

# Determination of Policies, Planning and Implementation of Occupational Health and Safety Plans and their Implications for Work Accidents

Khoirotun Najihah<sup>1</sup>, Sindy Syahputri Hsb<sup>2</sup>, Nurlia Apriani<sup>2</sup>

<sup>1</sup>Lecturer in the D4 Occupational Safety and Health Study Program, Helvetia Health Institute, Indonesia

<sup>2</sup>Students from the D4 Occupational Safety and Health Study Program, Helvetia Health Institute, Indonesia

## Abstract

The purpose of this study was to find out how to determine Occupational Health and Safety Management System (SMK3/OSH) policies, OSH planning and implementation of OSH plans and their implications for work accidents. This type of research is qualitative research, namely research that aims to find out clearly and in depth about the application of the SMK3 principles and their implications for work accidents. The informant of this research is the hospital management, namely Hospital Occupational Safety and Health (K3RS). Data analysis was carried out with three processes, namely data reduction, data presentation, and drawing conclusions. The results of this study indicate that the obstacle in the implementation of OSH at the Medan Baru Special Eye Hospital so that it has implications for work accidents is the implementation of OSH that has not been implemented properly by the management in terms of the implementation of the OSH program that is not on target, lack of supervision by management, evaluation of every activity that has not been carried out optimally as well as unsafe attitudes/actions of the workforce such as working not in accordance with SOPs and not using Personal Protective Equipment when working.

**Keywords:** OSH Policy; OSH Planning; OSH Plan Implementation

Received : January 27, 2020

Received in Revised: February 25, 2020

Accepted: March 28, 2020

## Introduction

Hospitals have a variety of complex workforce problems with various risks of occupational diseases and even work-related accidents according to the type of work, so they are obliged to implement efforts to develop Hospital Occupational Safety and Health (K3RS). This effort is carried out to avoid the risk of work accidents. Work accident is an event that does not happen by chance, but there is a reason (Caffaro et al., 2017). Because there is a cause, the cause of the accident must be researched and found, so that in the future, with corrective action aimed at that cause and with further preventive efforts, work accidents can be prevented and similar accidents do not repeat themselves (rahma, n.d.-a). Work accidents that occur in workers, for example nurses, often occur due to a lack of awareness of the workforce and inadequate quality and skills of the workforce (Terry et al., 2015; Al-Ali et al., 2016).

Many workers underestimate the risks of work, so they do not use safety equipment even though they are available, as well as a lack of work motivation and high work stress experienced by hospital workers. Some health risks that may arise due to the presence of hospitals include: infectious diseases (hepatitis, diarrhea, measles, AIDS, influenza), radiation hazards (cancer, genetic organ disorders), and chemical hazards.

Minister of Health Regulation No. 66 of 2016 concerning hospital Occupational Health and Safety (K3) has objectives including realizing the implementation of K3RS optimally, effectively, efficiently and sustainably, creating a healthy, safe, secure and comfortable workplace for hospital human resources, patients and patient companions, visitors, and the hospital environment. Through hospital K3 management legislation, it is hoped that it will be able to create safe working conditions or save you from suffering, damage or loss in the workplace. Occupational safety is safety related to machines, aircraft, work tools, materials and processing processes, the basis of the workplace and the environment as well as ways of doing work (Chapman & Thompson, 2016). Based on the laws and regulations regarding K3RS, the implementation of K3RS can be carried out well if the hospital's K3 management, including establishing K3 policies, K3 planning and implementing K3 plans, is carried out well.

The success of the 3 SMK3 principles, namely establishing K3 policies, K3 planning, and implementing the K3 plan itself cannot be separated from the role of K3 management in a hospital, in this case the K3RS workforce, which was formed by the hospital as a functional organization that develops cooperation not only between the hospital and management, however, management and the workforce carry out mutual obligations to improve occupational safety and health and to prevent work accidents in the workplace, therefore the role of management, especially in this case, the K3RS unit, is very important.

According to Somad (2013), commitment and involvement of top management (Top Management) is the most basic and most important thing in mobilizing worker participation in fulfilling safe work behavior to achieve a superior K3 culture and preventing work accidents. If management is able to work well, of course the implementation of the occupational safety and health management system (SMK3) will be implemented well, but the fact is that in the field there are still many hospital leaders who don't care and don't include K3 in management functions. This is due to the view that implementing K3 in hospitals is a second expenditure (second investment) which does not provide direct benefits or is a mere loss.

Other things that are obstacles to the implementation of SMK3 include the relatively low educational background of the workforce, the implementation of occupational safety and health regulations that have not gone well because there are still hospitals that want to find shortcuts by colluding with supervisors or permit givers, different types of K3 standards, lack of human resources who have competence in the field of K3, lack of K3 socialization, lack of guidance, monitoring and supervision carried out by authorized agencies.

The implementation of SMK3 in terms of implementing the K3 plan has not been implemented well because in general the perception of the workforce towards SMK3 is not good, therefore the management needs to provide outreach to provide various K3 information to ensure that every worker knows and understands the importance of K3 and training needs to be provided about SMK3. Continuous supervision and monitoring by company management in implementing SMK3 in the workplace is also very important to prevent and minimize the occurrence of work accidents.

The achievement of implementing SMK3 in the hospital is 76.5% in the good category and work accidents in the moderate category 16.7%. From the results of this study it is concluded that there is a significant relationship between the implementation of the Occupational Safety and Health Management System (SMK3) and the occurrence of accidents. work, where the management has implemented SMK3 well so that it can suppress or reduce the occurrence of work accidents.

All workers who work at the Medan Baru Eye Hospital have a duty to provide health services that interact with patients. All workers as part of the health workforce are an integral part of

health services and have a key role in realizing occupational safety and health (K3) in hospitals. The performance of all workers is a form of professional service which is an integral part of health services (Lindsay et al., 2014; Gómez-Gascón et al., 2013; West et al., 2015). In the management system, performance can be interpreted through the compliance of professional workers in implementing K3 in hospitals.

Medan Baru Special Eye Hospital is one of the Eye Hospitals in the city of Medan which has the task and function of providing complete individual health services (promotive, preventive, curative and rehabilitative), in accordance with medical service standards, quality and affordable at all levels. The community is supported by professional health workers, however, in implementing K3, there are still some workers who do not know the K3 policy, K3 planning, and do not know how to work properly. As well as having a lack of understanding of the K3 concept itself. Based on the results of an initial survey conducted by the author on November 10 2019 at the Medan Baru Special Eye Hospital by conducting short interviews and observations. It was found that there are still many workers who do not understand the implementation of K3, in this case the determination of K3 policies, K3 planning and implementation of K3 plans.

Based on this background, researchers are interested in conducting research related to "determination of K3 policies, K3 planning and implementation of K3 plans and their implications for work accidents at the Medan Baru Special Eye Hospital in 2019."

## **Methods**

This research uses qualitative research methods which intend to understand the implementation of SMK3 and its implications for work accidents. SMK3 referred to in this case is the establishment of K3 policies, OSH planning, implementation of OSH plans. This research was conducted at the Medan Baru Special Eye Hospital. This research was conducted in October 2019. The research informants were 5 people from the K3RS unit. Data analysis was carried out with three processes, namely data reduction, data presentation, and drawing conclusions.

## **Results and Discussion**

The Medan Baru Special Eye Hospital has implemented K3 with reference to Ministerial Regulation no. 66 of 2016. The Special Eye Hospital has generally implemented OSHMS in every part of the Hospital, both in the office and in all work areas that are under the control of the Eye Hospital within. implementing a management system has consistency and commitment to its fulfillment by having a documentation system that makes it easier for users/implementers of the management system, which includes document requirements in the form of manuals to forms, which also includes records of K3 implementation.

In implementing K3, special eye hospitals have also implemented the establishment of K3 policies, K3 planning, implementation of K3 plans, these three principles must be carried out optimally so that they can minimize or prevent work accidents and can create a safe workplace for workers, so that safety and Occupational Health (K3) can be implemented.

## **Determination of K3 Policy**

K3 policy is a manifestation of top management's commitment which is very important in establishing K3 and is the main foundation which is expected to be able to mobilize all personnel in an organization so that K3 programs can be implemented well and the implications for work accidents can be prevented or minimized, in determining the K3 policy, there are several things that need to be considered, namely the vision, mission, goals, objectives, K3 policy, what the commitment and mechanism for determining the policy is, how the company communicates the policy to all workers, and who is responsible for determining the policy.

The results of an interview conducted with one of the hospital's K3 units showed that the establishment of the K3 policy at the Special Eye Hospital had been fully implemented well, this was demonstrated by the commitment of the Hospital Director as top management and the establishment of the K3 policy, not only at the Special Eye Hospital. has also communicated the K3 policy to all parties, and has appointed people responsible for this matter in accordance with statutory regulations.

The following are the results of interviews conducted with the management of the Mata Medan Baru Special RSU who serves as Hospital Director, secretary of the Director, Hospital K3 Unit, regarding the vision, mission, goals and targets of K3 at the Mata Medan Baru Special RSU, the following information was obtained:

"Yes, there is, the new Special Eye Hospital certainly already has the vision, mission, goals, and objectives of K3, if we complete all of these policies, the documents also have a book". (Informant I)

"Yes, we have a vision and mission and it is corporate, meaning that each or all hospitals, of course, already have a vision, mission, if we also have K3 goals and objectives, because this is important for a new Medan Eye Special Hospital, besides that the New Medan Eye Special Hospital Rambutan also has a special policy". (Informant II).

Based on the description of information submitted by the second informant related to the specific policy owned by the hospital, the researcher then asked more deeply what kind of special policy is meant, and whether the special policy should exist for each hospital that will set the K3 policy, here are the results of an in-depth interview obtained from the second informant.

"The special policy, is a policy made by the New Medan Eye Special Hospital for types of work that are risky and have a fairly high potential for danger or indeed there have been work accidents before, for the New Medan Eye Special Hospital itself we have a special policy for electrical technicians, this work is a very big risk. Special policies are not mandatory in every hospital, depending on the needs of each hospital." (Informer II).

Furthermore, the researcher also conducted interviews with the secretary of the Director, and the K3RS unit about the vision, mission, goals, and objectives of K3 at the Medan Baru Special Eye Hospital, obtained the following information:

"Regarding the policy or commitment of K3, the Special Hospital for the New Eye of Medan has paid great attention to it, it can be seen from the vision, mission, goals, objectives of K3, the documents we also have, ma'am, you can see on the wall like that, because indeed for the vision, mission, goals and objectives of K3 it must be known by all workers and even people who visit the Special Hospital for the New Eye of Medan. This means that it is also the identity of the New Medan Eye Special Hospital and through this vision and mission it can explain what exactly the New Medan Eye Special Hospital is engaged in, and what are its goals and objectives". (Informant III)

"We are all complete if for the vision, mission, goals, objectives of K3 we all exist and all of these things are always reviewed to see the suitability of things or events that occur in the field, if there is something we don't review again well like this is it, the vision, mission owned by the Special Hospital for the New Medan Eye, if the goals and objectives of our K3 also have, Obviously he points anything". (Informer IV)

"There are and complete all ma'am. RSU Khusus Mata Medan Baru already has a vision, mission, goals, objectives and even special policies already have because indeed RSU Khusus

Mata Medan Baru has a commitment and that can be seen in several work areas at this Special RSU Mata Medan Baru ". (informant V).

The determination of K3 policies manifested in the form of vision, mission, goals, and objectives of K3 will not be carried out properly without the commitment of the hospital, in this case the management, namely the K3RS unit. The following are the results of an interview conducted with the management of RSU Khusus Mata Medan Baru who serves as secretary to the director, K3RS unit about how the Hospital's commitment in terms of determining K3 policies at the Special Hospital for Mata Medan Baru obtained the following information:

"The Medan Baru Eye Special Hospital has been very, very committed in terms of establishing an OHS Policy in the workplace and has paid very close attention to it, this can be seen from the vision, mission, goals, objectives of OHS, K3 policies both specific policies on work who are at risk, other commitments are also shown by the hospital in terms of fulfilling its own K3 needs, well, facilitating the needs of employees and also related to the needs of health facilities, that's an indication that the hospital has a fairly strong OHS commitment and policy, well commitment and policy It has been determined and signed by the Hospital Director." (Informant I)

"The Medan Baru Special Eye Hospital is a RSU that has been around for a long time and can operate until now, that's because the RSU does have policies and commitments that are quite strong in terms of fulfilling K3 in the workplace, K3 commitments and policies (written rules) can be seen and requested. to the personnel department, or it can be seen in various areas of the workplace at the Medan Baru Special Eye General Hospital for example like this, apart from that we also have people who have the ability and competence." (Informant II)

"The indication that we really have K3 commitments and policies apart from the form of written regulations hanging on the walls can also be seen from the awards we have, awards from the Ministry of Health for example regarding the application of SMK3 and many others, determine if this award can be obtained cannot be separated from the company's commitment and policies which have more or less been realized regarding K3 itself." (Informant III)

"As far as I know, the Medan Baru Special Eye Hospital always tries to comply with laws and regulations such as the application of K3 in the workplace, it is not arbitrary, but there are references to regulations such as Law No. 1 of 1970 and for SMK3 Permenkes No 66 of 2016, now from here it can be seen how we (Medan Baru Special Hospital for Eyes) have a strong commitment to establishing a K3 Policy based on law, we also have what is called an evaluation of statutory regulations. There are all complete documents. (Informant IV)

"In my opinion, the Medan Baru Special Eye General Hospital, especially the Director, has shown its commitment in establishing K3 policies. Well, because all of these policies are continuously monitored and evaluated for their development, in meetings, the term management review meeting is not. So, this actually shows that the Medan Baru Special Eye Hospital pays attention to existing OSH policies whether they are appropriate or not in the field, to the extent that the Medan Baru Special Eye Hospital pays attention to K3 commitments and policies. (Informant V).

Based on the information obtained, it shows that the Mata Medan Baru Special RSU has an K3 commitment and policy which is signed by the company leadership, and always strives to be consistent in implementing this commitment and policy.

### **K3 planning**

K3 planning is very important, and is the basis or first foundation for carrying out initial reviews, identifying potential hazards, assessing and controlling risks. Every company must



have good planning, because good and optimal planning will certainly have implications for work accidents that can be prevented or minimized.

Based on the results of interviews conducted with the RSU management, namely the director's secretary and the K3RS unit regarding whether the RSU already has an K3 plan, the following information was obtained:

"RSU certainly has an K3 Plan, and if it is complete, you can ask for it to be seen by the personnel department." (Informant II)

"Yes, we already have an K3 plan, because it is very important, planning is the basis of a hospital in determining what programs will be carried out to prevent work accidents." (Informant III)

"Yes, and you can see in the documents we have, the planning we have is complete, starting from identifying the potential dangers of each existing job, assessing the risk of the job to the risk control stage." (Informant IV)

Based on the information obtained from the informants above, it shows that the Medan Baru Special Eye General Hospital already has and has an OHS plan, which can be seen in Appendix III (K3 Planning).

### **OSH Plan Preparation Process**

The process of preparing the OSH plan is very important, mistakes in the preparation of the OSH plan will certainly have an impact on the implementation of the OSH program which is not carried out optimally so that work accidents will still occur even though OSH planning has been carried out. Based on the results of interviews conducted with management regarding the process of preparing an OSH plan based on initial review, hazard identification, assessment and control, the following information was obtained:

"The RSU, especially the Medan Baru Special Eye Hospital, has really implemented OSH planning starting with identification, ISBPR (identification of sources of danger and risk control). in accordance with past experience and the potential that exists, so according to the results of the identification that we have done, we will see what the hazard identification is, for example one of the medical record units there are many examples of filing activities, what hazards can occur there, there could be a hazard when tidying up files or medical record documents, dust from files that have been inhaled, tripped while walking, so we have to identify all of these, what is the program then? Socialization works safely, then what activities are needed, namely fulfilling PPE and providing management training must be directly involved in providing socialization, whereas if the potential for hazard is Low or Medium only socialization is carried out without training." (Informant II)

"The process of preparing an OSH plan is carried out using a potential hazard identification technique which refers to OSH Risk Management in Hospitals. Now, because we have referred to the regulations, of course in planning we have to go through several processes, the first is the identification process, the second is the risk assessment process, and the third is the process. "After all this has been done, risk control can then be determined as to the next steps or program." (Informant III)

"The process of preparing a plan at the Medan Baru Special Eye Hospital is called ISBPR, now here is the document, this is what is called the OHS plan preparation, ISBPR is carried out for every type of work in the Medan Baru Special Eye Hospital, like this for example the inpatient unit has ISBPR specifically for the inpatient unit, the laboratory section also has its own ISBPR, and we make it all complete here. (Informant VII)

Based on the information obtained above, it shows that the Mata Medan Baru Special RSU in preparing its K3 plan refers to Minister of Health Regulation No. 66 of 2016 using the "Hazard Identification Risk Assessment and Risk Control" (HIRARC) identification technique. The first process is carried out by identifying potential hazards. secondly by carrying out a risk assessment and the final process is by carrying out risk control, then the researcher carries out a search to find authentic evidence of each statement submitted by the informant, related to the identification technique carried out at the Mata Medan Baru Special Hospital.

The preparation of the K3 plan must be adjusted to statutory regulations, in this case PKS Kebun Rambutan has also adjusted the K3 planning to statutory regulations. Based on the results of interviews conducted with Special Mata Medan Baru management who served as secretary and K3RS unit regarding whether the K3 plan preparation process was adjusted to statutory regulations, the following information was obtained:

"Yes, it has to be adjusted because we are implementing SMK3 referring to Minister of Health Regulation No. 66 of 2016, so the identification technique used is HIRARC." (Informant II)

"Of course, in accordance with statutory regulations, we refer to Minister of Health Regulation No. 66 of 2016 regarding how to prepare the K3 plan." (Informant III)

Yes, the proof can be seen, that the planning that is carried out must be adjusted to statutory regulations, and PKS Kebun Rambutan refers to Minister of Health Regulation No. 66 of 2016, like this." (Informant VII)

Based on the information obtained above, the Medan Baru Special Eye General Hospital has prepared an OSH plan which has also been adjusted to the laws and regulations, in this case the Minister of Health Regulation No. 66 of 2016, then the researchers conducted a search to find authentic evidence for each statement submitted by the informant.

### **Implementation of the K3 Plan**

The Medan Baru Special Eye Hospital in implementing the K3 plan is supported by human resources in the K3 field, these human resources must fulfill the following things; (1) HR has work competence as evidenced by internal/external training certificates; (2) HR has authority in the field of K3 as evidenced by a work/operation permit and/or appointment letter from the competent authority.

The application of K3RS in a hospital or workplace often cannot be carried out optimally due to Human Resources (HR) who do not comply with the regulations that have been set, either from management or from the workforce, as a result it is not uncommon for work accidents to still occur. it often happens every year even though the new Medan eye special hospital already has a commitment, makes policies, sets goals and plans well

The following is a trend of work accident cases that have occurred in the last three years at the Special Eye Hospital

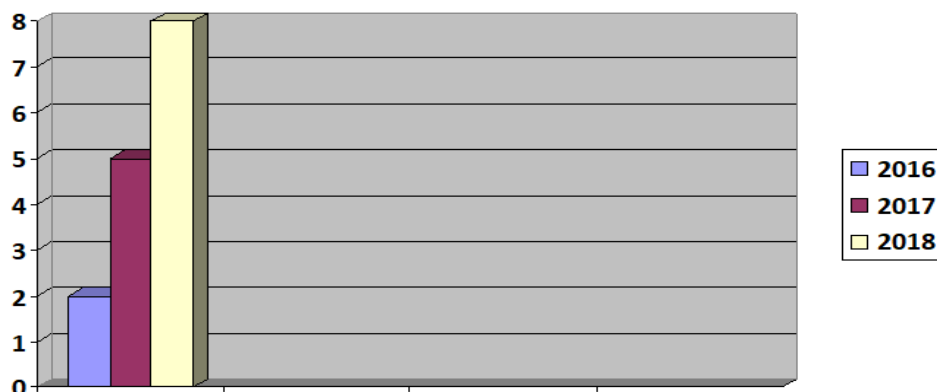


Figure 1. Graph of Work Accident Cases.

Source: Researchers' Observations

RSU Khusus Mata Medan Baru has also applied work permits (SIK) and operating permits (SIO) to employees. Based on the results of interviews conducted with the secretary director and K3RS unit, the following information was obtained:

"There are, we have the names SIO and SIK for certain types of jobs and on certain employees." (Informant II)

"Sorry, sir in advance, if I may know, what types of jobs do you have to have SIK/SIO? (Researcher)

"The work on the B3 Hospital electrical and processing technician is like that but for how many employees I forgot, but everything has been documented". (Informant II)

"As for the data, can you see it, sir?" (Researcher)

"Maybe, the data can be seen and requested in the personnel department, okay." (Informant II)

Based on the information above, the Mata Medan Baru Special RSU already has and implements SIK/SIO in the workplace, the Medan Baru Mata Special RSU also determines work permits for risky types of work. Work permits for risky work aim to prevent work accidents caused by the inability of workers to carry out high-risk work, so work permits are only given to certain workers. If there is development and/or changes to work procedures/work instructions, it must refer to the provisions of relevant laws, standards or other provisions. Usually work procedures/work instructions can be found in the reference column, where the reference includes the standard/regulatory section that is used as a reference.

The budget in a Medan Baru Special Eye Hospital is very important in supporting facilities, infrastructure and implementation of K3 programs or activities. Based on the results of interviews conducted with the secretary of the director and the K3RS unit regarding the K3 (Budget Safety) budget of the Mata Medan Baru Special Hospital, the following information was obtained:

"For the company's budget, I cannot provide information, because in addition to the SMK3 manual, work instructions that cannot be published K3 (Budget safety) budgets are also included in one of the data that cannot be shared in accordance with existing circulars". (Informant II).

Based on the information above, it shows that regarding the budget for the Medan Baru Special Eye Hospital, there was not much information obtained by researchers, as explained by the informant that the Medan Baru Special Eye General Hospital budget is included in company



data that cannot be published, and it is true because researchers have found a match the information conveyed in a circular letter that researchers found in the personnel section refers to "CIRCULAR LETTER No. 50.SEI/01/2017" signed by the Hospital Director"

The implementation of the K3 plan that has not been implemented optimally is of course caused by several causal factors that occur in the field. Based on the results of interviews conducted with the secretary to the director and the K3RS unit regarding how the implementation of the Medan Baru Special Eye Hospital was obtained the following information:

"The implementation of OSH has not fully gone well, due to human factors, of course, such as poor awareness of OSH. awareness in using PPE, working not according to SOPs, for example in 2016 there were 2 cases of mild type of work accidents, in 2017 there were 5 cases of work accidents light type, so in 2018 there were 8 cases of minor work accidents but indeed 2 of them were serious work accidents that caused fatalities, and indeed 2018 when talking about K3 is a year that makes us improve to be even better in the future." (Informant II)

"It's difficult if you want to achieve optimal K3 implementation because indeed the character of our people is like working only when supervised, if the supervisor isn't there, then they don't obey, so this K3 culture hasn't been fully implemented properly, as a result work accidents still occur due to by the human factor it could be because of an insecure attitude, and don't care so that even though the management has been maximal but the response from the workforce is not good, yes it is difficult, examples are often the reason is not wearing PPE." (Informant IV)

The information above shows that the implementation of the K3 plan has not gone well because there are still workers who work not in accordance with SOPs and do not wear PPE, as a result the frequency of work accidents still occurs frequently. Cases of work accidents that occur are not only caused by the fault of the workforce alone but are also the responsibility of management, work accident cases can occur due to a lack of socialization from management, training that has not been implemented optimally for all workers as a result of which the workers do not know, unwilling and unable to carry out their responsibilities.

## **Conclusion**

The establishment of the K3 Policy at the Special Eye Hospital has been implemented well, this can be seen from the company's commitment to establishing K3 regulations and policies in accordance with applicable laws and regulations. K3 planning at the Special Eye Hospital has not been fully implemented well, there are several minor findings that need attention. As follows; (1) Differences in interpreting the concept of danger; (2) Hazard risk control for several work stations is not based on the stages of the control hierarchy; (3) Hazard risk control for several different types of work is carried out. 1 Control of the same hazard risk should be differentiated based on the risk of each hazard; (4) The implementation of the K3 plan at the Special Eye Hospital has not been fully implemented well, due to several reasons as follows: (1) Frequency of existing work accident cases; (2) The lack of supervision carried out by management can be seen from the large number of employees who carry out unsafe attitudes and actions such as working not in accordance with SOPs and working without wearing PPE; (3) The uneven implementation of training is related to the budget owned by the Special Eye Hospital where training is only given to management employees; (4) Lack of awareness of employees in complying with the regulations set by the hospital such as working according to SOP and using PPE when working; (5) Evaluation of training activities that have not been implemented optimally; (6) Inspections or housekeeping that have not been carried out optimally in several work areas.

## **Suggestion**

It is hoped that the management of the Special Eye Hospital will be able to carry out comprehensive outreach regarding the Occupational Safety and Health Management System (SMK3) to all workers continuously and continuously. It is hoped that management will carry out more optimal supervision and provide opportunities for workers to convey the problems they face related to the work they do. It is hoped that management will involve the workforce actively, such as providing regulations where the workforce must be able to give a briefing if appointed to deliver the briefing, because it could be that the workforce given the task will feel that they have a responsibility and carry it out in their daily lives so that the culture K3 can be applied in the workplace.

## References

- Al-Ali, N. M., Al Faouri, I., & Al-Niarat, T. F. (2016). The impact of training program on nurses' attitudes toward workplace violence in Jordan. *Applied nursing research*, 30, 83-89.
- Caffaro, F., Micheletti Cremasco, M., Roccato, M., & Cavallo, E. (2017). It does not occur by chance: A mediation model of the influence of workers' characteristics, work environment factors, and near misses on agricultural machinery-related accidents. *International journal of occupational and environmental health*, 23(1), 52-59.
- Chapman, M., & Thompson, K. (2016). Preventing and investigating horse-related human injury and fatality in work and non-work equestrian environments: A consideration of the workplace health and safety framework. *Animals*, 6(5), 33.
- Gómez-Gascón, T., Martín-Fernández, J., Gálvez-Herrer, M., Tapias-Merino, E., Beamud-Lagos, M., & Mingote-Adán, J. C. (2013). Effectiveness of an intervention for prevention and treatment of burnout in primary health care professionals. *BMC family practice*, 14(1), 1-7.
- Lindsay, C., Commander, J., Findlay, P., Bennie, M., Dunlop Corcoran, E., & Van Der Meer, R. (2014). 'Lean', new technologies and employment in public health services: employees' experiences in the National Health Service. *The International Journal of Human Resource Management*, 25(21), 2941-2956.
- Somad, I., (2013). *Teknik Efektif dalam Membudayakan Keselamatan dan Kesehatan Kerja*. Jakarta: Dian Rakyat.
- Terry, D., Lê, Q., Nguyen, U., & Hoang, H. (2015). Workplace health and safety issues among community nurses: a study regarding the impact on providing care to rural consumers. *BMJ open*, 5(8), e008306.
- West, R., Raw, M., McNeill, A., Stead, L., Aveyard, P., Bitton, J., ... & Borland, R. (2015). Health-care interventions to promote and assist tobacco cessation: a review of efficacy, effectiveness and affordability for use in national guideline development. *Addiction*, 110(9), 1388-1403.