KESANS: International Journal of Health and Science
2808-7178 / 2808-7380
http://kesans.rifainstitute.com/index.php/kesans/index

Improving Psychological Services For Patients With Physical Disabilities Following Work-Related Accidents In The Inpatient Ward Of Riau Provincial Hospital In 2026

[1]Rezi Mawaldi *, [2]Savitri Citra Budi, [3]Grhasta Dian Perestroika
[1]Master of Applied Occupational Safety and Health, Department of Health Services and Information, Sekolah Vokasi, Universitas Gadjah Mada, Indonesia*; email: rezi.mawaldi@gmail.com
[2]Department of Health Services and Information, Sekolah Vokasi, Universitas Gadjah Mada, Indonesia; email: savitri@ugm.ac.id
[3]Master of Applied Occupational Safety and Health, Department of Health Services and Information, Sekolah Vokasi, Universitas Gadjah Mada, Indonesia; email: grhastadian@mail.ugm.ac.id
*Correspondence

Article Information
Submitted: **23 August 2026**
Accepted: **07 September 2026**
Publish: **16 September 2026**

Keyword: Work-related Accidents; Psychological Health; Disabilities; Psychologists;

Abstract
Introduction*: Psychological support is important for patients with physical disabilities following workplace accidents because psychological problems may affect recovery and rehabilitation. In 2025, 145 workers in Riau Province experienced physical disabilities following workplace accidents.* ***Objective****: This study aimed to develop and improve psychological services for patients with physical disabilities following workplace accidents during inpatient care.* ***Method****: A descriptive qualitative approach with a research and development design using the ADDIE model was conducted at a hospital in Riau Province in 2026. Data were collected through observation, interviews, document review, and Focus Group Discussions involving relevant healthcare professionals and hospital management.* ***Results and Discussion****: The developed psychological service provided a standardized pathway for screening, intervention, multidisciplinary coordination, and follow-up support. The findings show that improving psychological services requires the integration of medical, psychological, social, and occupational aspects, with psychological support continuing after hospital discharge.* ***Conclusion****: Standardized psychological services are important for strengthening comprehensive occupational accident rehabilitation, improving multidisciplinary coordination, supporting continuity of psychological care, and facilitating psychological adaptation and return to work.*

How to Cite **Rezi Mawaldi, Savitri Citra Budi, Grhasta Dian Perestroika/Improving Psychological Services For Patients With Physical Disabilities Following Work-Related Accidents In The Inpatient Ward Of Riau Provincial Hospital In 2026/Vol. 5, No. 12, 2026**
DOI https://doi.org/10.54543/kesans.v5i12.727
e-ISSN/p-ISSN **2808-7178 / 2808-7380**
Published by **CV. Rifainstitut/KESANS: International Journal of Health and Science**

Introduction

Occupational accidents are unexpected events that may cause physical injury, disability, psychological distress, and substantial losses for both workers and organizations. The International Labour Organization (ILO) has reported that a worker dies from a work-related accident or disease approximately every 15 seconds, equivalent to more than 6,000 deaths each day worldwide, while around 160 million workers experience work-related illness annually. Indonesia has also experienced a substantial occupational accident burden, with occupational accident cases increasing from 370,747 cases in 2023 to 462,241 cases in 2024. Data from BPJS Ketenagakerjaan recorded 323,652 occupational accident cases by May 2025, representing a sharp 109% increase compared with the same period in the previous year. Although these data show the magnitude of occupational accidents, their consequences extend beyond physical injuries when accidents result in permanent functional limitations or disabilities. Such conditions may create psychological distress and increase the need for psychological support as part of occupational injury management (Dewi *et al*., 2024; Akbar *et al*., 2022; Agustiya *et al*., 2020).

The consequences of occupational accidents become more complex when workers experience permanent disabilities involving the loss of limbs or other substantial functional limitations. Data from BPJS Ketenagakerjaan Branch Pekanbaru Kota showed that 421 workers experienced work-related limitations or disabilities across health facilities in 2023, followed by 336 workers in 2024. By April 2025, 145 workers had experienced limitations affecting their ability to work, while 18 workers with disabilities had been terminated from employment. These conditions may affect workers' physical functioning, ability to return to work, financial independence, and adaptation to changes in their social and family roles. The loss of an important body function may also generate feelings of helplessness, anxiety, sadness, uncertainty, and reduced motivation, particularly among workers whose physical abilities are closely associated with their occupations. Therefore, the management of occupational accidents should not be limited to physical treatment but should also address the psychological and psychosocial consequences experienced by workers with disabilities. Hospitals therefore have an important role in providing integrated services that address both the physical and psychological needs of patients following occupational accidents (Dewi *et al*., 2024).

Hospitals are part of the health system and provide health services that include promotive, preventive, curative, and rehabilitative care, as well as medical referral services to support patient recovery (Saputri & Indra, 2019). For patients recovering from occupational accidents, inpatient care provides an important setting for monitoring physical conditions, managing injuries, facilitating rehabilitation, and identifying psychological problems that may emerge following traumatic injury and disability. Although hospitals primarily focus on treating physical injuries, the patient's psychological condition can substantially influence the overall course of recovery. Inappropriate or inadequate medical management may worsen a patient's condition and potentially result in organ dysfunction as well as material and non-material losses (Maulana, 2021). At the same time, emotional and behavioral factors have increasingly been recognized as important components of modern healthcare because they can significantly influence recovery from various medical conditions (Gontkovsky & Young, 2019; Grosso, 2025).

Psychological and psychosocial factors are particularly relevant during hospitalization because patients must cope simultaneously with physical limitations, uncertainty about their future, changes in independence, and concerns regarding employment and family responsibilities. Incorporating psychosocial factors into a comprehensive and multidisciplinary approach can help reduce patient suffering during hospitalization and support the overall healing process (Figueiredo *et al*., 2021; Freitas *et al*., 2016). Early psychological intervention is particularly important because timely management of emotional distress may reduce the likelihood of persistent psychological problems and chronic psychopathological conditions among workers affected by occupational accidents. Psychological services can provide emotional support, facilitate adaptation to disability, strengthen coping mechanisms, and help patients develop a more positive orientation toward their recovery. Such services are also relevant to improving quality of life, providing emotional support, and supporting disease management among individuals living with chronic conditions or disabilities (Richins *et al*., 2020; Ozcan & Ates, 2024; Usseli & Yasin, 2021 These considerations emphasize the role of psychological services in supporting patients with occupational accident-related disabilities during inpatient care, particularly through early identification of their psychological needs.

The need for such services was also identified through a preliminary study conducted at Riau Provincial Hospital in January 2026 involving three patients with disabilities resulting from occupational accidents, including patients who had lost a leg or an arm. The patients reported feelings of helplessness related to their physical conditions and described frequent crying, anxiety, and disturbances in sleep comfort. They also expressed a lack of motivation to continue their lives because the affected body parts had previously been essential to performing their occupational activities. Interviews with family members showed that psychological services had not yet been provided to these patients during their hospital treatment. In addition, an interview with the Medical Services Manager responsible for occupational accident cases showed that the hospital did not yet have a specific strategy for providing psychological services to patients affected by occupational accidents. These preliminary findings show a clear gap between the psychological problems experienced by patients with occupational accident-related disabilities and the availability of structured psychological services during inpatient care.

Based on these conditions, psychological services for patients with disabilities following occupational accidents need to be strengthened as an integral component of occupational injury management. In particular, patients who experience permanent disabilities may require early psychological assessment and appropriate interventions to help them cope with changes in physical function, occupational roles, independence, and future expectations. A structured hospital-based service is therefore needed to ensure that psychological needs can be identified, managed, documented, and coordinated with other aspects of patient care. The absence of a structured psychological service strategy at the study site shows the need to strengthen and develop psychological service delivery for these patients. Developing such services may support multidisciplinary care, continuity of psychological support, and preparation for rehabilitation and return to work. Therefore, this study aims to improve psychological services for patients with disabilities following occupational accidents at Riau Provincial Hospital in 2026.

Method

This study used a descriptive qualitative approach with a Research and Development (R&D) design to develop standardized psychological health services for patients with physical disabilities following occupational accidents during inpatient care in a hospital in Riau Province in 2026. The R&D approach was selected to develop a standardized service that could be integrated into the hospital's occupational accident management system. The development process adopted the ADDIE model, comprising Analysis, Design, Development, Implementation, and Evaluation (Lukman *et al*., 2021; Satibi, 2017). The analysis stage identified psychological service needs, existing service conditions, and gaps in inpatient psychological support, followed by the design and development of a standardized psychological service pathway involving occupational medicine specialists, clinical psychologists, attending physicians, case managers, healthcare personnel, and hospital management. The developed service was then implemented in the inpatient occupational accident care process to provide psychological support, strengthen multidisciplinary coordination, and support rehabilitation and return-to-work preparation.

Table 1
ADDIE-Based Development of Psychological Services Following Occupational Accidents

ADDIE Stage	Activities in This Study	Main Output
Analysis	Characteristics of workplace accidents were identified through a review of documentation, while in-depth interviews combined with observations yielded data regarding current health status, the impact of the accidents, psychological conditions, and the psychological services available at ABC Hospital Pekanbaru.	Identification of psychological service needs and service gaps,
Design	Designing integrated psychological service pathways and standardized psychological services for patients with disabilities.	Initial psychological service pathway and standard operating procedures (SOPs).
Development	Developing standardized procedures involving occupational medicine specialists, clinical psychologists, attending physicians, case managers, and hospital management	Hospital management approval regarding the initial psychological service pathway and standard operating procedures (SOPs).
Implementation	The product pilot phase serves as a concrete step toward implementing the developed product. In this study, the product consists of a service workflow and Standard Operating Procedures (SOPs) for improving the services provided by a team of psychologists to patients.	Records of service outcomes in the medical record integrated with psychological services
Evaluation	This initiative was carried out through Focus Group Discussions (FGDs) and supplemented by a review of documentation and medical records to assess the product's success and sustainability	Improvements and recommendations for future product development, accompanied by a shared commitment to providing holistic service

Data were collected through semi-structured interviews, document review, and Focus Group Discussion (FGD) involving the multidisciplinary professionals responsible

for occupational accident management and psychological services. The FGD included an occupational medicine specialist, clinical psychologist, attending physician, case manager, and representatives of hospital management, with the discussion focusing on patient identification, initial psychological screening, referral procedures, psychological intervention, follow-up procedures, documentation, and institutional support for the service. The following are the duties and functions of each multidisciplinary field.

Table 2
Interprofessional roles and functions

Profession	Functions
The occupational medicine specialist	Occupational physicians who assess whether a patient involved in a workplace accident requires the services and support of a psychologist must have this request documented via the hospital's integrated records.
Clinical psychologist	Conducting psychological screening for trauma experienced by patients, as well as interventions, implementation and evaluation of post-traumatic psychological support following workplace accidents.
Attending physician	The leader of the entire team involved in the patient's course of treatment, from the moment the patient is admitted until they are advised to be discharged.
Case manager	A medical team that assesses the suitability of the services and therapies provided as part of health interventions during holistic treatment
Hospital management	Ensuring that all aspects of the hospital environment are covered, from hospital programme planning right through to decision-making processes such as the approval of standard operating procedures (SOPs)

Interview findings from the Focus Group Discussion (FGD)-further refined through a review of documentation and medical records-show that the developed product has successfully met expectations; these insights are being used to provide input, critiques, and suggestions for future development. Data were analyzed using the Miles and Huberman model, consisting of data reduction, data display, and conclusion drawing or verification (Lukman *et al*., 2021; Satibi, 2017).This study was approved by the Health Research Ethics Committee of the Yogyakarta Public Health Polytechnic (*Poltekkes Yogyakarta*), Ministry of Health, on June 26, 2026, under No. DP.04.03/e-KEPK.1/1200/2026 regarding the Certificate of Ethical Approval. Written informed consent was obtained from all participants before the interviews and focus group discussions were conducted.

Result and Discussion

Data were collected through a review of documents and interviews with participants. The document review was based on the requirement for companies or workers to submit a workplace accident report specifically the 2 x 24 hour report to ABC Hospital Pekanbaru. The data obtained from this review covered 1,295 workplace accident patients treated in June 2026, allowing for an analysis of the characteristics of these incidents. The high incidence of workplace accidents among workers of productive age is understandable, given that this demographic generally exhibits relatively high levels of workforce participation and engagement in work-related activities. In roles requiring physical exertion, these workers are frequently involved in fieldwork,

equipment operation, material handling, and tasks entailing greater exposure to the work environment. Accidents typically occur within the workplace, with a high frequency of incidents taking place during the morning hours. Unsafe work postures and suboptimal safety systems are common factors associated with these occurrences.

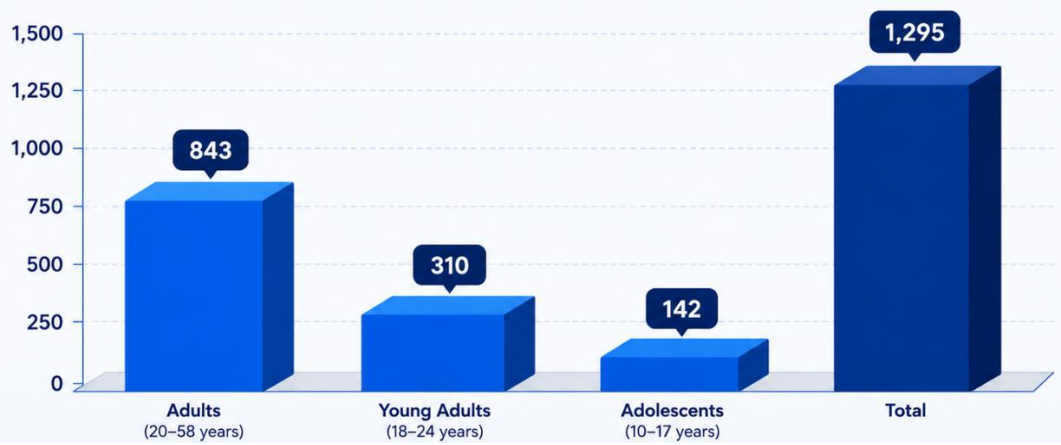

Figure 1. Graph of Accident Frequency by Age

Consistent with other research findings, workers under the age of 35 are identified as a group at higher risk of sustaining work-related injuries in hot conditions. Workers in the agriculture, forestry, and fisheries sectors constitute the largest group at high risk of such injuries when exposed to heat. Other studies also indicate that male workers have higher rates of workplace injury claims compared to women, while the agricultural sector is classified as a high-priority area regarding injury risk (S. H. Fatima *et al*., 2021; Yang *et al*., 2021). The higher incidence of accidents among male workers may be related to the distribution of job types and levels of hazard exposure, particularly in plantation and agricultural work involving physical strength, tools, material transport, and greater exposure to outdoor environments.

In-depth interviews were conducted with three patients suffering from physical limitations due to workplace accidents during a visit in June 2026. The data obtained covered their current health status, the impact of the incident, and the psychological state experienced by the patients while in the hospital. The findings indicate that none of the participants had ever received psychological services during their inpatient treatment. The care they received was still focused on medical services, while the non-medical support they experienced consisted of brief visits from a chaplain. The literature indicates that individuals with traumatic amputations often experience intrusive memories (flashbacks), anxiety, depression, and difficulty adjusting to changes in their social and occupational roles; furthermore, their ability to accept their condition is a factor that significantly influences their quality of life and the success of their rehabilitation (Calabrese *et al*., 2023; Luza *et al*., 2020). These findings show that the psychological needs identified among the three patients were not adequately addressed during inpatient care, supporting the need to integrate psychological services into the rehabilitation process.

The psychologists' service workflow and integrated service standards/SOPs have been adapted to align with the standard format in effect at ABC Hospital in Pekanbaru. These services are provided by a team of psychologists, along with occupational medicine

specialists and other hospital staff. During the product evaluation phase, data were collected through medical record reviews and focus group discussions (FGDs). The medical record review phase involved four patients with physical disabilities resulting from work-related accidents who were treated at ABC Hospital in Pekanbaru as part of a pilot study. The pilot evaluation therefore focused on documented patient responses to the psychological intervention during hospitalization.

The findings of the pilot study conducted on four patients with physical disabilities resulting from workplace accidents during their hospitalization proceeded smoothly thanks to interprofessional collaboration. It was noted that the four patients received psychological services in the form of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), as documented in the treatment records provided by the psychologist to the patients. Psychological services were successfully implemented for all patients who were the subjects of the study. Medical records indicate that the service delivery process was accompanied by continuous documentation within the integrated care system. The number of psychological therapy sessions varied among patients, ranging from 2 to 4 sessions, rather than being uniform for each patient. Clinically, these differences may be influenced by psychological condition, individual needs, the patient's response to the intervention, readiness to participate in the service, and physical condition during treatment. The study findings indicate that the standard number of TF-CBT sessions for patients with Post-Traumatic Stress Disorder/PTSD is 8-12 sessions (Spiegel *et al*., 2022). In this study, the 2-4 sessions were therefore considered brief inpatient psychological interventions rather than a complete course of TF-CBT. The documented patient responses showed changes in emotional acceptance, motivation to participate in therapy, and readiness to plan for rehabilitation and return to work. However, these changes were identified through clinical documentation and qualitative FGD findings. Researchers view the implementation of these psychological services as a short-term intervention, not a long-term one. This takes the form of brief TF-CBT therapy, with the intervention administered during the acute phase following a workplace accident. The focus of this intervention is on psychological screening and assessment, along with potential treatment plans to determine the need for further intervention in preparation for subsequent rehabilitation, return-to-work programs, and even other social situations.

FGD Phase

The FGD findings focused on the implementation of psychological services, interprofessional coordination, and patients' responses during inpatient care, as presented below.

"After the SOP was implemented, the service delivery process became more systematic. Service requests are based on the assessment conducted by the occupational therapy team when patients are cooperative and subsequently referred for psychological services. Some patients who have already received these services have shown positive results, so in the future, there is a need for comprehensive and ongoing psychological services." (Participant 1, The occupational medicine specialist)

"Interprofessional coordination has improved. The rehabilitation team no longer works in isolation. The implementation of multidisciplinary care has enabled psychologists to participate as part of the care team from the very beginning. The service begins with a psychological health screening using the DASS-21 (Depression Anxiety Stress Scales) questionnaire. The results show that patients are beginning to identify their

emotions, accept changes in their physical condition, and rebuild hope for the recovery process. They also demonstrate increased motivation to participate in therapy, greater readiness to plan for life after the accident, and readiness to participate in return-to-work programs. Special attention is needed during the inpatient phase as the initial stage of care. However, more complex psychological challenges emerge after discharge. Without ongoing psychological support, these conditions have the potential to develop into depression requiring medication (Post-Traumatic Stress Disorder)." (Participant 2, Clinical psychologist)

"Standard operating procedures (SOPs) serve as the primary guideline for providing care to patients, helping to protect the medical staff from potential legal liability. SOPs are essential in the healthcare system." (Participant 3, Hospital management)

The implementation of standard operating procedures (SOPs) for the provision of psychological services to patients with physical disabilities resulting from workplace accidents who are hospitalized at ABC Hospital in Pekanbaru has made the process more systematic and improved coordination among professionals. The quality of SOP implementation for patients is characterized by a comprehensive approach to service interventions (Freitas *et al*., 2016; Gnirke *et al*., 2025). The implementation of SOPs will improve healthcare workers' adherence to existing standards and result in better coordination among professions, leading to significant improvements in health through the integration of medical and psychological approaches for patients experiencing psychological symptoms, physical complaints, and quality-of-life issues (Sahin & Ulasoglu, 2026; Stark *et al*., 2020). In the present study, this integration was reflected in the patients' documented engagement with psychological services, including emotional processing, acceptance of physical changes, and preparation for rehabilitation and return to work. Researchers argue that the existence of SOPs is crucial in multidisciplinary care for patients with physical disabilities following work-related accidents. This situation requires systematic collaboration among occupational physicians, psychologists, healthcare workers, and hospital management. Without SOPs, the implementation of interventions affects the quality of care and the success of patient rehabilitation and return to work. In addition to improving the quality of care, researchers argue that SOPs hold strategic value in the areas of clinical governance and hospital risk management. Compliance with SOPs reflects the application of professional practices that are ethically and legally accountable.

A patient's psychological state during hospitalization is crucial, and a patient's emotional and behavioral factors significantly influence medical recovery. The psychological state of hospitalized patients greatly affects the effectiveness of treatment and the speed of recovery (Fitriah & Triana, 2022; Gontkovsky & Young, 2019). Psychological interventions have also been shown to improve treatment adherence and patient engagement in the recovery process, and early psychological interventions using a trauma-focused Cognitive Behavioral Therapy (CBT) approach have proven effective (Roberts *et al*., 2019; Sadlonova *et al*., 2022). The findings of this study are consistent with these observations, as patients who received psychological services demonstrated greater emotional engagement, acceptance of their physical changes, and readiness to participate in rehabilitation based on clinical records and FGD findings. Researchers believe that psychologists play a important role in supporting the recovery process of patients with disabilities resulting from workplace accidents by improving their quality of life. A patient's recovery is not determined solely by the success of medical treatment

or physical rehabilitation but is also influenced by the patient's ability to accept the changes in their condition. When patients are able to manage their emotional state, accept physical changes or limitations, and rebuild hope for the future, the rehabilitation process will proceed optimally.

An interesting finding from this study is the need for ongoing care and support to prevent the condition from progressing to more severe consequences, such as depression, which requires medication prescribed by a psychiatrist. Other studies have noted that psychological interventions are highly effective in reducing the likelihood of chronic psychopathological conditions developing in patients, and that structured psychological support can accelerate the rehabilitation process and improve quality of life in both the short and long term (Richins *et al*., 2020; Sahin & Ulasoglu, 2026). According to researchers, the condition of patients with disabilities resulting from workplace accidents is a dynamic process. The real psychological challenges often arise after the patient's medical condition has been declared stable and they are preparing to reintegrate into their social environment. Discontinuing psychological services after a patient is discharged from the inpatient ward risks interrupting the psychological adaptation process that is actually still developing. This underscores the need for continuity in integrated psychological service programs for outpatient and follow-up care based on the patient's place of residence, so that primary care centers or first-level facilities can develop these necessary follow-up interventions.

Conclusion

The improvement of standardized psychological services for patients with physical disabilities following occupational accidents during inpatient care is essential for establishing standardized, integrated, and patient-safety-oriented occupational health services. The improved service model serves not only as an administrative document but also as a management instrument for clearly defining the roles and responsibilities of healthcare professionals and strengthening coordination throughout the psychological service pathway. The integration of psychological services into multidisciplinary rehabilitation enables patients' psychological needs to be identified and addressed systematically from the early phase of treatment. Rehabilitation should be approached as a multidimensional recovery process encompassing medical, psychological, social, and occupational aspects, including preparation for return to work. The standardized psychological service therefore provides an important foundation for reducing variations in practice, minimizing communication problems among professionals, strengthening multidisciplinary coordination, and supporting the continuity of psychological care from inpatient treatment to subsequent rehabilitation and occupational reintegration.

Reference

Agustiya, H., Listyandini, R., & Ginanjar, R. (2020). Faktor- Faktor Yang Mempengaruhi Tindakan Tidak Aman (Unsafe Action) Pada Pekerja. *PROMOTOR*, *3*(5), 473-487. https://doi.org/10.32832/pro.v3i5.4204

Akbar, F., Manurung, K., Ketaren, O., & Tarigan, F. L. (2022). Hubungan Kualitas Pelayanan Kesehatan Terhadap Kepuasan Pasien Di Instalasi Radiologi Rumah Sakit Tk Ii Putri Hijau Medan Tahun 2021. *PREPOTIF Jurnal Kesehatan Masyarakat*, *6*(1), 621-632. https://doi.org/10.31004/prepotif.v6i1.3554

Bogucki, O. E., Kacel, E. L., Schumann, M. E., Puspitasari, A. J., Pankey, T., Seime, R. J., Sperry, J. A., González, C. A., & Morrison, E. J. P. (2022). Clinical health psychology in healthcare: Psychology's contributions to the medical team. *Journal of Interprofessional Education & Practice*, *29*, 100554. https://doi.org/10.1016/j.xjep.2022.100554

Calabrese, L., Maffoni, M., Torlaschi, V., & Pierobon, A. (2023). What Is Hidden behind Amputation? Quanti-Qualitative Systematic Review on Psychological Adjustment and Quality of Life in Lower Limb Amputees for Non-Traumatic Reasons. *Healthcare*, *11*(11). https://doi.org/10.3390/healthcare11111661

Dewi, A. B. C., Rachmawati, S. A., Firmansyah, F., Wardani, A. F. K., & Nafilah, N. (2024). Relationship Of The Level Of Knowledge And Training To Behavior Base Safety In Health Personnel In X Hospital. *Journal of Industrial Hygiene and Occupational Health*, *8*(2), 133-143. https://doi.org/10.21111/jihoh.v8i2.11701

Fatima, S. H., Rothmore, P., Giles, L. C., Varghese, B. M., & Bi, P. (2021). Extreme heat and occupational injuries in different climate zones: A systematic review and meta-analysis of epidemiological evidence. *Environment International*, *148*, 106384. https://doi.org/https://doi.org/10.1016/j.envint.2021.106384

Figueiredo, C. V. de, Moura, H. M. de, Rezende, A. T., Moizéis, H. B. C., Guedes, I. de O., & Curvello, R. P. (2021). Como se articulam a Psicologia Positiva e a Psicologia da Saúde? *Research Society and Development*, *10*(2). https://doi.org/10.33448/rsd-v10i2.12288

Fitriah, L., & Triana, R. (2022). Gambaran Efektifitas Konseling Sufistik untuk Meningkatkan Motivasi Sembuh Pasien di RSU Lirboyo Kota Kediri. *Happiness Journal of Psychology and Islamic Science*, *6*(2), 111-120. https://doi.org/10.30762/happiness.v6i2.551

Freitas, A. V. M. de, Quixabeiro, E. L., Luz, G. R. S., Franco, V. M., & Santos, V. F. dos. (2016). Standard operating procedure : implementation , critical analysis , and validation in the Audiology Department at CESTEH / Fiocruz. *Artigo Original*, *28*(6), 739-744. https://doi.org/10.1590/2317-1782/20162015231

Gnirke, A., Krautz, T., Oehmke, L., & Marung, H. (2025). Qualitätssicherung bei der Anwendung von Standardarbeitsanweisungen (SAA) und erweiterten Versorgungsmaßnahmen in der Rettungsdienst-Kooperation in gGmbH. *Notfall + Rettungsmedizin*, *8*(27), 614-621. https://doi.org/10.1007/s10049-023-01150-z

Gontkovsky, S. T., & Young, C. Y. F. (2019). Integrating psychosocial care into clinical medicine: CCR launches a new section and calls for submissions. *Clinical Case Reports*, *7*(8), 1467-1468. https://doi.org/10.1002/ccr3.2300

Grosso, F. (2025). Integrating psychological and mental health perspectives in disease management: improving patient well-being. *Humanities and Social Sciences Communications*, *12*(1). https://doi.org/10.1057/s41599-025-04359-0

Lukman, A., Wicaksana, E. J., & Siburian, J. (2021). *Model Penelitian Dan Pengembangan (R & D)*.

Luza, L. P., Ferreira, E. G., Minsky, R. C., Pires, G. K. W., & da Silva, R. (2020). Psychosocial and physical adjustments and prosthesis satisfaction in amputees: a systematic review of observational studies. *Disability and Rehabilitation. Assistive Technology*, *15*(5), 582-589. https://doi.org/10.1080/17483107.2019.1602853

Maulana, A. (2021). Implementasi Hospital BYLAWS Dalam Peningkatan Mutu Pelayanan Rumah Sakit. *Jurnal JURISTIC*, *2*(3), 236. https://doi.org/10.35973/jrs.v2i03.2675

Ozcan, S., & Ates, F. B. (2024). Patients' Views On Providing Psychological Support in Primary Health Care Services. *DergiPark (Istanbul University)*. https://dergipark.org.tr/en/pub/krspdder/issue/93358/1604156

Richins, M. T., Gauntlett, L., Tehrani, N., Hesketh, I., Weston, D., Carter, H., & Amlôt, R. (2020). Early Post-trauma Interventions in Organizations: A Scoping Review. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.01176

Roberts, N. P., Kitchiner, N. J., Kenardy, J., Lewis, C. E., & Bisson, J. I. (2019). Early psychological intervention following recent trauma: A systematic review and meta-analysis. *European Journal of Psychotraumatology*, *10*(1), 1695486. https://doi.org/10.1080/20008198.2019.1695486

Sadlonova, M., Löser, J. K., Celano, C. M., Kleiber, C., Broschmann, D., & Herrmann-Lingen, C. (2022). Changes in treatment outcomes in patients undergoing an integrated psychosomatic inpatient treatment: Results from a cohort study. *Frontiers in Psychiatry*, *Volume 13-2022*. https://doi.org/10.3389/fpsyt.2022.964879

Sahin, F., & Ulasoglu, O. (2026). The Effects of Solution-Focused Approach on Psychosocial Adjustment and Treatment Adherence in Individuals Diagnosed With Schizophrenia: A Randomized Controlled Trial. *Journal of the American Psychiatric Nurses Association*, *0*(0), 10783903261427420. https://doi.org/10.1177/10783903261427421

Saputri, M. P. E., & Indra, E. N. (2019). Minat Karyawan RS Bethesda Untuk Menggunakan Fasilitas Olahraga Di GYM And Aerobic RS Bethesda. *MEDIKORA*, *15*(2), 98-113. https://doi.org/10.21831/medikora.v15i2.23204

Satibi, I. (2017). *Metode Penelitian Administrasi Publik*. *I*, 257.

Spiegel, J. A., Graziano, P. A., Arcia, E., Cox, S. K., Ayala, M., Carnero, N. A., & O'Mara, N. L. (2022). Addressing Mental Health and Trauma-Related Needs of Sheltered Children and Families with Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT). *Administration and Policy in Mental Health*, *49*(5), 881-898. https://doi.org/10.1007/s10488-022-01207-0

Stark, H. E., Graudins, L. V, McGuire, T. M., Lee, C. Y. Y., & Duguid, M. J. (2020). Implementing a sustainable medication reconciliation process in Australian hospitals: The World Health Organization High 5s project. *Research in Social and Administrative Pharmacy*, *16*(3), 290-298. https://doi.org/https://doi.org/10.1016/j.sapharm.2019.05.011

Usseli, T., & Yasin, Y. (2021). Below the tip of the iceberg: A qualitative perspective of psychological and social aspects of occupational diseases. *Türkiye Halk Sağlığı Dergisi*, *19*(2), 129-139. https://doi.org/10.20518/tjph.824601

Yang, L., Branscum, A., Bovbjerg, V., Cude, C., Weston, C., & Kincl, L. (2021). Assessing disabling and non-disabling injuries and illnesses using accepted workers compensation claims data to prioritize industries of high risk for Oregon young workers. *Journal of Safety Research*, *77*, 241-254. https://doi.org/https://doi.org/10.1016/j.jsr.2021.03.007