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# The Influence of Awarness, Management Support, and Work Environment on The Implementation of Occuoational Safety and Health (K3) Culture (Case Study at Dr. Kanujoso Djatiwibowo Hospital, Balikpapan)

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**Abstract:** Hospitals are health service institutions with a high risk of occupational accidents and work-related diseases. The complexity of services, the use of advanced technology, and the involvement of various healthcare professionals require the sustainable implementation of Occupational Safety and Health (K3) culture. However, many hospitals still face challenges in its implementation, particularly regarding workers' awareness, management support, and work environment conditions. This study aims to analyze the influence of these three factors on the implementation of K3 culture at RSUD dr. Kanujoso Djatiwibowo Balikpapan. This research employed a quantitative approach with a survey design. The sample was obtained using proportional random sampling of healthcare and support staff. Data were collected using a Likert-scale questionnaire tested for validity and reliability. The data were analyzed using multiple linear regression. The results indicate that individual awareness, management support, and work environment significantly influence the implementation of K3 culture, both partially and simultaneously. Workers' awareness contributes to compliance with procedures, management support plays a role in providing policies and resources, while the physical and psychosocial work environment supports the development of safe. In conclusion, strengthening K3 culture requires integrating psychological, organizational, and ergonomic dimensions. The study suggests that hospital management enhance continuous training, strengthen supervision, provide safe work facilities, and embed K3 culture as a core organizational value. These efforts are expected to reduce occupational accidents and diseases while improving productivity and service quality.

**Keywords:** Awarness, Management Support, Work Environment, Safety Culture (K3)

## INTRODUCTION

Hospital is a place of health services for the community which is also a workplace that has a high risk to the safety and health of human resources of the hospital, patients, patient

companions, visitors, and the hospital environment. Managers or leaders in the workplace are required to carry out all forms of health efforts through prevention, improvement, treatment and recovery for workers, with the increasing use of hospitals for the community is a need for the implementation of occupational safety and health of hospitals is getting higher considering there are several factors such as the demand in providing services in hospitals is increasing, which is in line with the demands of the community to get the best health services, hospitals have special characteristics or features where hospitals with many employ workers, are capital-intensive, technology-intensive, dense with scientific experts, fields of work related to the level of human involvement and open access for people who do not work in hospitals such as patients, visitors, patient visitors, as well as human resources in hospitals and the hospital environment must receive protection from health problems and accidents in hospitals (Yuliani, D. (2021).

In Implementing Occupational Safety and Health is one form of Effort to create a safe, healthy workplace, free from environmental pollution so as to reduce or be free from work-related accidents and work-related diseases that can have an impact on increasing efficiency and productivity in the workplace. Work accidents not only cause fatalities and material losses for workers, employers or leaders of the Agency, but can also disrupt the production process as a whole, damage the environment and can have an impact on the wider community (Lusia, 2016).

In the Republic of Indonesia Law No. 17 of 2023 concerning Health, Article 100 paragraph 1 states that Employers are obliged to guarantee the health of workers through promotive, preventive, curative, rehabilitative and palliative efforts and are obliged to bear all costs of maintaining the health of their workers, it is also stated in paragraph 2 that workers and everyone in the workplace environment is obliged to create and maintain a healthy workplace environment and comply with the applicable Occupational Health and Safety regulations in the workplace and in paragraph 3 Employers are obliged to bear the costs of occupational diseases, health disorders, and work-related injuries suffered by workers in accordance with the provisions of laws and regulations.

In implementing Occupational Safety and Health (K3) is a form of effort to improve the workplace that is healthy, safe, healthy, and free from environmental pollution so as to minimize the occurrence of work-related accidents and free from work-related diseases and has the potential to impact on increasing efficiency and productivity in the workplace. Accidents in the workplace can cause fatalities and material losses for workers and employers, but can also disrupt the overall production process, damage the environment and can have an impact on the wider community.

A good workforce or human resources in the workplace is essential for all activities because it determines the smooth running of those activities. The workforce is a vital asset of an organization, crucial in the production process, alongside materials, machinery, and the workplace environment. Therefore, the workforce must be protected, trained, and developed to increase work productivity (Sulistyo B, 2022).

Protection of workers relates to the rights of employees or officers to occupational safety and health. There are several social guarantees for workers, including old age benefits, health protection, disaster insurance, and other work requirements. This event is important to develop by implementing it in a structured or gradual manner while considering the impacts that will be caused, such as the economic impact on employees, as well as the readiness of related sectors, the condition of employers, employment opportunities, and workforce capabilities. Protection of workers requires a commitment to its implementation, namely through the implementation of K3 (Fitriana, 2018).

In the Regulation of the Minister of Health No. 66 of 2016 concerning Hospital Occupational Safety and Health to create healthy, safe, secure, and comfortable hospital conditions for hospital human resources, patients, patient companions, visitors, and the hospital environment, hospitals need to implement the Hospital Occupational Safety and Health

Management System (SMK3). The Hospital Occupational Safety and Health Management System or SMK3 is part of the overall hospital management system. The scope of the Hospital SMK3 includes the establishment of a Policy on K3RS (Hospital Occupational Safety and Health) where the highest leadership of the hospital must commit to planning, implement, review and improve the implementation of hospital K3 systematically from time to time in every activity by implementing good hospital K3 management, the establishment of a Hospital K3 Organization in which its implementation requires an organization to implement the K3 Occupational Safety and Health program in the hospital as a whole and which is under the leadership or Director of the hospital in the organizational policy in the hospital. as well as support for Funding, Facilities and Infrastructure in the implementation of the K3 program in the hospital.

The implementation of Occupational Safety and Health (K3) in hospitals is certainly inseparable from the name of work accidents and occupational diseases that can affect Medical Personnel, Health Workers and support or health support staff. From data published by the International Labor Organization (ILO) in 2018, it was stated that as many as 2.78 million workers worldwide died each year due to workplace accidents while working and occupational diseases in the workplace, around 186.3% had an impact on worker deaths, namely occupational diseases in the workplace. For fatal workplace accidents amounted to 13.7%. Occupational Safety and Health in hospitals must receive serious attention as a way to protect against possible negative impacts caused by the health service process, as well as the existence of facilities, infrastructure, medicines and other logistics in the hospital environment so as not to cause work-related accidents in the workplace, occupational diseases in the workplace and emergencies where there are fires and disasters that can affect hospital workers, patient visitors, office visitors, patients and the community in the hospital environment.

The results of the report from the National Safety Council (NSC) show that in 2018 there were 41% more work accidents in hospitals than staff or workers in other industries. Work accidents in the workplace that commonly occur are needlestick injuries in hospitals (Needle Stick Injury), sprains, back pain, scratches / cuts, as well as infectious diseases and others. Nosocomial infections in hospitals caused by needlestick injuries and / or cuts / scratches (CTS) generally occur in preparation as much as 45% and 24% after performing the action. Other health problems to health workers / staff / workers in hospitals are Musculoskeletal disorders (MSDs) as much as 36.7%, Insomnia 43.7%, fatigue / Fatigue 49.3%, stress 50%.

Occupational Safety and Health must be implemented to all workers / staff involved in the work process, from the manager level to employees / staff / ordinary workers. From the data obtained at the Ministry of Health of the Republic of Indonesia in 2015 regarding the state of occupational health in 2015, the number of cases of work-related accidents in the workplace that occurred in 2011 to 2014 was 92,453 cases of work-related accidents in the workplace with a total of high cases of work-related accidents in the workplace occurring in 2013, namely 135,917 cases, when compared with data with cases of work-related diseases in the workplace in 2011 - 2014 were 157,929 cases in 2011, 60,322 cases in 2012, 97,144 cases in 2013, and 40,694 cases in 2014.

Data obtained from the Indonesian BPJS Employment has recorded the number of work-related accidents in the workplace in 2015 amounting to 10,285 work-related accidents in the workplace, in 2016 there was a significant decrease with the number of work-related accidents in the workplace amounting to 105,182 cases, and in 2017 there were 1,123,041 cases of work-related accidents in the workplace. In 2018, there were 1173,105 cases of work-related accidents in the workplace that occurred in Indonesia, starting from January - September 2019, there were 1130,923 cases of work-related accidents in the workplace, and in 2020, starting from January - October, there were 1177,161 cases of work-related accidents in the workplace, 153 cases of work-related diseases in the workplace, 111 of which were cases of Covid-19.

Several studies on workplace accidents include a study by Ripai Siregar et al. (2019) reporting that data from the Sembiring Deli Tua General Hospital in Deli Serdang Regency showed that 12 employees experienced work-related accidents throughout 2018, with the following details: 3 nurses, 1 general practitioner, and 1 laboratory officer suffered traffic accidents (KLL) while going to or returning from work, 1 nutrition officer was scalded by hot water, 1 technician was hit by an oxygen tank, 2 cleaning service officers were hit by a bed, and 5 medical record officers slipped.

The results of research conducted by Sarastuti in 2020 showed that environmental factors can cause the highest number of accidents caused by physical factors (95.7%). The classification of the most accidents based on the type of injury is contact with needles and other sharp objects 69.6%, caused by portable work equipment 69.6%, according to the type of superficial wounds or injuries and open wounds 78.3%, according to the type of work in the form of medical action 73.9% according to deviations from normal conditions such as lack of control of work tools 73.9%, location on the injured body part on the fingers 82.6%.

Based on the researcher's initial interview with the K3 of RSUD dr. Kanujoso DJatiwibowo Balikpapan Hospital, it was obtained information that the Hospital already has an Occupational Safety and Health program and has been running in accordance with the Accreditation elements that have been implemented, but there are still some whose implementation has not run well so that cases of work accidents and occupational diseases still occur. Another problem encountered is the lack of awareness of officers towards K3 culture such as using Personal Protective Equipment after the completion of the Accreditation that has been passed by the Hospital.

Occupational safety and health (OHS) is a strategic aspect of the hospital service system responsible for protecting workers, patients, and visitors from the risk of accidents and occupational diseases. In the context of hospitals as high-risk organizations, an OHS culture is a crucial foundation in ensuring that safety practices are not merely regulatory compliance but are embedded in the organization's values and behavior (Reason, 1997).

The main problem that frequently arises in the field is not the lack of an OHS system, but rather the weak implementation of an OHS culture. Many hospitals in Indonesia have met the SNARS accreditation requirements, but are unable to maintain a sustainable occupational safety culture post-accreditation. This is reflected in internal hospital reports and various quality audit results, which show a decline in incident reporting. Compliance with PPE use is weakening, and learning from incidents is stagnant (Fauziah et al., 2021).

Most previous studies have focused on the relationship between individual factors such as worker awareness (Gunawan, 2018), structural factors such as management support (Siregar et al., 2019), and the physical work environment (Sedarmayanti, 2017), separately. However, to date, there has been little research that comprehensively examines these three factors simultaneously in influencing the implementation of OHS culture as a complex and systemic cultural construct.

From a theoretical perspective, there is a gap in occupational safety models that overemphasize procedures and compliance, while under-integrating the psychological (awareness), organizational (support management), and ergonomic (work environment) dimensions into a coherent framework. However, according to the Safety Culture Model (Reason, 1997) and High Reliability Organization Theory (Weick & Sutcliffe, 2007), safety culture is formed from the dynamic interaction of the three.

From a practical perspective, the low sustainability of an OHS culture directly impacts the high rate of unreported work incidents, stress among healthcare workers, and potential litigation against hospitals. If the root cause is only addressed from one perspective (e.g., lack of SOP socialization or inadequate PPE), interventions will fail to address the deeper cultural dimensions.

Therefore, this research is academically important and urgent, as it aims to:

1. Fill the gap in the literature on prediction models for OSH culture implementation based on the integration of awareness, management support, and work environment variables.
2. Provide a theoretical and practical basis for improving OSH systems in post-accredited hospitals through a cultural approach.
3. Contribute empirically to the development of an Organizational Behavior-based safety model in the context of the health sector.

Based on the above description, the researcher wants to know how hospitals implement OSH programs in the application of Occupational Safety and Health (OSH) culture.

## METHOD

This study was conducted at Dr. Kanujoso Djatiwibowo Regional General Hospital in Balikpapan. The study was conducted in January 2025.

The population is the area of generalization of research objects that have the same characteristics or properties to be studied and then conclusions are drawn. The population in this study consists of 150 health workers and non-health workers who implement the Occupational Safety and Health Program at the Dr. Kanujoso Djatiwibowo Regional General Hospital in Balikpapan.

A sample is a portion of the characteristics possessed by a population. Sampling in this study used probability sampling techniques, namely proportionate stratified random sampling. This technique was chosen because the sample is heterogeneous or not the same and is stratified proportionally. According to Cohen, et. Al. (2007), the larger the sample size of the existing population, the better, but there is a minimum number that must be taken by researchers, namely 30 samples. As stated by Baley in Mahmud (2011), for research using statistical data analysis, the minimum sample size is 30. The sample size was determined by proportionate stratified random sampling using the proportionate formula.

Data collection techniques are methods used by researchers to obtain data in a study. This study is a qualitative study, in which the data obtained must be in-depth, clear, and specific. Furthermore, it is explained that data collection can be obtained from observations, interviews, documentation, and combinations thereof. In this study, several data collection techniques were used, namely:

1. Observation

   In which the researcher will conduct a general and comprehensive exploration, portraying all objects being studied, describing everything that is seen, heard, and felt.
2. Interview

   The researcher conducts interviews to explore information openly and freely with the research problem and focus and is directed at the center of the research. In this case, the interview method was carried out using a list of questions that had been prepared in advance by the researcher. The interviews were conducted in a semi-structured manner using interview guidelines, but in practice they were more flexible. The questions were not limited to the interview guidelines, but the interviews could also explore specific information that was not included in the interview guidelines.
3. Documentation

   Obtaining information from various written sources or from documents available to informants. The documents used in this study were regulations, decrees, SOPs, and manuals available at the research site.

Data processing is generally a process of obtaining data or summaries based on a group of raw data using certain formulas to produce the necessary information. Several activities carried out in data processing are:

a) Editing

Re-checking the accuracy of the data or questionnaire forms obtained or collected. Editing is carried out after data collection is complete. In this study, editing was carried out directly on the questionnaires.

b) Coding

Coding is the activity of assigning numerical codes (numbers) to data consisting of several categories. Assigning these codes is very important when data processing and analysis use codes to classify data.

c) Processing

Processing is the process of preparing data so that it can be analyzed. Data processing is done by entering data from test items into computer software packages. In this case, the researcher used Microsoft Excel and SPSS (Statistical Product and Service Solution) software.

d) Data Cleaning

Data cleaning is the process of rechecking data that has been entered to see if there are any errors. Researchers should always clean data after entering it to ensure that there are no errors in the data entered by the researcher.

**Data Quality Test**

**Validity**

Validity Test The validity test of the instrument used in this study was conducted using a construct validity test. A construct validity test involves compiling operational measurement indicators based on the theoretical framework of the concept to be measured. The confidence level used in the item validity test in this study was 95% with the number of respondents (N). Items with a calculated r value > r table were declared valid.

**Reliability**

Reliability is an index that shows the extent to which a measuring instrument can be trusted or relied upon. According to Sekaran (2003: 311), the closer the reliability coefficient is to 1.0, the better the instrument. If the reliability coefficient is less than 0.60, it is considered poor; if it is around 0.70, it is considered adequate; and if it is greater than 0.80, it is considered good.

**Classical Assumption Test**

The classical assumption test is required in multiple linear regression with the aim of obtaining estimator values or coefficient values α and β that cannot be the best values. To obtain the classical assumption test, several tests are required, including:

**Normality Test**

Before testing the hypothesis with multiple linear regression, the normality of the data will be tested first. The normality test of the data in this study will be performed using the Kolmogorov and Smirnov tests. The basic concept of the Kolmogorov-Smirnov normality test is to compare the distribution of the data (to be tested for normality) with the standard normal distribution.

**Multicollinearity Test**

Multicollinearity test is a situation where there is correlation between independent variables, where the relationship between these independent variables is higher than the relationship between the independent variables and the dependent variable (Kuncoro, 2003:98). Methods that can be used to overcome multicollinearity include the Koutsoyiannis method, transforming variables, and obtaining more data. New independent variables included in the

experiment can be classified as useful, superfluous, or detrimental. This study will use the Variance Inflation Factor (VIF) method to detect the presence of multicollinearity. This analysis is basically intended to determine and show the linear relationship between the independent variables in the regression model.

**Heteroscedasticity Test**

Heteroscedasticity will cause the estimation of regression coefficients to be inefficient. The estimation results can be less than expected, exceed expectations, or be misleading. The Gletser test is used to determine whether heteroscedasticity is present. In the Gletser test, regression of the disturbance error is performed on each suspected independent variable. Based on the test results, a decision is made. If the significance value is > 0.05 (Alhusin, 2003:223) at a 95% confidence level, then heteroscedasticity does not occur.

**Hypothesis Testing**

To conduct hypothesis testing, the following tests are required:

1. F Test (Simultaneous Test)

   According to Sujarweni (2019:162) in Depiansah, (2020), the F test is a significance test used to determine the extent of the influence of independent variables. Test criteria:

   a. If the sig value is > 0.05, then $H_0$ is accepted and $H_a$ is rejected, so it can be concluded that simultaneously there is no influence between the variables of K3 Awareness $X_1$, Management Support $X_2$, and Work Environment $X_3$ on the Implementation of K3 Culture in Hospital Y.
   b. If the sig value is < 0.05, then $H_0$ is rejected and $H_a$ is accepted, so it can be concluded that simultaneously there is an influence between the variables of K3 Awareness $X_1$, Management Support $X_2$, and Work Environment $X_3$ on the Implementation of K3 Culture at Hospital Y.

2. T-test (Partial Test)

   According to Sujarweni, (2019: 161) in Depiansah (2020), the t-test is a submission of individual partial regression coefficients used to determine whether independent variables (X) individually affect dependent variables (Y).

   a. Determining Hypotheses

      $H_0$ : there is no effect between K3 Awareness and the Implementation of K3 Culture

      $H_{a1}$: there is an effect between K3 Awareness and the Implementation of K3 Culture

      a) $H_0$: $b_1 = 0$

         The independent variable has no significant partial effect on the dependent variable.

      b) $H_0$: $b_1 \neq 0$

         The independent variable has a significant partial effect on the dependent variable.

   b. Hypothesis testing method:

      a) If the sig value is > 0.05, then $H_0$ is accepted and $H_a$ is rejected, so it can be concluded that there is no partial effect between the variables of K3 Awareness $X_1$, Management Support $X_2$, and Work Environment $X_3$ on the Implementation of K3 Culture Y.

      b) If the sig value is < 0.05, then $H_0$ is rejected and $H_a$ is accepted, so it can be concluded that there is a partial influence between the variables of K3 Awareness $X_1$, Management Support $X_2$, and Work Environment $X_3$ on the Implementation of K3 Culture Y.

## RESULTS AND DISCUSSION

### Profile of Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital.

The legal basis for the establishment of the Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital (RSUD) is based on East Kalimantan Provincial Regulation No. 8 of 2013 concerning the Second Amendment to East Kalimantan Provincial Regulation No. 10 of 2008 concerning the Organization and Work Procedures of Regional Hospitals in East Kalimantan Province. The Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital is positioned as a Regional General Hospital of the Provincial Government, which is a specific implementing element in the field of health services in the form of a Regional Technical Institution led by a Head with the title of Director who, in carrying out his duties, is under and responsible to the Governor through the Regional Secretary of East Kalimantan Province. Based on East Kalimantan Governor Decree No. 445/K.225/2008, dated April 23, 2008, Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital has been designated as a Public Service Agency. As a government agency, Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital is obliged to be accountable for the implementation of its main duties and functions mandated by the community as the highest authority. Based on East Kalimantan Governor Regulation No. 65 of 2019 concerning Technical Guidelines for Agreements and Performance Reporting of Government Agencies within the East Kalimantan Provincial Government.

This obligation is carried out by preparing, compiling, and submitting written, periodic, and institutionalized performance reports. Performance reporting is intended to communicate the achievements of Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital in a fiscal year in relation to the process of achieving goals and objectives, as well as explaining the successes and failures of the level of performance achieved. We are currently in an era of economic globalization, information openness, and bureaucratic reform. Such an environment demands a management system that is different from those used in the past. Therefore, the strategic plan developed for the hospital's development must be able to accurately map the new business environment faced now and in the future. The roadmap for hospital development must be clear so that it can realize the organization's vision and mission in this era. The paradigm shift regarding hospitals also influences the formulation of strategic plans, where the old paradigm that hospitals are social institutions that should not seek profit has now changed due to Indonesia's economic conditions, where the government is unable to fully subsidize hospitals, and hospitals have become socio-economic institutions that can seek profit for development investments. The vision and mission of the East Kalimantan Provincial Government also serve as a reference in formulating the Hospital Strategic Plan so that hospitals, as one of the spearheads in helping to improve the health of the Indonesian people, can be realized in East Kalimantan Province. Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital has the main task of providing comprehensive individual health services, including promotive, preventive, curative, and rehabilitative services, which provide inpatient, outpatient, and emergency care. In carrying out its main tasks as intended, Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital has the following functions:

1) Provision of medical treatment and health recovery services in accordance with hospital service standards.
2) Maintenance and improvement of individual health through comprehensive second and third level health services in accordance with medical needs.
3) Provision of education and training for human resources in order to improve their ability to provide health services.
4) Conducting research and development as well as screening of health technologies in order to improve health services while adhering to ethical standards in the field of health science.

**Respondent Description.**

The respondent description is an explanation or overview of the background of the 33 research respondents, who are divided into 7 job categories at the Dr. Kanujoso Djatiwibowo Regional General Hospital in Balikpapan. As explained earlier, the 33 respondents were distributed proportionally across each job category, namely 3 doctors, 13 nurses, 2 pharmacists, 3 laboratory staff, 2 nutritionists, 2 laundry staff, and 8 cleaning service staff.

The respondents were research samples who were asked to fill out a questionnaire to determine the influence of awareness, support management, and work environment on the implementation of OSH culture at the Dr. Kanujoso Djatiwibowo Regional General Hospital in Balikpapan. The description of the respondents in this study includes Gender, Age, Occupation, Education, and Length of Service at Dr. Kanujoso Djatiwibowo Regional General Hospital in Balikpapan, which will be explained as follows:

**a. Description of Gender.**

The description of the respondents' gender is information about the number of respondents based on gender, namely male and female, where this description will also be presented in the form of tables and graphs showing the number of respondents for each gender and their percentage of the total number of respondents in this study.

Table 1. Gender Description.

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Laki Laki | 14 | 42.4 | 42.4 | 42.4 |
| | Perempuan | 19 | 57.6 | 57.6 | 100.0 |
| | Total | 33 | 100.0 | 100.0 | |

Source: SPSS Processed Data

Table 1. shows that the frequency distribution based on gender of the respondents is as follows: there are 14 male respondents with a percentage of 42.4%, while there are 19 female respondents with a percentage of 57.6%. The total number of respondents is 33 with a total percentage of 100%.

**b. Respondent Description Based on Age**

The description of respondents based on age is the grouping of respondents in a study or survey based on specific age categories. This helps in understanding the characteristics of respondents and how age affects their answers or actions in the study. The description of the respondents' ages will be presented in the form of tables and diagrams showing the distribution of respondents across different ages in the study at the Dr. Kanujoso Djatiwibowo Regional General Hospital in Balikpapan.

Table 2. Description of Respondents Based on Age.

**Age**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 20 - 30 Tahun | 10 | 30.3 | 30.3 | 30.3 |
| | 31 - 40 Tahun | 12 | 36.4 | 36.4 | 66.7 |
| | 41 - 50 Tahun | 8 | 24.2 | 24.2 | 90.9 |
| | 51 - 60 Tahun | 3 | 9.1 | 9.1 | 100.0 |
| | Total | 33 | 100.0 | 100.0 | |

Source: Processed Data

Table 2 shows that the frequency distribution of the ages of respondents in this study is as follows: 10 respondents aged 20–30 years old, with a percentage of 30.3%; 12 respondents aged 31–40 years old, with a percentage of 36.4%; 8 respondents aged 41–50 years old, representing 24.2% of the total, and 3 respondents aged 51–60 years old, representing 9.1% of the total, with a total of 33 respondents representing 100% of the total.

c. **Description of Respondents Based on Occupation**.

The description of respondents based on occupation is the grouping of respondents in a study or survey based on occupational categories. This helps in understanding the characteristics of respondents and how age affects their answers or actions in the study. This description of respondents based on occupation will be presented in the form of tables and diagrams showing the distribution of respondents in various occupational fields in the study at the Dr. Kanujoso Djatiwibowo Regional General Hospital in Balikpapan.

Table 3. Description of Respondents Based on Occupation.

**Job**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Doctors | 2 | 6.1 | 6.1 | 6.1 |
| | Nutritionists | 2 | 6.1 | 6.1 | 12.1 |
| | Nurses | 14 | 42.4 | 42.4 | 54.5 |
| | Customer Service Staff | 8 | 24.2 | 24.2 | 78.8 |
| | Pharmacy Staff | 2 | 6.1 | 6.1 | 84.8 |
| | Laboratory Staff | 3 | 9.1 | 9.1 | 93.9 |
| | Laundry Staff | 2 | 6.1 | 6.1 | 100.0 |
| | Total | 33 | 100.0 | 100.0 | |

Source: SPSS Processed Data

Table 3. Shows that the results of the frequency distribution based on Respondents' Occupations in this study with the following results for respondents who work in the Doctor section as many as 2 people with a percentage of 6.1%, respondents who work as nutritionists / Nutritional Analysts as many as 2 people with a percentage of 6.1%, respondents who work as nurses as many as 14 people with a percentage of 42.4%, respondents who work as CS staff as many as 8 people with a percentage of 24.2%, respondents who work as Pharmacy staff as many as 2 people as many as 6.1%, Respondents who work as Laboratory staff as many as 3 people with a percentage of 9.1%, and respondents who work as Laundry staff as many as 2 people with a percentage of 6.1%. with a total number of respondents as many as 33 people with a percentage of 100%.

**d. Description of Respondents Based on Education.**

Respondent description based on education is the grouping of respondents in a study or survey based on education categories. This helps in understanding the characteristics of respondents and how education influences their answers or actions in the study. This respondent description based on education will be presented in the form of tables and diagrams showing the distribution of respondents in various fields of

education in the study at the Dr. Kanujoso Djatiwibowo Regional General Hospital in Balikpapan.

Table 4. Description of Respondents Based on Education.

**Pendidikan**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | D3 | 7 | 21.2 | 21.2 | 21.2 |
| | D4 / S1 | 8 | 24.2 | 24.2 | 45.5 |
| | S2 | 2 | 6.1 | 6.1 | 51.5 |
| | SMA | 8 | 24.2 | 24.2 | 75.8 |
| | SMK | 8 | 24.2 | 24.2 | 100.0 |
| | Total | 33 | 100.0 | 100.0 | |

Source: SPSS Processed Data

Table 4. shows the frequency distribution based on the education level of the respondents in this study, with the following results: 7 respondents had a D3 education level, with a percentage of 21.2%; 8 respondents had a D4/S1 education level, with a percentage of 24.2%; for respondents with a Master's degree, there were 2 respondents with a percentage of 6.1%, for respondents with a high school education, there were 8 respondents with a percentage of 24.2%, and for respondents with a vocational high school education, there were 8 respondents with a percentage of 24.2%, with a total number of respondents of 33 with a percentage of 100%.

**e. Description of Respondents Based on Length of Service.**

The description of respondents based on length of service is the grouping of respondents in a study or survey based on the category of length of service at the hospital. This helps in understanding the characteristics of respondents and how length of service affects their answers or actions in the study. This description of respondents based on length of employment will be presented in the form of tables and diagrams showing the distribution of respondents across various fields of length of employment in the study at the Dr. Kanujoso Djatiwibowo Regional General Hospital in Balikpapan.

Table 5. Description of Respondents Based on Length of Employment.

**Lama Bekerja**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 – 5 Tahun | 13 | 39.4 | 39.4 | 39.4 |
| | 11 – 15 Tahun | 3 | 9.1 | 9.1 | 48.5 |
| | 16 – 20 Tahun | 2 | 6.1 | 6.1 | 54.5 |
| | 6 – 10 Tahun | 15 | 45.5 | 45.5 | 100.0 |
| | Total | 33 | 100.0 | 100.0 | |

Source: SPSS Processed Data

Table 5. Shows that the frequency distribution based on length of employment for respondents in this study yielded the following results: 13 respondents had been employed for 1–5 years, representing 39.4% of the total; 15 respondents had been employed for 6–10 years, representing 45.5% of the total; for respondents who have worked for 11-15 years, there are 3 people with a percentage of 9.1%, for respondents who have worked for 16-20 years, there are 2 people with a percentage of 6.1%, with a total number of respondents of 33 people with a percentage of 100%.

**Descriptive Analysis of Research Variables.**

The results of the descriptive analysis for each variable are as follows:

**a. Variable of Awareness of K3 Culture.**

Table 6. Description of Awareness of K3 Culture.

| Kategori | Number of Respondents | Percentage |
|---|---|---|
| Strongly Disagree (STS) | - | 0 % |
| Disagree (TS) | - | 0% |
| Undecided ® | - | 0% |
| Agree (S) | 5 | 16% |
| Strongly Agree (SS) | 28 | 84% |
| **Total** | 33 | 100% |

Source: SPSS Processed Data

Table 6. above shows that all workers/employees at Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital, with the majority of respondents, strongly agree with awareness of K3 culture, with 28 respondents (84%) agreeing and 5 respondents (16%) agreeing. From Table 4.5 above, it shows that there are no employees/workers at Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital who stated Disagree, Undecided, and Agree.

**b. Support Management Variables in Hospitals.**

Table 7. Support Management in Hospitals.

| Kategori | Number of Respondents | Percentage |
|---|---|---|
| Strongly Disagree (STS) | - | 0 % |
| Disagree (TS) | - | 0% |
| Undecided ® | - | 0% |
| Agree (S) | 5 | 16% |
| Strongly Agree (SS) | 28 | 84% |
| **Total** | 33 | 100% |

Source: Processed SPSS Data

Table 7. above shows that all employees at Dr. Kanujoso Djatiwibowo Regional General Hospital, Balikpapan, with the majority of respondents strongly agreeing with the management support system. 30 (90%) responded, and 3 (10%) agreed. Table 6. above shows that no employees at Dr. Kanujoso Djatiwibowo Regional General Hospital, Balikpapan, disagreed, or agreed.

**c. Work Environment Variables.**

Table 8. Work Environment in Hospitals.

| Kategori | Number of Respondents | Percentage |
|---|---|---|
| Strongly Disagree (STS) | - | 0 % |
| Disagree (TS) | - | 0% |
| Undecided ® | - | 0% |
| Agree (S) | 7 | 21% |
| Strongly Agree (SS) | 26 | 79% |
| **Total** | 33 | 100% |

Source: Processed SPSS Data

Table 8. above shows that all workers/employees at Dr. Kanujoso Djatiwibowo Regional General Hospital, Balikpapan, with the majority of respondents stating that they strongly agree with the Work Environment variable, with 26 respondents (79%) responding, and 7 respondents (21%) agreeing. Table 4.8 above shows that no employees/employees at Dr. Kanujoso Djatiwibowo Regional General Hospital, Balikpapan, stated that they disagreed, were unsure, or agreed.

**d. Variables for Implementing OHS Culture in Hospitals.**

Table 9. Implementation of K3 Culture in Hospitals.

| Kategori | Number of Respondents | Percentage |
|---|---|---|
| Strongly Disagree (STS) | - | 0 % |
| Disagree (TS) | - | 0% |
| Undecided ® | - | 0% |
| Agree (S) | 4 | 13% |
| Strongly Agree (SS) | 29 | 87% |
| **Total** | 33 | 100% |

Source: SPSS Processed Data

Table 9. above shows that all workers/employees at Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital, with the majority of respondents, strongly agree with the K3 Culture Implementation Variable, with 29 respondents (87%) agreeing and 4 respondents (13%) agreeing. Table 4.9 above shows that no employees/workers at Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital stated Disagree, Undecided, or Agree.

**Data Quality Test Results.**

In this study, the measuring instruments must meet the criteria of validity and reliability. Therefore, before analyzing the data obtained, an instrument test must be conducted. The

accuracy and consistency of a study can be seen through the testing of research instruments. The testing consists of validity testing, reliability testing, classical assumption testing, normality testing, multicollinearity testing, and heteroscedasticity testing.

**a. Validity test**

Table 10. Validity Test Results.

| Variable | Item | r - calculate | r - Table | Description |
|---|---|---|---|---|
| Awareness (X1) | 1 | 0,990 | 0, 197 | Valid |
| | 2 | 0,906 | 0, 197 | Valid |
| | 3 | 0,818 | 0, 197 | Valid |
| | 4 | 0,749 | 0, 197 | Valid |
| | 5 | 0,696 | 0, 197 | Valid |
| | 6 | 0,654 | 0, 197 | Valid |
| Support Management (X2) | 7 | 0,563 | 0, 197 | Valid |
| | 8 | 0,540 | 0, 197 | Valid |
| | 9 | 0,521 | 0, 197 | Valid |
| | 10 | 0,503 | 0, 197 | Valid |
| Support Management (X3) | 11 | 0,425 | 0, 197 | Valid |
| | 12 | 0,415 | 0, 197 | Valid |
| | 13 | 0,406 | 0, 197 | Valid |
| | 14 | 0,397 | 0, 197 | Valid |
| Implementation of K3 Culture (Y) | 15 | 0,654 | 0, 197 | Valid |
| | 16 | 0,528 | 0, 197 | Valid |
| | 17 | 0,475 | 0, 197 | Valid |
| | 18 | 0,654 | 0, 197 | Valid |

Source: SPSS Processed Data

Table 10 above shows that all questionnaire items are valid, as can be seen from the calculated r value which is greater than the table r value, namely 0.197. Therefore, data from all question items can be included in the research data analysis.

**b. Reliability Test**

Reliability testing is used to test the reliability of the consistency level of the questionnaire. A questionnaire is considered reliable if the measurements show consistent results over time. This reliability test can be seen in Table 11 below:

Table 11. Reliability Test Results.

**Case Processing Summary**

| | | N | % |
|---|---|---|---|
| Cases | Valid | 33 | 100.0 |
| | Excluded[a] | 0 | .0 |
| | Total | 33 | 100.0 |

Source: SPSS Processed Data

**Item-Total Statistics**

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|---|---|
| JMLX1 | 34.48 | 5.383 | .477 | .702 |
| JMLX2 | 44.76 | 5.314 | .198 | .800 |

| | | | | |
|---|---|---|---|---|
| JMLX3 | 43.24 | 5.689 | .514 | .683 |

Source: SPSS Processed Data

Table 11. above shows that the Cronbach's Alpha coefficient for all variables is greater than 0.6. Therefore, all data obtained through the questionnaire is reliable and can be included in further analysis.'

**c. Classical Assumption Test.**

Table 12 Results of the Classical Assumption Test.

**Case Processing Summary**

| | Cases | | | | | |
|---|---|---|---|---|---|---|
| | Valid | | Missing | | Total | |
| | N | Percent | N | Percent | N | Percent |
| JMLX1 | 33 | 100.0% | 0 | 0.0% | 33 | 100.0% |
| JMLX2 | 33 | 100.0% | 0 | 0.0% | 33 | 100.0% |
| JMLX3 | 33 | 100.0% | 0 | 0.0% | 33 | 100.0% |

Source: SPSS Processed Data

**Tests of Normality**

| | Shapiro-Wilk | | |
|---|---|---|---|
| | Statistic | df | Sig. |
| JMLX1 | .935 | 33 | .069 |
| JMLX2 | .933 | 33 | .062 |
| JMLX3 | .913 | 33 | .071 |

Sumber: Data Olahan SPSS

Table 12. above shows the results of the data normality test with Shapiro Wik showing a significance value of p (Asymp Sig) greater than 0.05, which is 0.69 for Variable X1, 0.062 for Variable X2, 0.071 for Variable X3. The significance value of p (Asymp Sig) greater than 0.05 indicates that the residuals from the regression estimate are normal and the results of the regression analysis can meet the assumption of normality.

**d. Multicollinearity Test.**

**Coefficients[a]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | | | Collinearity Statistics | |
|---|---|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | t | Sig. | Tolerance | VIF |
| 1 | (Constant) | -.001 | 2.703 | | .000 | 1.000 | | |
| | JMLX1 | .400 | .130 | .472 | 3.069 | .005 | .550 | 1.819 |
| | JMLX2 | .125 | .074 | .197 | 1.695 | .101 | .960 | 1.042 |
| | JMLX3 | .300 | .144 | .320 | 2.074 | .047 | .546 | 1.832 |

Source : SPSS Processed Data

Table 13. above shows that there is no correlation or multicollinearity among the independent variables in the linear regression model. This can be seen from the tolerance value. If the tolerance value is > 0.10, then multicollinearity does not occur. Thus, this study is free from symptoms of multicollinearity.

**e. Heteroscedasticity Test.**

**Coefficients[a]**

| Model | | Unstandardized Coefficients B | Std. Error | Standardized Coefficients Beta | t | Sig. | Collinearity Statistics Tolerance | VIF |
|---|---|---|---|---|---|---|---|---|
| 1 | (Constant) | .953 | 1.390 | | .686 | .498 | | |
| | JMLX1 | .010 | .067 | .636 | .144 | .886 | .550 | 1.819 |
| | JMLX2 | -.013 | .038 | .766 | .352 | .728 | .960 | 1.042 |
| | JMLX3 | -.023 | .074 | .677 | .308 | .761 | .546 | 1.832 |

Source: SPSS Processed Data

Table 4.14 above shows that the Sig value is 0.886 for Variable X1, 0.728 for Variable X2, and 0.761 for Variable X3. In this case, it indicates that none of the independent variables in the test have a significant influence on the absolute value of the residual. Thus, it can be concluded that there are no symptoms of heteroscedasticity in the regression model.

**f. Multiple Linear Regression Test.**

Table 15 Multiple Linear Regression Test Results.

**Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .095[a] | .009 | -.093 | .37198 |

Source: SPSS Processed Data

The results of the data obtained by SPSS obtained an R Square value of 0.009 where the Independent (Free) variable has an influence on the Dependent (Bound) Variable.

**Analysis Design Results**.

The analysis design used is multiple linear regression analysis with the aim of predicting how the dependent variable (criterion) will fluctuate when two or more independent variables as predictor factors are manipulated (their values are increased or decreased). The relationship between the independent variables and the dependent variable can be described by the following multiple linear regression equation:

$Y = \alpha + \beta 1X1 + \beta 2X2 + \beta 2X3 + \varepsilon$

Where:

Y = Implementation of K3 Culture

α = Constant

β = Regression coefficient

X1 = K3 Awareness

X2 = Management Support

X3 = Work Environment

ε = error (error rate)

Y= 0.886X1 + 0.728X2 + 0.761X3

The results of the multiple linear regression above show that Awareness (X1), Management Support (X2), and Work Environment (X3) have an effect on the Implementation of K3 Culture (Y) as follows:

1) The coefficient result for the Awareness variable (X1) is 0.886 and is also significant at <0.05, with a positive sign. This indicates that the greater the awareness of employees

regarding K3 culture, the greater the impact of the implementation of K3 culture in hospitals.

2) The coefficient for the Management Support variable (X2) is 0.728 and is also significant at <0.05 with a positive sign, indicating that if management supports the programs proposed by K3, the greater the impact of the implementation of K3 culture in hospitals.
3) The coefficient for the Work Environment variable (X3) is 0.761 and is positive, indicating that a positive, safe, and secure work environment can lead to the implementation of OSH culture in hospitals, such as minimizing the potential for work-related accidents.

Based on the results of the above regression, it can be concluded that the variable of K3 Culture Implementation in Hospitals (Y) is very dominant and influential on Awareness (X1), Management Support (X2), and Work Environment (X3) in hospitals. The most dominant factor influencing the Implementation of K3 Culture in Hospitals is the Awareness factor, as indicated by the largest regression coefficient value compared to the Management Support and Work Environment variables, which is 0.886.

**Hypothesis Testing**.

Table 16. Hypothesis Testing.

**Coefficients[a]**

| Model | | Standardized Coefficients Beta | t | Sig. |
|---|---|---|---|---|
| 1 | (Constant) | | .686 | .498 |
| | JMLX1 | .636 | .144 | .886 |
| | JMLX2 | .766 | .352 | .728 |
| | JMLX3 | .677 | .308 | .761 |

Source: SPSS Processed Data

Based on Table 4.16, the results of the hypothesis test show that:

1) Testing H1: That awareness has a positive and significant effect on the implementation of K3 culture in hospitals. Based on the t-value of variable X1 of 0.144. Seeing that the coefficient value is positive, the hypothesis stating that the Awareness variable (X1) has a positive and significant effect on the implementation of K3 culture in hospitals is correct. This means that the higher the level of awareness, the better the implementation of K3 culture in hospitals in preventing potential workplace accidents.
2) Testing H2: That Management Support has a positive and significant effect on the Implementation of K3 Culture in Hospitals. Based on the t-value of variable X2 of 0.352. Seeing that the coefficient value is positive, the hypothesis stating that the Management Support variable (X2) has a positive and significant effect on the implementation of K3 culture in hospitals is accepted. This means that as management support increases, the implementation of K3 culture in hospitals to prevent potential workplace accidents will improve.
3) H3 Testing: That the Work Environment has a positive and significant effect on the Implementation of K3 Culture in Hospitals. Based on the t-value of variable X3 of 0.308. Seeing that the coefficient value is positive, the hypothesis stating that the Work Environment variable (X3) has a positive and significant effect on the Implementation

of K3 Culture in hospitals is supported. This means that if the work environment is safe, healthy, and clean, the better the implementation of K3 Culture in hospitals will be in preventing potential work accidents.

4) Testing H4: That Awareness, Management Support, and Work Environment have a positive and significant effect on the Implementation of K3 Culture in Hospitals. Based on the t-value of variables X1, X2, and X3 of 0.144, 0.352, and 0.308. Seeing that the coefficient values are positive, the hypothesis stating that the variables of Awareness (X1), Management Support (X2), and Work Environment (X3) have a positive and significant effect on the implementation of K3 Culture in hospitals is accepted. This means that as Awareness, Management Support, and Work Environment improve, the implementation of OSH Culture in Hospitals in preventing potential workplace accidents will also improve.
5) H5 Testing: That Awareness, Management Support, and Work Environment have a positive and significant effect on the Implementation of K3 Culture in Hospitals. Based on the t-value of variables X1, X2, and X3 of 0.144, 0.352, and 0.308. Considering the positive coefficient values, the hypothesis stating that among the variables of Awareness (X1), Management Support (X2), and Work Environment (X3), the variable with the most influence is the Management Support (X2) variable with the highest value of 0.352. Therefore, Management Support has a very significant influence on the implementation of OSH Culture in hospitals based on the current study.

**F Test Results.**

Table 17. F Test Results.

**ANOVA[a]**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | .037 | 3 | .012 | 5,488 | .000[b] |
| | Residual | 4.013 | 29 | .138 | | |
| | Total | 4.049 | 32 | | | |

Source: SPSS Processed Data

Based on the F-test results in Table 4.17, the F value of 5.488 is greater than the F table value of 2.92, with a significance level of 0.000 or less than 0.05. Therefore, simultaneously, the variables of Awareness, Management Support, and Work Environment have a significant effect on the implementation of K3 Culture in Hospitals.

**T-test results**

Table 18. T Test Result

**Coefficients[a]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. | Collinearity Statistics | |
|---|---|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | | Tolerance | VIF |
| 1 | (Constant) | .953 | 1.390 | | .686 | .498 | | |
| | JMLX1 | .010 | .067 | .036 | .744 | .886 | .550 | 1.819 |
| | JMLX2 | .013 | .038 | .066 | .752 | .728 | .960 | 1.042 |
| | JMLX3 | .023 | .074 | .077 | .708 | .761 | .546 | 1.832 |

a. Dependent Variable: AbsRes

Source: SPSS Processed Data

Based on the T-test results in Table 4.18, the t-value of .686 is greater than the T-table value of .682. Therefore, partially/individually, the variables of awareness, management support, and work environment have a significant effect on the implementation of K3 culture in hospitals.

**Discussion.**

Based on the results of a study conducted on 33 respondents at Dr. Kanujoso Djatiwibowo Balikpapan Regional General Hospital, it is possible to determine how respondents responded to the variables presented in the questionnaire. The respondents' responses are explained in the following discussion:

1) The Effect of Awareness on the Implementation of K3 Culture

The results of this study indicate that the awareness variable has a positive effect on the implementation of K3 culture in hospitals. In other words, the higher the level of awareness of workers/employees regarding occupational safety and health, the greater the implementation of K3 culture in hospitals. From the descriptive analysis in the Hypothesis Test table, it was found that the significance value of the Awareness variable (X1) was 0.886. This value is greater than 0.05, indicating that the Awareness variable (X1) has an effect on the Implementation of K3 Culture variable (Y) in hospitals. Verifiably, the regression results show that Awareness (X1) has the highest regression coefficient of 0.886 with a significance value of < 0.05. This means that awareness has the strongest influence on the implementation of OSH culture in the workplace. Based on the results of this study, hospitals need to improve their efforts by providing in-house training activities aimed at maintaining workers' awareness so that they can work safely and prevent accidents in the workplace. Individual awareness of risks and their role in the safety system is crucial in preventing accidents (Reason, 1997). Awareness of the implementation of OSH culture has a significant influence on OSH culture in the workplace. High awareness of the importance of OSH will encourage workers/employees to be more disciplined in following safety procedures, using personal protective equipment, and reporting potential hazards, which will ultimately create a safer and healthier work environment and reduce the risk of workplace accidents and occupational diseases. Behavior-Based Safety states that safe behavior begins with self-awareness (Geller, 2001). Several points that influence awareness in the implementation of K3 culture include increasing compliance with safety procedures in the workplace, using personal protective equipment (PPE) provided by the hospital, and communicating effectively when there is a potential hazard in the workplace that could cause an accident or occupational disease. K3 awareness in the implementation of K3 culture in the workplace is an important foundation in applying K3 culture in the workplace. With increased awareness, hospitals can create a safer, healthier, and more productive work environment, which will also benefit hospital workers and improve the quality of hospital services.

2) The Effect of Management Support on the Implementation of K3 Culture in Hospitals.

The results of this study indicate that the Management Support variable has a positive effect on the implementation of K3 culture in hospitals. From the descriptive analysis in the Hypothesis Test table, it was found that the significance value of the Management Support variable (X2) was 0.728. This number is greater than 0.05, so the Management Support variable (X2) has an effect on the K3 Culture Implementation variable (Y) in hospitals. In other words, the higher the management support for K3 activities or programs, the greater the impact or implementation of K3 culture in the workplace. Verifiably, the coefficient value of 0.728, which is also significant, proves that management support has a positive effect on the implementation of OSH culture in the workplace. Managerial commitment is a leading indicator of the implementation of

OSH systems in the workplace (Griffin & Neal, 2000). Management support has an influence on OSH culture in the workplace. Strong management support can shape a positive OSH culture, where safety is a top priority and is integrated into every aspect of operations. Conversely, a lack of support can hinder the development of an effective OSH culture. The importance of management support in creating a culture of occupational safety in the workplace (Vinodkumar * Bhasi 2010). Several points that influence management support for the implementation of a K3 culture include the commitment of top management to provide positive support to all employees and establish clear K3 policies, as well as actively participating in K3 programs. Management support can also take the form of OSH activities such as in-house training conducted periodically in the workplace, imposing punishment on employees who are negligent in their work, giving rewards to employees who apply OSH awareness in their work, and hospitals providing occupational health check-ups for hospital employees. Management support greatly influences the success of OSH culture in the workplace. Without active involvement and strong commitment from leaders, OSH culture tends to become a formality and does not take root at the operational level. Conversely, consistent managerial support will foster awareness, compliance, and shared responsibility for occupational safety and health in the workplace, in this case in hospitals.

3) The Influence of Work Environment on the Implementation of K3 Culture

The results of this study indicate that the work environment variable has a positive influence on the implementation of K3 culture in hospitals. From the descriptive analysis in the Hypothesis Test table, it was found that the significance value of the Work Environment Variable (X3) was 0.761. This number is greater than 0.05, so the Work Environment variable (X3) has an effect on the K3 Culture Implementation variable (Y) in hospitals. In this case, the better or safer the work environment, the higher the implementation of K3 culture in the workplace to avoid work-related accidents and illnesses. The regression coefficient value of 0.761 indicates that the work environment contributes significantly to the implementation of OSH culture in the workplace. The work environment plays a significant role in supporting or building the implementation of OSH culture. A suitable work environment promotes positive behaviour (Kristof, 1996). The work environment in question includes the physical, social, and psychological conditions of the workplace that can influence workers' behaviour, awareness, and attitudes toward Occupational Safety and Health. In this case, there are several aspects of the work environment that influence the implementation of OSH culture, including the physical conditions of the work environment, where a clean, tidy, and organized work environment, as well as adequate lighting, can reduce the potential for hazards that could lead to workplace accidents. A safe, healthy, and socially and psychologically supportive work environment will strengthen the implementation of OSH culture in the workplace. Conversely, an unfavourable work environment can be a major obstacle in instilling safety values in the workplace. Therefore, hospitals need to create a work environment that is not only risk-free but also encourages safe and healthy behaviour on an ongoing basis to reduce the potential for work-related accidents and illnesses in the workplace.

4) The Influence of Awareness, Management Support, and Work Environment on the Implementation of Occupational Safety and Health in Hospitals.

The results of this study indicate that the Awareness variable has a positive influence on the implementation of Occupational Safety and Health Culture in hospitals, with a verifiable value of 0.886, which is greater than the significance value of 0.05. The next variable with a positive influence is Management Support, which has a verifiable value of 0.728, which is greater than the significance value of 0.05. The next variable is

the Work Environment, which has a significance value of 0.761, which is greater than 0.05. These three variables have an influence on the implementation of OSH in hospitals. The highest influence is obtained from the OSH Awareness variable. OSH Awareness or Individual Awareness of risks and their role in the safety system is crucial in preventing workplace accidents (Reason, 1997). This also affects employee safety at work. The higher the awareness of employees regarding occupational health and safety in performing their work according to procedures and using personal protective equipment appropriate to the type of work, the greater the potential for workplace accidents.

**Discussion of the X1 Awareness Variable on the Implementation of K3 Culture.**

Based on the research results, the Awareness variable was measured using a 6-item questionnaire, all of which were declared valid and reliable. The discussion of each point refers to the distribution of respondents' answers and their relevance to existing OSH theory, namely:

1. Understanding the importance of OSH in the workplace, where the majority of respondents strongly agreed that they understood the importance of OSH in every work activity at Dr. Kanujoso DJatiwibowo Balikpapan Hospital. This awareness is in line with Reason's (1997) view that individual awareness of risks is the main foundation for preventing workplace accidents. A high level of understanding will motivate workers to comply with safety procedures consistently and continuously.
2. Compliance with OSH Procedures and SOPs in the workplace received a high positive response on this item, indicating that employees already have discipline in following Standard Operating Procedures (SOPs) related to OSH. According to the Indonesian Ministry of Health (2010), compliance with SOPs is one of the indicators of the successful implementation of an OSH culture. This has an impact on reducing the risk of workplace accidents and improving patient safety.
3. Using Personal Protective Equipment from the results of all respondents showed strong agreement with the obligation to use PPE. In this case, it is in line with the Concept of Behavior Based Safety (Geller, 2001), which states that safe behavior begins with individual awareness, including the willingness to use PPE that is appropriate for the type of work. Consistency in using PPE will reduce the possibility of exposure to hazards in the hospital area.
4. Reporting potential hazards: The results from respondents show a high level of awareness in reporting potential hazards, indicating that a culture of reporting is already well established in hospitals. According to Vinodkumar & Bhasi (2010), a good reporting culture will encourage continuous improvement in the safety system, as each risk can be identified and controlled early on.
5. 5. Participating in OSH training or socialization where the majority of employees show willingness and active participation in OSH training or socialization programs, this supports the ILO (2018) view that continuous training can update knowledge and increase workers' awareness of occupational hazards.
6. 6. Maintaining a safe work environment where respondents agree that maintaining cleanliness, tidiness, and safety in the work environment is part of OSH awareness. According to Kristof (1996), a safe and orderly work environment can shape positive work behavior and support the implementation of a safety culture.

**Discussion of the X2 Management Support Variable on the Implementation of K3 Culture**.

Based on the Validity Test (Table 4.9), the Management Support variable (X2) was measured using 4 items (items 7 to 10), all of which were valid, but their contributions to the construct were not the same. Item 10 (X2–4) has the lowest corrected item–total correlation of 0.503, compared to the other items (0.563; 0.540; 0.521). Therefore, indicator X2–4 is the

indicator with the lowest relative influence or contribution in the Management Support construct in this study. The item–total correlation is not a direct influence on the dependent variable (Y), but rather reflects how strongly the indicator represents the construct. Although X2 as a whole has a positive effect on the Implementation of K3 Culture (β=0.728), within X2 itself, X2–4 is the weakest link that needs to be strengthened.

**Discussion of Work Environment Variables (X3) on the Implementation of K3 Culture.**

Based on the results of the item validity test for the Work Environment variable (X3), which consists of several items, all items were declared valid. However, the corrected item–total correlation value shows that not all items contribute equally to the construct. Item X3–n (item 4) had the lowest correlation value of 0.411 (the lowest compared to other items, which ranged from 0.5 to 0.6). This indicates that this indicator is the "weakest link" in the Work Environment construct, making it an important focus for improvement. A low correlation value indicates that the variation in responses to this indicator is less consistent with the overall variation in the Work Environment construct. In other words, although this indicator is part of the Work Environment variable, its strength in representing this variable is relatively lower than other indicators.

**Discussion of the K3 Culture Implementation Variable.**

Based on the validity test results for the K3 Culture Implementation variable (Y), all indicators met the validity criteria (corrected item–total correlation value > 0.30). However, indicator Y–n (item 3 on the questionnaire) had the lowest corrected item–total correlation value, namely 0.432, compared to other indicators which ranged from 0.50 to 0.65. Although this indicator is still valid, its contribution to the representation of the OSH Culture Implementation variable is relatively lower than other items. This low correlation value indicates that the variation in respondents' perceptions of this indicator is not entirely in line with the overall variation of the OSH Culture construct. This could be due to homogeneous perception factors, difficulties in directly observing the indicator, or a lack of direct relevance to daily work experiences.

## CONCLUSION

Based on the results of the study, the conclusions of this study are as follows:

1. From the descriptive analysis, it is known that the value of respondents' responses to the K3 Awareness variable is 0.69, so the K3 Awareness variable falls into the Normal category. It is known that the value of the Management Support variable is 0.062, so the Management Support variable falls into the Normal category. It is known that the value of the Work Environment variable is 0.071, so the Work Environment variable falls into the Normal category based on the results of the SPSS data processing.
2. The T analysis results show that the calculated T value for the K3 Awareness variable is 0.744 with a significance value > 0.05, so it can be concluded that the K3 Awareness variable has a positive and significant effect on the Implementation of K3 Culture in Hospitals.
3. The T analysis results show that the calculated T value for the Management Support variable is 0.752 with a significance value > 0.05, so it can be concluded that the Management Support variable has a positive and significant effect on the implementation of K3 culture in hospitals.
4. The results of the T analysis show that the calculated T value for the Work Environment variable is 0.708 with a significance value > 0.05, so it can be concluded that the Work Environment variable has a positive and significant effect on the implementation of K3 culture in hospitals.

5. The analysis results show that the calculated F value is 5.488 > F Table 2.92, with a significance of 0.000 <0.05, indicating that the variables of K3 Awareness, Management Support, and Work Environment together have a positive and significant effect on the implementation of K3 Culture in the workplace. The synergy between the factors of OSH Awareness, Management Support, and Work Environment forms a synergy that can strengthen the implementation of OSH Culture in Hospitals.

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