

Implementation of Safety Behavior for Doctor on Medical Treatment

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Abstract – This paper explain about the importance of safety standards and safety behavior on medical treatment in hospital. Doctor as one of the most important things in quality services and medical treatment in hospital, have often big problem with their own healthy because of environment quality in hospital, the condition of their patient and the most important things is their own behavior when doing medical treatment such as surgery, clinical check, pre-diagnostic of disease, etc. Now, with increasing of medical treatment technology and more knowledgeable patient, doctor can improved their medical treatment methodology with high quality of result, low risk for both doctor and patient, and safe for everyone who involve on their activities. For answer the big questions from this problem, we used simple research methodologies start from finding the causes of this problem, trial to implement safety behavior and safety standards for doctor, and finally doing comparison measurement between as-is condition and to-be condition or before and after implementation of safety behavior. From this research we found the unique phenomenon that important constraints of implementation of safety behavior for doctor is many doctors was resistance to change their medical treatment methodology, because their says that existing methodology is the best way for them. As we know, that in natural of human beings is still dynamics, so we can say “that no best way, but always a better way”. But, we still and keep optimism for improved this problem, and we trust that for 3 or 5 years later, all doctors in Indonesia believe that implementation of safety behavior on their medical treatment can increased the quality of life for everyone both doctor and patient, and safety behavior is one of the most important things to improved the quality of medical services for gain the customer satisfaction and customer loyalty. If this condition had realized, many people in Indonesia believe that quality of medical services in Indonesia better than other country, especially Singapore.

Keywords: medical treatment, ergonomics, safety, behavior analysis.

1. Introduction

The development of the healthcare industry in Indonesia is quite rapidly of late has a direct impact on the increasingly high demand for facilities and supporting infrastructure. Important factors that relate directly to this phenomenon is that the quality and quantity of doctors themselves. In general, the quality of doctors in Indonesia is quite good, as shown by the many Indonesian doctors are trusted by the outside world, particularly several hospitals in Singapore in dealing with some health problems the world is quite complex with satisfactory result. While from the standpoint of quantity, the actual number of doctors in Indonesia has been quite a lot but the pattern of uneven distribution. In other words, that most doctors in Indonesia is still concentrated in large cities of Java island. The main reason most doctors still prefer living and working in big cities of Java island is separated from the large population as a potential market as well as ease of access to medical facilities in central hospitals of each provincial capital.

The above description reflects the condition that most doctors in Indonesia still prefer the ease of obtaining and facilities compared to the equity markets and work with social services. It does not apply generally to all doctors in Indonesia. Indeed, there are still some doctors who are willing to be placed in remote areas are very remote even to the level of difficulty of access incredible although small in number.

Another problem is no less important than the proportion of doctors who have not distributed evenly in all parts of Indonesia, is a matter still many doctors who do not yet have a high level of awareness of the dangers that will always be threatened due to the disease from patients themselves. This problem

arises due to the use of less overall in the medical environment of the procedures and standards in the handling of patients, both from the point of view of personal protective equipment should be used, body posture at the time of medical treatment that should work and environmental conditions of the doctors themselves.

This paper discusses the conditions as-is current and the proposed to-be should be done by doctors as an effort to prevent transmission of disease and also the incidence of occupational disease.

2. Literature Review

Vincoli (2006) said that in the practice of occupational safety and health in industry today, the primary concern of any responsible organization is the identification and elimination of hazards that threaten the life or health of employees, as well as those that could cause damage to facilities, property, equipment, products, and/or the environment. When such risk of hazard cannot be totally eliminated, as is often the case, it becomes a fundamental function of the safety professional to provide recommendations to control those hazards in an effort to reduce the associated risk to the lowest acceptable levels.

Hoffos et.al. (2008) explain that patient safety research is expanding rapidly. A March 2008 PubMed search for articles containing the words “patient safety” in the five 5-year periods from 1983 to 2007 returns these numbers: 74, 153, 278, 962 and 3631. Specifically designated scientific journals exist, e.g. Quality & Safety in Health Care (established in 1992 as Quality in Health Care, name updated in 2002), Journal of Patient Safety, and Patient Safety and Quality Healthcare. But research interest in patient safety is of

course not limited to these articles and journals: any medical research article is dedicated to improving quality and safety in health care. What is new is neither the idea of patient safety nor the interest in it, it is the methodological approach.

Geller (2005) said that for more than a decade, behavior-based safety (BBS) has been prospering in organizations nationwide and more recently throughout the world. A variety of books detail the principles and procedures of BBS (Geller, 1998b, 2001d, 2001e; Geller&Williams, 2001; Krause,1995; Krause, Hidley, & Hodson, 1996; McSween, 1995; Sulzer-Azaroff, 1998). In addition, a number of comprehensive reviews of the literature provide objective evidence for the effectiveness of this approach to risk management and injury prevention (Grindle, Dickinson, & Boettcher, 2000; McAfee & Winn, 1989; Petersen, 1989; Sulzer-Azaroff & Austin, 2000; Sulzer-Azaroff, McCann, & Harris, 2001).

Geller (2005) also said that the successful applications of BBS generally adhere to the seven key principles described below. Each principle is broad enough to include a variety of practical operations, but narrow enough to instruct the development of cost-effective interventions for managing the human dynamics of occupational risk.

Papadopoulos et al. (2010) said that changes in the work environment may contribute to a greater probability of occurrence of major accidents in major hazards plants affecting workers and the public, as well as the environment (Zwetsloot and Hale, 2002; Zwetsloot et al., 2007; Uth and Wiese, 2004; Attwood et al., 2006; Hofmann et al., 1995; Rasmussen, 1997; Papadopoulos, 2003; Georgiadou, 2001). A factor which may influence the level of safety in major

hazards facilities is that many activities are held by subcontractors. There have been cases of major accidents related to lack of training and inadequate monitoring of safety measures due to the use of subcontractors (Dechy et al., 2004; Uth and Wiese, 2004).

3. Methodology

This study used a combination of interviews, direct observation in the field as well as distributing questionnaires. Object of research is both a general practitioner doctors, residents and medical specialists. This research was conducted for about 4 (four) months in 2 (two) government hospitals, 4 (four) private hospitals, 2 (two), private maternity homes and 8 (eight) independent physician practices. All locations are in the city of Bandung. Total doctor who become the object of research is as much as 78 people with a composition of 12 medical specialists, 49 residents and the rest were general practitioners. By reasons of confidentiality of data and information, we can not disclose the identity and exact location of this research.

4. Result and Discussion

From the results of direct observation and interviews with 78 respondents obtained some information that is important and interesting for further processing. Especially for the category of general practitioner respondents obtained information that the age range between 27-39 years. Most of them actually have the highest risk for disease transmission business as well as accidents caused by work. The reason is characteristic of the disease is handled by either a general practitioner who practices in private

or in emergency clinic is very diverse, sometimes the patient or patient's family itself does not provide true information to the completeness and accuracy of the diagnostic process. If the information obtained is quite comprehensive, the doctor concerned will follow existing procedures in accordance with the characteristics of these patients the disease. So the risk of disease transmission becomes smaller percentage. In addition to the case of general practitioners working in emergency, the rate at which the process of handling patients who are high enough to make doctors sometimes forget the procedure that must be followed. So that not a few doctors who complain of pain in joints and other muscles after handling patients. Then also the risk of cumulative trauma disorders (CTDs) are higher.

Another thing that is interesting is the doctor who was resident status or a doctor who is attending the program specialist. Feudalism is still high among junior with senior resident leading some respondents do movement and the actual treatment is wrong and they realize themselves, but still carried out due to the concerns of senior residents consider it violated the instructions given. The main problem is not on the residents who lack knowledge of the importance of protecting themselves from the spread of disease from patients and a more ergonomic working movement and humane, but stem from the congestion of communication flow between the junior resident to senior resident.

Somewhat different conditions occur in doctors who already holds a specialist degree or conselor. Density of daily activities one of which was caused by a considerable number of patients caused by these specialists sometimes forget about the

standard procedure in the treatment of patients. Actually the purpose of this is all quite good, it means that a specialist does not want his patients to queue for too long, which in turn will impact on the level of satisfaction with the doctor service.

Table 1. Number of respondents research

Research Place	Number of doctors		
	Medical Specialist	Resident	General Practitioners
Government Hospital "A"	3	49	5
Government Hospital "B"	2	-	3
Private Hospital "A"	-	-	1
Private Hospital "B"	-	-	1
Private Hospital "C"	1	-	-
Private Hospital "D"	1	-	1
Private Maternity Home "A"	1	-	-
Private Maternity Home "B"	1	-	-
Independent physician practice "A"	-	-	1
Independent physician practice "B"	-	-	1
Independent physician practice "C"	1	-	-
Independent physician practice "D"	-	-	1
Independent physician practice "E"	-	-	1
Independent physician practice "F"	1	-	-
Independent physician practice "G"	-	-	1
Independent physician practice "H"	-	-	1
TOTAL	12	49	17

Source: processed data

Type of negligence is often done by doctors who can be fatal to the process of disease transmission from patients include (1) lack of consistency in the use of masks and gloves, (2) the process of rinsing the hand that still does not use running water and antiseptic soap with international

standards, (3) specific to a gynecologist when dealing with normal deliveries sometimes forget to use special glasses, protective clothing and special shoes, and (4) air circulation which do not meet minimum standards of health in the practice room or operating room.

If our attention closely, in fact the core of the problems that often occur in the healthcare industry, especially those dealing with health and safety physician during treatment to the patient, is not of the lack of existing prevention procedures and protective equipment is less available, but comes from level is still low awareness of the doctor concerned.

5. Conclusion

The conclusions that can be drawn from the results of this study are as follows:

- a. Still lack the level of awareness of physicians to the problem of health and safety, especially when carrying out medical treatment
- b. Personal protective equipment that is already well socialized so long by the professional associations and government, sometimes still not used properly
- c. Side of feudalism is still quite high in the medical world Indonesia is also one of the factors inhibiting the application of this method of safety behavior
- d. Factors that can alter the condition of lack of awareness among physicians of the safety behavior of others by dissemination and implementation of the importance of safety behavior regularly and continuously, the government and hospitals should be active in the provision of infrastructure facilities related to the safety of this behavior and the active

participation of the patient as a control tool for physicians in the process of medical treatment.

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Author Biography

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APPEDIX



Figure 1. Safety Medical Treatment Procedure