

Relationship of Knowledge and Attitude with The Implementation of Occupational Safety and Health Management Systems

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ABSTRACT

Failure in every process or work activity, and when a work accident, no matter how small, will result in a loss effect. Work accidents are a risk faced by every worker who does work with losses not only loss of life and material for workers and employers but also can disrupt the production process as a whole and damage the environment which in turn has a direct impact on the surrounding community. This type of research is analytic which aims to analyse the relationship between knowledge and attitudes with the implementation of the Occupational Health and Safety Management System of P2K3 Management. The population in this study was P2K3 Management totalling 183 people. The number of samples in this study were 46 P2K3 administrators. Sampling by using random sampling. Thus, obtained from each region, namely AFD IV as many as 10 people, AFD V as many as 16 people and AFD VI as many as 20 people. The results of the Chi-Square Test with a 95% confidence level and a value of $\alpha = 0.05$ showed that knowledge and attitudes had a significant relationship with the implementation of the Occupational Health and Safety Management System where the p value of each was 0.007. for knowledge and 0.005 for attitude. It is recommended to carry out regular socialization and training to P2K3 administrators in order to increase their knowledge in implementing occupational safety and health management properly.

Keywords: Safety work, Knowledge, Attitude

INTRODUCTION

According to the World Health Organization (WHO), an accident is a sudden, unexpected event that causes a real injury (Pal et al., 2018; Barkhordari et al., 2019; Callcut et al., 2019). In the event of a work-related accident (Li et al., 2019; Hamed et al., 2020; Wang & Jie, 2020), both life and property can be lost. Based on the Occupational Safety and Health Act of 1970 (Aziz & Anggraeni, 2021; Livingston 2021; Waring 2019). Working in an integrated manner with daily (regular) tasks makes a strong safety program impossible to separate. According to the ILO's World Competitiveness Year Book, Indonesia ranked 110th out of 173 countries in terms of workforce quality and occupational safety and health. Indonesia ranks 26th out of 27 nations in the world in terms of the number of work-related injuries and illnesses (Komalasari et al., 2020). When 2014 had the most work accidents in Indonesia, with 129,911 cases in 2013 there were 192,911 incidents in 2012 there were only 80,000 cases whereas in 2009 there were only 96,000 and 2008 there were 94,736 cases in 2007 there were only 83,000 and 2010 there were only 98,711. North Sumatra had an occupational accident rate of 113 cases in 2014, 607 cases in 2013, 397 cases in 2012 and 68 occurrences in 2011. In 2015, there were 312 accidents in Labuan Batu, compared to 338 in 2014. The issue of "Occupational Health and Safety (K3)" has now become a worldwide concern and each country must, of course, respond to it with tangible and planned efforts to protect workers.

Implementation of "Occupational Safety and Health" by all member countries the goal of these laws is to minimize the impact of technology in industry (Watanabe et al 2020; Reese 2018; Kekkonen et al., 2020), from the simplest to the most advanced, on human life and the environment (Min et al., 2019). Indonesia appears to be doing its best to adhere to the rules set

forth by the UN and the ILO. At the very least, this is reflected in the government's institutionalization, legislative, and operational policies. In 1957, the government founded the Labour Health Institute, which was later renamed the Labour Health and Safety Institute in 1965, as an example of institutional transformation. The Ministry of Health's organizational structure was later augmented by the Corporate Hygiene/General Sanitation Service and the Labour Health Service.

The Health Ministry a new Institute for Corporate Hygiene and Occupational Health is being developed by the Ministry of Labour (Gardiner et al., 2022). Employees must adhere to safety and security requirements (K3) in order to avoid unfavourable consequences for themselves and their co-workers (Schulte et al., 2019). In order to prevent workplace mishaps, physical conditions should be monitored as soon as workers enter the workplace in order to discover any health issues that may arise before they begin their shifts. To ensure the health and well-being of workers, both physically and spiritually, it is imperative that occupational safety and health be taken into consideration in the workplace environment (Diniati et al., 2021; Blagoycheva et al., 2019; Brauer 2022). Health refers to both the physical and spiritual health of a person, while work safety refers to the safety of workers in the workplace and the environment as a whole (Mora et al., 2020). With a healthy workforce and safe workplaces, productivity will be boosted" (Aziz & Anggraeni 2021; Gul & Ak, 2018). Accurate and timely information is required to support the planning process and establish the next policy actions in order to develop a successful and efficient Occupational Health Program. This includes programming, creating processes, recording and supervising in the sphere of occupational safety for workers as well as preparing application reports.

Economic connections between countries necessitate that all countries, including Indonesia, meet employment requirements. To ensure that the Indonesian workforce meets the industry's highest standards for quality, quality management, environmental management and occupational safety and health, the country has signed bilateral and multilateral agreements. Quality and Environmental Management (ISO-9000, QS-9000) have already been mandated by the international market for the exporting industry, so why wouldn't Occupational Health and Safety Management (ISO-14000) follow suit. Every process or work activity has the potential for failure (risk off failures) and even a little work accident might have a negative impact (Brossoit et al., 2019; Asshaf 2020). In general, industrial accidents are caused by the following factors: tiredness, unsafe working circumstances and labour (unsafe working conditions), lack of worker mastery, and the characteristics of the work itself are all believed pre-causes of fatigue; exhaustion; unsafe working conditions and lack of worker mastery. All employees, regardless of employment status, are entitled to a workplace free of hazards that could endanger their health and safety.

Workers in manufacturing are particularly prone to workplace injuries (Lette et al., 2018; Koranvi et al., 2018). Fishermen's lack of understanding about occupational health and safety is to blame for this. In many cases, people are injured at work due to a lack of understanding and a lack of professionalism. Preventing work-related injuries and illnesses is the goal of occupational safety and health (K3). K3 is a safety initiative focused at protecting the health and safety of employees and others in the workplace or firm, as well as the efficiency and safety of all production processes. The industrial level is beginning to emerge in Indonesia. The use of labour-intensive industrial instruments is being phased out in favour of more time and cost-effective alternatives. There are, however, other adverse consequences that must be disregarded, such as the increased risk of work-related accidents and infections that can have a negative impact on both the workers and the surrounding environment. As a community, we are all responsible for making sure everyone's safety is protected (Thabit et al., 2018). In order for an organization to thrive, it must be open, honest and accessible. Maintaining a company's organization in the future will be possible only if communication and discipline are maintained at all levels of the organization.

METHODS

This study uses a descriptive research methodology to examine how the Occupational Health and Safety Management System of P2K3 Management affects people's knowledge and attitudes. P2K3 Management was the subject of this investigation. There were 183 individuals. This study used 46 P2K3 administrators as a sample size. Random sampling is used to collect samples. As a result, ten people from AFD IV, sixteen from AFD V, and twenty from AFD VI were recruited.

RESULTS

The order of the variables is used to describe the data in order to make it easier to grasp the findings. Starting with the X and Y variables, the discussion of the research results focuses on the level of correlation between each variable and the level of implementation of the OHSMS. All of the participants in this study were men. Respondents fall into a variety of age groups. Implementation a management system to implement occupational health and safety.

Table 1
Respondent Age Group

Age group	Total	
	f	%
17-25 years old	10	21,7
26-35 years old	8	17,4
36-45 years old	15	32,6
46-55 years old	13	28,3
Total	46	100

Based on the table above, it was found that the majority of respondents were in the 36-45 year age group, namely 32.6% (15 people). Aged 46-55 years as many as 28.3% (13 people). And the least is the age group of 26-35 years as many as 17.4% (8 people).

Univariate analysis

Table 2

Distribution of Knowledge Frequency on the Implementation of Occupational Health and Safety Management System at PTPN 3 Rantau Prapat

Knowledge	Total	
	f	%
Well	9	19,6
Enough	14	30,0
Not enough	23	50,0
Total	46	100

Based on Table 1 above, it is known that out of 46 respondents, the majority of respondents had less knowledge, namely 23 people (50.0 %), and a minority with good knowledge as many as 9 people (19.6%).

Table 3

Frequency Distribution of Attitudes of the Management System Implementation of Occupational Health and Safety at PTPN 3 Rantau Prapat

Attitude	Total	
	f	%
Positive	23	50,0
Negative	23	50,0
Total	46	100

Based on Table 2 above, it is known that of the 46 respondents who have a positive attitude there

are 23 people (50.0%) while the management who have a negative attitude are 23 people (50.0%).

Table 4

Frequency Distribution of Occupational Safety and Health Management System Implementation at PTPN 3 Rantau Prapat

Implementation of Occupational Health and Safety Management System	Total	
	f	%
Well	10	21,7
Enough	12	26,1
Not enough	24	52,2
Total	46	100

Based on Table 3 above, it is known that from 46 respondents, the majority of respondents who applied the occupational safety and health management system were less, namely 24 people (52.2 %), and the minority who applied the occupational health and safety management system was good, as many as 9 people (19, 6 %).

Bivariate Analysis

Table 5

Cross-tabulation of Knowledge Relationship with the Implementation of Occupational Health and Safety Management System at PTPN 3 Rantau Prapat

Knowledge	Implementation of Occupational Health and Safety Management System								Asymp Sig
	Good		Enough		Less		Total		
	f	%	f	%	f	%	f	%	
Well	6	66,7	1	11,1	2	22,2	9	100	0,007
Enough	2	14,3	5	35,7	7	50,0	14	100	
Not enough	2	8,7	6	26,1	15	65,2	23	100	

Probability (Asymp Sig) which is the knowledge variable with the Application of Occupational Health and Safety Management Systems = 0.007 from an error rate of 0.05 can be used to make a decision, as shown in Table 5. According to these standards, the implementation of the Occupational Health and Safety Management System at PTPN 3 Rantau Prapat was linked to employee awareness.

Table 6

Cross Tabulation of Attitudes with the Implementation of Occupational Health and Safety Management Systems at PTPN 3 Rantau Prapat

Attitudes	Implementation of Occupational Health and Safety Management System								Asymp. Sig
	Good		Enough		Less		Total		
	f	%	f	%	f	%	f	%	
Positive	9	39,1	8	34,8	6	26,1	23	100	0,001
Negative	1	4,3	4	17,4	18	78,3	23	100	

According to table 5, it is known that a decision can be made, namely the probability (Asym Sig) of the chi-square test, namely attitude with the implementation of a safety and health management system that is missing from an error rate of 0.05 by as much as = 0.01'. There appears to be a connection between PTPN 3 Rantau Prapat's implementation of an Occupational Health and Safety Management System and these criteria.

DISCUSSION

Relationship between Knowledge and Implementation of Occupational Health and Safety Management System

Accident hazards are brought to the notice of the affected workforce due to their high level of expertise in workplace safety and work experience (Ahn et al., 2020). Workplace safety cannot be ensured simply by being aware of the risks and taking precautions to avoid them. In other words, because the introduction is passive and does not link up with the actual learning process itself. As a result, safety actions must begin at the employee training level to ensure that K3 is actually implemented in the workplace (Karim & Hariyono 2018; Griefahn et al., 2002; Syinarky & Zulkifli, 2021). Factors that influence knowledge include personal encounters with things and information received by individuals, particularly when it comes to preventing plantation-related job accidents. Line managers, supervisors, chief foremen and heads of affairs are primarily responsible for preventing accidents (Kim et al., 2019; Jain et al., 2018; Awolusi & Marks, 2019). Line workers are expected to ensure that the workplace is safe and compliant with factory rules.

A leader's primary responsibility is to ensure that nothing goes wrong. Preventing accidents (Awolusi & Marks, 2019) while also ensuring worker safety are two sides of the same coin. Once this is accomplished, it is imperative that employees who lack enthusiasm, skill, knowledge or accuracy who are emotionally disturbed be held accountable for the majority of accidents, losses or damage they cause. Consequently, it is essential to raise awareness and promote occupational health among P2K3 administrators (Ahonen et al., 2018). Employees need to be taught how to do their jobs accurately, precisely, swiftly and safely in the most efficient manner possible. Persuade them that quality and targets have the same fundamentals as workplace safety and health (Chari et al., 2018). Give them a clear understanding that enforcing work safety measures without educating them may have harsher consequences than simply breaking the law.

The K3 program's complete content should be the responsibility of every employee for the benefit of the company as a whole (Hidayah & Zaman 2022; Harini & Yani 2019). To guarantee that each employee has adapted to the best and safest work habits possible, we conduct regular observation and monitoring of the implementation of the work and the surroundings. In the long run, knowledge-based behaviour will outlast uninformed behaviour. So, people need to know why they need to do something so that their behaviour can be modified for the better.

Relationship between Attitude and Implementation of Occupational Health and Safety Management System

A person's attitude is the way he or she responds to a stimuli or object while he or she is still closed to it. As a propensity, attitude is not yet an action or an activity. Rather than an open reaction or open activity, attitude is a closed reaction. Culture has a significant impact on how people form their thoughts and beliefs, which in turn influences how attitudes are formed. When the management of a company supports an OHS culture by enforcing policies such as the requirement for workers to wear personal protective equipment while at work, or by enforcing regulations and paying attention to signs, workers develop a supportive attitude toward implementation.

As a result of constant exposure to foreign cultures through things like safety signage and SOPs, an organization's culture begins to influence the attitudes of its employees. Preventing accidents (Awolusi & Marks, 2019) and occupational diseases can only be accomplished if employees have a supportive or cooperative attitude toward the company's policies (Calis & Buyukakinci, 2019). It is an unsupportive attitude towards the implementation of the Occupational Health and Safety Management System if respondents agree with the statement that correct procedure is not required when using Personal Protective Equipment (PPE) in the workplace, because essentially correct procedure is required when using personal protection equipment.

CONCLUSION

According to the Chi-Square Test with a 95% confidence level and a value of 0.05, there was a significant correlation between knowledge and attitudes implementation of the

Occupational Health and Safety Management System. Personal traits, job characteristics, structural characteristics and work experience all have an impact on employee commitment to an organization. The longer a person has worked for a firm, the more likely he or she is to be committed to the organization, hence this may be said to be a direct correlation. There are several factors that contribute to an employee's capacity to successfully execute a task, including IQ, age and work experience. A company's employee commitment will be affected by the employee's attitude toward the organization, which includes the application of OHS. In order for employees to have good and negative attitudes, they must feel safe and secure in their work environment. When employees feel that the K3 program helps them feel safe and secure, they will have a good outlook on their work and their behaviour. As a result, absenteeism and the risk of the company failing will increase if employees don't feel this way. By better understanding occupational safety and health management, P2K3 managers may help prevent and reduce the loss of both material and human lives due to workplace accidents. P2K3 administrators should be regularly socialized and trained in the effective implementation of Occupational Safety and Health Management Systems (OHMS).

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