

ANALYSIS OF THE REPORTING SYSTEM FOR ACCIDENTS AND OCCUPATIONAL DISEASES AMONG HOSPITAL NURSES IN INDONESIA: A CASE STUDY

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ABSTRACT

Background: A person performing in a hospital can experience accidents and occupational diseases due to the high intensity of interaction with patients. The occurrence of occupational accidents is important to report, of course, it serves as recommendations for evaluation. This study was conducted at the Bajawa Regional General Hospital (RSUD Bajawa). Based on the results of the preliminary study, the number of work accidents occurred were 4 cases, but 2 cases were not reported in 2018. **Purpose:** This study aimed to analyze the constraints in reporting occupational accidents and occupational diseases at the Bajawa Regional General Hospital (RSUD Bajawa). **Methods:** the study design in this study used an intrinsic case study. **Results:** The results showed that there was a Standard Operating Procedure (SOP) and reporting flow for occupational accidents and occupational diseases at Bajawa Regional General Hospital (RSUD Bajawa), but not all nurses had the same understanding of the Standard Operating Procedure and reporting flow. There was a budget for Occupational Health and Safety activities, but it had not been allocated for recording and reporting activities. Reporting activities were still carried out only in verbal form. **Conclusion:** There is a need to socialize the SOP and reporting flow thoroughly to all nurses. Supporting facilities in the form of forms to record occupational accidents and diseases are not yet available in all rooms.

Keywords: nurses, occupational accidents, reporting, occupational diseases

INTRODUCTION

The International Labor Organization (ILO) reported that in 2013, >250 million workplace accidents and >160 worker illnesses occurred worldwide each year due to workplace hazards that occur worldwide. The worst impact is that >1.2 million workers die from accidents and illnesses at work (International Labor Organization, 2013). While in Indonesia, cases of occupational accidents reached 35,917 and cases of occupational diseases reached 97,144, in 2013 (Kementerian Kesehatan Republik Indonesia, 2015). Hospitals are places that provide service industries, especially in the health sector. In addition to having a good function, hospitals can also produce risks to the incidence of occupational accidents and occupational diseases due to the services provided.

These services are related to various service functions, such as education and research. In addition, there are also many potential hazards, including biological factors, chemical factors (toxic and hazardous chemical gases and anesthesia), ergonomic factors, physical factors (noise, vibration, lighting, temperature, and radiation), and psychosocial factors (inappropriate working hours, poor relationships between coworkers (Putri *et al.*, 2017).

A person working in a hospital may experience accidents and occupational diseases with a higher level of risk compared to other industries, due to the high intensity of interaction with patients and infectious materials or equipment (Occupational Safety and Health Administration, 2014). In Indonesia, data on occupational accidents and occupational diseases in hospitals are not well recorded but are believed to be quite high. This is evident from several previous studies, including research conducted on nurses at Panti Waluya Malang Hospital which found that 54.5% of nurses had experienced work-related accidents (Maria *et al.*, 2015). Another study conducted by Putri (2018) of a total of 164 nurses at X Hospital found that as many as 97 (59%) of whom had experienced work-related accidents (Putri *et al.*, 2017). There are several reasons why a work accident is not reported, including: the injury that occurs is considered too minor, the person who experiences it does not feel pain, and does not understand the

consequences that can occur, and is not accustomed to following reporting procedures (Yulianti *et al.*, 2017). The results of another study conducted by Sariah in 2020 stated that the variables of knowledge (p value 0.004), behavior (p value 0.014), and action (p value 0.005) were one of the factors associated with the occurrence of work accidents among nurses (Sariah, 2020).

Based on preliminary studies, The Bajawa Regional General Hospital (RSUD Bajawa) has 414 employees, 135 of whom are nurses. RSUD Bajawa already has a standard operating procedure (SOP) and reporting procedure for occupational accidents and diseases. Training, socialization and orientation related to Occupational Safety and Health have also been carried out. Based on the results of the study, there were a total of 4 cases of needlestick accidents, but 2 cases of needlestick accidents were not reported in 2018. From the results of the interview, it is known that the reasons for not reporting are fear of being infected with a disease, so it is better not to know, laziness to report because they are afraid of costs during the examination, lack of understanding about the flow of reporting work accidents.

Based on the description above, the researcher believes that there is an iceberg phenomenon related to the reporting of occupational accidents at RSUD Bajawa, so the researcher wants to further examine the factors that prevent nurses from reporting occupational accidents and diseases at RSUD Bajawa. This study is different from other studies, especially in terms of research methods, research objectives and location. Previously, no one has examined what factors prevent nurses in reporting occupational accidents, especially at RSUD Bajawa. This study aimed to analyze the factors that hinder nurses in reporting incidents of occupational accidents and diseases at RSUD Bajawa.

METHOD

Research Subjects and Variables

The subjects in this study were 8 nurses working at Bajawa Regional General Hospital (RSUD Bajawa). The sampling method used purposive sampling techniques, namely nurses and committees responsible for reporting Occupational Accidents.

Ethical Clearance

The researcher applied the intrinsic case study research method. The research was conducted at Bajawa Regional General Hospital (RSUD Bajawa), East Nusa Tenggara. The research was conducted after ethical approval was issued by the Medical and Health Research Ethics Committee (MHREC) of the Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada Ref. No.: KE/FK/0439/EC/2019.

RESULTS

Standard Operating Procedures and Flow of Reporting Occupational Accidents and Diseases

From the results of the document review, it is known that the Standard Operating

Procedure (SOP) for Reporting Work Accident is available at the Regional General Hospital. Evidence of the availability of the SOP is corroborated by the results of interviews with the following expressions:

" For the SOP, we already have". (First informant, Chief of Hospital Occupational Health and Safety)

However, the socialization of this SOP has not been carried out thoroughly. From the results of the interviews, it is known that there are implementing nurses who do not know about the SOP for Reporting Work Accidents, as expressed by the following information:

" There seems to be an SOP, I think... but I don't know too much. There doesn't seem to be an SOP yet". (Sixth informant, Implementing Nurse)


SPO WORK ACCIDENT REPORTING			
 RSUD BAJAWA STANDART OPERASIONAL PROCEDURE	Document Number 445/RSUD/K3/06/2017	Revision Number 0	Page 1/2
	Date of Publication: 8 th January 2018	Director of RSUD Bajawa <u>drg.MARIA WEA BETU.MPH</u> NIP.19700213 200112 2 005	
DEFINITION	Accidents that occur to staff due to sharp objects (used syringes, infusion needles), exposure to hazardous and toxic waste and liquids, slips, falls, and others.		
PURPOSES	<ol style="list-style-type: none"> 1. Record the occurrence of the incident 2. Improve the quality of occupational health 3. Reduce the chance of future occupational accidents 		
POLICIES	<ol style="list-style-type: none"> 1. Law No. 66/2016 on occupational health and safety 2. Every work accident is documented and reported. 3. Every accident is handled periodically 		

Figure 1. SOP for Work Accident Reporting Bajawa Regional General Hospital

Budget and Support Facilities for Occupational Injury and Illness Reporting Activities.

There is a budget allocation for the Occupational Health and Safety (OHS) program at Bajawa Regional General Hospital (RSUD Bajawa), although not much. As a consequence, there are several programs that cannot be funded and have not been implemented, as stated by the following informant:

" There are special health checks for employees, for example when they first start work, but there are no regular ones or for those who are about to retire... there used to be some, but from ASKES, not from us". (First informant, Chief of Hospital Occupational Health and Safety).

Furthermore, information obtained from the interview results stated that the

existing budget had not been utilized properly, as stated in the following interview:

" In general, there is a budget for OHS, but to be honest, it has not been utilized well, because my background is not from OHS". (First informant, Chief of Hospital Occupational Health and Safety).

Furthermore, there has also been no special budget allocation for recording and reporting activities, as expressed by the following informant:

" Currently, the budget is still for general purposes, there is no specific budget for recording and reporting work-related

accidents". (First informant, Chief of Hospital Occupational Health and Safety).

Supporting infrastructure for reporting activities was provided in a special form, yet this form has not been circulated to the room and is still stored in the Occupational Health and Safety (OHS) and Infection Prevention and Control (IPC) Team. Therefore, the reporting activity has been done verbally, as expressed by the informant below:

" Perhaps there should be a special form in the room so that the reporting is done clearly, not just verbally. There should be a form in the room so that if an incident occurs, it can be reported immediately and not forgotten". (Fourth informant, Head of Room)

Appendix 10. Reporting Form

INCIDENT REPORT FORM

I. PATIENT DATA

Name :
 CM :
 Age :
 Room :
 Gender :
 Cost Bearer :
 MRS Date : Time :

II. DETAILS OF THE INCIDENT

1. Date : Incident Time :
 2. Incident :
 3. Chronology of the Incident :

Figure 2. Work Incident Reporting Form

Nurses' Knowledge of Standard Operating Procedures (SOP) and Reporting Flow for Occupational Accidents and Diseases

The implementation of socialization has not been comprehensive, causing nurses to have uneven knowledge. This is proved by the results of interviews, stating that there are nurses who do not know about the SOP and the flow, as expressed by several informants below:

"I don't know about that, but usually here there are special officers who recap by

themselves... I don't know what the flow is like, maybe there is". (Seventh informant, Nurse)

The results of the study showed that one of obstacles or constraints for nurses to report work accidents or work-related diseases is that their experience are quite diverse, as follows:

"There is no recording form, lack of socialization, many are still closed or lazy to report because maybe the process is long... they check themselves if the patient is negative they don't report, even though there has been socialization they don't report". (Eight informant, Nurse)

Supervision and evaluation related to reporting activities for work accidents and work-related diseases at Bajawa Regional Hospital are currently poor managed, as expressed by the following informant:

"Nothing, they wait for us to report before they take action. So far, they have never come down, so there is no evaluation, just waiting until an incident occurs". (Third informant, Head of Room).

Based on the results of the study, it was concluded that the low and uneven knowledge and understanding of nurses regarding standard operating procedures and reporting flow for work-related accidents and work-related diseases at Bajawa Regional Hospital were the basic causes of the obstacles that nurses encountered. They were afraid of knowing that they had contracted a certain disease if they were reported and examined so they chose not to report it, they were afraid that the cost of the examination would later be charged to them, due to lack of comprehensive socialization to all employees.

DISCUSSION

Standard Operating Procedure and Flow for Reporting Occupational Accidents and Diseases

Bajawa Regional Hospital has implemented a reporting flow and SOP for accidents and occupational diseases, which is considered good enough and useful as a form of administrative control. The SOP also contains a reporting flow as a guideline for nurses. Rizki *et al.*, (2021) presented the results of a study showing a significant correlation between nurses' compliance in implementing handwashing SOPs and the incidence of phlebitis at Graha Husada Hospital, Bandar Lampung in 2018. The chi-square statistical test produced a p-value of 0.001 (<0.05), indicating significance. The odds ratio (OR) value of 11,000 indicates that respondents who did not implement the 6 steps and 5 moments of handwashing had a 11,000 times greater chance of experiencing phlebitis compared to respondents who implement complete handwashing (Rizki *et al.*, 2021).

Based on the interview results, it is known that socialization regarding the SOP and the flow has not been undertaken comprehensively and routinely. This is proved

by the fact that there are nurses in the room who do not know about the SOP and reporting flow. Comprehensive and routine socialization plays an important role in increasing nurses' knowledge, based on the study (Pratama *et al.*, 2021). Maryani (2022) stated that one way hospitals successfully implement patient safety is by assigning all head of room to managerial tasks related to patient safety. They are expected to be able to motivate and direct nurses to create a positive work environment in order to implement patient safety while providing quality nursing care (Masahuddin *et al.*, 2020).

Budget and Supporting Facilities for Accidents and Occupational Diseases' Reporting Activities

The budget allocation for OHS at Bajawa Regional Hospital already exists, yet in a small amount. As a result, there were OHS programs that cannot be implemented, such as (the most complained about during the study) regular employee health checks. This is considered highly important since it will create a sense of security and comfort and reduce stress in the work environment, which can reduce the risk of work accidents and diseases caused by work. In the Regulation of the Minister of Health number 66 of 2016 about Occupational Safety and Health in Hospitals, it is explained that health checks for hospital's human resources include pre-employment checks, periodic health checks, special checks according to work risks, and post-employment checks (Kementerian Kesehatan Republik Indonesia, 2016).

The unutilized OHS budget results in the non-allocation of a special budget for recording and reporting of accidents and occupational diseases, causing this program to not run properly. In addition to being required to provide the best service and quality treatment, hospitals must also be able to protect all people in the hospital by implementing and developing the hospital's OHS program. The hospital can support this as stated in the Hospital Service Standards book and in the Hospital Accreditation instrument (Bando *et al.*, 2020).

Hospital Occupational Health and Safety budget allocation is often viewed as inefficient due to the advantages only indirectly apparent in many situations. Budgets for the

construction of infrastructure and the supply of medical services are typically given top priority in hospitals. The claim that the Hospital Occupational Health and Safety budget is wasteful, however, might not be true if it is thoroughly examined and appropriately computed (Rawis *et al.*, 2016). On the contrary, funding these initiatives has a major positive influence on hospitals by raising the caliber of services they offer. The costs required to run hospital's OHS programs are only around 2.109% of the total cost of construction and other facilities (Rawis *et al.*, 2016).

The implementation of recording and reporting cannot run efficiently without the support of adequate equipment, facilities, and infrastructure (Yulianti *et al.*, 2017). Hia, Juanita and Silaban (2022) stated in their research that the facilities obtained can affect the performance of nurses. The results of the bivariate test analysis showed a significant influence between the facilities received by nurses and their performance in providing care, with a p value = 0.004 ($p < 0.05$). These facilities are recognized as playing a major role in achieving goals and objectives by meeting the physical and emotional needs of employees (Hia *et al.*, 2022)

The form of reporting accidents and occupational diseases at Bajawa Hospital has so far been verbal, no reporting forms have been provided in the room, from the results of the interview it was found that the forms were stored in the OHS and IPC Team. This can be a problem, because if a nurse has a work accident at night, they have to wait until the next day to report it. This can cause the risk of forgetting, lack of coordination and the assumption that accidents and occupational diseases are still taboo to talk about are some of the causes of the low reporting rate (Sumiati *et al.*, 2022). For this reason, it is hoped that this form will be prepared in each room. The reason the reporting form has not yet been given to the room is because the OHS and IPC Teams have different forms, so they are still being matched and later the form given to the room is the same. Thus, there is no confusion when filling it out later.

Nurses' Knowledge of Standard Operating Procedures (SOP) and the Flow of Reporting Accidents and Occupational Diseases

One of the largest problems facing hospital OHS management is the

underreporting of accidents and occupational disorders; thus, no action is made to address the incidence of accidents or occupational diseases. A lack of knowledge and comprehension of procedures and reporting flows may be the root reason. Knowledge and understanding are mandatory, which must be possessed by nurses in implementing and complying with the SOP on the flow of reporting accidents and occupational diseases.

The results of a study conducted by Nuramalah, *et al.* at the Medika Dramaga Hospital showed that out of 35 nurses who were respondents, 29 respondents (82.9%) (63.2%) often experienced needle stick injuries, the related factors were age and knowledge (Nuramalah *et al.*, 2023). A number of shortcomings in the SOP's implementation prevent it from being fully applied. This could be because hospital staff members are not paying enough attention to how OHS SOPs are being implemented, they are not aware of the risks involved in not following the SOP, officers are not receiving enough training or seminars, there is no supervision, and there are no consequences for breaking the SOP while working (Bando *et al.*, 2020). The most frequent obstacles to reporting incidents are ignorance of what to report, how to disclose it, lack of confidence, an overwhelming workload, a wish to ignore, and fear of punishment (Carrol, 2009). Nurses cannot actively participate in the OHS program if they do not have sufficient knowledge, because if knowledge about OHS is lacking, OHS performance cannot be maximized. OHS knowledge is very important for nurses in making the right decisions regarding the risks in the workplace and the actions to be taken when they know there is a hazard in the workplace, and motivating nurses to work safely. By increasing nurses' OHS knowledge, it will be able to increase nurses' awareness of OHS so that work-related accidents and diseases do not occur (Pratiei *et al.*, 2016). Based on the results of interviews with the Head of the OHS Team at Bajawa Regional General Hospital (RSUD Bajawa), it was known that all treatment costs due to work accidents are borne by the hospital. The main factor that hinders is the lack of understanding of SMK3, both from the company and employees (Tanya *et al.*, 2017).

Another obstacle when nurses experience a work accident, for example being

pricked by a needle, they will look for information on the patient's medical history, if the patient does not have the potential to transmit a certain disease they will not report it. Secondary data at Dr. Tajuddin Chalid Hospital Makassar in 2019, 2020, and 2021 recorded 8 cases of needlesticks, quantitatively the number of cases did not show a significant number of incidents. This happens because cases of needlesticks or other work accidents are like the iceberg phenomenon. This means that only a few incidents are reported, even though in reality many nurses experience accidents such as being pricked by a needle but are reluctant to report (Arifuddin *et al.*, 2023). All of this is due to the fact that socialization and education on OHS have not been carried out routinely and comprehensively. If socialization is carried out comprehensively and routinely, all nurses will have the same knowledge about the reporting process, and also understand the benefits they get from reporting so that this program can run as it should. Of the 13 target people, all nurses (100%) showed good knowledge, with 8 people (80%) experiencing an increase in knowledge scores after the post-test. Wardhina & Rahmadiliyani (2022).

This study has advantages because it uses a case study method, so that it is more in-depth and detailed in development research, the results obtained are more specific and actual. The limitations of this study are the short time, especially for implementing nurses so that the time for interviews is limited. Another limitation is the availability of secondary data that is not yet available, for example data related to reporting work accidents at Bajawa Regional Hospital (RSUD Bajawa).

CONCLUSION

The Standard Operating Procedure (SOP) for reporting work accidents already exists, strengthened by the document number: 445/RSUD/K3/06/2017, the SOP also includes the reporting flow, but the socialization that has not been carried out is scheduled and comprehensive to all nurses regarding the flow and SOP. The Hospital Occupational Health and Safety program budget already exists, but has not been utilized properly, including the budget for recording and reporting activities that have not been allocated. The supporting facilities for recording and reporting work-related accidents in the form of recording forms

in each room have not been provided, as a result the reporting has been done verbally. Nurses' knowledge of SOPs and reporting flows is not evenly distributed. There are nurses who do not know about the SOP and the flow. This is because socialization has not been carried out comprehensively to all nurses at Bajawa Regional Hospital.

SUGGESTION

Bajawa Regional Hospital (RSUD Bajawa) should make a policy, especially regarding scheduled and comprehensive socialization for all nurses regarding the flow and SOP for Reporting Work-related Accidents. Then, the Hospital Occupational Health and Safety program budget should be allocated for recording and reporting work-related accidents.

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CONFLICT OF INTEREST

The authors declare there is no conflict of interest.

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AUTHOR CONTRIBUTION

Author Florianus Hans Matheus Mawo, data collection, designing research design, literature review, references. Author Intan Sekar Arumdani, data analysis, manuscript revision, manuscript writing. Author Tachiyya Nailal Khusna, data analysis and manuscript revision.

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