

The Effectiveness of Legal Protection Against Bullying in the Medical Residents' Education

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ABSTRACT: The increasing prevalence of bullying during medical residents' education has tarnished the integrity of education in Indonesia and reduced public trust in the specialist doctor education system. The government has enacted several regulations as efforts to prevent and address bullying in specialist doctor education, accompanied by the imposition of strict sanctions on perpetrators. This study aims to analyze the effectiveness of statutory regulations in providing legal protection to trainees during the Medical Residents' Education Program (PPDS-1). The research employs an empirical legal research method with a sociological-empirical approach. The types and sources of data include primary data collected through interviews and secondary data obtained from the literature. The analysis applies qualitative descriptive techniques, with explanations presented in a structured and systematic manner. Normatively, the substance of the regulations is sufficiently clear and relatively appropriate; however, gaps remain in their implementation, as they have not yet achieved optimal effectiveness.

KEYWORDS: Bullying, Effectiveness, Legal Protection, Specialist Medical Education.

INTRODUCTION

Bullying is an act in which an individual deliberately harms, harasses, or intimidates another person. Such conduct may occur in various settings, including within the Medical Residents' Education Program (PPDS-1). In Indonesia, as of early August 2024, the Ministry of Health has received numerous reports of alleged bullying in specialist doctor education. These reports have occurred not only in vertical hospitals under the Ministry of Health but also in university-owned hospitals (Nafila, 2024). From July 2023 to 9 August 2024, the Ministry of Health recorded a total of 356 bullying reports, consisting of 211 cases in vertical hospitals and 145 cases in non-vertical hospitals (Rahmadania, 2024).

The widespread incidence of bullying during specialist doctor education has tarnished the integrity of education in Indonesia, harmed numerous parties, and diminished public trust in the specialist doctor education system. As a legal protection measure, the Government enacted the Instruction of the Minister of Health of the Republic of Indonesia Number HK.02.01/MENKES/1512/2023 concerning the Prevention and Handling of Bullying Against

Trainees in Teaching Hospitals within the Ministry of Health. Furthermore, Article 219 of Health Law Number 17 of 2023 explicitly stipulates the rights and obligations of trainees.

Where bullying is proven to have occurred, the parties involved shall be subject to sanctions. Such sanctions may include verbal warnings, suspension of the educational process, expulsion from the education program, demotion, removal from office, dismissal as hospital employees, and/or exclusion from participation in teaching activities for educators or hospital leaders found to be involved in bullying.

METODE PENELITIAN

This study constitutes empirical legal research employing a sociological-empirical approach, aimed at analyzing legal protection against bullying within the Medical Residents' Education Program (PPDS-1). The research was conducted at RSUP Prof Dr. R. D. Kandou as a teaching hospital that also serves as a vertical hospital under the Ministry of Health, which has a high number of reported bullying cases in Indonesia. The data collected in this study consist of primary and secondary data. Primary data were obtained through direct interviews with ten trainees enrolled in the Medical Residents' Education Program (PPDS-1). Respondent triangulation was applied to ensure data credibility and to enhance the validity and reliability of the research findings, through interviews with the Head of the Study Program and the Chair of the Hospital Education Coordination Committee. Secondary data, in the form of supporting legal materials, were collected through a review and analysis of relevant statutory regulations. Data analysis was conducted using qualitative descriptive techniques, with explanations presented in a structured and systematic narrative. Conclusions were drawn to address the main issues under investigation

RESULT & DISCUSSION

Legal Protection Regulations for Participants in the Medical Residents' Education Program (PPDS-1) Against Bullying in Teaching Hospitals

Legal protection regulations for participants in the Medical Residents' Education Program (PPDS-1) against bullying in teaching hospitals are governed by the Instruction of the Minister of Health Number 1512/2023, Law Number 17 of 2023 on Health, besides Law Number 35 of 2014 on Child Protection. PPDS participants may report incidents of bullying through reporting units provided by the Ministry of Health or pursue criminal proceedings if the conduct meets the elements of a criminal offense. These regulations are also aligned with the Regulation of the Minister of Education, Culture, Research, and Technology Number 55 of 2024, which reinforces efforts to prevent bullying in specialist doctor education within university environments. In addition, strict sanctions are imposed on parties who engage in bullying.

Article 219 of Law Number 17 of 2023 on Health regulates the protection of Young Health Workers (including trainees such as clinical clerks and PPDS participants) from physical and psychological violence, as well as bullying, while simultaneously stipulating their obligations to ensure patient safety, uphold professional ethics, and comply with healthcare facility regulations, with the aim of creating a safe and professional practice environment. This

provision is frequently highlighted in relation to cases of violence or bullying experienced by young doctors (clinical clerks/PPDS participants) in hospitals and serves as a legal basis for enforcing discipline and legal protection within the medical profession.

Bullying within the specialist medical education system in Indonesia is not merely an individual problem but a structural issue rooted in institutional culture, evaluation systems, and the governance of medical education institutions. Without the willingness to acknowledge and dismantle these underlying causes, it is difficult to expect meaningful improvement. Efforts to address this problem must be undertaken comprehensively, ranging from reforming internal institutional policies and strengthening complaint mechanisms to ensuring victim protection, providing ethics training for educators, and implementing legal intervention where necessary (Satjipto, 2000). The existing facts should serve as a catalyst for all stakeholders, including the Ministry of Health, the Ministry of Education, teaching hospitals, and professional organizations, to act decisively and progressively.

Bullying has occurred within specialist doctor education environments, including campuses and various hospitals, in forms such as extortion, physical violence, unlawful confinement, and verbal abuse (Subedi, 2020). The purpose of preventing and addressing bullying is to provide guidance for leaders, educators, staff, and trainees to effectively prevent and respond to acts of bullying, as well as to enhance awareness and educational support within teaching hospitals in order to prevent the occurrence of bullying. Bullying among participants in the specialist doctor education program has become a serious and concerning issue.

Although there is no single regulation that explicitly refers to bullying in the context of specialist doctor education, various legal provisions in Indonesia may serve as the basis for legal protection for participants in the specialist doctor education program against bullying. This protection is normative in nature and is dispersed across multiple legal instruments governing the rights of trainees, protection against violence, and the principle of equality within higher education environments (Soedjono, 2008). Bullying within medical education settings, particularly in the PPDS-1 Education Program constitutes a serious issue that requires adequate legal protection. Despite the absence of specific regulations that explicitly address bullying in the context of specialist doctor education, several national legal provisions can be relied upon as a foundation for such protection (Soerjono, 2007).

Effectiveness of the Implementation of Legal Regulations as a Means of Protection for Participants in Medical Residents' Education Program (PPDS-1) Against Bullying in Teaching Hospitals

Legal accountability for structured bullying against participants in the Medical Resident's Education Program (PPDS-1) involves criminal sanctions imposed on perpetrators, disciplinary and administrative sanctions imposed by institutions such as hospitals or universities, as well as ethical accountability enforced by professional organizations (Cahyono, 2023). These sanctions may include revocation of practice licenses or professional registration, dismissal from the study program, and criminal penalties in accordance with applicable laws.

Structured bullying within the specialist doctor education system constitutes not only a moral and ethical violation but also gives rise to legal consequences for both perpetrators and institutions that allow it to occur. In this context, accountability may be viewed from two principal dimensions, namely legal accountability, including criminal, civil, and administrative liability, and ethical or professional accountability in accordance with the medical code of ethics (Soerjono, 2007). Existing regulations, such as the Instruction of the Minister of Health Number HK.02.01/MENKES/1512/2023, have provided a strong foundation for addressing bullying cases within the Specialist Doctor Education Program in teaching hospitals under the Ministry

of Health. However, their effectiveness in comprehensively eradicating bullying still requires reinforcement in various aspects, including practical implementation, supervision, and institutional culture. The current bullying reporting mechanisms are clearly defined and readily accessible.

The lack of transparency in handling bullying cases has generated skepticism among participants in the PPDS-1 education program (Fikri, 2024). This distrust has fostered a culture of silence among victims and witnesses of bullying. This condition demonstrates that the mere availability of reporting systems is insufficient and must be accompanied by fair and transparent follow-up mechanisms. In addition to the lack of transparency, inequality in the enforcement of sanctions against perpetrators of bullying also constitutes a significant problem. Perpetrators who maintain close relationships with supervisors or who demonstrate strong academic performance often receive preferential treatment.

Overall, the effectiveness of legal regulations on bullying in hospitals remains at a developmental stage. The government has demonstrated strong commitment by issuing regulations and imposing strict sanctions. However, challenges such as the low number of reports from victims and the suboptimal functioning of internal mechanisms still need to be addressed (Nurdianto, 2022). The successful implementation of these regulations will largely depend on the commitment of all stakeholders, including hospital leadership, to create a safe and bullying-free working environment.

Efforts Influencing the Implementation of Legal Protection Regulations for Participants in the Medical Residents' Education (PPDS-1) Against Bullying in Teaching Hospitals

Preventive efforts refer to measures undertaken to ensure that individuals do not engage in bullying within teaching hospitals. Such preventive measures should be implemented by teaching hospitals in accordance with the Instruction of the Minister of Health of the Republic of Indonesia Number HK.02.01/MENKES/1512/2023, particularly Chapter III Section A point (1), which mandates the establishment of institutional policies for the prevention and handling of bullying in teaching hospitals under the Ministry of Health. Preventing bullying in a professional work environment is not an easy task. Tolerance of bullying practices in professional settings can have detrimental effects on the development of the profession itself. The perception that bullying constitutes a customary or acceptable practice is particularly dangerous. Nevertheless, deeply entrenched practices are not immutable and can be changed (Major, 2014). Accordingly, fundamental interventions are required in the form of institutional policies that create a supportive and respectful work environment by reducing opportunities for bullying. Additional efforts include increasing individual awareness to avoid involvement in bullying, encouraging resistance against all forms of bullying, and providing support to individuals who experience bullying. (Rozaliyani, 2019)

Efforts influencing the implementation of legal protection for participants in specialist doctor education against bullying include improvements in regulatory frameworks and institutional policies, strengthening reporting systems and the enforcement of sanctions, as well as enhancing awareness and cultivating an antibullying academic culture. These measures require collaboration among the government, professional organizations, medical education institutions, and teaching hospitals. (Orlando, 2022)

Adequate and effective oversight mechanisms are required to ensure the proper implementation of legal protection regulations. Institutions must foster a culture that promotes mutual respect and appreciation among colleagues, including education on medical ethics and the paradigm of equality. Continuous dissemination of academic cultural values, professional

ethics, and codes of conduct is necessary to cultivate individual awareness, discourage involvement in bullying, and encourage the courage to oppose such conduct (Tauben, 2021).

Medical education institutions play a strategic role in efforts to prevent and eliminate bullying among trainees. Such efforts may be undertaken through curriculum improvements, particularly in the social and emotional domains, beginning with educating teaching staff and the entire academic community on the paradigm of equality in education and the ethics of collegiality. The dangers of bullying to the formation of residents' habits and moral character, as well as its detrimental impact on the quality of healthcare services, must receive serious attention. Teaching staff and senior members should serve as role models in efforts to eliminate such inappropriate conduct.

PENUTUP

Normatively, the substance of regulations related to bullying is sufficiently clear and relatively. However, gaps remain in their implementation. Upon closer examination, there are no firm boundaries distinguishing conduct that constitutes bullying from actions considered part of the learning process, particularly when linked to timing and types of patient care. Differences in perception may arise among trainees, especially in relation to senior and junior status. The implementation of anti-bullying regulations is therefore considered not yet fully effective, despite efforts to move in the right direction. Many participants in the Medical Residents' Education Program (PPDS-1) continue to feel afraid and hesitant to report incidents of bullying. Hierarchical senior and junior cultures, as well as abuses of power by consultants, persist and give rise to covert forms of bullying. Transparency and accountability in reporting data remain weak, and guarantees of protection for victims are still limited. In addition, the imposition of sanctions has not yet been fully well targeted. Both internal and external factors may influence the implementation of these regulations. Internal factors include the personal characteristics of trainees and the educational environment, encompassing consultants, peers, senior colleagues, and other healthcare professional partners. External factors include family, society, culture, social media, and law enforcement authorities.

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