

The Role of Male and Female Nurse Shift Divisions in Prevention Allegations Abuse In the Emergency Room

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ABSTRACT

The Intensive Care Unit (SICU) is a vital part of the healthcare system, requiring intensive interaction between medical personnel and critically ill patients. This situation poses a potential risk of abuse of authority, including allegations of sexual harassment. One preventative measure that hospital management can take is through fair and strategic gender-based nurse shift allocation. This study aims to analyze the effect of gender-based shift allocation for male and female nurses in preventing allegations of harassment in the SICU, identify factors contributing to the risk of harassment, and assess the potential for legal violations that may arise from such actions. This study used a qualitative approach with normative juridical methods and was supported by empirical data from literature studies and media reports. The analysis results indicate that gender-balanced shift distribution can create a safer work environment and reduce the likelihood of harassment. Furthermore, factors such as minimal supervision, lack of professional ethics training, and weak victim protection also increase the potential for such incidents. From a legal perspective, harassment by healthcare workers violates the Criminal Code, the Health Law, and the nursing professional code of ethics. Therefore, proportional gender-based shift allocation can be a strategic step in preventing legal violations in the healthcare sector.

1. Introduction

Healthcare is a fundamental aspect of a country's social welfare system. It contains important components directly related to the safety, comfort, and fulfillment of patients' human rights. One such vital component is the intensive care unit (SICU), a special room for critically ill patients requiring close monitoring and intensive medical care ¹. The SICU requires the presence of healthcare workers, particularly nurses, 24 hours a day, divided into

¹ Fitri Arofiati and Puspa Apriliyanti, 'The Family Satisfaction on Nursing Services at the Intensive Care Unit', *Open Access Macedonian Journal of Medical Sciences*, 9.T4 (2021) <<https://doi.org/10.3889/oamjms.2021.5776>>.

shifts². The interaction between nurses and patients in this room is intense and personal, as patients are physically and psychologically helpless. This situation has the potential to create vulnerability, especially if it is not supported by a fair, professional, and ethical work system.

In practice, there are a number of cases of alleged sexual harassment by healthcare workers against patients, both directly and through inappropriate verbal and physical actions. Some of these incidents even occur in intensive care units, where patients have limited ability to defend themselves or report the abuse due to their medical conditions. This phenomenon indicates gaps in the oversight system and human resource management in healthcare facilities, particularly regarding the division of nurses' work shifts based on gender. The imbalance in the composition of male and female nurses on a shift can cause discomfort for both patients and fellow healthcare workers. Furthermore, the absence of a clear hospital policy on gender-sensitive shift allocation also increases the potential for ethical and legal violations by healthcare workers.

This issue is important to examine in depth, considering that every patient has the right to protection, a sense of security, and recognized medical services as stipulated in Law Number 17 of 2023 concerning Health. Furthermore, acts of sexual harassment committed by medical personnel can be categorized as a violation of the Criminal Code (KUHP), especially in articles that regulate immoral acts, and also contradicts the nursing professional code of ethics which emphasizes the importance of upholding patient dignity³. Therefore, preventive efforts such as arranging nurse shifts based on ethical and gender considerations are strategic steps in maintaining the integrity of health services.

Based on this background, this study was designed to answer three main research questions: First, how does the division of male and female nurse shifts in the SICU affect the prevention of alleged sexual harassment against patients? Second, what factors influence the occurrence of alleged harassment in hospitals, particularly in intensive care units? Third, what are the potential legal violations that may arise from acts of harassment by nurses in the SICU? Through a normative juridical approach and factual analysis, this study is expected to contribute to the development of hospital policies, strengthening legal protection for patients, and monitoring professional ethics in the health sector.

This study has two main objectives. The first objective is to systematically analyze the influence of gender-based nurse shift allocation on the prevention of sexual harassment in the intensive care unit (SICU). The second objective is to identify and explain various factors that contribute to increasing or decreasing the risk of such harassment, both internally within the hospital and through the prevailing legal system. Furthermore, the results of this study are expected to provide practical benefits for hospitals in developing ethical and gender-equality work policies, as well as academic benefits in the form of legal and health literature that can be used as a reference in further studies on patient protection and medical professional ethics.

2. Literature Review

Services in the care unit intensive like ICU demands preparedness full for 24 hours. For fulfil need said, the house Sick generally apply system Work take turns or shift. A number

² Deni Kurniadi Sunjaya, Dewi Marhaeni Diah Herawati, and Adiatma Y.M. Siregar, 'Depressive, Anxiety, and Burnout Symptoms on Health Care Personnel at a Month after COVID-19 Outbreak in Indonesia', *BMC Public Health*, 21.1 (2021) <<https://doi.org/10.1186/s12889-021-10299-6>>.

³ Vasily A. Demchenko, 'The Concept of Negligence of Health Workers in Professional Activities in Criminal Law', *Vestnik Tomskogo Gosudarstvennogo Universiteta*, 409, 2016 <<https://doi.org/10.17223/15617793/409/27>>.

of studies show that night shift tends own level greater risk tall to error action and violation ethics, one of them Because reduced supervision and increased fatigue officer. So, from that, shift management that pays attention to balance and load Work become factor important in guard quality service and safety patient⁴.

In context service nursing, privacy patient No only limited to conditions room closed care, but also includes interaction professional between power medical and patient. Ambiguity in arrangement privacy risky cause discomfort, even potential occurrence violation ethics, including abuse sexual. Because of this that, literature emphasize importance design room safe care and procedures ethical communication as an integral part of rights patient in Health services⁵.

On the other hand, training related ethics profession assessed as foundation main in build integrity and moral awareness of the workforce health. Some studies confirm that power medical receiving training ethics more regularly capable recognize and avoid violation to rights patients. Unfortunately, in in practice training This often not yet become priority main in system management House sick, so increase risk violation⁶. Aspect social culture also participates influence dynamics in institutions service health. Culture patriarchy that still exists attached in structure organization House Sick can impact on inequality role, dominance man in taking decisions, and the lack of room safe for power health women. Condition This participate make things worse the victim's courage to report when happen action harassment⁷.

3. Research Method

Study This use approach qualitative with method juridical normative supported by studies empirical as data supplement. Approach This chosen Because problems studied concerning interpretation towards legal norms, ethics profession, as well as reality social events that occur in space service health, in particular in matter nurse shift distribution based on gender and its relationship with effort prevention suspicion abuse to patients. Research qualitative give freedom in dig meaning, understanding phenomenon in a way deep, and analyze relation between structure law, policy House pain, and field practice⁸.

A normative legal approach was used to examine relevant laws and regulations, such as the Criminal Code (KUHP), Law Number 17 of 2023 concerning Health, and the Indonesian Nursing Professional Code of Ethics. Data collection techniques were carried out using documentation and literature studies. The data analysis technique used was qualitative descriptive analysis, namely by describing findings based on the categorization of main themes, then systematically analyzed to find patterns of relationships between work shift division, potential harassment, and applicable legal regulations.

⁴ Demchenko.

⁵ Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics, Fifth Edition, Principles of Biomedical Ethics, Fifth Edition*, 2001.

⁶ Carol Harrington, 'What Is "Toxic Masculinity" and Why Does It Matter?', *Men and Masculinities*, 24.2 (2021) <<https://doi.org/10.1177/1097184X20943254>>.

⁷ James W. Messerschmidt, 'The Salience of "Hegemonic Masculinity"', *Men and Masculinities*, 22.1 (2019) <<https://doi.org/10.1177/1097184X18805555>>.

⁸ Jamal Wiwoho and others, 'Legal Protection of Health Care Workers Regarding Workplace Violence During Pandemic COVID-19', *Journal of Law and Legal Reform*, 4.1 (2023) <<https://doi.org/10.15294/jllr.v4i1.61842>>.

4. Findings and Discussion

4.1. Validity, Influence Division of Male and Female Nurse Shifts in the SICU

In the section This will discuss about system 3 shift work (morning, afternoon, night) and composition team, gender roles in service health, implications ethics and comfort the patient described as following.

4.1.1 System 3 Shift Work (Morning, Afternoon, Night) and Team Composition

System 3 shift work, namely morning, afternoon and night shifts, is method distribution time common work applied at home sick, especially in-service units critical such as the Surgical Intensive Care Unit (SICU). System This aim for ensure sustainability 24-hour non-stop service which is very vital for patient with condition medical critical. Morning shift usually started from 07.00 to 15.00, afternoon shift from 15.00 to 23.00, and night shift from 23.00 to 07.00 the next day day. Division time This must designed such appearance so as not to cause fatigue excessive on nurses, so that they can Work optimally and provide maximum service to patients. In addition, this 3 -shift system also considers aspect need physiological humans, such as biological clocks and time rest, so that the quality service still awake throughout time. Success implementation system it really depends on the settings the number of personnel in each shift and adjustments to the team composition to meet varying workloads.

The composition of the team in a 3-shift work system is crucial and must be carefully considered by hospital management, especially in the SICU, which is characterized by patients with high severity and intensive medical needs. The nursing team in each shift must consist of a proportional number of male and female nurses, taking into account the expertise and experience of each member. This division is not only based on quantitative numbers, but must also consider the quality of human resources to be able to handle various critical situations, both medically and psychologically⁹. The existence of gender balance in the team also serves as a strategy to prevent alleged harassment, because the presence of male and female nurses together can increase the sense of security for patients and minimize the potential for abuse of power¹⁰. Furthermore, the composition of the team must also accommodate the presence of senior nurses who are able to provide supervision and mentoring to more junior members, especially in handling patients with complex needs in the SICU.

The 3-shift work system also requires fair and transparent schedule rotation so that all nurses have equal opportunities to work various shifts, so that no party feels disadvantaged or overburdened. Good rotation can help maintain the motivation and mental health of the workforce, reducing the risk of stress and fatigue that can potentially affect the quality of service and interpersonal relationships in the work environment¹¹. Furthermore, shift management must be aligned with employment regulations and professional standards, including adequate rest periods between shifts and regular leave. In terms of preventing alleged harassment, hospital management needs to closely monitor the implementation of shift schedules, especially the night shift, which is usually prone to abuse of position due to relatively minimal supervision. Therefore, shift allocation must be carried out with a holistic

⁹ Lauren Hollywood and Kathryn E. Phillips, 'Nurses' Resilience Levels and the Effects of Workplace Violence on Patient Care', *Applied Nursing Research*, 54 (2020) <<https://doi.org/10.1016/j.apnr.2020.151321>>.

¹⁰ Hilary Standing, 'Equity , Equal Opportunities , Gender and Organization Performance', *Who*, December 2000, 2001.

¹¹ Mansour Ranjbar and Ali Morad Heidari-Gorji, 'Relationship Between The Job Rotation Efficacy and Psychological Empowerment of Iranian Nurses', *Nursing Practice Today*, 5.2 (2018).

managerial approach and oriented towards the welfare of healthcare workers and patient safety.

Furthermore, implementing a 3 shift work system with the right team composition requires support from information technology and an integrated human resource management system. With the help of a digital system, work schedules can be created, monitored, and evaluated in real time, so that any changes or problems can be immediately addressed without creating gaps in service¹². This system also facilitates the management of attendance data, fatigue reporting, and tracking of nurse performance in each shift. The use of this technology plays a crucial role in ensuring that team composition meets established standards and that all team members work according to their duties and responsibilities. Ultimately, the integration of a structured 3-shift work system with a balanced and professional team composition will create a conducive work environment for improving the quality of service in the SICU, while also serving as an important foundation in preventing ethical violations and patient abuse.

4.1.2 Gender Roles in Health Services

Gender roles in service health is aspect crucial thing that must be done noticed in organization service medical, especially in-service unit's intensive such as the Surgical Intensive Care Unit (SICU). Gender does not only relate with difference biological between men and women, but also includes construction social, role culture, as well as expectations and norms attached to each gender^{13,14}. In terms of health care, gender roles influence the dynamics of interactions between health workers and patients, including aspects of communication, trust, and patient comfort during treatment¹⁵. For example, some patients may feel more comfortable being served by health workers of a certain gender, especially when dealing with intimate and sensitive aspects. Therefore, managing a service team that pays attention to gender balance is an important strategy to ensure quality services that are responsive to patient needs and preferences.

Furthermore, gender roles in healthcare also have implications for the distribution of tasks and responsibilities in the workplace¹⁶. In many healthcare systems, female nurses tend to dominate the nursing profession, while male nurses remain relatively few in number. This difference is not only due to historical and cultural factors, but also impacts the way tasks are distributed in the ward. Male nurses are often assigned heavier or more physical tasks, while female nurses deal more with the psychosocial aspects of patients. However, it is important to avoid gender stereotypes that limit nurses' abilities and opportunities, and to promote equality in task assignments and recognition of individual competencies. A fair and

¹² Anna Kullberg, Mia Bergenmar, and Lena Sharp, 'Changed Nursing Scheduling for Improved Safety Culture and Working Conditions - Patients' and Nurses' Perspectives', *Journal of Nursing Management*, 24.4 (2016) <<https://doi.org/10.1111/jonm.12352>>.

¹³ Gasella Aurelia Azzahra, 'Pengembangan Stereotip Gender Terhadap Persepsi Karyawan Pada Manajer Perempuan', *Konstruksi Sosial : Jurnal Penelitian Ilmu Sosial*, 3.4 (2024) <<https://doi.org/10.56393/konstruksisosal.v1i12.1375>>.

¹⁴ Mojca Svetek, 'Gender Stereotypes and Discrimination against Women in the Labour Market: A Psychological Perspective', *Psiholoska Obzorja*, 28 (2019) <<https://doi.org/10.20419/2019.28.495>>.

¹⁵ Chao-ying Shen, 'The Relative Study of Gender Roles, and Job Stress and Adversity Quotient', *The Journal of Global Business Management*, 10.1 (2014).

¹⁶ Ivy Bourgeault and others, 'A Gendered Analysis of Work, Stress and Mental Health, Among Professional and Non-Professional Workers', *Professions and Professionalism*, 11.3 (2021) <<https://doi.org/10.7577/pp.4029>>.

proportional division of roles between male and female nurses will enhance team synergy while minimizing the risk of conflict and tension that can negatively impact care¹⁷.

Furthermore, gender also plays a crucial role in preventing sexual harassment in healthcare settings. Having male and female nurses working together on a team can create an effective social oversight mechanism, minimizing the potential for actions that violate professional norms and ethics. Furthermore, gender roles can foster an inclusive and respectful work culture, which is crucial for creating a safe and conducive work environment for both patients and healthcare worker. However, gender roles are not limited to preventing negative behavior, but must also be strengthened through gender-sensitive training, ethical development, and internal policies that accommodate diversity and protect the rights of all parties. Therefore, a gender approach to healthcare encompasses not only quantitative balance but also the quality of interpersonal relationships and professionalism¹⁸.

Finally, it is important to note that gender roles in healthcare are also closely linked to human rights and the principles of social justice. Patients have the right to receive care free from discrimination and harassment, regardless of their gender or that of the healthcare provider they serve [22]. Therefore, hospitals and healthcare institutions must implement firm policies regarding gender equality and protection against sexual harassment. These policies must be supported by an easily accessible complaints system, transparent resolution mechanisms, and clear sanctions for violators. Implementing gender roles effectively can also improve the image of the nursing profession and public trust in healthcare services overall. Ultimately, effective management of gender roles in the SICU is a crucial element in creating professional, humanistic, and equitable healthcare services¹⁹.

4.1.3 Ethical Implications and Patient Comfort

Implications ethics in service health, especially in the SICU room, has a very important role in guard rights patient as well as create environment safe and comfortable care. Medical and nursing ethics arrange principles base like honor dignity patient, care confidentiality information medical, as well as give fair and impartial service discriminatory. Implementation principles This become runway main in every action power health, especially moment handle patients who are in condition critical and vulnerable. Violation towards ethical norms, such as action abuse or abuse authority, no only damage connection professional between power health and patients, but can also causing long -term psychological trauma for patient. Therefore, that aspect ethics must made into guidelines main in form culture work in the SICU room so that the services provided always oriented towards welfare and safety patient.

Comfort patient is one of the indicator success service health that is not Can ignored. In case SICU room, where patients often are at in condition weak and not empowered, comfort physical and psychological becomes very crucial. Comfort This No only covering aspect environment physique like cleanliness, noise, and lighting, but are also related close with interpersonal relationships between patients and staff health. Health workers who pay

¹⁷ Melissa Mahabeer and Patsy Govender, 'Employee Involvement and Work Team Effectiveness: Biographical Influences', *Corporate Ownership and Control*, 10.1 D,CONT3 (2012) <<https://doi.org/10.22495/cocv10i1c3art4>>.

¹⁸ Sabine C. Jenner, Pia Djermeester, and Sabine Oertelt-Prigione, 'Prevention Strategies for Sexual Harassment in Academic Medicine: A Qualitative Study', *Journal of Interpersonal Violence*, 37.5–6 (2022), NP2490–2515 <<https://doi.org/10.1177/0886260520903130>>.

¹⁹ Fernanda Mesa-Chavez, Andrea Castro-Sanchez, and Cynthia Villarreal-Garza, 'Gender Discrimination and Sexual Harassment Experienced by Women Physicians in Mexico', *Journal of Interpersonal Violence*, 2025 <<https://doi.org/10.1177/08862605251355627>>.

attention ethics in interact for example with guard attitude polite, respectful privacy, and provide clear explanation about procedure medical will help increase feelings of security and trust self patient. On the other hand, discomfort consequence inappropriate behavior professional, such as lack of empathy or even harassment, can lower quality recovery and worsening condition psychological patient. Therefore, that is, ethical and caring service to comfort patient must walk side by side for results optimal care.

The ethical implications include the obligation of healthcare professionals to perform their duties with integrity and full responsibility²⁰. In the SICU, every medical action must be conducted while considering the principles of beneficence (doing good) and non-maleficence (avoiding harm), ensuring that the right patient always receives the best and safest care²¹. Professional ethics also require transparency and open communication between healthcare providers and patients or their families, especially when making complex and critical decisions²². Patient comfort increases when they feel valued and heard during the treatment process, which, in turn, reduces the risk of conflicts and misunderstandings. Implementing ethics in healthcare services is not only a moral obligation but also an essential component in building trust between patients and healthcare staff, forming the foundation for successful therapy and recovery²³.

It is important to emphasize that the implications of ethics and patient comfort cannot be separated from the role of healthcare institutions and supportive policies. Hospitals must regularly provide ethics training for healthcare professionals and ensure effective mechanisms for supervision and enforcement of ethical codes. Institutions should also provide adequate facilities to support patient comfort, such as isolation rooms, communication facilities for families, and recreational spaces. Internal policies that respect patient rights and protect against abuse should be an integral part of hospital management. Giving serious attention to these aspects of ethics and comfort allows healthcare services in the SICU to be carried out professionally, humanely, and with dignity, ultimately improving service quality and patient and family satisfaction²⁴.

4.2. Factors That Influence Allegations Abuse in the Treatment Room

In the section This will discuss about room patients and rooms closed, lack of system surveillance (CCTV, control superiors), lack of training ethics profession power medical, as well as culture patriarchy or gender bias in management House the pain described as following.

²⁰ Basil Varkey, 'Principles of Clinical Ethics and Their Application to Practice', *Medical Principles and Practice*, 30.1 (2021), 17–28 <<https://doi.org/10.1159/000509119>>.

²¹ Rozita Cheraghi and others, 'Clarification of Ethical Principle of the Beneficence in Nursing Care: An Integrative Review', *BMC Nursing*, 22.1 (2023), 89 <<https://doi.org/10.1186/s12912-023-01246-4>>.

²² Yen-Ko Lin and others, 'Impacts of Mandatory Clinical Ethics Consultation on Resource Utilization and Ethical Conflicts in Critically Ill Patients: A Comparison between Medical and Surgical Intensive Care Units', *BMC Medical Ethics*, 26.1 (2025), 110 <<https://doi.org/10.1186/s12910-025-01268-4>>.

²³ Titis Wening Setyoharsih and Sidik Awaludin, 'Non-Maleficence Concept in Palliative Care Patient in ICU: A Concept Analysis', *Malahayati International Journal of Nursing and Health Science*, 7.5 (2024), 554–58 <<https://doi.org/10.33024/minh.v7i5.310>>.

²⁴ Kiran Suresh, Raman Muraleedharan, and Ajith K Gopal, 'Humanising Critical Care; A Qualitative Prospective Study Exploring Patient, Surrogate And Health Care Professional Experiences', *Indian Journal of Critical Care Medicine*, 29.S1 (2025), S131–32 <<https://doi.org/10.5005/jaypee-journals-10071-24933.94>>.

4.2.1 Privacy Patients and Confined Spaces

Patient privacy is one of the fundamental aspects that must be protected in healthcare services, especially in intensive care settings like the SICU. Privacy not only covers the protection of medical data and personal information but also includes the patient's right to receive care in an atmosphere that respects their dignity and honor. In the intensive care room, where patients are often in very vulnerable conditions and require intensive medical intervention, it is important for healthcare providers to ensure that interactions and procedures do not cause embarrassment or discomfort to the patient. The implementation of closed or semi-closed rooms serves as a solution to ensure privacy while minimizing disturbances from the surrounding environment that may interfere with the healing process.

Additionally, closed room settings in healthcare services function as a preventive measure to avoid ethical violations, such as harassment. Enclosed spaces are designed to limit unauthorized access and provide private space for patients during treatment. This is essential, considering many medical procedures require physical touch and close interaction between healthcare providers and patients. A safe and private space can offer a sense of security for the patient. Furthermore, closed rooms make it easier for healthcare providers to carry out their duties without external disturbances, improving the quality of service. However, the design of these closed rooms must still prioritize patient safety and provide easy access for healthcare providers in case of an emergency.

The aspects of privacy and closed spaces must be integrated with hospital policies and procedures that uphold patient rights and healthcare service standards. Every hospital should provide adequate facilities to protect patient confidentiality and comfort, including the use of curtains, isolation rooms, and security systems that control who can enter the care room. This policy must also be supported by training for healthcare providers on the importance of safeguarding patient privacy, including physical and psychological training. This training should cover respectful communication with patients, recognizing privacy limitations, and the procedures for reporting privacy violations. In this way, patient privacy becomes not only the responsibility of individual healthcare providers but also an integral part of the organization's culture, which must be maintained consistently.

It is important to emphasize that patient privacy and the use of closed rooms directly contribute to increased trust in healthcare services. When patients feel that their privacy rights are respected and well protected, they tend to be more cooperative and feel calmer during care. This trust is crucial to the healing process, as a positive psychological state can accelerate physical recovery. For this reason, healthcare providers must view privacy as a key component in building an effective therapeutic relationship between healthcare providers and patients. Proper management of privacy not only fulfills ethical and legal obligations but also improves the overall quality of service and the institution's image.

4.2.2 Lack of Surveillance System

The lack of an effective supervision system in healthcare environments, especially in SICU rooms, can be a major factor triggering various problems, including suspected abuse of patients. Inadequate supervision often leads to weak control over healthcare providers' behavior, increasing the potential for professional deviations or ethical violations. In critical care rooms, where interactions between healthcare providers and patients are intense and personal, the absence of strict supervision creates opportunities for individuals to engage in

harmful actions towards patients. A comprehensive and continuous monitoring system is essential to ensure that every service process adheres to applicable standards and norms²⁵.

A less-than-optimal supervision system also impacts the overall quality of healthcare services. Effective supervision not only prevents transgressions but also serves as a valuable tool for evaluating and improving service quality. Without proper supervision, errors in medical procedures, protocol discrepancies, and poor professional conduct from healthcare providers may go undetected and uncorrected. These issues can lead to serious risks to patient safety and reduce public trust in healthcare institutions. A weakened oversight system directly threatens patients, damages the hospital's reputation, and can result in serious legal consequences²⁶.

The lack of a supervision system is often linked to insufficient resources and the hospital management's commitment to implementing control functions. Many hospitals still face challenges related to the availability of monitoring technology, the number of supervisors, or clear and accessible reporting procedures for staff and patients. A lack of training for supervisors and relevant officers is another obstacle that cannot be ignored, as inadequate understanding of effective supervision indicators leads to declining supervision quality. This situation shows that supervision systems are not just a matter of written regulations but also require real implementation supported by human resources, technology, and organizational culture that promotes transparency and accountability²⁷.

Improving the supervision system must be a priority in enhancing healthcare services, particularly in preventing and addressing suspicions of harassment in intensive care rooms. Hospitals need to develop supervision mechanisms that include routine internal audits, direct staff behavior monitoring, and secure, easily accessible reporting systems for patients and families. This approach requires full commitment from institutional leadership and firm sanctions for violators of ethical codes and legal regulations. A strong and effective oversight system is essential in creating a safe, professional, and harm-free environment for patients, while simultaneously strengthening public trust in the healthcare services provided.

4.2.3 Lack of Professional Ethics Training for Medical Personnel

Ethics training for medical professionals is a crucial aspect of maintaining the quality and integrity of healthcare services. However, many healthcare institutions still do not provide adequate attention to this training, which negatively impacts the understanding and application of ethical values by the medical workforce. A lack of professional ethics training results in low awareness of the importance of safeguarding patient dignity, privacy, and rights during the service process. As a consequence, medical staff without a strong ethical foundation are more likely to make professional errors, including behaviors that can be classified as abuse or violations of patient rights. Ethics training must therefore become an integral part of the human resource development program at hospitals, ensuring that all medical professionals can perform their duties responsibly and ethically.

²⁵ Leodoro J. Labrague, 'Abusive Supervision and Its Relationship With Nursing Workforce and Patient Safety Outcomes: A Systematic Review', *Western Journal of Nursing Research*, 46.1 (2024), 52–63 <<https://doi.org/10.1177/01939459231212402>>.

²⁶ David A. Snowden, Sandra G. Leggat, and Nicholas F. Taylor, 'Does Clinical Supervision of Healthcare Professionals Improve Effectiveness of Care and Patient Experience? A Systematic Review', *BMC Health Services Research*, 17.1 (2017), 786 <<https://doi.org/10.1186/s12913-017-2739-5>>.

²⁷ Nadeen Abujaaber and others, 'Examining the Evidence for Best Practice Guidelines in Supportive Supervision of Lay Health Care Providers in Humanitarian Emergencies: A Systematic Scoping Review', *Journal of Global Health*, 12 (2022), 04017 <<https://doi.org/10.7189/jogh.12.04017>>.

The insufficient provision of ethics training also affects the overall work culture in healthcare institutions. Without sufficient knowledge of ethical codes and professional behavior standards, medical staff may face confusion when confronted with moral dilemmas and complex situations in the care environment. Such situations can lead to indecision and, in some cases, cause harm to patients, both physically and psychologically. Comprehensive and ongoing training is vital to equip medical staff with the ability to handle various ethical challenges that may arise during their duties. In addition, this training strengthens professional commitment and enhances patient trust in the services provided.

Constraints in implementing ethics training are often due to limited resources, including time, cost, and qualified instructors. Many healthcare institutions lack structured and systematic ethics training programs, leading to sporadic and ineffective training. Furthermore, a lack of management support and policies regulating ethics training acts as a routine inhibitor. With proper support, ethics training can be designed to meet the practical needs of medical professionals, including real-case simulations, group discussions, and a deep understanding of laws and professional ethics codes. Investing in this training will ultimately result in long-term benefits, including improved service quality and legal protection for medical professionals.

Recognizing that ethics training is beneficial not only for medical professionals but also for the entire healthcare system is essential. Ethical medical personnel can foster a conducive, harmonious, and mutually respectful work environment with colleagues and patients. This, in turn, improves healthcare service quality and strengthens the therapeutic relationship between medical staff and patients. Health institutions must therefore ensure that ethics training programs are regularly scheduled and mandatory for all medical staff. These programs should also be combined with strict supervision and transparent evaluation mechanisms to ensure that the training leads to real and sustainable behavioral changes. Strengthening ethics training is a crucial strategy for preventing ethical violations and maintaining professionalism in healthcare services.

4.2.4 Culture Patriarchy or Gender Bias in Hospital Management

Patriarchal culture in healthcare management is a phenomenon that remains common in many healthcare institutions in Indonesia and around the world. This culture refers to the dominance of values and systems that favor the role of men in leadership and decision-making positions, while the roles of women are often marginalized or overlooked. In healthcare services, a patriarchal culture can influence the composition of medical teams and management, affecting gender balance and fairness in the workplace. This imbalance not only concerns the representation of male and female medical staff but also impacts the distribution of tasks, unequal assignments, and career development opportunities. Gender bias in the workplace can create potential injustices, lead to conflicts, reduce work motivation, and affect the quality of services provided to patients.

Patriarchal culture often perpetuates limiting stereotypes about the roles of women in healthcare, such as the assumption that certain positions, like head of the department or service manager, are more suitable for men. These stereotypes limit career opportunities for female nurses and other female healthcare workers, while also weakening their position in making decisions related to services and internal policies. In critical care settings like the SICU, gender bias can lead to an imbalanced distribution of tasks between male and female nurses, ultimately contributing to discomfort and potential harassment. When managerial decisions fail to consider gender perspectives, policies may overlook the needs and protections that should be provided to female medical staff and patients, creating an environment that is neither inclusive nor equitable.

Patriarchal culture also affects the reporting system and the handling of abuse or discrimination cases in healthcare institutions. In environments dominated by patriarchal values, victims of abuse, particularly women, often feel reluctant to report incidents for fear of not being trusted, being ignored, or facing discriminatory treatment. This attitude is reinforced by a culture of silence, which protects perpetrators, especially those in higher authority positions. As a result, actual cases of harassment may go unaddressed, and victims may suffer repeatedly. Healthcare management must adopt a gender-responsive approach, including providing a safe and supportive reporting mechanism for victims and educating all staff on the importance of gender equality and harassment prevention in the workplace.

To overcome patriarchal culture and gender bias in healthcare management, sustainable and structured efforts are needed. Strategic management must implement affirmative policies that support the improvement of female representation in leadership positions and empower female medical staff. Gender awareness training for all staff is essential so that every individual understands and values the diverse contributions of all genders in healthcare services. Periodic evaluations of policy implementation and organizational culture must be conducted to ensure real change and create a fair and inclusive work environment. Eliminating patriarchal culture and gender bias will positively impact not only the welfare of medical staff but also the quality of services and patient protection in healthcare institutions.

4.3. Potential Violation of The Law Due to Alleged Harassment

Articles 289 to 296 of the Criminal Code (KUHP) regulate about action criminal immorality that becomes base law important in handle case harassment in the room maintenance House sick. Articles This in a way specific arrange various form action immoral, including abuse sexual, which if proven done by manpower medical can subject to sanctions criminal law. Article 289 of the Criminal Code, for example, regulates about the molestation committed towards people who don't can give agreement or in condition forced. This is very relevant in matter room maintenance intensive such as SICU, where patients often in condition No aware or weak, so that prone to become a victim of harassment. In addition, Articles 290 to 296 regulate about actions immoral others involving violence or threats, which adds to protection law for victims. Enforcement law based on articles This important for give effect deterrence and protection maximum to patients, at the same time become guidelines for institutions health in prevention abuse.

The Health Law emphasizes that healthcare workers are required to uphold professional ethics, maintain dignity, and provide safe, high-quality, and patient-safety-oriented services. To prevent alleged abuse, this law stipulates administrative and legal sanctions for healthcare workers who commit violations, including immoral acts and violations of the code of ethics. Articles in this Health Law provide a legal basis for healthcare workers to take disciplinary action and report medical personnel who commit violations. Therefore, this law serves not only as a guideline for the implementation of healthcare workers' duties but also as a monitoring tool to ensure that healthcare services are carried out professionally and ethically.

The Health Law emphasizes the patient's right to receive safe, quality, and discrimination-free services, including protection from all forms of violence and harassment during the treatment process. Articles in this law require every health facility to implement patient safety standards and care for patient privacy and dignity]. In cases of alleged abuse in the SICU, the Health Law provides a legal basis for patients or families to report violations of legal rights. In addition, this law also regulates the inadequate responsibility of hospitals in supervising and coaching health workers to ensure that they always comply with service standards and professional codes of ethics. With this regulation, hospitals are required to

guarantee patient safety and comfort, and ensure that any alleged violations can be followed up legally and administratively.

5. Conclusion

This study demonstrates that persuasive discourse in international diplomacy functions as a cognitive architecture of distributed relevance, integrating attention, inference, and empathy into a unified mechanism for meaning negotiation. Corpus evidence from AntConc shows a consistent recurrence of moral lexemes such as peace, justice, humanity, and together. Their high collocational density serves as linguistic scaffolding for inferential and affective alignment. These quantitative traces support the theoretical claim that persuasion in global political discourse is cognitively grounded in shared moral accessibility rather than rhetorical intensity.

The study extends Relevance Theory by introducing empathy as an epistemic variable that influences cognitive effort and contextual reward. This reconceptualization reframes relevance not as a purely inferential principle but as an affective–inferential continuum, enabling mutual manifestness through emotional resonance. By mapping ostensive and inferential patterns to corpus data, the study offers a hybrid model of Cognitive–Empathic Pragmatics, expanding the explanatory power of Relevance Theory beyond dyadic communication to collective cognition in institutional discourse.

Empirical findings show that moral legitimacy in the Global South’s diplomatic rhetoric emerges through inferential cooperation, where listeners actively participate in constructing meaning rather than merely receiving imposed assertions. The integration of qualitative pragmatic analysis and corpus linguistics offers a productive approach to studying persuasion across multimodal contexts. Lexical mapping based on AntConc highlights how attention, inference, and empathy operate as measurable cognitive correlates within discourse, bridging interpretive and empirical traditions in linguistic pragmatics.

The study’s interpretive scope is limited to a single speech event, restricting the generalizability of its inferential model. Future research could use comparative corpora across different national or ideological contexts to test the cross-cultural consistency of empathic relevance. Extending this framework to multilingual or crisis communication could further reveal how global actors negotiate moral cognition through language. The study suggests that political persuasion is not an act of dominance but a cooperative alignment of minds, where understanding becomes the currency of moral power.

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