

Analisis Implementasi Kebijakan Pencegahan dan Penanganan Perundungan terhadap Peserta Didik pada Rumah Sakit Pendidikan di Lingkungan Kementerian Kesehatan

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Abstrak

<div style="text-align: justify;">Perundungan terhadap peserta didik Program Pendidikan Dokter Spesialis (PPDS) merupakan permasalahan sistemik dalam pendidikan kedokteran di Indonesia yang berdampak pada kesehatan mental peserta didik, kualitas pendidikan klinis, keselamatan pasien, dan mutu pelayanan kesehatan. Sebagai respons terhadap berbagai kasus yang terjadi, Kementerian Kesehatan menerbitkan Instruksi Menteri Kesehatan Nomor 589 Tahun 2025 tentang Pencegahan dan Penanganan Perundungan terhadap Peserta Didik pada Rumah Sakit Pendidikan di Lingkungan Kementerian Kesehatan. Penelitian ini bertujuan menganalisis implementasi kebijakan tersebut pada Rumah Sakit Pendidikan di lingkungan Kementerian Kesehatan. Penelitian ini menggunakan pendekatan kualitatif dengan desain studi kasus. Data diperoleh melalui wawancara mendalam terhadap pembuat kebijakan, pimpinan Rumah Sakit Pendidikan, pengelola Program Pendidikan Dokter Spesialis, dan peserta didik PPDS, serta didukung telaah dokumen kebijakan. Analisis dilakukan menggunakan model implementasi kebijakan Van Meter dan Van Horn yang meliputi standar dan sasaran kebijakan, sumber daya, komunikasi dan aktivitas penegakan, karakteristik agen pelaksana, kondisi ekonomi, sosial, dan politik, serta disposisi pelaksana. Hasil penelitian menunjukkan bahwa implementasi Instruksi Menteri Kesehatan Nomor 589 Tahun 2025 telah berjalan melalui pembentukan Tim Pencegahan dan Penanganan Perundungan, penyusunan regulasi internal, serta mekanisme pelaporan dan penanganan kasus, namun implementasinya belum optimal. Standar kebijakan dinilai telah memberikan definisi dan mekanisme yang jelas, tetapi masih menyisakan area abu-abu dalam membedakan pembinaan klinis dengan perundungan. Sasaran kebijakan dipahami tidak hanya untuk melindungi peserta didik, tetapi juga mendukung keselamatan pasien, meskipun target zero bullying dinilai belum realistis. Implementasi juga dipengaruhi oleh keterbatasan sumber daya, belum optimalnya komunikasi dan koordinasi lintas institusi, kompleksitas hubungan antar pelaksana, budaya hierarkis, hidden curriculum, fear of retaliation, serta budaya pendidikan kedokteran. Penelitian ini menyimpulkan bahwa implementasi Instruksi Menteri Kesehatan Nomor 589 Tahun 2025 telah memperkuat sistem pencegahan dan penanganan perundungan di Rumah Sakit Pendidikan, namun belum sepenuhnya efektif dalam mengatasi faktor-faktor struktural yang melatarbelakangi perundungan. Penguatan implementasi memerlukan harmonisasi kebijakan lintas sektor, penguatan kelembagaan dan sistem pelaporan, penyusunan pedoman operasional yang lebih spesifik, peningkatan kapasitas pelaksana, penguatan perlindungan peserta didik, serta pengembangan mekanisme deteksi dini dan integrasi indikator budaya anti-perundungan ke dalam sistem monitoring dan akreditasi Rumah Sakit Pendidikan.</div><hr /><div style="text-align: justify;">Bullying among residents in Specialist Medical Education Programs (Program Pendidikan Dokter Spesialis/PPDS) has become a systemic issue in medical education in Indonesia, adversely affecting residents' mental health, the quality of clinical education, patient safety, and healthcare service quality. In response to a series of reported cases, the Ministry of Health issued Minister of Health Instruction Number 589 of 2025 concerning the Prevention and Management of Bullying against Medical Trainees in Teaching

Hospitals under the Ministry of Health. This study aimed to analyze the implementation of this policy in teaching hospitals under the Ministry of Health. This study employed a qualitative approach with a case study design. Data were collected through in-depth interviews with policymakers, teaching hospital leaders, residency program administrators, and medical residents, complemented by a review of relevant policy documents. Data were analyzed using the Van Meter and Van Horn model for policy implementation, which comprises policy standards and objectives, resources, communication and enforcement activities, characteristics of implementing agencies, economic, social, and political conditions, and implementers' disposition. The findings indicate that the implementation of the Minister of Health Instruction Number 589 of 2025 has progressed through the establishment of Bullying Prevention and Management Teams, the development of institutional regulations, and the implementation of reporting and case management mechanisms. However, implementation has not yet been fully optimal. Although policy standards provide clear definitions and procedures, ambiguities remain in distinguishing legitimate clinical supervision from bullying. Policy objectives are widely understood as extending beyond the protection of residents to include patient safety, although achieving zero bullying is considered unrealistic in the short term. Policy implementation is further constrained by limited resources, suboptimal communication and inter-institutional coordination, complex relationships among implementing actors, hierarchical culture, the hidden curriculum, fear of retaliation, and resistance to cultural change within medical education. This study concludes that the implementation of Ministry of Health instruction No. 589 of 2025 has strengthened the system for preventing and managing bullying in teaching hospitals. However, its implementation has not yet been fully effective in addressing the structural factors underlying bullying. Strengthening policy implementation requires cross-sectoral policy harmonization, institutional strengthening, and improvements to the reporting system; the development of more specific operational guidelines; capacity building for implementers; enhanced protection for medical residents; as well as the development of early detection mechanisms and the integration of anti-bullying culture indicators into the monitoring and accreditation systems of teaching hospitals.