Irony: The Gap Between Occupational Risks and Nurse Wages from a Legal Perspective

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Abstract

Nurses, as the backbone of healthcare services in Indonesia, face high multidimensional occupational risks, encompassing biological, physical, psychosocial, and legal hazards. Ironically, these high risks are not compensated with fair wages, as many nurses still receive remuneration below feasibility standards. This research aims to analyze the fundamental gap between occupational risks (Das Sein) and wage justice (Das Sollen) from a legal perspective. Using a normative-juridical method supported by the Theory of Distributive Justice and the Theory of Legal Protection, this study dissects the regulatory architecture of the healthcare sector's wage system. The findings identify three primary juridical obstacles: First, the current wage system fails to apply a fair principle of proportionality between the level of risk and the amount of remuneration. Second, a crucial operational norm vacuum exists due to the absence of a Ministry of Health Regulation, which is mandated by Government Regulation (PP) No. 28 of 2024 to technically implement risk factor calculations. Third, wage justice is hampered by institutional weaknesses, including the limitations of PPNI as a professional organization lacking the formal bargaining power of a trade union, and insufficient state supervision.

Keywords: *Wage Justice, Occupational Risks, Nurses, Legal Protection, Norm Vacuum.*

A. INTRODUCTION

The Republic of Indonesia, as mandated by its constitution, bears a fundamental responsibility to ensure the welfare of all its citizens. One of the most crucial manifestations of this responsibility is the fulfillment of the right to decent healthcare, a fundamental right enshrined in Article 28H (1) and reinforced by Article 34 (3) of the 1945 Constitution of the Republic of Indonesia (UUD 1945). The fulfillment of this right is not merely a legal obligation, but rather a strategic investment in cultivating qualified human resources (HR), enhancing national resilience, and strengthening the nation's competitiveness on the global stage. Law No. 17 of 2023 concerning Health further reaffirms this commitment, establishing the principles of equity, non-discrimination, community participation, and sustainability as the primary pillars in the organization of the national health system.

However, a wide gulf remains between the constitutional ideal (*Das Sollen*) and the reality of its implementation (*Das Sein*). Despite ongoing and various improvement efforts, issues concerning accessibility, affordability, and especially the quality of basic healthcare services remain persistent challenges in various regions of Indonesia. Acknowledgment of this issue is explicitly documented in national development planning documents, such as in the Initial Draft of the "*Rencana Pembangunan Jangka Menengah Nasional*" (RPJMN) 2015-2019 (Affandi, 2019), as well as the achievement evaluation of the 2020-2024 RPJMN, which forms the basis for the

formulation of the 2025-2029 RPJMN (*Perpres No. 12 Tahun 2025 tentang Rencana Pembangunan Jangka Menengah Nasional Tahun 2025-2028*). Despite significant improvements in several indicators, the issues of inter-regional service quality disparity and resource constraints remain critical concerns. Recognizing this, the government, in the latest RPJMN, has reaffirmed its commitment to undertaking a health system transformation, with one of its main focuses being the fulfillment of needs and the quality improvement of health human resources (*Sumber Daya Manusia Kesehatan*/ SDMK) (*Perpres No. 12 Tahun 2025 tentang Rencana Pembangunan Jangka Menengah Nasional Tahun 2025-2028*).

Among the diverse constellation of health human resources (SDMK), the nursing profession occupies a unique and central position. Quantitatively, nurses constitute the largest group of health workers (Nakes) in Indonesia. Ministry of Health registration data as of May 2025 indicates that out of a total of 1,062,252 registered medical personnel (Named) and health workers (Nakes), 545,729 individuals, or 51.37%, are nurses (https://satusehat.kemkes.go.id). This figure underscores the dominant role of nurses as the backbone of healthcare services across nearly all settings, from primary healthcare facilities (community health centers [Puskesmas], clinics) to tertiary referral hospitals. The World Health Organization (WHO) also recognizes this fundamental role globally, reporting that nurses and midwives account for nearly half of the total global health workforce (WHO, 2020).

However, the role of nurses is significant not only in terms of quantity, but also in quality and complexity. This profession is not merely a vocation, but rather a regulated profession that demands high competency standards, a formal educational background (at minimum a Diploma III in Nursing, and is now even encouraged to the Bachelor's of Nursing and Nurse Profession levels), as well as the possession of a Registration Certificate (*Surat Tanda Registrasi*/*STR*) as proof of legal practice (Undang-Undang *Nomor 17 Tahun 2023* tentang Kesehatan). The Professional Standards for Nurses, as established by the Ministry of Health, delineates five core competency areas that must be mastered, encompassing: professional practice (nursing assessment, diagnosis, planning, intervention, and evaluation), leadership and management, education and research, personal and professional quality development, and ethical, legal, and culturally sensitive practice (*Keputusan Menteri Kesehatan No. HK.01.07/MENKES/425/2020 tentang Standar Profesi Perawat*). This complexity demonstrates that nurses are professional partners to medical personnel (Named) and other health workers (Nakes), possessing autonomy and independent responsibility in providing nursing care.

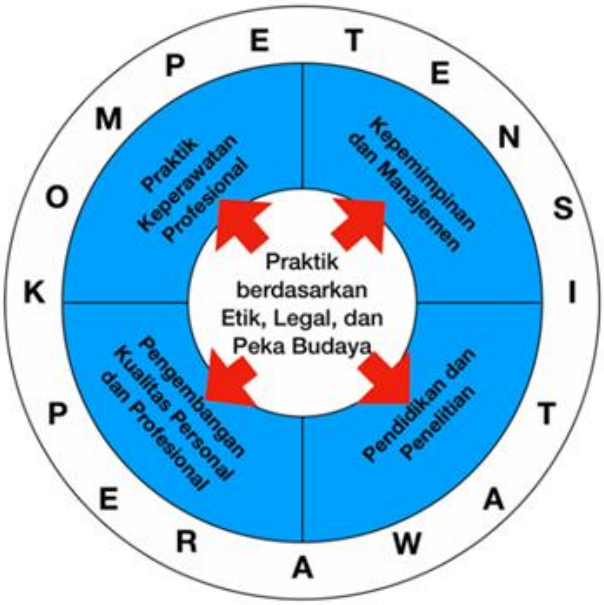

Figure 1. Nurse Competency Areas

Source: Keputusan Menkes RI No. HK.01.07/Menkes/425/2020 Tentang Standar Profesi Perawat

Ironically, this vital role and these high demands for professionalism must be performed in a work environment fraught with occupational risks. Nurses are on the front lines of direct interaction with patients, exposing them to various hazards. Epidemiological and occupational health studies consistently identify the high prevalence of physical risks (musculoskeletal injuries from lifting patients), biological risks (exposure to nosocomial infections, including dangerous communicable diseases such as TB, HIV, Hepatitis, and pandemics like COVID-19), chemical risks (exposure to cytotoxic drugs, disinfectants), ergonomic risks, and psychosocial risks (work-related stress due to high workloads, shift work, and verbal or physical violence from patients or their families) (Ramdan & Rahman, 2017). Data from the United States even indicates that the incidence of occupational injuries and illnesses in hospitals is higher than in the construction and manufacturing sectors (Ramdan & Rahman, 2017). Research in Indonesia also confirms this reality, such as a study by Susilo & Sofiantika (2020) which found that the majority of nurses had experienced moderate to severe work-related accidents, as well as studies by Setiawan & Indriati (2021), and Subagja & Tatiana (2023) which identified various hazards with high-risk levels in the nurses' work environment. Heavy workloads, as reported by the Indonesian National Nurses Association (*Persatuan Perawat Nasional Indonesia/PPNI*), also contribute to high levels of stress and burn-out, which not only impact nurses' health but also the quality of care and patient safety (Mariana & Ramie, 2021; Martyastuti et al., 2019). Furthermore, the aspect of legal risk is also increasingly prominent, whereby nurses are vulnerable to legal issues due to allegations of negligence or malpractice (Adiwangsa, 2023).

Herein lies the fundamental irony that is the main focus of this research. The dedication, competence, and sacrifice of nurses in confronting high-risk work environments are not commensurate with a fair wage compensation system that

guarantees decent welfare. Survey reports and complaint desks from the Indonesian National Nurses Association (PPNI) in 2022, involving nearly 144,000 respondents, paint a concerning picture where many nurses (especially those with honorary/non-permanent status or working in the private sector) receive wages below the Regional Minimum Wage (*Upah Minimum Regional*/*UMR*), do not receive the full Religious Holiday Allowance (*Tunjangan Hari Raya*/*THR*), or even experience delayed salary payments (*Keputusan Dewan Pengurus Pusat Persatuan Perawat Nasional Indonesia No. 033/DPP PPNI/SK/K.S/III/2023 Tentang Pedoman Pengupahan Perawat di Indonesia dengan Struktur Skala Upah (SUSU)*). This phenomenon creates a stark discrepancy between the contributions and risks borne by nurses and the financial recognition and rewards they receive.

This disparity is not merely an individual problem for nurses; it has the potential to become a systemic problem that threatens national healthcare quality. Various studies have consistently shown a positive correlation between nurse job satisfaction (of which fair wages are a primary factor) and the quality of nursing care and patient safety levels (Nikat et al., 2020; Erwanindyasari & Supratman, 2024). Nurses who feel financially undervalued tend to experience demotivation, burn-out, and even consider leaving the profession (turnover) or seeking employment opportunities abroad that offer better compensation; this is a healthcare brain drain phenomenon whose impact is beginning to be felt in Indonesia (Aryudi et al., 2023). The narrative of disappointment and reluctance to recommend this profession to the next generation, a sentiment growing among Indonesian nurses (as observed in discussions on social media), is a danger signal that must not be ignored. A systemic failure to formulate and implement fair wage policies for nurses can, ultimately, derail the goals of the national health system transformation itself.

Given the urgency and complexity of this issue, legal research becomes crucial. While existing research has examined nurse wages from the perspective of Human Resource (HR) management or job satisfaction, these studies often lack legal depth. However, an in-depth analysis from a legal perspective, one that dissects the regulatory framework, identifies norm vacuums or conflicts, and evaluates implementation and oversight mechanisms, remains relatively limited. This research aims to fill this gap by conducting a normative-juridical analysis of the regulatory concepts and implementation of nurse wages in Indonesia, using the Theory of Justice (specifically Aristotle's distributive justice) and the Theory of Legal Protection as primary analytical lenses. The objective is to identify the juridical obstacles hindering the realization of wage justice and to formulate regulatory reconstruction recommendations that can provide legal certainty and a sense of justice for the nursing profession.

The purpose of this research is to examine how Indonesia's current nurse wage system embodies principles of distributive justice, with particular attention to the extent to which high occupational risk factors are recognized and internalized in wage structures. Furthermore, this study aims to identify the main juridical obstacles, arising from both regulatory issues, such as norm vacuums, and institutional

challenges related to collective representation and state supervision that impede the realization of fair and equitable compensation for nurses in Indonesia.

B. METHOD

This research employs a normative-juridical approach (normative legal research). This method was chosen because the primary focus of the research is to analyze legal norms (both written and unwritten), legal principles, and the vertical and horizontal synchronization among laws and regulations pertaining to the remuneration of health workers, particularly nurses (Irwansyah, 2023). Normative-juridical research seeks to uncover the law in books, identify norm vacuums, ambiguities, or conflicts, and subsequently offer conceptual solutions based on relevant legal doctrines and theories (Soekanto & Mamudji, 2012). To sharpen this normative analysis, this research applies the Statute Approach and the Conceptual Approach (Marzuki, 2023).

C. RESULT AND DISCUSSION

1. The Concept of Nurse Wage Regulation

To dissect the complexity of the nurse wage justice issue from a legal perspective, this research will rest upon three primary conceptual frameworks: Legal Protection for Workers, The Concept of Nurse Wages/Salaries within the national legal system, and The Theory of Justice. An in-depth understanding of these three concepts will serve as the foundation for the regulatory analysis and the formulation of recommendations in the subsequent chapter. This conceptual clarification is essential to ensure the consistent use of terminology and a shared understanding of the theoretical pillars employed.

a. The Legal Protection for Workers: Dimensions and Urgency

Legal protection for workers is not a new concept or a mere social trend, but rather a fundamental principle that has evolved alongside industrial civilization and the universal recognition of human rights. In Indonesia, the philosophical foundation for worker protection is firmly rooted in the values of Pancasila, specifically the second *sila* (principle), "Just and Civilized Humanity," and the fifth *sila*, "Social Justice for all Indonesian People." This constitutional mandate is further affirmed in Article 27(2) of the 1945 Constitution (UUD 1945) concerning the right to decent work and livelihood, and Article 28D (2) of the 1945 Constitution (UUD 1945) concerning the right to work and to receive fair and proper remuneration and treatment in an employment relationship. These fundamental norms signify that the state has an active obligation (duty to fulfill) to create a legal framework that protects workers from exploitation and ensures their welfare.

Historically, the urgency of worker protection emerged as a reaction to the inhumane working conditions of the Industrial Revolution era, where the laissez-faire doctrine of economic liberalism often disregarded the humanitarian aspects of the labor force (Sulaiman et al., 2019). Phenomena such

as excessive working hours, extremely low wages, child labor, and hazardous working conditions triggered the birth of labor movements and state intervention through protective legislation. It is this spirit that was subsequently adopted and developed in modern labor law systems in various countries, including Indonesia.

In a contemporary context, worker protection is no longer narrowly interpreted as merely physical protection in the workplace. This concept has evolved to encompass a broader and multidimensional spectrum. Referring to the classification proposed by Sulaiman et al. (2019), as well as Harahap (2020), worker protection can be classified into three primary, interrelated dimensions:

1). The Economic Protection Dimension: The primary focus of this dimension is to guarantee the worker's right to a decent livelihood through a fair wage system. This includes not only establishing a minimum wage capable of meeting the basic living needs of the worker and their family (a living wage), but also ensuring a proportional wage structure and scale that provides remuneration commensurate with qualifications, job complexity, responsibilities, length of service, and especially the occupational risks faced. Economic protection also covers other financial rights such as overtime pay, the Religious Holiday Allowance (THR), and fair compensation in the event of employment termination. A failure to realize economic protection can plunge workers into conditions of financial vulnerability and exploitation.

2). The Social Protection Dimension: This dimension pertains to social security, which functions as a safety net for workers and their families against life risks such as illness, work accidents, job loss, old age, and death. In Indonesia, this is realized through the National Health Insurance (*Jaminan Kesehatan Nasional/JKN*) program, administered by the Health Social Security Administering Body (BPJS Kesehatan), and the Workers' Social Security (*Jaminan Sosial Ketenagakerjaan/Jamsostek*) program, administered by the Employment Social Security Administering Body (*BPJS Ketenagakerjaan*). Furthermore, social protection also includes the recognition and protection of the fundamental right of workers to associate and to form or join trade unions (freedom of association). Trade unions function as a vehicle for workers to advance their collective interests, including in wage and working condition negotiations through a Collective Labor Agreement (*Perjanjian Kerja Bersama/PKB*).

3). The Technical Protection (Occupational Safety and Health-OSH) Dimension: This dimension focuses on preventive efforts to create a safe and healthy work environment, free from all potential hazards that could cause work accidents (*Kecelakaan Kerja/KK*) or occupational diseases (*Penyakit Akibat Kerja/PAK*) (Sulaiman et al., 2019). This includes risk identification and control in the workplace (physical, chemical,

biological, ergonomic, psychosocial hazards), the provision of adequate Personal Protective Equipment (*Alat Pelindung Diri/APD*), the application of safe Standard Operating Procedures (*Standar Operasional Prosedur/SOP*), periodic health examinations for workers, and the implementation of an effective OSH (K3) management system. Technical protection is crucial, especially for high-risk professions such as nurses.

These three dimensions of protection are complementary and inseparable. High wages (economic protection) become meaningless if workers must sacrifice their safety and health (technical protection). Conversely, a safe work environment becomes less meaningful if not accompanied by decent wages and adequate social security. The Theory of Legal Protection, in the context of this research, will be used as an evaluative framework to assess the extent to which the legal system in Indonesia has succeeded or failed in realizing these three dimensions of protection in a balanced and comprehensive manner for the nursing profession, considering the specific occupational risk characteristics of that profession

b. Nurse Wages/Salaries Within the Indonesian Legal Framework

Wages or salary represent a central element and are often the most sensitive issue within an employment relationship. They function not only as an economic medium of exchange for services rendered, but also as a form of recognition for the worker's value, contribution, and dignity. Within the Indonesian legal system, the concept of remuneration is explicitly acknowledged as having social and justice dimensions, transcending mere market logic.

The juridical definition of wages, as stipulated in Article 1 number 30 of the Labor Law (*Undang-Undang Ketenagakerjaan*), is "the right of a worker/laborer received and expressed in the form of money as remuneration from an entrepreneur or employer to the worker/laborer, which is stipulated and paid according to an employment agreement, covenant, or laws and regulations, including allowances for the worker/laborer and their family for a job and/or service that has been or will be performed". This definition contains several key elements: (a) wages are a worker's right, (b) their primary form is money, (c) they constitute remuneration for work, (d) their determination is based on an agreement or regulation, and (e) they include allowances for the worker and family.

Furthermore, Endah Pujiastuti (2008) emphasizes that wages must be able to meet the standard of "a decent livelihood for humanity", a phrase that directly refers to the constitutional mandate in Article 27(2) of the 1945 Constitution (UUD 1945). This underscores that the national wage policy does not adhere to a pure free-market system, but rather is intervened by the state to ensure the achievement of minimum feasibility standards. This state

intervention is manifested in the national wage policy regulated in Article 88 of the Labor Law (jo. the Cipta Kerja Law), which includes:

1). Minimum Wage Determination: The central government establishes the minimum wage policy, which is then implemented by governors in the form of the Provincial Minimum Wage (*Upah Minimum Provinsi/UMP*) and can be followed by the Regency/City Minimum Wage (*Upah Minimum Kabupaten/Kota/UMK*). The calculation formula for this minimum wage considers variables such as economic growth, inflation, and specific indices. The basic principle is that employers are prohibited from paying wages below the minimum wage, except for micro and small enterprises, which have their own determination mechanism based on agreement. Referring to the Government Regulation on Wages (*PP Pengupahan*), the wage agreement for micro and small enterprises must be at least 50% of the average provincial public consumption or 25% above the provincial poverty line.

2). Wage Structure and Scale: Employers are required to establish a wage structure and scale that considers group, position, length of service, education, and competency. The objective is to create an internal wage system that is fair and proportional.

3). Overtime Pay and Other Allowances: Regulations concerning the payment of overtime pay, wages during absence from work, the Religious Holiday Allowance (THR), and other wage components are also part of the national wage policy.

Health workers, including nurses, constitute specialized personnel. Recognition of this profession's specificity is beginning to emerge in recent legislation. Health Law No. 17 of 2023, Article 273, explicitly states the right of Health Workers (Nakes) and Medical Personnel (Named) to receive "professional service remuneration in the form of Wages/Salaries, service fees, and performance allowances that are decent in accordance with the provisions of laws and regulations". The use of the phrase "decent" indicates that the compensation standard for health workers is expected to exceed the mere general minimum wage.

This affirmation is reinforced in its implementing regulation, Government Regulation (*Peraturan Pemerintah No. 28 of 2024*). Article 726 of this PP specifies in detail the factors that must be considered in determining remuneration for Health Workers (Nakes) and Medical Personnel (Named), namely: (a) education level, (b) expertise/specialization, (c) competency, (d) length of service, (e) performance/productivity, (f) workload, (g) occupational risk, (h) career path, (i) place of assignment, and (j) other objective considerations. The explicit inclusion of the "occupational risk" factor in this PP constitutes a crucial normative recognition and serves as a strong justification for the argument of nurse wage justice.

However, this normative recognition is insufficient. Article 727 of PP No. 28 of 2024 subsequently mandates that the technical guidelines for calculating said remuneration shall be further stipulated by a Ministry of Health Regulation. This is the crucial point that will become the focus of analysis in the next chapter. It is the absence of this ministerial regulation that creates an operational legal vacuum, wherein the sound normative principles within PP 28/2024 cannot yet be translated into a concrete, applicable, and enforceable remuneration formula in practice.

2. The Theory of Justice in Remuneration: Aristotle's Perspective

To evaluate whether the current nurse wage system, with all its normative complexity and operational vacuum, can be considered "just," this research will utilize the lens of the Theory of Justice as its primary philosophical framework. The concept of justice has been a debate in legal philosophy for centuries, yet Aristotle's view on distributive justice is deemed the most relevant and provides a robust analytical framework for the issue of compensation in professional employment relationships, such as nursing.

Aristotle (1908), in his masterpiece Nicomachean Ethics, distinguished between two primary forms of justice:

a. Commutative Justice or Corrective Justice: This justice governs transactions or relationships between individuals considered to be equal. Its focus is on arithmetic equality or balance in exchange. In a contractual context, commutative justice demands that what is given by one party is equivalent in value to what is received from the other party (quid pro quo). Its fundamental principle is "numerical equality," whereby each individual is treated exactly the same in the transaction, regardless of status, contribution, or needs. This type of justice is relevant for ensuring that agreements are implemented according to what was agreed upon.
b. Distributive Justice: This justice, in contrast, governs the relationship between a community (or state, organization, employer) and its individual members, particularly concerning the allocation or distribution of rewards, honors, resources, or burdens. Its primary principle is not numerical equality, but rather "proportional equality" or geometric equality. This means distribution must be conducted proportionally according to the "merit" of each individual. This merit can be measured based on various criteria relevant to the context, such as contribution, effort, need, rank, qualification, or even the risks borne. Providing the same portion to individuals with different merit is, in fact, considered unjust according to the principle of distributive justice.

In the context of remuneration, especially for a complex profession like nursing, Aristotle's Theory of Distributive Justice becomes a highly appropriate framework. Wages are not merely a simple commutative transaction between work time and money. Wage determination must consider various relevant merit factors. A

distributively just remuneration system is one that is capable of providing compensation proportional to:

a. The level of education and training required.
b. The complexity of tasks and responsibilities undertaken.
c. Workload (physical and mental).
d. Length of service and experience.
e. Performance and productivity.
f. And, most relevant to this research: The level of occupational risk faced.

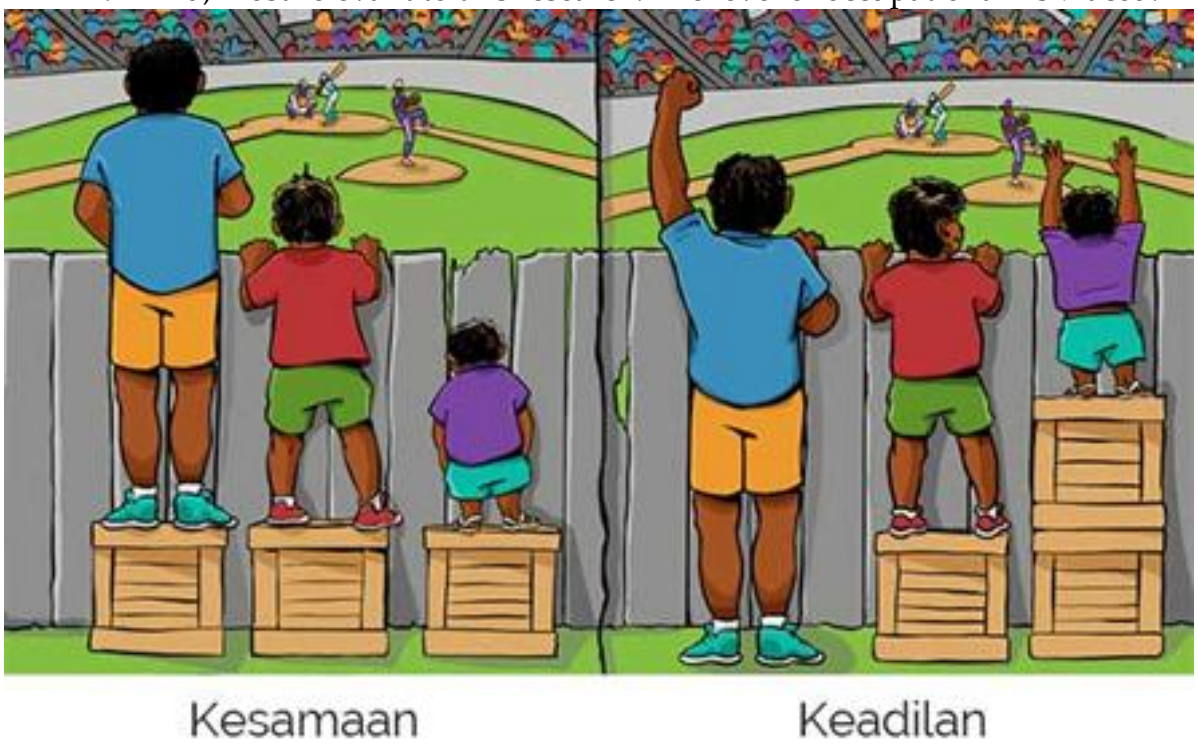

Figure 2. Numerical Equality vs. Proportional Equality

Source: https://www.finansialku.com/perencana-keuangan/pengertian-waris-dan-3-hukum-waris-di-indonesia/

Fithriatus Shalihah et al. (2019) affirm the relevance of this Aristotelian perspective in labor law, where wage justice does not mean all workers receive an equal salary, but rather a salary that is proportional to their contribution and risk. The classic visual analogy of three people of different heights wanting to watch a game behind a fence is highly illustrative: providing a support box of the same height to all three (commutative justice) is, in fact, unjust because the shortest person still cannot see. Distributive justice is achieved when each person is given a support box of a different height according to their needs, allowing all of them to watch comfortably.

Using this Theory of Distributive Justice framework, this research will critically analyze whether the current nurse remuneration system in Indonesia reflects said principle of proportionality, particularly in internalizing high occupational risk factors, or if it remains trapped in the flawed logic of numerical equality—for instance, by merely adhering to the general Minimum Wage without considering the specificity of the nursing profession. This analysis will serve as the foundation for formulating

reconstruction recommendations aimed at realizing a more distributively just remuneration system

This section constitutes the analytical core of the research, where the conceptual and theoretical frameworks presented in the previous section will be used as an analytical scalpel to dissect the regulations and practices of nurse remuneration in Indonesia. The discussion will focus on demonstrating the irony or fundamental disparity between the high occupational risks faced by nurses and the wage compensation system they receive, examined from a legal perspective, specifically the Theory of Distributive Justice and the Theory of Legal Protection. The analysis will be broken down into several interrelated sub-sections to ensure its depth and structure, beginning with a juridical mapping of nurse occupational risks as the primary justification for the demand for wage justice.

Before proceeding to a critical evaluation of the nurse remuneration system, the first fundamental step is to deeply dissect the nature and multidimensionality of the occupational risks inherently attached to this profession. The normative recognition of "occupational risk" as one of the mandatory factors for consideration in determining remuneration for health workers, as affirmed in Article 726 of Government Regulation (PP) No. 28 of 2024, demands a comprehensive understanding and adequate juridical appreciation of said risk spectrum. Ignoring or underestimating the complexity of these risks in the formulation of remuneration policy not only contradicts the mandate of that implementing regulation but also fundamentally injures the principle of distributive justice. The nursing profession, based on various empirical studies and occupational health literature referenced in the introduction, is exposed to a broad and interrelated spectrum of risks, which can be classified into several main dimensions:

a. The Biological Risk Dimension (Threat of Infection): This risk is the most constant and tangible threat in daily nursing practice. Nurses are on the front lines of direct and intensive interaction with patients suffering from various infectious diseases. Exposure to blood, bodily fluids, respiratory droplets, and pathogenic aerosols places them at high vulnerability for contracting numerous dangerous communicable diseases. The spectrum is vast, ranging from antibiotic-resistant bacterial infections (like MRSA), Hepatitis B and C viruses, Human Immunodeficiency Virus (HIV), Tuberculosis (TB) which remains a serious endemic in Indonesia, to global pandemic threats like H5N1 influenza or, most recently, Coronavirus Disease 2019 (COVID-19) (Ramdan & Rahman, 2017). This risk is exacerbated by working conditions in healthcare facilities that are often overcrowded, inadequately ventilated, and potential failures in providing standard Personal Protective Equipment (APD) or adherence to Infection Prevention and Control (Pencegahan dan Pengendalian Infeksi / PPI) procedures. Juridically, the Labor Law and the Health Law, reinforced by technical regulations such as the Ministry of Health Regulation concerning Hospital Occupational Safety and Health (*Keselamatan dan Kesehatan Kerja Rumah Sakit/K3RS*), explicitly mandate employers (healthcare facilities) to provide a safe and healthy work environment, including protecting their

workers from biological hazards. Failure to fulfill this obligation not only violates the worker's right to OSH (K3) but can also lead to legal consequences for the employer.

b. The Physical and Ergonomic Risk Dimension (Threat of Injury): The physical demands of nursing are often overlooked, yet they constitute a significant source of injury risk. Activities such as manually lifting, transferring, bathing, and repositioning patients, especially those with limited mobility or obesity, place a heavy biomechanical load on the nurse's musculoskeletal system. Consequently, the prevalence of low back pain, shoulder injuries, and other musculoskeletal disorders is very high among nurses (Ramdan & Rahman, 2017). This ergonomic risk factor is exacerbated by awkward working postures, repetitive movements, and often the lack of adequate mechanical aids (patient handling equipment). Beyond ergonomic risks, the hospital work environment also harbors other physical hazards such as slippery floors (risking slips, trips, and falls), constant noise exposure from monitors and medical equipment, potential needlestick injuries, and the risk of ionizing radiation exposure in radiology units or operating rooms using C-Arms (WHO, 2022). The principles of ergonomics and the provision of a physically safe work environment are integral parts of the employer's OSH (K3) obligations.
c. The Chemical Risk Dimension (Threat of Toxicity): In performing their duties, nurses are exposed to various hazardous chemicals. The handling of medications, especially cytotoxic and carcinogenic chemotherapy agents, requires extremely strict safety procedures to prevent dermal and inhalation exposure (Ramdan & Rahman, 2017). Furthermore, the routine use of disinfectant and sterilization solutions (such as glutaraldehyde, ethylene oxide), anesthetic gases in the operating room, and other laboratory chemicals also pose potential short-term and long-term health risks if exposure is not controlled through proper ventilation, appropriate PPE use, and adequate training in handling Hazardous and Toxic Materials (*Bahan Berbahaya dan Beracun/B3*) (WHO, 2022). Regulations concerning medical waste and B3 management in healthcare facilities serve as the relevant legal framework to mitigate this risk.
d. The Psychosocial Risk Dimension (Threat of Stress and Burnout): This risk dimension, although often invisible, has a highly destructive impact on nurse well-being. The profession inherently involves exposure to patient suffering, critical illness, and death, which can create a heavy emotional burden (compassion fatigue) (Mariana et al., 2021). This burden is exacerbated by organizational factors such as excessive workloads (understaffing), irregular work shifts (especially night shifts that disrupt circadian rhythms), time pressure, lack of management support, and interpersonal conflicts with colleagues or superiors (Martyastuti et al., 2019). Recently, the phenomenon of workplace violence, in the form of verbal aggression, harassment, or physical attacks from patients or their families, has also reportedly increased and has

become a significant source of stress for nurses (WHO, 2022). The accumulation of these psychosocial stressors can lead to conditions such as burn-out (emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment), anxiety disorders, depression, and even the emergence of an intention to leave the profession (Aryudi et al., 2023). The negative impact of psychosocial risks not only harms nurses individually but also potentially diminishes the quality of nursing care and endangers patient safety.

e. The Legal Risk Dimension (Threat of Lawsuits): As healthcare professionals possessing autonomy in providing nursing care, nurses are bound by ethical and professional standards regulated by the professional organization (PPNI) and laws and regulations. Every clinical action or decision taken from assessment, establishing a nursing diagnosis, intervention planning, to implementing actions (including medication administration and invasive procedures based on delegation of authority), carries potential legal consequences if an error, negligence, or an act deemed to exceed authority (malpractice) occurs, resulting in loss or injury to the patient (Adiwangsa, 2023). The threat of lawsuits, whether through civil channels (compensation), criminal channels (if elements of intent or gross negligence are proven), or administrative channels (revocation of STR or disciplinary sanctions), becomes an inherent risk that overshadows nursing practice. This legal risk not only poses financial and professional consequences but can also add to the stress and anxiety burden for nurses. Therefore, legal protection for nurses in carrying out their professional practice according to standards becomes a highly crucial aspect.

This mapping of multidimensional occupational risks affirms that the nursing profession is no ordinary job. It demands not only technical and intellectual competence but also physical and mental resilience, and the courage to face various potential hazards. The juridical recognition of these risks in PP No. 28 of 2024 is an important normative step. However, this recognition must be concretely translated into a just remuneration system. If Aristotle's Theory of Distributive Justice demands proportionality between merit and reward, then the high level of occupational risk must be a primary merit factor that significantly influences the determination of fair remuneration for nurses. Ignoring the risk factor in the remuneration formula, or equating it with other professions that have significantly lower risk levels, constitutes a negation of the principle of distributive justice itself. Furthermore, from the perspective of the Theory of Legal Protection, the state (through regulation) and employers have an obligation to provide comprehensive protection. This protection is not sufficient merely in its technical form (OSH/K3), but must also include economic protection through decent wages as a form of compensation for risks that cannot be entirely eliminated. Failure to provide fair compensation for these risks can be interpreted as a form of neglect of said protection obligation.

Having comprehensively mapped the multidimensional occupational risks faced by nurses in the previous sub-section, the analysis now shifts to a critical evaluation of the prevailing remuneration system. The fundamental question is: to what extent has the current wage compensation system for nurses in Indonesia reflected and internalized these high occupational risks, as demanded by the principle of distributive justice? The answer to this question will unveil the irony that forms the main title of this research: the significant disparity between the sacrifices and risks borne by nurses (*Das Sein*) and the financial rewards they receive (*Das Sollen* according to the principle of justice).

As has been elaborated in the Conceptual Framework, Aristotle's Theory of Distributive Justice emphasizes the principle of proportional equality. In the context of remuneration, this principle demands that rewards or wages be distributed proportionally according to the merit of each worker. This merit is not only determined by factors such as education level, competency, length of service, or performance, but also, crucially, by the level of risk inherent in the job. A job with a higher level of risk inherently possesses greater merit and, according to the logic of distributive justice, should receive higher compensation as a form of recognition for the courage and potential harm (physical, mental, or even life) faced by the worker.

If we apply the lens of this Theory of Distributive Justice to the reality of nurse remuneration in Indonesia, a problematic picture emerges. On one hand, the national legal framework has actually begun to recognize the relevance of the risk factor. Article 726 of PP No. 28 of 2024 explicitly mentions "occupational risk" as one of the ten factors that must be considered in determining service remuneration for health workers. This is an important normative recognition and aligns with the principle of distributive justice. However, this normative recognition does not appear to have been effectively translated into remuneration practices in the field.

The available empirical data, however, suggests the contrary. The 2022 PPNI survey report depicts a harsh reality where many nurses, particularly in the private sector or those with non-ASN (non-Civil Servant) status, receive wages far from decent, often even below the Regional Minimum Wage (UMR). This phenomenon flagrantly violates the principle of distributive justice. The Minimum Wage, by its very nature, is designed as a social safety net for all workers, regardless of their specific risk level or qualifications. If a profession with high risks and demands for professional qualifications, such as nursing, paradoxically receives wages below the general minimum standard, then a clear distortion in the application of the proportionality principle has occurred. The remuneration system appears trapped in the flawed logic of "numerical equality," where nurse wages are equated with, or even set lower than, other job sectors that possess far lower levels of risk and qualification.

The case of delayed salary payments for nurses at Rawalumbu Hospital, Bekasi City, which went viral, serves as an extreme yet real illustration of how vulnerable the economic protection for this profession is. An incident like this not only violates the fundamental right of workers to timely wages as guaranteed in the Labor Law, but

also demonstrates the weak bargaining power of nurses and the system's failure to ensure employer compliance with their obligations.

It is this disparity between the normative recognition of occupational risk (in PP 28/2024) and the reality of low wages in the field that creates the fundamental irony. The law, de jure, has recognized the feasibility of nurses receiving risk-inclusive compensation; however, de facto, the mechanism to realize that feasibility is not yet available or is non-functional. This condition can be analyzed as a form of state failure to fulfill its legal protection obligations, particularly in the economic protection dimension. The Theory of Legal Protection, as previously discussed, mandates that the state not only establish norms but also ensure their implementation and enforcement so that workers' rights are genuinely realized.

Furthermore, this distributively unjust remuneration system has the potential to cause broader negative impacts. A sense of injustice can decrease the motivation, job satisfaction, and commitment of nurses to their profession (Nikat et al., 2020). As found in studies by Nikat et al. (2020) and Erwanindyasari & Supratman (2024), nurse job satisfaction has a direct correlation with the quality of nursing care and patient safety. Thus, a failure to realize wage justice not only harms nurses individually but also risks degrading the quality of the overall healthcare system, a consequence that contradicts the goals of the national health transformation. The 'brain drain' phenomenon, where competent nurses choose to work abroad for better compensation, is also a clear indication of the domestic remuneration system's failure to value this profession proportionally (Aryudi et al., 2023).

Therefore, a critical evaluation from the perspective of the Theory of Distributive Justice concludes that the nurse remuneration system in Indonesia is currently far from ideal. Although there is normative recognition of the risk factor, there is no concrete mechanism to ensure that this risk is translated into proportional and fair wage compensation at the implementation level. It is this gap that must be bridged through regulatory reconstruction and the strengthening of institutional mechanisms.

The critical evaluation in the previous sub-section has revealed an irony: the normative recognition of the importance of considering occupational risk in health worker remuneration is misaligned with the reality of compensation received by many nurses. Further analysis indicates that this disparity is not only caused by implementation factors at the employer level but is also rooted in fundamental weaknesses within the regulatory architecture itself. Specifically, there is a crucial operational norm vacuum: namely, the absence of technical guidelines that should translate the general principles of wage justice into a concrete and enforceable formula.

The remuneration legal framework in Indonesia has actually provided a reasonably good foundation. The Labor Law (in conjunction with the Cipta Kerja Law) establishes general principles such as minimum wage, wage structure and scale, and prohibits wage discrimination. More specifically, Health Law No. 17 of 2023 Article 273 explicitly guarantees the right of Health Workers (Nakes) and Medical Personnel

(Named) to receive "decent" remuneration. Further reinforcement comes from PP No. 28 of 2024 Article 726, which imperatively mandates that the determination of remuneration must consider ten feasibility factors, including "workload" and "occupational risk".

Theoretically, this combination of norms should have been sufficient to ensure the realization of distributive justice in nurse remuneration. The recognition of the occupational risk factor in PP 28/2024 is a significant advancement that is normatively aligned with the demands of the Theory of Distributive Justice. The principle is clear: jobs with higher risk deserve higher compensation.

However, herein lies the primary weakness. These sound normative principles are effectively left hanging without "operational legs." Article 727 of PP No. 28 of 2024 explicitly mandates:

> *"Further provisions concerning the guidelines for calculating the provision of Wages/Salaries, service fees, and performance allowances for Medical Personnel and Health Workers employed at Healthcare Facilities as referred to in Article 726 shall be stipulated by a Ministerial Regulation"*

This mandate is crucial. It is this Ministry of Health Regulation (*Peraturan Menteri Kesehatan/Permenkes*) that should function as the technical bridge between abstract normative principles (such as "considering occupational risk") and concrete remuneration practices. This Permenkes is expected to contain, at a minimum:

a. Operational Definitions and Quantitative Indicators: How to measurably define and assign a weighted value (scoring) to each of the ten merit factors mentioned in Article 726 of PP 28/2024? For example, how to measure "workload" (whether based on nurse-to-patient ratios, patient dependency levels, or case mix index?) and "occupational risk" (whether based on the type of work unit, e.g., ICU vs. Polyclinic, or based on specific exposure?). Without quantitative indicators, the consideration of these factors becomes highly subjective.
b. Merit-Based Remuneration Calculation Methodology: What formula or algorithm will combine the weighted values of these ten factors to produce sectoral minimum wage standards or a proportional wage structure and scale? Will it utilize a point system or a performance-based remuneration model?
c. Health Sectoral Wage Structure and Scale: Ideally, this Permenkes (Ministry of Health Regulation) would establish a Health Sectoral Minimum Wage (Upah Minimum Sektoral / UMS) standard that applies nationally or at least serves as a minimum benchmark for provinces/regencies/cities. Furthermore, standards for the internal formulation of a Wage Structure and Scale (*Struktur dan Skala Upah/SUSU*) within healthcare facilities must also be regulated, ensuring fair wage differentiation based on merit factors. The SUSU Guidelines already published by PPNI could serve as a good initial reference.

d. Implementation and Differentiation Mechanisms: How to ensure these guidelines are applied uniformly? How to accommodate the differences in financial capacity among government-owned, private non-profit, and private for-profit healthcare facilities?

In reality, as of the completion of this research (October 2025), the Ministry of Health Regulation crucially mandated by Article 727 of PP No. 28 of 2024 has not yet been issued. It is this absence of an implementing regulation that creates an operational legal vacuum. Consequently, the sound and progressive normative principles within PP 28/2024 (especially the recognition of the risk factor) have become a "toothless tiger," lacking the power to be implemented effectively, uniformly, and enforceably in practice.

This vacuum directly contributes to nurse wage injustice in several ways:

a. Lack of an Objective Benchmark: Without technical guidelines from the Ministry of Health (Kemenkes), nurse wage determination becomes highly varied and tends to be subjective, depending entirely on the internal policies and financial capacity of each employer. Risk factors, workload, and competency, which should be primary considerations, become difficult to measure and value proportionally. Consequently, the general Minimum Wage (UMP/UMK), which is irrelevant to the specificity of the health profession, often becomes the sole benchmark, even if it is complied with.
b. Weakening the Bargaining Position of Nurses and Professional Organizations: In wage negotiations, whether individually or collectively (through PPNI or prospective trade unions), the absence of official guidelines from the government renders nurses' bargaining position extremely weak. They lack a strong operational legal basis to demand wages commensurate with their risks and qualifications, aside from moral arguments or comparisons with other sectors that employers may not necessarily accept.
c. Impeding the Employment Oversight Function: For the agencies authorized to conduct oversight such as the Manpower Agency (Dinas Ketenagakerjaan) or the Health Agency (Dinas Kesehatan), the absence of clear health sectoral wage standards complicates compliance assessment. How can inspectors objectively determine whether a hospital or clinic has provided "decent" wages in accordance with the mandate of the Health Law if the quantitative feasibility standards have not been established by the Ministry of Health (Kemenkes)? This ambiguity in standards potentially undermines the effectiveness of oversight and sanction enforcement.

From the perspective of the Theory of Legal Protection, this operational norm vacuum can be viewed as a form of state failure to fulfill its due diligence protection obligations. The state cannot merely establish normative rights in laws or government regulations; it must also provide the implementing legal instruments to ensure those rights can be realized and enforced in practice. From the perspective of the Theory of Distributive Justice, this absence of guidelines effectively perpetuates potential

injustice, as there is no mechanism to guarantee the consistent and measurable application of the proportionality principle (wages commensurate with merit, including risk) across all healthcare facilities. Therefore, the immediate issuance of the Ministry of Health Regulation (Permenkes) concerning health worker remuneration guidelines becomes the most urgent and fundamental juridical step to begin bridging the gap between the normative recognition of occupational risk and the reality of wage justice for nurses in Indonesia. Without this Permenkes, the mandate of Articles 726 and 727 of PP No. 28 of 2024 risks becoming merely an empty norm.

Wage justice for nurses is not solely dependent on the existence of clear substantive norms in laws and regulations; it is also heavily influenced by the effectiveness of institutions intended to function as channels for nurses' collective representation and as instruments of state supervision over regulatory implementation. The analysis in this section will focus on three primary institutional actors that have the potential (though not necessarily optimally realized) to influence the nurse remuneration system: professional organizations (specifically PPNI), the potential presence of health sector trade unions, and relevant government agencies particularly the Ministry of Health and the Ministry of Manpower. Weaknesses or dysfunctions at this institutional level become a crucial factor that also perpetuates the ironic disparity between the recognition of high occupational risks and the reality of often-inadequate remuneration.

a. The Ambivalent Role of the Professional Organization (PPNI): Advocacy vs. Formal Bargaining Power

The Indonesian National Nurses Association (PPNI), as the sole professional organization de facto and de jure (through recognition in various Ministry of Health regulations), oversees the majority of nurses in Indonesia and is theoretically strategically positioned to be at the forefront of advocating for the welfare of its members. The issue of decent wages is an inseparable part of said welfare. PPNI has shown positive initiatives in this regard, for instance, by periodically conducting surveys on working conditions and nurse wages, and publishing the "Guidelines for Nurse Remuneration in Indonesia with a Wage Structure and Scale" (*Struktur Skala Upah/SUSU*) in 2023. These guidelines are commendable as they were formulated by considering complex merit factors—such as education level, competency, length of service, workload, and occupational risk—which are, in principle, aligned with the mandate of Article 726 of PP No. 28 of 2024. These PPNI SUSU Guidelines can serve as a valuable initial reference for healthcare facilities in developing their internal remuneration systems.

Nevertheless, PPNI's role in systemically realizing wage justice faces fundamental structural and juridical limitations. **First,** and most crucially, PPNI is a professional organization, not a trade union. This difference in legal status has highly significant implications. As a professional organization, PPNI's primary focus is on developing competency standards, continuing education, upholding professional ethics, and the registration and licensing

processes for nurses. It lacks the legal standing or formal legal authority to act as a party in industrial relations as stipulated in the Labor Law and the Industrial Relations Dispute Settlement Law. PPNI cannot legitimately represent its members in conducting collective bargaining with employers to produce a legally binding Collective Labor Agreement (PKB) concerning wages and conditions of work. Consequently, the SUSU Guidelines published by PPNI are legally non-binding; they merely function as recommendations, ethical standards, or advocacy tools, not as a positive legal norm that can be enforced through industrial relations mechanisms. Employers have no legal obligation to comply with said PPNI guidelines.

Second, PPNI's broad organizational focus (encompassing aspects of education, practice, ethics, and welfare) may cause the wage issue to not always be a top priority within its sustained and structured advocacy agenda. Other issues, such as the Nursing Bill (*RUU Keperawatan*), practice standards, or competency exams, often consume the organization's energy. Third, the effectiveness of PPNI in conducting policy advocacy at the government level must also be critically evaluated. To what extent has PPNI succeeded, or even systematically attempted, to urge the Ministry of Health to immediately issue the Ministerial Regulation concerning remuneration guidelines, as crucially mandated by Article 727 of PP No. 28 of 2024? The success or failure in advocating for a key policy such as this becomes a real benchmark of PPNI's influence.

Thus, although PPNI plays an important role in professional standardization and can voice its members' welfare aspirations, its role in concretely advocating for wage justice remains ambivalent and limited. It can function as an advocate and standard-setter, but not as a formal negotiator in industrial relations. Strengthening PPNI's advocacy capacity and its synergy with the government and prospective trade unions is crucial, yet it cannot fully replace the collective representation function specifically recognized in labor law.

b. Effective Absence of Health Sector Trade Unions: A Collective Representation Vacuum

It is here that the most significant institutional vacuum is identified when viewed from a labor law perspective. The Indonesian labor law framework, which is also aligned with international standards through the ratification of ILO Convention No. 87 concerning Freedom of Association, fundamentally recognizes the right of every worker to form and/or join a trade union (or labor union) as the primary instrument to protect, defend, and advance their collective rights and interests. Unlike professional organizations, trade unions are explicitly granted legal standing by law to:

1). Conduct collective bargaining with employers or employer associations to establish work conditions (including wages, allowances, work hours, OSH/K3, etc.) which are set forth in a Collective Labor Agreement (PKB).

This PKB has legally binding force on both parties and often establishes standards that are better than the minimum statutory regulations.

2). Represent their members in the settlement of industrial relations disputes at every level, from bipartite negotiations at the company level, mediation/conciliation at the government agency level, to the litigation process in the Industrial Relations Court (PHI).

3). Participate in tripartite institutions, such as the National/Regional Wage Councils (Dewan Pengupahan Nasional/Daerah), to provide input to the government in the formulation of wage and other employment policies.

However, the reality in Indonesia's health sector indicates that the presence of trade unions specifically representing health workers (including nurses) and functioning effectively remains highly limited. Although there is no legal prohibition, the organizational culture among health workers, particularly nurses, tends to be more strongly tied to professional organizations (such as PPNI, IDI, IBI) which possess a different focus and mandate. The absence or ineffectiveness of these health trade unions creates a vacuum in the formal collective representation mechanism from a labor law perspective. Consequently, nurses as a worker group lose one of the most potent juridical instruments for collectively negotiating fair wages and defending their rights when disputes occur. Sole reliance on advocacy from professional organizations, which lack the formal negotiation power and collective bargaining power of trade unions, places nurses in a structurally weaker position vis-à-vis employers. Therefore, encouraging the formation and strengthening of trade unions in the health sector, or at least strengthening the quasi-trade union functions within existing professional organizations, becomes a strategic necessity to balance industrial relations and realize wage justice.

c. Insufficient Government Supervision and Sanction Enforcement: A Failure of the Guarantee Function

The final pillar in the institutional architecture of legal protection is the role of the state as supervisor and enforcer. Even the most ideal regulation becomes meaningless if not accompanied by an effective oversight mechanism to ensure compliance and firm sanction enforcement against violators. In the context of nurse remuneration, this oversight function ideally involves a synergy between at least two main agencies: the Ministry of Health (as the technical regulator of the health sector responsible for implementing the Health Law and its derivatives) and the Ministry of Manpower (as the general authority for labor norms, including wage oversight through Labor Inspectors).

However, as indicated by Kusbianto et al. (2020) regarding general weaknesses in Indonesia's labor system, the oversight and law enforcement functions related to nurse wages appear to be highly insufficient. This weakness manifests in several aspects:

1). Oversight Paralysis Due to the Operational Norm Vacuum: As discussed in sub-chapter C, the absence of the Ministry of Health Regulation concerning technical guidelines for health worker remuneration directly paralyzes the effectiveness of oversight. Labor Inspectors, as well as internal inspectors from the Health Agency/Ministry of Health, lack a clear and objective benchmark to assess whether a healthcare facility has paid nurses "decently" in accordance with the mandate of Article 273 of the Health Law and Article 726 of PP 28/2024. Without quantitative standards or a standardized assessment methodology, oversight becomes extremely difficult to conduct and tends to be limited to inspecting compliance with the general Minimum Wage, which is clearly inadequate for assessing wage justice for the nursing profession.
2). Lack of Clarity in Complaint and Handling Channels: Nurses who feel their wage rights have been violated often face confusion regarding where to file a complaint effectively. Should they go to PPNI? The Health Agency (Dinas Kesehatan)? The Manpower Agency (Dinas Ketenagakerjaan)? Or directly to the PHI (Industrial Relations Court)? This lack of clarity in the complaint process, coupled with a potential fear of retaliation from employers, results in many wage violation cases going unreported or not being fully resolved. There is a need for an integrated complaint mechanism that is easily accessible and provides guarantees of confidentiality and protection for reporters.
3). Weak Enforcement of Sanctions: Although both the Labor Law[1] and the Health Law contain provisions concerning sanctions (ranging from administrative sanctions such as written warnings, suspension of business operations, to license revocation, and even potential criminal sanctions for minimum wage violations), the enforcement of sanctions related to health worker wage violations in the field appears highly insufficient or infrequent. The case at Rawalumbu Hospital, where health worker (Nakes) salaries were months in arrears, demonstrates the weakness of the state's coercive power in ensuring employer compliance with the fundamental rights of workers. Without consistent sanction enforcement that provides a deterrent effect, employers may feel there are no serious consequences if they violate remuneration provisions.

Thus, the oversight and sanction enforcement functions by the government are not yet functioning optimally to guarantee the realization of wage justice for nurses. The combination of the operational norm vacuum, the lack of clarity in complaint channels, and weak sanction enforcement creates a permissive environment where violations of nurses' wage rights can continue to occur without an effective corrective mechanism. Strengthening the oversight system, through the issuance of technical

guidelines, the establishment of special oversight units or inter-agency coordination mechanisms, the provision of clear complaint channels, and the consistent affirmation and application of sanctions becomes an absolute and non-negotiable prerequisite.

Overall, this analysis of institutional roles indicates that the systemic weakness lies not only at the norm formulation (law making) level, but also at the collective representation (collective bargaining) and law enforcement levels. The combination of the ambivalent role of the professional organization, the effective absence of trade unions, and insufficient government supervision creates a "triangle of weakness" that collectively fails to provide adequate economic protection for nurses, thereby perpetuating the ironic disparity between the high occupational risks and the low remuneration they receive.

D. CONCLUSION

Based on the normative-juridical analysis conducted, this research draws three main conclusions. First, a fundamental irony has occurred wherein the nursing profession, which possesses high multidimensional occupational risks (biological, physical, psychosocial, and legal), de facto does not receive fair and proportional wage compensation. Current remuneration practices fail to apply Aristotle's principle of distributive justice, which demands proportionality between merit (including risk) and the rewards received. Second, the primary juridical obstacle hindering wage justice is the existence of an operational legal vacuum. Although PP No. 28 of 2024 has mandated the consideration of "occupational risk" in wage determination, the absence of the Ministry of Health Regulation as the technical guideline for implementing Article 727 prevents this mandate from being implemented and enforced. Third, this failure is exacerbated by systemic institutional weaknesses, encompassing: (a) the ambivalent role of PPNI as a professional organization lacking the formal bargaining power of a trade union, (b) the effective absence of health sector trade unions, and (c) insufficient state supervision due to the lack of technical benchmarks.

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