

Safety And Health Management System Public Hospital

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Abstract

The research objective was to analyze the relationship of psychological behavior (knowledge and attitudes), as well as those related to the application of implementation of the Hospital Occupational Safety and Health Management System. An explanatory research approach was applied in Hospital of Sembiring Deli Tua, Indonesia. The study showed that the implementation of implementation of the Hospital Occupational Safety and Health Management System (HOSHMS) reached its effectiveness was 47, 5%. It concludes that the application of implementation of the Hospital Occupational Safety and Health Management System (HOSHMS). The knowledge is the most dominant variable with a coefficient of 0.013 with Exp (B) 4,051 95% CI (1,348-12,175).

Keywords: Knowledge, Attitudes, HOSHMS; hospital

1. Introduction

Occupational Safety and Health (OSH) is an important thing in every operational process. Occupational health and safety works are the activities including determination of the danger and risk factors in workplace, taking measures against the risks, providing a safe and healthy work environment both for employees and employer, and discharging the responsibilities (Durduran et al, 2018). The goal of occupational safety and health is to minimize risk and to foster a safe and healthy work environment (Shamsudin, 2014). Without realizing it, humans live in the midst of or with danger. OHS improvements would have tangible benefits for stakeholders. Studies suggest that improvements in workplace health and safety of staff lead to higher quality of clinical care and improved patient safety (Habib et al, 2016).

Based on the 2003 ILO data, it was found that in Indonesia the level of achievement of OSH performance implementation in companies is still very low. From this data it turns out that only 2% (around 317 companies) have implemented OSH, while the remaining 98% (around 14,700) of companies have not implemented OSH properly.

This condition has continued to improve from year to year, this can be seen from the data from the Ministry of Manpower and Transmigration in 2009 that the number of companies that received the SMOSH certificate was 150 companies and in 2010 the number increased to 192 companies so that from 1997 to 2010 the total number has been reached 1,492 companies. Furthermore, in 2012 there were as many as 739. These various efforts were implemented through OSH regulations and standards both internationally and nationally. Some of the regulations and standards of OSH in the international world currently include: International Labor Organization (ILO) convention Number 167 of 1988 concerning Safety and Health in Construction, ILO recommendation Number 175 of 1988 concerning Safety and Health in Construction, and ILO June 2001 concerning Guidelines for Occupational Health and Safety Management Systems (OHSMS).

Occupational safety and health (OSH) is generally defined as the science of the anticipation, recognition, evaluation and control of hazards arising in or from the workplace that could impair the

health and well-being of workers, taking into account the possible impact on the surrounding communities and the general environment (Köse et al, 2015). Safety climate refers to the summary of perceptions that employees share about the safety of their work environment (Gershon et al, 2000). Sucipto (2014) states that the reality in the field is that there are still many company leaders who forget their responsibilities by not including OSH in the management function. This is due to the view that the implementation of OSH in companies is a second expenditure (second investment) which does not provide direct benefits. Without realizing it, not implementing SMOSH can actually cause great harm to the company, workers and their families and communities around the company. Occupational health and safety services should be accelerated in order to protect both patient and worker health (Greenfield & Braithwaite, 2008).

Based on data on work accidents at PT. Jamsostek said that in 2007 there were 83,714 work accident cases, in 2008 there were 94,736 cases, and 2009 there were 96,314 cases, for 2011 there were 99,491 cases or an average of 414 work accidents per day. Based on data from PT. Jamsostek Province Region I, the number of work accident cases in North Sumatra in 2009 in the Medan branch was 744 cases of work accidents, while during 2012 there were 2062 work accidents and based on data in August 2013 there were 1197 work accidents. In terms of the classification of working conditions, it was found that accidents with imperfect safety devices reached a fairly dominant figure, namely 78.87% and accidents using equipment should not reach 6.21%. Meanwhile, the classification based on the source of accidents using machines (press, drill and saw) dominates the 39.88%. Data from the OSH report at the Sembiring Public Hospital shows as many as 12 implementing officers experienced CAK throughout 2018 with the following details: 3 nurses, 1 general practitioner, and 1 laboratory worker experienced a traffic accident when going or coming home from work, 1 nutrition officer was splashed with water in the heat, 1 technician was hit by an oxygen cylinder, 2 cleaning service workers were hit by a bed and 5 medical record officers slipped. Report data related to health problems, there are 480 outpatient cases with the most common diseases being Acute Respiratory Tract Infection (ISPA) and 90 other cases hospitalized with the most disease is dyspepsia.

2. Method

This research was conducted at Sembiring Public hospital, Deli Tua District, Deli Serdang Regency. This research was conducted from April to October 2019. The type of research used in this research is explanatory research with a survey approach using multivariate logistic regression analysis. The sampling technique used is the sampling used is probability sampling with the Simple Random Sampling technique, namely that each member or unit of the population has the same opportunity to be selected as a sample of 80 people.

3. Results

Respondent Characteristics

The characteristics of the respondents observed in this study include age, gender, and length of work education, profession, and respondents' socialization. The results of the questionnaire are then stated in the following table 1 form.

TABLE 1. RESPONDENT CHARACTERISTICS

NO	GENDER	FREQUENCY	PERCENTAGE (%)
1	Male	20	25,0
2	Female	60	75,0
Total		80	100

NO	PROFESSION	FREQUENCY	PERCENTAGE (%)
1	General Practitioner	2	2,4
2	Medical Specialist	7	8,8
3	Midwife	9	11,3
4	Nurse	35	43,8
5	Nutrition officer	2	2,5
6	Laboratory officer	3	3,8
7	Radiology officer	2	2,5
8	Medical Record officer	1	1,3
9	Pharmacy officer	7	8,8
10	Physiotherapy officer	2	2,5
11	OSH officer	1	1,3
12	Administration	9	11,3
Total		80	100

NO	WORK DURATION	FREQUENCY	PERCENTAGE (%)
1	1-2 Years	25	31,3
2	3-4 Years	40	50,0
3	>5 Years	15	18,7

NO	SOCIALIZATION	FREQUENCY	PERCENTAGE (%)
1	No	65	81,7
2	Yes	15	18,3
Total		80	100

NO	AGE	FREQUENCY	PERCENTAGE (%)
1	20–30 Y.o	45	56,3
2	31–40 Y.o	20	25,0
3	>41 Y.o	15	18,7
Total		80	100

Based on Table 1 shows that of the 80 respondent, the majority of the respondent 20-30 years old as many as 45 people (56,6%) and female as many as 60 people (75%) with the majority of the last education S1+ners as many as 57 people (71,3%) with profession is nurse as many as 35 people (48%), not following socialization as many as 65 people (81,7%).

TABLE 2. UNIVARIATE DATA

1. Knowledge

KNOWLEDGE	FREQUENCY	PERCENTAGE (%)
Less	50	62,5
Good	30	37,5
Total	80	100

2. Attitude

ATTITUDE	FREQUENCY	PERCENTAGE (%)
Bad	44	55,0

Good	36	45,0
Total	80	100

3. The Implementation of SMOSHRS

THE IMPLEMENTATION OF SMOSHRS	FREQUENCY	PERCENTAGE (%)
Not Effective	42	52,5
Effective	38	47,5
Total	80	100

Table 2 shows that of the 80 respondents, the majority of the respondents have less knowledge, as many as 50 people (60.2%), and the attitudes with the most bad attitudes are 44 people (55.0%), while the implementation of SMOSHRS with the highest is not effective as many as 42 people (52.5%).

TABLE 3. BIVARIATE ANALYSIS

NO	VARIABEL	P _{VALUE}	PR	CI 95%	
				LOWER	LOWER
1	Knowledge	0.003	4.125	1.537	11.072
2	Attitude	0.006	3.610	1.419	9.179

Based on table 3 with using chi square test that knowledge has significant relation with the implementation of SMOSHRS with P.Value (0,003) < α (0,05) and there is significant relation of attitude with the implementation of SMOSHRS with P. Value (0,006) < α (0,05).

4. Discussion

Of the 80 respondents who stated that their knowledge was lacking with the effective application of SMOSHRS, there were 20 people (25.0%) and who stated that there was a relationship of lack of knowledge with the ineffective application of SMOSHRS as many as 30 people (37.5%). While respondents who stated that there was a good relationship between knowledge and the implementation of Effective SMOSHRS were 22 people (27.5%) and those who stated that there was a relationship between good knowledge and the implementation of ineffective SMOSHRS were 8 people (10.0%) with a P.value value of 0.008. Based on these results, it can be concluded that there is a relationship between knowledge and the application of SMKRS at the Sembiring Public Hospital, Deli Tua District, Deli Serdang Regency in 2019.

The knowledge of the implementing officers is related to everything that the implementing officers know about the implementation of OSH including the definition, purpose, dangers of SPO, health checks, PPE, garbage / waste, fire, recording and reporting of OSH data. The results of this study indicate that more knowledge variables are categorized as good, namely by 60%. This is because every implementing officer is obliged to attend an orientation where one of the materials is about OSHRS.

However, there are still 53% of implementing officers who do not know the main objective of OSHRS. The main objective is to protect workers and prevent the occurrence of Occupational Diseases and Occupational Accidents. Many implementing officers also do not know that the potential hazards that most often cause OSH incidents are biological hazards such as being infected with microorganisms due to incidents such as needling, and so on (52%). Some implementing officers (57%) do not yet

know the recommended time for medical examinations for hospital staff, which is once a year. According to the SPO, it is stated that every year all hospital staff are advised to check their health to prevent various Occupational Diseases and Occupational Accidents. Occupational accidents and diseases cause loss of manpower, a reduction in efficiency, and a rise in costs of hospitals as well (Bahcecik & Ozturk, 2009).

As much as the characteristics of the research sample, all of the above is due to the fact that there are still a small number of implementing officers who have never attended OSHRS socialization and education. In addition, each head of the department / installation is less effective in providing OSH information in terms of knowledge which is a very important domain in the formation of a behavior, so that many implementing officers do not understand and are confused about implementing OSH.

This condition is also caused by the fact that the hospital does not yet recognize the safety talk culture, namely the culture of talking about OSH to the implementing officers before working to increase knowledge of OSH and remind them of the dangers of accidents in the work environment (Infrastructure Health and Safety Association (IHSA), 2016).

This study is in line with the results of research by Prana Jaya et al. (2013) which states that there is a variable relationship. In this study, there is a relationship between knowledge and the application of SMOSHRS in Public Hospital Mitra Medika Medan with p value <0.05. The variable knowledge is related to minor accidents in morning shift production workers at PT Aqua Golden Mississippi Bekasi. There is a relationship between OSH knowledge and the implementation of Occupational Accidents prevention in PT. Primatexco Indonesia.

Although good knowledge about OSH does not necessarily mean good OSH implementation, Knowledge will provide reinforcement to individuals in every decision and behavior. In addition, implementing officers who have high knowledge will generally be able to distinguish and know the dangers around them and avoid Occupational Diseases and Occupational Accidents. On the other hand, implementing officers who have low knowledge will tend to work in a hurry by ignoring the OSH principles and the dangers around them and only want to finish the job as quickly as possible to save time.

The results of statistical tests on attitudes with the application of SMOSHRS show that out of 80 respondents who stated that their attitudes had less relationship with the effective implementation of SMOSHRS were 17 people (21.2%) and 27 people who stated that there was a lack of relationship with the implementation of SMOSHRS were not effective (38 , 8%). While respondents who stated that there was a relationship between good attitudes and the implementation of Effective SMOSHRS were 25 people (31.1%) and who stated that there was a relationship between good attitudes and the application of ineffective SMOSHRS were 11 people (13.7%) with a value of 0.012. Based on these results, it can be concluded that there is a relationship between attitudes and the application of SMKRS at the Sembiring Public Hospital, Deli Tua District, Deli Serdang Regency in 2019.

In essence, attitude is an interrelation of various components. According to Allport, followed by Notoadmodjo (2010) attitudes are based on 3 components, namely trust, emotional life or evaluation of an object, the tendency to act. The three components above together form a complete attitude. These three things play an important role in implementing SMOSH.

According to Dwi Resthy (2014) Knowledge and attitude are psychological factors that have an important role in influencing a person's behavior. Occupational Health and Safety Management System (SMOSH) is a very important concern these days, because of the expectation of the

significance that can be generated to reduce the high number of work accidents.

In the world of open competition in this era of globalization, both at home and abroad has been able to apply reference standards to various things in the industry such as quality, quality management, environmental management, and occupational safety and health. If currently the exporting industry has been demanded to implement Quality Management (ISO-9000, QS-9000) and Environmental Management (ISO-14000) then it is not impossible that demands for the application of Occupational Safety and Health Management will also become demands of the international market. To answer this challenge, the government represented by the Ministry of Manpower and Transmigration has issued a statutory regulation regarding the Occupational Safety and Health Management System (SMOSH).

This is in accordance with the results of research conducted by Dwi Resthy Septiani (2014) concerning "perceptions of the workforce about the Occupational Safety and Health Management System (SMOSH) and the guidelines for implementing SMOSH at PT. Barata Indonesia (Persero), the independent business unit of Tegal, where there is a relationship between the knowledge and attitudes of employees and the workforce regarding the Occupational Safety and Health Management System (SMOSH) and the guidelines for implementing SMOSH at PT. Barata Indonesia (Persero), the tegal independent business unit in 2014 "

5. Conclusion

Based on the results of the research and discussion previously described, conclusions can be drawn:

1. There is a significant relationship between knowledge of health workers and the implementation of the hospital occupational health and safety management system (SMOSHRS).
2. There is a significant relationship between the attitude of health workers and the implementation of the hospital occupational health and safety management system (SMOSHRS).
3. The most dominant and most related variable is the knowledge variable of health workers with the implementation of SMOSHRS in Sembiring Public Hospital Deli Tua District, Deli Serdang Regency.

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