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SAFETY BEHAVIOR: THE FACTOR TOWARDS SAFETY MANAGEMENT PRACTICES

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ABSTRACT

The rise in workplace accidents involving assistant medical officers has shown a consistent increase year by year. Safety behavior plays a crucial role in accident prevention programs within the workplace. Safety management practices indirectly influence organizational safety behaviors among employees. This study aims to investigate the influence of safety management practices on safety behaviors. A self-administered questionnaire was used for data collection, involving 170 assistant medical officers at Hospital M. Data were analyzed using SPSS version 26, employing both preliminary and inferential analyses. The correlation analysis revealed a strong relationship between safety management practices and safety behavior. Additionally, regression analysis indicated that safety management practices accounted for 58.7% of the variance in safety behavior. Therefore, to enhance safety behavior during safety training, it is essential to incorporate elements of safety management practices in the development of training activities. For example, employees should be encouraged to provide feedback on workplace safety management practices, enabling management to maintain high safety standards in the workplace.

Keywords: safety behavior, safety management practices, safety management, employee behavior.

INTRODUCTION

Ensuring workplace safety and promoting safe behaviors are critical global priorities, particularly in healthcare settings where even minor incidents can lead to significant accidents. Workplace accidents, as defined by Heinrich (1980), are unplanned and uncontrolled events that result in personal injuries, causing substantial damage to employees' lives and financial losses for organizations (Hendricks, 2020; Sabir, 2021; Zulkifle & Wan Hanafi, 2018). Over the past two decades, research has increasingly focused on the role of safety management practices in preventing occupational accidents, shifting the emphasis from human and technical errors to organizational safety culture (Fruhen et al., 2019; Alingh et al., 2018). The importance of safety management, which includes hazard identification, safety planning, and risk analysis, has been highlighted across various high-risk industries, including healthcare (Taha et al., 2020; Borrott et al., 2017). In healthcare, maintaining a secure work environment is particularly crucial due to the complex use of medical equipment, and proactive safety management is essential to mitigate risks and reduce occupational accidents (Zakaria et al., 2012; Stackhouse & Turner, 2019).

Recent systematic reviews revealed the critical relationship between safety management practices and safety behaviors. Employees are always exposing themselves towards various hazard situations while performing their job at the workplace (Cooper et al., 2004). Most of the accidents occurred due to unsafe behavior amongst the employees. Thus, specific accident prevention programs need to be applied to ensure organizational safety at the workplace. Effective safety management practices such as management commitment, worker involvement, hazard prevention, and ongoing training drive safety behaviors like compliance and participation, which improve safety outcomes and reduce accidents (Ali et al., 2022). Safety climate and consciousness play mediating roles, fostering employee engagement and bridging the gap between organizational safety goals and individual behaviors (Saleem & Malik, 2022). For instance, studies in pharmaceutical firms show that cultivating a safety culture encourages compliance and proactive participation amongst employees towards creating a safe working environment. These insights highlight that technical measures and management systems must be integrated with social security practices and comprehensive occupational accident prevention programs to create safe working environment specifically in the healthcare industry.

LITERATURE REVIEW

Safety Behavior

Safety behavior, defined as the actions that promote safety and fulfill health responsibilities, is crucial for fostering a culture of safety among employees (Zin & Ismail, 2012). Initially, researchers used objective metrics like workplace accident rates and disability occurrences to assess safety outcomes (Viscusi & Moore, 1989). However, the focus has shifted towards subjective indicators when studying safety behavior (Cooper & Phillips, 2004). Safety performance measurement now includes behaviors like safety compliance, which involves efforts to enhance safety conditions, and safety participation, which relates to contributions towards safety among colleagues (Vinodkumar & Bhasi, 2010; Hagan et al., 2001). Neal et al. (2000) highlights that workplace safety is influenced by these observable behaviors. Safety behavior can be categorized into four components: safety knowledge, safety motivation, safety involvement/participation, and safety compliance, with safety knowledge and motivation being key contributors to safety performance (Campbell, 1993; Neal et al., 2000).

Safety Management Practices

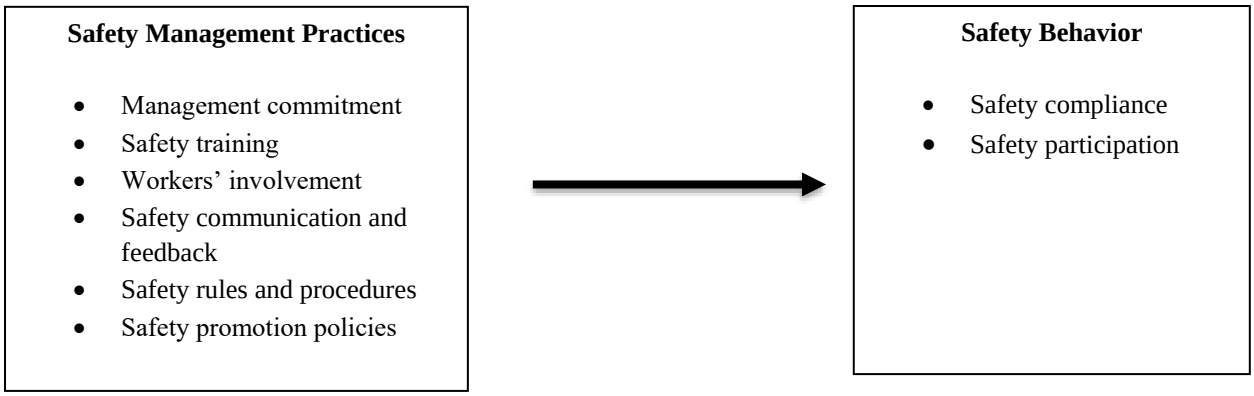
Safety management practices are defined as essential techniques and protocols that organizations use to effectively utilize resources and achieve objectives (Kin & Hadikusumo, 2006; Skjerve, 2008). Effective safety management practices, according to Vinodkumar and Bhasi (2010), require a strong commitment from organizational leadership to design and implement safety policies, strategies, regulations, and procedures aimed at protecting the workforce. These practices serve as tools for assessing, predicting, and mitigating potential threats to occupational health and safety. The key components of safety management practices include management commitment, safety training, workers' involvement, safety communication and feedback, safety rules and procedures, and safety promotion policies (Ali et al., 2009; Vinodkumar & Bhasi, 2010; Vredenburgh, 2008). These elements are crucial for enhancing employee capabilities, reducing workplace accidents and injuries, and improving overall safety performance.

Conceptual Framework

The conceptual framework of content relevant to the study's focal areas, as illustrated in Figure 1, which shows six key components of safety management practices (i.e. management commitment, safety training, workers' involvement, safety communication and feedback, safety rules and procedures, and safety promotion policies) and the relationship with the safety behavior (i.e. safety compliance and safety participation).

Figure 1

Conceptual Framework of the Study



METHODOLOGY

Data Collection Procedure

Written permission was first obtained from the management of Hospital M. Data was collected by the researcher between January and February 2024. The researcher provided explanations to respondents to clarify the study's purpose, ensuring they understood and consented to participate. Respondents were informed that their information would be treated with confidentiality and used solely for research purposes. Printed questionnaires were distributed, and respondents answered them in small groups of 5

to 10 people. Each respondent was allotted 30 minutes to complete the questionnaire, with the entire session not exceeding 40 minutes to minimize disruptions. The researcher then collected the completed questionnaires, ensuring all questions were adequately answered.

Instrument

This study adapted questionnaire from Vinodkumar and Bhasi (2010). The questionnaire consists of six dimensions of safety management practices and they are management commitment, safety training, workers involvement, safety communication and feedback, safety rules and procedures, and safety promotion policies. While, safety behavior consists of two component which are safety compliance and safety participation. Each dimension has its own items and the items are measured by 5-point Likert-scale (1=strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree). All the survey materials were prepared in English

FINDINGS AND DISCUSSIONS

Demographic Characteristics of Participants

Out of 170 participants, 73.5% are male. Majority of participants (86.5%) are Malay, and this followed by Chinese (7.1%), Indian (3.5%), and other ethnicities (2.9%). In terms of age, 38.8% were 40 years and above. Majority of the participants (74.1%) were married. The study also found that 64.7% of participants have served their organization between 10 to 20 years. Lastly, nearly half of the respondents (48.8%) are holding clinical roles, while others are distributed across 58 clinical and management roles (17.1%) and another 34.1% are purely in the managerial positions.

The Level of Safety Management Practices

The data analysis indicates a high level of adherence to safety management practices among assistant medical officers at Hospital M, with a mean score of 4.11, reflecting a strong commitment to safety. The hospital's effective safety management is evidenced by consistently by the high scores across sub-categories such as management commitment, safety training, employee involvement, safety communication and feedback, safety rules and procedures, and safety promotion policies. When compared to Wahidi's (2020) study, which reported a mean score of 3.33, and Vinodkumar and Bhasi's (2010) study with a mean score of 3.35, Hospital M practices are notably more effective. This suggests a consistent trend in safety management among assistant medical officers, despite the differences in locations and demographics. However, the study also identifies a deficiency in safety communication and feedback at Hospital M, where some officers did not provide feedback, viewing it as unnecessary if they follow standard procedures. Therefore, it is suggested that management should strengthen their commitment to safety practices, particularly by ensuring that all employees participate in safety training at least once a year.

The Level of Safety Behavior

The analyses on safety behavior among assistant medical officers at Hospital M reveals a strong commitment to safety practices, with mean score of 4.15 for safety behavior, safety compliance, and safety participation. This underscores the importance of maintaining a secure working environment within the hospital. However, Wahidi (2020) reported a lower mean score of 3.52 for safety behavior

among staff in the emergency and trauma department at Hospital Shah Alam, indicating moderate adherence to safety protocols. This suggests a need for improvement in safety management practices, as also highlighted by earlier studies by Yosman (2015) and Ahmad Marzuki (2019). Despite high safety behavior levels among assistant medical officers, the annual increase in accidents may be attributed to complacency due to familiarity with the work environment and systemic issues like understaffing and workload pressure. These factors may lead to risky behaviors, and lapses in following safety protocols, even when officers are aware of the necessary safety measures.

Relationship between Safety Management Practice and Safety Behavior

This study explored the relationship between safety management practices and safety behavior among assistant medical officers at Hospital M, revealing a strong positive correlation ($r = 0.766$, $p < 0.001$) between the two. Regression analysis further indicated that safety management practices accounted for 58.7% of the variance in safety behavior ($r^2 = 0.587$), highlighting their significant influence in shaping safety behavior. Although other factors may also play a role, the findings underscore the importance of comprehensive safety management practices in promoting safe behavior among healthcare professionals. Supporting these findings, Wahidi (2020) examined safety behavior in the Emergency Department of Hospital Shah Alam, similarly identifying a positive correlation between safety management practices and safety behavior. The study emphasized the critical roles of safety training and employee involvement in enhancing safety behavior. The increase in accidents among assistant medical officers at Hospital M may be linked to deficiencies in safety management practices, particularly in management commitment and safety communication. Insufficient focus on these areas could lead to inadequate resource allocation, training, and awareness, undermining safety efforts. Therefore, strengthening management commitment and improving communication and feedback mechanisms are essential to reducing accidents and fostering a safer workplace at Hospital M.

LIMITATIONS AND DIRECTION FOR FUTURE STUDY

Several limitations were identified, including the focus solely on assistant medical officers, financial constraints, staffing shortages, and time limitations for data collection. These constraints highlight the need for future research to address these issues comprehensively and to provide a more holistic understanding of safety management in healthcare settings. To enhance safety management practices and behaviors, a multifaceted approach is necessary. Future research should include a broader range of healthcare professionals, secure adequate funding, address staffing issues, and allow more time for data collection.

CONCLUSIONS

This study has provided valuable insights into safety management practices and behaviors among assistant medical officers at Hospital M. Key findings indicate a strong adherence to safety protocols, reflecting a high level of safety management practices among the staff. Nevertheless, there are areas needing improvement, particularly in enhancing safety awareness and behavior. Additionally, fostering a culture of safety through ongoing education and training is crucial for creating a safer and more effective healthcare environment at Hospital M. By implementing these recommendations and leveraging the insights from this study, Hospital M can further improve its safety management practices, thereby enhancing patient care, staff well-being, and overall organizational effectiveness. Furthermore,

neglecting workplace safety, particularly in healthcare settings, can lead to adverse outcomes such as increased accidents, staff burnout, and diminished quality of care. Ensuring a robust safety culture and addressing gaps in safety management practice is essential for improving both the well-being of healthcare workers and the quality of patient care.

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