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Model of Occupational Health Services in the Company of State Owned Enterprise X in South Sulawesi

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Abstract

The implementation of occupational health services has not given a maximum result. This is proven by the fact that the satisfaction statement of occupational health services is moderate. Occupational health services in companies generally are only curative, whereas preventive, promotive, and rehabilitative get less attention. This is because the absence of a model of occupational health services-based observance of rules and employee satisfaction oriented on the productivity in state-owned enterprise company. This study wanted to develop a model of occupational health services-based observance of rules and employee satisfaction oriented on the productivity in state-owned enterprise X (SOE X) company in South Sulawesi. This study used mixed method approach, exploratory study with qualitative and quantitative approaches. Collecting data were by interviews, questionnaires and documents. Data were analyzed by SEM (Structural Equation Model) with the help of the program AMOS version 22. The findings show the most employees characteristics were male (93,2%) with high school as the level of education (65,5%). About the implementation of occupational health services, basically the company has implemented. The company is obedient and submissive to the regulation of labor ministerno.03 in 1982 concerning to the occupational health services and the open-minded company to the regulation of occupational health services.

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Based on empirical facts, the results of confirmatory factor analysis (CFA) for all variables show that the developed indicators have a significant degree of correlation statistically, have a value loading factor of more than 0,30, and all are above 50%. That means that the developed indicators are a significant indicator to measure the variables in question, namely variables: (1) preventive, 25 indicators (96%), (2) promotion, 8 indicators (82%), (3) curative, 3 indicators (50%), (4) rehabilitative, 5 indicators (62%), (5) the commitment, 11 indicators (100%), (6) monitoring, 8 indicators (89%), (7) the observance/compliance, 10 indicators (100%), (8) the satisfaction, 14 indicators (87%), and (9) productivity, 9 indicators (82%). This result is based on the assumption of p-value as a belief function, where Ho is rejected with a confidence level of 1-p as reference in this study. It can be concluded that overall, the construction of the theory that builds operational definition of all the variables are supported/accordance with the empirical facts. In conclusion, the dimensions of occupational health services include customer satisfaction and productivity. Satisfaction dimensions were measured and constructed by seven (7) variables, namely preventive, promotive, curative, rehabilitative, commitments, monitoring, and compliance/adherence. Productive dimensions were measured by 8 (eight) variables, namely preventive, promotive, curative, rehabilitative, commitment, surveillance, observance of the rules/compliance, and satisfaction. SEM model of occupational health services development in the company of SOE X in South Sulawesi put construct preventive, promotive, curative, rehabilitative, commitments, monitoring, and compliance/adherence as exogenous variable and satisfaction as an intervening variable that directs all to the productivity as endogenous variables.

Keywords: Occupational health services; the company of stateowned enterprise; conceptual model.

1. Introduction

Globalization substantially alters the structure and economic conditions of the workers in the world. The needs of occupational health services increase. The Regulation of Labor and Transmigration Minister of the Republic of Indonesia No. 03/Men/1982, concerning to the Health Care Workers is a legal basis for the implementation of occupational health services. This requires that the company is obliged to provide occupational health services.

Data found that from the total of 3 billion workers in the world, they work more than 80% a year and live without access to the occupational health services. Even authoritatively, WHO, ILO, and various professional organizations of workers have long emphasized the importance of occupational health services, as quoted by [1,2]. An initial survey done to 40 respondents in PT. State Electricity Company Region South and Southeast Sulawesi and 20 respondents in Makassar Industrial Areas, the results show that the participation rate of workers utilizing the services of occupational health services is high. Statement satisfaction of occupational health services is moderate even both of these institutions have pocketed OHSAS 18001 about Safety and Health work. Occupational health services in companies generally are only curative, whereas preventive, promotive and rehabilitative get less attention.

From the study of literature as well as phenomena that exist, assuming that the OHSAS certification is not enough to establish a company as a company that zero accident so it is interested to be studied more detail. After discussing with the experts of occupational health and safety, then this study focused on occupational health

services at the company of state-owned enterprise with the consideration that between one companyto another company, they have different characteristics, exposure, and risk. With reference to the policies that set the standard for the company currently is the Regulation of Labor Ministry No. 03 in 1982 concerning the occupational health services, this study is based on the observance of the rules/compliance and employee satisfaction.

That phenomenon also inspires thoughts for the researcher to develop a model of occupational health services and to develop this model, which is expected to become the standard of service comprehensively in a policy that determines the productivity of the company.

2. Materials and Research Methods

This research used mixed methods approach. The research design would be composed of two stages. The first stage was already carried out an initial survey of secondary data and studies on available occupational health services and implemented in the company of state-owned enterprise X that would be used to explore the material dimensions and variables that affect occupational health services based on the employee satisfaction and compliance rules. At this stage, an exploratory study was also conducted with a qualitative method approach. That was the retrieval data using logical induction by observing the phenomenon that typically occurred later analyzed to establish the concept and purpose-specific manner, then develop it in the form of a question or a statement based on the observance of rules and satisfaction employees as the dimensions and variables of this study, where this variable will be used as an indicator of manifest variables models. After that, the instruments were prepared and the validity was tested.

The second stage is to build the operational concept. Data were collected using an instrument that has proven its validity and reliability in the first stage. Data about the causal relationship of observe variables or manifest variables with the latent variables would be analyzed with the help of Structural Equation Model (SEM) software with AMOS 22.

3. Results and Discussions

Tabel 1: The frequent distribution of employees based on the gender

Gender	Total	Percentage
Man	1.619 people	93,2 %
Woman	118 people	6,8 %
Total	1.737 people	100 %

Source: Primery data, 2015

Tabel 2: The frequent distribution of employees based on the level of education

Level of Education	Total	Percentage
Unfinished	13 people	0,7 %
Elementary	29 people	1,7 %
Secondary	50 people	2,9 %
High School	1.138 people	65,5 %
Diploma	101 people	5,8 %
Bachelor	371 people	21,3 %
Master	33 people	1,9 %
Doctorate	2 people	0,1 %
Total	1.737 people	100 %

Source: Primery data, 2015

Based on table 1 and 2, it can be seen that the frequency of most employees are in the group of men, as many as 1.619 people or 93,2%. While the frequency of female employees are as many as 118 people (6.8%). By sex, it is known that the dominant employee education past high school for as many as 1.138 people or 65,5%, and the least employee has finished the doctorate degree for as many as 2 people or by 0,1%.

Based on the interview related to the questions (1) On the implementation of occupational health services in the enterprise, is it implemented or not? (2) How is the adherence/compliance of the company to implement occupational health services? (3) In which aspect is implemented/not implemented and the reason why dothey not carry it out? Here are the answers of respondents on these questions:

Tables 3, 4, and 5 became the reference for the researcher in arranging the instruments about occupational health services based on the observance of rules and employee satisfaction that is productivity oriented. It is also concluded that basically, the company has implemented occupational health services. The company is obedient and submissive to the regulation of labor ministerno. 03 in 1982 concerning to the occupational health services, and the company is open minded to the regulation of occupational health services.

Next is about the second phase to build up the concept of operationalization. There are two types of testing in this phase, namely: (1) Confirmatory factor analysis (CFA) Measurement Model and (2) Structural Equation Model (SEM).

Tabel 3: .Matrix Interview Results on the Implementation of Occupational Health Services

Informant	The point of Interviews	Additional Information/ideas
SS	Occupational health services in the company have already been implemented.	Obligations/responsibilities Obey the regulation (ILO, WHO). There is a hospital as a facility.
Sj	Occupational health services have been implemented.	Company doctor (general doctor). Specific disease/specific referenced.
INK	Occupational health services have already carried out.	The company has a commitment. OHSAS 18001 certification; 2007.
MI	Occupational health services has been implemented.	Occupational health and safety and Hygiene company and ergonomics health are separate.
Sw	Have already realized.	Occupational health service is one unit with the hygiene company and ergonomics health.
Sa	Occupational health services have been implemented.	Employees are as part of the production process. Service every day.
Js	Occupational health services have been conducted.	The company doctor is standby. Doctor is on schedule. Employees receive occupational health services.
Ym	Occupational health services have been implemented well.	Hospital is in a corporate environment There is a doctor (general).

Source: Primary Data, 2015

Table 4: Matrix Interview Results on the Compliance/adherence of the Companies In Implementing the Occupational Health Services

Informant	The point of Interviews	Additional Information/ideas
SS	Regulation of Labor Minister No. 03 in 1982 about occupational health services.	Combined with ILO/WHO and Health Ministry. About the occupational health services, the company is flexible.
Sj	It refers to the Regulation of Labor Minister No. 03 in 1982.	Things, which principles are not contained in the Regulation of the Minister of Labor, the companies combine it with the company's policy (commitment).
INK	It refers to the Regulation of Labor Minister No. 03 in 1982.	Medical checkup after the end of the tenure. Occupational health services are preventive. Occupational health services are promotive. Curative. Rehabilitative. Consequences if the regulation is ignore. The Regulation of the Minister of labor No. 03, no indicators on subjective and theoretical.

MI	It refers to the Regulation of Labor Minister No. 03 in 1982, not as a single guideline combined with the policies of ILO/WHO.	Safety and health work is separated with occupational health services.
Sw	Regulation of the Minister of labor No. 03 in 1982 that becomes the reference.	Practice remains at the discretion of the company.
Sa	Regulation of the Minister of labor of Republic of Indonesia No. 03 in 1982.	Occupational health services and hygiene company and ergonomics healthare in one unit.
Js	Not know much about occupational health services.	The implementation becomes the authority of the hospital.
Ym	The rules are accordance with the rules of health ministry.	Companies concerned about the health of the labor.
		There is hospital means health services work is accomplished.

AMOS analysis computation results for each variable can be seen in the picture (the initial model of the variable in question) and the Standardized weights of each variable as follows:

A. Confirmatory Factor Analysis (CFA) Measurement Model

1. Preventif Variable

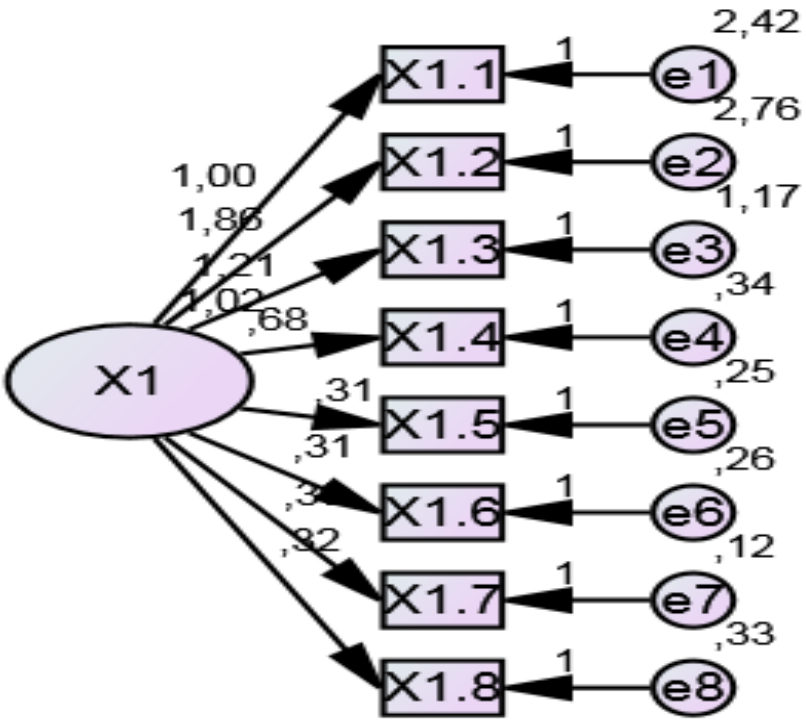

Figure 1: Initial Model of PreventifVariable

Table 5: Matrix interview results about the aspects of occupational health services that is implemented and not implemented

Informant	The point of Interviews	Additional Information/ideas
SS	In principle, the elements of the Regulation of Labor Minister No. 03 in 1982 have already implemented.	If there is an unimplemented and considered necessary, it needs to be accommodated according to the regulation of the company.
Sj	12 aspects in the Regulation of Labor Minister No. 03 in 1982 have already implemented by the company.	Some things have not been perfect corresponding to the regulation of labor ministry.
INK	Company is obedient and submissive to the elements of the Regulation of Labor Minister No. 03 in 1982.	Special medical examination, the employee is referred to a doctor who has been cooperated. Specialist doctor is visited every Wednesday.
MI	Have already implemented all based on what it is known.	The Regulation of Labor Minister No. 3 is less objective.
Sw	The Regulation of Labor Minister No. 03 in 1982 have already implemented fully by the company, no single aspect/elements that has not been conducted (as it is known).	If the employee is stress, the psychological counseling needs to take place. The place and human resources are needed in terms of counseling.
Sa	The Regulations of Labor Minister No. 03 in 1982 become the guidelines.	Many things are needed to be synchronized with the policy. The Company's commitment.
Js	All the aspects in the Regulation of Labor Minister No. 03 in 1982 have already implemented by the company.	The food in the workplace isprepared by the company, like the food allowances. Facilities and infrastructure are adequate and available.
Ym	Occupational health services is running in accordance with the rules set by the government.	Aspects that are not implemented, the company has considered. Hospital facilities are available.

Tabel 6: *Standardized weights*of Preventif Variable

Indicator	Loading Factor	Critical Ratio	Probability	Description
X1.1	0,545	Fix	Fix	Significant
X1.2	0,750	8,757	<0,001	Significant
X1.3	0,749	8,750	<0,001	Significant
X1.4	0,763	8,833	<0,001	Significant
X1.5	0,528	7,032	<0,001	Significant

X1.6	0,524	6,990	<0,001	Significant
X1.7	0,733	8,651	<0,001	Significant
X1.8	0,485	6,615	<0,001	Significant

Source: Results of Data Processing 2015

Description : X1 = PreventifVariable

X1.1 = Initial Health Check Up

X1.2 = Periodic Health Check Up

X1.3 = Specialist Health Check Up

X1.4 = Healthy Work Environment

X1.5 =Self-protection from the dangers of the job

X1.6 =Harmonizing humans with machines and working tools

X1.7 =Control of the dangers of working environment

X1.8 =Immunization

2. Promotive Variable

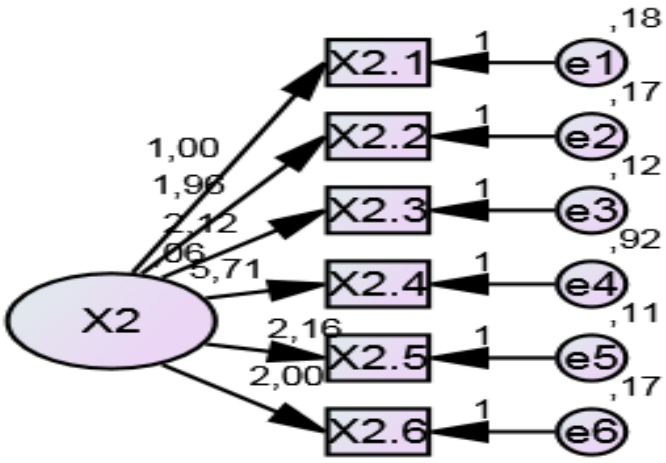

Figure 2: Initial Variable ofVariable Promotive

Tabel 7: *Standardized weights* of Promotive Variable

Indicator	*Loading Factor*	*Critical Ratio*	*Probability*	Description
X2.1	0,514	Fix	Fix	Significant
X2.2	0,770	8,639	<0,001	Significant
X2.3	0, 38	8,976	<0,001	Significant
X2.4	0,833	8,952	<0,001	Significant
X2.5	0,856	9,053	<0,001	Significant
X2.6	0,776	8,672	<0,001	Significant

Source: Results of Data Processing 2015

Description: X2 = PromotiveVariable

X2.1 =Education and information about health work

X2.2 =Maintenance of ideal weight

X2.3 =Nutrition/balanced diet

X2.4 =Maintenance of place, way, and healthy work environment

X2.5 =Consulting for the development of a healthy soul

X2.6 = Physical sport and recreation

3. Curative Variable

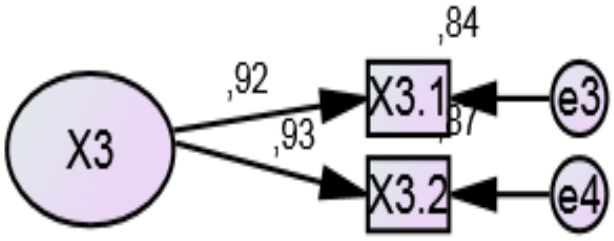

Figure 3: Initial Model ofCurative Variable

Tabel 8: Standardized weightof CurativeVariable

Indicator	*Loading Factor*	*Critical Ratio*	*Probability*Description	
X3.1	0,917	Fix	Fix	Significant
X3.2	0,932	Fix	Fix	Significant

Source: Results of Data Processing 2015

Description : X3 = Curative Variable

X3.1 =Treatment of common illnesses

X3.2 =Treatment of occupational diseases

4. RehabilitativeVariable

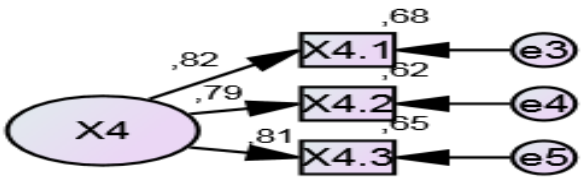

Figure 4: Initial Model of Rehabilitatif Variable

Description : X4 = RehabilitativeVariable

X4.1 =Exercise and education for the workers to use their ability

X4.2 =Placement back of the defective workers within their capabilities

X4.3 =Extension to the public and businesses to receive and use the workers with disabilities

5. CommitmentVariable

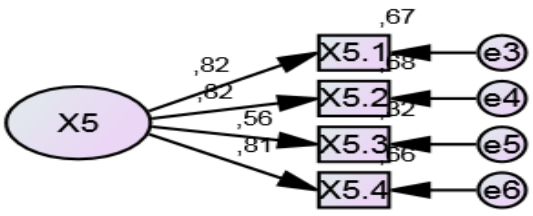

Figure 5: Initial Model of Commitment Variable

Tabel 9: Standardized weightsof Rehabilitative Variable

Indicator	*Loading Factor*	*Critical Ratio*	*Probability*	Description
X4.1	1,000	Fix	Fix	Significant
X4.2	0,508	13,101	<0,001	Significant
X4.3	2,753	13,239	<0,001	Significant

Source: Results of Data Processing 2015

Tabel 10*:* *Standardized weights*of Commitment Variable

Indicator	*Loading Factor*	*Critical Ratio*	*Probability*Description	
X5.1	0,562	9,434	<0,001	Significant
X5.2	0,824	14,482	<0,001	Significant
X5.3	0,818	Fix	Fix	Significant
X5.4	0,813	14,327	<0,001	Significant

Source: Results of Data Processing 2015

Description : X5 = CommitmentVariable

X5.1 =Availability of infrastructure

X5.2 =Availability of human resource

X5.3 =Insurance/guarantee

X5.4 =risk management action

6. Control Variable

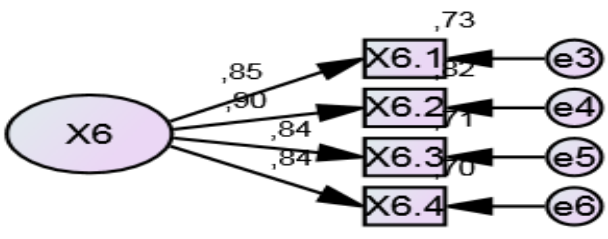

Figure 6: Initial Model of Control Variable

Tabel 11: Standardized weightsof Control Variable

Indicator	*Loading Factor*	*Critical Ratio*	*Probability*Description	
X6.1	0,852	Fix	Fix	Significant
X6.2	0,905	19,920	<0,001	Significant
X6.3	0,840	17,759	<0,001	Significant
X6.4	0,836	17,625	<0,001	Significant

Source: Results of Data Processing 2015

Description : X6 = Control Variable

X6.1 =Standard Work

X6.2 =Assessment/size

X6.3 =Monitoring

X6.4 =Repair

7. Adherence/Compliance Variable

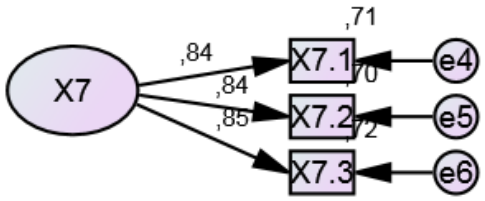

Figure 7: Initial Model of Adherence/Compliance Variable

Tabel 12: *Standardized Weights*of Adherence/Compliance Variable

Indicator	*Loading Factor*	*Critical Ratio*	*Probability*Description	
X7.1	0,845	Fix	Fix	Significant
X7.2	0,836	15,806	<0,001	Significant
X7.3	0,851	16,010	<0,001	Significant

Source: Results of Data Processing 2015

Description : X7 = Adherence/Compliance Variable

X7.1 =Supervision

X7.2 =Implementation services

X7.3 =Identification and assessment

8. Satisfaction Variable

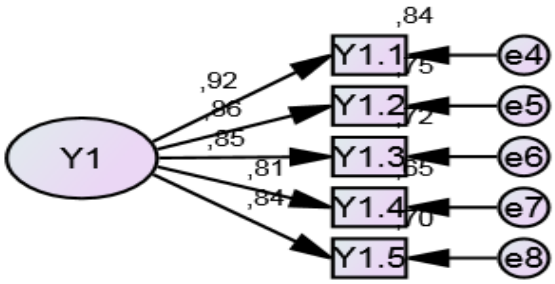

Figure 8: Initial Model of Satisfaction Variable

Tabel 13: *Standardized weights* of Satisfaction Variable

Indicator	*Loading Factor*	*Critical Ratio*	*Probability*Description	
Y1.1	0,917	Fix	Fix	Significant
Y1.2	0,865	21,880	<0,001	Significant
Y1.3	0,851	21,074	<0,001	Significant
Y1.4	0,806	18,830	<0,001	Significant
Y1.5	0,837	20,346	<0,001	Significant

Source: Results of Data Processing 2015

Description : Y1 = Satisfaction Variable

Y1.1 =Hope in occupational health services

Y1.2 =Health insurance

Y1.3 =Awareness and empathy

Y1.4 =The real proof of occupational health services

Y1.5 =Sense of comfort and safety

9. Productivity Variable

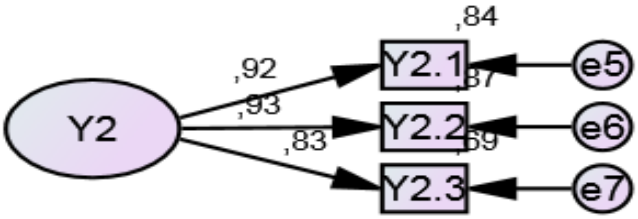

Figure 9: Initial Model of Productivity Variable

Description : Y2 = Productivity Variable

Y2.1 =Satisfaction

Y2.2 =Loyalty

Y2.3 =Efficiency and effectiveness

Based on the assumption of p-value as a belief function, where Ho was rejected with a confidence level of 1-p, it is as a reference in this study. It is concluded that overall, the construction of the theory of building the operational definition of each variable is supported/accordance with empirical facts.

Tabel 14: Standardized weightsof Productivity Variable

Indicator	*Loading Factor*	*Critical Ratio*	*Probability*	Description
Y2.1	0,916	Fix	Fix	Significant
Y2.2	0,935	24,222	<0,001	Significant
Y2.3	0,828	19,640	<0,001	Significant

Source: Results of Data Processing 2015

B. Structural Equation Model (SEM)

After the measurements individually with Confirmatory Factor Analysis (CFA) and the known variables or dimensions that can be used as indicators of a latent variable, testing the complete models was done that

explained the causal relationship between the Preventive (X1), Promotive (X2), Curative (X3), Rehabilitative (X4), Commitment (X5), Supervision (X6), Compliance (X7), Satisfaction (Y1), and Productivity (Y2) with structural equation model (Equation Model stuctural / SEM).

Results of testing SEM model with AMOS program 22 were shown in Figure 10 (model SEM) and evaluation criteria for goodness of fit indecess in table 15.

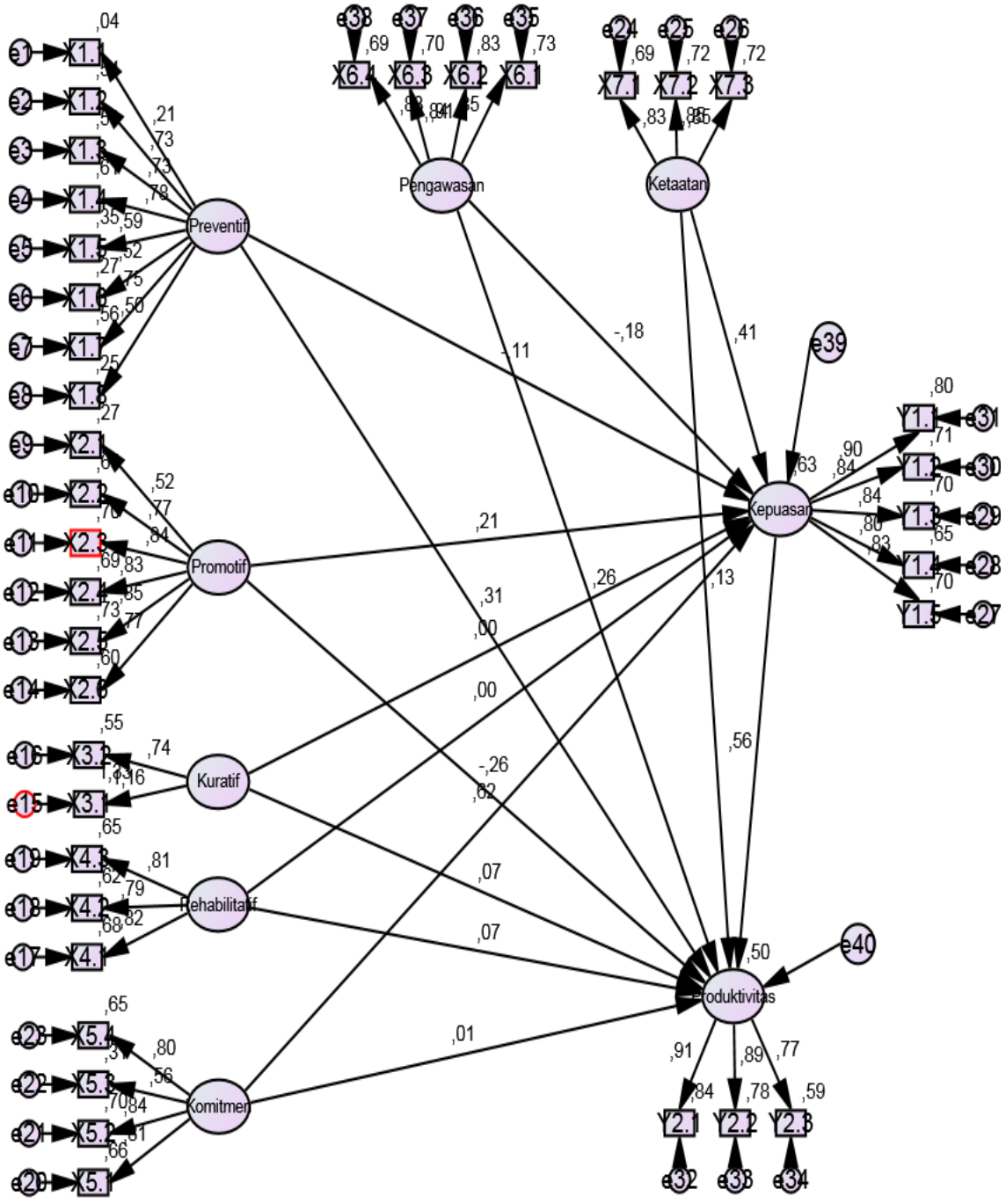

Figure 10: SEM Model of Occupational Health Services-based Rule Compliance and Employee Satisfaction in the Company of SOE X

Tabel 15: *Standardized weights*of Occupational Health Services Model In the Company of SOE Xin South Sulawesi

Variable	*Loading Factor*	*Probability*	Description
Satisfaction <--- Preventive	-0,109	0,022	Significant
Satisfaction <--- Promotive	0,209	<0,001	Significant
Satisfaction <--- Curative	0,001	0,984	Not significant
Satisfaction <--- Commitments	0,617	<0,001	Significant
Satisfaction <--- rehabilitative	0,003	0,946	Not significant
Satisfaction <--- Monitoring	-0,179	<0,001	Significant
Satisfaction <--- Obedience	0,407	<0,001	Significant
Productivity <--- Preventive	0,312	<0,001	Significant
Productivity <--- Promotive	-0,263	<0,001	Significant
Productivity <--- Satisfaction	0,564	<0,001	Significant
Productivity <--- Curative	0,067	0,296	Not significant
Productivity <--- Commitments	0,011	0,895	Not significant
Productivity <--- rehabilitative	0,068	0,191	Not significant
Productivity <--- Monitoring	0,263	<0,001	Significant
Productivity <--- Obedience	0,131	0,048	Significant

Source: Results of Data Processing 2015

Table 15 is testing the hypothesis by comparing the probability value with a significance level (0,05). If the significance level (0,05) is greater than the probability value, then the variable is said to be significant. Based on table 15 above, it can be argued that of all the variables, there are several paths that are not significant as seen from the probability value or its pcritic.

However, based on the assumption of p-value as a belief function, which rejected Ho with a confidence level of 1-p, it became the reference in this study. It is concluded that overall, the construction theory concepts of occupational health services at the state-owned company X is supported/accordance with empirical facts.

Based on table 15, pathway relationship of each variable can be explained as follows:

1. Preventive (X1) affects negatively and significantly on the satisfaction (Y1) with a loading factor of -0,109 and probability of <0,001

This illustrates that the preventive activities are included into early medical checkup, periodic medical checkup, special medical checkup, healthy working environment, protecting themselves from the dangers of the job, the harmonization of humans with machines and work tools, control of environmental hazards of working in a safe condition and implementation of immunization already provide the level of satisfaction in terms of health care workers in the company of SOE X in South Sulawesi.

The influence of formative Management is occupational health and safety; whereas in 1980, the management system of safety and health emerged as key in prevention strategies, such as the Bhopal incident due to the leakage of methyl isocyanate factory with 2.500 people died as its inspiratory.

Data from [3, 4, 5] in the convention no.161 defines the Occupational Health Service as a form of health care for the workers with its basic function is preventive and responsible for giving advice to the employers, workers, and their representatives in making the requirements for establishing and maintaining a working environment that is healthy and safe in relation to the adaptation of workers to work both physically and mentally.

It is emphasized by ILO in the recommendation No. 171 Convention No. 161 that the occupational health services (OHS) is a multidisciplinary service. Comprehensive basic function is the prevention, but it is also possible for curative services, said [1]. Economically, the implementation of OHS by emphasizing prevention is much better and less expensive than in curative/treatment. This helps companies and governments to reduce social and economic costs.

2. Promotive (X2) affects negatively and significantly on the satisfaction (Y1) with a loading factor of 0,209 and probability of <0,001

This illustrates that the promotional activities in the form of education and information about health, weight maintenance, nutrition / balanced diet, maintaining a place, manner and healthy working environment, consultation for the development of a healthy soul, and activities of physical exercise and recreation have given the level of satisfaction in terms of health care workers in the company of SOE X in South Sulawesi.

WHO defines health as well-being with a holistic approach to the physical, mental, and social well-equipped in the form of medical profession. Occupational Health Services (OHS) aims to protect and promote worker safety, health and welfare, as well as improving working conditions and working environment. In practice, this involves occupational safety and health professionals, other specialists both at the company and outside the company level [6]. Furthermore, by ILO Convention 155 (1981) about Occupational Safety and Health and the Convention [1] of the Basic Occupational Health Services (BOHS), the main responsibility for the health and safety of workers lies in the entrepreneur. The functions of occupational health services is to protect and promote the health of workers, improve working conditions and working environment, maintain the company's

overall health by providing occupational health services (OHS) for the workers.

3. Commitment (X5) affects negatively and significantly on the satisfaction (Y1) with a loading factor of 0,617and probability of 0,001

It is clear that the company's commitment in terms of availability of facilities and infrastructure, the availability of human resources, facilities insurance / underwriting, and actions within risk management has given a sense of complacency for the workers in terms of occupational health services in the company of SOE X in South Sulawesi.

Commitment describes the entanglement of someone in an organization, causing a sense of belonging to the organization where he works. In addition to organizational commitment, professional orientation that underlies the emergence of professional commitment is also an effect on job satisfaction. In carrying out the work, the professionals often associate themselves with the profession and also to obey all the norms, rules, and codes of conduct.

The results showed that the commitment of a significant effects on satisfaction, but no significant effect on productivity. Research on the commitment and job satisfaction is an interesting topic for further study. (1984) [7] said that job satisfaction is the first sign of a commitment to the organization. That opinion is contrary to [8] that said that commitment precedes job satisfaction. With the commitment, at least it can affect performance either directly or indirectly. That is a willingness to use the earnest efforts for the benefit of the organization, a desire to maintain membership in the organization.

Commitment of an organization and job satisfaction are two things that are often taken into consideration when reviewing the turn of working accountants, [9] with the results of their research revealed that professionalism is positively related to the commitment and job satisfaction.

The results also consistent with the research that said that organizational commitment has a positive effect but no significant effect on employee productivity PT. Indra Jaya Banjarmasin. However, this is contrary to the research that concluded that Commitment Variable affect significantly to the Employee Productivity Services Department of PT. PLN (Persero) Branch Selat panjang, Meranti Islands Town.

Job satisfaction demonstrates an individual's general attitude toward the work. A high satisfaction with the attitude showed a positive attitude towards the work. Someone who is not satisfied with his work showed a negative attitude toward the job [10]. High job satisfaction indicates that an organization has maintained a strong commitment and effective management. According to Riggio, many job satisfactions are defined as feelings and behaviors of individuals with respect to their work. All aspects of a good or bad job, positive or negative, will act creating this feeling of satisfaction.

4. Monitoring (X6) affects negatively and significantly on the satisfaction (Y1) with a loading factor of -0,179and probability of 0,001

It is clear that the supervision of the company in terms of the standard of work within the implementation of occupational health services conducted an assessment/measurement on the implementation of occupational health services, monitoring of the company's commitment to achieve zero accident, and made repairs for the irregularities and shortcomings has given a sense of complacency for the workers in terms of occupational health services in the company of SOE X in South Sulawesi.

The facet concept (aspect) or component considers that employee satisfaction with various aspects of the different work situations can vary independently and must be measured separately. Among facet concept that can be examined is the workload, job security, surveillance management, competencies, working conditions, status, and prestige of work. There are also compatibility colleagues, policy assessment of the company, management oversight practices, superior-subordinate relationship, autonomy and responsibility positions, the opportunity to use their knowledge and skills, as well as opportunities for growth and development.

5. Compliance/adherence to the Rules (X7) affects positively and significantly on the satisfaction (Y1) with a loading factor of 0,407and probability of 0,001

It is explained that the company in terms of monitoring, implementing occupational health services, and the identification and assessment has given satisfaction to the self-employment of workers in the health services in the company of SOE X in South Sulawesi.

Compliance (adherence) is like obeying orders, obeying the orders or rules, acting according to the rules, being discipline in carrying out the way, the behaviors suggested by another person/organization leader in occupational health services include oversight, implementation of occupational health services, as well as the identification and assessment. Context of adherence/compliance in this study is the adherence/compliance of the company to implement the appropriate policies in the regulation of labor ministry no.03/1982 that is about occupational health services.

Furthermore, safety and health policies defined in the Regulation of Labor Ministry 05/1996 is a written statement signed by the employer and or board that includes the company's overall vision and goals, commitment and determination to implement safety and health, framework and work program includes the activities of the company as a whole of a general nature and or operational. Occupational health and safety policy is made through a process of a consultation between the management and the labor representatives that must then be explained and disseminated to all staff, suppliers, and customers. Occupational health and safety policy is dynamic and always be reviewed in order to improve the performance of safety and health.

With these policies, it gives room for the improvement of occupational health and safety management of existing ones, including the management of occupational health services or occupational health services (OHS).

6. Preventive (X1) affects positively and significantly on the productivity (Y2) with a loading factor of 0,328and probability of 0,001

This means that the preventive measures of the company in terms of early medical checkup, periodic medical

checkup, special medical checkup, healthy working environment, protecting themselves from the dangers of the job, the harmonization of humans with machines and work tools, control of environmental hazards of working in a safe and execution immunization can improve employee productivity in the company of SOE X in South Sulawesi.

The concept of work productivity can be viewed in two dimensions, namely individual dimensions and organizational dimension. (a) The dimensions of the individual see productivity in relation to the personality characteristics of individuals who appeared in the form of mental attitude and implied the desire and efforts of the individuals who are always trying to improve their quality of life. (2) The dimensions of organizational see productivity within the framework of the technical relationship between input and output. Therefore, in this view, the increase in productivity is not only seen from the aspect of quantity only, but also can be seen from the aspect of quality, including prevention efforts by the management in controlling the process.

To achieve the objectives of occupational health services as befits safety and health goal is to create a workforce that is healthy, safe, and productive. These objectives can be achieved because there is a very strong correlation between the degree of health and productivity based on the fact that the costs of workplace accidents and occupational diseases, as well as common diseases that increase the types and prevalence. Therefore, the effect of which worsen as a result of work or the working environment is very expensive compared to the cost of prevention. The cost is such an expensive curative treatment, hospitalization, and rehabilitation.

According to [11] of OHS will serve and support the prevention of accidents and diseases in OHS when the company became part of an integrated and reflexive based regulatory controls (non-government).

7. Promotive (X2) affects negatively and significantly on the productivity (Y2) with a loading factor of -0,263 and probability of 0,001

It is explained that the promotion does not only affect the satisfaction, but also affect the productivity. This means that promotional activities in the form of education and information about health, weight maintenance, nutrition/balanced diet, maintaining a healthy workplace, maintenance of way work, maintenance work environment, consultation for mental development, and physical sports activities and recreation can be able to increase the productivity of the workers in the company of SOE X in South Sulawesi.

In a management education and training which parts of the promotional effort are seen as an investment in human resources which aims to increase the productivity of labor. Therefore, education and training is one important factor in the company's organization. The importance of education and training in addition to associate with different dynamics (changes) that occur in a corporate environment, such as changes in production, technology, and information management for workers, is also associated with the benefits that can be felt. Benefits include: increasing the productivity of the company, morale and labor discipline in controlling themselves in accordance with the targets and objectives of management, facilitate control and stabilize the workforce.

8. Satisfaction (Y1) affects positively and significantly on the productivity (Y2) with a loading factor of 0,564 and probability of 0,001

It is clear that the response/expectations and speed of service, administration/implementation of health insurance, care and empathy, tangible evidence of occupational health services as well as safety and comfort in occupational health services, make the employees feel satisfied with occupational health services that exist in the company. The employee satisfaction contributes in providing impetus and motivation of its own to increase the productivity of labor in the company of SOE X in South Sulawesi.

If it is viewed broadly, demonstrations or strikes basically occur due to the lump or disharmonious relationships between the workers and the employers. Demands posed workers, who do not respond or cannot be met by the employer, including the demand for health care workers, often lead to turmoil and conflict that followed the protests and strikes. The strike is a sign that labor was not satisfied with the policies of the management. Strike action is an indication of the failure of productivity.

Satiation factor which is also known as a motivator, supporting factor of someone to perform that comes from inside of a person that (intrinsic conditions), among others: (1) achievement; (2) recognition; (3) responsibility; (4) advancement; (5) the work itself; and (6) the possibility of growth.

While maintenance factor also called hygiene factors are factors relating to the fulfillment of the need to maintain the presence of the employee as a human being, the maintenance of peace and health. This factor also called dissatisfied which is an essential place for low-level, qualified into extrinsic factors, including: (1) compensation; (2) security and safety; (3) the health conditions of workers; (4) status; (5) the company's procedures; and (6) the quality of the technical supervision of interpersonal relationships between friends, colleagues, and superiors.

Thus, it is assumed that productivity can be increased by increasing job satisfaction. Job satisfaction is a result of productivity or vice versa. High productivity led to an increase of job satisfaction only if workers perceive that what has been achieved by the company is in accordance with what they received (wages), which is fair and reasonable and associated with a superior job performance. In other words, work performance shows the level of job satisfaction of a worker because companies can find out aspects of jobs that is expected in success rate.

9. Monitoring (X6) affects positively and significantly on the productivity (Y2) with a loading factor of 0,263and probability of 0,001

This means that supervision in addition to influence significantly to satisfaction; it also has a significant effect on productivity. It explains that employees, who are satisfied with the supervision conducted by the firm in terms of the standard of work implementation of occupational health services, assessment/measurement implementation of occupational health services, monitoring of the company's commitment to achieve zero accident, an improvement over the irregularities and shortcomings, will improve the work of employees productivity in the company of SOE X in South Sulawesi.

Supervision is an act of monitoring or inspection activities of the company to ensure the achievement of the objectives in accordance with a predetermined plan. Effective surveillance helps efforts to organize the work to be done well. The purpose of monitoring is that the results obtained useful execution of work or efficient and effectively in accordance with a predetermined plan. These results indicate that monitoring has positive and significant impact on satisfaction and productivity [12]. These results are consistent with the research conducted by Yasri that argued that there is a positive relationship between the oversight of employee productivity in the Department of Highways and Irrigation in Rokan Hulu. Supervision of work in a company is very influential on the employee productivity.

Supervision carried out by the employer can direct the employee to perform his job very well. Supervision of the employees that work well will reduce the error rate of employees, and ultimately capable of providing employee satisfaction so that it will achieve what the objectives of the organization [13, 14].

Oversight is one of the aspects that lead to the job satisfaction that can be identified as the process to "guarantee" that the goals of the organization and management are achieved. Compliance has significant effect on the satisfaction and productivity. [15, 16] suggested that satisfaction has a negative impact and no significant effect on productivity.

10. Compliance/adherence to the Rules (X7) affects positively and significantly on the productivity (Y2) with a loading factor of 0,312and probability of 0,048

It is clear that the compliance is an influential factor on the employee productivity in the company of SOE X in South Sulawesi. In some cases, compliance/adherence to the rules of the company which is able to increase the employee productivity are among others: the company to supervise, implement occupational health services, the identification and assessment, placement of supervisor and/or specialist occupational health services, the involvement of employees in occupational health services, the role of important management in occupational health services, high management commitment in the implementation of occupational health services, management attention to the principle of the planning stages in the implementation of occupational health services, management does the application of hazard identification in occupational health services, management risk assessment in health care, management control risks in occupational health services, management monitoring employee behavior in obtaining occupational health services, management oversight of employees in compliance using personal protective equipment.

Sickness or health problems in the workforce will reduce the ability of labor to work physically, weaken the sharpness of thinking to make decisions quickly and accurately, and reduce alertness and accuracy with the result that the labor in question are prone to accidents. Occupational accidents cause injury, disability, and even possibly death. Other impacts, damage machinery, equipment and working equipment also damage the environment inside and outside the company that requires a fee. Every accident is included in the workplace accidents if it comes from a state of ill health or labor disruption as a result of the maximum and the quality of occupational health services given impact on labor productivity and the productivity of the company.

Relationships and no significant effect of several variables into the empirical findings in this study, one of the causes according to the researcher is the real condition of the respondents. Condition of the real question is the honesty of respondents.

Respondents felt uncomfortable when answering the question because psychologically, they felt disclose the company's internal problems and suggested to discuss a lot with the boss and manager of occupational health services or hospitals. While what the researcherwanted to explore was about the respondent's perception, not a test of knowledge or dictate the respondent.

In addition, another problem encountered is the psychological barrier in an interview. This is because the status of the researcher is as a student so the researcher cautions in exploring the answers from the informant. The most burdensome obstacles for the researcher were limited time during the interview because the respondent felt distracted and consumed his time.

Although it has been studied perfectly as the best knowledge of researcher, this research still needs the applicable proof. In any event, there is no reason to eliminate the conviction or guilty to the method used. Professional researcher only acts to formulate the models and interpret it because the conclusion will follow assumption [17, 18].

4. Conclusion

Based on the findings of the research, it can be concluded that the dimensions of occupational health services include customer satisfaction and productivity. Satisfaction dimensions were measured and constructed by seven (7) variables, namely preventive, promotive, curative, rehabilitative, commitments, monitoring, and compliance/adherence. Productive dimensions were measured by 8 (eight) variables, namely, preventive, promotive, curative, rehabilitative, commitment, surveillance, observance of the rules, and satisfaction.

SEM model of the development of occupational health services in the company of SOE X in South Sulawesi puts construct preventive, promotive, curative, rehabilitative, commitments, monitoring, and compliance/adherence as an exogenous variable and satisfaction as an intervening variable that leads all to the productivity as an endogenous variables.

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