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Implementation of the Ministry of Health Regulation Number 66 of 2016 concerning Occupational Health and Safety in Hospitals Regarding the Use of Personal Protective Equipment by Healthcare Workers at Kabelota Regional General Hospital Donggala Regency

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ABSTRACT

***Background**: Personal Protective Equipment refers to gear used to protect an individual or their body against workplace hazards; technically, it serves to reduce the severity of any work-related accidents that may occur.*
***Objective:** This study aims to examine the implementation of the policy stipulated in the Minister of Health Regulation (Permenkes) Number 66 of 2016 concerning Occupational Health and Safety in Hospitals, specifically regarding the use of Personal Protective Equipment by healthcare workers at the Kabelota Regional General Hospital in Donggala Regency.*
***Method:** This research employs a qualitative approach with a case study design. Data were collected through in-depth interviews with key informants, regular informants, and additional informants, as well as through direct field observation. The study involved 7 informants in total: 1 key informant (the hospital director), 4 regular informants (healthcare professionals), and 2 additional informants (department/ward heads).*
***Result:** The results indicate that healthcare workers are knowledgeable regarding the communication, resources, dispositions, and bureaucratic structures essential for effective policy implementation; this is evidenced by findings from interviews and probing conducted with the informants.*
***Conclusion**: The hospital director should re-establish the Hospital Occupational Health and Safety team and provide incentives to healthcare workers who implement the policy on the use of personal protective equipment. It is expected that these measures will lead to effective policy implementation, ensuring that tasks are carried out in accordance with defined roles and responsibilities.*

INTRODUCTION

Personal Protective Equipment (PPE) consists of gear specifically designed to protect the body from potential hazards or the risk of workplace accidents. Technically, the use of PPE helps mitigate the impact or severity of potential injuries, allowing workers to perform their duties more safely and in compliance with established safety standards. While PPE does not eliminate or reduce the hazards themselves, it functions by minimizing exposure through the creation of a barrier between the worker and the source of the hazard. In a hospital setting, PPE is used by healthcare professionals, such as nurses, when performing clinical procedures to protect themselves from potential infections, injuries, and other risks that may arise during patient care (Desrinelti et al., 2021).

According to reports from the National Safety Council (NSC), the most frequent workplace accidents in hospitals include needle-stick injuries, sprains, lower back pain, cuts or lacerations, burns, and infectious diseases, among others. Data from the CDC (2019) estimate that approximately 385,000 needlestick and other sharps-related injuries occur each year among hospital-based healthcare personnel in the United States. These incidents underscore the importance of the proper and consistent use of PPE to safeguard healthcare personnel from the risk of injury or exposure to disease while carrying out their medical duties (Mantiri, 2020). Furthermore, data from the Healthcare Worker Mortality Impact Index (IPKN) as of July 21, 2020, shows that the mortality rate among medical and healthcare personnel in Indonesia reached 2.4% of the total confirmed COVID-19 deaths. This figure is among the highest in the world, highlighting the significant risks faced by healthcare workers throughout the pandemic. This data underscores the importance of implementing strict occupational safety policies, including the use of standardized Personal Protective Equipment (PPE) to shield healthcare workers from viral exposure. Key factors contributing to health crises among healthcare personnel include exposure to viruses, excessive workloads, and the inadequate or improper use of PPE. Shortages or the incorrect use of PPE increase the risk of viral exposure and infection; therefore, ensuring optimal protection for healthcare workers is crucial for preventing deaths and infections within hospital settings.

According to 2018 Riskesdas (Basic Health Research) data, the national rate of workplace accidents in public facilities, such as hospitals, stands at 9.2%. In Central Sulawesi Province, this figure rises to 13.6%, while in the city of Palu, specifically within hospitals, the rate is recorded at 5%. These figures highlight the need for focused attention on occupational health and safety in the healthcare sector, as well as the necessity of strengthening policies and procedures to mitigate the risk of workplace accidents, including the proper and effective use of PPE (Kemenkes RI, 2021). Among the 13 regencies

in Central Sulawesi, specifically at the Kabelota Regional General Hospital (RSUD) in Donggala Regency, a 2.5% incidence rate of workplace-related accidents. involving nosocomial infections, was recorded between May and June 2023, affecting patients, patients' families, and healthcare workers during the administration of injections.

Based on a preliminary study conducted by the author at the Kabelota Regional Public Hospital (RSUD) in Donggala, including interviews with the Head of Administration, it was found that a policy regarding the use of Personal Protective Equipment (PPE) by healthcare workers has been established. However, observations revealed that many healthcare workers still fail to use PPE during their shifts. This indicates a gap between the established policy and its actual implementation in the field, which potentially increases the risk of exposure to infections and other hazards for healthcare workers at the hospital. Further interviews with the healthcare staff revealed that non-compliance stems from issues such as difficulty breathing when wearing masks and general discomfort when using other forms of PPE, such as medical gloves. While the policy on PPE use has been communicated to the staff, healthcare workers tend to use PPE only based on their assessment of a patient's condition. Regarding the bureaucratic structure, the hospital has issued Standard Operating Procedures (SOPs) for Occupational Health and Safety (OHS) in the hospital, which cover the use of PPE; however, there is no formal checklist for monitoring PPE compliance, resulting in only superficial oversight despite the existence of an official policy. In terms of resources, the continued failure of many healthcare workers to use PPE suggests that the established Infection Prevention and Control (IPC) team is not effectively carrying out its supervisory duties.

Given this background, the author intends to conduct research on the implementation of the Minister of Health Regulation (Permenkes) Number 66 of 2016 concerning Occupational Health and Safety (OHS) in hospitals (Kemenkes RI, 2016), specifically regarding the use of Personal Protective Equipment (PPE) by healthcare workers at the Kabelota Regional Public Hospital in Donggala Regency. This study aims to explore the extent to which this policy is implemented and to identify the challenges and obstacles encountered in ensuring the proper use of PPE by healthcare workers at the hospital. The analysis is guided by Edward III's (1980) policy implementation model, which identifies four determinants of implementation: communication, resources, disposition, and bureaucratic structure.

METHODS

This study employs a qualitative approach with a case study design and was conducted at the Kabelota Regional General Hospital (RSUD) in Donggala Regency from October to December 2024. Informants were selected using a purposive sampling technique. Data were collected through three techniques:

(1) in-depth interviews using a semi-structured guide developed from the four variables of Edward III's policy implementation model, namely communication, resources, disposition, and bureaucratic structure (Edward III, 1980); (2) non-participant observation of PPE use by healthcare workers during service hours; and (3) document review of the hospital's SOPs on PPE use and the monitoring records of the Infection Prevention and Control (PPI) team. Data validity was ensured through source triangulation, by comparing information from key, regular, and additional informants, and method triangulation, by cross-checking interview results against observation and document findings. This approach enabled the researcher to gain a deeper and more comprehensive understanding of the implementation of the policy regarding the use of personal protective equipment (PPE) at the hospital, as well as the factors influencing its success.

There were 7 informants in this study, consisting of one key informant, the General Director of the hospital, along with 4 regular informants (healthcare workers) and 2 additional informants (department/ward heads). This selection of informants was intended to capture diverse perspectives on the implementation of the Personal Protective Equipment (PPE) usage policy at the Kabelota Regional General Hospital (RSUD) in Donggala Regency, as well as to gain in-depth insights into the challenges, successes, and supporting factors involved in the policy's implementation. Informants were coded as KI (key informant), RI1–RI4 (regular informants), and AI1–AI2 (additional informants). Regular informants were selected based on the following criteria: minimum length of service and direct involvement in patient care.

Data were analyzed using the interactive model of Miles, Huberman, and Saldaña (2014), which consists of data condensation, data display, and conclusion drawing/verification. Interview transcripts and field notes were coded according to the four variables of Edward III's model and then compared across informant groups and data collection methods. This study received ethical approval from Tadulako University, and all informants provided informed consent prior to the interviews.

RESULTS

Communication

Based on in-depth interviews with all key, regular, and additional informants, it can be concluded that communication regarding the implementation of the PPE usage policy for healthcare workers at the hospital has been consistent and effective. This is evidenced by the regular dissemination of information through various channels, such as morning briefings and instructions provided by department/ward heads, as well as the compliance of healthcare workers in adhering to established procedures. This consistency is supported by the fact that PPE usage is clearly defined within the hospital's Standard

Operating Procedures (SOPs). Furthermore, information concerning PPE usage is communicated routinely during morning briefings, and SOPs are reviewed by department/ward heads prior to the performance of medical procedures. Nevertheless, challenges remain regarding the discipline of healthcare workers in using PPE, which warrant further attention.

Observations conducted by the researcher confirm that communication regarding the implementation of the PPE usage policy for healthcare workers is consistent. This is evidenced by the regular dissemination of information during morning briefings and the review of SOPs by department/ward heads before healthcare workers carry out procedures on patients.

However, consistent communication has not yet translated into full compliance. In line with the preliminary study, some healthcare workers still did not use PPE during certain procedures, mainly because of discomfort, such as difficulty breathing when wearing masks and discomfort when wearing gloves, and because some staff decided whether to use PPE based on their own assessment of the patient's condition. In addition, compliance was monitored without a formal checklist, so supervision remained largely informal.

Resource

Based on in-depth interviews conducted by the researcher with key, regular, and additional informants, it was found that, in terms of human resources, the current workforce is sufficient to implement the policy. However, a dedicated task force has not yet been established; relying solely on security personnel is inadequate given the vast area of the hospital. Regarding the budget, the requirements for Personal Protective Equipment (PPE) have been well-allocated. Furthermore, all informants stated that every staff member is empowered to enforce the PPE usage policy, as management considers this a collective responsibility.

Observations by the researcher indicate that the human resources involved in implementing the PPE policy are appropriate, with participation from all hospital components, including medical staff, non-medical staff, and management. A challenge, however, is the absence of a specialized team tasked with overseeing this policy; consequently, the Infection Prevention and Control (IPC/PPI) team bears an additional burden, which hinders their ability to conduct optimal supervision.

In-depth interviews with key, regular, and additional informants revealed that the implementation of the PPE usage policy at RSUD Kabelota, Donggala Regency, is quite effective. The IPC (PPI) team monitors and evaluates PPE usage in every ward. Although an Occupational Health and Safety (K3RS) team was previously established, it is no longer functional. Therefore, hospital leadership has mandated that all hospital personnel share responsibility for upholding the PPE usage policy.

Researcher observations confirm that the information provided regarding PPE usage aligns with established Standard Operating Procedures (SOPs) and is subject to monitoring and evaluation by the IPC (PPI) team. This is supported by statements from key, regular, and additional informants, who noted that information is disseminated during morning briefings, relayed from ward supervisors (Karu) to the healthcare staff.

Disposition

Based on in-depth interviews with regular and additional informants, it was found that the formation of the bureaucratic structure for implementing the policy on the use of Personal Protective Equipment (PPE) was carried out through direct appointment by the leadership. This is supported by a statement from a key informant, who noted that a team, derived from the Ministry of Health's guidelines, was established, with its structure formalized through Standard Operating Procedures (SOPs).

According to the researcher's observations at the Kabelota Regional General Hospital (RSUD) in Donggala Regency, the bureaucratic structure is appointed by the hospital leadership, specifically the director and the senior management team. They hold the authority to modify or replace the structure of the Infection Prevention and Control (PPI) team as needed.

Based on in-depth interviews with regular and additional informants, all participants stated that there are no specific incentives or rewards associated with the implementation of PPE usage at the Kabelota Regional General Hospital in Donggala Regency. However, certain wards have been designated as pilot units. This is further confirmed by a key informant, who emphasized that no special incentives are provided to healthcare workers regarding the use of PPE.

Based on the researcher's observations, no specific incentives are provided by the policymakers, including for the previous team. This is corroborated by the statements of all informants, who all provided the same account.

Bureaucratic Structure

Based on in-depth interviews with key informants, regular informants, and additional informants, it was found that the implementation of personal protective equipment (PPE) usage at the Kabelota Regional General Hospital (RSUD) in Donggala Regency adheres to the prevailing Standard Operating Procedures (SOPs). Staff members perform their duties in accordance with established standards. This is reinforced by a key informant, who emphasized that all personnel at the hospital are required to comply with the SOPs; failure to work according to these standards triggers an investigation and subsequent follow-up action.

Observations made by the researcher confirm that the implementation of PPE usage at the Kabelota Regional General Hospital in Donggala Regency aligns with the SOPs. This

is evidenced by instructions from ward supervisors (head nurses) to healthcare workers, mandating the use of PPE whenever performing procedures on patients. Furthermore, the key informant confirmed that staff members who fail to comply with the established SOPs are subject to follow-up measures.

In-depth interviews with key informants, regular informants, and additional informants revealed that, regarding the implementation of PPE usage at the Kabelota Regional General Hospital in Donggala Regency, the ultimate policy-making authority rests with the Hospital Director. However, direct, on-site monitoring is carried out by a specialized team, the Infection Prevention and Control (PPI) team.

Observations conducted by the researcher indicate that the use of PPE at the Kabelota Regional General Hospital in Donggala Regency is monitored by the PPI team. Additionally, hospital management and ward supervisors also oversee healthcare workers' compliance with PPE usage requirements.

DISCUSSION

Communication

Communication is an activity that enables individuals to interpret concepts and ideas through various systems, such as signals, symbols, verbal language, or behavior. Communication can have either a positive or negative impact on policy implementation. If information is conveyed clearly to the public, it can reduce the risk of resistance; conversely, if information is communicated unclearly, it may potentially trigger unrest within the community (Norjanah et al., 2024).

Communication is an activity that allows individuals to interpret concepts and ideas through various systems, such as signals, symbols, verbal language, or behavior. It plays a vital role in the implementation of public policy, as the manner in which information is conveyed influences the understanding, acceptance, and ultimate success of a policy's implementation (Nugroho, 2019).

In this study, communication refers to the interaction between the communicator and the recipient (communicant) regarding the implementation of the policy on the use of Personal Protective Equipment (PPE) for healthcare workers at the Kabelota Regional General Hospital (RSUD) in Donggala Regency. Communication is a crucial factor in policy, as it serves as a key determinant of a public policy's success.

The consistency of communication regarding the PPE policy for healthcare workers at the Kabelota Regional General Hospital is reflected in the continuous dissemination of information by hospital leadership to all hospital personnel. This is evidenced by statements from key, regular, and additional informants, who confirmed that information concerning the PPE policy is communicated consistently, both during morning briefings and by department heads to healthcare staff before they perform

procedures on patients, in accordance with established Standard Operating Procedures (SOPs).

Communication regarding the use of PPE for healthcare workers at the Kabelota Regional General Hospital is carried out through two methods: direct and indirect. Direct communication involves verbal transmission from policymakers to department heads, who then relay the information to staff within their respective units, as well as communication delivered during morning briefings. Meanwhile, indirect communication is carried out by referring to the Standard Operating Procedures (SOPs) established as guidelines for implementing the policy on the use of Personal Protective Equipment (PPE).

The results of this study align with the findings of Yanti (2019), which indicate that more effective communication leads to improved employee performance. These findings reinforce the fact that communication has a tangible impact on enhancing workforce performance. Furthermore, effective and consistent communication also contributes to job satisfaction. When communication is effective and supported by a high level of job satisfaction, it has a significant positive impact on improving employee performance.

Resource

Resources play a crucial role in supporting the successful implementation of a policy, encompassing human resources, materials, and implementation methods. For a policy to be implemented effectively, the execution process must be carefully designed and structured. A lack of resources during implementation can hinder the policy's effectiveness, preventing the desired objectives from being achieved optimally (Subroto et al., 2021).

In this study, "resources" refers to the availability of human resources, specifically a dedicated team tasked with enforcing and overseeing the use of personal protective equipment (PPE) among healthcare workers. Furthermore, it includes the active participation of all hospital personnel in supporting the policy on PPE usage at the Kabelota Regional General Hospital (RSUD) in Donggala Regency, ensuring both compliance and effective application.

One indicator of successful policy implementation is the role of the staff, as they are the individuals directly involved in the execution process. As key agents in carrying out the policy, the condition and readiness of the staff must be carefully considered. When human resources are in an optimal state, policy implementation can proceed effectively, allowing the intended goals to be fully realized (Sutmasa, 2021).

At the Kabelota Regional General Hospital in Donggala Regency, the human resources, the staff responsible for executing the PPE policy, are well-positioned; the Infection Prevention and Control (PPI) team serves as the designated oversight body. However, all hospital personnel are expected to remain vigilant and intervene if they observe

any negligence regarding the use of PPE during patient care. The state of the staff and the dedicated team significantly influences the success of the policy's implementation.

This aligns with the theory proposed by Van Meter and Van Horn (1975), which posits that policy resources are vital to the success of the implementation process. Factors such as the utilization of human resources, budget, and time exert a significant influence on the effectiveness of policy execution. Adequate and well-managed resources are essential to ensuring the success of policies designed by the government. Without optimal utilization, policy implementation may encounter various obstacles that hinder the achievement of desired goals (Syam, 2020).

In this context, the Infection Prevention and Control (IPC) team provides information resources regarding the use of Personal Protective Equipment (PPE); they offer clear and detailed guidance on the donning and doffing of PPE, and ensure that the Standard Operating Procedures (SOPs) are read out to healthcare workers whenever they are about to perform a procedure on a patient.

Disposition

Disposition refers to the attitudes or characteristics of those implementing a policy, including their expertise, discipline, intelligence, and commitment. A favorable disposition among implementers facilitates a smooth implementation process, allowing the policy to be executed optimally. Conversely, an unfavorable disposition can hinder implementation and prevent it from being effective. Therefore, a positive disposition plays a crucial role in determining the success of policy implementation (Syani et al., 2018).

In this study, "disposition" refers to the attitudes and actions of policy implementers and relevant stakeholders regarding the implementation of the policy on the use of Personal Protective Equipment (PPE) for healthcare workers at the Kabelota Regional General Hospital (RSUD) in Donggala Regency. The selection and appointment of personnel responsible for executing a policy should take into account each individual's commitment to the established policy, particularly when it concerns the public interest. An unsupportive attitude or disposition among implementers can impede the achievement of policy goals; thus, it is essential to ensure that every individual involved possesses dedication and an awareness of the policy's significance.

While the hospital leadership holds the authority to appoint the bureaucratic structure, a challenge has arisen: the specialized Occupational Health and Safety (K3RS) team at the Kabelota Regional General Hospital ceased to function following the hospital's accreditation process. Consequently, the implementation of the PPE-use policy has been shifted to the Infection Prevention and Control (PPI) team. This represents a gap in compliance with Permenkes Number 66 of 2016, which requires hospitals to organize occupational health and safety through a

designated functional K3RS unit (Kemenkes RI, 2016).

According to the research findings, all informants indicated that no specific incentives or rewards are provided for the implementation of the PPE-use policy for healthcare workers at the Kabelota Regional General Hospital. Any existing "incentives" or "rewards" serve merely as informal examples for other staff and healthcare workers, rather than as formal, policy-mandated rewards.

This study does not entirely align with the theory proposed by Edward III (1980), which posits that incentives are an effective technique for addressing issues related to the attitudes of policy implementers. According to this theory, incentives can serve as a tool to influence the actions of implementers, given that individuals generally tend to act in accordance with their own personal interests. However, this study focuses primarily on the dispositions and character of policy implementers, rather than positioning incentives as the key factor in optimizing policy implementation. This suggests that the success of a policy does not necessarily depend on the provision of incentives; rather, it is also influenced by the commitment and attitudes of those responsible for carrying out the policy (Widodo, 2011).

This is consistent with Saputri et al. (2021), who found that work discipline and the provision of incentives influence employee performance.

Bureaucratic Structure

A bureaucratic structure that is overly extensive and fragmented tends to hinder oversight processes and create complex procedures. Consequently, the organization becomes less flexible, and decision-making slows down, factors that can ultimately diminish the effectiveness and efficiency of policy implementation. Conversely, a simpler and well-organized bureaucratic structure can enhance operational flexibility and streamline oversight mechanisms, allowing for more optimal policy implementation (Winarno, 2014).

The operational mechanisms employed during policy implementation play a crucial role, particularly in ensuring the existence of clear Standard Operating Procedures (SOPs). SOPs serve as guides for managing workflows among those responsible for implementation, ensuring that every stage of the process is structured, efficient, and aligned with established standards. Clear SOPs facilitate better coordination among implementers and help minimize errors or obstacles. Such procedures are especially vital when a program involves multiple institutions. It should be noted, however, that fragmentation is sometimes necessary, particularly when policy implementation encompasses numerous programs and requires the collaboration of various institutions to achieve policy objectives. In such cases, fragmentation can serve as a strategy to foster better coordination among the relevant stakeholders (Yanti, 2019).

At the Kabelota Regional General Hospital (RSUD) in Donggala Regency, Standard Operating Procedures (SOPs) for the use of Personal Protective Equipment (PPE) by healthcare workers have been established and disseminated to all units. Staff are instructed to work in accordance with these SOPs; however, the absence of a formal compliance checklist means that adherence is still monitored informally, which may explain why non-compliance persists in some procedures. This approach aims to safeguard the health and safety of medical personnel while on duty, while simultaneously ensuring compliance with the protocols mandated by hospital policy.

Within a bureaucracy, fragmentation serves to distribute responsibility for various activities, programs, or policies among specialized work units, each focused on its own specific domain. A fragmented structure can make policy implementation more effective, as each unit can carry out its tasks based on its specific competencies and capabilities. Furthermore, fragmentation can enhance organizational efficiency, sharpen the focus of work, and strengthen coordination between units to ensure the achievement of established goals (Sukarno, 2024).

In the implementation of the policy regarding the use of Personal Protective Equipment (PPE) for healthcare workers at the Kabelota Regional General Hospital (RSUD) in Donggala Regency, primary authority rests with the Hospital Director. The Director appoints a specialized team tasked with overseeing and monitoring healthcare workers' compliance with PPE usage. With a clear division of duties, the oversight process becomes more focused and effective, allowing the policy to be implemented optimally and in accordance with established standards.

This aligns with the theory proposed by Edward III (1980), which defines fragmentation as the distribution of responsibilities among organizational units within the scope of a single policy. However, it is also argued that excessive fragmentation can lead to a narrow perspective, where an overly rigid division of responsibilities may hinder inter-unit coordination. Consequently, fragmentation can become an obstacle to policy implementation, potentially causing a policy to fail or perform suboptimally. In this context, Standard Operating Procedures (SOPs) play a crucial role in ensuring that, despite fragmentation, all units continue to work in a coordinated manner, remaining aligned with the established policy objectives (Amirullah et al., 2024).

CONCLUSION

Based on the analysis of the four variables, it can be concluded that the implementation of the Minister of Health Regulation (Permenkes) Number 66 of 2016 concerning Occupational Health and Safety in Hospitals (K3RS), specifically regarding the use of Personal Protective Equipment (PPE), at the Kabelota Regional General Hospital (RSUD) in Donggala Regency demonstrates

effective communication, facilitated both directly by the hospital leadership and the Infection Prevention and Control (PPI) team, and indirectly through Standard Operating Procedures (SOPs), although this communication has not yet fully translated into consistent PPE compliance. Resources are concentrated within the PPI team; however, the absence of a dedicated K3RS team suggests potential limitations. The disposition relies on direct appointments by the hospital director without specific incentives, which may impact staff motivation. Furthermore, the bureaucratic structure is well-established, supported by appropriate SOPs and a system for monitoring and evaluation conducted by the PPI team, although this monitoring is not yet supported by a formal compliance checklist.

SUGGESTION

Regarding the communication component, Kabelota Regional General Hospital (RSUD Kabelota) is expected to increase awareness of and compliance with the proper use of personal protective equipment (PPE) in accordance with standard operating procedures (SOPs) to prevent workplace accidents. In terms of resources and disposition, the hospital is encouraged to reconstitute an effective occupational health and safety (OHS) team, supported by the provision of incentives, to foster a safe working environment. Concerning the bureaucratic structure, the hospital should clarify its existing SOPs and ensure that tasks are delegated and organized according to established workflows.

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