



OPTIMIZATION OF THE FUNCTION OF NURSING MANAGEMENT IN INFLUENCE THE BEHAVIOR OF HEALTHY NURSES

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Abstract

Background: Healthy nurses are nurses who focus on physical, intellectual, emotional, social, spiritual, personal and professional well-being, the role of management is important in addressing the improvement of healthy nurses. Purpose: to develop guidelines and provide an overview of nursing management factors that influence nurses' healthy behavior to be more optimal. Method: The method with a problem solving cycle approach starting from data collection, problem analysis, problem prioritization, preparation of a plan of action, implementation and evaluation. The study was conducted by means of structured interviews, questionnaires and observations. Implementation followed Kurt Lewin's theory of change of unfreezing, movement and freezing. Results: Shows that nurses' knowledge and healthy behaviors are not optimal and the importance of support from management in carrying out healthy behaviors, so that nurse managers as reformers produce innovations in the form of electronic books that will be developed into healthy nurse guides, online flyers, reminder bells and simple employee health data. Conclusion: Optimization of nursing management in influencing the healthy behavior of nurses has an impact on a healthy work environment, quality of patient care services that focus on patient safety. Recommendation: It is hoped that nursing management will make guidelines, SPO related to healthy nurses or healthy behavior of nurses and support matters related to healthy behavior of nurses in hospitals.

Keywords: Nursing Management, Healthy Behavior Of Nurses, Healthy Nurses, Hospital

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INTRODUCTION

Healthy nurses are nurses who can be role models in providing education regarding healthy lifestyles, healthy nursing behavior is a personal responsibility, nurses are health workers when promoting health to the public, quality of life is closely related to individual health status, health status is dependent on lifestyle. behavior, defined as actions and attitudes a person's physical and mental health, is one of the many lifestyle components, within the nursing community, who are exposed to various hazards associated with the job position and responsibility of the nursing profession, must contend with several negative impacts, namely a decrease in quality of life among nursing staff and a decrease in effectiveness in providing care services to the patient. (Orszulak et al., 2022). The stress level is a major factor in changing the quality of nursing services, a high-risk job, because workplace stressors related to coworkers, consumers, and caregivers (Foster et al. 2018a). One of the factors for healthy nurses is the presence of stress factors in the workplace, for Mental Health of Nursing identified in this case research has far-reaching implications. Nurse managers leadership abilities are significantly positively related to nurses' perceptions of a healthy work environment (Wei et al., 2018). Research (X. Liu et al., 2018) states that there is a relationship between the role of the head of the room as a first-line manager and the health of the nurse's work environment, because it can improve the work environment and help relieve nurse fatigue and promote patient safety.

Health in Law No. 36, 2009 concerning health is a state of health, both physically, mentally, spiritually and

socially which enables everyone to live a productive life socially economically. The importance of healthy nursing behavior is something that needs to be considered, because nurses are human resource assets in the company who can support the quality of service and patient safety. Healthy Nurses or healthy nurses are nurses who focus actively on creating and maintaining balance and synergy physical, of intellectual, emotional, social, spiritual, personal and professional well-being (Handiyani, H, 2021). According to the American Nurses Association, 2017, Healthy Nurses consist of worksite wellness. cardiovascular health. nutrition, combatting stress, national fitness months, woman health, cancer awareness, healthy sleep, happiness, recovery, work life balance, men's health, infection control, immunization, resilience/emotional moral distress. mental health, wellness, healthy eating, healthy holidays. One thing that is of concern is the role of management in addressing the importance of increasing healthy nurses in the hospital environment. A manager in nursing must be able to carry out management roles and functions so that organizational can be achieved. Nursing goals management is a series of functions and activities that are simultaneously interconnected in completing work through nursing staff members increase the effectiveness and efficiency of quality nursing services (Gillies, Marquis 1996; & Huston, Management factors that influence the behavior of healthy nurses have never been studied further. therefore researchers intend to conduct

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exploration to identify factors that influence management in seeking to optimize the health of nursing staff in hospitals for the better.

RESEARCH METHODS

The design method used in this research is to use a problem solving cycle approach which consists of problem identification followed by problem analysis, determining problem priorities, preparing a plan of action, implementation and evaluation. The research was carried out using the theory of change according to Kurt Lewin, namely unfreezing, movement and freezing. The ward used is the Adult Surgical ICU at Hospital X which illustrates the complexity of nursing services.

| No | Characteristics | | racteristics Number Percentage (N) | | |
|----|------------------|--------------|------------------------------------|-----|------|
| 1 | Gei | nder | | | |
| | • | Man | 19 | 30% | 100% |
| | • | Woman | 45 | 70% | |
| 2 | Εdι | ıcation | | | |
| | • | D3 Nursing | 21 | 33% | 100% |
| | • | Bachelor's | 42 | 66% | |
| | | Degree in | 1 | 1% | |
| | | Nursing, | | | |
| | | Nurse | | | |
| | • | Masters in | | | |
| | | Nursing | | | |
| 3 | Competency Level | | | | |
| | • | Beginner (PK | 3 | 5% | 100% |
| | | 1) | 32 | 50% | |
| | • | Advanced | 17 | 27% | |
| | | Beginner (PK | 12 | 19% | |
| | | II) | 0 | 0% | |
| | • | Competent | | | |
| | | (PK III) | | | |
| | • | Proficient | | | |
| | | (PK IV) | | | |
| | • | Expert (PK | | | |
| | | V) | | | |
| 4 | Ma | rital status | | | |
| | • | Marry | 60 | 94% | 100% |
| | • | Not married | 4 | 6% | |
| | | yet | | | |

 $\label{eq:table_equation} Table \ 1. \ Distribution \ of nurse \\ characteristics \ based \ on \ gender, \ education, \\ competency \ level \ and \ position \ (N=64)$

The data provided is data from the head of the room and the head of the surgical inpatient installation on May 16 2023, that the number of nurses in the Adult Surgical ICU is 64 staff nurses and 1 head of the room.

| No | Characteristics | Amount | Percentage |
|----|----------------------|--------|------------|
| 1 | Age | | |
| | \geq 25 - 30 years | 1 | 2% |
| | > 30 - 40 years | 23 | 36% |
| | > 40 - 50 years | 33 | 52% |
| | > 50 years | 7 | 11% |
| | Total | 64 | 100% |
| 2 | Length of working | | |
| | < 5 years | 2 | 3% |
| | 5 – 10 years | 2 | 3% |
| | >10-20 years | 40 | 63% |
| | > 20 years | 20 | 31% |
| | Total | 64 | 100% |

Table 2. Distribution of Nurse Characteristics based on age , length of work in the Hospital (N=64)

Table 2 shows the characteristics of nurses with an age > 40-50 years, namely 33 people (52%) and a length of service > 10-20 years (63%). This shows that nurses have quite a long working age and experience. Data collection was carried out through direct observation, interviews, surveys via questionnaires using the Google Form application. Interview about the role and function of the chief coordinator of nursing services and chairman of the nursing committee. Data regarding the role and function of the head of the room was collected using a survey method through questionnaires, direct observation in the room. The direct observation method in the room was carried out to identify the implementation of the role and function of the head of the room in the nursing room and his views on healthy nurse behavior.

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RESULTS AND DISCUSSION

The results of interviews with the Coordinator of Nursing Services showed that several programs related to health for nurses already exist, but are not yet optimal, especially in the situation after the Covid 19 pandemic, several programs have not been able to be run again and there are no guidelines or SOPs related to healthy nurse behavior. The results of interviews with the Nursing Committee stated that currently the number of nurses over 40 years old is quite high and vulnerable to disease, but there is no policy regarding the nursing committee program regarding healthy behavior . Making a guide to healthy nurses is really necessary, which in the future will begin to activate health programs by collaborating through K3RS and HRD, but efforts to optimize nurses' knowledge and awareness regarding healthy nurses which are needed now are one of the action plans for identifying behavioral problems in healthy nurses. Interviews with Heads of Rooms and Heads of Installations also supported the creation of an electronic book regarding knowledge about healthy nurses as basic material for socialization regarding healthy nurses among nursing staff in hospitals.

Planning Function:

no guide to healthy nurses and monitoring programs regarding employee health specifically in units with the criteria of nurses aged >40 years as much as 63%. Of the 49 HNP nurses, 5 people had LBP, 5 people had hypertension, 1 person had spondyliosis. With weight measurements according to BMI, Fat: 22% of people, Obesity 49% of people.

Organizing Function:

There is MCU monitoring carried out every year alternately for all employees, there is not yet effective distribution of rest, eating and drinking hours which is still flexible, there is not yet optimal information regarding employee treatment schedules. Management of Cito drugs is not optimal and must be coordinated with the pharmacy department.

Staffing Functions:

The number of staff in the division of tasks according to clinical authority is not yet optimal with the composition Beginner 5%, Advanced Beginner 50%, Competent 27%, Proficient 19%, the number of staff is 64 people which are currently divided into 3 rooms with a bed capacity of 22 (ICU floor .2: 14 beds, Intermediate surgery: 4 beds, ventricular ICU: 4 beds) with BOR 90-100%.

Actuating Function:

not optimal distribution of work schedules due to significant changes in schedules, long working hours cause fatigue and will hinder sports activities and preparing meals answered always 20.4% and often 40.8%, fatigue increases the risk of influenza, headaches, indigestion, and hypertension answered always 24.5% and often 42.9%. Nurses rarely do exercise 63.3%, napping 63.3%, stretching muscles 61.2%.

Controlling Function:

Hand washing behavior is not optimal in the 5 five moments leading to the dining room and eating and drinking breaks, a clean and ergonomic work environment, effective working hours, snacks or fast food in the dining room. Filling out the discharge planning form has not been optimal, and nursing rounds and nursing

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handover have not been optimal. Identification of the problem becomes the basis for determining a resolution action plan. This series of activities was carried out to solve problems which were prepared in the form of a plan of action (POA) together with discussion and brainstorming.

| N | Problem | Urgen | Serious | Grow | Sco | Ra |
|---|-------------|-------------|---------|------|-----|----|
| 0 | | _ | ness | th | re | nk |
| 1 | Healthy | cy 5 | 5 | 4 | 14 | 1 |
| | nurse | | | | | |
| | behavior in | | | | | |
| | improving | | | | | |
| | service | | | | | |
| | quality | | | | | |
| 2 | Nursing | 4 | 4 | 4 | 12 | 2 |
| | rounds are | | | | | |
| | not optimal | | | | | |
| 3 | Nursing | 4 | 4 | 3 | 11 | 3 |
| | Hand Over | | | | | |
| | is not | | | | | |
| | optimal | | | | | |
| 4 | Discharge | 4 | 3 | 3 | 10 | 4 |
| | planning | | | | | |
| | form has | | | | | |
| | not been | | | | | |
| | filled in | | | | | |
| | completely | | | | | |
| 5 | Pharmaceu | 3 | 3 | 3 | 9 | 5 |
| | tical | | | | | |
| | manageme | | | | | |
| | nt of Cito | | | | | |
| | drugs is | | | | | |
| | not optimal | | | | | |

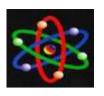
Table 3. Problem Priority

| State of the state | FISHBONE DI | IAGRAM |
|--|--|--|
| Principle to provide healthy — Results y believe of narrowyto — Teelfor on nature of — | Man Nears gold of process (N is a personal process of the state of t | Trapid groups Trapid |
| The ran on ending arrangement of the state o | Pedies to provide health great and before the description of the contract of t | Their form school of affective form and their form and their form and their form and their form and and affective form and affective form and affective form and product of their form and and affective form and aff |

Figure 1. Fishbone diagram of nurses' healthy behavior in improving the quality of nursing services

| N o | Man age ment Func tion | Activ ity | Indic ator | Ta rge t | Met hod | T i m e | Me dia | P. I. C |
|--------|------------------------------------|--|---|----------------|--------------------|--|-----------------------------------|-----------------------------|
| Ī | Plan ning | Comp ile health y nurse mater ial for ICU nurse s | Coor dinati on of drafti ng electr onic books , health y nurse books and onlin e flyers , analy sis of literat ure sourc es relate d to health y nurse s in the form of outre ach prese ntatio ns and programs relate d to health y nurse s in the form of outre ach prese ntatio ns and programs relate d to health y nurse s in the form of outre ach prese ntatio ns and programs relate d to health y nurse s | Ka Uni t | Disc ussio n | M a y 2 9, 2 0 2 3 3 | Stat ion ery, lapt op | He ad of St ud en t U nit |
| | | Proposing the social ization of the imple mentation of health y | Coor dinati on of the social izatio n sched ule for the electr onic | Ka Uni t | Disc ussio n | J u n e 5, 2 0 2 3 | Lap top, not ebo ok | He ad of U nit , St ud en t |

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| | | nursi ng | health y nurse | | | | | |
|---|---|--|---|---|--------------------|-----------------------------|-----------------------------------|-----------------------------|
| | | Prepa re a sched ule for imple menti ng | book There is a sched ule for social izing electr | He ad of Uni t, Tea m Lea | Disc ussio n | J u n e 5, 2 | Stat ion ery, lapt op | He ad of U nit , St ud |
| | | health y nurse outre ach | onic books relate d to health y nurse s from the Head of Unit that has been agree d upon | der, Exe cuti ve Nur se | | 3 | | en t |
| 2 | Orga nizat ion and Staff ing | Formi ng a team to create a health y nurse electr onic book | Coor dinati on to create an electr onic book team for health y nurse s and onlin e flyers , analy sis of literat ure sourc es | He ad of Uni t, Tea m Lea der, Exe cuti ve Nur se | Disc ussio n | M a y 2 9, 2 0 2 3 3 | Stat ion ery, lapt op | He ad of U nit , St ud en t |
| | | | relate d to health y nurse | | | | | |
| 3 | Actu ating | Trials | d to health y | PJ Shi | Soci alizat | J u | Stat | He ad |

| | | | of the | cuti | | 6, | op | nit |
|---|------|-------|---------|------|-------|-----|------|-----|
| | | | health | ve | | 2 | | , |
| | | | y | Nur | | 0 | | St |
| | | | nurse | se | | 2 | | ud |
| | | | progr | | | 3 | | en |
| | | | am | | | | | t |
| | | | activi | | | | | |
| | | | ties to | | | | | |
| | | | ICU | | | | | |
| | | | nurse | | | | | |
| | | | S | | | | | |
| 4 | Cont | Monit | Imple | He | Ques | J | Stat | He |
| | rol | oring | menta | ad | tionn | u | ion | ad |
| | | and | tion | of | aire | n | ery, | of |
| | | evalu | of | Uni | | e | lapt | U |
| | | ation | social | t, | | 1 | op | nit |
| | | | izatio | PJ | | 2, | | , |
| | | | n | Shi | | 2 | | St |
| | | | evalu | ft, | | 0 | | ud |
| | | | ation | Exe | | 2 | | en |
| | | | | cuti | | 3 | | t |
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| | | | | Nur | | | | |
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| | | 11 4 | DI | 00.4 | . • | /DO | | |

Table 4. Plans Of Action (POA)

Planning of Action (POA)

In Table 4, after identifying the problem, carry out the stages with Planning of Action (POA). The preparation of this POA is carried out together with the relevant units to determine what plans will be implemented. The implementation started from the results of the fishbone analysis which became the basis for preparing follow-up plans using the management function framework (POSAC) starting from planning organizing, staffing , directing Implementation controlling. planning function, the implementation carried out was the creation of a draft of a healthy nurse electronic book in the form of a flipping book, regarding the knowledge of healthy nurses as a first step in increasing the understanding and awareness of nurses in hospitals. Draft healthy nurse electronic book as a source of draft guidance which will be prepared later by nursing management involving the nursing committee and head of service installation at Hospital X. Implementation

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of organizing and personnel functions in the form of determining proposals for team formation preparing targets in electronic books related to healthy nurse guides, online flyers, procurement of reminder bells that will be monitored by leader. innovation. team determining targets for task completion. Implementation of the directing function in the form of socialization, testing and mentoring. Socialization activities are carried out on online and offline dates, carried out before pre-tests are post-tests socialization and after socialization, as well as practical activities for stretching muscles and socializing the use of bells that will be placed at the nurse station to remind you of breaks for eating, drinking, relaxing, stretching muscles, praying, mobilizing patients. tilt and left together with the nurse and other activities that will be announced by the team leader on that shift. Directions are also given by the room head and leader. Implementation of the control function carries out controlling and evaluating the process after testing and socializing the implementation of the innovation using Google Form. The next stage is ensuring the sustainability or sustainable implementation of the product innovation developed which can proposed as a guide in nurses' knowledge of healthy behavior and management of nurses' health supervision. First line managers, namely the team leader and room head, control the healthy behavior of nurses.

Unfreezing stage, the problem is identified by collecting data, both primary data and secondary data through observation, interviews, and creating and distributing questionnaires. Then, at the unfreezing stage, carry out problem analysis, define the problem, and create a plan of action. The evaluation consists of 2 parts, the first part is to evaluate the role and function of the head of the room in the healthy nurse program and an evaluation of the technical. Implementation of the program. Evaluation in the form of Google form. The results of the evaluation of the role and function of the head of the room in implementing healthy nursing behavior were good, while regarding the technical implementation of the program, all participants agreed that this program was useful, but still needed to be refined to make it more effective.

Nurses as health workers have a role as educators in promoting the health of others, but research shows that many do not show healthy behavior in their own lives. In this case, the nurse's behavior in maintaining eating patterns, meal times, types of food consumed such as fried foods, snacks, drinks containing high-calorie soda and sugar.

Socialization activities in the adult surgical ICU are something that needs to be of common concern because the ICU is a critical care room that requires high concentration and precision. In the journal it is said that critical care nurses experience higher levels of mental stress and poor health than other nurses, which adversely impacting the quality and safety of health care. However, it is unknown how the overall health of critical care nurses influences the occurrence of medical errors. (Melnyk et al., 2021).

There is a need for further knowledge and deepening of healthy nursing behavior which greatly influences the quality of nursing services, one of which is a history of illness related to nursing work, cardiovascular disease is one of the main

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causes of death in Indonesia. world; identifying and correcting modifiable risk factors reduces the prevalence of coronary arteries disturbance. Nurses, due to their working conditions, are susceptible to cardiovascular disease disease. The results showed that men are at higher risk of developing cardiovascular disease illnesses and complications than women , but no staff reported a history of smoking or alcohol. (Narayanan SP, Rath H, Mahapatra S, 2023).

implementing the implementation related to healthy nurses, nurses were quite good at receiving the information obtained, the existence of socialization and electronic books about healthy nurses increased nurses' knowledge regarding healthy nursing behavior. Hospital and healthcare system leaders need to prioritize the health of their nurses by solving system problems, building a culture of wellness, and providing evidence-based wellness supports and programs, which will ultimately improve the quality of patient care and reduce the incidence of preventable medical errors. (Melnyk et al., 2021).

In the Decree of the Minister of Health of Republic of Indonesia number HK.01.07/MENKES/315/2020 concerning professional standards health for promotion and behavioral science workers. Health Promotion is an effort to improve the community's abilities through learning from, by, for and with the community, so that they can help themselves, as well as developing activities that are sourced from community resources, appropriate to local social culture and supported by public policies that are health-oriented.

Nurses have a role as providers of education and health promotion, as well as

being role models for healthy nursing behavior that shows healthy and quality living, because the nursing profession will never change or improve in achieving a goal of professionalism if it has not started from itself, introspection, identification The advantages and disadvantages will help implement future nursing management (Nursalam, 2020).

The role of the nurse manager as a reformer has gone through a level of freezing, movement towards refreezing, where a new state is achieved so as not to experience setbacks at all levels of development. A healthy nurse guide is needed as a first step in optimizing management functions in influencing healthy nurse behavior because a guide according to accreditation standards is a to an activity. SO implementation the draft guide becomes a knowledge bridge of to increase knowledge and is expected to become an appropriate source for practice. healthy nursing behavior.

CONCLUSION

Optimizing the function of nursing management in influencing healthy nurse behavior by implementing a healthy nurse program to improve the welfare and health of nurses, Healthy Nurse or healthy nurse is a guide for us as nurses to maintain our own health & the environment, Healthy nurses are role models in carrying out their role in providing education and patient trust to provide services that focus on patients and patient safety and improve the quality of nursing services.

RECOMMENDATION

The implementation that has been carried out with the innovations that have been

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made needs to get support from hospital leadership so that the development of programs and behavioral guidelines for healthy nurses can continue to be implemented. hospital directors, socialize healthy nurse guidelines that have been approved by hospital management or directors, form a healthy nurse team in developing healthy nurse guidelines from the head of the room, team leader or other nurses, supervise the implementation of healthy nurse guidelines, determine the team audit for the development and implementation healthy of nursing guidelines.

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