Factors Affecting The Implementation Of Occupational Safety And Health At Royal Prima Medan General Hospital In 2021

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***Abstract**.*
Cases of Occupational Accidents (KAK) and Occupational Diseases (PAK) at Royal Prima Hospital Medan in 2017-2020 showed a significant increase, especially in 2020. This condition was due to Royal Prima Hospital receiving/serving Covid-19 patients so that they were overwhelmed in handling The surge in patients impacting the workforce is experiencing fatigue and illness. The purpose of this study is to analyze the factors that influence the implementation of Occupational Safety and Health (K3). This research is a quantitative analytic study with a cross-sectional approach. The research was conducted at Royal Prima Hospital Medan. The research population was 915 people and the sample was 100 people. Sampling by the Hsystematic way (systematic sampling). Data analysis used univariate, bivariate with chi-square test, and multivariate with multiple logistic regression at 95% confidence level (α=0.05). The results showed that the factors that influenced the implementation of Occupational Safety and Health (K3) at Royal Prima Hospital Medan were action (p=0.045), policy (p=0.010), standard operating procedures (p=0.011), and leadership (p=0.011). = 0.020). Variables that had no effect were education (p=0.461), belief (p=0.538), perception (p=0.235), knowledge (p=0.578) and attitudes (p=0.730). The most dominant variable influencing the implementation of K3 at Royal Prima Hospital Medan is policy. Implementing officers who declare hospital policies are good, have a 5.5 times higher chance of implementing K3 well than those who state policies are not good.

Keywords: *Implementation of Occupational Safety and Health (K3).*

I. INTRODUCTION

Occupational safety and health (K3) is an essential factor that must be considered and conditioned by the company to ensure the integrity and perfection of both physical and spiritual. With occupational safety and health, it is expected that the workforce can carry out work safely and comfortably and achieve physical endurance, work power, and a high level of health. These various efforts are implemented through K3 regulations and standards both internationally and nationally.The definition of occupational safety and health according to the Decree of the Minister of Manpower R.I. No. Kep. 463/MEN/1993 is that occupational safety and health is a protective effort aimed at ensuring that workers and other people in the workplace/company are always safe and healthy, and so that every source of production can be used safely and efficiently.According to the Occupational Safety Health Administration (OSHA) (2017), although the above standards and regulations have long been established, the implementation of K3 has not been maximized and is far from the dream of Zero Accident. It can be seen from the high number of Occupational Accidents (KAK) and Occupational Diseases (PAK) in the world, including in Indonesia itself. This can be seen from the data on cases of work accidents that occurred in Indonesia reported by the Ministry of Manpower in 2020.In contrast to the workplace in general, the hospital is a service industry that is labor-intensive, expert-intensive, capital-intensive, and technology-intensive with various potential hazards. Therefore, the hospital must be able to guarantee the K3 of all officers. Hospitals only focus on the quality of service for patients, the number of health workers in the field of OSH is still limited, and the assumption that health workers must have protected themselves at work has caused the development of OSH Hospitals (K3RS) to lag.

North Sumatra Province, especially in Medan City, supporting reports related to K3RS such as reports on the number of PAK and KAK incidents have not been properly recorded. One of the class B hospitals in Medan City that has undergone the program and made reports related to K3RS is the Royal

Prima Medan General Hospital. There have been many efforts that have been made by the hospital management to reduce the incidence of KAK and PAK at the Royal Prima General Hospital in Medan, however, these various efforts have not been optimal, because there are still cases of accidents and occupational diseases, although still minimal. The following is data regarding work accident cases during the 2017-2020 period at Royal Prima Hospital in Medan.Based on the descriptions above, it can be stated that if a hospital has a strong K3 culture, it will have a strong organizational culture as well and will be oriented towards K3 in production. Every worker in the hospital certainly has K3 values and perceptions of danger correctly and displays the expected OSH behavior consistently. The hospital will also have proper organization and management as well as an OHS management system. Therefore, researchers are interested in researching with the title Factors Affecting the Implementation of K3 at the Royal Prima General Hospital in Medan.

II.   LITERATURE REVIEW

2.1. Occupational Health and Safety (K3)

Occupational health is the implementation of public health in a workplace and the patients of occupational health are the working community and the community around the company (Notoatmodjo, 2018). K3 is an effort to guarantee safety and improve the health status of workers by preventing KAK and PAK, controlling hazards in the workplace, health promotion, treatment, and rehabilitation (Kemenkes RI, 2017).Occupational Accidents (KAK) are work-related events that can cause injury or illness (depending on the severity), death events, or events that can cause death (OHSAS, 2017). Occupational Diseases (PAK) are health disorders both physically and spiritually caused by work activities or work-related conditions (Adzim, 2018).

2.2. Hospital Occupational Health and Safety (K3RS)

K3RS is an integrated effort to create a work environment or workplace that is healthy, safe, comfortable, and productive for all workers, patients, visitors/patients as well as for the community and the environment around the hospital. In order for K3RS to be fully understood, there are 3 interacting components that also become the basic principles of K3RS, namely work capacity, workload, and work environment.

In accordance with the Decree of the Minister of Health Number 1087/Menkes/SK/VIII/2010 concerning K3RS Standards, here are some specific objectives of the implementation of K3RS:
1. The realization of a work organization that supports the achievement of K3RS.
2. Increased professionalism in terms of K3 for management, implementers, and program supporters.
3. K3 requirements are met in each work unit.
4. Protecting workers and preventing the occurrence of PAK and KAK.
5. The implementation of the K3RS program optimally and comprehensively.
6. Improving the quality, image, and productivity of hospitals.

K3RS Management System (SMK3RS) is part of the management system which includes: organizational structure, planning, implementation, procedures, resources, and organizational responsibilities.

2.3. Hospital

According to Bramantoro (2017), a hospital is a health service facility that carries out efficient and effective health efforts in an integrated healing and recovery efforts with improvement and prevention efforts as well as carrying out referral efforts.Class B General Hospital is a general hospital that has medical service facilities and capabilities of at least 4 (four) basic specialists, 4 (four) medical support specialists, 8 (eight) other specialists, and 2 (two) basic subspecialists and can become Hospital education if it has met the requirements and standards.

2.4. Culture

Culture comes from the Sanskrit "budhayah" as the plural form of the basic word "budhi" which means reason or everything related to reason, values, and mental attitudes. Culture is always social in the sense of transmitting the traditions of a group of people whose material aspects have been historically

transferred and absorbed by generations according to the prevailing "values". Values here are the highest measures of human behavior (Supartono, 2015).

Muchlas (2018) states that hospital organizational culture is a guideline or reference for controlling organizational behavior and the behavior of nurses, and other health workers in interacting with them and with other hospitals. According to Cooper (2000), the implementation of K3 in an organization can be seen from 3 indicators, namely:

1. Workers' psychological aspects of K3 (psychological aspects, what people feel, what is believe). The psychological factors in this study that were analyzed were education, beliefs, and perceptions.
2. Aspects of OSH behavior of workers (behavioral aspects, what people do, what is done) Changes in unsafe behavior as a dominant factor causing accidents to become positive OSH behavior, therefore K3 needs to be carried out intensively. K3 behavior is obeying work rules and procedures, using PPE, attending meetings regarding K3, helping friends to solve problems related to K3, and so on.
3. Situational or organizational aspects of K3 (situational aspects, what organization has, what is said). Organizational factors in this study were assessed based on aspects of policy, SOP, and leadership.

III. METHODS

The type of research used in this research is quantitative analytical study research. The research design used was cross-sectional. This study aims to analyze the influence of psychological factors (education, beliefs, and perceptions), behavior (knowledge, attitudes, and actions), and organization (policies, SOPs, and leadership) on the implementation of Occupational Safety and Health (K3) at the Royal General Hospital. Prima Medan. This research was conducted at the Royal Prima General Hospital, Medan. The study was conducted from September 2021 to June 2022. Data collection was carried out in March 2022. The population in this study were all implementing officers at the Royal Prima General Hospital Medan in 2022, namely 915 people.

The number of samples in this study was determined based on the sample determination formula of Taro Yamane Hasim et al (2014), for survey research, as follows:

$$n = \frac{N}{1 + N\,(d^2)}$$

Where:
n: sample size
N: population size
d: The mean of the mean and the mean difference ($\alpha = 0.10$)

Based on this formula, the calculation of the number of samples in this study is as follows:

$$n = \frac{915}{1 + 915\,(0,1^2)}$$

$$n = \frac{915}{10,15}$$

= 90.1 or rounded up to 90 people

Based on the above calculation, the number of samples in the study above, from 915 people, so to prevent dropouts (DO), the number of samples was added by 10%, namely 90 + 10% = 90 + 9 = 99 to be 100 people. This study uses primary data and secondary data. Primary data was obtained by distributing questionnaires to implementing officers to assess all factors that affect the implementation of Occupational Safety and Health (K3) and by observation to assess the action aspects of the behavioral factors of implementing officers. To observe the action aspect, the author was assisted by independent officers from the Occupational Safety and Health (K3) committee at Royal Prima Hospital Medan to avoid bias. Secondary data was obtained from Royal Prima Hospital Medan, which includes: the profile of the General Hospital Royal Prima Medan, number of workers, organizational structure, K3RS reports, and other data relevant to

this study.The validity test was carried out at the Putri Hijau Hospital Level II Medan for as many as 30 people. The correlation value must be greater than 0.361 or the Corrected Item-Total Correlation value at the SPSS output is greater than 0.361 using the Pearson Product Moment test (Ghozali, 2015). The variables that were tested for validity were beliefs, perceptions, knowledge, attitudes, actions, policies, SOPs, leadership, and the implementation of K3. The results of the validity test show that all items are declared valid because they have a value > 0.361.This study uses reliability measurements carried out using one-shot, namely the measurement is only once and the results are compared with other questions or measure the correlation between the answers to questions. The statistical test used is the Cronbach Alpha test. A construct or variable is said to be reliable if the results of the Cronbach Alpha statistical test give a value > 0.600 (Ghozali, 2015). The results of the research variable reliability test showed that the nine variables tested for reliability had a higher value than the limit of Cronbach's Alpha value = 0.600 so it was declared reliable (reliable).

3.3. Research Variable

The variables in this study were divided into dependent variables and independent variables. The independent variables consist of psychological factors (education, beliefs, and perceptions), behavioral factors (knowledge, attitudes, and actions), and organizational factors (policies, SOPs, and leadership). The dependent variable is the implementation of Occupational Safety and Health (K3) at the Royal Prima General Hospital Medan.

3.4. Data Analysis Method

The data analysis method carried out consists of 3 steps as follows (Notoatmodjo, 2018).

1. Univariate analysis to determine the characteristics of the research subjects.
2. Bivariate analysis to determine the relationship between two variables, namely the independent variable consisting of psychological factors (education, beliefs, and perceptions), behavior (knowledge, attitudes, and actions), and organization (policies, SOPs, and leadership). While the dependent variable is the implementation of Occupational Safety and Health (K3) at the Royal Prima Hospital in Medan.
3. Multivariate analysis to determine the most dominant factors that affect the implementation of Occupational Safety and Health (K3) at the Royal Prima General Hospital Medan. This study uses multiple logistic regression analysis with modeling at the significance level of $p < 0.05$ and CI (Confidence Interval) and the variables that are candidate models that have p-value < 0.25 in bivariate analysis. Furthermore, to find out the significant variables using the 95% confidence interval ($\_ = 0.05$).

IV. ANALYZE AND RESULT

4.1. Description of Research Site

Royal Prima Hospital Medan is one of the largest private hospitals and will become a referral center for the community, especially the City of Medan and the people of North Sumatra in general. The Royal Prima Hospital Medan is located at Ayahanda Street No. 68-A Medan. The history of the establishment of the Royal Prima Hospital in Medan, namely on May 17, 2011, the Deputy Minister of National Education of the Republic of Indonesia, Prof. Dr. Fasli Jalal, Ph.D. lays the groundwork for the construction of the Royal Prima Hospital.

4.2. Results of Research Data Analysis

4.2.1. Characteristics of Respondents

Based on the results of the study, the characteristics of the respondents can be seen in the following table.

Table 1. Frequency Distribution of Respondents Based on Characteristics at Royal Prima General Hospital Medan in 2021

No	Characteristic	Amount	
		f	%
1.	**Age**		
	20-30 years	59	59.0

	31-40 years	36	36.0
	>40 years	5	5.0
	Total	100	100.0
2.	**Gender**		
	Male	37	25.7
	Female	63	74.3
	Total	100	100.0
3.	**Length of Work**		
	< 5 years	63	63.0
	≥ 5 years	37	37.0
	Total	100	100.0

Table 4.1. above, it is known that most of the respondents aged 20-30 years were 59 people (59.0%), a small portion was >40 years old as many as 5 people (5.0%). Based on gender, most of the respondents were female as many as 63 people (63.0%), and a small proportion was male as many as 37 people (37.0%). Based on the length of work, most of the respondents worked <5 years as many as 63 people (63.0%), and a small portion worked 5 years as many as 37 people (37.0%).Based on education, the majority of respondents had a D-3 education as many as 39 people (55.7%), and a small portion had a D-4 and S2 education each as many as 1 people (1.4%).

4.2.2. Univariate Analysis

Based on the results of the study, the variables of education, beliefs, perceptions, knowledge, attitudes, actions, policies, standard operating procedures, leadership, and K3 implementation can be seen in the following table.

Table 2. Frequency Distribution of Respondents Based on Education Variables, Beliefs, Perceptions, Knowledge, Attitudes, Actions, Policies, Standard Operating Procedures, Leadership, OHS Implementation at Royal Prima General Hospital Medan in 2021

No	Education	f	%
1.	Bachelor – Master	32	32.0
2.	High School – Diploma	68	68.0
	Total	100	100.0
No	**Confidence**	**f**	**%**
1.	Confident	70	70.0
2.	Not Confident	30	30.0
	Total	100	100.0
No	**Perception**	f	%
1.	Good	71	71.0
2.	Not Good	29	29.0
	Total	100	100.0
No	**Knowledge**	f	%
1.	Good	73	73.0
2.	Not Good	27	27.0
	Total	100	100.0
No	**Attitude**	f	%
1.	Positive	73	73.0
2.	Negative	27	27.0
	Total	100	100.0
No	**Action**	f	%
1.	Good	78	78.0
2.	Not Good	22	22.0
	Total	100	100.0
No	**Policy**	f	%
1.	Good	72	72.0
2.	Not Good	28	28.0
	Total	100	100.0
No	**SPO**	f	%
1.	Good	74	74.0
2.	Not Good	26	26.0
	Total	100	100.0

No	Leadership	f	%
1.	Good	76	76.0
2.	Not Good	24	24.0
	Total	100	100.0
No	**Implementation of K3**	f	%
1.	Good	77	77.0
2.	Not Good	23	23.0
	Total	100	100.0

Table 2 above shows that most of the respondents' education was High school - Diploma as many as 68 people (68.0%). Based on belief, most respondents feel confident as many as 70 people (70.0%), and some feel less sure as many as 30 people (30.0%). Based on the perception that most of the respondents' perceptions are in the good category as many as 71 people (71.0%), a small percentage of respondents' perceptions are in the less good category as many as 29 people (29.0%).Based on knowledge, most of the respondents had good knowledge of 73 people (73.0%), and a small proportion of respondents' knowledge in the poor category was 27 people (27.0%). Based on attitudes, most of the respondents' attitudes were in a positive category as many as 73 people (73.0%), and a small part of the respondents' attitudes was in the negative category as many as 27 people (27.0%).

Based on the actions, most of the respondent's actions were in a good category as many as 78 people (78.0%), and a small part of the respondents' actions was in the less good category as many as 22 people (22.0%). Based on the policy, the majority of respondents stated that the policy of the Royal Prima Medan Hospital was in a good category as many as 72 people (72.0%), and a small percentage of respondents stated the policy was in the poor category as many as 28 people (28.0%). Based on standard operating procedures, most respondents stated standard operating procedures in the good category as many as 74 people (74.0%), and a small proportion of respondents stated standard operating procedures in the poor category as many as 26 people (26.0%). Based on leadership, most respondents stated leadership in the good category as many as 76 people (76.0%), and a small percentage of respondents stated leadership in the poor category as many as 24 people (24.0%). Based on the implementation of K3, most of the implementation of occupational safety and health in the good category were 77 people (77.0%), and a small proportion of the implementation of occupational safety and health in the poor category was 23 people (23.0%).

4.2.3. Univariate Analysis

Based on the results of the study, the effect of education on the implementation of occupational safety and health (K3) can be seen in the following table.

Table 3. The Effect of Education on the Implementation of Occupational Safety and Health (K3) at the Royal Prima General Hospital Medan in 2021

No	Education	Implementation of K3				Total Amount		P-Value
		Good		Not Good				
		f	%	f	%	f	%	
1.	Bachelor – Master	32	68.8	10	31.2	32	100.0	0.207
2.	High School – Diploma	68	80.9	13	19.1	68	100.0	

Table 3 shows that of the 32 respondents with S1 and S2 education, the majority applied occupational safety and health (K3) well as many as 22 people (68.8%), the minority less well as many as 10 people (31.2%). Of the 68 respondents with SMA-D3 education, the majority applied occupational safety and health (K3) well as many as 55 people (80.9%), and the minority did not do well as many as 13 people (19.1%).The results of statistical tests using the chi-square test obtained a p-value of 0.207> 0.05, meaning that there is no influence between education on the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021.

Table 4. The Effect of Confidence on the Implementation of Occupational Safety and Health (K3) at the Royal Prima General Hospital Medan in 2021

No	Confidence	Implementation of K3				Total Amount		P-Value
		Good		Not Good				
		f	%	f	%	f	%	
1.	Confident	59	84.3	11	15.7	70	100.0	0.018

2.	Not Confident	18	60.0	12	40.0	30	100.0

Table 4 shows that of the 70 respondents who feel confident that the majority apply occupational safety and health (K3) well as many as 59 people (84.3%), the minority is less good as many as 11 people (15.7%). Of the 30 respondents who felt less confident, the majority applied occupational safety and health (K3) well as many as 18 people (60.0%), and the minority did not do well as many as 12 people (40.0%).The results of statistical tests using the chi-square test obtained a p-value of 0.018 <0.05, meaning that there is a significant influence between belief in the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021.

Table 5. The Effect of Perception on the Implementation of Occupational Safety and Health (K3) at the Royal Prima General Hospital Medan in 2021

No	Perception	Implementation of K3				Total Amount		P-Value
		Good		Not Good				
		f	%	f	%	f	%	
1.	Good	61	85.9	10	14.1	71	100.0	0.002
2.	Not Good	16	55.2	13	44.8	29	100.0	

Table 5 shows that of the 71 respondents with good perceptions, the majority applied occupational safety and health (K3) well as many as 61 people (85.9%), and the minority was less good as many as 10 people (14.1%). Of the 29 respondents with unfavorable perceptions, the majority applied occupational safety and health (K3) well as many as 16 people (55.2%), and the minority did not do well as many as 12 people (44.8%). The results of statistical tests using the chi-square test obtained a p-value of 0.002 <0.05, meaning that there is a significant influence on perceptions of the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021.

Table 6. The Effect of Knowledge on the Implementation of Occupational Safety and Health (K3) at the Royal Prima General Hospital Medan in 2021

No	Knowledge	Implementation of K3				Total Amount		P-Value
		Good		Not Good				
		f	%	f	%	f	%	
1.	Good	62	84.9	11	15.1	73	100.0	0.003
2.	Not Good	15	55.6	12	44.4	27	100.0	

Table 6 shows that of the 73 respondents with good knowledge, the majority apply occupational safety and health (K3) well as many as 62 people (84.9%), and the minority is not good as many as 11 people (15.1%). Of the 27 respondents with poor knowledge, the majority applied occupational safety and health (K3) well as many as 15 people (55.6%), and the minority did not do well as many as 12 people (44.4%). The results of statistical tests using the chi-square test obtained a p-value of 0.003 <0.05, meaning that there is a significant influence between knowledge on the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021.

Table 7. The Effect of Attitude on the Implementation of Occupational Safety and Health (K3) at the Royal Prima General Hospital Medan in 2021

No	Perception	Implementation of K3				Total Amount		P-Value
		Good		Not Good				
		f	%	f	%	f	%	
1.	Positive	61	83.6	12	16.4	73	100.0	0.016
2.	Negative	16	59.3	11	40.7	27	100.0	

Table 7 shows that of the 73 respondents with a positive attitude the majority applied occupational safety and health (K3) well as many as 61 people (83.6%), and the minority did not do well as many as 12 people (16.4%). Of the 27 respondents with a negative attitude, the majority applied occupational safety and health (K3) well as many as 16 people (59.3%), and the minority did not do well as many as 11 people (40.7%).

The results of statistical tests using the chi-square test obtained a p-value of 0.016 <0.05, meaning that there is a significant influence on attitudes towards the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021.

Table 8. The Effect of Action on the Implementation of Occupational Safety and Health (K3) at the Royal Prima General Hospital Medan in 2021

No	Action	Implementation of K3				Total Amount		P-Value
		Good		Not Good				
		f	%	f	%	f	%	
1.	Good	67	85.9	11	14.1	78	100.0	0.000
2.	Not Good	10	45.5	12	54.5	22	100.0	

Table 8 shows that of the 78 respondents with good actions, the majority implemented occupational safety and health (K3) well as many as 67 people (85.9%), the and minority was not good as many as 11 people (14.1%). Of the 21 respondents with unfavorable actions, the majority applied occupational safety and health (K3) with less good as many as 12 people (54.5%), and a good minority as many as 10 people (45.5%). The results of statistical tests using the chi-square test obtained a p-value of 0.016 <0.05, meaning that there is a significant influence between actions on the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021.

Table 9. The Effect of Policy on the Implementation of Occupational Safety and Health (K3) at the Royal Prima General Hospital Medan in 2021

No	Policy	Implementation of K3				Total Amount		P-Value
		Good		Not Good				
		f	%	f	%	f	%	
1.	Good	65	90.3	7	9.7	72	100.0	0.000
2.	Not Good	12	42.9	16	57.1	28	100.0	

Table 9 shows that of the 72 respondents who stated that hospital policies were in a good category, the majority implemented occupational safety and health (K3) well as many as 65 people (90.3%), and the minority was less good as many as 7 people (9.7%). Of the 28 respondents who stated that the policy was not good, the majority applied occupational safety and health (K3) with less good as many as 16 people (57.1%), the minority was good as many as 12 people (42.9%).The results of statistical tests using the chi-square test obtained a p-value of 0.000 <0.05, meaning that there is a significant influence between policies on the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021.

Table 10. The Effect of Standard Operating Procedures on the Implementation of Occupational Safety and Health (K3) at the Royal Prima General Hospital Medan in 2021

No	Standard Operating Procedure	Implementation of K3				Total Amount		P-Value
		Good		Not Good				
		f	%	f	%	f	%	
1.	Good	66	89.2	8	10.8	74	100.0	0.000
2.	Not Good	11	42.3	15	57.7	26	100.0	

Table 10 shows that of the 74 respondents who stated that the standard operating procedures of the hospital were in a good category, the majority applied occupational safety and health (K3) well as many as 66 people (89.2%), and the minority was not good as many as 8 people (10.8%). Of the 26 respondents who stated that the standard operating procedures were not good, the majority applied occupational safety and health (K3) with less good as many as 15 people (57.7%), the minority was good as many as 11 people (42.3%).The results of statistical tests using the chi-square test obtained a p-value of 0.000 <0.05, meaning that there is a significant influence between standard operating procedures on the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021.

Table 11. The Influence of Leadership on the Implementation of Occupational Safety and Health (K3) at Royal Prima General Hospital Medan in 2021

No	Leadership	Implementation of K3				Total Amount		P-Value
		Good		Not Good				
		f	%	f	%	f	%	
1.	Good	67	88.2	9	11.8	76	100.0	0.000
2.	Not Good	10	41.7	14	58.3	24	100.0	

Table 11 shows that of the 76 respondents who stated that the hospital leadership was in a good category, the majority applied occupational safety and health (K3) well as many as 67 people (88.2%), and the minority was less good as many as 9 people (11.8%). Of the 24 respondents who stated that leadership

was not good, the majority applied occupational safety and health (K3) with less than 14 people (58.3%), and the minority was good as many as 10 people (41.7%).The results of statistical tests using the chi-square test obtained a p-value of 0.000 <0.05, meaning that there is a significant influence between leadership on the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021.

4.2.2. Multivariate Analysis

Based on the results of the multiple logistic regression test that has been carried out, it shows that of the 9 variables tested, as many as 4 variables affect the implementation of occupational safety and health (K3), namely the accuracy to change, management support and benefits for oneself. The complete multiple logistic regression test results can be seen in the following table.

Table 11. Multiple Logistics Regression Test Results for Significant Variables

Variable	B	Sig.	Exp(B)	95%CI for Exp(B)
Action	1.367	0.045	3.923	1.030-14.939
Policy	1.706	0.010	5.501	1.514-19.995
Standard Operational Procedure	1.685	0.011	5.395	1.475-19.727
Leadership	1.549	0.020	4.709	1.270-17.456
Constant	-9.742	0.000		

Based on the table above, shows that 4 variables have a significant effect on the implementation of occupational safety and health (K3). The four variables that have a significant effect on the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan are action (p=0.045), policy (p=0.010), standard operating procedures (p=0.011), and leadership (p= 0.020). These results indicate that the research hypothesis is accepted. The variable with the greatest influence in this study is the policy variable which has a value of Exp(B)/OR = 5.501, meaning that the implementing officer who states the hospital policy is good, has the opportunity to implement occupational safety and health (K3) well, which is 5.5 times higher. compared to implementing officers who stated that hospital policies were not good.The standard operating procedure variable which has a value of Exp(B)/OR = 5.395 means that the implementing officer who states the standard operating procedure of the hospital is good, has the opportunity to implement occupational safety and health (K3) well by 5.3 times higher than the implementing officer who states the standard operating procedure of the hospital is not good.

The leadership variable that has a value of Exp(B)/OR = 4.709 means that the implementing officer who states the hospital leadership is good, has the opportunity to implement occupational safety and health (K3) well, which is 4.7 times higher than the implementing officer who states that the hospital leadership is lacking. good. The action variable that has a value of Exp(B)/OR = 3.923 means that implementing officers with good actions have the opportunity to implement occupational safety and health (K3) well by 3.9 times higher than implementing officers with poor actions.Based on the results of the multiple logistic regression test, in addition to the value of the variable that has a significant effect, it also shows the variable that does not have a significant effect on the Implementation of occupational safety and health (K3) at the Royal Prima Hospital Medan because it has a significant value (p) > 0.05. Variables that were not significant were education (p=0.461), belief (p=0.538), perception (p=0.235), knowledge (p=0.578), and attitudes (p=0.730), which indicated that the research hypothesis was rejected. More details can be seen in the following table.

Table 11. Multiple Logistics Regression Test Results for Non-Significant Variables

No.	Variable	Sig. (P-Value)
1.	Education	0.461
2.	Confidence	0.538
3.	Perception	0.235
4.	Knowledge	0.578
5.	Attitude	0.730

V.   CONCLUSION

Based on the results of the research that has been carried out and have been presented in the previous chapter can be concluded as follows:

1. Education does not affect the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021, (p=0.461).

2. Confidence does not affect the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021, (p=0.538).

3. Perception does not affect the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021, (p=0.235).

4. Knowledge does not affect the implementation of occupational safety and health (K3) at the Royal Prima Medan General Hospital in 2021, (p=0.578).

5. Attitude does not affect the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021, (p=0.730).

6. Actions have a significant effect on the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021, (p = 0.045).

7. Hospital policies have a significant effect on the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021, (p = 0.010).

8. Standard operating procedures (SPO) have a significant effect on the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021, (p=0.011).

9. Leadership has a significant effect on the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan in 2021, (p = 0.020).

10. The most dominant variable influencing the implementation of occupational safety and health (K3) at the Royal Prima General Hospital Medan is the policy variable. Implementing officers who state that hospital policies are good to have a 5.5 times higher chance of implementing occupational safety and health (K3) than implementing officers who state hospital policies are not good.

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