupational safety and health, such as contact with bodily fluids, the use of sharp instruments, and the treatment of patients in emergency situations. This relatively long work experience provides a strong empirical basis for describing the reality of occupational risks faced by nurses and how forms of OHS protection are implemented in practice. Furthermore, the nurses' direct involvement in the OHS program enabled the informants to critically assess the effectiveness of policies, the availability of facilities, and compliance with applicable standard operating procedures (Bruin et al., 2020).

Meanwhile, the Head of the Tanjung Enim Community Health Center has a medical background and has served in this position for over five years. In his capacity as the head of a primary healthcare facility, the Head of the Community Health Center has strategic authority in managerial decision-making, the formulation and implementation of internal policies, and the oversight of the implementation of Occupational Health and Safety (K3) and the legal protection of healthcare workers. This position makes the Head of the Community Health Center a key informant for understanding institutional responsibilities, legal assistance mechanisms, and administrative policies applied in the event of a work-related incident or legal issue involving nurses. The characteristics of the informants in this study reflect a combination of practical experience in the field and institutional-level policy perspectives. The nurses provided an empirical overview of the actual conditions of K3 implementation and the legal risks they face directly, while the Head of the Community Health Center provided the structural and legal context related to the role of the healthcare facility as an employer (Putri et al., 2021). Given these characteristics, the data obtained were deemed adequate and relevant for an in-depth analysis of the implementation of legal protection for the occupational health and safety of nurses at the Tanjung Enim Community Health Center.

Implementation of the K3 Program as Preventive Legal Protection for Nurses

Based on in-depth interviews with three nurses and the Head of the Tanjung Enim Community Health Center, it was discovered that preventive legal protection for nurses is realized through the implementation of occupational health and safety (K3) programs as stipulated in Minister of Health Regulation Number 52 of 2018. This preventive protection includes the provision of personal protective equipment (PPE), the existence of standard operating procedures (SOPs), the implementation of K3 training, and regular health checks. Regarding the use of PPE, all informants stated that PPE is generally available (Tonkikh et al., 2021). However, compliance with its use is still influenced by service conditions, particularly in emergency situations. One nurse stated:

*"*PPE is available, but if there's a large number of patients and the situation is urgent, we focus on immediate action. PPE availability sometimes comes later.*"*

This statement highlights a practical dilemma between patient safety and nurses' personal safety. From an OHS legal perspective, this situation has serious implications because the use of PPE is both a professional obligation and a preventive legal protection instrument. Repeated non-compliance has the potential to weaken the legal standing of nurses and institutions in the event of infection exposure or legal disputes. In addition to PPE, Community Health Centers (Puskesmas) have SOPs related to OHS (Bertoli & Grembi, 2021). However, interviews indicate that these SOPs are not fully understood as the legal basis for the profession. One informant stated:

"We have SOPs, but we don't understand them all in detail, especially those related to legal regulations."

This indicates that SOPs are still perceived as merely technical guidelines, rather than as preventive legal protection instruments. In the context of health law, compliance with SOPs is the primary form of legal protection for nursing staff in the event of legal issues. Regarding occupational health and safety (K3) training, nurses stated that training had been conducted, but it had not been conducted routinely and continuously every year. Not all nurses had equal opportunities to participate in training, resulting in gaps in K3 competency among nurses. This situation indicates that preventive legal protection has not been supported by systematic and continuous competency development. Regarding health checks, informants stated that regular health checks were conducted as part of monitoring the physical condition of the workforce (Wong et al., 2022). However, post-exposure examination mechanisms, such as follow-up after needlestick injuries or exposure to patient bodily fluids, lacked a clear and documented process. One nurse stated:

"If we feel sick or have any complaints, we check ourselves. But when it comes to direct exposure, we usually just report it verbally."

This situation indicates that the mechanism for reporting work incidents is still carried out individually and is not formally structured within the institution's administrative system. Reporting, which is verbal or relies on individual initiative, results in a lack of systematic and well-documented documentation. As a result, every incident that has the potential to pose a legal risk lacks an administrative track record that can be used as evidence in the event of a future dispute or work accident claim. This situation weakens the legal standing of nurses because the protection that should be provided through official records and standard procedures is not optimally implemented. Without a clear, standardized, and documented reporting system, legal protection for nurses is limited and dependent solely on management policy (Wong et al., 2022). Therefore, improvements to the incident reporting system are needed to provide stronger legal protection and legal certainty for nursing staff.

Repressive Legal Protection and Governance of Work Incident Reporting

Occupational health and safety (K3) legal protection is not only preventive but also repressive, namely protection provided after a workplace incident or accident occurs. Research shows that the workplace incident reporting mechanism at the Tanjung Enim Community Health Center is still not formally standardized and well-documented. One nurse stated:

"If there is an incident, we usually report it verbally first to the Head of the Health Center, then make a report if necessary."

Systematic standards, even though documentation of work incidents is the primary legal evidence in the event of a work accident claim or professional dispute, are required. The Head of the Community Health Center stated the institution's commitment to administrative follow-up on work incidents:

"If there is an incident involving a nurse, we will clarify and take administrative follow-up. If necessary, we will coordinate with the Health Department."

However, this legal assistance mechanism has not been outlined in written guidelines. Consequently, the implementation of repressive legal protection is highly dependent on leadership policies and is situational, potentially creating legal uncertainty for nurses if the issue escalates to the formal legal realm (Kohnen et al., 2023).

Analysis of the Legal Effectiveness of the Implementation of the K3 Program at the Tanjung Enim Community Health Center

The analysis of the effectiveness of the OHS program implementation was conducted using the theory of legal effectiveness, namely by assessing the conformity between legal norms and their implementation practices in the field. Normatively, OHS regulations for nursing personnel have been comprehensively regulated in Law Number 17 of 2023 concerning Health, Law Number 1 of 1970 concerning Occupational Safety, and Minister of Health Regulation Number 52 of 2018. However, the results of the study indicate a normative-empirical gap in the implementation of the OHS program at the Tanjung Enim Community Health Center. This gap is reflected in the inconsistent use of PPE, understanding of SOPs that are not based on

legal awareness, unsustainable OHS training, and a weak system for reporting and documenting work incidents (Ilham et al., 2024). As expressed by one nurse:

"We do our best, but if something bad happens to a patient, we're afraid of being blamed."

This statement indicates that nurses have not yet fully experienced psychological legal protection. Based on the theory of legal effectiveness, this condition indicates that OSH legal norms are not functioning effectively because they are unable to create consistent compliance and a sense of security for legal subjects. Therefore, OSH legal protection at the Tanjung Enim Community Health Center remains administrative on paper (normative), but not fully effective in practice (empirical) (Febryaningsih, 2023).

Legal Responsibilities of Health Care Facilities and Practical Implications of Legal Protection

Healthcare facilities have a legal responsibility to ensure the occupational safety and health of nursing staff as part of their institutional obligations. Based on research findings, the Tanjung Enim Community Health Center's legal responsibility has been realized through the provision of OHS facilities and internal policies, but has not been accompanied by a structured system of monitoring, evaluation, and legal assistance. From a legal protection theory perspective, the implementation of the OHS program at the Tanjung Enim Community Health Center has provided preventative legal protection, but has not been optimal in providing repressive legal protection. As a result, the legal protection received by nurses remains administrative in nature and does not fully provide legal certainty in the event of work risks or potential professional disputes (Perkasa, 2021).

The implications of these findings indicate that responsibility for occupational safety and risks cannot be placed solely on nurses. If nurses have performed their duties in accordance with professional standards, service standards, and standard operating procedures (SOPs), then any legal consequences resulting from occupational risks should be the responsibility of the institution. Therefore, strengthening occupational safety culture, establishing a standardized incident reporting and documentation system, improving occupational health and safety (OHS) legal education for nurses, and establishing a clear and sustainable legal assistance mechanism are necessary to ensure effective implementation of occupational health and safety legal protection, providing legal certainty and a sense of security for nursing staff (Syafitri, 2021).

Normative–Empirical Gap Analysis

Legal protection for the occupational safety and health (K3) of healthcare workers has been comprehensively regulated in various regulations, including Law Number 17 of 2023 concerning Health, Law Number 1 of 1970 concerning Occupational Safety, and Regulation of the Minister of Health Number 52 of 2018 concerning Occupational Safety and Health in Healthcare Facilities. Within this legal framework, the state and healthcare facilities are obligated to ensure the safety and security of nurses in carrying out their professional duties. However, empirical research at the Tanjung Enim Community Health Center indicates that there is still a significant gap between legal regulations (normative) and their implementation in the field (empirical). This normative-empirical gap can be analyzed through the following key findings.

First, personal protective equipment (PPE) is readily available, but compliance with its use is inconsistent and has not been systematically monitored. In practice, nurses tend to prioritize clinical actions over personal safety, so the use of PPE is not always a top priority, especially in emergency situations. This situation contradicts the safety-first principle in OHS and has the potential to weaken nurses' legal standing in the event of infection exposure. Second, although OHS standard operating procedures (SOPs) are available, their implementation still depends heavily on the perceptions and experiences of individual nurses. Not all healthcare workers understand the legal basis, limits of authority, and legal consequences if SOPs are violated. Yet, in the context of legal evidence, compliance with SOPs is a primary defense instrument for healthcare workers when facing legal challenges (Hadjon, 2020).

Third, occupational health and safety training has not been implemented routinely and continuously, resulting in competency gaps among nurses. The lack of training also reflects that institutions have not fully fulfilled their obligations to maintain and improve the competency of healthcare workers. From a health law perspective, this condition can be viewed as a form of managerial negligence that has the potential to give rise to institutional liability (Febryaningsih, 2023). Fourth, reporting and documentation of work incidents have not become standard formal procedures. The reporting process is still carried out verbally, while documentation is only created when deemed necessary by management. As a result, legal evidence that should protect nurses is not adequately documented, increasing the risk of criminalization of healthcare workers in the event of professional disputes.

Fifth, there is a gap in legal knowledge among nurses that triggers excessive fear in providing services, particularly in emergency situations. Nurses are not yet fully able to distinguish between reasonable clinical risks and potential legal negligence. This condition contributes to the emergence of defensive medicine practices, namely the adoption of medical procedures that are more oriented towards avoiding legal claims than based solely on the patient's clinical needs (Nazeri et al., 2024). This normative-empirical gap emphasizes that legal protection cannot be understood simply as the existence of laws and regulations, but must be realized concretely through: the establishment of a sustainable occupational safety culture; ongoing health law development and education; an accurate, traceable, and easily accessible work incident documentation system; and a clear, structured, and integrated legal assistance mechanism.

Strengthening Legal Arguments and Practical Implications

The research results show that legal protection for occupational health and safety (OHS) for nurses at the Tanjung Enim Community Health Center has been comprehensively regulated in various laws and regulations. Law Number 17 of 2023 concerning Health explicitly states that health workers have the right to legal protection as long as they carry out their duties in accordance with professional standards, service standards, and standard operating procedures. This provision is reinforced by Law Number 1 of 1970 concerning Occupational Safety and Minister of Health Regulation Number 52 of 2018, which requires health care facilities to provide a safe work environment and an occupational risk control system for health care workers. However, empirical findings indicate that several of these legal protection instruments have not been optimally implemented at the service level (Asbar & Wijaya, 2021). Inconsistent use of personal protective equipment, weak reporting and documentation systems for work incidents, and minimal socialization of OHS regulations to nursing staff indicate that existing legal protection remains administrative and formal in nature, but has not been fully substantively realized in daily practice.

According to Hadjon, effective legal protection must encompass two main dimensions: preventive protection, which aims to prevent disputes from occurring, and repressive protection, which functions to resolve disputes and protect the professional rights of healthcare workers (Hadjon, 2020). In the context of this research, preventive protection is essentially available through the provision of PPE, the existence of SOPs, and the implementation of training, but its implementation has not been carried out consistently and sustainably. On the other hand, repressive protection, which is realized in the form of administrative assistance by Community Health Centers, does not yet have clear written guidelines, thus opening up room for diverse interpretations in the event of a legal dispute.

From an institutional responsibility perspective, Community Health Centers (Puskesmas) as employers have a legal obligation to ensure the occupational safety of all healthcare workers, provide supporting documentation in the event of exposure or work-related incidents, fulfill the compensation rights of healthcare workers who experience work-related accidents, and provide structured and ongoing legal assistance. Therefore, responsibility for occupational safety and risks cannot be placed on individual nurses. If nurses have acted in accordance with SOPs and professional standards, any legal consequences arising from occupational risks should be the responsibility of the institution, not the healthcare workers as service providers. The implications of this study's findings indicate that strengthening an occupational safety culture needs to be a priority in Community Health Center managerial policies, accompanied by improvements to the incident documentation system to ensure adequate evidentiary strength. Furthermore, health law education for nursing staff is crucial to building a sense of security and confidence in professional practice. Legal protection also needs to be proactive and preventative, not merely reactive after problems arise. By strengthening these aspects, legal protection for nurses will not stop at complying with regulations but will truly be able to provide legal certainty, a sense of security, and tangible protection against the risk of professional criminalization.

The results of this study indicate that the implementation of the occupational health and safety (OHS) program at the Tanjung Enim Community Health Center has been carried out normatively, but has not been fully effective in providing comprehensive legal protection for nursing staff. The analysis was conducted using the theory of legal effectiveness and legal protection theory to assess the conformity between applicable norms and their implementation practices, while also examining the forms of preventive and repressive protection received by nurses. Normatively, the obligation to implement OHS for healthcare workers has been regulated in various regulations, including Law Number 17 of 2023 concerning Health, Law Number 1 of 1970 concerning Occupational Safety, and Regulation of the Minister of Health Number 52 of 2018. These three regulations emphasize that healthcare facilities are obliged to guarantee the safety of healthcare workers by

providing facilities, risk control systems, and legal protection mechanisms in the event of work accidents or professional disputes. From the perspective of the theory of legal effectiveness, the existence of norms alone is not enough; the law is considered effective if it is able to be realized in the actual behavior of legal subjects and creates a sense of security (Arifin & Pratama, 2025).

Empirical findings indicate that the implementation of OHS at the Tanjung Enim Community Health Center (Puskesmas) has basic tools, such as the availability of personal protective equipment (PPE), standard operating procedures (SOPs), and training. However, there is a gap between norms and practices. For example, the use of PPE is inconsistent, especially in emergency situations. Nurses tend to prioritize patient safety over their own safety. Ethically, these actions reflect professional commitment, but from an OHS legal perspective, non-compliance with safety standards has the potential to weaken nurses' legal protection in the event of infection exposure or liability claims. Within the framework of legal effectiveness theory, this condition indicates that work culture factors and situational pressures influence compliance with norms. The law has not been fully internalized as a shared need, but is still viewed as an administrative obligation. Legal effectiveness requires ongoing awareness, compliance, and oversight. Without a systematic monitoring and evaluation system, OHS implementation will depend on individual discipline. The next finding relates to SOPs. Although SOPs are available, not all nurses understand their legal dimensions. SOPs are perceived as technical guidelines for service delivery, rather than as instruments of legal protection. In fact, in medical disputes, compliance with SOPs is one of the primary defenses for healthcare workers. Lack of awareness of this legal aspect indicates a gap in healthcare legal literacy at the primary care level (Penny P et al., 2021). This means that normatively, SOPs meet the requirements, but substantively, they have not been interpreted as a legal shield for the profession.

Occupational health and safety training has also not been conducted routinely and evenly. Unequal access to training leads to variations in competency among nurses. In the theory of legal effectiveness, facilities and infrastructure, as well as the quality of human resources, are crucial elements. If institutions do not provide ongoing competency development, norm implementation will stagnate. In this context, preventive protection is not supported by a systematic capacity-building system. The reporting and documentation system for work incidents is a crucial finding. Reports are still verbal and not always documented. Legally, documentation is crucial evidence in workplace accident claims or professional defense. Without formal records, nurses lose the repressive protection that should be available. Dependence on leadership policies situationally creates legal uncertainty. Effective repressive protection should have standard procedures, written processes, and clear legal assistance mechanisms (Ratnaningrum et al., 2024).

From a legal protection theory perspective, preventive protection at the Tanjung Enim Community Health Center (Puskesmas) exists in the form of PPE, SOPs, and training. However, its effectiveness remains partial. Repressive protections such as legal assistance and administrative clarification have not been formalized in written guidelines. As a result, nurses have not fully experienced legal certainty. The fear of being blamed in the event of an incident indicates that psychological protection and legal certainty are not yet optimal. A normative-empirical gap analysis shows that OSH regulations are adequate at the national level, but implementation at the primary care facility level still faces structural and cultural barriers. Structural barriers include the lack of an integrated reporting system and the lack of routine training. Cultural barriers include a work culture that prioritizes speed of service over safety procedures. Both factors influence the overall effectiveness of the law (Bintartho et al., 2025).

From an institutional responsibility perspective, Community Health Centers (Puskesmas) as employers have a legal obligation to ensure the occupational safety of healthcare workers. This responsibility includes providing a safe work environment, monitoring compliance with SOPs, documenting incidents, and providing legal assistance. If nurses have worked in accordance with professional standards and SOPs, any legal risks arising should be the responsibility of the institution, not the individual. Research findings indicate that this principle is not yet fully understood operationally. The practical implications of this study emphasize the need to strengthen an occupational safety culture. This culture must be built through regulatory dissemination, regular training, internal OHS audits, and a documented incident reporting system. Furthermore, written legal assistance guidelines are needed to ensure that repressive protection does not depend on the personal discretion of management (Budiono et al., 2026).

Health law education for nurses is also an important recommendation. Understanding the limits of authority, professional standards, and legal protection rights will increase a sense of security and reduce the practice of defensive medicine. When nurses understand that compliance with SOPs constitutes legal

protection, compliance awareness will increase. This study shows that the OHS program at the Tanjung Enim Community Health Center has met the normative aspects, but its empirical effectiveness still needs to be strengthened. Existing legal protection still tends to be administrative and not fully substantive. To realize effective legal protection, integration between regulations, a safety culture, competency strengthening, documentation systems, and structured legal assistance mechanisms is necessary. Thus, the effectiveness of OHS law is not only measured by the existence of regulations, but also by the extent to which these regulations are able to provide legal certainty, a sense of security, and real protection for nurses in carrying out their professional duties. Without strengthened implementation, the normative-empirical gap will continue to exist, and the law's goal of ensuring safety and justice for healthcare workers will not be fully achieved (Ayutama et al., 2025).

CONCLUSION

The results of the study indicate that legal protection for occupational health and safety (OHS) for nurses at the Tanjung Enim Community Health Center has been comprehensively regulated in Law Number 17 of 2023 concerning Health, Law Number 1 of 1970 concerning Occupational Safety, and Regulation of the Minister of Health Number 52 of 2018. However, the implementation of this legal protection has not been effective in practice. Preventive legal protection has been provided through the provision of personal protective equipment, standard operating procedures, OHS training, and periodic health checks, but its implementation has not been consistent and sustainable. Repressive legal protection has been normatively in place, but has not been supported by a standardized work incident reporting and documentation system and a clear legal assistance mechanism. The gap between legal norms and implementation indicates that OHS legal protection at the Tanjung Enim Community Health Center is still administrative in nature and does not fully provide legal certainty and a sense of security for nurses. Therefore, it is necessary to strengthen the implementation of the OHS program, establish a standardized work incident documentation system, and improve health legal education for nursing staff so that legal protection can be realized effectively and sustainably. In light of these findings, several suggestions can be put forward. Tanjung Enim Community Health Center (Puskesmas) needs to optimize the implementation of OHS by strengthening compliance with PPE use across all service units, establishing or activating an OHS team tasked with systematically identifying risks and reporting work incidents, and developing SOPs for legal assistance to prevent nurses from facing legal issues individually. Regular OHS audits are also necessary to evaluate the effectiveness of legal protection and the safety of healthcare workers. Nurses are expected to demonstrate increased discipline in implementing OHS SOPs as the primary step in providing legal protection in healthcare services. Nurses also need to actively participate in occupational safety and health law training to enhance their professional capacity and understanding of their legal rights and obligations. Furthermore, reporting of work incidents and documentation of service actions must be carried out consistently as valid legal evidence in the event of a professional dispute. The local government and the Muara Enim Regency Health Office need policy and budgetary support to strengthen OHS facilities, ensure the availability of adequate personal protective equipment, and ensure that all healthcare workers receive occupational accident insurance. Regular legal guidance for healthcare workers and the provision of an integrated workplace incident reporting system are also crucial steps to ensure effective and sustainable legal protection. Professional organizations, such as the Indonesian National Nurses Association (PPNI) and the Indonesian Health Law Council (MHKI), are expected to enhance their advocacy and legal assistance roles for nurses facing legal challenges in carrying out their professional duties. Developing legal advocacy guidelines and legal competency training for members is crucial to ensure nurses have a strong understanding of the limits of their authority, responsibilities, and advocacy strategies in their professional practice.

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