LAMPIRAN

Lampiran 1 Biodata Peneliti

BIODATA PENELITI

A. Data Pribadi
    Nama   :   Wildayani
    Tempat, tgl lahir   :   Sangatta, 31 Januari 2001
    Alamat Asal   :   Gg. Permai No.3 Rt.25 Sangatta Utara
    Alamat di Samarinda   :   Jl. Bukit Barisan Gg.1A No.30 Rt.20

B. Riwayat Pendidikan
    Pendidikan formal
    ● Tamat SD tahun   :   2013 di SDN 004 Sangatta Utara
    ● Tamat SMP   :   2016 di SMPN 1 Sangatta Utara
    ● Tamat SLTA   :   2019 di SMAN 1 Sangatta Utara
    Tanggal Ujian   : 24 Januari 2023

    Judul Penelitian   :

**Hubungan Waktu Kerja dengan Penyakit ISPA di Perusahaan Tambang
Batu Bara PT.X**

Pembimbing   : Sri Sunarti, M.PH

Penguji   : Ghozali MH, M.Kes., Ph.D

Demikian permohonan pengajuan penguji ini saya sampaikan atas
perhatiannya saya ucapkan terima kasih.

Wassalamu'alaikum Wr. Wb.

Samarinda, 20 Januari 2023
Hormat Saya
Mahasiswa

Wildayani
NIM. 1911102413139

Lampiran 2 Surat Izin Penelitian

UMKT
Program Studi
Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat

بِسْمِ اللهِ الرَّحْمَنِ الرَّحِيمِ

Nomor   : 771/FIK.3/D.2/B/2022
Lampiran : -
Perihal : **Permohonan Ijin Penelitian**

Kepada Yth.
Pimpinan PT. Pancaran Surya Abadi
di –
    Tempat

Assalamu'alaikum Warahmatullah Wabarakatuh.

Dengan hormat teriring salam dan doa dihaturkan semoga Bapak/Ibu selalu dalam keadaan sehat wal'afiat. Aamiin.

Sehubungan dengan adanya Penyusunan Tugas Akhir (Skripsi) Mahasiswa/i di lingkungan Prodi S1 Kesehatan Masyarakat Fakultas Kesehatan Masyarakat Universitas Muhammadiyah Kalimantan Timur, bersama ini disampaikan Permohonan Izin Penelitian di PT. Pancaran Surya Abadi dengan judul skripsi "*Efektivitas Safety Talk tentang Perilaku Merokok untuk Pencegahan ISPA di Perusahaan Tambang Batu Bara PT. X*". Kegiatan akan dilakukan berdasarkan jadwal yang ditentukan oleh PT. Pancaran Surya Abadi. Demikian yang dapat disampaikan, atas perhatian dan kerjasamanya diucapkan terimakasih.

Wassalamu'alaikum Warahmatullah Wabarakatuh.

Samarinda, 29 Jumadal Ula 1444 H
23 Desember 2022 M
Ketua Prodi S1 Kesehatan Masyarakat

Nida Amalia, S.KM., M.PH
NIDN : 1101119301)

Telp. 0541-748511 Fax.0541-766832

Website http://kesmas.umkt.ac.id

email: kesmas@umkt.ac.id

UMKT
Program Studi
Kesehatan Masyarakat
Fakultas Kesehatan Masyarakat

Daftar Nama Mahasiswa

No.	NIM	Nama
1	1911102413135	Dwi Anisafaul Latifah
2	1911102413139	Wildayani

Lampiran 3 Surat Balasan Penelitian

PT. PANCARAN SURYA ABADI
Jalan A.W. Syahranie, Villa Tamara Blok A No. 10
Kota Samarinda, Kalimantan Timur, Indonesia 75243
email : pancaransuryaabadi2@gmail.com

Samarinda, 08 November 2022

Nomor   : 110/PSA-UMKT/KTT/RBN/XI/2022
Lampiran   : -
Perihal   : Surat Pemberian Izin Penelitian

Kepada Yth,
Ketua Program Studi S1 Kesehatan Masyarakat
Di
Samarinda

Dengan hormat,
Menanggapi Surat yang di terbitkan oleh Universitas Muhammadiyah Kalimantan Timur dengan Nomor surat 724/FIK.3/C/B/2022 pada tanggal 02 November 2022 perihal permohonan izin penelitian untuk kepentingan tugas akhir Skripsi yang dilakukan oleh:

1. Nama   : Dwi Anisafaul Latifah
   NIM   : 1911102413135
   Program Studi   : Kesehatan Masyarakat

2. Nama   : Wildayani
   NIM   : 1911102413139
   Program Studi   : Kesehatan Masyarakat

Dengan ini diberitahukan, kami tidak keberatan dengan permohonan yang dimaksud adapun surat izin penelitian ini berlaku semenjak November 2022.

Demikian surat balasan izin penelitian ini agar digunakan sebagaimana mestinya

PT. Pancaran Surya Abadi
Site Muara Badak

Nurul Qadri Baharuddin
Kepala Teknik Tambang

Lampiran 4 Lembar Jurnal

Faktor-faktor yang berhubungan dengan kejadian infeksi saluran pernapasan akut (ISPA) pada pekerja PT.X

Muhammad Yunus[1,*], Widi Raharjo[2], Agus Fitriangga[2]

[1] Program Studi Kedokteran, Fakultas Kedokteran Universitas Tanjungpura, Kalimantan Barat, Indonesia
2 Departemen Kedokteran Komunitas, Fakultas Kedokteran Universitas Tanjungpura, Kalimantan Barat, Indonesia
* Korespondensi: nunusyunus25@gmail.com

Abstrak

Latar belakang: Infeksi saluran pernapasan akut (ISPA) adalah penyakit saluran pernapasan atas atau bawah, dimulai dari hidung sampai ke alveoli, dapat menular, dan juga dapat menimbulkan berbagai spektrum penyakit berkisar dari tanpa gejala atau infeksi ringan sampai penyakit parah dan mematikan, tergantung patogen penyebab, faktor lingkungan, dan faktor pejamu. Infeksi saluran pernapasan akut dapat disebabkan oleh bakteri, virus, jamur dan polusi udara yang menjadi sumber infeksi pada bagian saluran pernapasan. Penelitian ini bertujuan untuk mengetahui faktor -faktor yang berhubungan dengan kejadian infeksi saluran pernapasan akut di PT. X. **Metode:** Penelitian analitik observasional dengan pendekatan *cross-sectional*. Jumlah sampel 43 orang. **Hasil:** Determinan kejadian ISPA adalah usia (p=0,001), jenis kelamin (p=1,000), pengetahuan (p=0,004), pendidikan (p=0,023), masa kerja (p=0,745), fasilitas kesehatan (p=0,535), penggunaan APD (p=0,032), peran petugas kesehatan (p=0,116), peran petugas K3 (p=1,000). Analisis multivariat menghasilkan determinan usia (p=0,002), dan pengetahuan (p=0,028). **Kesimpulan:** Terdapat hubungan antara usia, pengetahuan, pendidikan, dan penggunaan APD dengan kejadian ISPA pada pekerja PT. X. Variabel yang paling berpengaruh adalah usia, dan pengetahuan.

Kata kunci: ISPA, pekerja, APD

Factors related to acute respiratory infection (ARI) incidence among workers at PT.X

Abstract

Background: Acute respiratory infections (ARI) are upper or lower respiratory tract diseases, starting from the nose to the alveoli, can be contagious and cause a variety of diseases ranging from asymptomatic or mild infections to severe and deadly diseases, depending on the causative pathogen, environmental, and host factors. ARI can be caused by bacteria, viruses, fungi and air pollution which are source of infection in the respiratory tract. The aim of this study is to investigate factors related to the occurence of acute respiratory infection (ARI) among workers at X Inc. **Methods:** This studywas an observational analytic research with cross-sectional design. Total sample was 43 respondents. Independent variables were age, sex, knowledge, education, years of work, health facilities, self-protection tools usage, role of health personnels and role of safety and health officers. **Results:** Determinants for acute respiratory infection (ARI) were: age (p=0,001), sex (p=1,000), knowledge (p=0,004), education (p=0,023), work length (p=0,745), health facilities (p=0.535), self-protection tools usage (p=0,032), role of health personnels (p=0,116), role of safety officers (p=1,000). Multivariate analysis showed the most important factors were age (sig=0,002) and knowledge (sig=0,028). **Conclusions.** There is correlations between age, knowledge, education, and self-protection tools usage with the occurence of acute respiratory infection among workers at X, Inc. The most important variables are age and knowledge.

Keywords: ARI (acute respiratory infection), workers, self-protection tools usage

Penelitian

HUBUNGAN UNIT KERJA, MASA KERJA, PENGGUNAAN APD DAN RIWAYAT MEROKOK DENGAN KEJADIAN ISPA:
Studi Kasus DI PT Semen X Kota Padang

Aldian Mulyanto Lokaria[1]

[1] Dokter Umum, Fakultas Kedokteran, Universitas Andalas, Padang

ABSTRAK

Pendahuluan: ISPA menjadi penyakit akibat kerja tersering pada tenaga kerja, termasuk di PT semen X di Kota Padang. Terdapat berbagai faktor yang menyebabkan tingginya angka kejadian ISPA pada tenaga kerja. Penelitian dilakukan untuk melihat hubungan unit kerja, lama kerja, kebiasaan penggunaan Alat Pelindung Diri (APD) berupa masker dan riwayat merokok sebagai pembanding pada tenaga kerja dengan gambaran gejala ISPA di PT semen X.

Metode: Penelitian bersifat analitik observasional dengan desain *cross sectional* dan dilakukan di PT semen X, pada bulan Mei 2018. Subjek penelitian adalah 131 tenaga kerja di PT semen X. Penelitian dilakukan dengan cara wawancara terkait unit berkerja, lama berkerja, kebiasaan penggunaan APD, riwayat merokok dan timbulnya gejala yang menunjang ISPA.

Hasil: *Chi-square test* menunjukkan terdapat perbedaan gambaran gejala ISPA di setiap kelompok unit kerja (P=0,118), lama kerja (P=0,753) dan kebiasaan penggunaan APD (P=0,330) secara tidak bermakna, sedangkan terdapat perbedaan pada riwayat merokok (P=0,026) secara bermakna.

Simpulan: Tidak terdapat hubungan bermakna antara unit kerja, lama kerja, dan kebiasaan penggunaan APD pada tenaga kerja dengan gambaran gejala ISPA di PT semen X.

Kata kunci: ISPA, Unit Kerja, Lama Kerja, APD

ABSTRACT

Background: Upper Respiratory Tract Infection (URI) is the most common occupational diseases of the worker, including PT semen X at Padang city. There are various factors causing high rates of URI occurrence in worker. The research was conducted to see the relation of work unit, the length of work and the habits of the use of Personal Protective Equipment (PPE) like a mask compared to smoking history on the worker with the symptom of URI at PT semen X.

Methods: The study was analytic observational with cross sectional design and was done at PT Semen X, in May 2018. The subjects were 131 worker at PT semen X. The research was conducted by interviewing working unit, duration of work, usage habit PPE, smoking history and the onset of symptoms that support URI.

Results: From Chi-square test showed that there were differences of symptom of URI in each group of work units (P = 0,118), length of work (P = 0,753) and usage habits of PPE (P = 0,330) unsignificantly, also smoking habit (P = 0,026) significantly

Conclusion: There is no significant correlation between work unit, length of work and use habits of PPE on worker with symptom of URI at PT semen X.

Keywords: URI, Work Units, Length of Work, PPE

HUBUNGAN PAPARAN DEBU KAYU DENGAN KEJADIAN INFEKSI SALURAN PERNAPASAN AKUT (ISPA) PADA PEKERJA MEBEL DI PT. X JEPARA

Ibnu Sri Fuqoha, Ari Suwondo, Siswi Jayanti
Peminatan Keselamatan dan Kesehatan Kerja, Fakultas Kesehatan Masyarakat
Universitas Diponegoro
Email : ibnusri@gmail.com

Abstract : Finedust is particle of wood produced from wood processing and handling. Levels of finedust in the work environment can be exposed to workers through breathing and cause respiratory infections. Acute Respiratory Infection (ARI) is an acute infectious disease that is attacking one or more parts of the respiratory tract (upper and lower) to the alveolar included adnexal. Workers characteristics can be a risk factor for ARI are age, sex, nutritional status, exercise habits, PPE usage, tenure, medical history, and smoking habits. The purpose of this study to analyze the correlations of finedust exposure with ARI of furniture workers in PT. X Jepara. The type of research is observational cross-sectional study and quantitative analysis methods. The population are 139 production workers of Putty Sandpaper Department, Natural Sandpaper Department and Sanding Sandpaper Department with a minimum sample of 46 workers. The bivariate analysis using Rank Spearman (α = 0.05) showed the correspondent variables were the levels of finedust (ρ Value 0.007), age (ρ Value 0.036), nutritional status (ρ Value 0.005), tenure (ρ Value 0.029). Meanwhile there is no correlation were history of respiratory illness (ρ Value 0.204) and exercise habits (ρ Value 0.410).

Keyword   : level of finedust, Acute Respiratory Infection (ARI), Jepara

378

WALUYA THE INTERNATIONAL SCIENCE OF HEALTH JOURNAL

Analysis of Increasing Case of Acute Respiratory Infections (ARI) in Nickel Mining Environment in Pomalaa District, Kolaka Regency, Southeast Sulawesi

Musrifa Kudus[1], Erwin Azizi Jayadipraja[3],Amir Syam[2], Lili Suriani[3]

[1]Environmental Services of Kolaka
[2]Wolo Health Center, Kolaka Regency, Indonesia
[3] Mandala Waluya University, Indonesia
Correspondence : ivhaputri971@gmail.com

ARTICLE INFO

ABSTRACT

Introduction: The mining process that has been carried out for a long time in large quantities often ignores environmental sustainability which in the end can result in various negative impacts that are felt in the short and long term. The purpose of the study was to determine the level of air pollution by Nickel dust and to analyze the relationship between exposure to Nickel dust and ARI disease in people living around the Nickel mining industry in Pomalaa District.

Method: This study uses a cross-sectional design using a non-interventional type of research conducted in residential areas around the mining area of PT Aneka Tambang Tbk, Kolaka Regency, Southeast Sulawesi Province as a mining designation area, namely in Pomalaa District.

Result: The results showed that the average outdoor air quality for the SO_2 parameter in the designated area was higher than in the non-designated area, as well as for the NO_2 parameter, for the H_2S parameter in both areas the average value was the same, but for the PM10 value in the designated area is higher than in the non-designated area, while the temperature, humidity, and wind speed in the two areas are almost the same.

Conclusion: This is in line with the results of research conducted by Qomariyatus S (in 2007) conducted around the coal mine of PT Aneka Tambang,Southeast Sulawesi showed that the level of respirable dust in the field slightly exceeded the normal threshold value of 2.19 mg/m^3.

Conference Paper

The Relationship Between Exposure to Coal Dust Levels and Acute Respiratory Infection: A Literature Review

Titik Agustiyaningsih*, Anggi Maylita Susilo, Ollyvia Freeska Dwi Marta, Faqih Ruhyanudin

Department of Nursing, University of Muhammadiyah Malang, Malang, East Java, Indonesia

ORCID
Titik Agustiyaningsih: https://orcid.org/0000-0002-7252-9355

Abstract.
Coal is a resource that humans use as fuel, including for steam power plant activities. In the process of generating electricity, coal must go through a combustion process which in the end leaves dust from burning the coal. This combustion residue contains compounds that can cause respiratory problems, one of which is acute respiratory infection (ARI). This study aimed to determine the relationship between exposure to coal dust levels and the incidence of ARI, and to identify the associations between the duration of exposure and dust concentration in coal combustion residues with the incidence of ARI. This was a literature review, with a sample of 11 journal articles obtained from Pubmed (n = 2), Proquest (n = 3), Science Direct (n = 1), EBSCO (n = 3), and Neliti (n = 1). The keywords used to search for the relevant articles were: "Acute Respiratory Infection" OR "Pneumocosis" OR "Pneumonia" AND "Coal Dust" OR "Dust" OR "PM_{10}" OR "$PM_{2,5}$". Thematic analysis was used to examine the results. 81.8% of the results from the articles showed that there was a relationship between exposure to coal dust levels and the incidence of ARI, while the remaining 18.2% showed no correlation. Exposure duration, dust particle size, threshold value and dust-forming compounds have a relationship with the incidence of ARI and other respiratory disorders.

Keywords: acute respiratory infection, ARI, coal dust

Corresponding Author: Titik Agustiyaningsih; email: agustyaningsih@umm.ac.id

1. INTRODUCTION

Coal is a type of natural resource that humans have begun to use as an alternative fuel. This can be indicated by the limited availability of fuel oil and gas, while industrial activities that use fuel starting from large, medium and small scales have begun to develop. Indonesia is one of the coal producing countries. Coal resources in Indonesia are estimated at 36 billion tons, which are spread over several islands and regions in Indonesia [1].

The need for electricity makes Indonesia one of the countries that depend on coal power plant activities which indirectly increase the coal burning process every day. Combustion of coal in PLTU activities will produce residual ash which is divided

Patient-Reported Outcomes

The Development and Validation of a Multidimensional Sum-Scaling Questionnaire to Measure Patient-Reported Outcomes in Acute Respiratory Tract Infections in Primary Care: The Acute Respiratory Tract Infection Questionnaire

Rune Aabenhus, MD, GP*, Hanne Thorsen, MD, PhD, Volkert Siersma, PhD, John Brodersen, MD, GP, PhD

The Research Unit for General Practice and Section of General Practice, Department of Public Health, University of Copenhagen, Copenhagen, Denmark

ABSTRACT

Objective: Patient-reported outcomes are seldom validated measures in clinical trials of acute respiratory tract infections (ARTIs) in primary care. We developed and validated a patient-reported outcome sum-scaling measure to assess the severity and functional impacts of ARTIs. **Methods:** Qualitative interviews and field testing among adults with an ARTI were conducted to ascertain a high degree of face and content validity of the questionnaire. Subsequently, a draft version of the Acute Respiratory Tract Infection Questionnaire (ARTIQ) was statistically validated by using the partial credit Rasch model to test dimensionality, objectivity, and reliability of items. Test of known groups' validity was conducted by comparing participants with and without an ARTI. **Results:** The final version of the ARTIQ consisted of 38 items covering five dimensions (Physical-upper, Physical-lower, Psychological, Sleep, and Medicine) and five

single items. All final dimensions were confirmed to fit the Rasch model, thus enabling sum-scaling of responses. The ARTIQ scores in participants with an ARTI were significantly higher than in those without ARTI (known groups' validity). **Conclusion:** A self-administered, multidimensional, sum-scaling questionnaire with high face and content validity and adequate psychometric properties for assessing severity and functional impacts from ARTIs in adults is available to clinical trials and audits in primary care.

Keywords: acute respiratory tract infections, patient-reported outcome, questionnaire, Rasch analysis.

Copyright © 2013, International Society for Pharmacoeconomics and Outcomes Research (ISPOR). Published by Elsevier Inc.

Introduction

Acute respiratory tract infections (ARTIs), which are often divided into upper– and lower–respiratory tract infections, are among the most frequent diseases seen by general practitioners (GPs) [1,2]. The substantial symptomatic and functional impairment caused by these infections constitutes a major public health problem [2].

Symptoms in ARTIs are diverse and often contain elements from the entire respiratory tract. Even individuals infected with the same viral strain display a striking variance in symptoms and the presentation is linked to illness duration [3]. Patient symptoms and clinical signs are often not sensitive enough to discriminate between the different types of ARTIs (such as acute bronchitis from pneumonia). Because of this diagnostic uncertainty, diagnoses in primary care may not always reflect the explicit pathophysiological criteria commonly applied in medical science [4–6]. Hence, the terms rhinitis, sinusitis, and bronchitis, among others, at best

indicate the anatomic site most affected at the time of consultation. Accordingly, in a primary care setting, a precise diagnosis is often not possible and symptom-based criteria (e.g., acute cough) are now frequently used as inclusion criteria in pragmatic clinical trials [7,8].

In clinical conditions with no accepted "gold standard," the assessment of new treatment and diagnostic modalities may be better addressed by using a patient-oriented approach [6,9], bypassing the medically defined "gold standard." When assessing treatment effects, cost, and so on of ARTIs in a primary care setting, the vast majority of patients will recover uneventfully with no or few hard end points such as mortality, highlighting the need to measure the direct impact of disease on a patient's daily life. Furthermore, a change in a medical parameter, such as auscultatory abnormalities or the normalization of a C-reactive protein value, may only modestly reflect the patient's own experience of the illness and does not encompass any associated symptoms (e.g., a cough that impacts daily activities or sleep) or

Lampiran 5 Lembar Konsultasi

LEMBAR KONSULTASI

Judul Proposal   :   Hubungan Waktu Kerja Dengan Penyakit ISPA Di

Perusahaan Tambang Batu Bara PT.

Pembimbing   :   Sri Sunarti, MPH

NO	TANGGAL	KONSULTASI	HASIL KONSULTASI	PARAF
1	Senin, 03 Oktober 2022	Pembagian Kelompok KDM	• Terbagi 3 kelompok KDM setiap kelompok terdiri dari 5 orang. • Setiap kelompok mendiskusikan tema yang berbeda. • Setiap kelompok membuat grup untuk membahas tema serta variabel yang akan digunakan.	
2	Senin, 10 Oktober 2022	Pembahasan tema dan judul	• Mendiskusikan tema yang telah ditetapkan yakni terkait "Penyakit Akibat Kerja" • Menentukan variabel dependen yang akan digunakan untuk penelitian nantinya. Variabel dependen yang akan digunakan adalah ISPA • Menentukan judul setiap anggota yang berbeda sub pembahasannya	

			Menentukan lokasi penelitian, yakni diperusahaan batu bara	
3	Senin, 24 Oktober 2022	Revisi Proposal	• Perbaikan isi bab 1 – bab 3	
4	Rabu, 09 November 2022	Revisi Proposal	• Perbaikan bab 2 dan bab 3	
5	Kamis, 10 November 2022	Revisi Proposal	• Perbaikan bab 3 • Perbaikan dapus	
6	Sabtu, 12 November 2022	Revisi Proposal	• Perbaikan definisi operasional	
7	14 November 2022	Revisi Proposal	• Perbaikan definisi operasional dan daftar pustaka	
8	19 November 2022	Revisi Proposal	• Merapikan proposal	
9	20 November 20222	ACC Proposal	• Penandatangan Proposal	
10	16 Januari 2023	Bab 4 dan Bab 5	• Revisi	
11.	6 Januari 2023	Konsultasi Hasil Output spss	• Perbaikan hasil output	
12.	7 Januari 2023	Konsultasi Hasil Output spss	• Perbaikan hasil output	
13.	16 Januari 2023	Bab 4 dan Bab 5	• Revisi	
14.	17 Januari 2023	a. Bab 4 dan Bab 5 b. Naskah Publikasi	• Revisi	
15.	20 Januari 2023	ACC Skripsi	• Penandatangan an Skripsi	

Lampiran 6 Surat Keterangan Validasi Instrumen

SURAT KETERANGAN VALIDASI INSTRUMEN

Berdasarkan instrumen penelitian yang diajukan oleh mahasiswa:

Nama	:	Wildayani
NIM	:	1911102413139
Program Studi	:	S1 Kesehatan Masyarakat
Judul Skripsi	:	Hubungan Waktu Kerja dengan Penyakit ISPA di Perusahaan Tambang Batu Bara PT.X

Setelah dilakukan analisis yang mendalam dan revisi seperlunya maka saya selaku validator yang ditunjuk, dengan ini menyatakan bahwa instrumen tersebut valid dan layak untuk penelitian.

Demikian surat pernyataan ini dibuat agar digunakan sebagaimana mestinya.

Samarinda, 14 Desember 2022
Validator

Ghozali, MH, M.Kes., Ph.D
NIDN. 1114077102

SURAT KETERANGAN VALIDASI INSTRUMEN

Berdasarkan instrumen penelitian yang diajukan oleh mahasiswa:

Nama	:	Wildayani
NIM	:	1911102413139
Program Studi	:	S1 Kesehatan Masyarakat
Judul Skripsi	:	Hubungan Waktu Kerja dengan Penyakit
		ISPA di Perusahaan Tambang Batu Bara
		PT.X

Setelah dilakukan analisis yang mendalam dan revisi seperlunya maka saya selaku validator yang ditunjuk, dengan ini menyatakan bahwa instrumen tersebut valid dan layak untuk penelitian.

Demikian surat pernyataan ini dibuat agar digunakan sebagaimana mestinya.

Samarinda, 19 Januari 2023
Validator

Nida Amalia, SKM., M.PH
NIDN. 1101119301
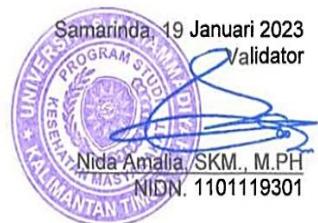
Lampiran 7 Hasil Uji Realibilitas Instrumen

Reliability Statistics

Cronbach's Alpha	N of Items
,671	22

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Batuk Kering	9,53	13,706	,061	,734
Batuk Berlendir	9,97	15,964	-,095	,692
Sakit Telinga	10,20	14,579	,351	,652
Hidung Tersumbat	10,00	14,897	,179	,666
Pilek	9,60	14,800	,278	,658
Bersin	9,53	14,464	,476	,645
Mata Berair	9,73	13,582	,572	,628
Suara Serak	9,77	14,737	,228	,661
Merasa Demam	9,90	13,817	,465	,637
Berkeringat	9,43	16,392	-,400	,687
Panas Dingin	9,93	13,375	,593	,623
Sakit Kepala	10,07	13,789	,510	,634
Gatal Tenggorokan	10,10	14,783	,233	,661
Sakit Dada	10,07	13,926	,469	,638
Asma	10,20	14,786	,282	,657
Benjolan Leher	10,33	15,609	,080	,671
Kehilangan Nafsu Makan	10,10	14,921	,193	,665
Nyeri Sinus	10,37	15,344	,320	,663
Gangguan Bernafas	9,97	13,344	,607	,622
Nafas Pendek	9,77	13,289	,645	,619
Masa Kerja	9,83	15,454	,032	,680
Shift Kerja	10,00	16,828	-,304	,710

Lampiran 8 Analisis Univariat

Usia Responden

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<20 tahun	6	6,4	6,4	6,4
	20-29 tahun	34	36,2	36,2	42,6
	30-39 tahun	33	35,1	35,1	77,7
	40-49 tahun	13	13,8	13,8	91,5
	50-59 tahun	8	8,5	8,5	100,0
	Total	94	100,0	100,0	

Jenis Kelamin Responden

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Laki-laki	94	100,0	100,0	100,0

Site Kerja Responden

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Area Pelabuhan	26	27,7	27,7	27,7
	Area Pertambangan	68	72,3	72,3	100,0
	Total	94	100,0	100,0	

Lama Paparan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	≤ 8 jam	54	57,4	57,4	57,4
	> 8 jam	40	42,6	42,6	100,0
	Total	94	100,0	100,0	

Masa Kerja

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	≤ 5 tahun	37	39,4	39,4	39,4
	> 5 tahun	57	60,6	60,6	100,0
	Total	94	100,0	100,0	

Shift Kerja

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Pagi	57	60,6	60,6	60,6
	Malam	37	39,4	39,4	100,0
	Total	94	100,0	100,0	

Penyakit ISPA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak	40	42,6	42,6	42,6
	Ya	54	57,4	57,4	100,0
	Total	94	100,0	100,0	

Lampiran 9 Analisis Bivariat

Lama Paparan * Penyakit ISPA

Crosstab

			Penyakit ISPA		
			Tidak	Ya	Total
Lama Paparan	≤ 8 jam	Count	28	26	54
		% within Lama Paparan	51,9%	48,1%	100,0%
	> 8 jam	Count	12	28	40
		% within Lama Paparan	30,0%	70,0%	100,0%
Total		Count	40	54	94
		% within Lama Paparan	42,6%	57,4%	100,0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4,489[a]	1	,034		
Continuity Correction[b]	3,639	1	,056		
Likelihood Ratio	4,564	1	,033		
Fisher's Exact Test				,038	,028
Linear-by-Linear Association	4,441	1	,035		
N of Valid Cases	94				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 17,02.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Lama Paparan (≤ 8 jam / > 8 jam)	2,513	1,062	5,947
For cohort Penyakit ISPA = Tidak	1,728	1,009	2,962
For cohort Penyakit ISPA = Ya	,688	,488	,969

N of Valid Cases	94		

Masa Kerja * Penyakit ISPA

Crosstab

			Penyakit ISPA		
			Tidak	Ya	Total
Masa Kerja	≤ 5 tahun	Count	21	16	37
		% within Masa Kerja	56,8%	43,2%	100,0%
	> 5 tahun	Count	19	38	57
		% within Masa Kerja	33,3%	66,7%	100,0%
Total		Count	40	54	94
		% within Masa Kerja	42,6%	57,4%	100,0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5,036[a]	1	,025		
Continuity Correction[b]	4,123	1	,042		
Likelihood Ratio	5,041	1	,025		
Fisher's Exact Test				,033	,021
Linear-by-Linear Association	4,982	1	,026		
N of Valid Cases	94				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 15,74.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Masa Kerja (≤ 5 tahun / > 5 tahun)	2,625	1,119	6,155
For cohort Penyakit ISPA = Tidak	1,703	1,072	2,704
For cohort Penyakit ISPA = Ya	,649	,430	,980
N of Valid Cases	94		

Shift Kerja * Penyakit ISPA

Crosstab

			Penyakit ISPA		Total
			Tidak	Ya	
Shift Kerja	Pagi	Count	28	29	57
		% within Shift Kerja	49,1%	50,9%	100,0%
	Malam	Count	12	25	37
		% within Shift Kerja	32,4%	67,6%	100,0%
Total		Count	40	54	94
		% within Shift Kerja	42,6%	57,4%	100,0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2,557[a]	1	,110		
Continuity Correction[b]	1,920	1	,166		
Likelihood Ratio	2,591	1	,107		
Fisher's Exact Test				,137	,082
Linear-by-Linear Association	2,530	1	,112		
N of Valid Cases	94				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 15,74.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Shift Kerja (Pagi / Malam)	2,011	,849	4,764
For cohort Penyakit ISPA = Tidak	1,515	,887	2,586
For cohort Penyakit ISPA = Ya	,753	,536	1,057
N of Valid Cases	94		

Lampiran 10 Dokumentasi Kegiatan

Lampiran 11 Hasil Turnitin

Hubungan Waktu Kerja dengan Penyakit ISPA di Perusahaan Tambang Batu Bara PT.X

by Wildayani Wildayani

Hubungan Waktu Kerja dengan Penyakit ISPA di Perusahaan Tambang Batu Bara PT.X

12%
SIMILARITY INDEX

13%
INTERNET SOURCES

8%
PUBLICATIONS

6%
STUDENT PAPERS

1	repository.stikes-bhm.ac.id Internet Source	3%
2	dspace.umkt.ac.id Internet Source	2%
3	alvinnaufaljacobkesmas2017.blogspot.com Internet Source	2%
4	Submitted to Sogang University Student Paper	1%
5	ojs.stikespanritahusada.ac.id Internet Source	1%
6	eprints.uniska-bjm.ac.id Internet Source	1%
7	repository.unjaya.ac.id Internet Source	1%
8	www.researchgate.net Internet Source	1%
9	digilib.uin-suka.ac.id Internet Source	1%