Phenomenology Study: The Role of the Head Nurses in Maintaining Occupational Safety and Health Nurses

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Abstract: The head nurse's role in maintaining the occupational health and safety of nurses. This research aimed to gain head nurses' experience in maintaining the safety and occupational health nurses. This study used a qualitative design with a phenomenological method in one of the type A referral hospitals in Jakarta. The number of participants in this study was 7 heads nurses from different rooms selected using the purposive sampling method with the maximum variation sampling type. The data collection process was carried out using in-depth interview techniques (50-60 minutes), field notes, and recording devices. Data analysis using the Colaizzi method. This research identified seven themes: 1) Concern for the condition of the human resources of nurses. 2) Enhance nurses' awareness of the importance of maintaining personal safety and health. 3) Give aid and special treatment to injured nurses. 4) Observe the accidents and illnesses often occurring in the room. 5) Provide a conducive working atmosphere for the management, facilities, health care team, and work climate. 6) Minimize or eliminate the risk of danger and illness occurring. 7) Reflection of head nurses on the efforts that have been made. Conclusion: the head nurses played an important role in preventing work accidents in nurses, because the head nurses is a nursing manager who interacts directly with nurses in the room. The head nurse can improve the role and function of the head of the of leadership and management of the Head nurses, improving knowledge about occupational safety and health management, and leadership ability

Keywords: head nurses, nurses, occupational health and safety

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INTRODUCTION

Occupational diseases and accidents are two things that health workers often experience. A report from the World Health Organization (WHO) in 2022 shows that 54% of health workers in low and middle-income countries suffer from tuberculosis; this figure is 25 times higher than the general population. Violence at work is experienced by 63% of health workers. During the COVID-19 pandemic, 23% of frontline health workers experienced depression and anxiety, and 39% suffered from insomnia. In addition, health workers have a higher risk of committing suicide worldwide (World Health Organization, 2022).

Nurses are health workers who most often experience occupational diseases and accidents. Ghasemi et al. (2022) research on 211 nurses found that 39.3% experienced occupational accidents within 12 months. Selain itu (Yulis et al., 2025) found that nurses experience more than one type of occupational disease or accident during work. The type of occupational diseases and accidents that nurses often experience is that 44%–83% of nurses experience chronic lower back pain; this value was higher than the 18% figure for office workers (World Health Organization, 2022). Exposure to biological accidents was experienced by 93% of nurses at least once during their career (Drizaj et al., 2024), accidents with sharp objects (65.1%)

(Patsopoulou et al., 2022), needle stick injury (21.0%), slips (8.6%), radiation exposure (8.6%) (Arifuddin et al., 2023) and occupational contact dermatitis (Filon et al., 2021). Appiagyei et al. (2021) research on health workers, where 78% of the participants were nurses, found that the injuries most often experienced by health workers were needle stick injuries (27.4% of 318 injuries), other sharp object injuries (26.7%), blunt injuries due to being hit by an object (19.5%), injuries resulting from workplace violence (18.9%), and falls (7.5%).

Occupational diseases not only harm nurses but also the workplace. Nurses who are sick, injured, and absent from work cause significant financial losses in the health sector, and it is estimated that they can even reach 2% of the health spending budget (World Health Organization, 2022). Therefore, it is necessary to conduct cause analysis, risk management, and prevention efforts.

According to Bird & Loftus (1986) in (Friend & Kohn, 2023), causes of occupational diseases and accidents are management's failure to organize sources of danger in the workplace. Such as fatigue in nurses due to high workload in inpatient pediatric and internal, fatigue due to night shifts of more than 10 hours (Artanto et al., 2021), long working hours per week, and work stress due to anxiety about exposure to patient diseases (Mo et al., 2020). Nurse managers, through their management functions, can provide a safe working environment for nurses, provide training, provide psychological support, and guide nurses (Mo et al., 2020). In addition, safety leadership can also influence safety motivation, safety knowledge, and safety behavior in the context of hospital nurses. This is likely because leaders in hospitals can encourage nurses to fully utilize their safety knowledge in creating a safer working environment (Subramaniam et al., 2023).

The head nurse is a first-level manager who can play a role in preventing occupational diseases and accidents. A preliminary study on interviews with Hospital Occupational Health and Safety (OHS) Management stated that head nurses are members of the work unit in the Hospital Occupational Health and Safety (OHS) management. Their duties are collecting data and information regarding the implementation of OHS management, potential sources of danger, the number of employees who are sick or absent, the number of work accidents, records of length of illness and length of stay, first aid during work accidents, referrals for employees who need further treatment, and damage resulting from work accidents and repair costs.

Results of interviews with five nurses out of 21 nurses who had experienced needle stick injury at the research site. It was found that one nurse needed a head nurse as a psychological companion. Because after needle-stick injuries used by patient B20, she experienced severe stress for the first 3 (three) months. Apart from stress, the nurse experienced nausea and vomiting due to the effects of the treatment she received. However, she still forced herself to work because she was embarrassed and afraid to tell her problem to her family and other friends. Nurses also need a head nurse to maintain their workload. Two nurses said they had needle-stick injuries due to fatigue after attending several days of training while still on duty. Previous research found that workload is related to the occurrence of work accidents. Workloads that exceed productive time result in >80% of respondents complaining of fatigue, lack of concentration, and stress that causes negligence at work (Sofiantika & Susilo, 2020). The head nurse has an important role in maintaining the safety and health of nurses.

The aim of this research is to explore more deeply through a phenomenological study to answer research questions: 1) What is the meaning of maintaining nurses' work safety and health for the head of the room? 2) What efforts does the head nurse make to maintain the safety and health of nurses in the room he leads?

METHODS

This research uses a qualitative research method with a phenomenological design to examine in more depth the experience of the head nurse in maintaining the safety and health of nurses because one phenomenon can be felt by different participants in different ways. This research was conducted at one of the type A referral center hospitals in Jakarta. The population in this study was heads of rooms in the

hospital. The selection of participants used a purposive sampling method with a maximum variation sampling type. Participants were selected according to the research objectives and inclusion criteria: 1) Head nurses who had worked for more than two years as head nurses, 2) Willing to become a participant by giving approval through informed consent. Varying data and completeness of information, researchers selected participants from several locations: inpatient, operating room (OR), emergency unit, chemotherapy unit, inpatient infectious (TB and MDR TB), VIP suite, and inpatient surgical.

This study has received ethical approval from the Research Ethics Committee of the Faculty of Nursing, University of Indonesia. The entire research process refers to the principles of research ethics, namely beneficence, respect for human dignity, and justice. The data collection method begins with the researcher making a contract for the time and location of the interview first. The researcher meets directly with the participants and interviews them using in-depth interview techniques (50-60 minutes) according to the participant's abilities. The data collection process for all participants was carried out in the head of the hospital's room without being attended by non-participants. The researcher provides an interview guide, field notes, and the entire interview process is recorded using a recording device.

Data analysis uses a seven-step process from the Colaizzi method (1978) in (Kumar et al., 2023) as follows. 1) Arrange the results of participant interviews into transcripts, then read and listen repeatedly. 2) Identify significant statements that are in accordance with the research objectives. 3) Significant statements are grouped into keywords. 4) Keywords are grouped into categories. 5) Categories are grouped into sub-themes and themes. 6) Formulate the results of the description of the phenomenon being studied completely, systematically, and clearly (thick description) so that the results of the analysis of the themes are easier to understand by the reader. 7) The results of the data analysis description are validated using the member check technique. Data validity is obtained by fulfilling four criteria. 1. Credibility: The researcher meets the participants again individually to agree on, add, or reduce data and ends with the provision of a statement sheet that member checks have been carried out to make it more authentic. 2. Dependability: the researcher asks the third author to audit all activities of the third author during the research process. 3. Confirmability: The researcher shows all documentation of research results (interview transcripts, field notes, activity photos, and data analysis tables) to the third author to obtain approval for the transcript results that have been analyzed. 4. Transferability: the researcher makes a complete, clear, detailed, and systematic explanation to make it easier for readers to understand the research results.

RESULTS
Description of Participants
Participants in this research were seven head nurses who had worked as head nurses for more than two years. Participant characteristics comprised one man and seven women aged 36 to 41 years. The educational background of all participants is registered nurses, married, and of various ethnicities, namely Sundanese, Javanese, Padang, and Batak. The working period as a nurse is 10 to 21 years, and the working period as a head nurse is two to six years.

Theme 1. Concern for the condition of the human resources of nurses

The condition of human resources (HR) is one of the concerns of the head of the room. The form of concern for the head nurse is the desire to maintain the health, safety, welfare, quality, and quantity of nursing human resources. First, try to maintain the health of human resources. Participants do not want their caregivers to become sick, suffer losses due to accidents, contract the patient's disease, or be exposed to chemotherapy drugs, especially for pregnant and breastfeeding mothers. One participant even wanted their caregivers to enjoy their old age without experiencing disruption. "*We maintain our health so that we do not experience problems until retirement or old age... the short term is that we do not experience injuries...* (P2)."

Second, try to maintain the work safety of nurses. According to the participant, he wanted to maintain the safety of nurses because everyone wants to be safe. The *important thing is...everyone wants to be safe, right (P4)?"* Another reason was that one participant did not want their caregivers to be at risk of accidents. *"If he is unfit to work, it will endanger him again... There is a risk of having another accident (P3)."* Third, maintaining the welfare of human resources. "*Productivity problems... If he is sick and does not work, in the end, he will not have a breadwinner" (P3).*

Fourth, maintain the quality of human resources. According to one participant, it is very important because nursing is related to humans. *"It is very important... number one, because the work of nurses is related to humans" (P5).* Fifth, maintain the quantity of human resources. The condition of sick or injured nurses affects the number of nurses because some illnesses require nurses to rest. One nurse not working causes other nurses to be overwhelmed.

Theme 2. Enhance nurses' awareness of the importance of maintaining personal safety and health

Increasing nurses' awareness was carried out by seven participants through seven efforts: first, re-socializing occupational health and safety management obtained from the OHS Team. Second, provide education. *Education...opens up one's awareness. If you are tired or not concentrating, hand it over to another friend...a friend or an old friend. Only we know our abilities, right?" (P5).*

Third, describe the risks if you do not maintain safety at work, such as the risk of lawsuits from patients. Fourth, remind nurses to work according to Standard Operational Procedure (SOP). All participants thought their safety would be guaranteed if nurses worked according to the SOP. "*So if you work according to the SOP, it will be safe" (P2).* Fourth, emphasize the importance of personal protective equipment (PPE). *"If you are installing an IV, wear PPE" (P3).* It is not just about using it; one participant said it must be installed correctly.

Fifth, provide sanctions for nurses who do not work by safe work procedures. *" He had an accident at work because of his indifferent personality. "Usually, we continue to educate, but if it does not work, we give a written warning" (P3).* Sixth, give staff freedom to solve problems, hoping they learn from their mistakes. "*If there is an accident... let us sort it out first; where do we start? Usually, they provide their solutions in discussion forums" (P5).*

Theme 3. Give aid and special treatment to injured or sick nurses

Facing the situation of nurses who experienced work accidents or were sick, the seven participants provided help and special treatment to injured nurses. There are three categories: First, providing first aid when a nurse experiences a work accident. Second, carry out follow-up examinations and monitor treatment and examinations. *"Monitor how far the treatment has progressed, what medicines are you taking, are there any complaints... what are the results of the examination... we will give input if there are complaints" (P3).* Third, give special treatment: limit work to nurses who have just recovered, allow sick nurses to rest, suggest to the leader that sick nurses can move rooms, and care for the feelings of nurses infected with infectious diseases.

Theme 4. Observe the accidents and illnesses often occurring in the room.

This theme consists of four categories. First, look for information about accidents and illnesses that befell nurses in two ways: listening to nurses' reports and visiting the incident scene. Second, classify types of work illnesses or accidents based on causes. For example, mechanical factors include falling, needle-stick injuries, slipping, sliding, and being hit by the ceiling or curtain rail. Biological factors: exposure to acid-fast bacilli, hepatitis. Ergonomic factors: Nucleus Pulposus Hernia. Psychological factors: mental violence. Chemical factors: drug resistance. According to participants, the most frequent work accidents were

needle-stick injuries and falls. In contrast, work-related illnesses that often occurred, according to three participants, were violence from patients, patients' families, and superiors in other health professions.

Third, analyze the causes of accidents or illnesses that occur. There are six causes, namely: 1) the facilities available at the hospital are not completely safe for workers, 2) the work environment is not yet safe, 3) the high workload and lack of energy cause fatigue and lack of concentration, 4) nurses are still doing non-nursing jobs, 5) nurses' awareness of the importance of maintaining safety is still lacking, and 6) lack of experience causes nurses to experience work accidents.

Fourth, evaluate the consequences of work-related accidents or illnesses. For example, nursing services are disrupted, and nurses who contract a patient's disease risk infecting their surroundings, especially the family, causing losses to the hospital and causing injured nurses to become stressed. *The staff are usually stressed; when they get stabbed, someone likes to cry" (P5).* Fifth, report the incident to the relevant parties: reporting to head of installation, nursing management, Infection Prevention and Control, and Hospital Facilities and Infrastructure Maintenance Installation

Theme 5. Provide a conducive working atmosphere for the management, facilities, health workers, and work climate

We are providing a conducive working atmosphere for the six participants. This theme comprises four categories: 1) Response to management flow problems, 2) Proposing facility improvements, 3) Collaboration between professions, and 4) Comfortable working climate.

Theme 6. Minimize or eliminate the risk of harm and disease

OHS management includes three components, namely capacity, load, and work environment. Studying and maintaining the interactions between the three can minimize or eliminate the risk of danger as well as the disease. This theme consists of three sub-themes and several categories.

The first sub-theme, maintaining nurses' work capacity, was carried out by all participants, namely 1) providing opportunities for self-development for nurses through training, case reflection discussions, and asking practicing master's students to read journals. 2) Providing guidance and assistance to new or unskilled nurses. According to four participants, the accompanying process is carried out by the head nurses or a nurse appointed by the head, for example, the supervisor for each shift, senior nurse, or team leader. There is no time standard regarding the length of assistance, but it is adjusted to the new nurse's abilities.

3) Assess the nurse's abilities through supervision. 4) Evaluate the abilities and weaknesses of the nurse in the room by asking the nurse directly, for example, how long (hours) she can endure working in the operating room or carrying out supervision, or based on her daily observations. *"Selectively choose not to hire those less skilled... Not possible shortly. Knowing our subordinates for so long" (P7).* 5) Pay attention to the nurses' health status: pay attention to the medical checkup schedule, remind them to rest after the first night's shift, invite them to exercise, encourage them to use back corset aids, pay attention to nurses' nutrition by proposing additional nutrition to the hospital (procuring milk and eggs) and reminding nurses to bring lunch, have breakfast before work, eat more healthy food, and prevent doing work that is risky for vulnerable nurses. *"If the nurse is pregnant, we usually do not hire them in the chemo room" (P7).*

The second sub-theme is maintaining workload. 1) Pay attention to the amount of energy and type of work in the room. 2) Arrange working hours so they are not excessive, and be flexible in arranging work schedules. 3) Request additional staff if the workload is not proportional to the number of nurses. For example, they are proposing additional new personnel to the installation head or requesting assistance from other rooms temporarily. *"If there is much activity outside, I ask for additional staff from the Outpatient Department" (P6).* 4) Maintaining the unity of nurses at work in order to reduce their mental burden. 5) Four participants also tried to build good communication between nurses.

The third sub-theme is creating a safe and comfortable work environment for nurses in three ways: 1) Paying attention to the cleanliness of the work environment. 2) Pay more attention to dangerous liquids often used in the room. For example, introducing dangerous liquids often used and making efforts to mix dangerous drugs in the pharmacy. 3) Pay more attention to work environments susceptible to exposure to microorganisms. For example, having special procedures for certain infectious diseases provides special facilities (exhaust). Controlling sources of danger, for example, setting distance between patients, requiring patients to wear masks, limiting patient belongings in the room, screening patients suspected of suffering from infectious diseases, isolating patients who are infectious or susceptible to infection, always reminding them of universal precautions, and using PPE.

Theme 7. Reflection of the head nurses on the efforts that have been made.

Reflection on the efforts made by the seven participants. This theme consists of two sub-themes. The first sub-theme is feeling that they have not succeeded in caring for nurses, consisting of four categories: 1) Feeling sad if a nurse is injured or sick. *"Feeling sad about why this happened...Why not just a mild illness...as if we felt wrong" (P6).* 2) You feel like you have failed in looking after the nurses. 3) You still need to improve your knowledge and abilities.

The second sub-theme is feeling that you have maximized the efforts made, consisting of two categories: 1) Being able to anticipate accidents, 2) Feeling satisfied with the efforts made. "*When talking about chemotherapy, I think my transformation from mixing drugs until finally having my room was an extraordinary effort" (P7).*

DISCUSSION

According to Henry Mintzberg (1960) in (Robbins & Judge, 2024) there are ten roles of managers, which are grouped into three categories, namely interpersonal, informational, and decision-maker. Head nurses implement this manager's role in their efforts to maintain nurses' work safety and health.

Head nurses' concern for nursing human resources.

Occupational health and safety (OHS) are the rights of every nurse. This sense of empathy underlies the head nurse being firm and responsive regarding nurses' health. For example, the head nurse gives sick nurses permission to rest or seek treatment and always monitors their treatment. This sense of caring is part of the interpersonal role of head nurse (Robbins & Judge, 2024) which makes them try hard so that their nurses do not contract diseases or experience work accidents and so that they can ensure the nurses' welfare. According to participants, well-being is not just about material things but enjoying retirement in a physically and mentally healthy condition.

This research reveals several consequences of occupational accidents and illnesses: stress on nurses, risk of infecting nurses' families, disrupted services, and hospital losses. Previous research has revealed that the COVID-19 pandemic has significantly impacted the psychological well-being of hospital clinical staff, especially nurses and midwives. Nurses and midwives have much higher levels of anxiety, depression, and stress than the Australian adult population average and much more severe anxiety symptoms than other medical and health staff (Holton et al., 2021). Therefore, the role of the head nurse is needed to overcome this, such as providing training, mentoring, supervision, and creating teamwork that supports each other and provides treatment.

This research also revealed that the head nurse maintains nurses' work safety and health because of a sense of responsibility to provide competent nursing staff to meet patient needs. The Head nurse in this study realized that if the nurse was sick, it was prone to human error and increased absenteeism, which

caused the number of nurses in the room to decrease and the nurses' workload left behind to increase. Increased workload will cause the quality of nursing care to decrease.

Another form of caring is to give sick nurses time off or suggest moving them to a room with a lower workload. Previous research revealed that presenteeism often occurs in nurses. Presenteeism is when nurses force themselves to come to work despite being sick or less productive. This is due to workload, leave system, feelings of guilt, and financial needs (Shan et al., 2021). Presenteeism, if left unchecked, can have significant consequences for individuals and organizations, such as increasing health problems among nurses, decreasing quality of patient care, and high health care costs (Gerlach et al., 2024). To overcome this, nursing managers need to pay attention to related policies to establish policy systems around paid sick leave, workload, and communication with managers to reduce nurse presenteeism and the subsequent socio-economic financial losses (Gerlach et al., 2024). This is because nurses have limited power, injustice, inadequate structural facilities, damaged professional identity, disconnection of the manager-nurse relationship, inadequate knowledge, physical and mental health complications, work stress, work fatigue, multitasking, and communication disorders (Mohammadi et al., 2021).

Maintaining the safety of nurses through the nurses themselves.

This research reveals that a lack of awareness about the importance of maintaining personal safety and health causes occupational disease or accident. Previous studies have found that nurses' lack of self-awareness of the importance of standard precautions is one of the risk factors supporting biological accidents (Drizaj et al., 2024). A study of 64 nurses in the emergency room found that 37.5% of respondents committed unsafe acts. Nurses who perform actions that are unsafe or do not comply with procedures have a significant relationship with the occurrence of needle-stick injuries, where the risk is four times higher than nurses who work safely (Putra et al., 2020). Another study found that around 23% of nurses did not try to change their unsafe behavior due to high work demands and lack of energy (Beattie et al., 2022). Therefore, to prevent work accidents, it is necessary to implement information and training programs on biosafety practices, a comprehensive reporting system, and regular risk assessments and to invest in high-quality personal protective equipment (PPE) (Drizaj et al., 2024)).

Previous research also found that 47.5% of nurses did not report the injuries they experienced. This is because the responses they receive from managers sometimes do not match expectations, giving rise to feelings of not being appreciated (Beattie et al., 2022). Overcoming this requires the role of the head nurse so that nurses care more about their safety by responding to every report, building a culture of mutual trust and not blaming, implementing open communication (Beattie et al., 2022), paying attention to the limits of nurses' abilities and skills, eliminating things that reduce nurses' concentration, enforcing work discipline, avoiding actions that cause accidents, and eliminating physical and mental disorders (Putra et al., 2020).

Maintaining nurse safety through supporting factors in the nursing environment

Occupational disease or accidents are two things that nurses often experience. Overcoming both requires support from all parties to adjust capacity, load, and work environment, as well as minimize and eliminate hazards to nurses. This research found that the causes of occupational diseases and accidents were unsafe work facilities and environments, high workloads, insufficient staff, nurses still doing non-nursing work, nurses' self-awareness to maintain personal safety and health was still lacking, and lack of experience. Therefore, commitment is needed from all hospital residents, starting from the directors and the head nurse to the executive nurse, to overcome this problem.

Maintaining work capacity, or a worker's ability to complete work, is part of the workforce management function. Some of the efforts made by participants were providing training and assistance. supervision, and paying attention to nurses' health and nutritional status. Previous studies have found that the causes of occupational diseases and accidents based on human factors are personal characteristics, nurses' duties

(Drizaj et al., 2024), unsafe actions, lack of work safety training, lack of concentration at work, and lack of worker awareness in using personal protective equipment (Azteria et al., 2024).

Maintaining workload is part of the role of the head nurse as a leader (Robbins & Judge, 2024), namely paying attention to the number of personnel, working hours, maintaining communication and employee cohesion, and paying attention to safety standards at work. Previous research found that workload was related to work accidents in nurses. This is due to an imbalance between the number of nurses and nurse activities with the number of patients (5 nurses: 18 patients/day); working time beyond productive working hours causes >80% of nurses to feel fatigued, lack concentration, and stressed, which results in negligence while working (Sofiantika & Susilo, 2020).

To maintain a conducive work environment and climate, the head nurse needs support from the manager and other health teams. Work factors or work environment, such as lack of lighting in some areas of the clinic, slippery floors, and limited space for movement (Drizaj et al., 2024), noise, ventilation, temperature, lighting and warning colors, signs, labels, location of machines, not being equipped with protective equipment, personal protective equipment not being used, and work tools that have been damaged are some of the basic causes of accidents at work or health problems (Sofiantika & Susilo, 2020).

This research also found that nurses are vulnerable to pressure or work demands from superiors, other health workers, and violent behavior from patients and families. Previous research found that the most violent behavior experienced by nurses from patients was verbal violence (64-97%), followed by physical violence (51-71%) and sexual violence (0-38%). Verbal violence in the category that is often experienced by nurses is being scolded and cursed by patients (Yulis et al., 2023). Verbal and physical violence can also come from co-workers or other health workers. The cause is that co-workers are dissatisfied with the performance of nurses, such as procedures that take too long or are not appropriate and different thoughts. This then leads to the emergence of rude comments, demeaning and even physical violence in the form of throwing objects at nurses (Yulis et al., 2025). Bullying is commonly experienced by nurses in the workplace. This causes psychological stress, which indirectly causes work injuries or accidents (Teo et al., 2021). If these conditions are left for too long, communication will become ineffective, which can endanger patient safety and reduce the quality of nursing care.

Reflect on the efforts that have been made.

Reflection is part of the head nurse's interpersonal role. Through self-reflection, a person can increase self-awareness and develop new insights to make changes or obtain new solutions to solve previous problems. This research indicates that the head nurse reflects on the efforts made so far. Six head nurses felt sad and failed if their nurses were injured or sick because it meant they could not place or manage their staff properly. However, there are also head nurses who are satisfied with their current achievements because they were able to prevent accidents in their room and develop facilities in their room.

Overcoming sadness and failure, the head nurses realized that they still had much to learn about leadership and management of occupational health and safety. Nursing is a dynamic profession, so a nursing manager must always develop their knowledge and leadership abilities through education or directed leadership development. This is to help nurses to overcome the challenges of the health service system (Cummings et al., 2021). The head nurse also needs to evaluate the leadership style adopted. Previous research by (Suwarno, 2023) found that transactional leadership style and transformational leadership style have a positive and significant effect on nurse performance, although it is even better if the head nurse carries out transformational leadership. This is because nurse leaders who have a good transformational leadership style can help and encourage their subordinates in providing training and achieving their work goals well.

CONCLUSIONS

Head nurses try to maintain nurses' work health and safety apart from being driven by a sense of responsibility as head of the room; the deeper reason is that they care about the safety and health of nurses. The great concern of head nurses for the condition of nurses' human resources makes them make various efforts to minimize or eliminate potential dangers in their rooms. However, the role of the head nurse is limited, so it requires the support of all parties in the workplace: hospital management, nursing management, nursing school, colleagues, including the nurse herself. Hospital and nursing management can play an active role through evaluating regulations and policies related to the workload and work environment of nurses. Nursing schools prepare nurse students who are able to think critically and have good knowledge and skills. Health workers and nurses can increase their work capacity and work according to SOPs. Nurses' self-awareness of the importance of maintaining occupational safety and health is also very important, because it will make nurses more careful in working and prioritize their own safety before the safety of others. This research recommends ongoing research into the factors that influence the emergence of unsafe behaviour among nurses at work.

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ETHICS
This ethical statement for this study is No. 0469/UN2.F12.D/HKP.02.04/2016 from the Faculty of Nursing, Universitas Indonesia Ethical Committee.

DATA AVAILABILITY
Data are available upon request to the authors to support participant privacy.

AUTHOR CONTRIBUTIONS
Rahma Yulis (RY), Enie Novieastari (EN), Imami Nur Rachmawati (IR), and M. Akbar Nugraha (MN). Conceptualization (RY, EN, IR, MN). Methodology (RY, EN, IR). Data curation, writing—original draft preparation (RY, IR). Visualization, Reviewing, and Editing (RY, EN, IR, MN). All authors approved the final version of the manuscript.

CONFLICT OF INTEREST
The authors declare no conflict of interest in this study

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