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Legal Protection for Nurses Experiencing Burnout in the Indonesian Health System

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ABSTRACT

Burnout among nurses is a mental health problem caused by chronic workplace stress that affects nurses' well-being, healthcare quality, and patient safety. Although Law Number 17 of 2023 on Health provides legal protection for healthcare professionals, it does not explicitly regulate burnout as a psychosocial occupational risk. This study aimed to analyze the legal framework for protecting nurses' mental health, examine burnout as a health law issue, and formulate strategies to strengthen legal protection for nurses experiencing burnout. This study employed normative legal research using statutory, conceptual, and comparative approaches. Data were collected through a literature review of legislation, official government documents, WHO and ILO guidelines, and relevant scientific publications. The data were analyzed qualitatively using content analysis. The findings indicate that legal protection for nurses' mental health in Indonesia remains general and does not specifically regulate burnout prevention or management. Burnout has significant legal implications because it may reduce healthcare quality, increase the risk of medical errors, and threaten patient safety. Strengthening regulations on psychosocial risk management, workload management, mental health services, and psychological screening is therefore necessary. Burnout is a health law issue that requires stronger legal regulations to protect nurses and improve the quality of healthcare services.

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1. INTRODUCTION

Nurses constitute the largest group of health professionals within the healthcare system and play a strategic role in delivering promotive, preventive, curative, rehabilitative, and palliative healthcare services. As healthcare professionals who provide continuous patient care for twenty-four hours a day, nurses face complex occupational demands, including heavy workloads, professional responsibilities, intensive interactions with patients and their families, exposure to infectious diseases, and significant emotional pressures. These conditions make nurses one of the

professional groups most vulnerable to work-related mental health problems, particularly burnout. Studies have shown that burnout among nurses not only adversely affects individual well-being but also reduces the quality of healthcare services, increases the risk of medical errors, compromises patient safety, and contributes to higher turnover intention.[1]

The World Health Organization (WHO), through the International Classification of Diseases, Eleventh Revision (ICD-11), defines burnout as a syndrome resulting from chronic workplace stress that has not been successfully managed. Burnout is characterized by three primary dimensions: emotional exhaustion (energy depletion), increased mental distance from or cynicism toward one's job (mental distance or cynicism), and reduced professional efficacy (reduced professional efficacy).[2] The WHO further emphasizes that burnout is an occupational phenomenon, indicating that its prevention and management should not be considered solely the responsibility of individuals but also of organizations and the broader healthcare system.[3]

Burnout among nurses has become a global concern. A systematic review and meta-analysis conducted by Woo et al. (2020) revealed that the prevalence of burnout among nurses is consistently high across different countries, with variations influenced by workload, work environment, leadership, and organizational support.[1] Burnout contributes to declining healthcare quality, increased adverse events, absenteeism, and nurses' intentions to leave the profession. Furthermore, Dall'Ora et al. (2020) argued that burnout results from the interaction of multiple organizational factors, including nursing staff shortages, long working hours, excessive job demands, and inadequate managerial support.[4]

In Indonesia, burnout among healthcare professionals has also received increasing attention. A study by Lamuri et al. (2023) involving Indonesian healthcare workers found that burnout remains prevalent, particularly among professionals exposed to high levels of occupational stress. These findings indicate that healthcare workers' mental health represents a significant challenge requiring interventions that extend beyond clinical and organizational approaches to include legal and regulatory protection.[5]

From a legal perspective, protecting nurses' mental health constitutes an integral part of fulfilling the right to health and the right to a safe working environment. Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia guarantees every individual's right to healthcare, while Article 28D paragraph (2) guarantees the right to fair and equitable treatment in employment. These constitutional rights are further reinforced by Law Number 17 of 2023 on Health, which recognizes healthcare professionals' rights to legal protection, occupational

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[1] Woo T, Ho R, Tang A, Tam W. Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. Journal of Psychiatric Research. 2020;123:9-20. DOI: 10.1016/j.jpsychires.2019.12.015. PubMed: https://pubmed.ncbi.nlm.nih.gov/32007680/

[2] WHO. Burn-out an occupational phenomenon. https://www.who.int/standards/classifications/frequently-asked-questions/burn-out-an-occupational-phenomenon

[3] WHO News. Burn-out an occupational phenomenon: International Classification of Diseases (ICD-11). https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases

[4] Dall'Ora, C., Ball, J., Reinius, M.. & Griffiths, P. (2020). Burnout in nursing: a theoretical review. Hum Resort Health. 18(41), 1-17. https://doi.org/10.1186/s12960-020-00469-9

[5] Lamuri A, Shatri H, Umar J, Sudaryo MK, Malik K, Sitepu MS, Saraswati, Muzellina VN, Nursyirwan SA, Idrus MF, Renaldi K, Abdullah M. (2023). Burnout dimension profiles among healthcare workers in Indonesia. Heliyon. 9(3), 1-10. doi: 10.1016/j.heliyon.2023.e14519.

safety and health, professional recognition, and opportunities for professional development. 6 Nevertheless, the law does not explicitly regulate legal protection against psychosocial risks in the workplace, including burnout as a consequence of chronic occupational stress. This regulatory gap reflects the absence of comprehensive legal mechanisms concerning prevention, early detection, psychological support, and rehabilitation for nurses experiencing burnout.

Previous studies on burnout have predominantly originated from the fields of nursing, psychology, and hospital management. These studies have primarily focused on identifying risk factors, measuring burnout levels, examining the relationship between burnout and job satisfaction, and developing strategies to improve nurses' psychological well-being. In contrast, legal health research in Indonesia has largely concentrated on the legal protection of healthcare professionals in relation to professional liability, medical disputes, and the implementation of Law Number 17 of 2023 on Health. Consequently, a significant research gap remains regarding the integration of burnout as a mental health issue among nurses within the framework of legal protection under the Indonesian healthcare system.

Based on these considerations, this study aims to analyze the legal framework governing the protection of nurses' mental health within the Indonesian healthcare system, examine burnout as a health law issue, and formulate strategies to strengthen legal protection for nurses experiencing burnout.

2. METHOD

This study employed a normative legal research design to analyze the legal protection afforded to nurses experiencing burnout within the Indonesian healthcare system. Normative legal research was selected because it focuses on examining legal norms governing the rights of healthcare professionals, particularly the protection of mental health as an integral component of occupational health and the right to health. The study adopted three approaches: the statutory approach, the conceptual approach, and the comparative approach.

The statutory approach involved examining laws and regulations related to the legal protection of healthcare professionals, including the 1945 Constitution of the Republic of Indonesia, Law Number 17 of 2023 on Health, Law Number 13 of 2003 on Manpower, as amended by Law Number 6 of 2023 concerning Job Creation, and other implementing regulations related to occupational safety and health. The conceptual approach was used to analyze burnout as a psychosocial occupational hazard and to explore legal concepts concerning legal protection, the right to health, occupational health, and mental health. Meanwhile, the comparative approach examined legal frameworks and policies regarding nurses' mental health protection implemented in several countries to formulate recommendations for strengthening legal protection in Indonesia.

The legal materials consist of primary, secondary, and tertiary legal sources. Primary legal materials included legislation and official government documents concerning healthcare and employment. Secondary legal materials encompassed scholarly articles, national and international peer-reviewed journals, textbooks, and publications issued by international organizations, including the World Health Organization (WHO) and the International Labor Organization (ILO). Tertiary legal materials included legal dictionaries, encyclopedias, and other supporting references relevant to the legal concepts discussed in this study.

Legal materials were collected through library research by reviewing relevant legal documents and scientific literature. The collected materials were analyzed using a descriptive-qualitative method, employing legal interpretation and content analysis. The analysis focused on evaluating the adequacy of existing legal regulations in protecting nurses' mental health, identifying regulatory gaps, and formulating recommendations to strengthen legal protection for nurses experiencing burnout within the Indonesian healthcare system.

3. RESULTS AND DISCUSSION

3.1. Legal Framework for the Protection of Nurses' Mental Health

The protection of nurses' mental health constitutes an inseparable part of the fulfillment of human rights and the rights of healthcare professionals within the Indonesian legal system. Constitutionally, Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia guarantees every person's right to obtain healthcare services, while Article 28D paragraph (2) guarantees the right to fair and equitable treatment in employment. These constitutional provisions establish the State's obligation to ensure the overall health of healthcare professionals, encompassing both physical and mental health as essential components of a safe and healthy working environment.[6]

This commitment is further reinforced by Law Number 17 of 2023 on Health, which integrates regulations concerning healthcare professionals, healthcare services, occupational safety and health, and legal protection for healthcare workers into a single national legal framework. The law guarantees healthcare professionals the right to legal protection, occupational safety and health, professional recognition, and competency development.[7] However, an examination of the law reveals that it does not explicitly regulate protection against psychosocial risks, such as burnout, emotional exhaustion, or other work-related mental health disorders resulting from excessive occupational demands. This indicates that legal protection for nurses' mental health remains implicit and has not yet become a specific component of occupational health policy.

From the perspective of occupational safety and health (OSH), the protection of healthcare professionals should extend beyond the prevention of biological, chemical, ergonomic, and physical hazards to include psychosocial factors that affect workers' mental well-being. The World Health Organization (WHO) emphasizes that mental health is an integral part of overall health and that a healthy workplace must protect both the physical and mental well-being of workers. Furthermore, through the International Classification of Diseases, Eleventh Revision (ICD-11), WHO classifies burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed. This classification highlights that burnout is not merely an individual problem but rather a consequence of workplace systems and organizational practices. Therefore, responsibility for preventing burnout rests not only

[6] Law Number 17 of 2023 concerning Health. https://peraturan.go.id/id/uu-no-17-tahun-2023
[7] ibid

with individual healthcare professionals but also with employers, healthcare institutions, and policymakers.[8]

In Indonesia, concern regarding burnout among nurses has increased alongside the growing demands placed on healthcare services. The Directorate General of Advanced Health Services of the Ministry of Health of the Republic of Indonesia has reported that excessive nursing workloads, including the assignment of non-nursing tasks, contribute significantly to psychological stress that may lead to burnout. This condition not only affects nurses' well-being but also increases the risk of medical errors and reduces the quality of healthcare services. Consequently, the Ministry of Health emphasizes the importance of policies that clearly regulate task allocation according to professional authority while ensuring the welfare and occupational protection of nursing personnel.[9,10,11]

These findings are supported by Sipahutar et al. (2025), who conducted a literature review on burnout among nurses in Indonesia. The study concluded that burnout is an occupational health issue affecting nurses' physical and mental health, the quality of nursing care, and organizational performance. The most common contributing factors include excessive workload, nursing staff shortages, extended working hours, role conflict, and inadequate organizational support. The authors further argued that addressing burnout cannot solely on individual coping strategies but requires comprehensive organizational policies and supportive legal regulations.[12]

Similarly, Sabrina et al. (2023) reported that burnout among nurses is influenced by a combination of individual and organizational factors, including age, years of service, workload, work environment, social support, and leadership style. The study recommended that hospitals implement policies promoting nurses' mental health through workload management, psychological counseling services, and enhanced organizational support. Nevertheless, the implementation of these recommendations largely depends on individual hospital policies because Indonesia has not yet established a national legal standard specifically regulating the prevention of burnout among healthcare professionals.[13]

Compared with several other countries, Indonesia remains relatively behind in integrating psychosocial risks into occupational safety and health regulations. The World Health Organization (WHO) and the International Labor Organization (ILO), through the publication Mental Health at Work: Policy Brief (2022), recommend.

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[8] WHO News. Burn-out an occupational phenomenon: International Classification of Diseases (ICD-11). https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases

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[10] Grosso, S., Longhini, J., Tonet, S., Bernard, I., Corso, J., de Marchi, D., Dorigo, L., Funes, G., Lussu, M., Oppio, N., Grassetti, L., Pais Dei Mori, L., & Palese, A. (2021). Prevalence and reasons for non-nursing tasks as perceived by nurses: Findings from a large cross-sectional study. Journal of nursing management, 29(8), 2658–2673. https://doi.org/10.1111/jonm.13451

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[13] Sabrina, A., Tusrini, W., & Dwi Tamara, M. (2023). Factors Associated with Burnout in Hospital Nurses (Literature Review). Jurnal Sehat Masada, 17(1), 49-57. https://doi.org/10.38037/jsm.v17i1.409

3.2. Burnout as a Health Legal Issue

Burnout among nurses is no longer viewed solely as an individual psychological problem but has evolved into a significant health law issue related to the fulfillment of healthcare workers' rights, patient safety, and the responsibilities of the State and healthcare institutions in providing a safe working environment. From the perspective of health law, every healthcare professional has the right to legal protection against occupational risks arising from the performance of professional duties, including psychosocial risks caused by prolonged workplace stress. Therefore, burnout should be understood as a consequence of a work system that fails to ensure nurses' mental well-being, thereby requiring both preventive and repressive legal approaches.

At the international level, the World Health Organization (WHO), through the International Classification of Diseases, Eleventh Revision (ICD-11), classifies burnout as an occupational phenomenon, defined as a syndrome resulting from chronic workplace stress that has not been successfully managed.[14] Burnout is characterized by three primary dimensions: emotional exhaustion (energy depletion), increased mental distance from or cynicism toward work (cynicism), and reduced professional efficacy (reduced professional efficacy). This classification indicates that burnout is not merely an individual condition but is closely associated with organizational factors, excessive workload, leadership systems, and unhealthy workplace culture. Consequently, responsibility for preventing burnout does not rest solely with nurses but also with healthcare institutions and governments as policymakers.[15]

Within the Indonesian health law framework, burnout has broad legal implications because it has the potential to compromise healthcare quality and patient safety. Emotional exhaustion and reduced concentration resulting from burnout may increase the risk of medical errors, impair clinical decision-making, reduce the quality of therapeutic communication, and negatively affect patient satisfaction. Therefore, burnout is not merely an issue concerning nurses' welfare but is also directly related to the public's right to receive safe and high-quality healthcare services as guaranteed under Law Number 17 of 2023 on Health.

The phenomenon of burnout among nurses in Indonesia has received increasing attention in recent years. Sipahutar et al. (2026), through a systematic literature review, reported that burnout occurs among nurses working in inpatient wards, outpatient clinics, and emergency departments. Burnout levels are influenced by excessive workload, shortages of nursing personnel, the complexity of healthcare services, role conflict, inadequate organizational support, and pressures experienced during and after the COVID-19 pandemic. The consequences of burnout extend beyond individual physical and mental health problems to include reduced quality of healthcare services, increased turnover intention, and diminished organizational performance. These findings indicate that burnout is a systemic issue requiring policy intervention rather than solely individual coping strategies.[16]

Similar findings were reported by Sabrina et al. (2022), who concluded that burnout among hospital nurses is associated with a combination of internal factors, such as age, years of service, and coping ability, as well as external factors, including

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[14] WHO News. Burn-out an occupational phenomenon: International Classification of Diseases (ICD-11). https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases

[15] Sipahutar, E., Pramesona, B.A., Lusina, S.E., & Lisiswati, R. (2026). Nurse Burnout in Outpatient, Inpatient, and Emergency Rooms in Indonesia. Jurnal Agromedicine Unila: Jurnal Kesehatan Dan Agromedicine, 13 (1), 1–15. https://doi.org/10.23960/jka.v13i1.pp1-15

[16] ibid

workload, work environment, leadership, and organizational support. The study recommended that hospitals implement institutional policies aimed at managing workload, improving nurses' welfare, and providing continuous psychosocial support. However, the implementation of these recommendations remains largely dependent on individual hospital policies because Indonesia has not yet established national regulations specifically addressing burnout prevention among healthcare professionals.[17]

Furthermore, Ramdan and Fadly (2016) found that burnout among nurses was significantly influenced by workload, family support, and leadership, with workload identified as the strongest contributing factor. These findings reinforce the view that burnout cannot be separated from the responsibility of healthcare organizations to create a healthy working environment. When organizations fail to control these risk factors, nurses become increasingly vulnerable to mental health problems, which may ultimately lead to legal consequences if compromised performance affects patient safety.[18]

From the perspective of health law, these findings demonstrate the close relationship between the legal protection of healthcare professionals and the protection of patients' rights. Hospitals, as healthcare providers, have a legal obligation to provide a safe working environment in accordance with the principles of Occupational Safety and Health (OSH). This obligation extends beyond protection against physical, biological, and chemical hazards to include the management of psychosocial risks that may affect the quality of healthcare services. Failure to address burnout may expose hospitals to legal consequences, including increased patient safety incidents, healthcare disputes, and liability arising from negligence in fulfilling their obligation to provide a safe workplace.

The above analysis demonstrates that burnout possesses the characteristics of a health law issue because it involves three fundamental dimensions: the protection of healthcare workers' rights, the protection of patients' rights to quality healthcare services, and the responsibility of the State to establish occupational health regulations capable of controlling psychosocial risks. Therefore, legal responses to burnout should not be limited to resolving disputes after harm has occurred (repressive legal protection), but should also prioritize preventive legal protection through regulations governing psychosocial risk management, routine mental health screening for healthcare professionals, proportional workload management, psychological counseling services, and confidential burnout reporting mechanisms free from stigma.

In conclusion, burnout among nurses is a multidimensional issue situated at the intersection of occupational health, patient safety, and health law. Recognizing burnout as an occupational risk provides a strong legal basis for policymakers to integrate mental health protection into Indonesia's national health law framework. Such integration is essential to ensure balanced protection of nurses' rights while simultaneously safeguarding the public's right to receive safe, effective, and high-quality healthcare services.

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[17] Sabrina, A., Tusrini, W., & Dwi Tamara, M. (2023). Factors Associated with Burnout in Hospital Nurses (Literature Review). Jurnal Sehat Masada, 17(1), 49-57. https://doi.org/10.38037/jsm.v17i1.409

[18] Ramdan, I. M & Fadly, O.N. (2016) Analysis of Factors Associated with Burnout in Mental Health Nurses. Padjadjaran Nursing Journal. 4(2), 170-178. https://doi.org/10.24198/jkp.v4i2.240

4. CONCLUSION

Burnout among nurses is a multidimensional issue that not only affects the mental health of nursing personnel but also has significant implications for the quality of healthcare services, patient safety, and the overall effectiveness of the healthcare system. From the perspective of health law, burnout has evolved into an issue concerning the fulfillment of healthcare workers' rights to a safe, healthy, and psychosocially supportive working environment. Although Law Number 17 of 2023 on Health provides a legal foundation for the protection of healthcare professionals, its provisions concerning mental health protection, particularly against burnout, remain general and do not comprehensively regulate prevention, early detection, psychological support, or recovery mechanisms.

The findings of this study indicate that burnout among nurses is influenced by various organizational factors, including excessive workload, shortages of nursing personnel, extended working hours, role conflict, and inadequate organizational support. These findings demonstrate that burnout should not be regarded solely as an individual responsibility but rather as a consequence of organizational and systemic working conditions that require regulatory and policy interventions. Therefore, legal protection for nurses should not be limited to resolving disputes after harm has occurred (repressive legal protection), but should also emphasize preventive legal protection through the effective management of psychosocial risks in the workplace.

Strengthening legal protection against burnout nurses among requires improvements to the national legal framework by explicitly recognizing psychosocial risks as an integral component of occupational safety and health within the healthcare sector. In addition, national standards should be developed for burnout management, appropriate workload regulation, the provision of mental health and psychological counseling services for nurses, periodic mental health screening, and confidential reporting mechanisms that are free from stigma. The implementation of these measures is expected to enhance the well-being of nursing personnel, provide greater legal certainty for all stakeholders, and support the delivery of safe, high-quality healthcare services while ensuring the protection of both healthcare workers' rights and patients' rights.

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