

ANALYSIS OF EMPLOYEE WORKPLACE HEALTH PROGRAMS AT RSUD DR. M.M. DUNDA LIMBOTO, GORONTALO REGENCY

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ABSTRACT

This study aims to examine the efforts made by RSUD Dr. M.M. Dunda in implementing employee health programs in accordance with Minister of Health Regulation Number 66 of 2016 on Hospital Occupational Safety and Health, as well as the challenges faced in this implementation. The research employs a qualitative descriptive approach, involving five informants. Data collection was conducted through interviews, utilizing source triangulation for data validity. The findings indicate that the occupational health efforts at RSUD Dr. M.M. Dunda Limboto include promotional programs such as extra fooding, physical fitness initiatives, recreational activities, and the provision of breastfeeding corners. Preventive programs encompass health check-ups for radiology staff, medical surveillance, workplace environmental monitoring, and health monitoring. Curative programs involve employee treatment, management of work-related illnesses, handling of occupational accidents, and post-exposure management. Additionally, several programs have yet to be implemented, including the establishment of a clean and healthy canteen, specialized mental health services for employees, comprehensive health assessments, widespread vaccination for employees, and medical rehabilitation along with a return-to-work program, which have not been initiated due to the absence of cases requiring rehabilitation.

Keywords: Occupational Health, Human Resources for Health, Health Services

INTRODUCTION

In the era of rapid technological advancement, the healthcare sector faces complex challenges due to globalization. Changing disease patterns, increased patient mobility, and broader access to information require hospitals to adapt and enhance the quality of care. In this context, hospitals play a vital role in delivering quality medical services to the community, including the responsibility of safeguarding the health and well-being of their staff.

Hospital employees, including doctors and nurses, are critical assets determining the operational success of healthcare institutions. The health and well-being of these employees

should be a priority for hospital management, as healthy and satisfied staff can provide better services, leading to improved patient satisfaction and the hospital's reputation. WHO data indicates that good occupational health can contribute to a 20% increase in productivity in the healthcare sector.

However, hospital staff often work under high pressure and face significant risks. According to Nurhayati (2021), excessive workloads can lead to unwanted accidents; when patient numbers exceed the nurse-to-patient ratio, it results in increased stress and health issues for employees. Heavy

workloads, exposure to infectious diseases, and psychological stress can negatively impact staff health and performance. The European Agency for Safety and Health at Work (EUOSHA) reports that 25% of workers in Europe experience stress adversely affecting their health. Psychosocial risks are linked to more than one-third of work-related accidents and illnesses and account for 17% of sick leave. A healthy work environment is crucial in influencing the safety behavior of healthcare personnel and preventing unwanted accidents (Pasinringi & Rivai, 2022).

Research by Syukur (2018) indicated that nurses at RSUD Dr. M.M. Dunda Limboto strive to adhere to established Standard Operating Procedures (SOPs), yet may fail to do so when patient numbers exceed staff capacity. Such challenging work conditions can adversely affect both physical and mental health if not managed effectively, impacting not only individual employees but also team performance and the overall operations of the hospital. Therefore, it is essential for hospitals to implement comprehensive and sustainable occupational health programs.

According to Minister of Health Regulation No. 66 of 2016 concerning Occupational Health and Safety in Hospitals (K3RS), occupational health refers to conditions ensuring that workers are free from work-related illnesses and enjoy good physical, mental, and social well-being. This encompasses efforts to control environmental factors that may disrupt health, both directly and indirectly. The International Labour Organization (ILO) defines occupational health as a public health field focused on preventing workplace accidents and controlling health risks present in the

workplace. This focus aims to protect workers from hazards, including environmental factors that may negatively affect health. The well-being of workers, as a goal of these programs, includes physical, mental, and social aspects that influence productivity and quality of life. Research by Vidal et al. (2023) indicates that comprehensive occupational health programs can enhance employee well-being by reducing stress, increasing job satisfaction, and lowering absenteeism rates.

In the context of globalization and intense economic competition, research by Herlina et al. (2024) found that hospitals implementing effective occupational health programs can gain a competitive advantage by fostering a supportive work environment that enhances employee productivity. Therefore, investment in occupational health is not merely about compliance with regulations but also represents a strategic business decision for sustainability and improved healthcare delivery.

As per Minister of Health Regulation No. 66 of 2016 regarding K3RS, there are four main programs that hospitals should implement to fulfill occupational health services for employees: promotive, preventive, curative, and rehabilitative. Promotive programs include additional food provisions, physical fitness activities, recreational opportunities, mental health services, and workplace nutrition. Preventive programs encompass vaccinations, health screenings, fitness evaluations, medical surveillance, workplace environment assessments, and health monitoring. Curative programs involve employee medical treatment, management of work-related illnesses (PAK), handling of work-related accidents (KAK), and post-exposure

management. Rehabilitative programs consist of medical rehabilitation and return-to-work initiatives.

The primary aim of this study is to assess the efforts of RSUD Dr. M.M. Dunda Limboto in implementing occupational health programs for employees and to identify existing barriers to these implementations. Understanding these efforts will help identify effective strategies to enhance employee health. Additionally, identifying obstacles will allow the hospital to take necessary corrective actions. The expected outcome of this research is a deeper understanding of the implementation of occupational health programs at RSUD Dr. M.M. Dunda Limboto.

Research by Ramli et al. (2023) on the implementation of K3RS management systems at RSUD Labuang Baji Makassar revealed challenges related to internal audits and the incompleteness of monthly and annual K3 reports. In contrast, Firmansyah's (2022) study on risk management at RS Islam Surabaya A. Yani found that while management practices were generally effective, monitoring was often not conducted as scheduled.

Preliminary data collection for this study revealed that the K3RS Committee at RSUD Dr. M.M. Dunda Limboto experienced a two-year hiatus, during which health programs were managed by other departments. It was not until 2022 that the K3RS Committee was fully operational under management's direction. The implementation of occupational health programs requires collaboration between hospital management, human resources departments, and the employees themselves. Regular evaluations are also essential to ensure that these programs are effective and beneficial.

This research aims to provide recommendations for hospital management to improve employee health and well-being, which in turn can enhance the quality of patient care. Thus, this study contributes not only to the hospital but also to the advancement of knowledge in the field of occupational health.

RESEARCH METHODOLOGY

This study employs a qualitative approach utilizing descriptive qualitative methods. The research was conducted at RSUD Dr. M.M. Dunda over two months, from July to August 2024. Primary data were obtained through interviews and direct observations, while secondary data were derived from Minister of Health Regulation No. 66 of 2016, K3RS committee policy documents, and other literature. To ensure data validity, source triangulation was employed with several informants.

Characteristics of Informants

The characteristics of the informants are summarized in Table 1.1.

Tabel 1.1 Characteristics

No.	Initial Informants	Positions of Informants	Tenure
1	AR	K3RS Committee Chair	17 yrs
2	AKN	Deputy Director of Services	18 yrs
3	HM	Staffing Analyst	29 yrs
4	S	Head of Radiology Department	20 yrs
5	AS	Laboratory Staff	26 yrs

Based on the description in the table of informant characteristics above, there are five human resources represented: the Chairperson of the K3RS Committee, the Deputy Director for Services, a Junior Personnel Analyst, the Head of the Radiology Department, and a Laboratory Staff Member.

RESEARCH RESULTS

1. Promotive Programs

a. Extra Fooding

This program provides additional nutritional support for employees who interact directly with patients. HM, the Personnel Analyst, indicated that priority is given to these employees. Each employee receives one milk and one egg per shift, while those on the night shift also receive instant noodles. The aim of this program is to enhance the immune system of staff, especially those working long shifts.

b. Physical Fitness and Recreation

Dr. M.M. Dunda Hospital also implements a physical fitness and recreation program. Regular sports activities are held every Friday at the Sport Center in collaboration with local government agencies in Gorontalo. AR noted that sports competitions are organized every November to celebrate the hospital's anniversary. Additionally, an annual family gathering and recreational activities are scheduled to strengthen employee bonds.

c. Mental Health

According to the Minister of Health Regulation No. 66 of 2016, mental health promotion is a key focus. Currently, there are no specialized services, but employees can consult a psychiatrist at the outpatient clinic. Plans to establish mental health counseling services have been discussed, and management supports this initiative. Free counseling is available, and medications are covered by BPJS, demonstrating the hospital's commitment to the mental well-being of its employees.

d. Occupational Nutrition

Occupational nutrition includes the provision of a canteen and supporting facilities such as a breastfeeding corner. However, a recent fire incident has led to the closure of the canteen, leaving employees to rely on meals from home or external orders. Furthermore, the hospital has established a breastfeeding corner in strategic locations to support nursing employees.

2. Preventive Programs

a. Immunization for Healthcare Workers

Immunization for healthcare workers focuses on protecting them from preventable diseases. During the COVID-19 pandemic, vaccinations were administered, but routine vaccinations for other diseases, such as hepatitis, have not yet been implemented. Current vaccinations are incidental, conducted in emergency situations, such as work-related accidents. There are plans to expand the vaccination program, including proposals for booster vaccines every six months for employees in high-risk units.

b. Health Examinations

Health examinations for employees are not yet uniformly implemented, with priority given to units considered at risk, such as radiology. While it is recommended that all employees undergo medical check-ups, funding constraints pose a challenge. In the Radiology unit, periodic examinations are conducted annually, and employees from other units can access free examinations on their own initiative. There is also a focus on raising awareness about the importance of health checks for employees approaching retirement.

c. Fit to Work Program

This program aims to assess the physical and mental fitness of employees, generally required through KIR examinations. For high-risk units like Radiology, assessments are conducted annually to ensure employees are in optimal condition to provide services. This approach is vital for maintaining the safety and health of staff.

d. Medical Surveillance

Medical surveillance is implemented to monitor and evaluate the health conditions of employees. Recording of occupational diseases began in July 2024, and routine evaluations of health cases are conducted and reported to the Gorontalo Provincial Health Office.

e. Workplace Environmental Surveillance

Workplace environmental surveillance plays a crucial role in monitoring potential hazards and ensuring employee health. Risk factor measurements are conducted periodically, including exposure to chemicals and radiation. The results of this surveillance serve as a basis for formulating more effective health and safety policies.

f. Health Monitoring in High-Risk Areas

Regular health monitoring for employees in high-risk units such as Radiology is conducted to ensure optimal health conditions. Health checks include blood tests and physical examinations, with the laboratory unit providing free access to examinations for employees. Through rigorous monitoring, Dr. M.M. Dunda Hospital aims to maintain employee health, especially for those potentially exposed to hazardous substances in the workplace.

3. Curative Programs

a. Employee Treatment

The employee treatment program encompasses medical treatment, counseling, and laboratory examinations. Treatment follows the BPJS scheme with additional facilities for employees in need. Informant AS indicated that services such as doctor consultations and laboratory tests are provided free of charge for employees, while upgraded inpatient rooms are available for those requiring them. Informant AR noted that medications not covered by BPJS can be purchased independently, but additional support is provided for employees in high-risk areas. For non-BPJS employees, all treatment costs are fully covered by the hospital.

b. Management of Occupational Diseases

The management of occupational diseases involves comprehensive investigations to confirm the relationship between the disease and work. Informant AKN emphasized the importance of collaboration with the K3 Committee to evaluate workplace risks. If a work-related illness is confirmed, the hospital will cover treatment costs. The Chairperson of the K3RS Committee, informant AR, added that regular evaluations are conducted to monitor employee health. Although there have been no significant occupational disease incidents in the laboratory, attention to risks remains high through the use of Personal Protective Equipment (PPE) and health monitoring for employees handling hazardous materials.

c. Management of Work-Related Accidents

Procedures for managing work-related accidents at Dr. M.M. Dunda Hospital begin with incident reporting by employees. Informant AR explained that

each incident is documented in detail, and investigations are conducted to determine the causes and necessary preventive measures. Informant AS stressed the importance of securing the accident area and promptly reporting it to the K3 Committee. In the radiology department, staff are required to wear PPE and adhere to strict safety procedures. Regular evaluations and simulations of accident handling are conducted to prepare all staff for potential incidents.

d. Post-Exposure Profilaxis Management

Dr. M.M. Dunda Hospital has a procedure for managing Post-Exposure Profilaxis that ensures a swift response to occurrences such as needle punctures. Informant AR explained that reports must be submitted within 24 hours, followed by investigations and laboratory tests to monitor infection risks. Informant AS added that employees who experience needle punctures will undergo HIV and HBsAg tests every three months. The Deputy Director for Services, informant AKN, stated that vaccinations are also provided for at-risk employees, demonstrating the hospital's dedication to maintaining the health of its staff continuously.

4. Rehabilitative Programs

a. Medical Rehabilitation

Medical rehabilitation aims to restore the physical and mental condition of employees after experiencing health issues related to work. This process begins with investigations to confirm that the employee's condition is due to occupational disease or accident. If confirmed, employees are referred for physiotherapy, and each recovery stage is conducted according to standards.

Informant AR, Chairperson of the K3RS Committee, stated that there have been no incidents requiring medical rehabilitation to date, but procedures will be implemented as necessary. Recovered employees will be reassigned to appropriate positions with ongoing supervision. Administrative support is also crucial, with HR facilitating medical leave and flexible work hours for employees in rehabilitation. The laboratory team contributes by monitoring employee health and conducting follow-up tests to ensure successful recovery.

b. Return to Work Program

The Return to Work program is designed to assist employees who have undergone rehabilitation to gradually return to the workplace. Informant AR emphasized that although there have been no cases of occupational disease or accidents, the program will assign lighter tasks to employees based on their health conditions. The K3 team, doctors, and medical staff will conduct regular checks to ensure employee readiness. Close health monitoring is particularly important for employees exposed to chemicals to prevent reactions or complications. Coordination between HR, the K3 team, and medical staff is a primary focus, ensuring that all tasks are aligned with the medical conditions of employees to facilitate a smooth recovery without increasing health risks.

DISCUSSION

Based on the research conducted, the researcher found that RSUD Dr. M.M. Dunda Limboto has implemented several programs outlined in the points of occupational health services according to the Minister of Health

Regulation Number 66 of 2016 concerning Hospital Safety and Health. Although there is still room for improvement, the implementation of occupational health programs at RSUD Dr. M.M. Dunda Limboto is ongoing and demonstrates management's commitment to ensuring that employees work in a healthy environment through these health programs. This aligns with the research conducted by Ardi et al. (2018) at Panti Rapih Hospital in Yogyakarta, which showed a commitment from management to implement occupational health and safety (K3) programs.

The implementation of occupational health programs at RSUD Dr. M.M. Dunda Limboto is as follows:

1. Promotive Program

a. Extra Fooding

The extra fooding program is designed to meet the basic nutritional needs of employees, particularly protein and calcium, which are essential for supporting muscle and bone health, as well as energy levels during work. This approach is consistent with Maslow's theory of physiological needs, which posits that fulfilling basic needs is foundational for achieving optimal productivity and performance. However, budget constraints limit the program's reach, particularly for employees in administrative sectors, leading to disparities in access to additional nutrition. Furthermore, the quality of nutrition provided varies between day and night shifts. Day shift employees receive milk and eggs, rich in protein, vitamins, and minerals, while night shift employees receive noodles, which are high in simple carbohydrates and sodium but low in protein, fiber, and vitamins. This impacts the long-term energy needs of night shift employees.

According to Pasaribu's theory (2024), inadequate nutrition among employees can negatively affect productivity, as poor quality of life and insufficient nutritional intake may diminish physical endurance and concentration. Night shift employees consuming only noodles may not receive adequate nutrition to support stamina and focus, thereby increasing the risk of fatigue and decreased productivity. Consistent with Stoyanova et al.'s research (2022), providing adequate nutrition can enhance productivity. However, supplying noodles to night shifts indicates a need for improvement in the application of occupational health principles that emphasize the importance of creating a healthy work environment and supporting employee health at all working times.

b. Physical Fitness and Recreation

Physical fitness at RSUD Dr. M.M. Dunda Limboto is conducted regularly every Friday, involving hospital staff as well as local government and regional work units (SKPD) across Gorontalo Regency. This sporting activity aims to enhance physical fitness and strengthen inter-agency relationships, fostering a harmonious work atmosphere. The district head's policy to unite SKPD in sports activities aligns with Cassidy's approach (2024), which highlights the importance of promoting employee health through authentic leadership and the removal of organizational politics, potentially improving employee health and performance. In addition to routine activities, the hospital also organizes sports events and family gatherings during the hospital's anniversary celebrations, serving as a means to relieve stress and strengthen bonds among employees from various divisions. These activities function not only as social occasions but also

enhance the quality of family time in a relaxed setting.

c. Mental Health

Research by Bautista et al. (2024) emphasizes that organizational interventions, including improved access to mental health services, are crucial for reducing workplace stress. RSUD Dr. M.M. Dunda Limboto provides counseling services through a psychiatrist at the outpatient clinic, although there is no dedicated mental health position yet. This service reflects management techniques in allocating alternative resources, in line with Vizzoni's theory (2023), which states that management can offer other options when primary resources are unavailable. Currently, management and the K3RS Committee are planning to establish specialized counseling services for employees. Despite the increasing awareness of mental health importance, better support and infrastructure are still needed to ensure easy and safe access for all employees. This planning reflects the hospital's commitment to meeting safety and health standards set by government regulations. Although challenges exist in implementation, the hospital is determined to enhance mental health services in the future, supported by management and increasing employee awareness.

d. Occupational Nutrition

In the context of occupational nutrition, RSUD Dr. M.M. Dunda Limboto faces challenges after closing its internal cafeteria, making food hygiene management for employees a significant concern. Research by Kishor (2024) shows that proper food hygiene management practices are essential for creating a safe work environment and preventing contamination risks, which affect productivity. Without a cafeteria, employees must seek food from external sources, where

hygiene quality is not guaranteed, increasing contamination risks and potentially reducing energy and endurance, which can impact service quality to patients. Foodborne illnesses can lead to high absenteeism and decreased productivity. An internal cafeteria would enable management to control hygiene standards, food storage, and handling while providing nutritious meals according to employees' needs, particularly those working long hours. Pasaribu's theory (2024) emphasizes that nutritious food positively contributes to employees' quality of work life. The reactivation of the cafeteria in the hospital will increase the availability of healthy food, support occupational health, and reinforce RSUD Dr. M.M. Dunda Limboto's commitment to a safe and sustainable work environment.

2. Preventive Program

a. Immunization for Health Workers

The implementation of the immunization program for health workers at RSUD Dr. M.M. Dunda Limboto requires improvement and strengthening. Research by Rajat (2024) indicates that low vaccination rates, ranging from 34.9% to 55.5%, pose significant health risks for employees due to exposure to viruses. Vaccination is currently prioritized for certain employees and is limited to COVID-19 vaccines, while routine vaccination for Hepatitis B has not been implemented. The approach taken is reactive, with vaccinations conducted based on urgent incidents rather than proactively and on a scheduled basis. Although there are initiatives to update and expand the vaccination program, including proposals for booster shots for employees in high-risk units, further efforts are

needed to improve coverage and consistency in vaccination.

b. Health Checkups

The implementation of health checkups at RSUD Dr. M.M. Dunda Limboto shows an urgent need for strengthening and systematization. According to Anne (2024), regular health checkups are an essential component in maintaining the health of human resources (HR) in hospitals. With these checkups, the physical condition of employees can be monitored routinely, allowing for early detection of potential health issues. However, currently, health checkups are more focused on staff working in high-risk areas, while other employees do not have equal access and rely on personal initiative to seek medical checkups. This indicates a disparity in the application of health programs that should be accessible to all employees. To achieve optimal health outcomes, it is crucial for the hospital to develop policies that encourage routine checkups for all employees, without exception. By implementing comprehensive health checkups, the hospital can not only detect and prevent health issues earlier but also contribute to improving the quality of services provided to patients.

c. Fit to Work

The fit to work program at RSUD Dr. M.M. Dunda Limboto includes health evaluations at the time of employee recruitment and periodic checkups to ensure employees are ready to perform their duties. According to Praditya et al. (2023), this program aims to assess workers' health conditions to perform work safely and prevent workplace accidents. Although this program is well

implemented, particularly in the recruitment of doctors, there are weaknesses in periodic checkups for all employees. This indicates a need for improvement in the health monitoring system to ensure that all staff can undergo routine checkups, which is a crucial step in enhancing the program's effectiveness. Research by Tamene (2024) shows that consistent health monitoring can increase productivity, reduce healthcare costs, and allow for timely intervention for chronic diseases. This benefits not only employees but also provides advantages for hospital management. Therefore, strengthening the health monitoring system in the fit to work program should be a priority to create a safer and healthier work environment.

d. Medical Surveillance

Medical surveillance activities include periodic health checkups and recording cases of diseases experienced by employees. Information regarding employees' health conditions is then reported by the Supporting Services Department to the K3RS Committee for analysis. This step is supported by the General Administration Department, which, since July 2024, has begun recording employees experiencing health issues, including diagnoses and analyses of the causes of those illnesses. The collaboration between the Supporting Services Department, K3RS Committee, and General Administration at RSUD Dr. M.M. Dunda illustrates a joint effort in implementing comprehensive occupational health principles. Medical surveillance involves not only passive monitoring but also coordinated preventive and curative actions, such as periodic checkups and monitoring workforce health

data. This cross-departmental approach aligns with the concept of collaborative leadership in occupational health, emphasizing the importance of synergy among departments to create a healthy and productive work environment. This creates structured procedures, where each department has its own responsibilities to support the continuity of medical surveillance with optimal results.

e. Workplace Environmental Surveillance

Surveillance is conducted regularly to monitor potential hazards, from chemical exposure to radiation doses. With a systematic approach, RSUD Dr. M.M. Dunda ensures that the work environment remains safe and free from risks that could affect employee health. The data obtained from this surveillance serves not only as administrative records but also as a basis for strategic decision-making in health risk management at the hospital. The role of workplace environmental surveillance is also crucial in establishing health and safety policies at RSUD. An informant explained that the surveillance results serve as a reference for formulating corrective actions, including providing special training for employees in high-risk areas. By integrating surveillance results into hospital policies, management can ensure that the actions taken are responsive and relevant to employees' needs. This aligns with Mandanach's research (2023) indicating that such policies can create a safer and more productive workplace.

f. Health Monitoring

In terms of health examinations, their implementation at RSUD Dr. M.M. Dunda Limboto still requires enhancement to ensure that checks are conducted comprehensively and systematically. According to Anne

(2024), regular health checkups are crucial for maintaining hospital human resources (HR) in good health, allowing for monitoring of physical conditions based on the examination results.

Currently, health examinations at RSUD Dr. M.M. Dunda Limboto are primarily conducted for staff working in high-risk areas, while other employees rely on personal initiative for health checkups. There are still financial constraints that hinder the implementation of annual health checkups for all staff, which should encompass all employees for early detection and prevention of health issues.

3. Curative Programs

a. Treatment for Employees

RSUD Dr. M.M. Dunda Limboto provides various health facilities to support employee welfare. Based on the theory proposed by Magdalena (2024), it is explained that management initiatives to provide health access for employees can enhance their welfare both physically and psychologically. For employees without BPJS (National Health Insurance), the hospital demonstrates further commitment by fully covering their medical expenses. This policy ensures that every employee, regardless of insurance status, can access adequate health services. Employees enrolled in BPJS still receive care according to BPJS coverage, but with additional enhancements in inpatient facilities. This scheme not only indicates flexibility but also provides reassurance to employees that they will receive optimal care at their workplace.

b. Management of Work-Related Illnesses (PAK)

The approach to managing work-related illnesses at RSUD Dr. M.M. Dunda Limboto is comprehensive, starting with an in-depth

investigation into the causes of illnesses or work accidents that occur. Investigations are necessary to determine the direct relationship between the illness or accident and the work activities performed. In this process, the hospital collaborates with the Occupational Health and Safety Committee (K3RS) to evaluate workplace conditions and ensure that all risks are well identified. If the investigation results indicate a direct link to work, the hospital is responsible for covering all medical treatment and care costs required by the employees, ensuring optimal health maintenance.

After the investigation is completed, the hospital prepares follow-up recommendations as a preventive measure to avoid similar incidents in the future. Preventive steps include reviewing work procedures and monitoring the condition of equipment used. In this regard, the K3RS Committee conducts periodic evaluations of employee attendance, particularly in high-risk areas, to identify illness patterns that may be related to work. The results of these evaluations are then reported to the Provincial Health Office as a form of transparency and accountability from hospital management in maintaining employee safety and health.

c. Handling Work Accidents (KAK)

Handling workplace accidents at RSUD Dr. M.M. Dunda Limboto demonstrates a comprehensive and structured approach, encompassing steps from reporting, investigation, to prevention. Incident reports are compiled in detail and include essential information, such as time, location, and causal factors. This information serves as the basis for thorough investigations involving the K3RS Committee. The K3RS Committee

is tasked with investigating risk factors and potential violations of safety procedures that could lead to accidents. The results of this investigation are reported to management as a basis for making improvements or modifications to procedures if necessary. This step illustrates the hospital's effort to create a safe working environment that is responsive to every incident.

d. Post-Exposure Management

Currently, RSUD Dr. M.M. Dunda has established a good reporting system to handle exposure incidents, such as contact with infectious diseases or hazardous substances. The post-exposure management procedures at RSUD Dr. M.M. Dunda are carried out promptly, with a maximum reporting standard of 24 hours, including initial medical examinations in the Emergency Unit and laboratory. The hospital also conducts follow-up examinations to detect potential infections in exposed employees, such as HIV and HBsAg testing.

Research conducted by Judith (2024) found that effective reporting of workplace exposure plays a vital role in post-exposure prophylaxis management for healthcare workers. Timely reporting allows for the initiation of post-exposure prophylaxis protocols, such as administering a series of vaccinations after exposure to blood or bodily fluids containing viruses.

4. Rehabilitative Programs

a. Medical Rehabilitation

Currently, the implementation of medical rehabilitation in the hospital has not yet been carried out, as there have been no cases of work-related accidents requiring medical rehabilitation. However, a series of procedures have been prepared to support employees exposed to risks, whether through

work accidents or exposure to hazardous materials.

Similar to findings from Ryabko et al. (2021), effective rehabilitation should involve a multidisciplinary team, including doctors, therapists, and psychologists. The approach prepared by the K3RS Committee for medical rehabilitation focuses not only on physical recovery but also prioritizes the mental well-being of affected employees. Thus, rehabilitation serves not only as a means of physical healing but also as a preventive measure to avoid similar health issues in the future.

b. Return to Work Program

Although there have been no incidents related to work accidents (KAK) or occupational diseases (PAK) necessitating a return to work program, the hospital has designed this program with comprehensive steps to assist employees in adapting to the work environment after experiencing health disturbances.

In its implementation, employees participating in the return to work program will receive lighter duties, adjusted to their health conditions at the time. This aims to facilitate the adaptation process without placing excessive pressure on the employees. The recovery process is supported by regular health checkups conducted by the medical team, ensuring that employees' conditions are closely monitored. This support involves not only doctors but also the Occupational Health and Safety (K3) team to ensure that employees are ready to return to the work environment safely.

CONCLUSION

Based on the findings of this research, it is evident that the occupational health efforts implemented by RSUD Dr. M.M. Dunda Limboto encompass several programs. These include promotive programs such as extra food provisions, physical fitness activities, recreation, and the establishment of a breastfeeding corner; preventive programs that involve health checkups for radiology staff, medical surveillance, workplace environmental surveillance, and health monitoring; as well as curative programs that consist of employee treatment, management of work-related illnesses (PAK), handling of work accidents (KAK), and post-exposure management. Additionally, there are several programs that have yet to be implemented, such as providing a clean and healthy cafeteria, comprehensive health checkups, specialized mental health services for employees, widespread vaccination for staff, as well as medical rehabilitation programs and return-to-work programs, which have not been initiated due to the absence of KAK cases requiring rehabilitation.

The research findings also reveal several obstacles to program implementation, including budget limitations and a lack of facilities. Budget constraints restrict the reach of preventive programs, particularly in providing vaccinations for all employees and specialized mental health services. Furthermore, the lack of facilities presents another challenge in executing occupational health programs, particularly regarding the employee cafeteria, which has been deactivated since a fire incident. This situation poses difficulties in ensuring food hygiene for employees.

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