

Model Pengukuran Manajemen Risiko Rumah Sakit Terintegrasi Faktor Manusia Menuju Organisasi Keandalan Tinggi

Dihartawan

Deskripsi Lengkap: <https://lib.fkm.ui.ac.id/detail.jsp?id=139259&lokasi=lokal>

Abstrak

Keselamatan pasien di rumah sakit Indonesia masih menghadapi paradoks kepatuhan, ditunjukkan oleh kesenjangan antara standar regulasi Permenkes No. 66 Tahun 2016 dengan kinerja High-Reliability Organization yang belum optimal. Penelitian ini bertujuan membangun model pengukuran yang mengintegrasikan Human Factors Engineering, Manajemen Risiko rumah sakit, dan Kematangan HRO. Pendekatan menggunakan Structural Equation Modeling–Partial Least Squares pada 152 responden rumah sakit tipe C terakreditasi di Indonesia, melalui tiga jalur hipotetis: H1 (pengaruh Human Factors terhadap Manajemen Risiko), H2 (pengaruh Manajemen Risiko terhadap Kematangan HRO), dan H3 (pengaruh Human Factors terhadap Kematangan HRO). Hasil menunjukkan bahwa jalur Human Factors menuju Manajemen Risiko signifikan dengan $\beta = 0,641$ ($p < 0,001$; $f^2 = 0,696$; $R^2 = 0,411$). Jalur Manajemen Risiko menuju Kematangan HRO merupakan jalur terkuat dengan $\beta = 0,786$ ($p < 0,001$; $f^2 = 0,834$). Pengaruh langsung Human Factors menuju HRO tidak signifikan ($\beta = -0,058$; $p = 0,453$), namun indirect effect melalui Manajemen Risiko terbukti signifikan ($\beta = 0,504$; $p < 0,001$), mengonfirmasi peran mediasi penuh yang konsisten dengan logika Swiss Cheese Model. Total efek Human Factors terhadap Kematangan HRO Maturity adalah 0,446 ($p < 0,001$) dengan $R^2 = 0,563$. Temuan ini menopang argumentasi bahwa delapan pilar standar SMK3RS merupakan pendorong utama peningkatan kematangan HRO, sementara investasi pada faktor manusia hanya akan efektif bila disertai pelembagaan struktural dalam sistem manajemen risiko rumah sakit. Saran aplikatif meliputi penguatan tiered huddle harian, pembentukan Alarm Stewardship Committee, dan transformasi Just Culture untuk memperkuat pelaporan nyaris celaka.

Patient safety in Indonesian hospitals encounters a compliance paradox, marked by a discrepancy between the regulatory standards established by Ministerial Regulation No. 66 of 2016 and the insufficient performance of High-Reliability Organizations. This study aimed to develop a measuring model that synthesizes Human Factors Engineering, Hospital Risk Management, and High Reliability Organization Maturity. The methodology employed Structural Equation Modeling–Partial Least Squares on 152 participants from accredited Type C hospitals in Indonesia, investigating three proposed pathways: H1 (Human Factors positively relate to Hospital Risk Management), H2 (Hospital Risk Management positively relates to HRO Maturity), and H3 (Human Factors positively relate to HRO Maturity). The findings demonstrated that the HFE relationship with the HRM pathway is significant ($\beta = 0.641$; $p < 0.001$; $f^2 = 0.696$; $R^2 = 0.411$). The connection between HRM and HRO maturity trajectory was highly significant ($\beta = 0.786$; $p < 0.001$; $f^2 = 0.834$). The direct impact of Human Factors on HRO was not statistically significant ($\beta = -0.058$; $p = 0.453$); however, the indirect effect through HRM was considerable ($\beta = 0.504$; $p < 0.001$), indicating total mediation consistent with the Swiss Cheese Model reasoning. The aggregate effect of Human Factors on HRO Maturity was 0.446 ($p < 0.001$), with $R^2 = 0.563$. The findings confirm that the eight pillars of the

national Hospital OHS Standard are the principal means of advancing HRO maturity; however, investments in human factors yield effectiveness only when combined with structural changes in the hospital risk management system. Proposed measures encompass strengthening routine tiered huddles, establishing an Alarm Stewardship Committee, and advancing Just Culture to enhance near-miss reporting.</div>