

Analisis Faktor Yang Mempengaruhi Kesiapsiagaan Perawat dalam Tanggap Darurat Bencana Kebakaran di Rumah Sakit X Tahun 2026

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Abstrak

Kebakaran merupakan peristiwa munculnya api, baik dalam skala kecil maupun besar yang terjadi pada tempat, kondisi, dan waktu yang tidak diinginkan, bersifat merugikan, serta umumnya sulit untuk dikendalikan. Rumah sakit adalah salah satu bangunan/gedung fasilitas pelayanan kesehatan yang memiliki tingkat risiko kebakaran yang tinggi akibat penggunaan peralatan listrik, gas medis, dan kondisi pasien yang rentan. Keberhasilan mitigasi dan penanganan darurat kebakaran di rumah sakit sangat dipengaruhi oleh sejauh mana kesiapsiagaan perawat sebagai tenaga kesehatan yang memberikan respons pertama. Penelitian ini bertujuan untuk menganalisis faktor-faktor yang mempengaruhi kesiapsiagaan perawat dalam menghadapi tanggap darurat kebakaran di Rumah Sakit X tahun 2026, antara lain Pengetahuan, Sikap, Masa kerja, Pelatihan Tanggap Darurat Kebakaran, Ketersediaan Sarana dan Prasarana Kebakaran, Dukungan Manajemen, Pemenuhan SOP, Budaya Keselamatan, dan Kesiapsiagaan Perawat dalam Tanggap Darurat. Penelitian ini menggunakan metode kuantitatif dengan pendekatan cross-sectional serta analisis bivariat menggunakan uji Chi-Square pada SPSS versi 26. Teknik pengambilan sampel menggunakan total sampling dengan jumlah responden sebanyak 93 perawat. Pengumpulan data dilakukan menggunakan kuesioner yang telah diuji validitas dan reliabilitasnya, kemudian diperkuat melalui triangulasi data dengan wawancara semi-terstruktur dan observasi lapangan. Penelitian ini menunjukkan bahwa terdapat hubungan signifikan antara sikap ($p = 0,032$; OR = 1,500; 95%CI: 0,674–3,339), pelatihan tanggap darurat kebakaran ($p = 0,011$; OR = 3,980; 95%CI: 0,660–24,080), dukungan manajemen ($p = 0,011$; OR = 3,980; 95%CI: 0,660–24,080), pemenuhan SOP ($p = 0,022$; OR = 2,000; 95%CI: 0,500–7,997), serta ketersediaan sarana dan prasarana kebakaran ($p = 0,022$; OR = 2,000; 95%CI: 0,500–7,997) dengan kesiapsiagaan perawat. Sementara itu, pengetahuan ($p = 1,000$; OR = 0,984; 95%CI: 0,952–1,016), masa kerja ($p = 0,151$; OR = 1,077; 95%CI: 0,931–1,245), dan budaya keselamatan ($p = 1,000$; OR = 0,987; 95%CI: 0,961–1,013) tidak menunjukkan hubungan yang signifikan dengan kesiapsiagaan perawat. Hasil analisis menunjukkan bahwa perawat yang telah mengikuti pelatihan tanggap darurat kebakaran dan memperoleh dukungan manajemen yang baik memiliki kemungkinan sekitar 3,98 kali lebih besar untuk memiliki kesiapsiagaan yang baik. Selain itu, sikap yang baik meningkatkan kemungkinan kesiapsiagaan sebesar 1,5 kali. Ketersediaan sarana dan prasarana kebakaran serta pemenuhan SOP yang baik masing-masing meningkatkan kemungkinan kesiapsiagaan sebesar 2 kali. Tantangan utama yang masih dihadapi di Rumah Sakit X meliputi tingginya risiko bahaya kelistrikan akibat perilaku tidak aman, seperti penggunaan colokan non-standar, penggunaan peralatan dapur, serta pengisian daya gawai tanpa pengawasan. Selain itu, pembentukan tim tanggap darurat internal perawat belum merata di seluruh unit, dan budaya keselamatan masih cenderung berorientasi pada pemenuhan standar akreditasi rumah sakit. Rumah Sakit X disarankan untuk memperkuat sistem kesiapsiagaan kebakaran melalui peningkatan budaya keselamatan, melakukan inspeksi dan pemeliharaan sarana proteksi kebakaran secara rutin, meningkatkan kompetensi perawat melalui pelatihan dan simulasi evakuasi berkala, serta penguatan kepatuhan terhadap

prosedur keselamatan kerja sehingga kesiapsiagaan dapat tercapai secara optimal melalui sinergi antara sistem, organisasi, dan sumber daya manusia.

Background Fire is an unintentional event characterized by the outbreak and spread of flames, which may occur on a small or large scale, causing significant damage and often being difficult to control. Hospitals are among the healthcare facilities at the highest risk of fire due to the extensive use of electrical equipment, medical gases, and the presence of vulnerable patients. The effectiveness of fire emergency mitigation and response in hospitals largely depends on the nurses preparedness as the medical first responders. As frontline healthcare professionals, nurses play a critical role in emergency preparedness and response to fire incidents. **Aim of the Research** This study aimed to analyze the factors influencing nurses preparedness for fire emergency response at Hospital X in 2026, including knowledge, attitudes, length of employment, fire emergency response training, availability of fire protection facilities and infrastructure, management support, compliance with Standard Operating Procedures (SOPs), safety culture, and nurses preparedness for fire emergencies. **Method** This study employed a quantitative cross-sectional design. Bivariate analysis was conducted using the Chi-square test with IBM SPSS Statistics version 26. Total sampling was applied, involving 93 nurses as respondents. Data were collected using a validated and reliable questionnaire and were further strengthened through data triangulation using semi-structured interviews and field observations. **Results and Conclusions** The findings revealed significant associations between nurses preparedness and attitude ($p = 0.032$; OR = 1.500; 95% CI: 0.674–3.339), fire emergency response training ($p = 0.011$; OR = 3.980; 95% CI: 0.660–24.080), management support ($p = 0.011$; OR = 3.980; 95% CI: 0.660–24.080), compliance with Standard Operating Procedures (SOPs) ($p = 0.022$; OR = 2.000; 95% CI: 0.500–7.997), and the availability of fire protection facilities and infrastructure ($p = 0.022$; OR = 2.000; 95% CI: 0.500–7.997) with nurses preparedness. Meanwhile, knowledge ($p = 1.000$; OR = 0.984; 95% CI: 0.952–1.016), length of employment ($p = 0.151$; OR = 1.077; 95% CI: 0.931–1.245), and safety culture ($p = 1.000$; OR = 0.987; 95% CI: 0.961–1.013) were not significantly associated with nurses preparedness. The analysis indicated that nurses who had participated in fire emergency response training and received adequate management support were approximately 3.98 times more likely to demonstrate good preparedness. In addition, nurses with positive attitudes were 1.5 times more likely to have good preparedness, while those who perceived the availability of fire protection facilities and infrastructure as adequate and those who complied with Standard Operating Procedures (SOPs) were each twice as likely to demonstrate good preparedness. The main challenges identified at Hospital X included a high risk of electrical hazards due to unsafe practices, such as the use of non-standard extension cords, kitchen appliances, and unattended mobile phone charging, the absence of internal nurse emergency response teams across all units, and a safety culture that remained predominantly oriented towards meeting hospital accreditation standards. **Suggestions** Hospital X is recommended to strengthen its fire preparedness system by enhancing safety culture, conducting regular inspections and maintenance of fire protection facilities, improving nurses competencies through periodic fire emergency training and evacuation drills, and reinforcing compliance with safety procedures to achieve optimal preparedness through the integration of organisational systems, management commitment, and human resources.