

A Qualitative Study of the Implementation of Occupational Health and Safety Management Systems at Ibnu Sina Hospital, Makassar City, Indonesia

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Abstract

Background: Occupational health and safety management system is a concept of managing occupational health and safety systematically and comprehensively in a complete management system. This study aims to obtain information about the level of implementation of the Occupational Health and Safety Management System at Ibnu Sina Hospital, Makassar City.

Method: This study uses descriptive qualitative method. The data obtained through in-depth interviews were then analyzed using a deductive mindset.

Results: Commitment and policies exist and have been issued in the decision of the Hospital Director. Planning is carried out by the planning subdivision which collects occupational health and safety data. Implementation is carried out by socialization/counselling on Occupational Health and Safety, training and installation of light fire extinguishers, use of personal protective equipment, installation of dangerous signs on equipment that pose a danger. Measurement is assessed by staff compliance to work while performance evaluation cannot be implemented. Monitoring has not been carried out on the Occupational Health and Safety Policy.

Conclusion: The implementation of the Occupational Health and Safety program is still not being implemented. So it is suggested to hospital managers to further increase the efforts of the Occupational Health and Safety Management System.

Keywords: *Commitment and policy; Implementation; Measurement and evaluation; Monitoring; Planning.*

Introduction

Development developments in all sectors of industrial and service activities are increasing in line with economic growth. However, in addition to having

a positive impact on development, it also has a negative impact, namely affecting the health and safety risks of workers⁽¹⁾.

Labour protection is one of the important components in the implementation of occupational health and safety programs which aim to protect workers against risks of transmission of occupational diseases and safety of their souls, as stated in Law No.36/2009 concerning health that in every workplace, it is obligatory to organize occupational health efforts if the workplace employs more than 10 workers⁽²⁾.

Hospitals as a service industry have at least contributed to various labour problems because among the several cases that have occurred, health workers have

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experienced work accidents, therefore it is obligatory for all hospitals to implement Hospital Occupational Health and Safety efforts⁽²⁾.

A national survey in the USA of 2,600 hospitals shows that an average of 68 employees experience injuries and 6 of them experience work-related illnesses such as stab wounds, abrasions, contusions, lacerations, back injuries, burns and fractures⁽³⁾.

Some cases of chronic diseases experienced by health care workers in hospitals such as hypertension, varicose veins, anaemia (mostly women), kidney and urinary tract diseases (69% women), dermatitis and urticaria (57% women) as well as spinal pain and displacement of intervertebral discs. Besides, several acute illnesses have also been experienced by health workers at the hospital, including infectious and parasitic diseases, respiratory tract, gastrointestinal tract and other complaints, such as earaches, headaches, urinary tract disorders, childbirth problems, disorders during pregnancy, diseases of the skin and muscle and skeletal system as stated by Gun (1983) in the Decree of the Minister of Health No. 432/2007⁽⁴⁾.

Based on the preliminary survey, data on occupational diseases at the IbnuSina Hospital does not have data because employees when registering as employees are not subjected to preliminary examinations as well as after work, employees have themselves checked personally. Although management functions such as commitment and policies, planning, implementation, measurement and evaluation and monitoring have been implemented, efforts to assess the performance of the Hospital Occupational Health and Safety committee have not been implemented optimally. This can be seen by the fact that there are still jobs that experience occupational diseases and accidents. Work accidents at IbnuSina Hospital in 2014-2015 were needle sticks, burns, cuts, falls, fractures, slips, and other workplace accidents. Starting from this, the researcher wants to know the extent of the implementation of the Occupational Health and Safety Management System in the scope of the IbnuSina Hospital, Makassar City.

Method

The research used is descriptive research using qualitative analysis method that describe the implementation of the Occupational Health and Safety Management System at the IbnuSina Hospital, Makassar City. Meanwhile, the research location is the IbnuSina

Hospital, Makassar City on June 20 to July 20, 2019. The informants in this study were the leadership and staff of the IbnuSina Hospital who was in the Hospital Infrastructure Installation room.

Data collection taken in this paper is primary data and secondary data. Primary data in this study were obtained by conducting in-depth interviews directly with informants. In-depth interviews are a method used in the data collection process to be able to dig deeper into information from informants, where researchers get information and data about the implementation of Hospital Occupational Health and Safety orally from informants⁽⁵⁾. Meanwhile, for secondary data in the form of collecting documents related to Hospital Occupational Health and Safety as well as OHS policies and regulations made by the hospital management as well as other references related to this research.

Data processing was processed manually using computers and presented in narrative form and discussed descriptively on each research variable. Meanwhile, the data analysis is descriptive analysis with data collection, data reduction, data presentation, and concluding.

The emic approach (emic dimension) is used in presenting the data in this study. Emic dimension is identifying the informant's problem and describing what was heard without affecting the informant's own opinion.

Results and Discussion

Commitment and Policy: From the results of interviews conducted, the policy in implementing the Health and Safety Management System at IbnuSina Hospital, the management budgeted the OHS program, for example, the procurement of PPE in the hospital budget work plan. Policies in the implementation of the Occupational Health and Safety Management System are by providing the necessary operations, facilities and infrastructure as well as making rules and preparing hospital budget funds.

Budget allocation to support Hospital Occupational Health and Safety policies was also put forward through the research of Purba et al (2018) where the Mitra Sejati Medan Hospital also made funding allocations by the implementation of the Occupational Health and Safety program. The budget allocation is made every 3 (three) months and is coordinated again⁽⁶⁾.

Sunandar et al (2017) in their research suggest that Makassar Haji Hospital has established a written OHS policy regarding the implementation of Occupational Health and Safety (OHS). The policy is top-down, meaning that the hospital leadership already has OHS service standards in the hospital, then it is adopted and adapted to the hospital conditions. The policy is formulated by the Hospital Occupational Health and Safety team and conducts consultation with related parties, then it is proposed to the director and signed. The policy is copied to all related units/working groups, communicated in the form of socialization or simulation activities⁽⁷⁾.

Planning: In the planning of the Occupational Health and Safety Management System, the data collection process is carried out by each installation and then it is recapitulated and deposited in the planning section of the IbnuSina hospital. The planning form of the Occupational Health and Safety Management System is carried out by socializing, budgeting funds and recording reports that are reported to the OHS team while this is done in stages starting with the head of the OHS working group contacting the OHS chairman according to available costs. The planning process is seen at points that can cause danger and the planning process is carried out by holding counselling in collaboration with the Hospital Public Health Extension Officer which is a forum for delivering the OHS program which is carried out every Thursday. The planning of the Occupational Health and Safety Management System at the IbnuSina Hospital in terms of the results of the assessment of the identification of potential sources of danger is carried out by considering conditions and events that give rise to potential hazards and occupational disease data.

This is in line with J. Tjakra, et al. In planning OHS involving workforce personnel who are appointed to be administrators in the OHS organization. The hospital has a procedure that requires all workers, whether old, new or transferred, get an explanation of the OHS Policy and training according to the type of work⁽⁸⁾.

Implementation: The form of implementation of the Occupational Health and Safety Management System at IbnuSina Hospital by disseminating the OHS program to nurses and other staff including cleaning services and conducting outreach by Public Health Education at the Hospital to deliver the OHS program. The implementation of hazard control at the IbnuSina Hospital by installing Light Fire Extinguishers in each

treatment room and other rooms including offices, procurement of signs, and installation of dangerous signs such as gensets with fences and PPE (Personal Protective Equipment) in the form of masks, boots, helmeted, and gloves.

The implementation of the Occupational Health and Safety Management System at the IbnuSina Hospital is carried out by working by the proportions, for example in the special disaster section dealing with emergencies, emergency response, and First Aid in Accidents. The source of the danger has been identified but the SOP (Standard Operating Procedure) has not been fully implemented such as in fires, fire SOP is by using a light fire extinguisher but not all employees know how to use a light fire extinguisher because there is no fire simulation. Meanwhile, the implementation of the Occupational Health and Safety Management System is carried out by applying to visitors, patients, and officers by holding OHS counselling through the Hospital Public Health Promotion so that signs or dangerous locations can be seen as often as possible.

A study conducted by Ollie et al (2019) shows that the lack of hospital facilities and infrastructure will lead to inadequate implementation of the OHS program. Implementation of guidance and supervision of fire prevention and control, in this case, emergency response management has not been implemented by the hospital due to the lack of facilities and infrastructure, such as the absence of a light fire extinguisher, automatic fire extinguisher (sprinkler), smoke detector, fire alarm, hydrant⁽⁹⁾.

Measurement and Evaluation: Measurement of the performance of the Occupational Health and Safety Management System at IbnuSina Hospital is carried out by measuring the level of staff compliance to implement the Standard Operating Procedure (SOP) for OHS prevention and control based on the OHS SOP determined by the hospital: 1) Safety and Security, 2) Disaster Plan, 3) Hazardous and Toxic Materials, 4) Utilities, 5) Fire, 6) Medical Facilities, 7) PPE, 8) Environmental Management Efforts and Environmental Monitoring Efforts and, 9) Development of No Smoking Areas. Monitoring the performance of the Occupational Health and Safety Management System at the IbnuSina Hospital is carried out by the heads of each room who will later report to the OHS team and see from the completeness of the records carried out by the OHS chairman. Meanwhile, seen from the compliance of

officers using PPE (gloves, masks, rubber boots, and helmet).

Maleke et al (2019) in their research show that reporting and evaluation related to work accidents in hospitals have been carried out according to procedures, for example if an accident occurs due to work, the staff must first report to the unit then the head of the unit where the staff works, report directly to superiors then the superior immediately reports to the head of personnel and OHS, because the OHS team will record and report when a work accident occurs⁽¹⁰⁾.

Monitoring: Monitoring of the Occupational Health and Safety Management System at IbnuSina Hospital monitoring is not carried out or not achieved because there has been no periodic review of OHS policies, the OHS chairman and the OHS secretary are not OHS experts, lack of human resources at IbnuSina Hospital who are OHS experts or have ever been received OHS training, so the implementation of the Occupational Health and Safety Management System at the hospital seemed slow. The cause of not carrying out this monitoring is because the IbnuSina Hospital has not monitored the implementation of the Health and Safety Management System policy. Meanwhile, it is still in the stage of making policies, making rules, and making Standard Operating Procedures (SOP).

A study conducted by Salikunna & Towidjojo (2011), at the monitoring and evaluation stage, only 44.44% of employees stated that the hospital had carried out the monitoring and evaluation stage, while the remaining 55.56% stated that the hospital did not perform this stage. In contrast, the results of the monitoring and evaluation stages were quite good at 78%. The implementation of OHS has not been fully implemented properly, it can be caused by a lack of skilled human resources or having received OHS training so that the implementation of the OHS management system in the hospital seems to be running in place. Another factor is the lack of support from the hospital leadership and management to develop the OHS management system in the hospital and most employees do not fully understand the importance of occupational health and safety in carrying out work in the hospital⁽¹¹⁾

Conclusion

Based on the results of research and discussion of all descriptions of the implementation of the Occupational Health and Safety Management System at the IbnuSina

Hospital, in general it can be concluded that the commitment and policy of the Occupational Health and Safety Management System at the IbnuSina Hospital exists and has been issued by the Hospital Director's Decree. IbnuSina Makassar regarding OHS Policy, Commitments and policies should always be reviewed to improve work safety and occupational health. Planning is carried out by Sub. The planning division that collects OHS data, OHS management system planning that is implemented while considering risk control by applicable regulatory requirements, and identification of various sources of hazards. Implementation is carried out with OHS socialization and counseling, training and installation of light fire extinguishers, procurement of signs, use of PPE, installing dangerous signs on equipment that pose a danger and working according to SOP. The implementation of the OHS management system appoints personnel who must have qualifications by the applied system. Measurement and evaluation is assessed based on the level of staff compliance to work according to the SOP, while performance evaluation cannot be carried out. Measurement and evaluation should be carried out to determine success or to identify corrective actions. Monitoring has not been carried out on the OHS Policy. Monitoring activities should be carried out by the hospital because this monitoring becomes the material for the OHS chairman in ensuring continuity and effectiveness in achieving policy.

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