



The Role Of Hospital Management In Improving Occupational Health And Safety (OHS) Program Compliance Among Non-Medical Staff At The West Java Provincial Occupational Health Regional Hospital

Ingrid Padmasari*, Ai Susi Susanti

*Hospital Administration Study Program, Politeknik Piksi Ganesha, Indonesia

Abstract

Hospitals present various occupational hazards, making the implementation of Hospital Occupational Health and Safety (OHS/K3RS) essential to protect all workers, including non-medical staff. This study aimed to analyze the role of hospital management in improving compliance with the OHS program among non-medical staff at the West Java Provincial Occupational Health Regional Hospital. A descriptive qualitative design was used with six informants selected through purposive sampling. The findings showed that management played an important role through the establishment of K3RS policies and the K3RS Team, confirmed by 50% of informants; provision of personal protective equipment (PPE) and OHS training, confirmed by 83.3%; and periodic program monitoring and evaluation, confirmed by 50%. Compliance among non-medical staff was generally good in PPE use, adherence to standard operating procedures, and participation in OHS activities, each confirmed by 50% of informants, although 66.7% reported variation in compliance across work units. All informants (100%) identified management commitment, policies, PPE, training, and unit-head support as enabling factors, while 66.7% reported barriers including budget limitations, limited K3RS human resources, PPE availability, workload, and inconsistent worker awareness. Management commitment therefore emerged as a key determinant, indicating the need to strengthen monitoring, OHS facilities, continuous training, and safety culture to sustain compliance.

Keywords: Hospital Occupational Health and Safety (K3RS), compliance, hospital management, non-medical staff.

Correspondent Author: Ingrid Padmasari

E-mail: ingridpadma@gmail.com

Received: 20 September 2026

Revised: 02 September 2026

Accepted: 02 September 2026

Published: 02 September 2026





1. Introduction

Hospitals are complex workplaces with various potential physical, chemical, biological, ergonomic, and psychosocial hazards. Occupational health and safety (OHS) aims to protect workers' physical, mental, and social well-being while ensuring a safe working environment (WHO, 2022). These risks also affect non-medical staff, including Cleaning Service, CSSD/Laundry, and environmental health workers. Tolera et al. (2024) reported that 63.65% of workers experienced occupational hazard exposure, particularly biological (82.44%), chemical (74.76%), and ergonomic hazards (70.92%). Globally, the International Labour Organization estimates that nearly three million workers die annually from work-related causes, while a meta-analysis by Bouya et al. (2020) involving 50,916 healthcare workers in 31 countries reported a one-year prevalence of needlestick injuries of 44.5%. In Indonesia, the Ministry of Manpower recorded 319,382 occupational accidents in 2025 (Kemnaker, 2025). These findings demonstrate the need for OHS protection covering all categories of hospital workers, including non-medical personnel who may receive less attention in safety programs.

In West Java, 53,404 occupational accidents were recorded in 2025, accounting for approximately 16.7% of Indonesia's total cases (Kemnaker, 2025). This context is relevant to the West Java Provincial Occupational Health Regional Hospital, located in the Rancaekek industrial area, which not only provides occupational health services but also functions as a workplace with potential risks to its own employees. Hospital OHS implementation is supported by Law No. 1 of 1970 on Occupational Safety, Law No. 17 of 2023 on Health, Minister of Health Decree No. 1087/MENKES/SK/VIII/2010, and Minister of Health Regulation No. 66 of 2016. However, regulatory frameworks do not necessarily ensure compliance in practice, as implementation is influenced by management commitment, budgets, PPE availability, training, and supervision. Previous studies have identified limited resources, OHS personnel competency, PPE availability, training, and monitoring as major barriers to effective OHS implementation (Yunita et al., 2016; Setiawan et al., 2021; Susanto & Nopriadi, 2021; Utami et al., 2023; Adnin & Susanti, 2024; Azima et al., 2024; Mawo & Dwiseli, 2025). Safety culture, worker behavior, incident reporting, training, and supervision have also been associated with compliance with safety procedures (Trigono & Windiyaningsih, 2023; Rosita et al., 2025; Herlison et al., 2025), while effective OHS implementation may contribute to worker productivity (Putri et al., 2023).

Despite these findings, most previous studies have focused on general hospital OHS implementation or medical personnel, while research examining the role of management in improving OHS compliance among non-medical workers remains limited. Non-medical staff, particularly Cleaning Service, CSSD/Laundry, and environmental health workers, have distinct occupational characteristics, exposure risks, and safety needs. Initial observations at the study hospital indicated that structural OHS measures, including PPE provision, medical check-ups, and training, were available; however, inconsistent.

2. Research Methods

This study used a qualitative research method with a descriptive approach. According to Moleong (2018), qualitative research seeks to understand phenomena experienced by research subjects holistically and produces descriptive data in the form of written or spoken words and





observable behavior. This method was therefore selected to obtain a comprehensive description of the role of hospital management in improving Occupational Health and Safety (OHS) program compliance among non-medical staff at the West Java Provincial Occupational Health Regional Hospital. The study was conducted at the hospital in April 2026. Informants were selected through purposive sampling based on their knowledge of and direct involvement in K3RS implementation. The informants consisted of one hospital management representative, two K3RS officers, and three non-medical staff members from the CSSD/Laundry, Cleaning Service, and Environmental Health units. Data were collected through in-depth interviews and observation. Semi-structured interview guidelines were used to obtain information regarding management's role in improving OHS-program compliance among non-medical staff. Observation was conducted to examine OHS-program implementation in the hospital environment, including PPE use, implementation of occupational safety procedures, and workplace conditions.

To ensure credibility and data validity, the study used triangulation, namely verification of information from multiple perspectives to minimize bias. Two forms of triangulation were applied: source triangulation, by comparing information from hospital management, K3RS officers, and non-medical staff; and technique triangulation, by cross-checking in-depth interview findings with direct field observations. Data analysis followed the Miles and Huberman model, comprising data reduction, data display, and conclusion drawing. The analysis was presented descriptively to provide a comprehensive account of management's role in improving OHS-program compliance among non-medical staff at the West Java Provincial Occupational Health Regional Hospital.

3. Results and Discussion

a. Result

Table 1. Findings on the Role of Management in Improving the OHS Program

Aspect	Research Findings	Informants
K3RS Policy	Management supports the establishment of the K3RS Team and implementation of K3RS programs in accordance with regulations.	I1, I2, I3
Provision of Facilities and Infrastructure	The hospital provides PPE, fire extinguishers, hydrants, safety signs, evacuation routes, and facilitates Medical Check Ups according to needs and budget capacity.	I1, I2, I3, I4, I6
Training and Socialization	Training on fire extinguishers, hydrants, hazardous-material handling, OHS orientation, and OHS socialization is conducted periodically for workers.	I2, I3, I4, I5, I6
Monitoring and Evaluation	Monitoring is conducted through inspections, coordination with unit heads, and periodic evaluation of K3RS programs.	I1, I2, I3





Interviews with management and K3RS officers (I1, I2, and I3) showed that management has an important role in improving OHS-program compliance among non-medical staff. This role is manifested through the formulation of K3RS policies, establishment of the K3RS Team, provision of occupational safety facilities and infrastructure, OHS training and socialization, Medical Check Ups (MCU), and periodic monitoring and evaluation. These findings were reinforced by interviews with non-medical staff (I4, I5, and I6), who stated that various forms of management support were experienced in their daily work.

Table 2. Findings on Non-Medical Staff Compliance with the OHS Program

Aspect	Research Findings	Informants
PPE Use	Most non-medical staff use PPE according to occupational risks and applicable requirements.	I4, I5, I6
Compliance with SOPs	Non-medical staff perform their work according to the Standard Operating Procedures (SOPs) in their respective units.	I4, I5, I6
Participation in OHS Programs	Non-medical staff participate in OHS training, socialization, fire drills, and Medical Check Ups organized by the hospital.	I4, I5, I6
Forms of Non-Compliance	Incomplete PPE use is still found and is influenced by comfort, workload, and limitations in the availability of certain PPE.	I2, I3, I4, I5

Interviews with non-medical staff and K3RS officers indicated that overall compliance with the OHS program at the West Java Provincial Occupational Health Regional Hospital was generally good. Compliance was reflected in PPE use according to occupational risk, work performance according to SOPs, and participation in OHS activities such as training, socialization, fire-response simulations, and MCU. Nevertheless, the interviews also revealed forms of non-compliance influenced by individual factors and working conditions.

Table 3. Findings on Enabling and Inhibiting Factors for OHS Program Compliance among Non-Medical Staff

Category	Research Findings	Informants
Enabling Factors	Management commitment, clear policies and SOPs, PPE provision, OHS training and socialization, unit-head support, and the availability of fire-protection systems and other OHS facilities.	I1, I2, I3, I4, I5, I6
Inhibiting Factors	Budget limitations, suboptimal availability of some PPE types, limited K3RS human resources with concurrent duties, workload, and inconsistent individual awareness in implementing OHS.	I2, I3, I4, I5

Interviews with all informants showed that compliance among non-medical staff was influenced by both enabling and inhibiting factors. Enabling factors included management commitment to K3RS





implementation through policy development, provision of safety facilities, training, and continuous guidance. SOP availability, PPE provision, support from unit heads, and increasing worker awareness also promoted compliance.

On the other hand, interviews revealed several barriers. Informant I3 explained that limited human resources and budgets remained challenges for K3RS monitoring and evaluation. Informant I4 stated that some PPE types were not always available according to unit needs, requiring staff to use available alternatives. Informant I5 explained that heavy workloads sometimes caused workers to rush and omit complete PPE. Observations showed that OHS-supporting facilities were generally available and used in hospital operations. Nevertheless, some conditions still required attention, particularly stronger monitoring of PPE compliance and periodic evaluation to ensure that all K3RS programs are implemented consistently in every work unit.

b. Discussion

The Role of Hospital Management in Improving OHS Program Compliance

The findings show that hospital management plays an important role in improving OHS-program compliance among non-medical staff. This role is manifested through K3RS policy formulation, establishment of the K3RS Team, PPE provision, Medical Check Ups, OHS training and socialization, and periodic monitoring and evaluation. Management therefore functions not only as a policy maker but also as a facilitator responsible for ensuring resources, guidance, and supervision systems that support K3RS implementation. These findings are consistent with the concept of the Hospital Occupational Health and Safety Management System (SMK3RS), which places management commitment at the foundation of successful safety-program implementation. Such commitment is expressed through policy provision, program planning, implementation, monitoring, and continuous evaluation. In this study, management support was also evident in its willingness to facilitate K3RS Team needs, although some programs remained dependent on the hospital's budget capacity.

The findings support Adnin and Susanti (2024), who stated that successful K3RS implementation is influenced by management commitment in carrying out the Plan-Do-Check-Act (PDCA) cycle. Management involvement in planning, implementation, evaluation, and follow-up is important for increasing K3RS effectiveness. Similarly, Setiawan et al. (2021) found that OHS policy socialization and staff involvement in OHS training support successful policy implementation, whereas the absence of standard setting, monitoring, and evaluation represents a major weakness. The results also strengthen Azima et al. (2024), who explained that the existence of K3RS policies and organizational structures alone is insufficient without tangible support in the form of facilities, training, and supervision. In this study, such support was experienced by non-medical staff through PPE provision, MCU implementation, OHS training, and management involvement in facilitating K3RS programs.

Nevertheless, the study also shows that successful K3RS implementation remains affected by budget limitations that influence program priorities. Management commitment therefore cannot be assessed solely from the existence of policies; it must also be reflected in the ability to optimize available resources so that K3RS programs continue sustainably. Management consequently has a strategic role in building compliance through consistent policies, adequate facilities, periodic training, and continuous monitoring and evaluation.





3.2.2 Compliance of Non-Medical Staff with the OHS Program

Overall compliance among non-medical staff was categorized as good. Compliance was demonstrated through PPE use according to occupational risk, adherence to SOPs, and participation in OHS activities including training, socialization, emergency simulations, and MCU. These findings indicate that compliance is influenced not only by individual awareness but also by organizational support through facilities, guidance, and continuous supervision. Despite generally good compliance, variation remained across work units. Some non-medical staff did not use complete PPE under certain conditions, particularly when workload increased, PPE was uncomfortable, or specific PPE was unavailable. Compliance is therefore the product of interactions among individual factors, organizational factors, and working conditions. Improving compliance requires not only rules but also continuous guidance, consistent supervision, and adequate facilities.

The findings are consistent with Trigono and Windiyaningsih (2023), who stated that safety behavior is influenced by organizational commitment, leadership, and safety training. Workers are more likely to comply with safety procedures when organizations provide training, supervision, and a strong safety culture. This pattern was also observed in the present study, where non-medical staff demonstrated better compliance in the context of routine OHS training, socialization, and emergency simulations. The findings also support Herlison et al. (2025), who demonstrated significant associations between PPE-use compliance and knowledge ($p=0.036$), attitude ($p=0.000$), length of service ($p=0.019$), training ($p=0.025$), supervision ($p=0.014$), and PPE availability ($p=0.001$). The last three variables are directly within management control, demonstrating that worker compliance cannot be treated solely as an individual issue. In this study, management support through PPE provision, MCU, and K3RS guidance contributed to safer work behavior among non-medical staff. Compliance is thus shaped by both individual factors and organizational systems.

The results are further consistent with Rosita et al. (2025), who found relationships between management commitment, regulations and procedures, worker involvement in OHS, competence, social environment, and hospital safety behavior. Non-medical staff working in high-risk units such as CSSD, Laundry, and Cleaning Service tended to demonstrate stronger compliance because they were more aware of everyday occupational hazards. Risk perception therefore also influences worker compliance behavior. Taken together, the study and previous evidence indicate that OHS-program compliance among non-medical staff is a multifactorial process. Management commitment, safety culture, training, PPE availability, and consistent supervision contribute to safe work behavior. Compliance should therefore be strengthened continuously through safety-culture development, worker competence improvement, and routine evaluation of K3RS implementation.

Enabling and Inhibiting Factors for OHS Program Compliance among Non-Medical Staff

Compliance was influenced by enabling and inhibiting factors. Enabling factors included management commitment, policies and SOPs, PPE provision, OHS training and socialization, and unit-head support. Inhibiting factors included budget limitations, incomplete availability of certain PPE types, limited K3RS human resources, high workloads, and inconsistent worker





awareness of safety procedures. These findings show that successful OHS-program implementation is determined not only by individual factors but also by organizational and workplace factors. Management commitment to policies, facilities, and guidance is a fundamental basis for worker compliance. Conversely, resource constraints and operational conditions can reduce program effectiveness. Improving compliance therefore requires synergy among management, the K3RS Team, unit heads, and all workers so that safety programs are implemented consistently.

The findings are consistent with Setiawan et al. (2021), who identified limited funding, insufficient human resources, inadequate PPE, and worker negligence as major barriers to hospital OHS-policy implementation. Susanto and Nopriadi (2021) similarly found shortages in OHS personnel, budgets, and facilities, as well as inadequate documentation of periodic and special health examinations under Minister of Health Regulation Number 66 of 2016. Both studies emphasize the importance of management support in resource provision and continuous evaluation. The findings also support Azima et al. (2024), who found that K3RS policies and organizational structures cannot ensure optimal implementation without adequate resources, consistent supervision, and worker compliance. A similar situation was observed here in the limited availability of some PPE types and the need to strengthen supervision of PPE use in certain work units.

Rosita et al. (2025) further explained that management commitment and work rules and procedures, as components of safety culture, are associated with worker safety behavior in hospitals. A strong safety culture encourages discipline in PPE use, SOP compliance, and active participation in OHS programs. Conversely, where safety culture is not optimal, compliance tends to depend on work habits and supervisory presence. Mawo and Dwiseli (2025) likewise identified inadequate management support, limited resources, and insufficient training as major barriers to SMK3RS implementation in Indonesia. Overall, improving OHS-program compliance among non-medical staff requires a comprehensive approach. Hospital management must not only provide policies and facilities but also build a safety culture through continuous training, stronger monitoring and evaluation, and routine worker guidance. OHS compliance should become not merely an individual obligation but a consistently implemented part of hospital work culture.

Practically, the findings imply that management should strengthen commitment to budget provision, complete the required types of PPE in each unit, and intensify monitoring and evaluation to reduce variation in compliance across units, particularly high-workload units such as Cleaning Service and Laundry. Theoretically, the findings enrich research on management roles in K3RS implementation by providing empirical evidence focused specifically on non-medical staff, a group that has received less attention than medical personnel in the K3RS literature. The findings may also serve as a reference for other hospitals in designing compliance-strengthening strategies tailored to non-medical work-unit characteristics. Several limitations should be considered. First, the study was conducted at a single hospital with only six informants, so the findings cannot be generalized to hospitals with different characteristics. Second, data collection occurred over a relatively short period in April 2026 and may not fully represent longer-term dynamics of OHS compliance. Third,





compliance data were largely derived from self-reported interviews, creating a possibility of social desirability bias when informants described their own compliance. Future research should therefore include multiple hospitals, longer observation periods, and combinations of qualitative methods with objective quantitative measures such as checklist-based PPE compliance audits.

4. Conclusion

Management of the West Java Provincial Occupational Health Regional Hospital plays an important role in improving OHS-program compliance among non-medical staff. Among six informants, 3 of 6 (50%) confirmed the role of management in K3RS policy formulation and establishment of the K3RS Team; 5 of 6 (83.3%) confirmed PPE and safety-facility provision; 5 of 6 (83.3%) confirmed OHS training and socialization; and 3 of 6 (50%) confirmed periodic monitoring and evaluation. These efforts demonstrate management commitment to K3RS implementation. Compliance among non-medical staff was generally good. PPE use according to occupational risk was confirmed by 3 of 6 informants (50%), SOP compliance by 3 of 6 (50%), and participation in OHS activities such as training, socialization, emergency simulations, and MCU by 3 of 6 (50%). Nevertheless, 4 of 6 informants (66.7%) reported variation in compliance across work units, particularly regarding consistent PPE use under certain conditions. Enabling factors were confirmed by all 6 informants (100%) and included management commitment, policies and SOPs, PPE provision, training and socialization, unit-head support, and increasing worker awareness of occupational safety. Inhibiting factors were confirmed by 4 of 6 informants (66.7%) and included budget limitations, incomplete availability of certain PPE types, limited K3RS human resources, high workload, and inconsistent worker awareness. Strengthening management commitment through improved monitoring and evaluation, adequate OHS facilities, continuous training, and stronger safety culture is therefore required to improve compliance sustainably.

5. Compliance with Ethical Standards

Acknowledgements

The authors express their sincere appreciation to the management, K3RS officers, and non-medical staff of the West Java Provincial Occupational Health Regional Hospital who supported the data-collection process, and to Politeknik Piksi Ganesha for academic guidance and institutional support.

Disclosure of Conflict of Interest

The authors declare no conflict of interest related to this study.

Statement of Informed Consent

Participation in the interviews was based on the informants' willingness and consent. The study maintained the confidentiality of informant identities by using informant codes.

6. References

- Adnin, K., & Susanti, A. S. (2024). Implementation analysis of hospital occupational safety and health (K3RS) program using the PDCA (Plan-Do-Check-Act) method at RSUD Al-Ihsan, West Java. *Journal of Scientific Insights*, 1(2), 43–52. <https://doi.org/10.69930/jsi.v1i2.115>
- Azima, M., Herliza, M., & Angraini, D. (2024). Gambaran penerapan sistem manajemen keselamatan dan kesehatan kerja RSI Ibnu Sina Simpang Empat tahun 2023. *SEHATMAS: Jurnal Ilmiah Kesehatan Masyarakat*, 3(1), 161–170. <https://doi.org/10.55123/sehatmas.v3i1.2927>





- Bouya, S., Balouchi, A., Rafiemanesh, H., Amirshahi, M., Dastres, M., Moghadam, M. P., Behnamfar, N., Shyebak, M., Badakhsh, M., Allahyari, J., Al Mawali, A., Ebadi, A., Dezhkam, A., & Daley, K. A. (2020). Global prevalence and device related causes of needle stick injuries among health care workers: A systematic review and meta-analysis. *Annals of Global Health*, 86(1), 35. <https://doi.org/10.5334/aogh.2698>
- Herlison, Y., Wahyudi, A., & Ekawati, D. (2025). Analisis kepatuhan penggunaan alat pelindung diri (APD) pada petugas Instalasi Gawat Darurat (IGD) di RSUD Kota Prabumulih. *Avicenna: Jurnal Ilmiah*, 20(3), 270–282. <https://doi.org/10.36085/avicenna.v20i3.9558>
- International Labour Organization. (2023). *Nearly 3 million people die of work-related accidents and diseases*. <https://www.ilo.org/resource/news/nearly-3-million-people-die-work-related-accidents-and-diseases>
- Kementerian Kesehatan Republik Indonesia. (2010). *Keputusan Menteri Kesehatan Republik Indonesia Nomor 1087/MENKES/SK/VIII/2010 tentang standar kesehatan dan keselamatan kerja di rumah sakit*.
- Kementerian Kesehatan Republik Indonesia. (2016). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 66 Tahun 2016 tentang keselamatan dan kesehatan kerja rumah sakit*.
- Kementerian Ketenagakerjaan Republik Indonesia. (2025). *Data kasus kecelakaan kerja tahun 2025*. Satu Data Ketenagakerjaan. <https://satudata.kemnaker.go.id>
- Mawo, F. H. M., & Dwiseli, F. (2025). Penerapan kebijakan sistem manajemen keselamatan dan kesehatan kerja rumah sakit di Indonesia: Literature review. *Jurnal Kesehatan Tambusai*, 6(2), 5699–5710. <https://journal.universitaspahlawan.ac.id/index.php/jkt/article/view/44014>
- Melmin, M., Solihin, I., & Purwangka, F. (2026). Hazard and risk identification in work areas at the Amagarapati Fish Landing Base (PPI), East Flores Regency. *ALBACORE*, 10(2), 275–294. <https://doi.org/10.29244/core.10.2.275-294>
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Sage Publications.
- Moleong, L. J. (2018). *Metodologi penelitian kualitatif*. PT Remaja Rosdakarya.
- Putri, M. H., Ulfah, A., & Soelistijaningroem, M. (2023). Analisis penerapan keselamatan kesehatan kerja (K3) di bagian assembling terhadap produktivitas kerja perekam medis RSUD Al Ihsan Provinsi Jawa Barat. *Health Information: Jurnal Penelitian*, 15(1), e1000. <https://myjurnal.poltekkes-kdi.ac.id/index.php/hijp/article/view/1000>
- Republik Indonesia. (1970). *Undang-Undang Republik Indonesia Nomor 1 Tahun 1970 tentang keselamatan kerja*. Lembaran Negara Republik Indonesia Tahun 1970 Nomor 1.
- Republik Indonesia. (2023). *Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang kesehatan*. Lembaran Negara Republik Indonesia Tahun 2023 Nomor 105.
- Rosita, S., Aziza, N., & Arisandi, W. (2025). Hubungan faktor pembentuk budaya keselamatan kerja terhadap safety behavior di rumah sakit. *Jurnal Dunia Kesmas*, 14(2), 153–164. <https://doi.org/10.33024/jdk.v14i2.17508>
- Setiawan, B., Doda, D. V. D., & Kristanto, E. (2021). Evaluasi implementasi sistem manajemen kesehatan dan keselamatan kerja di rumah sakit. *Indonesian Journal of Public Health and Community Medicine*, 1(4). <https://doi.org/10.35801/ijphcm.v1i4.35268>
- Susanto, Y., & Nopriadi, N. (2021). Evaluasi pelaksanaan program keselamatan dan kesehatan kerja (K3) di rumah sakit. *Jurnal Kesehatan Masyarakat Mulawarman (JKMM)*, 3(1), 48–60. <https://doi.org/10.30872/jkmm.v3i1.6272>
- Tolera, S. T., Assefa, N., Geremew, A., Toseva, E., & Gobena, T. (2024). Magnitude and associated factors of occupational hazard exposures among sanitary workers: Propose RASM model for risk mitigation for the public hospitals, Eastern Ethiopia. *BMC Research Notes*, 17(1), 172. <https://doi.org/10.1186/s13104-024-06828-2>
- Trigono, A., & Windiyaningsih, C. (2023). Analisa budaya perilaku safety perawat di Rumah Sakit Mitra Keluarga Bekasi. *Jurnal Manajemen dan Administrasi Rumah Sakit Indonesia (MARS)*, 7(1), 52–57. <https://doi.org/10.52643/marsi.v7i1.2929>
- Utami, K. C., Jak, Y., & Pangkey, D. Y. (2023). Pengaruh budaya keselamatan pasien terhadap sikap melaporkan insiden keselamatan pasien di Rumah Sakit Mandaya Karawang. *Jurnal Manajemen dan Administrasi Rumah Sakit Indonesia (MARS)*, 7(2), 125–136. <https://doi.org/10.52643/marsi.v7i2.3035>
- World Health Organization. (2022). *Occupational health: Health workers*. <https://www.who.int/news-room/fact-sheets/detail/occupational-health--health-workers>





Publish : Association of Indonesian Teachers and Lecturers
International Journal of Health Sciences (IJHS)
Journal Homepage : <https://jurnal.agdosi.com/index.php/IJHS/index>
Volume 4 | Number 4 | December 2026 |



Yunita, A. R., Sariatmi, A., & Fatmasari, E. Y. (2016). Analisis faktor-faktor kebijakan dalam implementasi program keselamatan dan kesehatan kerja rumah sakit (K3RS) di Instalasi Gawat Darurat Rumah Sakit Umum Daerah Kota Semarang. *Jurnal Kesehatan Masyarakat (e-Journal)*, 4(2), 1–9.
<https://doi.org/10.14710/jkm.v4i2.11919>

