

The Influence of Communication, Occupational Health and Safety, and Compensation on the Work Ethic of Healthcare Workers (A Case Study of Healthcare Workers at Dustira Hospital, Cimahi)

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Abstract

Communication, work safety and health, and compensation are important fields that must be routinely reviewed by the organization that related to services, such as hospital. This is caused by the amount of effect that may occur if there is a problem or conflict on the fields mentioned. One of the things that can be affected is work ethic. The aim of this research was to determine the communication, work safety and health, compensation, and work ethic at Dustira Hospital. The other purpose was to find out how communication, work safety and health, and compensation partially and simultaneously affect the work ethic. This research was an analytical observational study with a cross-sectional study design. Data was taken through questionnaire. The respondents were health practitioners who work at emergency room, hospital clinics, and inpatient care facility, by a population of 115 respondents. Data was analyzed by multiple linear regression. Results showed that the health practitioners at Dustira Hospital has a good communication, work safety and health, and compensation. There was also an influence of compensation and work safety and health on work ethic, partially with the effect of medium criteria variable and simultaneously with the effect of strong criteria variable.

Keywords: communication, work safety and health, compensation, work ethic.

INTRODUCTION

Hospitals play a crucial role as both medical and social institutions, offering promotive, preventive, curative, and rehabilitative healthcare services. They also serve as centers for health worker training and multidisciplinary research. With changing lifestyles and increasing disease complexity, the demand for healthcare services has grown significantly. However, this rising demand has not been matched by an increase in the number and competency of healthcare professionals, especially in certain regions. Several previous studies have explored the gap between healthcare service demand and workforce supply, employing various methodologies relevant to hospital and regional healthcare systems. For example, Monsef et al (2023) conducted a healthcare services gap analysis in Dubai using supply, demand forecast modeling to project service needs from 2018 to 2030. Their study relied on population trends and service utilization rates to identify mismatches, but did not consider the competency or quality of the workforce. Similarly, Thongsukdee and Weerawat (2020) applied agent-based modeling to simulate physician workforce dynamics in Thailand, including medical education pipelines, retirement, and geographic allocation. However, their model focused solely on physicians and did not account for multidisciplinary staff or varied types of care services.

Another relevant study by Blaževičienė et al (2024) projected the future need for nurses, midwives, and radiographers in a university hospital in Lithuania using a stock-and-flow approach tied to population aging and service use trends. While comprehensive in its projection of headcount needs, it lacked consideration for staff competencies and did not differentiate between healthcare service categories. In contrast to these studies, the novelty of this research lies in its integrated and context-specific approach. It not only projects the quantity of healthcare professionals required in response to increasing service demands but also incorporates competency indicators such as certification, training history, and professional development. Moreover, it extends the scope of analysis to cover multiple healthcare service categories, promotive, preventive, curative, and rehabilitative, which are often overlooked in previous workforce planning models. By applying a hybrid methodological framework, potentially combining forecasting, agent-based modeling, and system dynamics, this research provides a more holistic and adaptable planning tool. Additionally, it is tailored to the healthcare system in Indonesia, particularly in regions where disparities in workforce distribution and quality remain pronounced. These contributions position the study as a meaningful advancement over existing models in both methodological innovation and practical relevance.

Effective communication within hospitals is vital for their operational success. Internal communication, in particular, fosters a positive work climate, enhances mutual understanding, and promotes collaboration among staff. A well-functioning communication system improves coordination between departments and ultimately boosts organizational performance. Additionally, occupational health and safety (OHS) programs are critical in hospitals due to the complex and high-risk nature of the work environment. Poor implementation of these programs can lead to worker injuries, compromised patient safety, and reduced employee performance. Thus, hospitals must enforce strong health and safety protocols to ensure a safe working environment. Another crucial factor influencing employee performance is compensation. Fair and adequate compensation, both direct (salaries) and indirect (health benefits, holiday bonuses), can motivate employees, improve job satisfaction, and enhance overall performance. In contrast, poor compensation practices can lead to dissatisfaction and reduced morale.

Quality of Work Life (QWL) emphasizes not only improving job performance but also enhancing employee well-being through inclusive decision-making, job security, and career development opportunities. QWL is key in increasing employee motivation and commitment. In the case of Dustira Hospital in Cimahi, several challenges have been observed: inadequate internal communication among staff and with patients, insufficient implementation of OHS protocols, and unfair compensation systems. These issues have negatively impacted employee work ethics and hospital service quality. Addressing these problems is essential to improve workforce performance and achieve the hospital's goals effectively.

This study significantly contributes to the theoretical development of Quality of Work Life (QWL) by contextualizing the concept within the healthcare sector, particularly in a military hospital setting like Dustira Hospital. While QWL has been widely studied in industrial and corporate environments, its application in healthcare, especially in Indonesian hospitals is still developing. By examining variables such as internal communication, occupational health and safety (OHS), and compensation fairness, this research broadens the theoretical framework of QWL by integrating sector-specific stressors and institutional cultures unique to public hospitals. Furthermore, this study advances the understanding of how QWL dimensions directly influence employee motivation, ethical behavior, and service delivery, offering a more holistic view of QWL's impact in high-stakes environments like hospitals.

Practically, the findings of this study offer concrete recommendations for hospital management to enhance employee satisfaction, performance, and organizational outcomes. The identification of key issues, such as poor internal communication, inadequate OHS implementation, and unfair compensation, provides actionable insights for hospital administrators to revise policies and management practices. For example, improving communication flow can enhance teamwork and patient interaction, while fairer compensation systems can foster a stronger sense of justice and motivation among staff. Additionally, strengthening OHS protocols not only ensures compliance with health standards but also demonstrates institutional care for employee well-being. Ultimately, this research serves as a strategic tool for human resource and hospital leadership to design interventions that improve both employee quality of life and overall service quality in the hospital.

METHOD

The research method used in this study is an analytical observational study with a cross-sectional design, which measures both independent and dependent variables simultaneously. The purpose of this study is to provide a detailed overview of how communication, occupational health and safety, and compensation influence the work ethics of healthcare workers at Dustira Hospital. The sampling technique employed is proportionate stratified random sampling, as the population is heterogeneous and stratified proportionally. The total sample size is determined using the Slovin formula.

Research Design

This study employs an analytical observational method using a cross-sectional design. In this design, both the independent variables (communication, occupational health and safety, and compensation) and the dependent variable (work ethics) are measured at the same point in time. The objective is to examine the relationship between the variables and how they influence the work ethics of healthcare workers at Dustira Hospital, Cimahi.

Population and Sample

The population of this study includes all healthcare workers employed at Dustira Hospital. Given the diverse characteristics of the population, the sampling method used is proportionate stratified random sampling. This technique is appropriate because the population is heterogeneous and needs to be divided into strata (e.g., based on departments, job roles, or units) before being randomly selected proportionally from each stratum to ensure representation.

Sample Size Determination

The sample size is determined using the Slovin formula, which is suitable when the total population size is known, and a certain level of precision is desired. The formula used is:

$$\text{Where: } n = \frac{N}{1 + N(e)^2}$$

n = sample size

N = total population

e = margin of error (typically 0.05 for 95% confidence level)

Data collection was conducted through the distribution of questionnaires. The sample in this study consisted of 115 healthcare workers employed in the emergency unit, outpatient clinics, and inpatient wards. The data analysis technique used in this research was multiple linear regression.

Data are collected through a structured questionnaire consisting of statements or items designed to measure the key variables:

1. Communication (internal and patient-related communication)
2. Occupational Health and Safety (OHS) compliance and practices
3. Compensation fairness and adequacy
4. Work Ethics (attitudes, discipline, responsibility, and integrity)

Data Analysis

The collected data are analyzed quantitatively using descriptive statistics to summarize the respondents' characteristics and variable distributions. Inferential statistics **such as** correlation and multiple linear regression are used to test the relationship and the influence of independent variables on work ethics. The analysis is conducted with the aid of statistical software (e.g., SPSS).

RESULT AND DISCUSSION

The study involved 115 healthcare workers at Dustira Hospital, Cimahi, focusing on the influence of communication, occupational health and safety (OHS), and compensation on work ethic. Quantitative data was analyzed using descriptive statistics, correlation analysis (Spearman), and multiple linear regression.

Communication

Communication was rated positively by most respondents, with an average score of 81.69% (SD = 1.77%). About 67.8% of participants demonstrated good communication practices, while 32.2% were categorized as lacking. Vertical communication such as leadership clarity on SOPs and regulations, and horizontal coordination between shifts and departments, were generally rated well. External communication with patients and the community, including health education and feedback mechanisms, was also strong.

Occupational Health and Safety (OHS)

The OHS score averaged 80.87% (SD = 1.90%), with 60% of respondents categorized as having good OHS practices. High adherence was observed in nosocomial infection prevention (100% agreement), proper PPE use, hand hygiene, and routine safety evaluations. Slight weaknesses were noted in distraction control (e.g., gadget use) and awareness of statistical data on work-related accidents.

Compensation

The average compensation score was 80.05% (SD = 3.96%), with 49.6% classified as receiving adequate compensation. Most participants agreed that their salary aligned with skills (100%), performance (100%), and years of service (90%). Non-financial recognition (praise culture) was positively perceived and linked to improved morale.

Work Ethic

Work ethic scores averaged 78.31% (SD = 1.75%), with 66.1% demonstrating a strong work ethic. Key indicators included discipline, punctuality, task commitment, adherence to SOPs, and voluntary contributions to workplace comfort. Psychological and motivational aspects such as loyalty and patient support were also prominent.

Inferential Analysis:

1. Communication had no significant effect on work ethic ($p = 0.274$, $r = 0.10$).
2. OHS had a moderate and significant effect on work ethic ($p = 0.001$, $r = 0.30$).
3. Compensation showed a moderate and significant effect ($p < 0.001$, $r = 0.49$).
4. Simultaneous regression revealed that OHS and compensation significantly influenced work ethic ($p < 0.001$), explaining 70% of the variance, with compensation having the strongest influence ($\beta = 0.40$).

Discussion

The findings reveal a nuanced picture of how workplace factors impact healthcare professionals' work ethic in a military hospital setting.

Communication

Despite high descriptive scores, communication showed no significant statistical effect on work ethic. This may be attributed to the military structure of Dustira Hospital, where command-based communication limits the variability of behavior. Unlike civilian institutions where communication influences motivation and performance, military settings prioritize discipline and chain-of-command over interactive dialogue, diminishing its measured impact.

Occupational Health and Safety (OHS)

OHS demonstrated a significant moderate impact on work ethic. These results align with literature indicating that safety culture, preventive measures, and clear emergency protocols enhance performance and reduce burnout. In a high-risk environment such as a hospital, particularly with military-level discipline, adherence to safety standards reinforces both morale and operational consistency.

Compensation

Compensation was the most influential factor affecting work ethic. This supports prior studies showing that fair and motivating reward systems, both monetary and symbolic, drive engagement, reduce turnover intention, and foster organizational loyalty. At Dustira Hospital, the culture of recognition (e.g., praise and bonuses) appears to play a substantial role in sustaining intrinsic motivation among staff.

Simultaneous Effects

The combined influence of OHS and compensation accounted for a substantial 70% variance in work ethic, underscoring their synergistic importance. Communication, though operationally vital, did not emerge as a predictive factor, possibly due to the rigid top-down structure characteristic of military institutions. This finding diverges from studies in civilian healthcare where internal communication significantly impacts morale and performance.

Implication

Hospital management, especially in institutional or hierarchical settings, should prioritize strengthening OHS implementation and refining compensation systems to maintain

and enhance healthcare workers' ethical performance. While communication may not directly influence work ethic, maintaining clarity and transparency remains essential for operational success.

CONCLUSION

Based on the research conducted at Dustira Hospital, several key findings emerged regarding the factors influencing the work ethic of healthcare workers. Communication among healthcare staff was generally effective, with 68% rated as good. Internal communication, both vertical and horizontal, was notably successful in areas such as explaining standard operating procedures for medication administration, shift handovers, and patient administration processes. However, some gaps remain, particularly in the dissemination of new policies or information from leadership, which requires improvement.

Occupational health and safety (OHS) practices were found to be good among 60% of respondents, while 40% still showed deficiencies. Positive indicators included the prevention of nosocomial infections, adherence to personal protective equipment (PPE) usage, and a culture of mutual reminders about safety protocols. Nevertheless, non-compliance in avoiding distractions such as using mobile phones during work was identified as a weaker area, indicating the need for stricter enforcement and awareness.

Regarding compensation, only 51% of healthcare workers felt adequately rewarded, with the remaining 49% expressing dissatisfaction. While bonuses were acknowledged as effective in boosting motivation and loyalty, dissatisfaction stemmed from salaries and wages that were perceived as falling short of expectations and below those offered by other institutions. This signals the necessity for a more competitive and transparent compensation structure.

The work ethic of healthcare professionals at Dustira Hospital was rated as good by 66% of respondents. Positive traits included punctuality, dedication to patient therapy, and voluntary encouragement of patient recovery. However, concerns remained about workloads that sometimes generated stress and occasional interpersonal conflicts among staff.

Statistical analysis revealed that communication did not have a significant impact on work ethic, possibly due to the military structure of the hospital, where hierarchical command and discipline reduce the variability of communication-related effects. In contrast, OHS and compensation both showed a moderate and statistically significant influence on work ethic. Most notably, when analyzed together, OHS and compensation had a strong combined effect, explaining 70% of the variance in work ethic. This emphasizes the critical role of safety practices and fair compensation in fostering a committed and high-performing healthcare workforce in institutional settings like Dustira Hospital.

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