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The Suitability Analysis of the Occupational Safety and Health Management System Application at the Budhi Asih Jakarta Hospital

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ABSTRACT

Budhi Asih Hospital is one of the regional general hospitals (RSUD) in Jakarta. Accidents are often the result of negligence while working by medical personnel. Applying an occupational safety and health management system (OSHMS) according to standards can provide OSH guarantees for medical staff. The study aimed to find the suitability of the implementation of OSHMS with Government Regulation Number 50 of 2012 and the factors that influence the implementation of OSHMS in Budhi Asih Hospital. The research method uses a descriptive qualitative approach. Data collection through checklist interviews on PP No. Indicators. 50 of 2012, interviews, observations, and documentation. The results showed that RSUD Budhi Asih implemented OSHMS according to Government Regulation No. 50 of 2012, namely 87 percent. It means that the suitability level is satisfactory. At the same time, some elements still need to be implemented, and factors that influence the implementation of OSHMS, namely elements of commitment to awareness of human resources, consistency of socialization from the HOSH team, infrastructure, and a budget that still needs to be improved. This study concludes that most Budhi Asih Hospitals have implemented OSHMS by Government Regulation 50 of 2012 in the excellent category. This research suggests that the management of the East Jakarta Budhi Asih Hospital evaluates elements that still need to be improved, such as socializing the application of OSH culture and reporting within the Budhi Asih Hospital environment.

1. INTRODUCTION

The development of public hospital services continues to grow, and human needs, such as the demand for health services, continue to increase. Public hospitals are medical infrastructures offering treatment for all medical specialities and disease categories (Sari & Sukwika, 2020). Consequences of medical services In addition to the generation of medical waste, namely occupational diseases, physical and mental disorders, accidents due to medical equipment and materials use and so on (Nawawi et al., 2023; Priyanto et al., 2022). Hospital waste, biological, chemical, ergonomic, physical, psychosocial, mechanical and electrical risks are just some of the potential risks that can occur in hospitals that have the potential to cause work accidents (Pranata & Sukwika, 2022; Rachmawati et al., 2022; Syamsuddin, 2020). Occupational health safety (OSH) issues in Indonesia are often ignored. The high number of work accidents resulting from using resources such as work tools and humans is the answer to this problem (Sukwika & Riwayando, 2022). Tragic incidents are often the result of careless actions or a lack of understanding that certain requirements and checks must be met to carry out these activities (Kamdhari & Estralita, 2018; Wildan et al., 2022; Yuvendra et al., 2022).

As health service providers, hospitals must be able to plan, implement, and protect all employees from impacts that endanger health and safety. According to Madefri dan Sukwika (2021), implementing the

Occupational Safety and Health Management System (OSHMS) is one of the efforts that can be made. The Republic of Indonesia Government Regulation No. 50 of 2012 has regulated systemic occupational safety and health management implementation. Also, Law No. 36 of 2009 concerning Health explicitly requires companies to organize occupational health initiatives if there is a risk of health hazard and at least 10 employees. RI Ministry of Health Regulation Number 66 of 2016 more specifically regulates OSHMS. This regulation aims to minimize workplace risks and create a safe work environment (Nawawi et al., 2023; Sukwika, 2022; Wati et al., 2018).

Jakarta has Type B Regional General Hospitals (RSUD), one of which is Budhi Asih Hospital. Budhi Asih Hospital has medical and non-medical staff in charge of providing care to patients and other activities related to routine activities in the hospital. In carrying out activities, medical and non-medical staff often have to deal with the risks of accidents and similar incidents. Both are caused by unsafe actions and conditions (Putra & Citroatmojo, 2021; Widjaja & Abdullah, 2021). Officers may experience accidents due to negligence while working. For example, work accidents often occur when handling medical waste with sharp objects, such as needles not being disposed of properly. According to the data reported by the Budhi Asih Hospital, it was stated that 14 people were pricked by needles in the emergency room in 2020. The phenomenon of work negligence which causes accidents for medical workers was found in a study by Hanum et al. (2021) at RSI Siti Rahmah Padang, where it is stated that accidents involving sharp tools occur in as many as 10 cases in one year. The reason for the administration is the weakness of the occupational safety and health management system.

Hospitals implementing OSHMS benefit organizations, namely, operational activities, to be productive and efficient. The other benefits of OSHMS are creating hygienic, safe and suitable hospital conditions. Toding (2016) research at RSIA Kasih Ibu Manado stated that the application of OSHMS created safe and suitable conditions for hospital staff, patients, nurses, visitors and the hospital environment. Efforts to implement OSHMS can be in the form of building a control system to reduce the risk of work accidents through regulations using PPE (Personal Protective Equipment) for health workers, OSH training activities and socialization of OSH in the environment with hospital staff members (Kartikasari & Sukwika, 2021; Pratama, 2014). OSHMS policies must be established as a value system and practised by all parties in a work environment. The success of this value system will affect employee attitudes in forming an OSH culture for safe behaviour (Pranata & Sukwika, 2022).

Based on the problems that have been described, the study regarding the implementation of OSHMS at the Budhi Asih Jakarta Hospital is linked to the standard of Government Regulation No. 50 of 2012 is interesting to study. This study aimed to determine the influencing factors and determine how the occupational safety and health management system (OSHMS) is implemented at the Budhi Asih Hospital, Jakarta.

2. RESEARCH METHOD

This qualitative study was conducted at Budhi Asih Hospital, East Jakarta. This study uses primary and secondary data. Primary data collection through observation by looking directly at the application of OSHMS at Budhi Asih Hospital. Interview activities with informants who are considered to know the factors that influence the implementation of OSHMS at Budhi Asih Hospital, namely as many as five people. Data collection uses a questionnaire and a checklist of indicator guidelines based on PP No. Assessment. 50 of 2012. At the same time, secondary data collection was in the form of documents related to OSHMS at Budhi Asih Hospital, documentation as research evidence, and related research results that support this research. Sampling was taken by purposive sampling with several limitations, such as sources considered to understand and know about this research (Sugiyono, 2017).

Observation results and data processing were processed and compared with Government Regulation No. 50 of 2012 concerning OSHMS. The OSHMS application data obtained is then analyzed and measured by PP No standard assessment audit indicators 50 of 2012. The rating scale for the level of policy implementation is shown in Table 1. Results of data processing Data that has been obtained about the factors that influence the

implementation of the occupational safety and health management system conducted through interviews will be triangulated data from data sources such as the results of interviews from informants during research.

Table 1. Rating Scale of Policy Implementation Level

Description	Percentage	Remark
Policy implementation rate is satisfactory	85-100%	Very good
The level of policy implementation is good	60-84%	Good
The level of policy implementation is lacking	0-59%	Not good

Analysis of the implementation of OSHMS at the Budhi Asih Jakarta Hospital determines compliance with the conformity level referring to PP standards. No. 50 of 2012 uses 166 criteria. The following is the formula for calculating the suitability level:

$$\frac{\sum \text{Fulfillment Value}}{166 \text{ Criteria}} \times 100\% = \text{Suitability Level}$$

This research has received approval from the management of the Budhi Asih Jakarta Regional General Hospital (RSUD) with research permit number 6768/UD.01.02 dated 16 December 2022. This research obtained an Ethical Clearance statement from the Commission Health Assessment Ethics (KEPK) Budhi Asih Hospital Jakarta with Certificate number 426/KEP-ETIK/XII/2022 dated 15 December 2022.

3. RESULTS AND DISCUSSIONS

Implementing OSHMS at Budhi Asih Hospital resulted in a conformity level of 87%. Based on the PP audit assessment indicator scale. 50 of 2012, in Table 1, the category of the policy implementation level is satisfactory or has a "Very Good" rating. The observation results showed that the management of Budhi Asih Regional General Hospital implemented monitoring standards and work safety according to OSHMS. In contrast to Sitorus (2022) the achievement level of the OSHMS implementation assessment is 51.56%, of the overall performance for the level of policy implementation could be better. The full results of the analysis of OSHMS implementation according to PP No. 50 of 2012 can be seen in Table 2.

Table 2. Results of Analysis of OSHMS Implementation
According to Government Regulation No. 50 of 2012

No	OSHMS Implementation Points	Number of Criteria	Recapitulation Percentage of Implementation	
			Suitability Amount	Insuitability Amount
1.)	Development and Maintenance of Commitments			
1.	OSH Policy	5	3	2
2.	Responsibility and Authority to Ac	7	7	-
3.	Review and Evaluation	3	3	-
4.	Engagement and Consultation with Workforce	11		11
2.)	Preparation and documentation of OSH plans			
1.	OSH strategic plan	6	6	-
2.	OSH Management System Manual	3	3	-
3.	Legislation & other requirements in the field of OSH	4	4	-
4.	OSH Information	1	1	-
3.)	Design Control and Contract Review			
1.	Design Control	4	4	-
2.	Contract Review	4	4	-
4.)	Document Control			
1.	Approval, Issuance and Control of Documents	4	3	1
2.	Document Changes and Modifications	3	3	-
5.)	Product Purchase and Control			
1.	Specifications for the Purchase of Goods and Services	5	5	-
2.	Goods and Services Purchased Verification System	1	1	-
3.	Control of Goods and Services Supplied by Customers	1	1	-
4.	Product Traceability	2	2	-

No	OSHMS Implementation Points	Number of Criteria	Recapitulation Percentage of Implementation	
			Suitability Amount	Insuitability Amount
6.)	Work Security Based on OSH Management System			
1.	Work System	8	8	-
2.	Supervision	5	5	-
3.	Selection and Placement of Personnel	2	2	-
4.	Work Environment	4	4	-
5.	Maintenance, repair and change of production facilities	10	10	-
6.	Service	2	2	-
7.	Preparedness to Handle Emergencies	7	7	-
8.	First Aid in Accidents	2	2	-
9.	Emergency Plan and Recovery	1	1	-
7.)	Monitoring Standard			
1.	Hazard Check	7	6	1
2.	Monitoring/Measurement of the Work Environment	3	3	-
3.	Inspection/Inspection, Measurement and Testing Equipment	2	2	-
4.	Labor Health Monitoring	5	5	-
8.)	Deficiency Reporting and Correction			
1.	Hazard Reporting	1	1	-
2.	Accident Reporting	1	1	-
3.	Accident inspection and review	6	6	-
4.	Troubleshooting	1	1	-
9.)	Material Management and Transfer			
1.	Manual and Mechanical Handling	4	4	-
2.	Transport, Storage and Disposal Systems	3	3	-
3.	Control of Hazardous and Toxic Materials	5	5	-
10.)	Collection and Use of Data			
1.	OSH Note	4	4	-
2.	OSH Data and Reports	2	2	-
11.)	Examination of OSH Management System			
1.	Internal Audit of OSH Management System	3		3
12.)	Development of Skills and Capabilities			
1.	Training Strategy	7	7	-
2.	Training for Management and Supervisors	2		2
3.	Training for Workers	3	3	-
4.	Introductory Training and Training for Visitors and Contractors	1	1	-
5.	Special Skills Training	1		1
	Total	166	145	21

The results of the conformity assessment indicators for implementing OSH policy determination show that Budhi Asih Hospital has committed. The form is to formulate a written policy, namely Director Decree No. 306 formed the OSH Committee and the Environmental Occupational Health Safety, and Hospital Occupational Health Safety and Health (OSH-Hospital) organizations within the hospital's organizational structure. The establishment of this OSH Committee is by the PP OSHMS Implementation Indicators 50 of 2012. This statement is supported by research by Hanum et al. (2021), which states that the implementation of OSHMS by RSI Siti Rahmah has encouraged a commitment to implement the applicable policies.

Based on the OSH-Hospital suitability indicator, it is known that the Budhi Asih Hospital conducted a Pre-Construction Renovicy Assessment (PCRA) before implementing the planning preparation. PCRA documents include permits and responsibilities for PCRA plans and assessments. OSH-Hospital carries out an OHS risk management process that has determined who is responsible for carrying out risk management activities, the scope of OHS risk management, all activities that are general, uncommon, and emergencies, as well as the process and time for evaluating OHS risk management contained in the management document risk. Purba et al. (2018) studies state that the Hospital Hospital makes a OSH-Hospital plan to regulate the effectiveness of the implementation of risk management that the hospital leadership has determined. Meanwhile, Wati et al. (2018); and Nawawi et al. (2023) found that implementing OSHMS in hospitals can be implemented if it aligns with predetermined plans.

Implementing workers' health services at Budhi Asih Hospital shows they are by the regulations in force in the 2016 Permenkes concerning OSH Guidelines in hospitals. The Infection Prevention and Control Committee (PPI) of Budhi Asih Hospital must manage and directly supervise workers' health services. In addition, the OHS Implementation has carried out Training on the Simulation of Disaster Management and Emergency Conditions, Fire Control Simulation, which is attended by Hospital Employees once a year, but during the Covid-19 Pandemic, it still needs to be carried out. Matondang (2022) and Sari dan Sukwika (2020) research found evidence that Artha Mahinrus Hospital implemented OSHMS to improve occupational health services and prevent fire control.

Some evidence of the implementation of OSHMS at Budhi Asih Hospital, namely health checks, giving vaccinations, providing health insurance, training, using PPE, making SOPs, handling B3, and preventing fires. However, discrepancies were still found in the seventh element of criterion 12.5.1. This criterion is related to the company's system to ensure compliance with licensing and certification requirements according to statutory regulations in carrying out work or operating equipment. So far, Budhi Asih Hospital is working with third parties or vendors in carrying out work or operating equipment. Kajian Asiah (2020) and Kholimah (2021) studies on criterion 12.5.1 state that there is no mechanism to guarantee compliance with permits or qualification requirements set by regulations to engage in certain activities, perform work, or operate the equipment.

The assessment results on criterion 11.1 OSHMS Internal Audit show non-compliance. RSUD Budhi Asih has yet to conduct inspections, tests, measurements, or OSHMS internal audits to monitor and evaluate OSH performance due to the unpreparedness of human resources (HR). However, the Budhi Asih Hospital has carried out an external audit with accreditation, such as the OSH Program, but it needs to be equipped with documentary evidence. Research (Alfiqri, 2018) shows that HR readiness is still an obstacle; for example, evaluation and review actions are carried out when there is a need for accreditation or incident findings in the workplace.

Conformance indicators in the Monthly and Annual reports on OSH performance show that Budhi Asih Hospital is regularly reported and distributed in the workplace. The OSH-HOSPITAL team supervises by carrying out daily inspection reports by Security Officers regarding Hospital Safety and Security and reporting related to work accidents. Toding (2016) states that to minimize work accidents is necessary to record or report good OHS performance. It is important to avoid work accidents or risk exposure while working. Not only that, health control for employees is still being carried out, and there is a reporting mechanism in the form of a book at each installation.

Based on the results of interviews with five informants, including two nurses, one OSHL Installation Head, and four other informants, namely the OSH-Hospital Responsible Section, the OSH-Hospital Implementing Section, and the OSH-Hospital Implementing Section, information was obtained that the factors influencing the implementation of OSHMS at Budhi Asih Hospital. Namely, commitment to human awareness in hospitals still needs to be improved in implementing OSH culture, lack of consistent socialization from the OSH-Hospital team, lack of facilities and infrastructure, and lack of funding. The findings above are in line with the study of Nawawi et al. (2023); Priyanto et al. (2022); Hikmah dan Sukwika (2021); and Asiah (2020), namely affecting the implementation of OSHMS, the lack of OHS committee staff, inadequate and uneven facilities, lack of funds for implementing the OHS program, and compliance of employee staff in reporting incidents at the workplace.

4. CONCLUSION

Implementing the occupational safety and health management system (OSHMS) at Budhi Asih Hospital is based on Government Regulation No. 50 of 2012 and reached a conformity level of 87 percent which is a satisfactory success rate, and there are factors influencing the implementation of OSHMS at Budhi Asih Hospital, East Jakarta, commitment to human awareness in hospitals is still lacking in implementing OSH culture, lack of infrastructure and limited budget. The suggestion for this research is to evaluate and

implement several criteria in Government Regulation No. 50 of 2012, which could have gone better. Disseminate regularly to all employees or staff about the importance of implementing a OSH culture in hospitals, and report any incidents of work accidents. The last management should prioritize and provide funds to implement OSHMS at Budhi Asih Hospital, East Jakarta.

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