

Abstract

Violence from patients or their families towards healthcare workers is a significant challenge in primary healthcare services in Indonesia. This study explores the experiences of healthcare workers facing Type 2 Workplace Violence (WPV) and examines the role of institutions based on the ethical principles of beneficence (doing good) and nonmaleficence (avoiding harm). A descriptive qualitative method was used, involving in-depth interviews with 10 healthcare workers from 3 community health centers, selected through purposive sampling. Data were analyzed thematically using NVivo 12 software. The study found that psychological violence is the most common type of WPV, followed by physical, sexual, and Cyber Violence. Healthcare workers responded to WPV in various ways, from personal coping mechanisms to informal reporting. However, the normalization of verbal violence hindered formal reporting. Institutions played a role through preventive policies based on beneficence, such as conflict management training and professional counseling services. Nonmaleficence was implemented through zero-tolerance policies, stronger security protocols, and cross-sector collaboration. This study fills a gap in research on Type 2 WPV in primary healthcare facilities in Indonesia. The findings highlight the need for a holistic approach to handling WPV cases, including strengthening organizational policies, creating internal reporting systems, and providing psychosocial support for healthcare workers. Collaboration between national regulations and ethical principles (beneficence and non-maleficence) is essential to create a safe and inclusive.

Keywords: *workplace violence, primary healthcare services, beneficence ethics, nonmaleficence ethics, institutional policies*

Abstrak

Bentuk tindakan kekerasan dari pasien atau keluarganya terhadap tenaga kesehatan menjadi tantangan khusus di layanan kesehatan primer di Indonesia. Penelitian ini bertujuan mengeksplorasi pengalaman tenaga kesehatan dalam menghadapi WPV tipe 2 dan menganalisis peran institusi berdasarkan prinsip etika *beneficence* dan *non-maleficence*. Penelitian menggunakan metode kualitatif deskriptif dengan melibatkan wawancara mendalam terhadap 10 tenaga kesehatan dari 3 puskesmas yang dipilih menggunakan teknik *purposive sampling*. Data dianalisis secara tematik dengan menggunakan aplikasi NVivo 12. Hasil penelitian menunjukkan bahwa kekerasan psikologis menjadi bentuk WPV paling umum, diikuti oleh kekerasan fisik, seksual, dan berbasis daring. Respon tenaga kesehatan dalam menghadapi WPV bervariasi mulai dari mekanisme *coping* secara personal hingga melakukan pelaporan informal, namun sikap normalisasi kekerasan secara verbal menghambat pelaporan secara formal. Institusi berperan melalui kebijakan preventif berbasis *beneficence*, seperti pelatihan manajemen konflik dan layanan konseling profesional. Prinsip *non maleficence* diwujudkan melalui kebijakan *zero tolerance*, penguatan protokol keamanan, dan sinergi lintas sektor. Penelitian ini mengisi kesenjangan literatur terkait WPV tipe 2 di fasilitas kesehatan primer di Indonesia. Temuan dalam penelitian ini menekankan pentingnya pendekatan holistik dalam menangani kasus WPV, termasuk diantaranya penguatan kebijakan organisasi, membentuk sistem pelaporan formal, dan dukungan psikososial bagi tenaga kesehatan. Sinergi antara regulasi nasional dan prinsip etika (*beneficence dan nonmaleficence*) diperlukan untuk menciptakan lingkungan kerja yang aman dan inklusif

Kata Kunci: *workplace violence*, layanan kesehatan primer, etika *beneficence*, etika *nonmaleficence*, kebijakan institusi