HEALTH WORKERS’ BEHAVIOR IN MEDICAL WASTE SORTING AT HOSPITAL

Ika Nurhayati
Master of Public Health, Faculty of Public Health, Universitas Muhammadiyah Jakarta
KH Ahmad Dahlan St., Cireundeu Ciputat, South Jakarta, 15419
Email: kcutest@gmail.com

ABSTRACT

Medical waste is an infectious and hazardous material that health services, including hospitals, produce. Health workers risk spreading disease due to improper medical waste management. The study aims to provide an overview of health workers sorting medical waste. This research is qualitative research with a case study design. Ten Informants, health workers, midwives, nurses, and general practitioners were participants in this study. Interviews and data collection data were analyzed by content analysis. The interviews with health workers related to the period of work and the period of service give positive or negative influences such as having more experience in their duties or causing feeling bored. The result of the Interviews related to health workers’ knowledge is good. Almost every day, Infection Prevention Control (PPI) officers observe medical waste sorting and still find health workers who have not implemented medical waste sorting properly. The health workers had a positive attitude towards the sorting of medical waste. Still, because the workload was quite heavy, sometimes they did not pay attention to sorting medical waste, and co-workers did not remind each other. Hospitals should hold continuous socialization by training or workshops as a joint commitment to properly improve medical waste management. Rewards for those who performed medical waste management properly increase motivation for health workers in units, besides sanctions to increase discipline in sorting medical waste.

Keywords: Behavior, Health Workers, Medical waste sorting

INTRODUCTION

According to the Law of the Republic of Indonesia Number 44 of 2009(1) concerning Hospitals, it is defined as health service institution that organizes personal health service that provides inpatient, outpatient, and emergency services.

Hospitals are one of the places that produce waste. The waste generated is medical waste and non-medical waste. Medical waste is an infectious and hazardous material made from health services, including all waste products from health installations, research facilities, and laboratories related to medical procedures. Hospital medical waste management is essential because medical waste poses various risks to health for all, including hospital employees, patients, and the community. Therefore, medical waste must be appropriately managed so as not to become a new source of infection for health.

Based on data from the Ministry of Environment and Forestry of the Republic of Indonesia, from March 2020 to February 2021, the ministry recorded that the amount of medical waste produced by Health Facilities was 6,418 tons, and the largest was produced by Health Facilities in DKI Jakarta, which was 4,630 tons(3). Medical waste management is regulated in Permenkes 1204/Menkes/ SK/X/2004. Hospital waste in Indonesia, especially infectious waste, has not been appropriately managed. There are still many health workers who mix medical and non-medical waste. The behavior of officers determines good medical waste management in handling medical waste.
Health workers are providers of health services to patients with a significant risk of accidents and the spread of disease because they are the first people to come into direct contact with medical waste and produce medical waste (4). This is because they are more contribute to providing services to patients. However, in their daily activities, not all health workers apply waste segregation according to Standard Operating Procedures because there are still officers who dispose of infectious and non-infectious waste in the same place.

Data from the Infection Prevention and Control Committee (PPI) in 2021 showed sharp waste management achievement data of 88.16% and infectious waste management of 89.93% of the standard, which is 100%. The purpose of this study was to obtain an overview of the behavior of health workers in sorting medical waste.

METHOD

This research is qualitative research with a case study design. The writer conducted the research at RSJMM Bogor. The informants in this study were 10 health workers. The distribution of informant characteristics can be seen in the following table:

<table>
<thead>
<tr>
<th>No</th>
<th>Initial</th>
<th>Age of Employment</th>
<th>Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Y</td>
<td>40</td>
<td>Midwife</td>
</tr>
<tr>
<td>2</td>
<td>A</td>
<td>31</td>
<td>Midwife</td>
</tr>
<tr>
<td>3</td>
<td>E</td>
<td>39</td>
<td>Midwife</td>
</tr>
<tr>
<td>4</td>
<td>S</td>
<td>43</td>
<td>Nurse</td>
</tr>
<tr>
<td>5</td>
<td>C</td>
<td>35</td>
<td>Nurse</td>
</tr>
<tr>
<td>6</td>
<td>N</td>
<td>34</td>
<td>Nurse</td>
</tr>
<tr>
<td>7</td>
<td>M</td>
<td>36</td>
<td>Nurse</td>
</tr>
<tr>
<td>8</td>
<td>W</td>
<td>28</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>9</td>
<td>T</td>
<td>41</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>10</td>
<td>F</td>
<td>43</td>
<td>General Practitioner</td>
</tr>
</tbody>
</table>

The data were collected through documentation studies and interviews and were analyzed in terms of content. The analysis includes how the work period has a positive and negative impact on health workers, the extent of knowledge of health workers on the sorting of medical waste, and how the attitude of health workers towards the sorting of medical waste.

RESULTS AND DISCUSSION

The writer conducted the research at the Mental Hospital dr. H. Marzoeki Mahdi Bogor (RSJMM Bogor) is a type A mental hospital reference for mental health and drug services. In addition to psychiatric services, RSJMM also has non-psychiatric and non-psychiatric polyclinics. Based on data as of May 2020, RSJMM has 944 employees consisting of 64 medical personnel, 415 nursing personnel, 66 other health workers, and 310 non-medical personnel. Health workers are health service providers who directly contact hospital patients and produce medical waste. In carrying out their work, health workers have a considerable risk of occupational accidents related to medical waste and the spread of
disease. However, not all health workers are aware of segregating medical waste properly. Mixing of infectious medical waste still occurs in various units in the hospital.

Medical waste that is not correctly sorted will negatively impact workers and the surrounding environment for the participation of all workers in the environment. Health workers must sort medical waste properly for the hospital environment. The working period contributes to the application of the medical waste discipline. The medical staff who works less than 5 years are twice as likely to behave negatively toward medical waste treatment as those whose working period is longer or more than 5 years (5). The statement of Informant W, "sometimes I get confused which waste should be thrown into the medical waste or which is non-medical and because there are so many patients and sometimes I am hurrying to work, so I throw it in one trash can."

While the longer you work, the more experience and knowledge you have. "I have worked in this hospital for 8 years. If we talk about medical waste, every day, there is monitoring from the infection and prevention control team (PPI); they check medical waste bins, sharps containers, and other trash bins in the room; the team will remind us and gives us an education about how to sort medical waste properly until we get used to it "according to informant E. This was confirmed by a nurse who said that "every morning my supervisor checks the infectious and non-infectious trash bins, it takes time for us to understand and willing to sort medical waste and every monthly meeting waste sorting problem is evaluated." Informant S). The longer the working period gives, the higher the productivity, the better skills in working, and the speed of completing work; in other words, the more experience a person has to work, the more productive he will be. Thus, the working period provides positive things for health workers in the form of experience, knowledge, and responsibility in carrying out their duties.

Knowledge is a collection of experiences, values, and information related to one another. Therefore, knowledge can be realized in natural objects and not only in memory(6). By Informant Y's statement, "I had known about medical waste disposal from the past that I had participated in training when I was still working in other hospitals, and friends here sometimes remind me of it. " Informant F also said that "yellow box specially for disposing of sharp waste, there is also a used infusion bottle trash. Wound dressings waste, masks, alcohol cotton, are now put in the medical waste bin." Most informants have good knowledge due to health workers' concern about environmental hygiene and the spread of disease, so they are curious about how to sort medical waste properly.

Information and socialization related to sorting infectious waste have been informed to all units. Especially for health workers, this is very important to remember and apply. Information and socialization is a stimulus received by individuals. Attitude is a fast response that is easy to see when there is a stimulus. Attitude measurement can be done directly or indirectly through respondents' opinions on an object (7). There is a relationship between health workers and the implementation of medical waste sorting, and a positive attitude has more excellent value. The negative values come due
to environmental conditions(8). In this case, the informant wants to be able to do the right thing, but sometimes it is constrained by a high workload and needs fast, especially for health workers who carry out medical actions. This was stated by Informant A, "sometimes because we are in a rush hour because we have to treat patients; finally, all waste is disposed of in one place without sorting it out first; actually, we want it to be appropriate. This also happened to Informant T, who worked in the ER unit, which required a fairly high work speed. "Because there are a lot of patients and they need us to treat them quickly, sometimes we put all the trash in one trash bin, and the other friends don't remind us if we are wrong; we should be reminded not to let it go." All informants showed a positive attitude and there was a desire to change behavior in medical waste sorting, but the conditions sometimes not support the health workers gives attention in medical waste sorting.

Medical waste must be managed properly because it will impact the environment and health. Medical waste separation is essential to be done in all units. Monitoring and evaluation is one way that can be done to increase the awareness and discipline of health workers in medical waste sorting. Through the PPI committee, the hospital continues to strive to improve the management of medical waste in particular. Appeals and socialization continue to be carried out, especially to health workers, by involving the person in charge who are responsible for infection control in the ward. This is meant to solve the problem of medical waste management and risk control related to the health and safety of hospital workers.

CONCLUSIONS AND SUGGESTIONS

Implementation of discipline in sorting medical waste is not easy; it needs individual awareness to follow the rules set by the hospital. It needs support from everyone in its implementation. The obstacles in implementing medical waste sorting need attention; socialization and supervision are one of the solutions that can be done; can be done every day for all employees, especially health workers, as the first producer of medical waste.

The suggestions that can be made to improve the implementation of medical waste sorting are holding socialization in the form of training or workshops carried out continuously as a form of joint commitment to improve the management of medical waste sorting correctly. Giving rewards for units that comply with medical waste sorting can increase the motivation of health workers, besides sanctions to increase discipline in the sorting of medical waste.

ACKNOWLEDGMENT

Thank you to the Faculty of Public Health, RSJMM Bogor, for facilitating this research activity.

REFERENCES
1. 2009 UN 44 T. UU no. 44 Tahun 2009 Tentang RS. Undang Republik Indones [Internet].