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Analysis of Hospital Management's Commitment to the Implementation of the Occupational Safety and Health Management System at Cileungsi Hospital

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Abstract

Background: Occupational health is an important health element to pay attention to to build safe conditions at work. From national data, there was an increase in the incidence of work accidents by 35.6%. This data is different from global data which shows a 25% increase in the number of work accidents. One of the influencing factors is the commitment of the management. Hospitals as specialized bodies have a more complex risk in work accidents. Therefore, research is needed that shows the commitment of management in the implementation of the occupational safety and health management system.

Objective: This study aims to analyze the commitment of hospital management in the implementation of SMK3 at Cileungsi Hospital

Methods: This study is a qualitative research with triangulation data collection techniques that are combined with interviews, observations and documentation studies. The research sample is eleven people who are workers from Cileungsi Hospital from several professions.

Results: The results of this study show that the implementation of SMK3 at Cileungsi Hospital has not been fully implemented, even though the commitment of the Hospital Management has been seen with clear and documented guidelines, work programs and reports. However, the implementation has not been maximized due to the lack of socialization about SMK3, uneven training and lack of regular evaluation.

Conclusion: The commitment of good hospital management needs to be supported by the implementation of good SMK3 to reduce the number of work accidents.

Keywords: Occupational Safety and Health; SMK3; Hospital

INTRODUCTION

Occupational safety is an important health element to consider in building safe conditions at work. The Occupational Safety and Health Management System (SMK3) is part of the Hospital which functions as a series of risk control related to work process activities in the Hospital. The goal of SMK3 is to create a healthy, safe, and comfortable work environment for all workers, visitors and the environment. The system is not only for labor safety, but also reduces the risk of moral or material losses resulting from work accidents. SMK3 aims to prevent work-related diseases or injuries. In addition, the protection and improvement of the health of workers is expected to increase with the implementation of SMK3 (1).

The Occupational Safety and Health Management System policy is regulated in Law Number 1 of 1970 concerning occupational safety and Law Number 13 of 2003 concerning Manpower. Government Regulation of the Republic of Indonesia Number 50 of 2012 concerning the implementation of the Occupational Safety and Health Management System which regulates SMK3 in general. The Ministry of Manpower also made Permenaker No. 5 of 1996 which describes in more detail the elements of the SMK3 criteria. The regulation requires the implementation of SMK3 by companies based on the risk of the company (2).

Despite being regulated by this policy, only 2.1% of large companies in Indonesia have implemented SMK3. This certainly has an impact on the number of work accidents in Indonesia which has increased from 2019 to 2020 by 177,000 cases with an increase of 35.6%. The fact that the prevalence of accident rates in Indonesia is contradictory to the global figures. In the last ten years, it is estimated that there has been a decrease in the number of work accidents by 25%. These differences are of course due to different implementations and policies in each country. However, these differences can be an input to the government regarding monitoring the implementation of the SMK3 policy (3).

Hospitals as a place where health service providers have a risk of work accidents. This is due to the special characteristics of the hospital so that the risk of work accidents increases in the hospital. These characteristics include large labor absorption, capital intensive, having various kinds of technology, and having many experts. The implementation of SMK3 in hospitals has also been regulated by the Minister of Health Regulation number 66 of 2016 concerning occupational health and safety standards in hospitals. The hospital has established a wide range of policies on occupational health and safety. Policy implementation is the key to achieving the goals of implementing K3. This commitment can be seen from the implementation of operational standards, procedures, or K3 regulations that have been made. The highest leadership of the Hospital has the responsibility to be committed to planning, implementing, reviewing and improving SMK3 services (4).

In this study, the researcher as a health worker at Cileungsi Hospital, the researcher conducted a study aimed to analyze the commitment to implement SMK3 at Cileungsi Hospital and its impact on the number of work accidents at Cileungsi Hospital. This research will be carried out with qualitative research methods so that the problem can be seen in depth so that the root of the problem can be analyzed. It is hoped that from this study, the factors that affect the implementation of SMK3 will be unraveled so that in the future it can be optimized to protect workers from various potential work accidents.

METHOD

This research is research with a qualitative method to analyze the commitment to the implementation of SMK3. Qualitative research methods prioritize the depth of a data so that it is different from quantitative research methods that focus on a large amount of data. The researcher chose this method because the deepening of the analysis of the commitment to the implementation of SMK3 is much more described by qualitative methods. The sample in this study was 11 people consisting of Hospital Director, Chairman of Committee, Chairman of Occupational Health Subcommittee, Chairman of Occupational Safety Subcommittee, Chairman of Environmental Health Subcommittee, 3 heads of rooms (Pediatrics, Internal Medicine, Surgery) and 3 heads of nurses (outpatient, operating room, ICU).

The data collection technique is carried out with examination techniques through several activities, namely by triangulation. In data collection techniques, triangulation is defined as a data collection technique that combines various data collection techniques and existing data sources. The triangulation carried out is:

In-depth interviews, which are conversations or questions and answers to dig up certain information. The results of the interview will be made in the form of a summary that contains several data such as: 1) Informant's Name, 2) Position at Cileungsi Hospital, 3) Year in office, 4) Description Answers to questions that have been compiled

Observation, namely directly observing the activities carried out by the Cileungsi Bogor Hospital. The researcher also made observations on the implementation of SMK3 in the field. Observations will be carried out on all work units at Cileungsi Hospital. The observation includes whether the SMK3 service flow is carried out, supporting resources and also emerging inhibiting factors. The observation report will be outlined in the form of a

routine or conditional event report and its interpretation. Observation will be carried out continuously as long as the research is still ongoing.

Documentation study, namely by observing every document regarding the K3 management system owned by Cileungsi Bogor Hospital.

The instrument in this study was made by reviewing important elements in the implementation of SMK3 which are covered by national policies. In addition, the researcher also used additional questions obtained from the literature found. The questions made are fundamental and can be developed at the time of data collection.

Interview questions: 1) What are the commitments and policies in the implementation of SMK3 at Cileungsi Hospital? 2) Is there a K3RS team in charge of running K3 at Cileungsi Hospital? 3) Is there any socialization of the K3 policy at Cileungsi Hospital? 4) Is there a SMK3 work program at Cileungsi Hospital? 5) Is the program implemented? 6) Is there a budget for SMK3 at Cileungsi Hospital? 7) Is there monitoring and evaluation of the implementation of SMK3? 8) Is there any follow-up after monitoring and evaluation?

At the time of data collection, the author will prepare a form containing interview questions that have been arranged as above. Answers from resource persons will be written directly on the form.

RESULT

In this study, eleven informants were interviewed with the same question separately. The characteristics of the subject are summarized in the following table.

Table 1. Characteristics of informants.

It	Gender	Age	Education Last	Place of Work	Position
1	Woman	36 Years	S1 Nurses	Tulip Hospitalization	Head Room
2	Woman	31 Year	S1 Nurses	ICU	Head Room
3	Man	45 Year	S2	Institution Surgery	Head of K3
4	Man	31 Years	Doctor Profession	ICU	General practitioner
5	Woman	28 Year	D3 Environmental Health	IPSRS	Flyers Environmental Health
6	Woman	46 Years	S2	Goods and Services Procurement Installation	Head of Installation and Secretary of K3
7	Woman	38 Year	S1 Nurses	Emergency Room	Head of Room
8	Woman	35 Year	D3 Nursing	Gladiolus Room	Head of Room
9	Woman	46 Year	S1	IPSRS	Head of Room
10	Man	32 Years	Doctor Profession	Management	Chairman of the K3 Subcommittee
11	Woman	45 Years	S2 Specialist	Management	Hospital Management

Determining indicators in the implementation of SMK3 is an important thing to do. These indicators can show the approach that the company will use. Conditions that affect the determination of indicators are the size of the company, the business sector, the work risks faced by employees, mature work processes and the culture of occupational safety (5).

In this study, the indicators were adjusted to questions that referred to Government Regulation Number 50 of 2012. The respondents consisted of eleven Cileungsi Hospital workers spread across several work units. The assessment consists of several points, namely, K3 policy, Java b responsibility and authority to act, review and evaluation as well as the involvement of labor consultation. In this study, data on work accident reports at Cileungsi Hospital were also obtained.

Table 2. Cileungsi Hospital Work Accident Report in 2022

Types of Work Accidents	Unit	Number of Cases
Electrocuted	IPSRS	1
Scratched mild steel	IPSRS	1
Needle pierced by a former patient	Treatment room	1
Exposure to caustic soda in the eyes	IPSRS	1
Exposed to ceramic flakes	IPSRS	1
Scratched sharp gutters	IPSRS	1
Total		6

Table 3. Cileungsi Hospital Work Accident Report in 2023

Types of Work Accidents	Unit	Number of Cases
Pricking needles when disposing of garbage	OB	1
Exposed to amniotic fluid and blood of HbsAg Positive patients	IBS	1
Exposed to microtom blades	Laboratory	1
Blood and fluid splashed from the patient's mouth on the face and eyes	Treatment Room	1
Total		4

This data shows a decrease in the number of work accidents from 2022 to 2023.

DISCUSSION

OSH Policy

The first assessment is the K3 policy contained in the hospital. Cileungsi Hospital has a written policy regarding K3 in the form of a decree and K3RS guidelines that are in accordance with government regulations. This shows a clear commitment in the form of the basis for the implementation of K3RS. The policy has also written the goals, vision, mission and work steps of K3RS.

The implementation of the K3 policy is illustrated by the statement of one of the informants:

"The K3RS policy is made guidelines and prepared through meetings, some of them have been implemented, not all employees have been exposed to K3 material, only some of them are mainly focused on fire management, natural disasters and spill kits. There are several policy documents in the form of safety and security guidelines and also guidelines for K3RS services"

The OSH policy is made through a meeting of the head of the installation with the relevant fields. From the meeting, policies were produced which were then consulted with the Environment Agency and Legal Entities. After the maturation process, the policy is revised again. The policy was then ratified and socialized to all workers involved at Cileungsi Hospital. However, according to one of the respondents, not all K3 materials have been given to the working quarters. The material provided also focused on fire management, natural disasters and *spill kits*.

Special policies such as B3 management, radiation security, handling of radioactive waste and radioactive materials. Of the eleven respondents, all of them have known about the policy, but there are some respondents who feel that the policy has not been properly socialized to the entire workforce.

A review of the policy is needed to ensure that the policy is still applicable to the changes that occur. At Cileungsi Hospital, the review is carried out conditionally and not routinely. After the discussion, policy changes have not been realized in written form.

Responsibility and authority to act

The assessment of responsibility and authority to act summarizes several things such as the existence of a form of authority or responsibility in reporting or decision-making related to K3 that has been determined, ratified and informed, there is a PJ in each work unit, Officers who have the authority to handle emergencies have received training and K3 performance results are contained in the company's annual report or other reports at the same level.

The following is an answer from the informant regarding the responsibility and authority to act:

"The Decree of the K3RS Team has been ratified by the management, all units have PJ K3RS, sometimes not all unit heads are present at routine meetings but are represented by PJ units... proof of implementation may be such as MCU carried out on workers, the officers have been given training, but there is still limited internal training Inspection of facilities, achievement of work programs and SOP evaluation is contained in the year-end report submitted to the Director"

Cileungsi Hospital has formed a K3 committee as an organization responsible for implementing K3 in the hospital area. The committee consists of responsible members in each unit. The PJ has a role in the implementation of K3, including making decisions on K3 problems that occur in their units. Members of the K3 Committee have previously received internal training so that they have more competence than other workers. Activities carried out by the PJ K3 Committee include holding training on K3, ensuring that the workforce carries out MCU and fulfilling the number of personal protective equipment (PPE). The K3 Committee held a meeting to discuss the implementation of K3 at Cileungsi Hospital, but the meeting was not routine. At the end of the year, there is a routine annual report that discusses the implementation of K3 including the number of work accidents. The K3 Committee of Cileungsi Hospital is open to internal and external input. This is supported by internal advice given by practicing doctors at Cileungsi Hospital who are experts in the field of K3.

Review and evaluation

The review and evaluation was carried out by assessing the existence of documentation on the implementation of SMK3, there was a follow-up of repeated evaluations and assessments.

The following is the answer from one of the informants:

"Evaluation has been done but not routinely plus has not been fully implemented, only focusing on reviewing the implementation of the needle-pricked flow. Follow-up is included in the management review and will be an annual work program and can be seen from the results of the discussion meeting of the K3 committee with several related parts. So far, there has been no review and there has not been a review meeting with the top management."

The review and re-evaluation of the implementation of SMK3 at Cileungsi Hospital has been carried out well. Every year there is an annual report on the implementation of SMK3 and it is discussed again at the beginning of the year. Top management is present at the meeting so that policies can be decided during the meeting. Evaluations or changes that occur can be discussed so that there is a plan for the next year. However, because the meeting was attended by top management only at the beginning of the year, the discussion focused only on certain points such as reviewing the implementation of the needle-pricked flow. Thus, there are still several other focuses that are not discussed.

One of the evaluations in K3RS services is the monitoring of the health of the work environment. The K3RS Committee should conduct routine inspections of all work areas that have a risk of physical, chemical or biological hazards. The supervision is also carried out by paying attention to at-risk areas (6).

Workforce engagement and consulting

In this section, the questions asked to the informants include about the K3 committee such as the K3 management that has been socialized, whether the K3 leader is the top management, whether the K3 secretary has K3 certification, what is the role of K3 in taking the attitude and procedures for K3 consultation there is a K3 committee.

The following is one of the answers from the respondents:

"There is a consultation procedure in the form of K3RS service guidelines, but there is no scheduled labor consultation available. The chairman of the topleadership is not the top leader but coordinates directly with the management... The Secretary of K3RS has not been certified by K3.. for now the K3 committee (composition) or SK is shared in the group of all employees / workers at Cileungsi Hospital"

The Cileungsi Hospital K3 Committee has been clearly formed in accordance with the laws and decrees issued by the Director. The Chairman and Deputy K3 Committee are not the top leaders at Cileungsi Hospital, but are determined during a meeting attended by top management. In improving the implementation of K3, management has a very important role. The role of management is contained in the Decree of the Minister of Health of the Republic of Indonesia No. 432/MENKES/SK/IV/2007. Efforts to implement SMK3 are required to form K3RS management that works with SOP standards (7).

Members of the K3 Committee have been socialized to the workforce through the socialization of *Whatsapp groups*, but are not accompanied by documentation attached to the information board. Although there is no consultation procedure or a routine consultation forum, the Cileungsi Hospital workforce can communicate if there are changes that have implications for the implementation of K3 to the members of the K3 Committee. The K3 Committee holds regular monthly meetings accompanied by regular reports. However, the report is only internal and is not reported to the local office. The K3 Committee is also one of the important factors in the implementation of SMK3 in the hospital.

In a study conducted by Rosmalia (2021), it was found that Committee members sometimes still have the mindset that K3 is only part of hospital accreditation. 8 In addition, the Chairman and Secretary of the committee are not people who focus on K3 and also have positions in other sections. This is in line with the research of Wandira et al, 2023. In the study, it was also stated that members of the K3RS committee have dual positions so that they do not focus on running predetermined programs (9).

The K3RS working group at Cileungsi Hospital is still special, one of which is the disaster and fire management team. The team has not been socialized to other workers.

From the results of interviews with eleven respondents, there are several factors that affect the implementation of K3 at Cileungsi Hospital. First, Cileungsi Hospital already has a K3RS service team and guidelines, but socialization has not been comprehensive and routine so that it is not well known by the entire workforce. Second, the awareness and compliance of the workforce with the implementation of SMK3 is still not good. This can be seen from the awareness of reporting work accidents that have not been routinely carried out. Health workers often do not report K3 cases experienced for several reasons. These reasons are problems that can be solved independently, there is no forum to report cases, minor problems, fear of seniors and worries about being considered negligent by management. 10 reviews

Internal training that is not routinely carried out makes the workforce not understand the importance of implementing SMK3. The regulations governing the implementation of SMK3 have been contained in government regulation No. 50 of 2012. Each country certainly has its own regulations that refer to ISO 45001:2018. In the regulation, SMK3 routine training at least includes basic assistance training, emergency response handling and simulation, fire training, electrical safety, and construction safety. 11 Third, evaluation and monitoring are very rare, so follow-up on implementation is still very minimal. Fourth, Funding, facilities and infrastructure are one of the components that are asked when collecting data. At Cileungsi Hospital, several respondents answered that there was a budget for K3RS. However, the researcher did not get detailed information about this. For infrastructure suggestions, it is complete during observation in the form of personal protective equipment and other K3 equipment.

Analysis of the number of work accidents

On the report Work accidents from 2022 -2023, which are shown in Table 2 and Table 3, show a decrease in the number of work accidents. In addition, the IPSRS unit, which was previously the unit with the most work accidents in 2022, experienced a decrease in the number of cases in 2023. This shows that reporting and follow-up on work accidents have an impact on the performance of health workers. For this reason, it is necessary to add routine insights, evaluations and monitoring for all work units.

In this study, it can be seen that the commitment to the implementation of SMK3 can have an impact on the safety and occupational health of health workers at Cileungsi Hospital. Similar research is needed by involving a wider subject as in several other hospitals. Expanding the analysis by involving patients can also be done to determine the impact of the implementation of SMK3's commitment on patient satisfaction.

CONCLUSION

The implementation of SMK3 at Cileungsi Hospital has not been fully implemented based on Government Regulation Number 50 of 2012 concerning the Implementation of the Occupational Safety and Health Management System. Based on the results of the research, several points were obtained that can be improved in the implementation of SMK3. Points that can be improved in the implementation of SMK3 include: Socialization about SMK3 is still not evenly distributed and uses various media, Training on SMK3 is not routinely carried out so that awareness of the implementation of SMK3 is not optimal in the workforce, and Meetings that discuss K3 are not routine and attended by top management

SUGGESTION

Referring to the conclusions that have been submitted previously, there are several suggestions that can be given to the management of Cileungsi Hospital as consideration for increasing the implementation of SMK3. First, K3 training and socialization which is routine and included in the work program or KPI of the hospital so that it is prioritized. The training can be included in the work program so that the program must be carried out and evaluated. Second, Socialization of reporting the incidence of occupational diseases or occupational accidents to all workers in order to increase vigilance and awareness of the implementation of K3. Third, Improving competence through external training for K3 committee members. Fourth, regular monitoring in the field of potential K3 problems that may occur and holding regular meetings for these discussions. In addition, the K3 Committee can open easy access to work consultation for all workers.

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