



Evaluation of occupational safety and health management system implementation at Lasinrang Pinrang Hospital

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ARTICLE INFO

Article history:

Received Sep 10, 2025

Revised Sep 26, 2025

Accepted Sep 30, 2025

Keywords:

Hospital;
Human Resources;
Management System;
Occupational Safety and Health.

ABSTRACT

The Occupational Safety and Health Management System (OSHMS) in hospitals is designed to manage workplace safety and health risks to create a safe, efficient, and productive environment for hospital personnel, patients, visitors, and the surrounding community. Based on data from 2024, Lasinrang Pinrang Regional General Hospital recorded 3 occupational accident (KAK) cases, including 1 needle stick injury and 2 chemical spills, while in 2025, there was still 1 reported case. This study aims to evaluate the implementation of the OSH Management System at Lasinrang Pinrang Regional General Hospital in 2025. The research employed a qualitative descriptive approach using interviews, observations, and document analysis as data collection techniques. The results indicate that the implementation of OSHMS at Lasinrang Pinrang Regional General Hospital has not been fully optimized, primarily due to limited human resource capacity and a lack of understanding among staff regarding OSHMS procedures and policies. From a theoretical perspective, this study contributes to the understanding of the critical role of human resources in the effective application of hospital-based OSH management systems. Practically, the findings highlight the need for systematic capacity building, structured supervision, and institutional commitment to continuous OSH improvement. Strategically, it is recommended that the hospital management develop a comprehensive OSH roadmap supported by adequate budget allocation, regular training, and performance evaluation mechanisms. These measures will strengthen the institutionalization of OSH culture, enhance compliance with national safety standards, and ensure sustainable implementation of the OSH Management System within the hospital environment.



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1. Introduction

Hospitals are public health facilities that pose a high risk to occupational safety and health (Adamopoulos & Syrou, 2022; Che Huei et al., 2020; Saranjam et al., 2020). These risks are experienced not only by healthcare workers, but also by patients, accompanying family members, visitors, and the hospital environment as a whole (Rodriguez-Almagro et al., 2019; Wang et al., 2020). Law of the Republic of Indonesia Number 1 of 1970 stipulates that a workplace is a location where work is carried out for the benefit of a business and has the potential to cause harm to workers. In this context, hospitals as service

industries fall into the category of workplaces with complex risks, making (Lestari & Nasrifah, 2024) the implementation of Occupational Safety and Health (OSH) measures a necessity (NGOGA, 2023; Ntredu, 2023).

The implementation of OSH in hospitals is increasingly important as the use of health services by the community increases (Mayangkara et al., 2021; Ngoga et al., 2023). Hospitals not only provide curative, outpatient, inpatient, and emergency services, but also carry out promotional, preventive, educational, research, and patient health recovery functions. Therefore, hospital managers are obliged to ensure the safety and health of hospital human resources, patients, patient companions, visitors, and the environment from various potential hazards. This is in line with Law Number 36 of 2014 concerning Health Workers, which provides the right to protection of occupational safety and health for health workers (Baylina et al., 2018; Yanar et al., 2018).

In order to improve service quality, Law Number 44 of 2009 concerning Hospitals also requires hospitals to undergo periodic accreditation, in which K3RS aspects are one of the indicators assessed (Afifah et al., 2023). Furthermore, Law Number 13 of 2003 concerning Manpower Article 87 mandates every company, including hospitals, to implement an Occupational Safety and Health Management System (SMK3). The implementation of SMK3 aims to minimize or even eliminate the risk of accidents and losses that may occur in the workplace, especially in hospitals that are fraught with potential hazards such as medical gases, radiation, hazardous chemicals, and the risk of infection (Patel et al., 2022; Sahoo et al., 2024).

Indonesian Minister of Health Regulation No. 66 of 2016 concerning K3RS regulates five main criteria for the implementation of K3 in hospitals, namely policy establishment, planning, plan implementation, performance monitoring and evaluation, as well as continuous review and improvement. The establishment of a K3 policy must begin with a commitment from hospital management so that the implementation of SMK3 runs effectively and in accordance with applicable regulations. However, previous studies have shown that the implementation of K3RS in a number of hospitals in Indonesia still faces obstacles, both in terms of human resources, budget, and management (Nainggolan & Hendra, 2023; Surantri et al., 2022; Tashia & Jamaluddin, 2023).

Lasinrang Pinrang Regional General Hospital is a type C government-owned regional general hospital located in Pinrang Regency. This hospital serves as a center for curative, rehabilitative, promotive, and preventive health services. Based on data from early August 2024, the number of employees at Lasinrang Pinrang Regional General Hospital was 820, consisting of 348 civil servants, 418 honorary staff, and 62 volunteers. This hospital has implemented SMK3 since 2017, but work-related accidents (KAK) are still occurring. Data shows that in 2024 there were 3 cases of work accidents, consisting of 1 case of needle stick injury and 2 cases of chemical spills, while in 2025 there was 1 reported case of work accident. These findings indicate that the implementation of SMK3 at Lasinrang Pinrang Regional General Hospital has not been optimal, and there are still potential hazards that could cause accidents or occupational diseases.

Based on this background, this study aims to evaluate the implementation of the Occupational Safety and Health Management System (SMK3) at Lasinrang Pinrang Regional General Hospital. The results of this study are expected to provide input for hospital management in improving the effectiveness of the K3RS program on an ongoing basis, thereby minimizing potential hazards and improving the health of health workers and the community using hospital services.

Based on the background description, the main issues in this study can be formulated as follows: how the Occupational Safety and Health Management System (SMK3) is implemented at Lasinrang Pinrang Regional General Hospital, what factors hinder its implementation, and what efforts can be made to improve the effectiveness of SMK3 implementation at the hospital. In line with this problem formulation, this study aims to evaluate the implementation of SMK3 at Lasinrang Pinrang Regional General Hospital, identify various obstacles encountered in its implementation, and provide strategic recommendations that can be used to improve the effectiveness and optimization of SMK3 implementation in the hospital environment.

Globally, the urgency of implementing effective Occupational Safety and Health Management Systems (OSHMS) in hospitals has been increasingly emphasized by the World Health Organization (WHO)

and the International Labour Organization (ILO), which report that healthcare workers are among the groups most exposed to occupational risks such as infections, chemical exposure, ergonomic hazards, and psychosocial stress. According to the ILO, more than 2.8 million workers die annually due to occupational accidents and diseases, with a significant proportion occurring in the health sector. In Indonesia, data from the Ministry of Health (Kemenkes) show that incidents of needle-stick injuries and hospital-related accidents remain high, especially in regional hospitals that often have limited OSH resources and infrastructure. This study offers a novel contribution by focusing on the evaluation of OSHMS implementation at the Lasinrang Pinrang Regional General Hospital, a context that has rarely been explored in previous studies, which mostly focus on large urban hospitals. Academically, this research strengthens the empirical foundation for understanding how OSHMS can be adapted to regional hospital settings with constrained resources. Practically, it provides strategic insights for improving K3RS (Keselamatan dan Kesehatan Kerja Rumah Sakit) policy implementation in Indonesia through more effective human resource training, budget allocation, and risk management systems.

2. Methods

a. Type of Research

This research uses a qualitative descriptive approach that aims to gain an in-depth understanding of the evaluation of the implementation of the Occupational Safety and Health Management System (SMK3) at Lasinrang Regional General Hospital in Pinrang Regency. The research was conducted on July 17–31, 2025. The research instruments used included interview guidelines, voice recording devices (mobile phones), and writing instruments to support the recording process (Furidha, 2023; Stanley, 2023).

b. Research Location and Time

This research was conducted at Lasinrang Regional General Hospital, Pinrang Regency, in 2025, with data collection taking place from July 17 to 31, 2025.

c. Research Informants

The informants in this study were determined purposively based on their involvement and knowledge of the implementation of SMK3 in hospitals. The informants consisted of: Regular informants: the occupational safety subcommittee, the occupational health subcommittee, and the environmental health subcommittee. Key informants: the Director of Lasinrang Regional General Hospital, the Chair of the K3 Committee, the Head of Support Services, and the Head of the Support Section.

d. Data Sources

Primary data was obtained through in-depth interviews, direct observation, and the use of observation sheets related to the implementation of SMK3. Secondary data, obtained from hospital documents, reports on Work-Related Accidents (KAK) and Work-Related Illnesses (PAK), as well as supporting literature in the form of journals, Ministry of Health regulations, and relevant Minister of Health regulations.

e. Data Collection Techniques

Data collection was carried out using the triangulation method, which included: In-depth interviews, using interview guidelines with open-ended questions to explore information based on the informants' experiences and understanding. The interview results were supported by audio recordings and field notes. Observations, conducted by directly observing the implementation of SMK3 in the hospital environment, such as the availability of fire extinguishers, evacuation routes, employee vaccination data, employee health check results, and the calibration status of medical equipment. Document review, including analysis of policy documents, KAK reports, and documentation of activities related to the implementation of SMK3 at Lasinrang Regional General Hospital.

f. Data Analysis Techniques

Data analysis was conducted qualitatively by following the steps outlined by Miles and Huberman, namely: Data reduction, through a process of selection, focusing, and simplification of data relevant to the research focus. Data presentation, arranged in the form of narrative descriptions, tables, and charts that illustrate the relationships between findings. Conclusion/verification, which is the process of interpretation to produce a clear picture of the implementation of SMK3 at Lasinrang Regional General Hospital.

g. Data Validity Test

Data validity was tested using triangulation techniques, which included: Source triangulation, which is comparing information from various informants, both regular and key informants. Technique triangulation, which is comparing data obtained from the same source using different methods, such as interviews, observation, and document review.

3. Results and Discussion

A. Research results

This research was conducted at Lasinrang Regional General Hospital in Pinrang Regency. The type of research used was qualitative research with a descriptive survey method, with a total of 7 (seven) informants who met the criteria and were interviewed in depth. Of the 7 informants, there were 4 key informants, namely the Director of Lasinrang Regional General Hospital, the Chair of the Occupational Safety and Health Committee, the Head of Support Services, the Head of Non-Medical Services, and 3 regular informants, namely the Occupational Safety Subcommittee, the Occupational Health Subcommittee, and the Environmental Health Subcommittee.

Table 1.
Characteristics of Informants

No	Informant	Age	Education	Position	Type of Informant
1	An	38	S2	Work Health Subcommittee	Informant Biasa
2	Ia	29	S2	Work Safety Subcommittee	Regular informant
3	Ad	33	S1	Environmental Health Subcommittee	Informant Basa
4	MI	52	S2	Director	Key informant
5	AN	44	S2	Chair of the K3 Committee	Key informant
6	Uf	43	S2	Head of Support Division	Key informant
7	S	45	S1	Head of Support Section	Key informant

1. Establishment of Occupational Health and Safety Management System Policy at Lasinrang Pinrang Regional General Hospital

The implementation of OHSMS at Lasinrang Pinrang Regional General Hospital began in 2017. The implementation of OHSMS aims to prevent hospital staff from occupational accidents caused by occupational diseases and to maintain the comfort of staff and the maintenance of hospital facilities and buildings. The implementation of the OHSMS at Lasinrang Pinrang Regional General Hospital involves the participation of all hospital parties, ranging from hospital facility support staff, administrators, doctors, and employees, from top management to the lowest-level employees who are part of Lasinrang Pinrang Regional General Hospital.

The following are some of the results of interviews with regular informants obtained during the research:

“.....iya ada kebijakan K3 dan sudah di tetapkan tapi kadang juga masih ada staf yang cuek tentang penetapan kebijakan”.....(An, 38 tahun)

“.....kebijakan ini ada ini ini eekebijakan hm bertanda tangan, bertanggung apa lagi ada semuami”.....(Ia, 29 tahun)

Some interview results reinforced by key informants :

“.....semua di sini sudah ada kebijakan sudah tertulis bertanggung lengkapmi, sudah di tandatangani”.....(MI, 52 tahun)

“.....kami disini sudah memiliki kebijakan K3 yang jelas dek, dan kebijakan itu menjadi acuan saat melakukan pelatihan, pengadaan APD dan investigasi kecelakaan kerja”.....(AN, 44 tahun)

“..... yah adaa, yah ada intinya itu berupa SK komite k3 dan ada satu SK apa yang kemarin itu, SK P3, itu anunya keselamatan ada itu di tanda tangani langsung oleh direktur yah”.....(Uf,43 tahun)

“.....kalau masalah penetapan kebijakan komite k3 lebih tau secara tehnisnya semua to, ini-ininya.....(s, 45 tahun)

2. Planning

Interviews with respondents revealed that for each activity carried out under the K3 Management System at Lasinrang Pinrang Regional General Hospital, the hospital first draws up a plan by developing the SMK3 program itself, both in terms of the facilities and infrastructure required for SMK3 and the sufficient budget required. In the planning process, the hospital involves all department heads who play a role in the development of Lasinrang Pinrang Regional General Hospital.

To achieve ideal results, a well-structured plan must be developed. The assessment of respondents when discussing the anticipation of OSH implementation at Lasinrang Pinrang Regional General Hospital according to regular informants is as follows:

“.....dilaksanakan semua termasuk pemeriksaan sebelum bekerja, pemeriksaan kesehatan berkalah dan kesehatan kerja juga terkait dengan program kebugaran, jasmani yang baru dilakukan....”(In,29 tahun)

(semua sudah di laksanakan termasuk pemeriksaan sebelum bekerja, pemeriksaan kesehatan berkala, serta kesehatan kerja yang juga terkait dengan program kebugaran jasmani yang baru di laksanakan.)

“.....disini sudah di laksanakan semua perencanaan salah satunya sperti manajemen risiko, pelayanan kesehatan kerja dan lain-lain.....”(Ad,38 tahun)

(disini sudah dilaksanakan semua perencanaan, salah satunya seperti manajemen risiko, pelayanan kesehatan kerja, dan lain-lain.)

And the results of interviews reinforced by key informants include:

“.....jelas sebelum anu sudah di lakukan identifikasikita anu semua kita eee apa namanya kita cari dulu sumber penyebabnya apa semua baru nanti kita lakukan evaluasi dan setiap saat di lakukan monitoring.....”(MI,52 tahun)

Jelas sebelum di lakukan program terlebih dahulu di adakan identifikasi. Semua sumber penyebab di cari, kemudian di lakukan evaluasi, dan setiap saat di lakukan monitoring.)

“.....sudah mulai di laksanakan memang iya cuman masih bertahap, ada yang rutin seperti itu simulasi kebakaran dan pengecekan APD.....”(AN, 44tahun)

(Pelaksanaan memang sudah di mulai, walaupun masih bertahap. Kegiatan yang rutin di laksanakan seperti simulasi kebakaran dan pengecekan alat pelindung diri APD)

“.....semua itu sudah dilaksanakan kami kan sudah terakreditasi jadi dokumen-dokumen yang anda sebutkan itu sudah ada mulai dari panduan sampai SOP sudah ada di K3 itu sebagai wujud akreditasi bahwa sudah terlaksana program K3 yang ada di Rumah Sakit.....”(Uf,43 tahun)

(Semua sudah di laksanakan. Rumah sakit kami juga telah terakreditasi, jadi seluruh dokumen dan SPO terkait K3 sudah tersedia. Hal ini menjadi bukti bahwa program K3 telah berjalan sesuai standar di rumah sakit.)

“.....programnya sudah ada dan sudah di laksanakan cuman biasa yang menjadi kendala itu di bagian di dana dan kadang tenaga kerja terkendala oleh jam yang bertabrakan.....(S,45 tahun)

(Programnya sudah ada dan sudah di laksanakan, hanya saja kendala yang di hadapi biasanya terkait dengan keterbatasan dan serta tenaga kerja yang masih sering bertabrakan dengan tugas lain.)

The development of K3 programs is carried out by considering existing issues. The development of K3 work programs depends on the consequences of identifiable evidence of need. K3 programs must

be based on the results of problem assessments, which are evaluated and focused on. Program execution depends on the status of the gears. Program certainty takes into account the consequences of meetings with different units. K3 arrangements are made for different basic reasons. Respondents were overwhelmed by the arrangements, which were completed by leading a preliminary investigation and deciding on the needs of the problem. Others said that the program was carried out by considering the status of existing equipment. One witness stated that the preparation was carried out on the grounds that the hardware was already in place, so the program was implemented first. There are also sources who argue that the K3 program is implemented with consideration of the level of danger and the importance of preventive measures. K3 arrangement in clinics is very important considering that there are many things that must be resolved, so that through good arrangement everything becomes possible. Without proper K3 arrangements, it would be difficult to distinguish and implement programs that really need to be focused on for execution. Based on the 2007 Indonesian Minister of Health Regulation on SMK3RS, it was decided that the preparation of K3 according to needs must focus on recognizable initial evidence, by assessing the possibility of hazards and how to control them. Then, at that time, create a program with clear objectives.

3. Organization

Clear division of tasks by determining the position of staff in the K3 formation hierarchy with the aim that each worker can complement their abilities. Some of the respondents' opinions when invited to discuss the K3 association at Lasinrang Pinrang Regional General Hospital.

"....organisasi k3 ada dia itu juga biasa sosialisasikan aturan-aturan K3 kepegawai, itu salah satu agar kita aman saat bekerja"....(An,38 tahun)

(organisasi K3 juga secara rutin melakukan sosialisasi mengenai aturan-aturan K3 kepada pegawai, sebagai upaya agar kita semua dapat bekerja dengan aman.)

".....pastimi ada organisasi di rumah sakit, lama sekalimi berjalan itu ee, tim ini juga berperan dalam mengawasi keselamatan kerja dan melakukan evaluasi rutin terhadap potensi bahaya di tempat kerja....."(In, 29 tahun)

(ada organisasi di rumah sakit, sudah lama berjalan, timnya juga sangat berperan mengawasi keselamatan kerja dan melakukan evaluasi rutin terhadap potensi bahaya di tempat kerja)

"....iye ada ji organisasi di sini, aktifji juga kerjanya itue dia itu yang atur-atur semua ii soal keselamatan kerjanya".....(Ad, 33 tahun)

(iya ada organisasi disini ,aktif juga kerjanya, itu dia yang mengatur semua hal terkait keselamatan kerjanya)

".....iya ada organisasi k3 di rumah sakit wajib ada organisasi dan harus aktif itu, aktifji di sinie".....(MI,52 tahun)

(Organisasi K3 di rumah sakit merupakan hal yang wajib ada. Keberadaannya harus aktif dan berjalan dengan baik)

".....iya disini itu ada organisasi k3, sesuai juga dengan ketentuan PMK 66 tahun 2016. Ada juga strukturnya yang terdiri dari pimpinan rumah sakit sebagai penanggung jawab eh di sini juga sudah di bentukmi sub-tim berdasarkan risiko kerjanya....."(AN, 44 tahun)

(disini memang ada organisasi K3 yang sesuai dengan ketentuan PMK Nomor 66 Tahun 2016. Strukturnya terdiri dari pimpinan rumah sakit sebagai penanggung jawab. Selain itu, telah di bentuk sub tim yang disesuaikan dengan tingkat risiko pekerjaan masing)

"..... yah ada organisasi k3 disini,hm aktifji rutinji juga turun lapangan itu untuk cek sekitar Rumah Sakit".....(S,45 tahun)

(ya. Memang ada organisasi K3 di sini, aktif juga dan secara rutin turun kelapangan untuk melakukan pemeriksaan di sekitar rumah sakit.)

“.....bukan organisasi tapi dia di bawah naungan rumah sakit toh, dia semacam komite begitue apakah, komite k3, yah jadi bukan Organisasi yang berdiri sendiri tetapi eehh semacam yunit atau semacam apa itu komunitas dibawah naungan dari Rumah Sakit secara struktur yahh, secara struktur”..(Uf,43 tahun)

(bukan organisasi yang berdiri sendiri, melainkan berada di bawah naungan rumah sakit. Seperti semacam komite, yaitu komite K3. Jadi bukan organisasi independen, melainkan unit atau komunitas yang berada di bawah struktur rumah sakit, sesuai dengan susunan yang ada.)

The K3 formation has gathered information from each segment, then decided on the K3 program to be implemented. The program to be implemented was handed over to the clinic development department as the department responsible for establishing K3. The staff responsible for handling the establishment of K3 were not selected from individuals with a unique educational background in K3. The staff handling the establishment of K3 were selected by the Director of Lasinrang Pinrang Regional General Hospital. When interviewed, the hospital also stated that the establishment of K3 actually requires certified personnel who meet the requirements to implement the K3 program. For example, the secretary of the K3 institution does not have explicit training in K3. The certainty of the K3 formation work program is derived from information from each department, and then the K3 formation regulates the program for event changes and medical clinic support segments. Similarly, other respondents stated that the implementation of SMK3 at Lasinrang Pinrang Regional General Hospital was carried out by the hospital by providing understanding to all employees through simulations and the provision of symbols related to efforts that can be made to maintain occupational safety and health for all elements at Lasinrang Pinrang Regional General Hospital. To implement SMK3, the Lasinrang Pinrang Regional General Hospital established an organizational structure, starting from the committee chairperson, secretary, and subcommittee chairpersons involved in the SMK3 program, such as the waste management sector and so on. Data from K3RS workers indicate that K3 implementers have been equipped with specialized K3 training, which determines the programs to be implemented. They have only recently received information about OSH from a brief preparation session conducted by two members of the entire OSH staff, based on their capacity, one of which is to establish each work program in accordance with their instructional foundation. Based on the above information, it is clear that from an organizational perspective, there is a selection and placement of personnel at the Lasinrang Pinrang Regional General Hospital in the implementation of OSH.

C. Discussion

The following table shows the results of the selection and placement of personnel conducted by Lasinrang Pinrang Regional General Hospital.

Table 2.
Selection and appointment of K3 personnel at Lasinrang Pinrang Regional General Hospital

No	Audit criteria	Explanation and fulfillment/related documents.	Realization of Lasinrang Regional General Hospital	Explanation
1	Work assignments must be based on the capabilities, skills, and authority possessed.	Each worker must be placed in a position based on their individual abilities and skills, and must have undergone training and obtained a certificate.	The goal is to place workers in jobs that match their abilities and skills so that they are not overwhelmed and can work smoothly.	As appropriate

Personnel selection and placement are carried out to find and determine the appropriate position for workers based on their expertise. Therefore, the results of interviews with the Lasinrang

Pinrang Regional General Hospital K3 committee stated that every worker must undergo training and obtain a certificate to meet the requirements. Once these requirements are met, they can perform work in accordance with their respective expertise.

1. Establishment / Implementation

Respondents from Lasinrang Pinrang Regional General Hospital also said that the OSH program was socialized. We were only occasionally given instructions by the management, for example, that we needed to wear gloves, boots, protective clothing, and headscarves when working.

The assessment and survey of OSH implementation must take place within a certain period of time, but it is still in the drafting stage. The assessment, survey, and improvement of OSH implementation will continue to be carried out in accordance with the needs of Lasinrang Pinrang Regional General Hospital. However, for the time being, it has not been fully implemented because OSH is still in its early stages at Lasinrang Pinrang Regional General Hospital. According to data from the K3 committee at Lasinrang Pinrang Regional General Hospital, it has not been fully implemented.

Therefore, all components at Lasinrang Pinrang Regional General Hospital must be aware of the importance of implementing K3 at Lasinrang Pinrang Regional General Hospital. This can be recognized through shared responsibility, which begins with top-level initiative and is then fully implemented by the administration, visitors, guests, and patients. The implementation of K3 at Lasinrang Pinrang Regional General Hospital can be seen from various activities carried out, such as determining restricted areas, as shown in Table 3.

Table 3.
Restricted Areas at Lasinrang Pinrang Regional General Hospital

No	Audit criteria	Explanation and fulfillment/related documents	Realization at Lasinrang Regional General Hospital	Explanation
1.	Health and safety signs must be installed in accordance with technical standards and guidelines.	All K3 signs must be installed in accordance with technical standards and guidelines, but at Lasinrang Pinrang Regional General Hospital, these regulations have not been complied with.	The need for K3 signs at Lasinrang Regional General Hospital in Pinrang to indicate potential hazards that may not be visible.	As appropriate

Lasinrang Pinrang Regional General Hospital has established boundary areas such as K3 signs in the hospital. However, research findings indicate that the K3 signs at Lasinrang Pinrang Regional General Hospital still do not comply with government regulations. This is because in every activity that shows potential danger in the hospital area, there is still a lack of K3 signs, such as in floor cleaning activities that do not use warning signs for wet floors. Based on Government Regulation Number 50 of 2012, this restricted area does not yet meet the regulatory requirements, namely, it does not comply with work procedures and instructions. Every hospital or company should have implemented these regulations as mandated by the government, but they are often ignored.

The implementation of K3 at Lasinrang Pinrang Regional General Hospital can also be seen in the maintenance, repair, and modification of production facilities that support the implementation of K3 itself, as shown in Table 4.

Table 4.
Maintenance, Repair, and Modification of K3 Production Facilities

No	Audit criteria	Explanation and fulfillment/related documents	Lasinrang Pinrang Regional General Hospital Implementation	Explanation
1	The scheduling of inspections and maintenance of production facilities and equipment includes verification of safety devices and requirements set by relevant laws, regulations, standards, and technical guidelines	Scheduling of inspections and maintenance of production facilities and equipment includes verification of safety devices and requirements set by laws and regulations, standards, and relevant technical guidelines, which are carried out once a week.	The purpose of this inspection is to check the facilities available at the hospital to see whether they are still usable or not. If they are not, this must be reported immediately to the responsible party.	As appropriate
2	Production facilities and equipment have valid certificates in accordance with the requirements of laws, regulations, and standards	Production facilities and equipment have valid certificates in accordance with the requirements of laws and regulations and standards at Lasinrang Pinrang Regional General Hospital. Production facilities and equipment have certificates.	Production facilities and equipment have valid certificates, indicating that they are still suitable for use.	As appropriate
3	There is a procedure for requesting maintenance of production facilities and equipment with OSH conditions that do not meet requirements and need to be repaired immediately	Any production equipment that does not meet K3 requirements must be repaired immediately to facilitate work.	In order to avoid difficulties during work, production facilities and equipment that do not meet mandatory K3 requirements must be repaired immediately.	As appropriate
4	There is a system for labeling equipment that is no longer safe to use or is no longer in use	There is a system for labeling equipment that is no longer safe to use or is no longer used at Teuku Umar Aceh Jaya Hospital, but it has not been fully implemented by the hospital.	It is necessary to label equipment that is no longer safe to use or is no longer in use to prevent misuse.	Inappropriate
5	There is a person in charge of approving that production facilities and equipment are safe to use after maintenance, repair, or modification	Teuku Umar Aceh Jaya Hospital has a person in charge of approving that production facilities and equipment are safe to use after maintenance, repair, or modification.	Facilities and equipment must always be maintained and cared for so that workers using them do not experience accidents at work.	As appropriate

Maintenance, repair, and modification of production facilities in hospitals are already good, but staff tend to overlook minor issues. Therefore, the research findings state that the labeling system for production equipment is safe to use after maintenance, repair, or modification. This is not in accordance with existing regulations, as there is no accountability system for the maintenance of hospital equipment based on Government Regulation No. 50 of 2012. The implementation of occupational safety and health (K3) at Lasinrang Regional General Hospital in Pinrang Regency can also be seen from its readiness to handle emergencies, as shown in Table 5.

Table 5.
Preparedness for Handling Emergencies at Lasinrang Pinrang Regional General Hospital

No	Audit criteria	Explanation and fulfillment/related documents	Realization of Lasinrang Pinrang Regional General Hospital	Explanation
1	Provision of emergency equipment/facilities and procedures based on identification results, tested and reviewed regularly by competent and authorized personnel	Based on the results of the identification, the provision of emergency equipment/facilities and procedures are routinely tested by competent and authorized personnel at Lasinrang Pinrang Regional General Hospital and have been implemented.	The goal is to ensure that all facilities and equipment remain in a safe condition and that no work accidents occur when using the available facilities.	As appropriate
2	Workers receive instructions and training on emergency procedures appropriate to the level of risk	All employees at Lasinrang Pinrang Regional General Hospital receive instructions and training on emergency procedures in accordance with the level of risk.	The goal is that when a work accident occurs, it can be handled immediately or avoided by workers.	As appropriate

Preparedness to handle emergencies in hospitals has been carried out in accordance with government regulations. The commitment of the Lasinrang Pinrang Regional General Hospital and its guarantee of safety for workers is in line with the results of the interviews that have been conducted. The commitment and readiness of the hospital director to handle emergencies is good, as evidenced by the appointment of emergency response officers who have received special training and have been informed to all personnel at the workplace. In addition, first aid for accidents is also part of the implementation of occupational safety and health (K3) by the Lasinrang Pinrang Regional General Hospital.

Table 6.
First aid for accidents at Lasinrang Regional General Hospital

No	Audit criteria	Explanation and fulfillment/related documents	Implementation at Lasinrang Pinrang Regional General Hospital	Explanation
1	The hospital has evaluated the first aid kit and ensured that the existing first aid system complies with laws, regulations, standards, and technical guidelines.	Lasinrang Pinrang Regional General Hospital has evaluated the first aid kit and ensured that the existing first aid system complies with laws and regulations.	The need for first aid at Lasinrang Pinrang Regional General Hospital is that if there is a work accident, it is immediately handled by first aid before further assistance is provided, such as by a doctor.	As appropriate
2	The need for first aid at Lasinrang Pinrang Regional General Hospital is that if there is a work accident, it will be handled immediately by first aid before further	Previously, officers had been trained and appointed as first aid officers because they already understood first aid.	This is so that officers can immediately handle the situation if an accident occurs.	Inappropriate

assistance is provided, such as by a doctor.

First Aid for Accidents at Lasinrang Pinrang Regional General Hospital has been carried out properly in accordance with existing regulations. This is similar to the results of interviews conducted, which found that first aid equipment is available at Lasinrang Pinrang Regional General Hospital based on the results of identification and ensures that the existing first aid system complies with laws and regulations, standards, and technical guidelines. Similarly, from the perspective of hazard assessment as part of occupational safety and health (OSH) implementation at Lasinrang Pinrang Regional General Hospital, this has been carried out as stated in section 7.

Table 7.
Hazard Assessment at Lasinrang Pinrang Regional General Hospital

No	Audit criteria	Explanation and fulfillment/related documents	Realization of Lasinrang Pinrang Regional General Hospital	Explanation
1	There is an inspection report containing recommendations for corrective actions and submitted to management and P2K3 as needed.	Yes, there is. Reports are always submitted to identify what needs to be renovated at Lasinrang Pinrang Regional General Hospital.	The K3 Committee informs workers to report what needs to be renovated in the hospital	As appropriate
2	Health monitoring of workers employed in workplaces with high potential hazards is carried out in accordance with laws and regulations.	Yes, every worker who works in a high-risk area must always be monitored by competent personnel.	Every employee who works in a high-risk area must be monitored, and if a work accident occurs, it can be handled immediately without delay	As appropriate
3	Records of worker health monitoring are kept in accordance with laws and regulations.	Yes, health monitoring is conducted once a month and is in accordance with regulations.	Health monitoring is necessary in order to monitor the health of employees and to identify employees who have had accidents at work	As appropriate

Hazard inspections in hospitals have complied well with government regulations. Interviews revealed that Lasinrang Pinrang Regional General Hospital conducts inspections of workers, carried out by competent and authorized officers who have received training in hazard identification.

2. Supervision

According to the response from the hospital regarding supervision, it was stated that the implementation of SMK3 at Lasinrang Pinrang Regional General Hospital was not carried out arbitrarily, but rather supervised by each department. Supervision of the implementation of SMK3 at Lasinrang Pinrang Regional General Hospital is carried out by reviewing matters that have the potential to cause accidents to employees at work, such as improvements to building conditions, sewage channels produced by the hospital, and so on. This supervision is carried out internally by the hospital by involving cooperation between the superiors of each department and their employees.

The inspection and assessment of K3 implementation are completed within the organization, including Review, Testing, and Estimation, and SMK3 Interior Review. The Assessment, Testing, and Estimation methodology must be organized and maintained in accordance with the objectives and focus of K3, and repetitions must be adjusted to items that refer to the guidelines and principles of the material. Reviews in SMK3 must be carried out occasionally to determine the adequacy of SMK3 implementation.

SMK3 reviews are completed periodically by staff with the necessary skills using established procedures.

Considering the results of meetings related to observations and assessments that have been completed, only reviews are carried out consistently, but internal and external K3 reviews have not been carried out ideally. Nevertheless, the results of the reviews obtained have been used as a source of perspective in formulating the following arrangements. The K3 management panel understands that K3 reviews must be completed because these reviews tend to show that the K3 implementation framework has been working in accordance with regulations and guidelines and distinguishes areas for further development of K3 execution. Scientists suspect that the lack of qualified human resources has led to dual representation positions. As a result, the implementation of SMK3 cannot be considered ideal, given that the K3 Council's implementers are not sufficiently focused on carrying out SMK3 implementation.

Based on the above information, the analysis can be summarized as shown in Table 8 below.

Table 8.
K3 Area Supervision at Lasinrang Pinrang Regional General Hospital

No	Audit criteria	Explanation and fulfillment/related documents	Realization of Lasinrang Pinrang Regional General Hospital	Explanation
1	Supervision is carried out to ensure that all work is performed safely and in accordance with established procedures and work instructions.	Lasinrang Pinrang Regional General Hospital has been supervised by the K3 committee to ensure that all work is carried out safely and in accordance with predetermined procedures and work instructions.	To ensure that all work is carried out safely, supervision is necessary to ensure that all work is carried out safely and in accordance with predetermined procedures and work instructions.	As appropriate
2	Supervisors/inspectors are involved in investigating and reporting accidents and occupational illnesses, and are required to submit reports and recommendations to the hospital or management.	Lasinrang Pinrang Regional General Hospital reports work accidents in the form of records that are immediately reported and handled by the relevant parties.	The K3 Committee stated that during Covid-19, there were no recorded cases of occupational diseases, but there were reports of work accidents, which were immediately handled.	Inappropriate

From the table above, it can be seen that K3 area supervision at Lasinrang Pinrang Regional General Hospital is necessary to ensure the implementation of SMK3 that has been running, as well as to ensure that there are no work accidents. Based on the results of interviews conducted, it was revealed that the K3 Committee has carried out supervision, but the results of the supervision, such as work accident records, are not available in written form. Previous data related to work accident records were only reported and immediately handled by the relevant parties. Therefore, this supervision is in accordance with the regulations, specifically Government Regulation No. 50 of 2012 and Minister of Health Regulation No. 66 of 2016, which require written reports of accidents in the workplace.

3. Review of PP 50 of 2012 concerning SMK3 on the Implementation of SMK3 at Lasinrang Pinrang Regional General Hospital

Considering the consequences of the exploratory findings described above, assuming that it is examined based on Law Number 50 of 2012 concerning the Use of Words Related to the Framework for Welfare and Safety, the implementation of SMK3 at Lasinrang Pinrang Regional General Hospital has not been fully implemented considering Law Number 50 of 2012 concerning the Implementation of the

Framework. Words related to Welfare and Security Executives. However, there are still several components that have not been or are still temporarily not being implemented, such as the absence of work in the K3 council, the absence of assets, and the absence of assistance from the administration. Lasinrang Pinrang Regional General Hospital so that its implementation has not been completed as expected.

4. Constraints in the Implementation of SMK3 at Lasinrang Pinrang Regional General Hospital

The implementation of SMK3 at Lasinrang Pinrang Regional General Hospital is currently still experiencing obstacles in the area of human resources (HR). Most of the employees involved in the implementation of SMK3 do not yet understand SMK3 itself, so that the realization of SMK3 at Lasinrang Pinrang Regional General Hospital has not been optimal. Similarly, facility support remains minimal in the implementation of SMK3, but the Lasinrang Pinrang Regional General Hospital continues to make efforts to complete these facilities so that SMK3 can be implemented properly at the Lasinrang Pinrang Regional General Hospital.

4. Conclusion

Based on the results of the study, it can be concluded that the implementation of the Occupational Safety and Health Management System (SMK3) at Lasinrang Pinrang Regional General Hospital has been carried out through four main stages, namely planning, organizing, implementation, and supervision. The planning stage was carried out by preparing the SMK3 program, adjusting the budget, and fulfilling human resource requirements. The organizing stage was realized through the establishment of a clear management structure, while the implementation stage included the designation of SMK3 restricted areas, maintenance and repair of K3 facilities, emergency response preparedness, first aid for accidents, and inspection of potential hazards in the hospital environment. The monitoring stage was carried out through monitoring of K3 implementation areas and evaluation of the results of its implementation. However, based on Government Regulation No. 50 of 2012 concerning the Implementation of SMK3, the implementation of SMK3 at Lasinrang Pinrang Regional General Hospital is still not optimal. Several important elements have not been fully implemented, such as the absence of a specific person in charge of OSH, low awareness of hospital environmental hygiene, inappropriate OSH signs, low work discipline, and minimal compliance with applicable regulations by some hospital parties. The main obstacles in implementing SMK3 include the low level of understanding of the SMK3 concept among most employees, limited supporting facilities, inadequate budgets, and limited human resources with specific competencies in the field of K3. Therefore, it is necessary to improve understanding through continuous training, increase facilities and budgets, and strengthen human resources so that the implementation of SMK3 at Lasinrang Pinrang Regional General Hospital can run more optimally in accordance with applicable regulations.

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