

Relationship Perceived Benefit with Behavior Work Accidents Reporting at Nurse in Hospital Suaka Insan Banjarmasin

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Abstract- The accident in the hospital was never known amount. This is due to lack of awareness of individuals to report the incident. The purpose of research is the perceived benefit to behavioral report incidents of workplace accidents in the Hospital Asylum Insan Banjarmasin. The study was conducted in May 2016. The observational study design with cross-sectional design. The study population that nurses who work in hospitals asylum beings. Ordinal regression statistical analysis methods. The results showed that the perceived benefits to have enough relationship and the direction of the negative relationship, ie -0.282. The perceived benefits can increase the incidence of occupational accidents reported behavior but if the benefit level with the behavior reported work accidents will decrease.

Index Terms- HBM, Nurse behavior, injury reports, perceived benefits

1. INTRODUCTION

Occurrence of workplace accidents are unwanted and unexpected, can result in losses in terms of time, possessions, and the spirit of labor in the work process or related industries (Tarwaka, 2014). Occupational accidents according Suma'mur (2013) due to two factors, namely mechanical and environmental factors; and human factors. According Benneth Silalahi (1995) in Anizar (2012) work accidents occur because of four interrelated factors: environment, danger, equipment, human. Both of these ideas shows similarities will cause accidents.

Accidents that come from mechanical (work equipment) and the environment in the workplace can be prevented by controlling risks such as elimination, substitution, engineering techniques, isolation, and the use of personal protective equipment. Caused by human factors (labor) should be prevented by the human awareness of workplace accidents. Specifically Tarwaka (2014) wrote that in preventing workplace accidents one of the aspects to note are the reporting system.

Reports of occupational accidents in Indonesia are set in the Indonesian Manpower Regulation No. 3 of 1998 on Procedures for Reporting and Accident Investigation. It reported include workplace accidents, kebakaran or blasting or hazard industrial waste, other hazardous incident. Work accident report submitted to the Ministry of labor work area. Work accident report is expected to mengurangi effects of repetitive work accident.

Effects obtained from occupational accidents in hospitals namely the workers, the infrastructure, the

management, and the environment around the hospital. Effect on workers that make workers work accident unhealthy, unhealthy conditions make workers become vulnerable to disease that easily contracted. On the infrastructure can cause damage leading to financial losses can even be up to disrupt the service. Surrounding community hospitals may feel the effects of workplace accidents in case of fire, peledakan or leakage of hospital medical waste. Reducing the effects of occupational accidents, especially on workers, one of the efforts that study the behavior of labor.

The workplace has a different source of danger. Hospitals have different types of hazards in office buildings. Office building events in anticipation is the fire because it can scorch important documents while hospitals events in anticipation of fire, disease transmission, leakage of medical waste, exposure to radiation, inhaled chemicals, accidents when providing care (exposed to body fluids, needles, injuries due to fragments vial) (Health Ministry Republic of Indonesia, 2014).

The hospital is one of the workplaces that have a high risk of disease transmission but the data of occupational accidents in all hospitals in Indonesia, almost nothing to report. Data from the Ministry of Health, Hospitals in Indonesia in 2014 by holdings are 2,434 pieces and employs 499 898 workers consisting of doctors, nurses, midwives, pharmacists, and other health professionals (Health Ministry Republic of Indonesia, 2014). Based on the number of hospitals and labor is likely to occur work accidents is also

high, but it can not know the specific number of occupational accidents per year in each hospital because there were no reports of workplace accidents. The existing workforce at the hospital may have had an accident, but they did not realize that it was an accident and must be reported.

Occupational accidents ever experienced nurse at the hospital, according to research conducted by Purabak (2009) in RS Elim Rantepao is cut by 30.6% and 25.9% incidence pricked, while in hospitals Lkipadada Makale 26.8% and cut the incidence of events punctured 26.1%. Research conducted Rusmerie (2015) in RSU Haji Surabaya incidence of workplace accidents has experienced the highest incidence of needlestick ie (87%) and exposure to fluids of patients (78%). The survey results preliminary data at the Hospital Asylum Insan Banjarmasin, work accidents ever experienced that wound needles (90%), wound shrapnel ampoule (85%), spattered with body fluids (blood, pus, urine) (80%).

Health Belief Model theory was first elaborated at 1950s. Glanz (2008) describes this theory is used to explain and predict health behavior. The theory consists of three components: factors modify individual's beliefs and actions. Factors that modify consisting of age, gender, ethnicity, personality, social-economic, knowledge. Confidence individuals included in the main construction Health Belief Model which susceptibility, seriousness, barriers, benefits, and self-efficacy. The action is a behavior of individuals to disease or events that occur. Behavior reported the incidents assessed by the frequency of reported incidence of occupational accidents: always, sometimes, not reported), and how to report: oral and written.

This research is necessary to analyze the problem why workers do not want to report incidents of workplace accidents in the natural. The purpose of this study to analyze how much influence an individual's belief that the accident could cause problems for him later, so that consciously he felt the need to get protection from accidents. Unreported accidents that may have an impact like the recurrence of similar incidents, accidents is greater.

The accident report must be made of individual work voluntarily because they feel need. Based on an individual's belief that the perceived can be evaluated existing programs and new programs are arranged accordingly. Proper accident prevention work so that accidents do not occur repeatedly. Programs related to occupational safety and health benefits are not felt immediately so that the support of all stakeholders is needed.

2. METHODS

Methods of observational research conducted cross-sectional. The population was nurses who work

in hospitals asylum beings. The sample selection method the total population. The inclusion criteria of population is a nurse who never had an accident, was not on duty at the clinic.

Instruments to obtain data that the questionnaire. Questionnaire consisted of 30 questions. questionnaire is divided into five sections based on the Health Belief Model which is 5 to perceived vulnerability, 7 for the perceived seriousness, 6 for perceived benefits, perceived barriers 6 for, 6 for self-perceived ability. Questionnaire has been adapted and developed by nurses who work in hospitals. Each item is rated with 4 Poin question Likert scale ranging from 1 to 4 (1: strongly disagree, 2: disagree, 3: agree, 4: strongly agree). Tested questionnaire to 20 nurses in order to know the form of the questionnaire is appropriate or not to get the desired data. Test the validity of the correlation method perason, valid if the value above 0.444 (r value table for 20 respondents). A reliability test using Cronbach alpha of 0.7 means the value obtained reliabilitas acceptable. Methods of data analysis using regression Ordinal. Scale data for the dependent variable (behavior reported accident) with three categories: one for behavior snagat less, 2 to conduct less, 3 to conduct sufficient, in this study there was no behavior with good value.

3. RESULT

Respondents amounted to 122 nurses. Results of the study is divided into two parts: Yag modifying factors and relationships yag perceived vulnerability, perceived keceriusan, perceived benefits, perceived barriers, perceived self-efficacy with the behavior incident report accidents. Factors that modify consisting of age, gender, knowledge of occupational accidents, occupational accidents knowledge of the report.

Table 1 shows the factors that modify the nurse is Gender highest in female respondents. The age range of most of the respondents at the age of 20-30 years. Knowledge of most workplace accidents at a rate of less knowledge. Knowledge of the work accident report on the level of knowledge of good.

Table 1. Factors That Modify The Nurse At The Hospital Asylum Insan

Factors That Modify	Frequency	Percentage (%)
Age		
20-30 year	85	70
31-44 year	24	21
45-59 year	13	9
Sex		

Man	30	25
Woman	92	75

Factors That Modify	Frequency	Percentage (%)
Knowledge About Work Accident		
Less	75	61
Fair	23	19
Good	24	20
Knowledge About Work Accident Report		
Less	17	14
Fair	33	27
Good	72	59

The strength of the relationship between the variables of the perceived benefits to the behavior reported incidence of occupational accidents seen in Table 2. The strength of the relationship is weak and directions negative relationship.

Table 2. The Relationship Between Perceived Benefits With Behavior Work Accidents Report

Variable	Value	Directions Relationship
Perceived Benefits	-0.282	Negative

4. DISCUSSION

The perceived benefits are all that is felt would provide benefits to individuals if it behaves as expected. In this study, the benefit aims to improve the behavior to report incidents of workplace accidents. The benefits consist of getting protection from the workplace, protection of occupational accidents recurring, the handling of the sources of hazards, reduce the harm caused by workplace accidents, improve workplace safety, get regular health checks.

Protection of the workplace in question here is when you create a report workplace accidents means that nurses have notified the hospital that never happened accidents that had happened to him. The hospital authorities after receiving a report taking actions such as giving permission for medical examination, nurses enter the workforce in the list that need special medical examination. Providing health checks on workers is a responsibility and a form of protection from the workplace.

Under Law No. 1 1970 Article 86 of the Safety states that workers are entitled to the protection of

health and safety at work. Law number 23 of 1992 on the health claim that workplaces are obliged to implement occupational health efforts if the workplace has a risk of health hazards such as disease or have at least 10 workers. The workplace can provide protection to workers if labor publicly notify unsafe situation or accident he had ever experienced. The workplace can only know the events experienced workers if labor convey directly or time of the incident there are witnesses who saw. During the work accidents are not reported to the responsible workplace penanggung it can not be sued for compensation or liability.

Every occupational accident report will show the labor experience or the victim, the type of work accidents, the accidents, the means that lead to accidents. The handling of the sources of hazards associated with the victim, the scene and the means which lead to the incidence of workplace accidents. Victims of workplace accidents could workforce, patients, visitors. If the victim is a labor, the source of the problem is the possibility of interference in the eye, which causes lack of concentration fatigue, psychological stress of the workload, or shift work. Scene to note that the lighting, state of the floor. Means that led to the incident could be a drug or medical device is used. Rapid handling of the sources of danger of giving advantage to avoid the recurrence of accidents at work.

Repeat workplace accidents occur because there is no proper handling of the sources of hazards. Protection of repetitive work accident is also the responsibility of the hospital but if work accidents are not reported so the hospital can not provide treatment to a source of danger so that workplace accidents happening again. Results of research Hashim (2005) wrote that the health care prevention of occupational diseases and accidents caused by work in two ways, namely primary prevention and secondary prevention. Primary prevention includes the introduction of potential hazards, monitoring the work environment to control exposure, biological monitoring, identification of vulnerable workers, control engineering, administration, use of PPE (personal protective equipment). Secondary prevention includes screening of diseases, periodic health examinations, medical examinations for workers potentially exposed to certain dangers by legislation. Based on this research shows that tackling the source of danger is the most important thing to do.

Losses caused by workplace accidents depends on how big the event. Employment in the hospital had experienced several incidents of workplace accidents. The most common incident ever experienced nurse that needles, wound for breaking the ampoule, and splattered with body fluids. Genesis ever recorded is inhaled chlorine laundry attendant and splashed hot soup on nutrition officer. Genesis needle, losses

obtained are injured on the finger, the wound causing pain, surprised when experiencing the incident, and the possibility of contracting the disease from the patient if the needle piercing is already in use by patients. In general effects due to needlestick perceived no major impact. Genesis splashed hot soup ever experienced by officers nutritional disadvantage, namely burns, pain in the wound, can not do the job because they have to be hospitalized. The benefits of nutrition officer is to get accountability from hospitals for the cost of treatment and medical examination. Nurses who needlestick not receive the benefit of the hospital because they do not report incidents of workplace accidents that happened.

The benefits can only be obtained if the hospital knows incident work accident that occurred. The benefits of having a weak correlation with the behavior reported accidents. The weak link defined benefits will not be much of an effect to change behavior than not report into reported accidents. Although small effect but variable benefits can still be taken into account to change the behavior of nurses. As well as writing reports nursing care because the responsibility and knowledge, write a report workplace accidents are expected to increase if the knowledge of improved workplace accident report.

The benefits also have a negative correlation with the direction of the behavior reported accidents. Directions negative correlation means between the perceived benefits of the behavior reported to be polar opposites. The perceived benefits are good but the behavior still does not report incidents of workplace accidents. It should be no concerns in the negative direction, namely that the benefits if ditingkatnya will make the behavior becomes increasingly reduced or even do not want to report incidents of workplace accidents.

Research Cao (2014) wrote that the benefits of a favorable effect on health beliefs with the strength of the relationship is very strong and positive correlation direction. This is in contrast with the results obtained on the behavior of the nurses in the reported incidence of workplace accidents. Cao examined high school students on the topic of traffic accidents and accidents during exercise. Traffic accidents and accidents while exercising its impact will be among others to the death of head injury, spinal injury, fractures. The impact is immediate and large so it is always a concern of students themselves besides parents and teachers in charge. Occupational accidents in the hospital have an indirect impact is felt that although the benefits perceived well intentioned, but from the nurses themselves have not felt in need of protection, the behavior still not reported.

5. CONCLUSION

Nurses who felt the benefits of working on a report kecelakaan karetogi good, but did not report or

behavior remains very under-reporting of accidents. The strength and direction of the relationship is quite negative relationship.

SUGGESTION

Benefits of reported incidence of workplace accidents held on a nurse who was reported work accidents such as the protection of the workplace, protection of occupational accidents recurring, the handling of the sources of hazards, reduce the harm caused by workplace accidents, improve safety in the workplace, getting regular health checks.

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