



The Impact of Safety Behaviour Nurses, Work Stress, Skill Competency and Hospital Commitment in Hajj Jakarta

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Received 2nd Aug 2023,
Accepted 19th Aug 2023,
Online 19th Sep 2023

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Abstract: In general, the high prevalence rate of unsafe behavior and its consequences for the quality and culture of patient safety, as well as the physical and mental harm of healthcare professionals reinforces the need for continuous and collaborative monitoring of work-oriented behavior and actions. With regard to the evaluation of the quality of the research methodology, the results found several weaknesses in the evaluation of exposure, definition of criteria for standardizing condition measurements, identification of confounding factors, and strategies for dealing with these variables. However, some studies show excellent quality of research methodological results. The results presented in this systematic review indicate that the emergence of unsafe behavior is from the quality-of-care services in hospitals. These unsafe behaviors (rudeness, workplace violence, feelings of threat, poor workload distribution and refusal to work well as a team) lead to negative consequences, such as patient safety, side effects, and can also affect the physical and mental health of employees. health professionals, regardless of their profession and length of service in the hospital. Most importantly, this data is expected to be used to develop organizational and management policies to improve service patterns in hospitals with overall patient outcomes in a healthy and optimal work environment..

Key words: safety behavior, stress, nurses, hospital commitment.

Introduction

Safety behavior has become a global issue including in hospitals. Important issues related to safety in hospitals concerning patient safety, the safety health workers and handling of hospitals equipment that impact the safety of patients and hospital employees, affecting environmental, environmental pollution, and the safety for suppliers which related to the hospital. This is due to the high number of work accidents and the poor health of workers (WHO, 2020).

According to the World Health Organisation (WHO's) global statement, two million workers are exposed to the HIV/AIDS virus, whilst 8-12% of hospital workers are sensitive to the long term usage of latex. A research conducted by Dr. Joseph in 2017-2019 noted that the number of occupational accidents due to needle pricks reached 38-73% of the total health workers.

A report published by the *National Safety Council United States* (NSC US) in 2018, 41% of medics were out of work due to illness and accidents, and this number is much greater than the industry. Additionally, the biggest cause of accident is due to needle stick injury. (National Safety Council, 2018) According to Charney (2018) in the United States every day, 9000 health workers suffer injuries while working. (Tiesman, 2018) Every 30 seconds the health worker is impaled by a syringe. More than 2.5% are infected with HIV/AIDS, 40% - 60% are affected by Hepatitis B and C. The above issues are the focus of attention, considering the hospital as a health care facility where the development is very rapid, both in terms of the number of personnel and the utilization of medical technology. According to Juliana et al (2018) between 2018 and 2019, the number of work accidents in hospitals is about 59.6% of which 90% are accidents caused by biology 34% were not reported as workplace accidents.

Based on this, the implementation of Occupational Health and Safety (OHS) in hospitals is very important, and must be a civilized work foundation. To civilize it requires a continuous way of improvement by involving all existing resources. Implementation must begin with commitment from all parties, all employees are equipped with knowledge and competencies, management opens up the entire communication network, and all employees are responsible, disciplined, proactive, and have motivation as the driver.

Background of Study

Occupational Health and Safety (OHS) culture should become ingrained and not just an external expectation driven by agency regulations. The culture of safety and security within the institution forms a strong basis for the successful development of the program where to succeed this program requires daily commitment from all parties. The institution must be done consistently and long-term. Therefore, individuals at all levels must understand the importance of eliminating the risk of exposure to hazardous materials in hospitals and must cooperate in making them happen.

To create a culture of safety and security, a safety/work safety behavior is required from each employee, where it lies in the awareness that the safety of each individual depends on teamwork as well as personal responsibility. However, this culture often fails despite various efforts made. That is because the *safety* behavior of employees is still lacking because practitioners do not have a deep understanding of how to implement the Occupational Health and Safety (OHS) program integrated in operational activities, so that it is felt that the program can run well and effectively in the field. In addition, *Dominic Cooper* also mentioned that this *non-safety* behavior is done by employees because they have never felt pain due to their behavior. That is, 'If no real and effective effort is made to improve working conditions and there is no implementation of applicable training, then the accident happened just a matter of time.'

In economic terms, it is estimated that annual losses due to work accidents and work-related illnesses caused by unsafe behavior in some countries can account for four percent of Gross National Product (GNP). Direct and indirect costs of the impact include medical costs, loss of working days, reduced production, compensation for workers, time/money costs from fines and training. Worker reset, damaged and repair equipment, low morale of staff, bad publicity, and loss of contract due to negligence. Therefore, to change the culture of Occupational Health and Safety (OHS) better, there needs to be a change in behavior from *non-safety* to *safety*.

Problem Statement

Safety behavior is a major important part in hospitals, so a more in-depth investigation is needed about the relationship between the determinants of nurses' safety behavior in the inpatient ward of the Jakarta Hajj Hospital. The determinant factors seen are work stress, competency skills, organizational commitment, management commitment, leadership, communication, motivation and incentives. This is due to the non-optimal application of standard operating procedures, lack of smooth communication between nurses and units, lack of supervision over the implementation of Occupational Safety and Health, and the commitment built by the hospital and all nurses to implement it.

Nurses' safety behavior is one of the main factors that must be considered by hospitals. There are still many increases in the incidence of accidents and unsafe acts by nurses in providing services to patients. The implementation of Occupational Safety and Health in hospitals is very important, and must be a good working foundation. To cultivate it requires a way of continuous improvement by involving all existing resources. Implementation must begin with the commitment of all parties, all nurses must be equipped with knowledge and competence, the hospital management must open all communication networks and commitments, and all employees are responsible, disciplined, proactive, and have high motivation for better progress.

1.5 Research Objective

1.5.1. General Objective

Main objectives this study is to examine work stress, skill competency, organizational commitment, management commitment, motivation, leadership, communication and incentive to the safety behavior of nurse's inpatient room Hajj Hospital Jakarta.

1.5.2. Specific objective

1. To evaluate the effect work stress and safety behavior of nurse's inpatient room of Hajj Hospital Jakarta.
2. To investigate the effect skill competency and safety behavior of nurse's inpatient room of Hajj Hospital Jakarta.
3. To identify the effect organizational, management commitment and safety behavior of nurse's inpatient room of Hajj Hospital Jakarta.
4. To examine the effect motivation, communication and safety behavior of nurse's inpatient room of Hajj Hospital Jakarta.
5. To assess the effect chief nurse leadership and safety behavior of nurse's inpatient room of Hajj Hospital Jakarta.
6. To determine the effect incentive and safety behavior of nurse's inpatient room of Hajj Hospital Jakarta.

Literature Review

Behavior is often defined as the actions or activities that a person displays in relation to others and the environment around him or how humans adapt to his or her environment. (Dominic Cooper, 2018) On the other hand, some say that my behavior is all actions performed in work or outside the work of man. Understanding an individual's behavior well means understanding the characteristics inherent in the individual. Individual characteristics consist of biographical traits (age, gender, marital status, number of dependents, and working life), personality, perception, and attitude.

While safety behavior or occupational safety behavior is an action or activity related to occupational safety factors. Safety behavior focuses on the identification of unsafe behavior. (Dominic Cooper, 2018) Unsafe behavior is the type of behavior that leads to accidents, such as working regardless of safety, doing work without permission, getting away with equipment safety, using equipment that is not standard, acting rudely, lacking knowledge, body defects or a disturbed emotional state. People often act insecurely because they have never experienced pain while doing their job in an unsafe way. However, it may be true that the potential for an accident will not stay away. This can be seen from the *Heinrich's Triangle* in Figure 3. *Heinrich* gave an example of every 300 unsafe attitudes that would lead to 29 cases of minor accidents, and one case of major accidents. (Heinrich W., 2019)

Design / Design Research

This study used a cross sectional design and apply study. The population in this study were 96 nurses and the research sample used sensus (total sampling). Data analysis used the chi-square statistical test for bivariate analysis and logistic regression for multivariate analysis. The study was conducted using cross sectional methods because measurements from work stress, skill competency, factor organizational commitment, management commitment, leadership, communication, motivation and incentive that affect the safety behavior of inpatient nurses in the Hajj Hospital Jakarta.

Place and Time of Research

This research is carried out in Oktober to Desember 2021 at Hajj Jakarta Hospital, Pondok Gede Raya Street, East Jakarta, Indonesia. In this study, a pilot study was conducted at a family partner hospital, and the final study was conducted at a hajj hospital. Due to restrictions on access to research in hospitals when the number of COVID-19 cases is high in Indonesia. While the number of nurses in this study was 96 because the respondents were only nurses in the inpatient room.

Population and Research Sample

Population is a combination of elements that they want to find conclusions. The population of this study is all nurses in the inpatient room of Hajj Jakarta Hospital which has 96 nurses. Sampling is the process of selecting some elements owned by a population, where they describe the entire population. Sampel is taken to be more effective and efficient, improving the accuracy of research results, speeding up the process of data retrieval and utilizing available population elements. The sampling technique used is purposive sampling, which is a way to obtain a sample by selecting a sample among the population according to what the researcher wants. The sample on this study was a nurse in the general inpatient room of the nursing department of Hajj Jakarta Hospital.

Summary Finding:

The results of this study indicate that the safety behaviour of nurses at Haji Hospital as a whole is good, this can be seen by the nurses' understanding of the importance of using personal protective equipment when carrying out nursing care services to patients. The training is still felt to be lacking by nurses, but has begun to be given gradually, although only some of the appointed nurses can participate in the training directly, then the other nurses will be notified by friends who attend group training at the nurse station or personally the next day at hours work. There is a significant relationship between skill competency and safety behaviour of nurses in the inpatient ward of the Jakarta Hajj Hospital.

Implication

1. The results of this study indicate that the safety behaviour of nurses at Haji Hospital as a whole is good, this can be seen by the nurses' understanding of the importance of using personal protective equipment when carrying out nursing care services to patients. The training is still felt to be lacking by

nurses, but has begun to be given gradually, although only some of the appointed nurses can participate in the training directly, then the other nurses will be notified by friends who attend group training at the nurse station or personally the next day at hours work. There is a significant relationship between skill competency and safety behaviour of nurses in the inpatient ward of the Jakarta Hajj Hospital.

2. Skill competency and training is said to be very related in changing the safety behaviour of nurses in the inpatient room because if it is given directly and often, the training will add deeper knowledge and skills so that it can change the safety behaviour of nurses in the inpatient room. The most dominant variable of the five related variables is the training variable. Of all the things related to the safety behaviour of nurses, it is said that training can affect the safety behaviour of nurses the most because it will increase knowledge and skills significantly.

3. The results of this study indicate that the number of nurses who have good safety behavior is more than the number of nurses who behave less, namely 63.3% good and about 36.7% the number of nurses who behave less safely. More than half of nurses are said to have good safety behavior. This lack of safety behavior can be seen in the lack of awareness in using shoes that prevent the invisibility of sharp objects, working to pay attention to safety signs, disposing of consumables in their place, and returning tools after use. This decline in safety behavior began to occur after the completion of hospital accreditation.

4. In the distribution of respondents based on perception of the commitment of ohs3 organizations, more than half of the total respondents had a good perception. In the subvariable organizational structure of OHS, less than half of the total respondents perceive exist. In the policy subvariable, less than half of the total respondents perceive exist. For the SPO subvariability, most respondents perceive there. Subvariable communication, less than half are poorly perceived. Most of the respondents said that the organizational commitment of the OHS Committee was good enough. This can be seen from the policy that has been socialized through notification by the head of the room or other management in the inpatient room when the first time the policy has been made, but the organizational structure of OHS, SPO OHS is still not notified to all nurses so many nurses still do not know the organizational structure. Communication in explaining vision, regulation, and so on is still less effective in the way it is delivered directly while on duty.

REFERENCES

1. Abdillah Hanafi. (2014). Understanding Human Communication. National Enterpris
2. Abdullah, A., & Ramay, I. (2012). Antecedents of organizational commitment of banking sector employees in Pakistan. *Serbian Journal of Management*, 7(1), 89–102. <https://doi.org/10.5937/sjm1201089A>
3. Abdurrahmat, F. (2006). Human Resource Management. Rineka Cipta.
4. Adam H. Cave, et al. (2013). Determining the Factors Affecting Retention of Employees in Taiwanese Electronic's Firms - General Vs Repatriated Employees. *International Journal of Academic Research in Business and Social Sciences*, 3(1).
5. Adekola, B. (2012). The Impact of Organizational Commitment on Job Satisfaction: A Study of Employees at Nigerian Universities. *International Journal of Human Resource Studies*, 2(2), 1. <https://doi.org/10.5296/ijhrs.v2i2.1740>
6. Akah L.U. (2011). Stressors and Job Performance of Health Workers in the Public Sector of Calabar Metropolis, Cross River State, Nigeria. *International Review of Social Sciences and Humanities*, 4(2).

7. Al-Aameri, A. S. (2000). Job satisfaction and organizational commitment for nurses. *Saudi Medical Journal*, 21(6), 531–535.
8. Anoraga, P. (2001). *Psikologi Kerja*. Rineka Cipta.
9. Anthonia Adenike. (2011). Organizational Climate As A Predictor Of Employee Job Satisfaction: Evidence From Covenant University. *Business Intelligence Journal*, 4(1), 151–166.
10. Antonio, C. (2009). Relationship between Stress and Work Performance.
11. Arikunto, S. , S. S. (2007). *Class Action Research*. Bumi Aksara.
12. Bangun, W. (2012). *Human Resource Management*. Erlangga.
13. Bennis, W. (2010). *On Becoming a Leader*. PT Alex Media.
14. Bob Kimball. (2004). *The Book on Management*.
15. Chacón, F., Mora, F., Gervás-Ríos, A., & Gilaberte, I. (2011). Efficacy of lifestyle interventions in physical health management of patients with severe mental illness. *Annals of General Psychiatry*, 10(1). <https://doi.org/10.1186/1744-859X-10-22>
16. David Oswald, F. S. S. S. (2013). Exploring factors affecting unsafe behaviours in construction. *ARCOM Conference Annual*.
17. Deddy Mulyadi. (n.d.). *Organizational Behavior and Service Leadership*. Alfabeta.
18. Department of Health RI. (2008). Guidelines for infection prevention and control in hospitals and other health care facilities. Department of Health.
19. Dominic Cooper. (2012). Surfacing Your Safety Culture . *Major Hazard Commission Of The Federal Ministry Of Environment: Human Factor Conference*.
20. Dominic Cooper. (2014). The Impact of Management's Commitment on Employee Behavior: A Field Study. *7th Professional Development Conference & Exhibition* .
21. Dra. Sri Redjeki, M. Si. (2016). Occupational Health and Safety. Health Human Resources Education Center.
22. Drayto, Scott. (2013). The Advantages and Disadvantages of In-House Training. *Journal Learning and Development Business*, 1(16).
23. Effendy, O. U. (2015). *Communication Theory and Practice*. PT. Citra Aditia Bakti.
24. Feldman, R. S. (2009). *Understanding Psychology*. McGraw-Hil.
25. Gieselman, R. D. (2012). Book Reviews : Lawrence D. Brennan, MODERN COMMUNICATION EFFECTIVENESS, Englewood Cliffs, New Jersey, Prentice-Hall, Inc., 2012, \$5.25. *Journal of Business Communication*, 1(1). <https://doi.org/10.1177/002194366300100106>
26. Green, W. Lawrence. et. al. (2010). *Health Education Planning A Diagnostic Approach*. Mayfield Publishing Company.
27. Hamouda, A. S. (2013). *Attitude towards safety culture among employees at the intensive care unit in the governmental hospital of gaza city*. Islamic University - Gaza.
28. Heinrich W. (2011). *Industrial accident prevention : a scientific approach* (1st ed.). McGraw-Hil.
29. Ismail, F., Salimin, R. H., & Ismail, R. (2012). The Organisational Environment-Behaviour Factor's Towards Safety Culture Development. *Procedia - Social and Behavioral Sciences*, 35. <https://doi.org/10.1016/j.sbspro.2012.02.128>

30. Jaselski Edward J. et al. (2015). Strategies for Achieving Excellence in Construction Safety Performance . *Journal of Construction Engineering and Management* .
31. John W. Newstrom, K. D. (2013). *Organizational Behavior: Human Behavior at Work*. McGraw-Hill.
32. Kadarisman, M. (2014). Compensation Management. Raja Grafindo Persada.
33. Karina Zain Suyono, E. D. N. (2010). The Relationship Between The Factors That Form Work Safety Culture With Safety Behavior At Pt Dok And Shipping Surabaya Unit Hull Construction. *Jurnal K3*, 2(1), 67-undefined.
34. Kartini Kartono. (2008). Leaders and Leadership. Raja Grafindo Persada.
35. SK Menkes No. 432/Menkes/SK/IV/2007 on OHS Management Guidelines in Hospitals and OHSAS 18001 on Management System Standards K3, (2007) (testimony of Kemenkes RI).
36. Undang-Undang Republik Indonesia Nomor 38 Tahun 2014 Nurses, (2014) (testimony of Kemenkes RI).
37. Khosravi, Y., Asilian-Mahabadi, H., Hajizadeh, E., Hassanzadeh-Rangi, N., Bastani, H., & Behzadan, A. H. (2014). Factors Influencing Unsafe Behaviors and Accidents on Construction Sites: A Review. *International Journal of Occupational Safety and Ergonomics*, 20(1). <https://doi.org/10.1080/10803548.2014.11077023>
38. Kreitner, R. dan A. K. (n.d.). *Perilaku Organisasi*. Salemba Empat.
39. L. U. Akah, C. C. C. C. I. (2011). Assessment of Indices of Job Satisfaction among Nursing Staff in Calabar Metropolis of Cross River State. *Canadian Social Science*.
40. Lilis Listiyawati. (2013). Quality Management System Policy Implementation ISO 9001:2008 di Politeknik Negeri Pontianak. *Jurnal Program Magister Ilmu Sosial Universitas Tanjungpura*.
41. Mamik. (2010). Concept, Process, Organization and Management of Health and Midwifery Services.
42. Manpower Services Commission. (2016). *Glossary of training terms*.
43. McDonald, H. B. M. dan W. J. K. (2009). *Marketing Plans That Work* (1st ed.). Erlangga.
44. Mowday, R. , P. L. and S. R. (2011). *Employee—Organization Linkages: The Psychology of Commitment, Absenteeism, and Turnover*. Academic Press.
45. Nasution, Mulia. (2010). Personnel Management. Djambatan.
46. National Safety Council. (2018). *National Safety Council Annual Report*.
47. Neal, A., & Griffin, M. A. (2013). A study of the lagged relationships among safety climate, safety motivation, safety behavior, and accidents at the individual and group levels. *Journal of Applied Psychology*, 91(4). <https://doi.org/10.1037/0021-9010.91.4.946>
48. Neriman Akansel, Z. A. Đ. E. (2011). Job Satisfactions of Nurses and Physicians Working in the Same Health Care Facility in Turkey. *INTERNATIONAL JOURNAL OF CARING SCIENCES* , 4(3).
49. Nursalam. (2009). Nursing Management and Its Applications. Salemba Medika.
50. Nursalam. (2011). NURSING MANAGEMENT Applications in Professional Nursing Practice. Salemba Medika.

51. O'Toole, M. (2012). The relationship between employees' perceptions of safety and organizational culture. *Journal of Safety Research*, 33(2). [https://doi.org/10.1016/S0022-4375\(02\)00014-2](https://doi.org/10.1016/S0022-4375(02)00014-2)
52. PEDRAJA-REJAS, L. R.-P. E. and R.-P. J. (2016). Leadership styles and effectiveness: A study of small firms in Chile. *INCI (Online)*, 31(7), 500–504.
53. Razieh Tadayon Nabavi. (2011). Bandura's Social Learning Theory & Social Cognitive Learning Theory. *Theories of Developmental Psychology*.
54. Rhyne, E. H. (2017). AUTOCRACY AND DEMOCRACY: AN EXPERIMENTAL INQUIRY. By Ralph K. White and Ronald Lippitt. New York: Harper & Brothers, 1960. 330 pp. \$6.00. *Social Forces*, 41(1). <https://doi.org/10.2307/2572929>
55. Robbins dan Judge. (2007). *Organizational Behavior*. Pearson Prentice Hall.
56. Ross L. Watts, J. L. Z. (2016). *Positive Accounting Theory*. Prentice Hall. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=928677.
57. Safety in Malaysian Construction: The Challenges and Initiatives. (2010). Ghani M.K., Abdul Hamid Z., Mohd Zain M.Z., Abdul Rahim A.H., Mohamad Kamar K.A., Abdul Rahman M.A. Construction Research Institute Malaysia (CREAM).
58. Saragih, T. dan H. S. (2015). The Effect of Work Competence and Job Stress on Employee Performance Case Study at PT Ara Shoes Indonesia Semarang. *Jurnal Ekonomi Bisnis Universitas Dian Nuswantoro Semarang*.
59. Sarwoto. (2016). *Organizational Management Fundamentals*. Ghalia.
60. Sloman, M. (2012). *The E-learning Revolution How Technology is Driving a New Training Paradigm*. American Management Association (AMACOM).
61. Soekarso, A. S. I. P. C. H. (2010). *Leadership Theory*. Mitra Wacana Media.
62. Sondang P. Siagian. (2013). *Teori & Leadership Practice*. Pt Rineka Cipta.
63. Sopiah. (2007). *Human Resource Management*. Graha Julianta.
64. Stoner, J. A. F. , & C. W. (2016). *Management*. Prentice hall.
65. Tiesman, H. , N. A. , C. W. , S. K. & F. G. (2013). Effectiveness of a ceiling-mounted Patient Lift System in Reducing Occupational Injuries in Long Term Care. *Journal of Healthcare Safety*, 1(1), 34–40.
66. Triwibowo, C. (2013). Management of Nursing Services in Hospitals. Trans Info Media.
67. Truelove. (2015). *The handbook of training and development*. Back Publisher. Inc.
68. Veithzal Rivai. (2014). *Human Resource Management for Companies from Theory to Practice*. PT Raja Grafindo Persada.
69. Wong, Y., Ngo, H., & Wong, C. (2012). Affective organizational commitment of workers in Chinese joint ventures. *Journal of Managerial Psychology*, 17(7). <https://doi.org/10.1108/02683940210444049>
70. Zhang, F., Luo, Z., Chen, T., Min, R., & Fang, P. (2017). Factors affecting turnover intentions among public hospital doctors in a middle-level city in central China. *Australian Health Review*, 41(2), 214. <https://doi.org/10.1071/AH15238>
71. Zohar D. dan Marshall, S. (2011). *SQ, Utilizing Spiritual Intelligence in Integralistic and Holistic Thinking to Make Meaning of Life*. Mizan.