



The Synergy of Risk Management and Good Hospital Governance in Supporting National Health Resilience: A Descriptive Literature Review on Indonesian Military Hospitals

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ARTICLE INFO

Keywords: Risk Management, Good Hospital Governance, Indonesia Military Hospitals, BLU Model, National Health Resilience

Received : 16, October

Revised : 30, October

Accepted: 19, November

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ABSTRACT

Amid systemic risks, national health resilience requires robust governance and risk management (RM). This descriptive literature review analyzes the crucial synergy between Good Hospital Governance (GHG) and RM in Indonesian Military Hospitals. Data were collected from peer-reviewed journals and relevant regulations. The study argues that RM is a foundational pillar that operationalizes GHG principles like transparency and accountability. Findings show that while strong SOPs and hazard analysis predict successful RM, implementation is challenged by staff knowledge gaps, poor system integration, and military culture hindering a "no-blame" reporting environment. Crucially, integrating GHG and RM enhances the hospital's absorptive, adaptive, and restorative capacities. Recommendations urge the integration of a comprehensive Enterprise Risk Management (ERM) framework and the promotion of a non-punitive reporting culture.

INTRODUCTION

Background and Context of Hospitals in Indonesia

Hospitals are fundamental components of the national healthcare system, providing comprehensive services ranging from health promotion to rehabilitation. These institutions are structured as social systems, evolving in alignment with national health development plans. The importance of robust hospital management, particularly Good Hospital Governance (GHG) and clinical governance, is legally mandated in Indonesia through Law Number 44 of 2009 concerning Hospitals. This legislation explicitly states that every hospital must have an effective, efficient, and accountable organization.

The principles of good governance—such as participation, rule of law, transparency, responsiveness, consensus orientation, effectiveness and efficiency, equity, accountability, and strategic vision—are essential for improving healthcare services in hospitals. A study by Aini emphasizes that effective governance in hospital management is linked to the quality of health services, as it aligns healthcare personnel's focus on their duties to provide quality care (Aini, 2024). Similarly, Yetti et al. note that structured processes, such as nursing handovers, are critical components of effective governance and are essential for maintaining patient safety in Indonesian hospitals (Yetti et al., 2021).

The concept of good governance in healthcare is also reflected in its ability to manage risks and improve financial performance. Khairiah and Inayah argue that the principles of Good Corporate Governance (GCG) likewise apply to healthcare organizations, impacting their operational efficiencies and service quality (Khairiah & Inayah, 2024). This intersection of corporate governance and health services management suggests that robust governance frameworks could lead to enhanced patient outcomes and satisfaction.

The Role of Military Hospitals in National Health Resilience

The national focus on health has recently expanded beyond basic service provision to encompass the broader concept of National Health Resilience (*Ketahanan Kesehatan Nasional*). This concept is vital for ensuring the nation's capacity to maintain essential public health and clinical functions during and after major shocks, such as pandemics, natural disasters, or large-scale conflicts (Barnea et al, 2020). Hospital resilience is the bedrock of this national framework, defined as the ability of a hospital to absorb, adapt to, and recover quickly from disruptive events while maintaining or rapidly restoring critical healthcare services (Christian, 2018; Zaboli et al., 2022).

For Indonesia, an archipelagic nation frequently exposed to various hazards, the resilience of its healthcare infrastructure—especially hospitals—is paramount with recent research focusing on the need for integrated and sustained capacity building (Ernawaty, 2024). This goes beyond standard risk management, demanding a proactive strategy that integrates emergency planning, flexible resource mobilization, and robust governance to sustain operations in extreme conditions. The role of governance is therefore magnified: an accountable and transparent governance structure is necessary not only for daily operations but also for effective crisis response, ensuring that resources are allocated efficiently and ethically during times of disaster (Fallah-Aliabadi et al.,

2020; Paul, 2024). Consequently, effective risk management must be viewed as a prerequisite for building true hospital resilience, making these institutions robust and reliable pillars of national security and public well-being (Zaboli et al., 2022).

Importance of Risk Management (RM) in Healthcare

Risk is an inherent and pervasive element in daily life and human activities, including within the intricate domain of healthcare services. Effective risk management is, therefore, crucial for mitigating hazards and minimizing potential losses, especially given the complex exposures faced by healthcare professionals (Pascarella et al., 2021). Within the hospital context, RM is specifically defined as the activities of identification and evaluation to reduce the risk of injury and loss to patients, hospital employees, visitors, and the organization itself.

RM in healthcare is multifaceted, encompassing a wide range of dimensions, including compliance with safety standards, minimizing losses post-incident, and ultimately fostering an environment that enhances patient outcomes. The study asserts that effective risk management programs can significantly minimize adverse event frequency and severity, and emphasize the essential role that education and training play in the implementation of these practices (Adepoju & Esan, 2023). Additionally, Ferdosi et al. provide a comprehensive framework that highlights the ISO:13000 approach, advocating for an integrated methodology to address RM within healthcare organizations (Ferdosi et al., 2020).

A robust RM system plays a vital role in reducing adverse events and significantly enhancing patient safety (De Micco et al., 2025). It involves a continuous process of identifying, analyzing, and controlling potential hazards throughout the medical service delivery chain. The direct link between effective RM and improved patient safety indicates that RM is more than just an operational or financial control function. It positions itself as a core ethical and clinical imperative, fundamental to a hospital's primary mission of providing safe and high-quality services. This underscores that investment in RM is not merely a cost, but a critical component of patient well-being.

Previous literature has extensively explored RM and GHG separately in general Indonesian hospitals. However, there remains a critical research gap in the integrated analysis of how RM acts as the operational mechanism for GHG specifically within the unique organizational environment of Indonesian Military Hospitals. These institutions operate under a dual mandate: military command authority and the demand for corporate efficiency and public accountability as a Public Service Agency (BLU). This dual context creates distinct and under-researched tension: the adherence to military discipline, which may obstruct a 'no-blame' reporting culture, versus the financial transparency and operational flexibility required by the BLU model. Therefore, an integrated descriptive literature review is urgently needed to map this crucial synergy and identify practical recommendations for strengthening Hospital Resilience, which is paramount to National Health Resilience, particularly within this complex military and BLU context. This study aims to systematically analyze the synergy

between RM and GHG, and how this integration is crucial for strengthening the four core capacities of Hospital Resilience in the unique and challenging environment of Indonesian military hospitals.

LITERATURE REVIEW

Good Hospital Governance (GHG)

Good Hospital Governance (GHG) is an adaptation of Good Corporate Governance (GCG) principles to the healthcare sector. Unlike traditional corporations, a hospital's unique ownership structure and social mission mean its administration is not purely business-oriented. The overarching goal of GHG is to build public trust and enhance the value provided to all stakeholders, including patients, staff, and the community (UNDP, 2017).

The World Health Organization (WHO) has consistently emphasized that effective governance is a foundational building block for a strong health system. It stresses that good governance ensures the health system is steered in the right direction, maintaining ethical practice, quality of care, and accountability to the population it serves (WHO, 2010). This international perspective reinforces that governance in healthcare is not merely a corporate compliance issue but a public health imperative. These fundamental principles of GHG are consistently identified in global guidelines and national legislation, such as Indonesia's Law No. 44 of 2009 on Hospitals, which mandates their implementation (Wijayanti & Setyorini, 2023). The five principles that form the normative foundation for sound hospital administration are::

1. **Transparency:** The dissemination of information and openness in decision-making processes. This ensures that stakeholders, particularly patients and their families, have access to accurate information regarding services, costs, and quality.
2. **Accountability:** The clarity of roles and responsibilities assigned to each organizational body and function. This principle ensures that every individual and department is held responsible for their actions and performance.
3. **Responsibility:** The hospital's compliance with laws and regulations, as well as its commitment to corporate social responsibility towards the community and the environment.
4. **Independence:** The management of the hospital is conducted without undue influence from other parties, ensuring that no single organ dominates another and that third-party intervention is minimized.
5. **Fairness:** The organization must treat all stakeholders equitably, providing fair and equal opportunities and services.

The implementation of these principles is crucial for improving patient satisfaction, reducing medical errors, and enhancing overall hospital performance (Wijayanti & Setyorini, 2023).

National Health Resilience and Hospital Resilience

National Health Resilience is the systemic capacity of a nation's health system to prepare for, respond to, and recover from health threats while maintaining essential functions (Khalil et al., 2022; Okyere et al., 2024). At the

organizational level, Hospital Resilience is critical for this national goal. Resilience in this context is defined by four core capacities (Khalil et al., 2022):

1. Absorptive Capacity: The ability to withstand initial shock (e.g., from a sudden influx of mass casualties) without catastrophic failure. This relies heavily on existing infrastructure, surge capacity, and robust standard operating procedures (SOPs).
2. Adaptive Capacity: The ability to modify structure, processes, and behavior in response to evolving circumstances (e.g., quickly converting wards into isolation units or adopting new clinical protocols during a pandemic).
3. Restorative Capacity: The speed and effectiveness with which essential services can be fully recovered after a disruption.
4. Transformative Capacity: The ability to fundamentally change operations, learning from the disruption to create a better, more robust system for the future.

Hospital resilience is intrinsically linked to GHG. A hospital cannot be resilient without strong governance that ensures the ethical and efficient allocation of scarce resources during a crisis, maintains the rule of law even under duress, and guarantees accountability for disaster response planning. Conversely, RM provides the operational tools (hazard identification, vulnerability analysis) necessary to quantify and address threats to resilience, thereby operationalizing the strategic vision of GHG in a crisis context.

Risk Management (RM)

Risk management is a proactive, structured methodology for managing uncertainty. It is defined as a coordinated set of activities to direct and control an organization concerning risk. Globally, this methodology is standardized by the ISO 31000 standard, which provides principles and generic guidelines for managing risk (Pascarella et al., 2021). By adopting the ISO 31000 framework, a hospital ensures its risk management practices are aligned with international best practices, making the process systematic, transparent, and integrated into all organizational activities (Masita & Yuhertiana, 2022).

While commonly applied in corporate settings, the Enterprise Risk Management (ERM) framework is also essential for organizations in the public sector and defense (Andersen & Young, 2023). In these contexts, ERM shifts its focus from shareholder value to the achievement of mission objectives and the protection of national interests and public trust. For military and defense organizations, ERM is critical for managing complex strategic risks (e.g., geopolitical shifts, technological obsolescence) and operational risks (e.g., supply chain vulnerabilities, readiness gaps). This broader application demonstrates that ERM is a universal necessity for any entity – including a hospital – with a vital, mission-driven public role and the responsibility for managing threats to its essential functions.

In a hospital context, ERM is a comprehensive control activity aimed at reducing the risk of injury and loss to patients, employees, visitors, and the organization itself, in accordance with accreditation standards. Risk in a hospital can be categorized by its source (Sae-Lim, 2024):

1. **Clinical Risks:** Issues that could impact the provision of safe and effective patient care. Examples include medication management errors, patient falls, infection control issues, and nutritional risks.
2. **Non-clinical/Corporate Risks:** Issues that affect the hospital's core mission and legal obligations as a corporate entity. This includes financial risks, legal and litigation risks, human resource management issues, and failures related to equipment or infrastructure.
3. **Internal vs. External Risks:** Risks originating from within the hospital, such as operational failures, versus those originating from outside the organization, such as changes in regulations or market conditions.

The process of RM is a systematic flow of activities, typically overseen by a dedicated team or committee (Pascarella et al., 2021; Masita & Yuhertiana, 2022). The key steps include:

1. **Establishing the Context:** Defining the scope, objectives, and internal/external parameters that will influence RM.
2. **Risk Identification:** The process of discovering, recognizing, and describing risks. This involves asking questions about what could happen, how, and why.
3. **Risk Analysis:** Determining the likelihood and consequences of an event. This step often uses a matrix to grade risks based on their frequency and impact.
4. **Risk Evaluation:** Comparing the analyzed risk levels against predefined criteria to determine if a risk is acceptable or requires action.
5. **Risk Treatment/Management:** Identifying and selecting the best options to mitigate or eliminate the risk, and developing an action plan.
6. **Monitoring and Review:** Continuously overseeing and auditing the effectiveness of risk controls.
7. **Communication and Consultation:** A continuous process of communicating with stakeholders throughout the entire risk management cycle.

The benefits of implementing a robust RM system are extensive, including enhanced patient safety, improved accountability, and better compliance with legal and regulatory standards (Nicolini, 2020).

Synergy between Good Hospital Governance and Risk Management

RM is not a separate function from GHG; it is a foundational and operational pillar that enables GHG principles to be realized in practice. The table below illustrates the direct relationship between the two concepts.

Table 1: A Comparative Analysis of Good Hospital Governance Principles and Their Linkage to Risk Management

Principles of GHG	Definition	Relation to Risk Management
Transparency	Openness of information and decision-	Transparency is realized through an honest and accessible incident and risk reporting system for relevant stakeholders. The risk

Principles of GHG	Definition	Relation to Risk Management
	making processes.	register serves as an internal public document that records risks, analyses, and mitigation actions.
Accountability	Clarity of roles and responsibilities of each organ and function.	Accountability is achieved through the designation of a 'risk owner' for each unit or process. The risk reporting and evaluation system ensures that every individual or department is responsible for incidents and the actions taken.
Responsibility	Compliance with regulations and social responsibility.	Compliance with regulations (e.g., accreditation) and laws (e.g., malpractice) is the primary objective of RM. The RM process ensures that hospitals take proactive measures to fulfill these obligations and minimize harm to society and the environment.
Independence	Management that is independent and free from external interference.	A structured and integrated RM process enables management to make data-driven decisions without external pressure. Objective RM also help minimize the impact of subjective perceptions.
Fairness	Equal and fair treatment of all stakeholders.	RM ensures that standard operating procedures (SOPs) and responses to incidents are applied fairly and consistently throughout the organization, regardless of individual position or role. It also includes the equitable management of risks across all services, both clinical and non-clinical.

METHODOLOGY

This study employs a descriptive literature review approach to systematically synthesize existing research on the nexus between RM and GHG

in the context of National Health Resilience, specifically focusing on Indonesian military hospitals. This methodology is chosen to provide a comprehensive, organized overview of the current state of knowledge, identify implementation gaps, and articulate the synergy between governance principles and operational risk mitigation tools. The review's findings aim to bridge the gap between policy formulation and on-ground execution in military healthcare environments.

The literature search was conducted across major academic databases, primarily Google Scholar, Scopus, and ResearchGate, complemented by searches on official regulatory sources such as the websites of the Ministry of Defence, Ministry of Finance (DJPb), and official government legal documents (e.g., Law No. 44 of 2009, Permenhan No. 9/2023). To ensure the currency and relevance of the data, the publication timeframe for academic articles was restricted to the last decade (2015–2025). Essential regulatory documents and foundational texts from organizations like the WHO and ISO (e.g., ISO 31000) were included regardless of their publication date due to their enduring relevance and normative status.

The literature selection process was governed by specific inclusion and exclusion criteria. Inclusion criteria mandated that studies must explicitly discuss at least two of the core themes: GHG, RM, and/or Health Resilience, and must specifically focus on the hospital context in Indonesia. Acceptable document types included peer-reviewed journal articles, research reports, and official government regulations published in either Bahasa Indonesia or English. Conversely, exclusion criteria filtered out studies focused on risk management outside the healthcare sector, non-research-based opinion pieces, conference abstracts, and studies set in foreign countries whose regulatory context is entirely dissimilar to Indonesia's. This stringent process ensures the reviewed literature is highly pertinent to the unique operational and legal framework of Indonesian military hospitals.

RESEARCH RESULTS

Governance Framework: The Unique Governance and Regulatory Context of Indonesian Military Hospitals

Military hospitals in Indonesia operate within a unique governance and legal framework. These institutions fall under the authority of the Ministry of Defence and are regulated by specific ministerial decrees, such as the *Peraturan Menteri Pertahanan Nomor 9 Tahun 2023*, which establishes health service standards, and the *Peraturan Menteri Pertahanan Nomor 20 Tahun 2019*, which governs performance assessment for hospitals operating as Public Service Agencies (BLU). A structural contrast is found in the organization's inherent hierarchy, reflecting the military command system (e.g., the RSPAD Gatot Soebroto structure), which runs counter to the incentive to adopt the BLU financial model. This BLU model aims to grant greater financial flexibility and requires the implementation of sound business principles and robust risk management. However, the low adoption rate (8 out of 161 hospitals) highlights that the tension between the rigid hierarchical system and the progressive BLU initiative is the central issue impacting the implementation of Good Hospital Governance (GHG) principles.

This vertical command structure has direct implications for the GHG principles of Independence and Accountability. Internally, the hierarchy, which defines roles based on military rank, establishes a very strong vertical accountability channel upward to military superiors and the Ministry of Defence. While this system is effective in ensuring military compliance, its strong internal focus potentially weakens horizontal or public accountability to non-military patients and external stakeholders. Regarding Independence, the command structure limits managerial and strategic autonomy, requiring crucial decisions to follow the chain of command. Nevertheless, the BLU model serves as a balancing mechanism: it explicitly promotes financial independence and broadens the dimension of accountability. By mandating a business-oriented approach and risk management framework, the BLU status demands a dual responsibility: military adherence alongside accountability for financial performance and public service quality, even if the low adoption rate indicates that the command structure's dominance still limits operational autonomy.

Furthermore, the Transparency aspect of hospital governance is shaped by the interaction between regulation and the financial model. The clear legal framework established by ministerial regulations concerning service standards provides a formal basis for performance transparency. However, the military nature of the institution may limit operational transparency on issues deemed sensitive or confidential within the command framework. Crucially, the adoption of the BLU model is key to boosting financial transparency. The need to operate on sound business principles requires structured, auditable financial reporting, ensuring that the use of funds and financial performance are transparently accounted for. Consequently, the governance of military hospitals is characterized by a sustained effort to balance the need for strict adherence to the military command system with the demands for professionalism, flexibility, and the public service openness that defines GHG.

Key Determinants: Findings on Risk Management Implementation

Studies indicate that the quality of RM is directly and significantly influenced by a few key factors:

1. **Standard Operating Procedures (SOPs):** The use of appropriate SOPs is a powerful predictor of high-quality hospital risk management, with a high path value of 0.469 in a recent study. This finding emphasizes that the formalization of procedures is crucial for standardizing practices and reducing operational risks.
2. **Hazard and Risk Identification Analysis:** The thorough and systematic analysis of hazards and risks is another significant factor, with a path value of 0.282. This suggests that hospitals that proactively identify potential dangers are better equipped to mitigate them.
3. **Resource and Communication Support:** Other studies correlate successful risk management with adequate human resources, budget, facility support, and effective inter-unit communication. The implementation of risk management is deemed "quite optimal" when all hospital stakeholders, including doctors, nurses, and operational staff, participate in the program.

Table 2: Linkage Between Findings and the Risk Management Cycle (ISO 31000).

Key Determinants	Relevant ISO 31000 Component	Analysis
1. Standard Operating Procedures (SOPs) (Path Value 0.469)	Establishing the Context and Monitoring & Review	The quality of risk management is highly predicted by the use of appropriate SOPs. This emphasizes that Establishing the Context—defining scope, policy, and standards—is foundational for standardizing practices and control. SOPs also serve as a key mechanism during the Monitoring & Review phase to ensure consistent application of operational risk controls.
2. Hazard and Risk Identification Analysis (Path Value 0.282)	Risk Assessment (Risk Identification & Risk Analysis)	This finding correlates directly with the core of the ISO 31000 Cycle: Risk Assessment. Thorough hazard identification indicates that hospitals prioritize this fundamental initial step. The significant path coefficient (0.282) confirms that proactive and systematic risk identification is a strong predictor of effective mitigation.
3. Resource and Communication Support (HR, Budget, Facilities, Stakeholder Participation)	Communication & Consultation and Establishing the Context	Adequate resource support (HR, budget, facilities) is integral to Establishing the Context, ensuring that sufficient resources are allocated for managing risk. Furthermore, the need for effective communication and participation from all stakeholders (doctors, nurses, operational staff) explicitly reflects the principle of Communication and Consultation that must be applied across every stage of the risk management cycle.

Challenges in Implementation

Despite the identified success factors, a number of significant challenges hinder the optimal implementation of risk management in Indonesian hospitals:

- 1. Lack of Staff Understanding:** A major obstacle to effective risk management in hospitals is the general lack of understanding among employees regarding RM principles. A study conducted during the COVID-19 pandemic revealed that a significant proportion of hospital staff were not fully familiar with these concepts, which consequently reduced their participation in incident reporting and analysis. This lack of comprehension undermines the hospital's ability to adapt to emerging threats, such as pandemics, especially when risk-related data are fragmented across departments. In essence, adaptive capacity depends on two key elements—accurate and timely information, which is often hindered by disconnected systems, and proactive staff engagement, which is constrained by insufficient understanding of risk management principles.

2. **System Integration Issues:** The absence of a centralized, integrated system for the risk register poses a major challenge. Many hospitals are forced to use manual or separate e-systems (like Google Sheets) for monitoring and evaluating risks, which creates inefficiencies and hinders comprehensive oversight. The reliance on manual or fragmented systems for risk registers makes data consolidation difficult. This prevents senior management and governing bodies from getting a transparent, comprehensive, and real-time overview of the hospital's risk landscape, hindering effective oversight.
3. **Cultural and Leadership Barriers:** The organizational culture can pose a significant barrier. A no blame culture is essential for encouraging honest reporting of incidents and near misses, but this is difficult to establish. Studies have shown that a high percentage of organizations struggle to execute their strategies, partly due to a lack of motivation among managers and a tendency towards centralized decision-making that stifles creativity. The difficulty in establishing a no-blame culture significantly reduces the transparency of incident data. When staff fear punishment, they are less likely to report incidents or near misses honestly. Incomplete and biased incident data is the opposite of good governance transparency. The presence of a culture of blame also suggests potential unfairness in how errors are handled. Staff who report issues may be unfairly penalized, which violates the core principle of fairness within the organization.

Table 3: An Overview of the Determining Factors and Challenges in the Implementation of Risk Management within Indonesian Hospitals.

Category	Factors/Challenges	Description
Key Determinants	Standar Operating Procedures (SOPs)	The proper use of SOPs significantly affects the quality of risk management.
	Hazard and Risk Identification Analysis	Conducting a thorough analysis of hazards and risks is a prerequisite for quality risk management.
	Resources and Communication	The availability of human resources, budget, facilities, and effective communication correlates positively with success.
	Stakeholder Participation	Active involvement of all levels of the hospital, from doctors to operational staff, in the risk management program.
Challenges	Insufficient Staff Knowledge	A major obstacle in implementing risk management is the lack of employee understanding of the

Category	Factors/Challenges	Description
		concept and importance of risk management.
	System and Integration	The risk register system is often not integrated with the hospital's main systems, necessitating the use of manual or separate systems.
	Organizational Culture	A culture that tends to assign blame (blame culture) or centralizes decision-making can hinder honest and participatory incident reporting.

DISCUSSION

This section discusses how the findings correspond to the theoretical framework of GHG, RM and Health Resilience. The findings from the literature reveal a powerful synergy between RM and GHG. The principles of GHG, such as transparency, accountability, and responsibility, are abstract concepts until they are operationalized through a concrete framework. RM provides this framework. For example, a hospital's commitment to transparency is realized through a systematic process of identifying and reporting all incidents and hazards. The very existence of a centralized risk register serves as an undeniable record of the hospital's operational vulnerabilities, a key component of transparency. Similarly, accountability is no longer a vague promise but a direct consequence of a well-defined risk management process where "risk owners" are assigned and held responsible for mitigating identified threats.

Crucially, this powerful synergy between GHG and RM is the foundation of *systemic resilience*. GHG provides the strategic vision and ethical mandate (e.g., accountability and independence) necessary to prioritize resilience, while RM provides the operational tools and mechanisms (e.g., hazard analysis, SOPs, and monitoring) to build, test, and maintain the four core resilience capacities – absorptive, adaptive, restorative, and transformative. When a hospital's governance structure mandates transparency and accountability in managing all identified risks, the organization moves beyond merely surviving a crisis to actively learning and improving its systems. This integrated approach ensures that the hospital can maintain or rapidly restore critical functions during major disruptions, thereby becoming a reliable and robust pillar of National Health Resilience.

However, the implementation of risk management in Indonesian military hospitals presents a unique case study where these general challenges and benefits are amplified. The military's hierarchical structure, while providing a clear chain of command and promoting discipline and adherence to SOPs, may also create a potential barrier to fostering a no blame culture. In a system that

highly values discipline and flawless execution, the reporting of errors or incidents – which is a core function of risk management – might be perceived as a personal failure rather than a systemic issue. This perception could discourage open reporting, thereby undermining the very foundation of effective risk identification. To overcome this, leadership is paramount; leaders must not only understand the value of risk management but also actively promote an environment where mistakes are viewed as learning opportunities for system improvement.

Beyond the organizational culture challenges, the strategic decision to adopt the BLU financial model fundamentally alters the risk landscape for military hospitals. As BLU entities, they gain financial flexibility, allowing them to manage their own revenue and strategically invest in areas such as new equipment, advanced information systems, and staff training. This self-sufficiency, however, also introduces a new layer of corporate risk, including financial, market, and operational risks that are not as prominent in a centrally funded model. The hospital's performance is now measured not only by its service quality but also by its financial health and sustainability. Therefore, for a military hospital, implementing a robust Enterprise Risk Management (ERM) framework that integrates clinical, operational, and financial risks is not just a matter of good practice; it is a critical necessity for its long-term viability as a BLU. Failure to manage these new risks could lead to a decline in revenue and liquidity, ultimately compromising the hospital's ability to fulfill its service mission.

Ultimately, this shift from a purely command-driven model to a hybrid BLU model necessitates a dual approach to governance. It requires military discipline and clarity in operations to be seamlessly integrated with the business principles of efficiency, transparency, and accountability. A well-designed risk management system acts as the linchpin, translating the principles of GHG into a practical roadmap for managing the complex and interconnected risks that these institutions face.

The synergy between GHG and RM acts as the systematic catalyst for developing and integrating the four capacities of hospital resilience. Absorptive capacity is fortified by an RM framework mandated by GHG, ensuring clear Standard Operating Procedures (SOPs), a transparent risk inventory, and resource redundancy – all ready to be activated to maintain core functions during a disruption. Adaptive capacity is driven by the GHG principle of continuous learning and accountability, manifested through the RM cycle of monitoring and risk review. This allows the hospital to rapidly adjust procedures, reallocate resources, or change operational models (e.g., setting up temporary wards) in response to an evolving crisis. Restorative capacity is a direct result of the strict business continuity planning (BCP) within RM, which is supported by ethically and strategically allocated resources under GHG oversight, enabling the swift recovery of critical services post-incident. Finally, Transformative capacity is achieved when the GHG mandate for systemic improvement and openness leverages incident data reported through RM to fundamentally review the hospital's business and operational models. This ensures that the hospital not

only recovers to its original state but transforms into a stronger, more resilient entity, inherently less vulnerable to future failures, thereby establishing itself as a reliable pillar of National Health Resilience.

In conclusion, at its core, the synergy between GHG and RM directly serves as the mechanism for reinforcing Hospital Resilience, which in turn contributes to the broader National Resilience Theory. GHG provides the essential ethical and strategic foundation, ensuring that risk management is a top priority, not just a compliance exercise. RM, meanwhile, provides the operational structure to translate this governance mandate into tangible actions. The critical reflection here is that this integrated GHG+RM approach profoundly strengthens the hospital's absorptive capacity, adaptive capacity, and restorative capacity. Thus, the hospital does not merely *survive* a crisis (as evidenced by increased transparency through risk registers); it also continuously *learns* and *improves* its systems, establishing itself as a stronger, more reliable pillar of the national health resilience framework.

CONCLUSIONS

The analysis demonstrates that the implementation of RM is a vital mechanism for achieving GHG in Indonesian military hospitals. The core principles of governance—transparency, accountability, responsibility, and independence—are operationalized through the systematic processes of risk identification, analysis, and treatment. While the literature points to a "quite optimal" implementation in some areas, driven by the presence of strong SOPs and a commitment to hazard analysis, significant challenges persist. These include a fundamental lack of staff understanding and a need for improved system integration, particularly with the risk register.

The unique context of Indonesian military hospitals, characterized by a hierarchical command structure and the adoption of the BLU financial model, amplifies both the opportunities and the challenges. The military culture provides a strong foundation for discipline and procedural adherence, which are key success factors. However, the same culture can be a barrier to open communication and the development of a no blame culture, essential for effective risk reporting. The BLU status, while providing financial autonomy, introduces new financial and corporate risks that necessitate a more comprehensive ERM approach for long-term sustainability.

Crucially, the successful integration of GHG and RM is the direct pathway to strengthening Hospital Resilience. By systematically managing risks and ensuring strong accountability, these hospitals enhance their absorptive, adaptive, and restorative capacities to maintain critical services during major disruptions. This institutional resilience is fundamental, positioning these hospitals as robust pillars that actively contribute to the broader goal of National Health Resilience and security. The study contributes to the broader defense management discourse by positioning hospital resilience as an integral component of national security.

RECOMMENDATIONS

Based on the synthesis of the literature, the following recommendations are proposed to enhance the implementation of risk management and governance in Indonesian military hospitals:

- 1. Strengthen Risk-Awareness Culture:** Leadership, from the senior command level down to unit heads, must champion a culture of risk awareness and open reporting. This can be achieved through continuous, mandatory training and education for all staff, not just for managers, to improve their understanding of risk management principles and their role in the process.
- 2. Invest in Integrated Systems and Robust SOPs:** Given the importance of SOPs and hazard identification, military hospitals should prioritize the development of more detailed and context-specific SOPs. Furthermore, investment in a comprehensive, integrated information system that centralizes the risk register and links it to the hospital's main operational system is critical for efficient monitoring, evaluation, and reporting.
- 3. Integrate ERM with BLU Governance:** As more military hospitals transition to the BLU model, they must integrate a comprehensive ERM framework that addresses not only clinical and operational risks but also financial, legal, and reputational risks. This is crucial for ensuring the accountability and sustainability required under the BLU framework.
- 4. Promote a No Blame Reporting Environment:** Leadership must implement policies that protect staff who report incidents in good faith, shifting the focus from individual blame to systemic root cause analysis. This will encourage honest reporting and allow the hospital to learn from incidents to prevent future occurrences, thereby truly enhancing patient safety and governance.

ADVANCED RESEARCH

The existing body of literature provides a strong foundation, but there remains a significant gap in research specifically addressing the unique dynamics of risk management in Indonesian military hospitals. To advance the field, a qualitative approach using interviews and focus group discussions could provide a more nuanced understanding of how military culture and command structures influence risk perception, reporting behaviors, and the implementation of governance principles. A detailed examination of the intersection between military law and public healthcare regulations in the context of hospital governance also could provide valuable insights into potential legal challenges and protection for healthcare professionals.

ACKNOWLEDGMENT

The author wishes to acknowledge the assistance of the provided research materials and databases which were invaluable in the synthesis and preparation of this review. The information from these sources formed the foundation for the analysis and recommendations presented herein.

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