



Received: October 23, 2024

Revised: October 30, 2024

Accepted: December 01, 2024

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DATA IN SUMMARY | HEALTH & MEDICAL SCIENCE

Evaluation of the Implementation of the Occupational Safety and Health Management System (SMK3) at Dr. H. Bob Bazar Hospital, Indonesia

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Abstract: International demands and competition have made occupational safety and health (OHS) a very important global issue. Related to the data report at Dr. H. Bob Bazar Hospital, there were work accidents to officers and accidents to patients. The purpose of this study was to determine the Occupational Safety and Health Management System at Dr. H. Bob Bazar Hospital in 2024. This study is a type of qualitative research. The informants of this study consisted of 5 people including 1 person in charge of OHS, 1 Head of Medical Support Section, 3 OHS officers. With the key informant in charge of OHS, the main informant is the Head of Medical Support Section, and the supporting informant is the OHS officer. Data collection through interview and observation methods conducted in August 2024. The results of this study indicate that Dr. H. Bob Bazar Hospital. Dr. H. Bob Bazar Hospital has had a K3RS policy but in its implementation, it has not been implemented properly according to PMK 66 of 2016. The existing K3 human resources have not been able to fully cover K3RS activities. Health services with health checks for officers have never been carried out. Preparedness has been carried out in dealing with emergency conditions and disasters with evacuation routes and APAR. Dr. H. Bob Bazar can increase resources and communication for K3RS implementation. Apart from that, we also carry out supervision and evaluation on the implementation of hospital SMK3 at least once a year so that implementation is more measurable and effective.

Keywords: Occupational Safety and Health Management System (SMK3), Government Regulation No. 50 of 2012, Occupational Safety, Occupational Health, Accreditation, Training, Sanitation.

1. INTRODUCTION

International demands and competition have made occupational safety and health (OSH) a critical global issue. Many countries are increasing their attention to OSH, linking it to labor issues, human rights, and environmental concerns. The implementation of OHS management in agency operations has become a mandatory requirement to achieve the necessary efficiency, improve competitiveness, and protect workers from risks that threaten their health and safety (Saliano et al., 2022). Law No. 36 of 2009 on Health states that workplaces are required to organize occupational health efforts if they pose a health hazard risk or have at least 10 workers (Pou et al., 2023). Attention to OSH is not only important to fulfill regulations, but also to create a safe and productive work environment. Companies that implement OHS effectively can reduce costs associated with accidents and occupational diseases. In addition, workers who feel safe and healthy will be more productive and loyal to the company. Good OHS implementation can also improve the company's reputation in the eyes of the public and stakeholders. Companies that care about the safety and health of their employees tend to gain more trust from consumers and business partners. This can also open up opportunities to work with international companies that have high OHS standards (R. Rompas, 2023).



The definition of occupational safety and health has been defined by several experts and generally includes the interaction between workers and the machines or equipment used, the work environment, and a combination of both (Susilawati et al., 2023). According to Veithzal Rivai (2024), occupational safety and health refers to the physiological, physical, and psychological conditions of the workforce that are influenced by the work environment provided by the company. One of the main objectives of occupational safety and health is to prevent work accidents. The definition of work accident in the Minister of Manpower Regulation No.03/Men/1996 is an unwanted and unexpected event that can cause human casualties and/or property losses. Work accidents are unexpected events without an element of intent, which are not expected because they are always accompanied by material losses or suffering, both light and heavy.

Work-related accidents are accidents that are related to work activities in the company. Work-related here means that the accident occurs because of work or while performing work. This shows the importance of attention to occupational safety and health in various professional activities to reduce the risk of accidents and ensure employee well-being. In Indonesia, the number of occupational accidents is still high, making occupational safety and health a key focus.

Data from the Ministry of Manpower and Transmigration (Kemenakertrans) shows that in 2022, there were 54,398 cases of work accidents (Jamsostek, 2022). PT Jaminan Sosial Tenaga Kerja (Jamsostek) reported an estimated 99,491 cases of work accidents by the end of 2022, representing approximately 4% of the 2,567,671 Jamsostek registered workers in Indonesia. In 2023, based on reports from various regions, there were 98,711 cases of work accidents. Data from the first semester of 2023 shows that the number of work accidents reached 48,511 cases.

The main causes of work accidents in 2023 according to the Ministry of Manpower and Transmigration are machinery, transport equipment, and hand tools. The most common types of accidents are due to collisions, contact with sharp objects that cause scratches, cuts, punctures, and hits due to falls. The importance of using personal protective equipment (PPE) cannot be underestimated as it can prevent most of these accidents. However, there are still many workers who do not use PPE due to lack of discipline and awareness.

The government has issued Law No.13/2003 Article 86 Paragraphs 1 and 2 to address this issue. This law states that every worker has the right to obtain protection for occupational safety and health, morals and decency, and treatment in accordance with human dignity and religious values. The purpose of this law is to protect workers' safety in order to increase work productivity optimally through OSH efforts. Based on this law, companies must provide facilities and infrastructure that support the prevention of work accidents and run programs that can reduce the number of accidents. One of the programs Important is the occupational safety and health program that is tailored to the company's production activities. Regulation of the Minister of Health of the Republic of Indonesia Number 66 of 2016 regulates Occupational Safety and Health (K3) in hospitals. Hospitals are considered a workplace with high risks to safety and health for various parties, including medical personnel, patients, patient companions, visitors, and the hospital environment itself. Occupational safety is a fundamental need for every individual. To prevent accidents in the work environment, one important step is to increase the protection of the workforce, including the implementation of adequate occupational safety and health protection (Annisa et al., 2024).

Hospitals, as healthcare facilities, often face high risks that affect not only medical staff but also patients and visitors. Effective OHS implementation in hospitals helps prevent incidents that could impact the health and safety of all parties involved. Therefore, it is important to ensure that all OHS procedures and protocols are strictly followed.

Implementing Occupational Safety and Health (OHS) in the workplace is a fundamental step towards creating a healthy, safe and productive work environment. It also involves protecting and empowering workers so that they can work safely and perform at a high level. Understanding OHS objectives without taking concrete actions in terms of occupational hygiene, health, economy and safety is not enough to address the risk of workplace accidents (Wadipalapa et al., 2022). OHS is not

just about regulatory compliance, but also about creating a proactive safety culture. This includes ongoing training for workers, provision of adequate facilities, and regular supervision to ensure safety standards are met. With this approach, the risk of accidents can be significantly reduced, and the work environment will become safer for all parties.

The preparations needed to anticipate and reduce the number of workplace accidents involve hazard identification, assessment of potential hazards, and operational supervision. The company must also disseminate information to the entire workforce and the surrounding community about the measures taken to prevent hazards and environmental pollution (Nainggolan & Hendra, 2023). With the provision of adequate work safety facilities, employees must be directly involved in the use of these technologies to ensure their safety and health. The importance of awareness and discipline in the use of personal protective equipment (PPE) cannot be ignored. Although the use of PPE is mandatory, there are still many workers who neglect to use it due to lack of awareness and discipline. Therefore, regular education and training is necessary to ensure every employee understands and complies with existing safety procedures. Occupational safety and health is an important aspect in various industries, including in the healthcare sector such as hospitals. The Occupational Safety and Health Management System (SMK3) is designed to create a safe and healthy work environment, and to prevent accidents and occupational diseases. Effective implementation of SMK3 not only protects the workforce from health risks but can also improve organizational efficiency and productivity. Good implementation of SMK3 plays an important role in creating safe working conditions, which in turn can affect the quality of services provided (Siregar, 2021). With increasing international regulations and standards, the implementation of SMK3 has become an obligation that must be fulfilled by various institutions, including hospitals. Compliance with these regulations not only ensures that hospitals fulfill their legal obligations but also creates a safer and healthier work environment. These regulations emphasize the need to protect the workforce as well as the safety of patients and visitors. Despite the regulations, challenges in implementing SMK3 often arise in the field. Hospitals and other healthcare institutions sometimes face difficulties in implementing these systems consistently. Some common challenges include lack of understanding and awareness of the importance of SMK3, inconsistent implementation of safety procedures, and limited facilities and equipment (Permen, 2019). Non-compliance with established safety procedures can result in serious risks to the workforce and patients.

Dr. H. Bob Bazar Hospital is a major hospital that handles various diseases and serves as the main health service center for the local community. The hospital has a vision of becoming a referral hospital with services of excellent, advanced, and integrity in order to create a healthy and prosperous South Lampung community. The hospital's mission includes: a) the implementation of health services that are inclusive and affordable for all South Lampung communities and of excellent quality, b) easy access to health services, c) professionalism and pioneering in services, d) innovation in the development of services in the era of globalization, and e) a shared spirit in realizing welfare. To realize the vision and mission, Dr. H. Bob Bazar Hospital must comply with established standards, including the implementation of the Occupational Safety and Health Management System (SMK3). These standards are important to ensure a safe working environment for medical staff and patients and to improve service quality. Findings from research at Dr. H. Bob Bazar Hospital showed several problems related to the implementation of OHS. One of them is a patient falling in the hospital area. In addition, there were also janitors pricked by needles due to officer negligence.

These findings indicate an urgent need to improve the implementation of SMK3 in this hospital. Evaluation of effective SMK3 implementation is important to identify shortcomings and improve compliance with safety standards. Comparison with relevant government policies or regulations regarding SMK3 can help in identifying areas that require improvement and strengthening. A thorough evaluation of SMK3 implementation at Dr. H. Bob Bazar Hospital is essential to ensure that the hospital can meet occupational safety and health standards. By increasing regulatory compliance and improving internal policies, Dr. H. Bob Bazar Hospital can improve the quality of health and safety services for all parties involved.

Based on the above background, and the importance of implementing the Occupational Safety and Health Management System (SMK3), the researcher is interested in conducting research with the title "Evaluation of the Implementation of the Occupational Safety and Health Management System (SMK3) at Dr. H. Bob Bazar Hospital, SKM in 2024".

2. LITERATURE REVIEW

According to WHO (World Health Organization), hospitals are an integral part of a social and health organization with the function of providing comprehensive services, curing diseases (curative) and preventing diseases (preventive) to the community. Hospitals are also training centers for health workers and medical research centers (Anfal, 2020). Hospitals are healthcare facilities that provide various types of medical and nursing services to the community. As a healthcare institution, a hospital serves as a place for the diagnosis, treatment, and recovery of patients experiencing various illnesses or injuries. Hospitals are equipped with various medical facilities, including inpatient rooms, operating rooms, laboratories, and emergency departments, which are designed to handle cases that require intensive or specialized care (Mahfudhoh & Muslimin, 2020). In addition, hospitals also play a role in the education and training of health workers, as well as conducting research to improve the quality of health services. As an integral part of the health system, hospitals not only focus on the physical healing of patients, but also pay attention to the psychological and social aspects of care, ensuring that each individual receives comprehensive care.

According to Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals Article 3 that hospitals have a purpose:

- a. Facilitate community access to health services.
- b. Providing protection of the safety of patients, the community, the hospital environment, and human resources in the hospital.
- c. Improve quality and maintain hospital service standards.
- d. Provide legal certainty to patients, the public, hospital human resources, and hospitals.

To carry out its duties, the hospital has a function (Law Number 44 of 2009 concerning Hospitals Article 5):

- a. Implementation of treatment and health recovery services in accordance with hospital service standards.
- b. Maintenance and improvement of individual health through second- and third-level comprehensive health services according to medical needs.
- c. Organizing education and training of human resources in order to improve the ability to provide health services.
- d. Organizing research and development and technology screening in the health sector in order to improve health services by paying attention to the ethics of science in the health sector.

According to Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals Articles 19, 20, 21, and 24, hospitals can be divided into 3 types:

- a. Based on the type of service provided:
 - 1) General hospitals provide health services in all fields and types of diseases.
 - 2) Specialized hospitals provide primary services in one field or one particular type of disease based on discipline, age group, organ, type of disease, or other specialization.

- b. Based on its management is public hospital
- c. The Government, Local Government, and non-profit legal entities can manage public hospitals. Public hospitals managed by the government and local governments are organized based on the management of the Public Service Agency (BLU) or Regional Public Service Agency (BLUD) by statutory provisions. They cannot be transferred to private hospitals.
- d. Private hospitals are managed by for-profit legal entities in the form of limited liability companies.
- e. Based on hospital facilities and service capabilities:
 - 1) Class A general hospital
 - 2) Class B general hospital
 - 3) Class C general hospital
 - 4) Class D general hospital

A Hospital Management System is a framework that organizes various operational and administrative aspects within a hospital to ensure that health services are delivered effectively and efficiently (Mahfudhoh & Muslimin, 2020). This system includes the management of human resources, finances, facilities, and clinical processes. Through structured management, hospitals can ensure that all functions, from patient registration to treatment and administration, run smoothly. The use of a hospital information system is also important to facilitate the flow of information and communication between departments, and improve coordination in medical services.

Hospital regulations and policies serve as guidelines to ensure that healthcare services are delivered in accordance with established quality and ethical standards (Dano, 2023). These policies cover various aspects, ranging from standard operating procedures to regulations regarding patient and medical personnel safety. These policies usually include regulations regarding the handling of medical cases, the use of equipment and drugs, and safety and security protocols in healthcare facilities. With clear regulations in place, hospitals can maintain consistency in services and minimize the risk of errors or accidents.

2.1. Occupational Safety and Health

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 66 of 2016 concerning Occupational Safety and Health of Hospitals that occupational safety is an effort made to reduce the occurrence of accidents, damage and all forms of loss both to humans, as well as those related to equipment, work objects, workplaces, and work environments directly and indirectly (Nandang Gunawan Tunggal Waras et al., 2023). Occupational safety is the identification of risks in the workplace and the measurement of precautions taken to reduce or eliminate hazards that may cause accidents (Bagaskara & Yuamita, 2023). Occupational safety is safety related to work tools, materials, and processing, the workplace and its environment and ways of doing work.

The definition of occupational health according to WHO (World Health Organization) is a multi-disciplinary activity aimed at:

- a. Protection and promotion of workers' health through the prevention and control of occupational diseases and accidents by eliminating occupational factors and hazardous conditions to health and safety in the workplace.
- b. Development and promotion of healthy and safe work, work environment, and work organization.
- c. Improving the physical, mental and social well-being of workers, and supporting the development and maintenance of their work capacity, as well as professional and social development in the workplace.

- d. Enable workers to live socially and economically productive lives and to contribute positively to sustainable development.

Work accidents are unexpected and unexpected events resulting from work that cause damage to machines, tools or even accidents to workers (Cahyawati et al., 2023). Based on its type, work accidents can be divided into several types, namely:

- a. Falling or being hit by materials.
- b. Exposed to protruding objects.
- c. Trapped inside, under or between objects.
- d. Use heavy force or movement.
- e. Exposure or contact with extreme temperatures.
- f. Exposure to or contact with electricity.

A safe and healthy work environment requires the application of various elements and principles of occupational safety and health. Some of the main elements in occupational safety and health include (Oktaviani & Purba, 2021):

- a. Use of Personal Protective Equipment (PPE)
At each work site, personal protective equipment must be provided and used to protect workers from risks and hazards that may arise during work activities. This PPE includes helmets, masks, gloves, and other protective equipment appropriate to the type of work and potential hazards.
- b. Tool Usage Guide
Every tool or machine in the workplace should come with a clear manual on usage, maintenance and safety procedures. These guidelines are important to ensure that all equipment is used correctly and safely, reducing the risk of accidents due to improper use.
- c. Danger Signs and Signals
It is important to post hazard signs and signals in the work area to warn workers of potential risks. These signs should be visible and easy to understand to alert workers to certain hazards, such as slippery areas or the use of hazardous chemicals.
- d. Division of Tasks and Responsibilities
There should be a clear organizational structure that sets out the division of duties, responsibilities and authority in the workplace. This ensures that each worker knows their role and is responsible for their own safety as well as that of their colleagues.
- e. Workplace Conditions
The workplace must meet the standards of a healthy and safe working environment. This includes keeping it clean from dust, dirt, smoke, gas vapor, radiation, machine vibration, noise, as well as ensuring safety from electrical risks. In addition, lighting should be sufficient, ventilation and air circulation should be good, and work rules should be implemented to ensure a conducive environment.
- f. Physical and Spiritual Health Support
In addition to physical protection, it is also important to provide physical and mental health support. This includes facilities for regular medical check-ups, counseling, and psychological support for workers to maintain their overall well-being.
- g. Complete Facilities and Amenities
The workplace must be equipped with adequate facilities and amenities to support safe and efficient work. These facilities include work tools, safety equipment, and other facilities necessary to ensure smooth and safe operations.

h. Awareness and Compliance

Awareness of the importance of occupational safety and health should be instilled in all workers. This includes training and education on safety procedures and developing a work culture that supports compliance with safety rules.

The principles of occupational safety and health (OSH) are fundamental guidelines that must be applied to create a safe and healthy work environment. These principles involve various important aspects designed to identify, prevent and mitigate risks that could jeopardize workers' safety and health (Atiyah & Wibowo, 2023). One of the key principles is hazard prevention; that is, efforts to identify potential risks before accidents occur and implement measures that can reduce or eliminate these hazards. The purpose of occupational safety and health (OHS) is to create a safe, healthy and productive work environment for all workers. One of its main objectives is to protect the health and safety of workers. This includes the prevention of injuries, diseases, and health problems that can occur due to hazardous factors in the workplace (Aninditya, 2024). By implementing effective OHS practices, the risk of occupational accidents can be reduced, so that workers' welfare is maintained and work productivity can be improved (Febriyanti et al., 2024).

Occupational diseases are diseases suffered by workers that are related or associated with their work (Swarjana, 2017). There are several diseases that can be caused by work, among others:

- a. Lung disease.
- b. Musculoskeletal injuries.
- c. Cancer.
- d. Severe trauma.
- e. Heart and blood vessel disorders.
- f. Reproductive disorders.
- g. Neurotoxic disorders.
- h. Noise is associated with decreased or lost hearing.
- i. Dermatological conditions.
- j. Psychological stress and boredom

Work accidents can be prevented if the causes are known. The causes of work accidents can be explained through several theories. According to the book *Industrial Safety* in (Pratiwi, 2012) work accidents are uncontrolled or unplanned events caused by human factors, situations or environments that disrupt the work process with or without resulting in injury, illness, death, or damage to work property. The first theory of workplace accidents is the Domino Theory proposed by Heinrich, and the second is a modification of the domino theory proposed by Frank E Bird of the International Loss Control Institute, which would later be recognized as the basis of OHS management.³⁸ Heinrich's theory of workplace accidents/ Domino Theory. This theory is widely used as one of the principles of accident prevention and loss control.

2.4 Hospital Occupational Safety and Health (K3RS)

The implementation of Hospital Occupational Safety and Health (K3RS) must be supported by a hospital occupational safety and health team, infrastructure and facilities, and an adequate budget so that the implementation of K3RS can run efficiently, effectively and continuously (Kamal et al., 2018). Article 87 of Law of the Republic of Indonesia Number 13 of 2003 concerning Manpower requires every company to implement an Occupational Safety and Health Management System (SMK3). This provision is further regulated in detail in Government Regulation of the Republic of Indonesia Number 50 of 2012 concerning the Establishment of Occupational Safety and Health Management Systems (PPSMK3).

Occupational safety can be defined as a condition in which employees in carrying out their work are free from the possibility of accidents so that they do not feel worried about having an accident (Kusuma et al., 2023). Meanwhile, occupational health is a physical, mental, and social condition and not just the absence of disease or weakness when carrying out a job. Occupational health is a daily life resource for employees, including when they carry out their work, because without health employees cannot carry out their work properly (Marbun & Arista, 2023). Based on Government Regulation of the Republic of Indonesia Number 50 of 2012 concerning Occupational Safety and Health Management System (SMK3), it is stated that SMK3 has the following objectives:

- a. Improve the effectiveness of planned, structured, and integrated occupational safety and health protection;
- b. Prevent and reduce work accidents and occupational diseases by involving management, workers/laborers, and/or trade unions;
- c. Create a safe, comfortable and efficient workplace to drive productivity.

The various objectives of SMK3 can be categorized as follows.

- a. As a measuring tool for OHS performance in the organization. That is, it is used to assess and measure the performance of OHS implementation in the organization.
- b. As a guideline for the implementation of OSH in the organization. That is, it can be used as a reference in developing SMK3 in the organization.
- c. As a basis for awards. That is, it is used as a basis for awarding OHS awards for achieving OHS performance.
- d. As a certification. That is, it is used to certify the implementation of OHS management in the organization.

2.5 *Benefits of a Health and Safety Management System*

The benefits of implementing an occupational safety and health program in a company include the following (Bisnis et al., 2023):

- a. reduction in absenteeism;
- b. reduction in health claim costs;
- c. reduction in worker turnover;
- d. increased productivity.

2.6 *Legal Basis of Hospital Occupational Safety and Health (K3RS).*

The legal basis of occupational safety and health in hospitals, or K3RS, is the regulatory framework established to protect the safety and health of medical personnel, patients, and visitors in healthcare facilities. Law Number 13 Year 2003 on Manpower and other derivative regulations stipulate the obligation for every institution, including hospitals, to implement an effective occupational safety and health management system. This law regulates various aspects such as the maintenance of a safe working environment, the provision of personal protective equipment, and emergency response procedures, and stipulates the rights of workers to obtain adequate protection in the workplace (Putri & Ginting, 2023).

2.7 *System*

The system is a combination of elements interconnected by a process or structure that functions as an organizational unit to produce something that has been determined. The system is a conceptual

structure consisting of interconnected functions that work as an organic unit to achieve the desired output effectively and efficiently. According to Muninjaya in Azhar's research, the system can be interpreted as a complete and organized unit consisting of several sub-systems interconnected and determined by clear boundaries and can be distinguished from their environment; in other words, the system is a series of interconnected parts.

The system is formed from interconnected parts or elements that affect each other. These parts or elements can be grouped into elements:

- a. Input: 6M: Man (man), Money (funds for program activities), Method (skills, work procedures, regulations, and policies), Minute (time period for implementing program activities), Market (target community to be provided with program services/community groups).
- b. Process is an activity that functions to change inputs so as to produce planned outputs.
- c. Output: The thing produced by the process
- d. Coverage of program activities: the number of community groups provided with health services compared to the number of community groups targeted by the program.
- e. Effect: Changes in community knowledge, attitudes and behavior as measured by community participation in utilizing available health services.
- f. Outcome (impact): The program's impact as measured by improvements in the community's health status.

Furthermore, management expert Goerge Terry, in Azwar (1996) and Sugiono (1996), said that achieving goals (outputs) in the management process is the same as achieving goals (outputs) in the management process. The system is influenced by management functions including: planning, organizing, actualizing and controlling. Occupational safety and health program management is directed to answer research questions by fulfilling the research objectives, namely identifying and describing the implementation system of environmental occupational safety and health program management at Dr. H. Bob Bazar Hospital including inputs required for program management of occupational safety and health implementation in hospitals, processes, namely the implementation of hospital occupational safety and health programs and outputs that meet K3RS program standards. The expected results of all activities for implementing occupational safety and health programs in hospitals.

3 RESEARCH DESIGN AND METHOD

This study uses a qualitative method to describe the implementation of SMK3 at Dr. H. Bob Bazar Hospital, SKM. This research was conducted on August 19-22, 2024 at Dr. H. Bob Bazar Hospital, SKM. In determining the sample, this research uses purposive sampling technique. The informants selected are informants who are related to the topic of the problem and are able to convey the appropriate situation and conditions of the research setting. In this case, the informants selected were the person in charge of Hospital OHS, the Head of the Medical Support Section, and the OHS Officer. These informants were selected based on certain considerations and objectives, namely:

- a. The head of the medical support section is a key informant who is knowledgeable and provides information and data that helps observers understand what is happening.
- b. The person in charge of OHS in the hospital is the main informant who organizes and is directly involved in OHS activities so that they have information and understand the problems in these activities.

- c. K3 officers are supporting informants who are implementers of K3 activities in hospitals, with a total of 3 informants.

Table 1. Informant Criteria

No.	Type of Informant	Informant	Number of Informants
1.	Key Informant	Head of Medical Support Section	1 person
2.	Key Informant	Person in charge of OHS	1 person
3.	Supporting Informants	OHS Officer	3 People

This research uses data collection methods, namely primary data such as observation, interviews, and secondary data, namely documentation. Primary data is data that is collected directly, in this study, namely observations and interviews. Data analysis techniques in this study were carried out with various steps including making data transcripts, data reduction, data display and conclusions and interpreting data.

4 RESULT AND DISCUSSION

4.1 Analysis Results Data

a. Availability of inputs Policy

Based on the results of interviews with informants regarding OSH policies in hospitals, information was obtained that the implementation of OSH at Dr. H. Bob Bazar Hospital, SKM has referred to policies, guidelines, and Standard Operating Procedures (SOPs) and in written form as stated by the informant:

"The hospital already has a policy.... SOPs also exist. " (If-A1)

"...we have a policy, yes a written form in the form of a director's decree then there is an SOP" (If-A2)

"The director's decree and guidelines have been distributed to each installation and room." (If-A4)

"yes, there is a policy in the form of a director's decree" (If-A5)

Existing policies support the implementation of OSH in hospitals such as risk management, hazardous waste management, use of personal protective equipment. The following is the informant's expression:

"There are various policies ... there is the use of PPE, B3 management" (If-A1)

"There is... There are policies related to risk management, SOPs for officers in using PPE, guidelines for hazardous waste management." (If-A2)

Table 2. Matrix of Interviews Related to OHS Implementation Policy

Thematic	Interview Informant	Observation	Triangulation Analysis
Policy	There are policies and SOPs related to OHSRS (If-A1, If-A2, If A-4)	There is already a written policy in the form of SK and SOP Officers use PPE as an application of SOP	There are already written policies in the form of decrees and SOPs that regulate K3RS management at Dr. H. Bob's Hospital. Bazar, SKM Not yet maximized implementation of existing policies

b. Availability of inputs Policy Human resources

Human resources in this case are people who will implement the K3 program in collaboration with other health workers. At Dr. H. Bob Bazar Hospital, the existing human resources both in number and criteria are not in accordance with the standards of the Ministry of Health Regulation No. 66 of 2016 concerning Occupational Safety and Health Standards in Hospitals. The following is the information from the informant:

"It doesn't seem to be up to standard yet"

"The number is lacking and only two people have participated in OHS training activities" (If-A1).

"There is still a lack of human resources, especially those who are K3 graduates, I myself am not a K3 graduate but have indeed participated in K3RS training. In addition, I also still have concurrent positions with other positions" (If-A2).

Table 3. Matrix of Interviews Related to HR for OHS implementation

Thematic	Informant Interview	Observation	Triangulation Analysis
Human Resources	Power shortage (If-A1, If-A2) New K3 certificate 2 people (If-A1, If-A2)	-Existing staff are not yet up to standard	The quality and quantity of officers are not yet meet the standards, and not all officers have attended training There is still a shortage of staff for OHSRS. Only 2 people are attended OHS training

c. Availability of Budgeting Inputs

Based on interviews, the information obtained is that there is no specific budgeting for the implementation of the K3 program. As conveyed by the informant as follows:

"As for our funding from BLUD funds but there is no specific funding yet, it is still based on needs such as if there is an activity." (If-A1)

"There is. But for now we have to make proposals and submissions to management first, then later it will be budgeted." (If-A2)

Table 4. Matrix of interviews related to funds for implementing the OHS program

Thematic	Informant Interview	Observation	Triangulation Analysis
Budgeting	-No cost standard set, budgeted accordingly needs	- Existence financial recording and reporting.	-There is no allocation of funds, only as needed.

d. Availability of inputs Facilities / Infrastructure

From the results of the interview, it is known that there is availability of PPE and fire extinguishers as infrastructure at Dr. H. Bob Bazar Hospital and maintenance is also carried out for this. The following is the informant's expression:

"There is PPE, and in every installation and room there is APAR" (Inf-A1).

"We have provided PPE in every room, we also provide fire extinguishing systems, fire extinguishers, signs, evacuation routes." (Inf-A2)

"Maintenance of facilities and infrastructure is also carried out, but for now it is still carried out if something is damaged or expired such as APAR" (If-A2).

Table 5. Matrix of Facilities And Infrastructure Interviews

Thematic	Informant Interview	Observation	Triangulation Analysis
Facilities / Infrastructure	PPE and Fire Extinguisher Maintenance is done based on damage	Officers use PPE when working Existence of fire extinguishers in each unit in hospital	PPE and fire extinguishers are available. Maintenance that has not been optimized

4.2 Process Analysis of OHS Management System at Dr. H. Bob Bazar Hospital

a. OHSRS risk management

OHSRS risk management at Dr. H. Bob Bazar Hospital is governed by applicable policies and regulations. According to the information submitted, the latest decree was issued in 2023. Risk management is the most important part in the implementation of OHS which will be related to the quality and service in the hospital. The following are the results of interviews with informants:

"There is risk management, such as hazard identification, risk control and others." (If-A4)

"We also have a decree on risk management, the last one was in 2023" (If- A1)

"Risk management is also related to the accreditation process. There are regulations and SK as well as guidelines. We involve all parties in its implementation for patient safety" (If-A2).

"Controlling potential hazards such as using PPE and there are signs that include risk management in hospitals" (If-A5).

b. Safety and security in hospitals

Safety and security at Dr. H. Bob Bazar Hospital has been carried out by holding socializations related to the safety and security of patients and visitors. The following are the results of interviews with informants:

"Safety and security in hospitals is important to reduce and control hazards and risks that may occur. In addition to officers, it also pays attention to the safety and security of patients and visitors " (If-A2)

"We do socialization to visitors, officers about security and safety" (If-A3)

"Officers always use the PPE that has been provided to improve safety" (If-A4)

"There was once a case of a patient falling, because the floor was slippery. After there was a report, we immediately overcame it by installing a handrail and also rubber on the floor"

"We put up posters and signs to improve safety and security" (If-A5)

c. Occupational Health Services

Occupational health services are important K3 implementation activities in hospitals to find out if there are officers infected with diseases considering that the work environment has the potential to contract diseases. Based on information from interviews with informants, it is unfortunate that routine activities for officer health checks have not been carried out.

"Not yet. It has been attempted and proposed several times, but it has not been realized" (If-A2).

"We haven't had a periodic health check, it should be once a year" (If-A4)

"There is no health service at all, unless there are complaints of serious work accidents, for example, such as needle sticks and severe injuries" (If-A5).

d. *Hazardous waste management from an OHS aspect*

Based on the results of the interview, it is known that the management and training of officers for handling hazardous waste spills is carried out. Cooperation with third parties in terms of transporters and destruction of hazardous waste.

"We hold socialization and in-house training for handling B3 spills. There are also safety facilities such as spill kits in the room" (If- A2)

"For B3 management, we cooperate with third parties, mba"
(If-A4)

"Management up to the temporary storage is done by us, then the transporter and destruction are third parties" (If-A4).

"We do waste segregation, such as medical waste, non-medical waste too" (If-A3)

e. *Fire prevention and control*

Fire prevention and control is an important thing to do. In Dr. H. Bob Bazar Hospital itself, training and simulations have been carried out for officers in the event of a fire. However, additional fire equipment is still needed to improve fire control. The following is an interview with the informant:

"... in every installation, office, and inpatient room we prepare APAR plus also the division of tasks in case of fire and we have given in-house for its use. We also have code red to notify a fire" (If-A2).

"There are fire extinguishers at home in each room, and simulations have also been carried out for their use" (If-A4).

"We only have fire extinguishers for the hospital, the hope is that in the future we can add other fire equipment, such as sprinkles or hydrants." (If-A5)

f. *Management of hospital infrastructure from an OHS aspect*

This stage is related to how the process of managing hospital infrastructure. Based on interviews, it is known that inspections are carried out based on damage reports, and fire extinguishers are replaced if they have expired.

"We do the inspection if there is a malfunction, for example electrical damage, water that is stuck or cloudy" (If-A5)

"Yes, as for the fire extinguisher, we usually cooperate with the fire department when it has expired to be replaced" (If-A2).

"Usually there will be a notification for repairs, if there is no periodic inspection like that. Only if there is a report" (If-A3)

g. *Emergency or Disaster Preparedness*

Dr. H. Bob Bazar Hospital in dealing with emergencies or disasters by means of socialization such as *code red*. In addition, directions evacuation and assembly points are available to make it easier to deal with emergencies or disasters.

"For emergency/disaster conditions we have made evacuation directions, available in all rooms. We also have code red for fire notification" (If-A2)

"We prepare evacuation routes and gathering points in case of a disaster. There are 3 gathering points, divided into front, middle and back areas" (If-A4).

"There is, we post evacuation directions that can be seen by everyone so that if there is an emergency it makes it easier for us" (If-A5)

Table 6. Matrix of interviews related to the process of implementing the OHS program

Thematic	Informant Interview	Observation	Triangulation Analysis
Process	<p>There are decrees and guidelines on Risk Management PPE is available To safety and security Health check has never been done</p> <p>Hazardous waste management in collaboration with third parties Availability of fire extinguishers in every room</p> <p>Improvements are made when there is a report There are evacuation routes and gathering point</p>	<p>Officers use PPE when working</p> <p>Fire extinguishers are available in all rooms</p> <p>There are posters of evacuation routes and points get together</p>	<p>The process of implementing OHSRS management has referred to policies and guidelines. However, the implementation is not yet optimal</p>

h. Output Analysis of OHS Management System at Dr. H. Bob Bazar Hospital

The implementation of OSH at Dr. H. Bob Bazar Hospital has been running but in some activities it has not run optimally according to standards. OHS evaluation activities carried out are also only limited to internal evaluations which are then reported to medical support.

"It is not yet optimal, such as human resources, and many more have been discussed." (If-A1)

"The evaluation of the program is still limited to an internal evaluation between me (the person in charge of OHS) and the field of medical support at the hospital." (If-A2)

"It would be good to have an evaluation with other committees, directly with the director. So that performance improvement can be harmonized and sustainable like that" (If-A2)

"When there is a report of a new incident, we evaluate it and do follow-up either replacement or repair of equipment" (If-A1).

"Usually we just check and evaluate thoroughly closer to accreditation" (If-A2)

Table 7. Interviews Related to OHS Implementation Outputs

Thematic	Informant Interview	Observation	Triangulation Analysis
Ouput	No periodic evaluation conducted OHS Program not running optimally	Improvements and enhancements made when there is a report	Evaluation has not been carried out regularly so that the program has not run optimally

4.3 Discussion

a. Component Input

The OHS policy is a manifestation of the commitment of the top leadership which contains the vision and objectives and determination in implementing the OHS work program. Dr. H. Bob Bazar Hospital already has policies and regulations in the implementation of OHS in the hospital. The policy is in the form of Director Decree Number 400.7.3.10/MFK/02.01/2023 concerning Facility and Safety Management. Policies in implementing OHS are related to documentation, provision of facilities including PPE, officer competence, health and safety assurance, waste and hazardous waste handling, disaster and emergency response and OHS education and training. The policy is conveyed through promotional media such as banners that are easy to read and easy to know. This can have a good impact on Dr. H. Bob Bazar Hospital Hospital to be integrated with the Occupational Safety and Health Management System (SMK3).

Based on the director's decree, Standard Operating Procedures and Guidelines are also derived. Standard operating procedures are made in an effort to prevent occupational diseases, nosocomial infections, work accidents and occupational diseases. In formulating the SOP, the management team and the K3RS Committee then socialized it to all employees or hospital units. However, the implementation is not good enough. This can happen because the formulation of the SOP rarely involves the head of the installation/unit and the implementing officer, so that the implementation of the policy is not optimal. This is not in accordance with the Regulation of the Minister of Health No. 66 of 2012 requires that hospitals are committed to implementing K3RS manifested by official and written policies, clear and easy to understand and known by all hospital parties. In the implementation of K3RS, the most important thing is funding. At Dr. H. Bob Bazar Hospital the budget comes from BLUD. For the OHS program, there is no specific allocation of funds included in the annual budget to implement the OHSRS program. The budget will be proposed if repairs, replacement of equipment are needed. This makes the K3RS Committee prioritize the program to be implemented. The next thing that cannot be forgotten for the input component is K3 facilities/infrastructure. Dr. H. Bob Bazar Hospital has provided facilities / infrastructure for basic needs such as PPE and fire extinguishers. By providing facilities and infrastructure, it can improve the safety and security of officers, patients and the hospital environment.

b. Components Process

The implementation of risk management at Dr. H. Bob Bazar Hospital has begun to be carried out with reference to the director's decree regarding risk management. Risk management based on Regulation of the Minister of Health Number 66 of 2016 is a clinical and administrative activity carried out by hospitals to identify, evaluate and reduce occupational safety and health risks to develop and implement OHS programs in collaboration with all hospital parties. Dr. H. Bob Bazar Hospital has carried out risk management in the form of hazard identification, risk control, for example, such as the use of PPE to control potential hazards. In the process, risk management at Dr. H. Bob Bazar Hospital is carried out by working together with all parties for patient *safety*. The hospital needs to document every supervision and reporting so that the implementation of OHS risk management can be evaluated and run effectively.

Dr. H. Bob Bazar Hospital in implementing safety and security is quite good. Socialization to staff and visitors is carried out as a way to improve safety and security. However, the implementation is not yet optimal. This is known because there are reports of patients falling, families of patients falling. The floor is slippery and downhill and no signs or warnings are given which causes this to happen. It is hoped that the management of Dr. H. Bob Bazar Hospital will further improve matters related to safety and security in the hospital before any similar cases recur.

Furthermore, in the process of implementing OHS in hospitals is the management of B3 from the aspect of OHS in hospitals. At Dr. H. Bob Bazar Hospital, the process of managing B3 is carried out in collaboration with third parties. The hospital collects and packs from the room to the temporary storage area. After that, transportation is carried out using a transporter and the destruction of B3 is carried out by a third party. Furthermore, fire prevention and control. From the results of the interview, Dr. H. Bob Bazar Hospital has implemented fire prevention and control in the hospital. The hospital conducts socialization and training in the event of a fire. The training is in the form of how to use APAR if the fire found is still small, if the fire has enlarged then the *code red* is activated.

Finally, the process component is preparedness for emergencies or disasters. Dr. H. Bob Bazar Hospital conducts emergency response socialization such as *code red* simulations. Dr. H. Bob Bazar Hospital has also provided facilities in the form of directions for evacuation routes in rooms and places that are easily seen by officers, patients and visitors. Emergency or disaster preparedness at Dr. H. Bob Bazar Hospital has been well implemented in accordance with the Minister of Health Regulation

No. 66 of 2016. However, Dr. H. Bob Bazar Hospital still lacks in terms of readiness and completeness of emergency facilities such as *hydrants*, *sprinkles*, and smoke detectors.

c. Component Output

The output or output of the implementation of the Occupational Safety and Health Management System is the good implementation of the K3RS program at Dr. H. Bob Bazar Hospital. The cooperation of the leadership, management team, heads of units/rooms, and employees achieves the vision of the K3RS program objectives to ensure occupational safety and health, minimize risks in the workplace, and achieve zero accidents at Dr. H. Bob Bazar Hospital. Good K3 implementation is in accordance with the Minister of Health Regulation Number 66 of 2016. Policies and SOPs can be well socialized/promoted so that they can be known, understood and implemented by HR and hospital visitors. Based on the results of interviews with informants at Dr. H. Bob Bazar Hospital, SKM, it was found that the output of the K3 implementation was still not good. Policies that need to be emphasized regarding K3RS, adequate human resources, funds need to be budgeted per unit. Dr. H. Bob Bazar Hospital

Dr. H. Bob Bazar Hospital lacks K3 human resources with the qualifications required by the Minister of Health Regulation Number 66 of 2016 and there is no special allocation of funds for K3 implementation which has an impact on the need for incomplete K3 facilities. The process of implementing OSH at Dr. H. Bob Bazar Hospital, SKM as a whole has referred to the standards set by the Minister of Health Regulation Number 66 of 2016. The target of the implementation of the Occupational Safety and Health Management System is to suppress or reduce cases of work accidents and undesirable events towards zero accident so as to further improve occupational safety and health for officers and visitors of Dr. H. Bob Bazar Hospital Hospital. Within the scope of the hospital, efforts to implement K3RS are very important to ensure the safety of patients, staff and visitors as well as the hospital environment.

4 CONCLUSION

The conclusion of the research Evaluation of the Implementation of the Occupational Safety and Health Management System (SMK3) at Dr. H. Bob Bazar Hospital, SKM in 2024 is as follows:

1. Input availability, in the implementation of the occupational safety and health program at Dr. H. Bob Bazar Hospital includes:
 - a) Dr. H. Bob Bazar Hospital already has a written policy in the form of decree and SOP.
 - b) Funding for K3RS program activities at Dr. H. Bob Bazar Hospital does not yet have a special fund.
 - c) Human resources are insufficient based on the Minister of Health Regulation No. 66/2016.
 - d) Facilities and infrastructure are sufficient to support the implementation of the OSHRS program.
2. Process components include:
 - a) Dr. H. Bob Bazar Hospital has carried out risk management in accordance with the provisions in Government Regulation Number 66 of 2016.
 - b) The implementation of hospital safety and security has been carried out quite well. However, it is not yet optimal as there are still cases of patients falling in the hospital area.
 - c) Occupational health services at Dr. H. Bob Bazar Hospital have not been implemented.

- d) The management of hazardous and toxic materials (B3) at Dr. H. Bob Bazar Hospital has been carried out with the help of cooperation with third parties.
- e) There are already facilities and infrastructure for fire prevention and control.
- f) The management of hospital infrastructure from the K3 aspect at Dr. H. Bob Bazar Hospital, SKM in implementation is good and in accordance with the Minister of Health Regulation Number 66 of 2016.
- g) Disaster emergency preparedness at Dr. H. Bob Bazar Hospital has been well implemented but still needs improvement.
- h) The overall output component of Dr. H. Bob Bazar Hospital has not optimally implemented the K3RS program.

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